



CHOICESM
Health Plans

**2018 FORMULARY OF COVERED
PRESCRIPTION DRUGS**

**2018 FORMULARIO DE MEDICAMENTOS
CON RECETA CUBIERTOS**

SelectHealth

Effective 7/1/1/2018 - 9/30/2018

VNSNY CHOICE SelectHealth Formulary

July 2018

Foreword

MedImpact is a Pharmacy Benefit Manager for VNSNY CHOICE SelectHealth. This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection process is essential in ensuring continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P&T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

Access to the most current version of the VNSNY CHOICE SelectHealth Formulary can be obtained by visiting www.vnsnychoice.org

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for VNSNY CHOICE SelectHealth Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary

The Formulary is a list of medications available to VNSNY CHOICE SelectHealth members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.*

All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is **bolded**.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

AGE	Age Edit	Coverage may depend on patient age
G	Gender Edit	Coverage may depend on patient gender
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact VNSNY CHOICE SelectHealth Member Services at 1-866-469-7774 Monday through Friday, 8:00 am to 6:00 pm. TTY users call 711.

Depending upon a member's specific benefit parameters, the following topics may apply:

1. *Generic Substitution*

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are **bolded** in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalence concerns by the MedImpact P&T Committee.
- Drug product will be approved for generic substitution by the MedImpact P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, and physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process at 1-888-678-7741, 24 hours a day, and 7 days a week.

2. *Tier Benefit Design*

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Essential health benefit/preventative medications, if available on your plans formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

TIER DEFINITIONS:

TIER 1: Preferred generic medications (formulary agents)

TIER 2: Preferred brand medications (formulary agents)

TIER 3: Non-preferred medications (non-formulary agents)

TIER 4: Zero Copay/Preventative medications

TIER 5: Over the Counter (OTC)

3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Coverage Exceptions:

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

B. Obtaining Coverage:

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Medication Request Form** to MedImpact at 1-858-790-7100.
2. Contacting MedImpact at 1-888-678-7741 and providing all necessary information requested.

MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. General Exclusions

- A. Drugs specifically listed as not covered.
- B. Any drug products used for cosmetic purposes.
- C. Experimental drug products or any drug product used in an experimental manner.
- D. Replacement of lost or stolen medication.
- E. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
- F. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. Pharmacist and Physician Communication

The Formulary is a tool to promote cost-effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

Medication Request Form (MRF)
MedImpact Healthcare Systems, Inc.

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY	Attn: Prior Authorization Department	DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:	10181 Scripps Gateway Court San Diego, CA 92131	Approved:
Physician:	Phone 1-888-678-7741	Denied:
Pharmacy:	Phone: 1-888-678-7741	Returned:
Patient:	Fax: 858-790-7100	PA #:

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at 1-858-790-7100 or please call 1-888-678-7741 with this information. If you have any questions regarding this process, please contact MedImpact’s Customer Service at 1-888-678-7741), 24 hours a day, 7 days a week.

Review Criteria:

The following guidelines are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Name (required):	Patient's Health Plan (required):
Patient ID # (required):	Physician Name/Specialty:
	Physician ID#/DEA#:
Patient DOB (required):	Physician Area Code and Telephone Number: () -
Diagnosis (required):	Physician Area Code and Fax Number (required): () -
Pharmacy used by Member:	Pharmacy Area Code and Telephone Number: () -
Drug Requested:	Quantity (per month):
Dose:	Length of Treatment (please be specific):
Strength:	Dosage Form (e.g., Oral, Injection):
Reason for Medication Request (please be specific, give detail):	
Other Medications Tried and/or Failed (please be specific, give detail including reason for failure):	
Other Pertinent History (relative or pertaining to this request):	

Formulario de VNSNY CHOICE SelectHealth Julio de 2018

Prólogo

MedImpact es un administrador del beneficio de farmacia para VNSNY CHOICE SelectHealth. Este documento representa los esfuerzos de los Comités de Farmacia y Terapéutica de MedImpact Healthcare Systems (Pharmacy and Therapeutics, P&T) y el Formulario para proporcionar a los médicos y farmacéuticos un método para evaluar la seguridad, eficacia y rentabilidad de los productos medicinales disponibles comercialmente. Un enfoque estructurado al proceso de selección del medicamento es esencial para asegurar el acceso continuo del paciente a las terapias racionales de medicamentos.

Esto se lleva a cabo a través de los auspicios de los Comités de P&T y la Lista de medicamentos de MedImpact. Estos comités se reúnen trimestralmente y con más frecuencia si es necesario para asegurar la relevancia clínica de la lista de medicamentos. Para adaptar los cambios a este documento, las actualizaciones se encuentran accesibles según sea necesario.

El acceso a la versión más actualizada del Formulario de VNSNY CHOICE SelectHealth se puede obtener visitando www.vnsnychoice.org

Los Comités de P&T y de la Lista de medicamentos de MedImpact usan los siguientes criterios en la evaluación de selección de medicamentos para la Lista de medicamentos de VNSNY CHOICE SelectHealth:

- Perfil de seguridad del medicamento
- Eficacia del medicamento
- Comparación de beneficios terapéuticos relevantes con agentes actuales de uso similar de la Lista de medicamentos, y para minimizar duplicidad terapéutica cuando sea posible
- Costo-efectividad en relación a terapias comparables

Cómo usar la Lista de medicamentos

La Lista de medicamentos es un listado de medicamentos disponibles para los afiliados de VNSNY CHOICE SelectHealth bajo su beneficio de farmacia. Todos los medicamentos están listados por sus nombres genéricos y nombre comercial más común (marca). Puede obtener acceso a la Lista de medicamentos usando el índice, ya sea por nombre genérico o comercial y por categoría terapéutica del medicamento. *En situaciones en las que un genérico equivalente aprobado por la FDA esté disponible, los nombres de marca se encuentran listados únicamente por motivos de referencia y no denotan cobertura de la marca, a menos que se especifique.*

Todos los medicamentos se encuentran listados en cada categoría en orden alfabético por nombre genérico. Cuando un medicamento genérico aprobado por la FDA está disponible para el nombre genérico listado, el nombre genérico se encuentra en **negrita**.

Para ciertos agentes dentro de la Lista de medicamentos, puede aplicar un lineamiento de prescripción recomendada. Estos se indican en todo el documento usando los siguientes símbolos:

EDAD	Editar la edad	La cobertura puede depender de la edad del paciente
G	Editar el género	La cobertura puede depender del género del paciente
PA	Autorización previa	Requiere de un proceso específico de solicitud del médico
QL	Límite de cantidad	La cobertura puede estar limitada a cantidades específicas por receta médica o por período de tiempo
ST	Terapia de pasos	La cobertura puede depender del uso previo de otro medicamento

Consulte el apéndice de lineamientos de recetas en este documento para obtener detalles sobre agentes específicos.

Cobertura de beneficios y limitaciones

Este formulario impreso no proporciona información relacionada con la cobertura y limitaciones específicas a las que un afiliado individual puede estar sujeto. Muchos afiliados tienen inclusiones de beneficios, exclusiones, copagos específicos o falta de cobertura, los cuales no se reflejan en la Lista de medicamentos.

La Lista de medicamentos aplica únicamente a los medicamentos para pacientes ambulatorios proporcionados a afiliados y no aplica a los medicamentos que se usan en entornos para pacientes hospitalizados. Si un afiliado tiene preguntas específicas en relación a su cobertura, deberá comunicarse a Servicios del afiliado de VNSNY CHOICE SelectHealth al 1-866-469-7774, de lunes a viernes de 8:00 a. m. a 6:00 p. m. Los usuarios de TTY deben llamar al 711.

Dependiendo de los parámetros de beneficios específicos del afiliado, los siguientes temas pueden aplicar:

1. *Sustitución de genéricos*

Cuando se encuentren disponibles, los medicamentos genéricos aprobados por la FDA se usarán en todos los casos, independientemente del nombre de marca indicado. Los nombres genéricos se encuentran en **negrita** en la lista de medicamentos donde se encuentre un producto medicinal genérico aprobado por la FDA que esté disponible. Se obtiene mayor ahorro con el uso de equivalentes genéricos. Esta política no tiene el propósito de excluir o reemplazar los estatutos del estado que puedan existir. Todos los medicamentos que se encuentran o lleguen a estar disponibles como genéricos están sujetos a revisión por parte del Comité de farmacia y terapéutica de MedImpact. MedImpact aprueba dichos medicamentos de múltiples fuentes para agregarlos a la lista MAC con base en los siguientes criterios:

- Producto medicinal de múltiple fuente fabricado por al menos una (1) empresa comercializada a nivel nacional.
- Al menos uno (1) de los productos genéricos del fabricante debe tener una calificación “A” o que se haya determinado que el producto genérico no está asociado con problemas de eficacia, seguridad o bioequivalencia por parte del Comité de P&T de MedImpact.
- El producto medicinal será aprobado para sustitución genérica por parte del Comité de P&T de MedImpact.

Esta lista se revisa y actualiza periódicamente con base en la literatura clínica y características farmacocinéticas de las versiones disponibles actualmente de estos productos medicinales.

Si un afiliado o médico solicita un producto de marca en lugar de un genérico aprobado, y el médico determina que existe una necesidad médica documentada de la marca equivalente, se puede realizar una solicitud de cobertura usando el proceso de solicitud de medicamentos al 1-888-678-7741, las 24 horas del día, los 7 días de la semana.

2. *Diseño de beneficios por nivel*

La Lista de medicamentos se puede aplicar a un diseño de beneficios por niveles, donde el afiliado comparte el costo de la terapia con medicamentos con receta médica con base en el nivel del medicamento, copago o coaseguro. En la mayoría de los casos, los medicamentos genéricos disponibles serán cubiertos en un nivel más bajo por separado (copago bajo), los medicamentos preferidos de marca listados en la Lista de medicamentos serán cubiertos bajo un nivel más alto, y los medicamentos de marca que no se encuentran en el formulario serán cubiertos bajo un nivel de copago de medicamento de marca no preferida por separado. Los medicamentos esenciales para la salud de beneficio o preventiva, si están disponibles en el formulario de sus planes (aplica a planes nuevos y que no cuentan con derechos adquiridos), serán cubiertos sin costo compartido (cero copago).

DEFINICIONES DE LOS NIVELES:

- NIVEL 1: Medicamentos genéricos preferidos (agentes de la Lista de medicamentos)
- NIVEL 2: Medicamentos de marca preferidos (agentes de la Lista de medicamentos)
- NIVEL 3: Medicamentos no preferidos (agentes que no son de la Lista de medicamentos)
- NIVEL 4: Medicamentos con cero copago o de prevención
- NIVEL 5: De venta libre (OTC)

3. *Proceso de solicitud de medicamentos*

Dependiendo del diseño de beneficios del plan, puede aplicar un proceso de solicitud de medicamentos de la siguiente forma:

A. Excepciones de cobertura:

Los medicamentos que se listan en el formulario de autorización previa asociado (PA) requieren evaluación, según las pautas de autorización previa del Comité de P&T de MedImpact antes de su distribución en una farmacia de la red. Cada solicitud será revisada en base a la necesidad individual del paciente. Si la solicitud no cumple con los lineamientos establecidos por el Comité de P&T, la solicitud no será aprobada y puede que se recomiende terapia alternativa.

B. Obtención de cobertura

La cobertura, preguntas o información con respecto a la solicitud de medicamentos o proceso del formulario pueden obtenerse:

1. Enviando por fax un **Formulario de solicitud de medicamentos** a MedImpact al 1-858-790-7100.
2. Comunicándose a MedImpact al 1-888-678-7741 y proporcionando toda la información necesaria que se le solicite.

MedImpact le proporcionará un número de autorización, específico para la necesidad médica, para todas las solicitudes aprobadas. Las solicitudes no aprobadas pueden ser apeladas. La persona que escribe las recetas debe proporcionar información para apoyar la apelación basándose en la necesidad médica. La autorización previa generalmente no está disponible para medicamentos que están excluidos específicamente por el diseño de los beneficios.

4. *Exclusiones generales*

- A. Medicamentos específicamente listados como no cubiertos.
- B. Cualquier producto medicinal usado para propósitos cosméticos.
- C. Productos medicinales experimentales o cualquier producto medicinal usado de forma experimental.
- D. Reposición de medicamento perdido o robado.
- E. Productos medicinales inyectables no autoadministrables, a menos que se especifique de otra manera en la Lista de medicamentos.
- F. Medicamentos de fuentes extranjeras o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos, excepto en ciertos casos de escasez de medicamentos, cuando sea permitido bajo beneficio de la farmacia de la persona.

Los Comités de P&T y de la Lista de medicamentos reconocen que no todas las necesidades médicas se pueden cubrir con este documento y fomentan las investigaciones sobre terapias alternativas.

5. *Comunicación del farmacéutico y el médico*

La Lista de medicamentos es una herramienta para promover que el uso de medicamentos con receta médica sea rentable. Los Comités de P&T y de la Lista de medicamentos han realizado todos los esfuerzos para crear un documento que cumpla con todas las necesidades terapéuticas; sin embargo, el arte de la medicina hace de esto una tarea enorme. MedImpact da la bienvenida a la participación de médicos, farmacéuticos y proveedores de servicios médicos auxiliares, en este proceso dinámico. Exhortamos a los médicos y farmacéuticos a dirigir cualquier sugerencia, comentarios o adiciones a la Lista de medicamentos a MedImpact a la siguiente dirección:

Chairperson, Pharmacy & Therapeutics Committee
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

Formulario de Solicitud de Medicamentos (MRF) de MedImpact Healthcare Systems, Inc.

NO ESCRIBA EN LAS AREAS BLOQUEADAS UNICAMENTE PARA USO INTERNO	Attn: Prior Authorization Department	NO ESCRIBA EN LAS AREAS BLOQUEADAS UNICAMENTE PARA USO INTERNO
Contactado:	10181 Scripps Gateway Court San Diego, CA 92131	Aprobado:
Médico:	Teléfono 1-888-678-7741	Denegado:
Farmacia:	Teléfono: 1-888-678-7741	Devuelto:
Paciente:	Fax: 858-790-7100	N.º de PA:

Instrucciones:

Esta lista de medicamentos es para el uso de los médicos y proveedores participantes para obtener cobertura para un medicamento que no se encuentre en la lista de medicamentos para el cual no existe una alternativa adecuada disponible. Llene este formulario y envíelo por fax a MedImpact Healthcare Systems, Inc. al 1-858-790-7100 o llame al 1-888-678-7741 con esta información. Si tiene preguntas en relación a este proceso, comuníquese a Servicio al Cliente de MedImpact al 1-888-678-7741, las 24 horas del día, los 7 días de la semana.

Criterios de revisión:

Los siguientes lineamientos se usan al revisar las solicitudes de medicamentos:

1. El uso de los productos medicinales de la lista de medicamentos está contraindicado para el paciente.
2. El paciente ha fallado una prueba adecuada de los agentes de la lista de medicamentos o agentes relacionados.
3. Las opciones disponibles en la Lista de medicamentos no son adecuadas para las necesidades de atención presentes del paciente y el medicamento elegido se requiere por seguridad del paciente.
4. El uso del producto medicinal de la lista de medicamentos puede provocar una condición médica subyacente, que sería en detrimento de la atención al paciente.

Información de solicitud de medicación (por favor, llene cada sección de este formulario previo a su transmisión):

Nombre del paciente (obligatorio):	Plan de salud del paciente (obligatorio):
N.º de Id. del paciente (obligatorio):	Nombre del médico/especialidad:
	N.º de Id. del médico /N.º de DEA:
Fecha de nacimiento del paciente (requerida):	Código de área y número telefónico del médico: ()
Diagnóstico (obligatorio):	Código de área y número de fax del médico (obligatorio): ()
Farmacia que usa el afiliado:	Código de área y número telefónico de la farmacia: ()
Medicamento solicitado:	Cantidad (por mes):
Dosis:	Duración del tratamiento (especifique):
Concentración:	Presentación (por ejemplo: oral, inyección):
Motivo de la solicitud del medicamento (especifique, proporcione detalles):	
Otros medicamentos que se hayan probado o hayan fallado (especifique, dé detalles incluyendo la razón del fallo):	
Otros pertinentes a la historia (relacionados o pertenecientes a esta solicitud):	

NOTICE OF NON-DISCRIMINATION

VNSNY CHOICE SelectHealth complies with Federal civil rights laws. **VNSNY CHOICE SelectHealth** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VNSNY CHOICE SelectHealth provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **VNSNY CHOICE SelectHealth** at 1-866-469-7774. For TTY/TDD services, call 711.

If you believe that **VNSNY CHOICE SelectHealth** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **VNSNY CHOICE SelectHealth** by:

Mail: VNSNY CHOICE Health Plans, 1250 Broadway 11th Floor,
New York, New York 10001,
Phone: 1-888-634-1558 (for TTY/TDD services, call 711)
Fax: 1-646-459-7729
In person: VNSNY CHOICE Health Plans, 1250 Broadway 11th Floor,
New York, New York 10001
Email: CivilRightsCoordinator@vnsny.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

AVISO DE NO DISCRIMINACIÓN

VNSNY CHOICE MLTC cumple con las leyes federales de derechos civiles. **VNSNY CHOICE SelectHealth** no excluye a las personas ni las trata de manera diferente por motivos de raza, color de piel, nacionalidad, edad, discapacidad ni sexo.

VNSNY CHOICE SelectHealth provee lo siguiente:

- Ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse con nosotros, tales como los siguientes:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Servicios de idioma gratuitos para personas cuyo idioma materno no sea el inglés, tales como los siguientes:
 - Intérpretes calificados.
 - Información escrita en otros idiomas.

Si necesita estos servicios, llame a **VNSNY CHOICE SelectHealth** al 1-866-469-7774. Para obtener los servicios de TTY/TDD, llame al 711.

Si usted considera que **VNSNY CHOICE SelectHealth** no le ha prestado estos servicios o que lo ha tratado de manera distinta por motivos de raza, color de piel, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante **VNSNY CHOICE SelectHealth** de las siguientes maneras:

Correo postal:	VNSNY CHOICE Health Plans, 1250 Broadway 11th Floor, New York, New York 10001
Teléfono:	1-888-634-1558 (para obtener los servicios de TTY/TDD, llame al 711)
Fax:	1-646-459-7729
En persona:	VNSNY CHOICE Health Plans, 1250 Broadway 11th Floor, New York, New York 10001
Correo electrónico:	CivilRightsCoordinator@vnsny.org

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de las siguientes maneras:

- Internet: Portal de reclamos de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Correo postal: U.S. Department of Health and Human Services 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201
Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.
- Teléfono: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-469-7774, TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-469-7774, TTY/TDD 711.	Spanish
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 1-866-469-7774, TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-469-7774.< TTY/TDD 711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-469-7774, TTY/TDD 711.번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-469-7774 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-469-7774, TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-469-7774, TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-469-7774, TTY/TDD 711.	French Creole
. אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט > 1-866-469-7774, 711 TTY/TDD.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-469-7774, TTY/TDD 711.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-469-7774, TTY/TDD 711.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-১-৮৬৬-৪৬৯-৭৭৭৪, TTY/TDD 711.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-469-7774, TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-469-7774, TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-469-7774, TTY/TDD 711.	Urdu

Drug Name		Tier	Requirements/Limits
ALLERGY			
2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
cetirizine hcl/pseudoephedrine	ZYRTEC-D	5	
fexofenadine/pseudoephedrine	ALLEGRA-D 12 HOUR (60MG-120MG) (TAB ER 12H) (OTC)	1	
fexofenadine/pseudoephedrine	ALLEGRA-D 24 HOUR (180-240MG) (TAB ER 24H)	1	
fexofenadine/pseudoephedrine	ALLEGRA-D 24 HOUR (180-240MG) (TAB ER 24H) (OTC)	1	
loratadine/pseudoephedrine	CLARITIN-D 12 HOUR	5	
loratadine/pseudoephedrine	CLARITIN-D 24 HOUR	5	
ALLERGENIC EXTRACTS, THERAPEUTICS			
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (100 IR) (TAB SUBL)	2	PA
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (300 IR) (TAB SUBL)	2	PA
GRASS POLLEN-TIMOTHY, STANDARD	GRASTEK	2	PA
MITE,D.FARINAE-D.PTERONYSSINUS	ODACTRA	2	PA
WEED POLLEN-SHORT RAGWEED	RAGWITEK	2	PA
ANTIHISTAMINES - 1ST GENERATION			
carbinoxamine maleate	CLISTIN (4 MG) (TABLET)	1	AGE: >= 2 YEARS
carbinoxamine maleate	CLISTIN (4 MG/5 ML) (LIQUID)	4	AGE: >= 2 YEARS
carbinoxamine maleate	PALGIC	1	AGE: >= 2 YEARS
chlorpheniramine maleate (12 mg) (tablet er) (otc)		1	
chlorpheniramine maleate (2 mg/5 ml) (syrup) (otc)		4	
chlorpheniramine maleate (4 mg) (tablet) (otc)		4	
clemastine fumarate	TAVIST	4	
clemastine fumarate	TAVIST-1	1	
cyproheptadine hcl		1	
diphenhydramine hcl	BENADRYL (12.5MG/5ML) (ELIXIR) (OTC)	5	
diphenhydramine hcl	BENADRYL (12.5MG/5ML) (SYRUP) (OTC)	4	

Drug Name	Tier	Requirements/Limits
diphenhydramine hcl BENADRYL (25 MG) (CAPSULE) (OTC)	4	
diphenhydramine hcl BENADRYL (25 MG) (TABLET) (OTC)	4	
diphenhydramine hcl BENADRYL (50 MG) (CAPSULE) (OTC)	4	
diphenhydramine hcl BENADRYL ALLERGY	4	
diphenhydramine hcl CHILDREN'S BENADRYL ALLERGY (12.5MG/5ML) (LIQUID) (OTC)	4	
diphenhydramine hcl CHILD'S BENADRYL ALLERGY	5	
hydroxyzine hcl ATARAX	4	
hydroxyzine pamoate VISTARIL	4	
promethazine hcl PHENERGAN (12.5 MG) (TABLET)	1	
promethazine hcl PHENERGAN (25 MG) (TABLET)	1	
promethazine hcl PHENERGAN (25 MG/ML) (SYRINGE)	1	
promethazine hcl PHENERGAN (25 MG/ML) (VIAL)	4	
promethazine hcl PHENERGAN (50 MG) (TABLET)	1	
promethazine hcl PHENERGAN (50 MG/ML) (VIAL)	4	
promethazine hcl PHENERGAN VC	1	
ANTI-HISTAMINES - 2ND GENERATION		
cetirizine hcl CHILDREN'S ZYRTEC	1	
cetirizine hcl ZYRTEC (1 MG/ML) (SOLUTION)	1	
cetirizine hcl ZYRTEC (1 MG/ML) (SOLUTION) (OTC)	1	
cetirizine hcl ZYRTEC (10 MG) (TAB CHEW) (OTC)	5	
cetirizine hcl ZYRTEC (10 MG) (TABLET) (OTC)	5	

Drug Name		Tier	Requirements/Limits
cetirizine hcl	ZYRTEC (5 MG) (TABLET) (OTC)	5	
cetirizine hcl	ZYRTEC (5 MG/5 ML) (SOLUTION) (OTC)	1	
desloratadine	CLARINEX (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
fexofenadine hcl	ALLEGRA (30 MG/5 ML) (ORAL SUSP) (OTC)	5	QL: 10mL IN 1 DAY
fexofenadine hcl	ALLEGRA ALLERGY	1	
levocetirizine dihydrochloride	XYZAL (2.5 MG/5ML) (SOLUTION)	1	ST, QL: 10mL IN 1 DAY
levocetirizine dihydrochloride	XYZAL (5 MG) (TABLET)	1	
levocetirizine dihydrochloride	XYZAL (5 MG) (TABLET) (OTC)	1	
loratadine (10 mg) (tab rapdis) (otc)		5	
loratadine (10 mg) (tablet) (otc)		5	
loratadine (5 mg/5 ml) (solution) (otc)		5	
NASAL ANTIHISTAMINE			
azelastine hcl	ASTELIN	1	QL: 60mL IN 30 DAYS
olopatadine hcl	PATANASE	1	ST, QL: 30.5gm IN 30 DAYS
NASAL ANTI-INFLAMMATORY STEROIDS			
BECLOMETHASONE DIPROPIONATE	QNASL	2	ST, QL: 8.7gm IN 30 DAYS
BECLOMETHASONE DIPROPIONATE	QNASL CHILDREN	2	ST, QL: 4.9gm IN 30 DAYS
flunisolide	NASALIDE	1	QL: 25mL IN 30 DAYS
fluticasone propionate	CHILDREN'S FLONASE ALLERGY RLF	1	QL: 16mL IN 30 DAYS
fluticasone propionate	FLONASE	1	QL: 16gm IN 30 DAYS
fluticasone propionate	FLONASE ALLERGY RELIEF	1	QL: 16mL IN 30 DAYS
mometasone furoate	NASONEX	1	QL: 17gm IN 30 DAYS
NASAL MAST CELL STABILIZERS AGENTS			
cromolyn sodium	NASALCROM	5	
ANTIEMESIS/ANTIVERTIGO			
ANTIEMETIC/ANTIVERTIGO AGENTS			
aprepitant	EMEND (125 MG) (CAPSULE)	1	QL: 1 IN 21 DAYS
aprepitant	EMEND (125MG- 80MG) (CAP DS PK)	1	QL: 3 IN 21 DAYS

Drug Name		Tier	Requirements/Limits
aprepitant	EMEND (40 MG) (CAPSULE)	1	QL: 1 IN 28 DAYS
aprepitant	EMEND (80 MG) (CAPSULE)	1	QL: 2 IN 21 DAYS
dimenhydrinate	DRAMAMINE (50 MG) (TABLET) (OTC)	5	
dronabinol	MARINOL	1	ST, QL: 2 IN 1 DAY
granisetron hcl	KYTRIL	1	ST, QL: 8 IN 30 DAYS
meclizine hcl	ANTIVERT	1	
NETUPITANT/PALONOSETRON HCL	AKYNZEO	2	QL: 1 IN 28 DAYS
ondansetron	ZOFRAN ODT	1	
ondansetron hcl (24 mg) (tablet)		1	
ondansetron hcl (4 mg) (tablet)		1	
ondansetron hcl (4 mg/5 ml) (solution)		1	QL: 50mL IN 15 DAYS
ondansetron hcl (8 mg) (tablet)		1	
prochlorperazine	COMPAZINE	1	
prochlorperazine maleate	COMPAZINE	1	
promethazine hcl	PHENERGAN	1	
trimethobenzamide hcl	TIGAN	1	
ASTHMA AND COPD			
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING			
ipratropium bromide	ATROVENT	1	
IPRATROPIUM BROMIDE	ATROVENT HFA	2	QL: 25.8gm IN 30 DAYS
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	2	QL: 30 IN 30 DAYS
BETA-ADRENERGIC AGENTS			
albuterol sulfate		1	
metaproterenol sulfate	ALUPENT	1	
terbutaline sulfate		1	
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
albuterol sulfate		1	
ALBUTEROL SULFATE	VENTOLIN HFA	2	
levalbuterol hcl	XOPENEX	1	
levalbuterol hcl	XOPENEX CONCENTRATE	1	
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING			
OLODATEROL HCL	STRIVERDI RESPIMAT	2	QL: 4gm IN 30 DAYS
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING			
FORMOTEROL FUMARATE	PERFOROMIST	2	QL: 120mL IN 30 DAYS
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS			
IPRATROPIUM/ALBUTEROL SULFATE	COMBIVENT RESPIMAT	2	
ipratropium/albuterol sulfate	DUONEB	1	

Drug Name		Tier	Requirements/Limits
TIOTROPIUM BR/OLODATEROL HCL	STIOLTO RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA	2	QL: 60 IN 30 DAYS
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS			
FLUTICASONE/SALMETEROL	ADVAIR DISKUS	2	QL: 60 IN 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR HFA	2	QL: 12gm IN 30 DAYS
fluticasone/salmeterol	AIRDUO RESPICLICK	1	QL: 1 IN 30 DAYS
FLUTICASONE/VILANTEROL	BREO ELLIPTA	2	QL: 60 IN 30 DAYS
MOMETASONE/FORMOTEROL	DULERA	2	QL: 13gm IN 30 DAYS
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED			
FLUTICASONE/UMECLIDIN/VILANTER	TRELEGY ELLIPTA	2	QL: 60 IN 30 DAYS
GLUCOCORTICIDS, ORALLY INHALED			
budesonide	PULMICORT (0.25MG/2ML) (AMPUL-NEB)	1	QL: 120mL IN 30 DAYS
budesonide	PULMICORT (0.5 MG/2ML) (AMPUL-NEB)	1	QL: 120mL IN 30 DAYS
budesonide	PULMICORT (1 MG/2 ML) (AMPUL-NEB)	1	QL: 60mL IN 30 DAYS
FLUTICASONE FUROATE	ARNUITY ELLIPTA	2	QL: 30 IN 30 DAYS
LEUKOTRIENE RECEPTOR ANTAGONISTS			
montelukast sodium	SINGULAIR	1	
zafirlukast	ACCOLATE	1	
MAST CELL STABILIZERS			
cromolyn sodium	GASTROCROM	1	
MAST CELL STABILIZERS, ORALLY INHALED			
cromolyn sodium		1	
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
ROFLUMILAST	DALIRESP	2	ST, QL: 1 IN 1 DAY
RESPIRATORY AIDS,DEVICES,EQUIPMENT			
COMPRESSOR, FOR NEBULIZER	DEVILBISS COMPACT	1	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMO-AIDE	1	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMOMATE	1	
COMPRESSOR, FOR NEBULIZER	DEVILBLISS	1	
COMPRESSOR, FOR NEBULIZER	PULMO-AIDE	1	
COMPRESSOR, FOR NEBULIZER	SUNRISE COMPRESSOR- NEBULIZER	1	
INHALER, ASSIST DEVICES	ACE AEROSOL CLOUD ENHANCER	1	

Drug Name		Tier	Requirements/Limits
INHALER, ASSIST DEVICES	AEROCHAMBER MINI	1	
INHALER, ASSIST DEVICES	AEROCHAMBER MV	1	
INHALER, ASSIST DEVICES	AEROCHAMBER PLUS FLOW-VU	1	
INHALER, ASSIST DEVICES	AEROCHAMBER WITH FLOWSIGNAL	1	
INHALER, ASSIST DEVICES	AEROCHAMBER Z-STAT PLUS	1	
INHALER, ASSIST DEVICES	AEROTRACH PLUS	1	
INHALER, ASSIST DEVICES	BREATHERITE	1	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-ADULT MASK	1	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-INFANT MASK	1	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-LG CHLD MSK	1	
INHALER, ASSIST DEVICES	BREATHERITE SPACER- NEONATE MSK	1	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-SM CHLD MSK	1	
INHALER, ASSIST DEVICES	BREATHRITE	1	
INHALER, ASSIST DEVICES	EASIVENT	1	
INHALER, ASSIST DEVICES	E-Z SPACER	1	
INHALER, ASSIST DEVICES	LITEAIRE	1	
INHALER, ASSIST DEVICES	MICROCHAMBE R (SPACER)	1	
INHALER, ASSIST DEVICES	MICROSPACER (SPACER)	1	
INHALER, ASSIST DEVICES	OPTICHAMBER DIAMOND	1	
INHALER, ASSIST DEVICES	POCKET CHAMBER	1	
INHALER, ASSIST DEVICES	PRIMEAIRE	1	
INHALER, ASSIST DEVICES	PROCHAMBER	1	
INHALER, ASSIST DEVICES	RITEFLO	1	
INHALER, ASSIST DEVICES	VORTEX (SPACER)	1	
INHALER, ASSIST DEVICES	VORTEX HOLDING CHAMBER- CHILD	1	

Drug Name	Tier	Requirements/Limits
INHALER, ASSIST DEVICES VORTEX HOLDING CHAMBER-TODDLER	1	
INHALER, ASSIST DEVICES VORTEX VHC FROG MASK (SPACER)	1	
INHALER, ASSIST DEVICES VORTEX VHC LADYBUG MASK (SPACER)	1	
INHALER, ASSIST DEVICE, ACCESORY EASIVENT	1	
INHALER, ASSIST DEVICE, ACCESORY LITETOUCH	5	
INHALER, ASSIST DEVICE, ACCESORY MOUTHPIECE	1	
INHALER, ASSIST DEVICE, ACCESORY ONE WAY MOUTHPIECE	1	
INHALER, ASSIST DEVICE, ACCESORY OPTICHAMBER	1	
INHALER, ASSIST DEVICE, ACCESORY PANDA MASK	1	
INHALER, ASSIST DEVICE, ACCESORY PEDIATRIC PANDA MASK	1	
INHALER, ASSIST DEVICE, ACCESORY SIDESTREAM PEDIATRIC	1	
INHALER, ASSIST DEVICE, ACCESORY SILICONE MASK	1	
MUCUS CLEARING DEVICE AEROBIKA	1	
MUCUS CLEARING DEVICE QUAKE	1	
NASAL AIRFLOW STRIPS BREATHE RIGHT	1	
NASAL AIRFLOW STRIPS NASAL STRIPS	1	
NASAL EXHALATION RESISTANC.DEV PROVENT	1	
NEBULIZER AEROECLIPSE II	1	
NEBULIZER AIRS DISPOSABLE NEBULIZER	1	
NEBULIZER ALTERA NEBULIZER (EACH)	1	
NEBULIZER BABY NEBULIZER (EACH)	1	
NEBULIZER COMPACT COMPRESSOR NEBULIZER	1	
NEBULIZER COMPACT ULTRASONIC NEBULIZER	1	
NEBULIZER DEVILBISS DISPOSABLE NEBULIZER	1	
NEBULIZER ERAPID NEBULIZER	1	

Drug Name	Tier	Requirements/Limits
NEBULIZER LC D NEBULIZER SET (EACH)	1	
NEBULIZER LC PLUS (EACH)	1	
NEBULIZER LC SPRINT NEBULIZER	1	
NEBULIZER MICRO AIR	1	
NEBULIZER MINI PLUS NEBULIZER	1	
NEBULIZER PARI LC SPRINT SINUS	1	
NEBULIZER PRODIGY MINI- MIST	1	
NEBULIZER SIDESTREAM (EACH)	1	
NEBULIZER SIDESTREAM NEBULIZER	1	
NEBULIZER SIDESTREAM PLUS	1	
NEBULIZER AND COMPRESSOR COMP-AIR NEBULIZER COMPRESSOR	1	
NEBULIZER AND COMPRESSOR DEVILBISS TRAVELER	1	
NEBULIZER AND COMPRESSOR INNOSPIRE ELEGANCE	1	
NEBULIZER AND COMPRESSOR INNOSPIRE ESSENCE (EACH)	1	
NEBULIZER AND COMPRESSOR PARI SINUS AEROSOL SYSTEM	1	
NEBULIZER AND COMPRESSOR PRONEB ULTRA II	1	
NEBULIZER AND COMPRESSOR PULMONEB LT COMPRESSOR NEBUL	1	
NEBULIZER AND COMPRESSOR SAMI THE SEAL	1	
NEBULIZER AND COMPRESSOR TREK S COMBO PACK	1	
NEBULIZER AND COMPRESSOR TREK S COMPACT COMPRESSOR	1	
NEBULIZER AND COMPRESSOR VIOS AEROSOL DELIVERY SYSTEM (EACH)	1	
PEAK FLOW METER AIRZONE PEAK FLOW METER	1	
PEAK FLOW METER ASTHMA CHECK	1	

Drug Name		Tier	Requirements/Limits
PEAK FLOW METER	IN-CHECK NASAL WITH MASK	1	
PEAK FLOW METER	IN-CHECK ORAL	1	
PEAK FLOW METER	MICROLIFE PEAK FLOW	1	
PEAK FLOW METER	MINI-WRIGHT PEAK FLOW METER (EACH)	1	
PEAK FLOW METER	PEAK-AIR	1	
PEAK FLOW METER	PERSONAL BEST	1	
PEAK FLOW METER	PIKO 1	1	
PEAK FLOW METER	POCKET PEAK	1	
PEAK FLOW METER	TRUZONE PEAK FLOW METER	1	
PEAK FLOW METER/INH ASSIT DEV	AEROGEAR ASTHMA ACTION KIT	1	
PEAK FLOW METER/INH ASSIT DEV	ASTHMAPACK CHILDREN'S	1	
SPIROMETER/DRUG DELIVERY ADAPT	MISTASSIST KIT	1	
SPIROMETERS AND ACCESSORIES	IN-CHECK DIAL	1	
SPIROMETERS AND ACCESSORIES	PFLEX TRAINER	1	
SPIROMETERS AND ACCESSORIES	THRESHOLD IMT	1	
SPIROMETERS AND ACCESSORIES	THRESHOLD PEP	1	
SPIROMETERS AND ACCESSORIES	WINDMILL TRAINER	1	
VAPORIZER (EACH) (OTC)		1	
VAPORIZER	VICKS WARM STEAM VAPORIZER (EACH) (OTC)	1	
VAPORIZER	WARM STEAM VAPORIZER (EACH) (OTC)	1	
VAPORIZER-HUMIDIFIER SUPPLIES	VAPORIZER CLEANING TABLETS	1	
VAPORIZER-HUMIDIFIER SUPPLIES	VAPORIZER INHALANT	1	
XANTHINES			
caffeine citrate	CAFCIT	1	
theophylline anhydrous	ELIXOPHYLLIN	1	
theophylline anhydrous	SLO-PHYLLIN	1	
THEOPHYLLINE ANHYDROUS	THEO-24	2	
theophylline anhydrous	THEO-DUR	1	

Drug Name	Tier	Requirements/Limits
theophylline anhydrous UNIPHYL	1	
AUTONOMIC NERVOUS SYSTEM DISORDERS		
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS		
memantine hcl NAMENDA (10 MG) (TABLET)	1	QL: 2 IN 1 DAY
memantine hcl NAMENDA (2 MG/ML) (SOLUTION)	1	QL: 300mL IN 30 DAYS
memantine hcl NAMENDA (5 MG) (TABLET)	1	QL: 2 IN 1 DAY
memantine hcl NAMENDA (5 MG-10 MG) (TABS PK)	1	QL: 49 IN 28 DAYS
memantine hcl NAMENDA XR (14 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl NAMENDA XR (21 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl NAMENDA XR (28 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
memantine hcl NAMENDA XR (7 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
MEMANTINE HCL NAMENDA XR (7-14-21-28) (CAP24 DSPK)	2	QL: 28 IN 28 DAYS
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB		
MEMANTINE HCL/DONEPEZIL HCL NAMZARIC (14MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL NAMZARIC (21 MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL NAMZARIC (28 MG-10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL NAMZARIC (7 MG-10 MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL NAMZARIC (7-10/14-10) (CAP24 DSPK)	2	ST, QL: 28 IN 28 DAYS
CHOLINESTERASE INHIBITORS		
donepezil hcl ARICEPT	1	
donepezil hcl ARICEPT ODT	1	
galantamine hbr RAZADYNE (12 MG) (TABLET)	1	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
galantamine hbr	RAZADYNE (4 MG) (TABLET)	1	QL: 2 IN 1 DAY
galantamine hbr	RAZADYNE (4 MG/ML) (SOLUTION)	1	QL: 200mL IN 30 DAYS
galantamine hbr	RAZADYNE (8 MG) (TABLET)	1	QL: 2 IN 1 DAY
galantamine hbr	RAZADYNE ER	1	QL: 1 IN 1 DAY
pyridostigmine bromide	MESTINON (180 MG) (TABLET ER)	1	
pyridostigmine bromide	MESTINON (60 MG) (TABLET)	1	
PYRIDOSTIGMINE BROMIDE	MESTINON (60 MG/5 ML) (SYRUP)	2	
rivastigmine	EXELON	1	QL: 1 IN 1 DAY
rivastigmine tartrate	EXELON	1	
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
mirtazapine		4	
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	4	
phenelzine sulfate	NARDIL	4	
tranylcypromine sulfate	PARNATE	4	
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
BUPROPION HBR	APLENZIN	4	ST, QL: 1 IN 1 DAY
bupropion hcl	WELLBUTRIN	4	
bupropion hcl	WELLBUTRIN SR	4	
bupropion hcl	WELLBUTRIN XL	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
citalopram hydrobromide	CELEXA	4	
escitalopram oxalate	LEXAPRO	4	
fluoxetine hcl		4	
fluoxetine hcl	PROZAC	4	
fluoxetine hcl	PROZAC WEEKLY	4	
FLUOXETINE HCL	SARAFEM	4	
fluvoxamine maleate	LUVOX	4	
fluvoxamine maleate	LUVOX CR	4	ST, QL: 2 IN 1 DAY
paroxetine hcl	PAXIL	4	
PAROXETINE HCL	PAXIL	4	
paroxetine hcl	PAXIL CR	4	
paroxetine mesylate	BRISDELLE	4	ST, QL: 1 IN 1 DAY
PAROXETINE MESYLATE	PEXEVA	4	ST, QL: 1 IN 1 DAY
sertraline hcl	ZOLOFT	4	

Drug Name		Tier	Requirements/Limits
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
nefazodone hcl	SERZONE	4	
trazodone hcl	DESYREL	4	
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
DESVENLAFAXINE ER		4	ST, QL: 1 IN 1 DAY
desvenlafaxine	KHEDEZLA	4	ST, QL: 1 IN 1 DAY
DESVENLAFAXINE FUMARATE ER		4	ST, QL: 1 IN 1 DAY
desvenlafaxine succinate	PRISTIQ	4	QL: 1 IN 1 DAY
duloxetine hcl (20 mg) (capsule dr)		4	QL: 2 IN 1 DAY
duloxetine hcl (30 mg) (capsule dr)		4	QL: 2 IN 1 DAY
duloxetine hcl (60 mg) (capsule dr)		4	QL: 2 IN 1 DAY
LEVOMILNACIPRAN HCL	FETZIMA	4	ST, QL: 1 IN 1 DAY
venlafaxine hcl	EFFEXOR	4	
venlafaxine hcl	EFFEXOR XR	4	
venlafaxine hcl er		4	
SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT			
VILAZODONE HCL	VIIBRYD (10 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
VILAZODONE HCL	VIIBRYD (20 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
VILAZODONE HCL	VIIBRYD (40 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT			
VORTIOXETINE HYDROBROMIDE	TRINTELLIX	4	ST, QL: 1 IN 1 DAY
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
amitriptyline/chlordiazepoxide	LIMBITROL	4	
amitriptyline/chlordiazepoxide	LIMBITROL DS	4	
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
perphenazine/amitriptyline hcl	ETRAFON-A	4	
perphenazine/amitriptyline hcl	TRIAVIL 2-10	4	
perphenazine/amitriptyline hcl	TRIAVIL 2-25	4	
perphenazine/amitriptyline hcl	TRIAVIL 4-25	4	
perphenazine/amitriptyline hcl	TRIAVIL 4-50	4	
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB			
amitriptyline hcl	ELAVIL	4	
amoxapine	ASENDIN	4	
clomipramine hcl	ANAFRANIL	4	
desipramine hcl	NORPRAMIN	4	
doxepin hcl	SINEQUAN	4	
imipramine hcl	TOFRANIL	4	
imipramine pamoate	TOFRANIL-PM	4	
maprotiline hcl	LUDIOMIL	4	
nortriptyline hcl (10 mg) (capsule)		4	
nortriptyline hcl (10 mg/5 ml) (solution)		4	
nortriptyline hcl (25 mg) (capsule)		4	
nortriptyline hcl (50 mg) (capsule)		4	
nortriptyline hcl (75 mg) (capsule)		4	
protriptyline hcl	VIVACTIL	4	
trimipramine maleate	SURMONTIL	4	

Drug Name		Tier	Requirements/Limits
BEHAVIORAL HEALTH - OTHER			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
dextroamphetamine sulfate	DEXEDRINE (10 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (10 MG) (TABLET)	1	QL: 6 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (15 MG) (CAPSULE ER)	1	QL: 4 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (5 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY
dextroamphetamine sulfate	DEXEDRINE (5 MG) (TABLET)	1	QL: 3 IN 1 DAY
dextroamphetamine sulfate	PROCENTRA	1	QL: 1800mL IN 30 DAYS
DEXTROAMPHETAMINE SULFATE	ZENZEDI (2.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (7.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL	1	QL: 2 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (10 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (15 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (20 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (25 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (30 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
dextroamphetamine/amphetamine	ADDERALL XR (5 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	2	ST, QL: 1 IN 1 DAY
methamphetamine hcl	DESOXYN	1	QL: 5 IN 1 DAY
ANTI-ALCOHOLIC PREPARATIONS			
disulfiram	ANTABUSE	1	
NALTREXONE MICROSPHERES	VIVITROL	2	
ANTI-ANXIETY - BENZODIAZEPINES			
alprazolam		4	
ALPRAZOLAM INTENSOL		4	
chlordiazepoxide hcl		4	
clorazepate dipotassium		4	
diazepam		4	

Drug Name		Tier	Requirements/Limits
lorazepam		4	
oxazepam		4	
ANTI-ANXIETY DRUGS			
alprazolam		4	
buspirone hcl	BUSPAR	4	
meprobamate		4	
ANTI-MANIA DRUGS			
CARBAMAZEPINE	EQUETRO	4	
lithium carbonate		4	
LITHIUM CARBONATE	LITHOBID	4	
lithium citrate		4	
ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES			
pimozide	ORAP	4	
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
aripiprazole	ABILIFY (1 MG/ML) (SOLUTION)	4	ST, QL: 30mL IN 1 DAY
aripiprazole	ABILIFY (10 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (15 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (2 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (20 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (30 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY (5 MG) (TABLET)	4	QL: 1 IN 1 DAY
aripiprazole	ABILIFY DISCMELT (10 MG) (TAB RAPDIS)	4	ST, QL: 3 IN 1 DAY
aripiprazole	ABILIFY DISCMELT (15 MG) (TAB RAPDIS)	4	ST, QL: 2 IN 1 DAY
ARIPIPRAZOLE	ABILIFY MAINTENA	4	QL: 1 IN 26 DAYS
ARIPIPRAZOLE LAUROXIL	ARISTADA (1064MG/3.9) (SUSER SYR)	4	QL: 3.9mL IN 14 DAYS
ARIPIPRAZOLE LAUROXIL	ARISTADA (441 MG/1.6) (SUSER SYR)	4	QL: 1.6mL IN 14 DAYS
ARIPIPRAZOLE LAUROXIL	ARISTADA (662 MG/2.4) (SUSER SYR)	4	QL: 2.4mL IN 14 DAYS

Drug Name		Tier	Requirements/Limits
ARIPIRAZOLE LAUROXIL	ARISTADA (882 MG/3.2) (SUSER SYR)	4	QL: 3.2mL IN 14 DAYS
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS			
LOXAPINE	ADASUVE	4	
loxapine succinate	LOXITANE	4	
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG			
ASENAPINE MALEATE	SAPHRIS	4	ST, QL: 2 IN 1 DAY
clozapine		4	QL: 3 IN 1 DAY
clozapine	CLOZARIL	4	QL: 3 IN 1 DAY
clozapine	FAZACLO	4	ST, QL: 3 IN 1 DAY
CLOZAPINE	VERSACLOZ	4	ST, QL: 18mL IN 1 DAY
ILOPERIDONE	FANAPT (1 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (10 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (12 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (1-2-4-6MG) (TAB DS PK)	4	ST, QL: 8 IN 28 DAYS
ILOPERIDONE	FANAPT (2 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (4 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (6 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (8 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
LURASIDONE HCL	LATUDA (120 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (20 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (40 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (60 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (80 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
olanzapine	ZYPREXA	4	QL: 1 IN 1 DAY
olanzapine	ZYPREXA ZYDIS	4	QL: 1 IN 1 DAY
OLANZAPINE PAMOATE	ZYPREXA RELPREVV (210 MG) (VIAL)	4	QL: 1 IN 14 DAYS
OLANZAPINE PAMOATE	ZYPREXA RELPREVV (300 MG) (VIAL)	4	QL: 1 IN 14 DAYS

Drug Name		Tier	Requirements/Limits
OLANZAPINE PAMOATE	ZYPREXA RELPREVV (405 MG) (VIAL)	4	QL: 1 IN 28 DAYS
paliperidone	INVEGA (1.5 MG) (TAB ER 24)	4	ST, QL: 1 IN 1 DAY
paliperidone	INVEGA (3 MG) (TAB ER 24)	4	ST, QL: 1 IN 1 DAY
paliperidone	INVEGA (6 MG) (TAB ER 24)	4	ST, QL: 2 IN 1 DAY
paliperidone	INVEGA (9 MG) (TAB ER 24)	4	ST, QL: 1 IN 1 DAY
PALIPERIDONE PALMITATE	INVEGA SUSTENNA (117MG/0.75) (SYRINGE)	4	QL: 0.75mL IN 21 DAYS
PALIPERIDONE PALMITATE	INVEGA SUSTENNA (156 MG/ML) (SYRINGE)	4	QL: 1mL IN 21 DAYS
PALIPERIDONE PALMITATE	INVEGA SUSTENNA (234MG/1.5) (SYRINGE)	4	QL: 1.5mL IN 21 DAYS
PALIPERIDONE PALMITATE	INVEGA SUSTENNA (39MG/0.25) (SYRINGE)	4	QL: 0.25mL IN 21 DAYS
PALIPERIDONE PALMITATE	INVEGA SUSTENNA (78MG/0.5ML) (SYRINGE)	4	QL: 0.5mL IN 21 DAYS
PALIPERIDONE PALMITATE	INVEGA TRINZA (273MG/.875) (SYRINGE)	4	QL: 0.875mL IN 84 DAYS
PALIPERIDONE PALMITATE	INVEGA TRINZA (410/1.315) (SYRINGE)	4	QL: 1.315mL IN 84 DAYS
PALIPERIDONE PALMITATE	INVEGA TRINZA (546MG/1.75) (SYRINGE)	4	QL: 1.75mL IN 84 DAYS
PALIPERIDONE PALMITATE	INVEGA TRINZA (819/2.625) (SYRINGE)	4	QL: 2.625mL IN 84 DAYS
quetiapine fumarate	SEROQUEL	4	QL: 3 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (150 MG) (TAB ER 24H)	4	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
quetiapine fumarate	SEROQUEL XR (200 MG) (TAB ER 24H)	4	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (300 MG) (TAB ER 24H)	4	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (400 MG) (TAB ER 24H)	4	QL: 1 IN 1 DAY
quetiapine fumarate	SEROQUEL XR (50 MG) (TAB ER 24H)	4	QL: 1 IN 1 DAY
risperidone (0.25 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (0.25 mg) (tablet)		4	QL: 2 IN 1 DAY
risperidone (0.5 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (0.5 mg) (tablet)		4	QL: 2 IN 1 DAY
risperidone (1 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (1 mg) (tablet)		4	QL: 2 IN 1 DAY
risperidone (1 mg/ml) (solution)		4	QL: 8mL IN 1 DAYS
risperidone (2 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (2 mg) (tablet)		4	QL: 2 IN 1 DAY
risperidone (3 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (3 mg) (tablet)		4	QL: 2 IN 1 DAY
risperidone (4 mg) (tab rapdis)		4	QL: 2 IN 1 DAY
risperidone (4 mg) (tablet)		4	QL: 2 IN 1 DAY
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	4	QL: 1 IN 14 DAYS
ziprasidone hcl	GEODON	4	QL: 2 IN 1 DAY
ZIPRASIDONE MESYLATE	GEODON	4	
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES			
thiothixene	NAVANE	4	
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
haloperidol	HALDOL	4	
haloperidol decanoate	HALDOL	4	
haloperidol decanoate	HALDOL DECANOATE 100	4	
haloperidol decanoate	HALDOL DECANOATE 50	4	
haloperidol lactate		4	
ANTI-PSYCHOTICS,PHENOTHIAZINES			
chlorpromazine hcl	THORAZINE	4	
fluphenazine decanoate	PROLIXIN DECANOATE	4	
fluphenazine hcl	PROLIXIN	4	
perphenazine	TRILAFON	4	
thioridazine hcl	MELLARIL	4	
trifluoperazine hcl	STELAZINE	4	
BARBITURATES			
BUTABARBITAL SODIUM	BUTISOL SODIUM	4	

Drug Name		Tier	Requirements/Limits
phenobarbital		4	
SECOBARBITAL SODIUM	SECONAL SODIUM	4	
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS			
RAMELTEON	ROZEREM	4	ST, QL: 1 IN 1 DAY
TASIMELTEON	HETLIOZ	4	PA
MONOAMINE OXIDASE(MAO) INHIBITORS			
SELEGILINE	EMSAM	4	QL: 1 IN 1 DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS			
modafinil	PROVIGIL	1	QL: 2 IN 1 DAY
NARCOTIC ANTAGONISTS			
naloxone hcl	NARCAN (0.4 MG/ML) (SYRINGE)	1	
naloxone hcl	NARCAN (0.4 MG/ML) (VIAL)	1	
naloxone hcl	NARCAN (1 MG/ML) (SYRINGE)	1	
NALOXONE HCL	NARCAN (4 MG) (SPRAY)	2	QL: 4 IN 30 DAYS
naltrexone hcl	REVIA	1	
SEDATIVE-HYPNOTICS - BENZODIAZEPINES			
estazolam		4	
flurazepam hcl		4	
midazolam hcl		1	
quazepam	DORAL	4	
temazepam	RESTORIL	4	
triazolam		4	
SEDATIVE-HYPNOTICS, NON-BARBITURATE			
diphenhydramine hcl	BENADRYL (25 MG) (TABLET) (OTC)	4	
diphenhydramine hcl	ZZZQUIL (25 MG) (CAPSULE) (OTC)	4	
DOXEPIN HCL	SILENOR	4	ST, QL: 1 IN 1 DAY
eszopiclone	LUNESTA	4	QL: 1 IN 1 DAY
SUVOREXANT	BELSOMRA	4	ST, QL: 1 IN 1 DAY
zaleplon	SONATA	4	QL: 1 IN 1 DAY
zolpidem tartrate	AMBIEN	4	QL: 1 IN 1 DAY
zolpidem tartrate	AMBIEN CR	4	QL: 1 IN 1 DAY
ZOLPIDEM TARTRATE	EDLUAR	4	ST, QL: 1 IN 1 DAY
zolpidem tartrate	INTERMEZZO	4	ST, QL: 1 IN 1 DAY
ZOLPIDEM TARTRATE	ZOLPIMIST	4	ST, QL: 7.7mL IN 30 DAYS
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB			
olanzapine/fluoxetine hcl	SYMBYAX	4	QL: 1 IN 1 DAY
TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST			
clonidine hcl	KAPVAY	1	QL: 4 IN 1 DAY
guanfacine hcl	INTUNIV	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY			
dexmethylphenidate hcl	FOCALIN	1	QL: 2 IN 1 DAY
dexmethylphenidate hcl	FOCALIN XR	1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (cpbp 50-50)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (10 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (10 mg) (tablet er)		1	AGE: <= 18 YEARS, QL: 3 IN 1 DAY
methylphenidate hcl (10 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (10 mg/5 ml) (solution)		1	
methylphenidate hcl (18 mg) (tab er 24)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (2.5 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (20 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (20 mg) (cpbp 50-50)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (20 mg) (tablet er)		1	AGE: <= 18 YEARS, QL: 3 IN 1 DAY
methylphenidate hcl (20 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (27 mg) (tab er 24)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (30 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
methylphenidate hcl (30 mg) (cpbp 50-50)		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
methylphenidate hcl (36 mg) (tab er 24)		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
methylphenidate hcl (40 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (40 mg) (cpbp 50-50)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (5 mg) (tab chew)		1	QL: 3 IN 1 DAY
methylphenidate hcl (5 mg) (tablet)		1	QL: 3 IN 1 DAY
methylphenidate hcl (5 mg/5 ml) (solution)		1	
methylphenidate hcl (50 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (54 mg) (tab er 24)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (60 mg) (cpbp 30-70)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
methylphenidate hcl (72 mg) (tab er 24)		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SUCRALFATE) (ER RC24)	2	ST, QL: 10mL IN 1 DAY, 300mL BOTTLE

Drug Name		Tier	Requirements/Limits
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SUSPENSION) (RC24)	2	ST, QL: 12mL IN 1 DAY, 360mL BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SUSPENSION) (RC24)	2	ST, QL: 2mL IN 1 DAY, 60mL BOTTLE
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SUSPENSION) (RC24)	2	ST, QL: 8mL IN 1 DAY, 240mL BOTTLE
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			
atomoxetine hcl	STRATTERA (10 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (100 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
atomoxetine hcl	STRATTERA (18 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (25 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (40 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
atomoxetine hcl	STRATTERA (60 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
atomoxetine hcl	STRATTERA (80 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - ARRHYTHMIA			
ANTIARRHYTHMICS			
amiodarone hcl	CORDARONE	1	
disopyramide phosphate	NORPACE	1	
DISOPYRAMIDE PHOSPHATE	NORPACE CR	2	
dofetilide	TIKOSYN	1	
DRONEDARONE HCL	MULTAQ	2	
flecainide acetate	TAMBOCOR	1	
mexiletine hcl	MEXITIL	1	
propafenone hcl	RYTHMOL	1	
propafenone hcl	RYTHMOL SR	1	
quinidine gluconate		1	
quinidine sulfate		1	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT			
ADRENERGIC AGENTS,CATECHOLAMINES			
epinephrine		1	
DIGITALIS GLYCOSIDES			
digoxin (125 mcg) (tablet)		1	
digoxin (250 mcg) (tablet)		1	
DIGOXIN (50 MCG/ML) (SOLUTION)		2	
CARDIOVASCULAR DISEASE - HYPERTENSION			
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION			
amlodipine besylate/benazepril	LOTREL	1	
trandolapril/verapamil hcl		1	

Drug Name		Tier	Requirements/Limits
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC			
benazepril/hydrochlorothiazide	LOTENSIN HCT	1	
captopril/hydrochlorothiazide	CAPOZIDE	1	
enalapril/hydrochlorothiazide	VASERETIC	1	
fosinopril/hydrochlorothiazide	MONOPRIL-HCT	1	
lisinopril/hydrochlorothiazide	ZESTORETIC	1	
moexipril/hydrochlorothiazide	UNIRETIC	1	
quinapril/hydrochlorothiazide	ACCURETIC	1	
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
carvedilol	COREG	1	
carvedilol phosphate	COREG CR	1	
labetalol hcl	TRANDATE	1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
doxazosin mesylate	CARDURA	1	
phenoxybenzamine hcl	DIBENZYLINE	1	
prazosin hcl	MINIPRESS	1	
terazosin hcl	HYTRIN	1	
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB			
amlodipine/valsartan/hcthiazid	EXFORGE HCT	1	
ANGIOTENSIN II RECEPTOR BLOCKER-BETA BLOCKER COMB.			
NEBIVOLOL HCL/VALSARTAN	BYVALSON	2	
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB			
irbesartan/hydrochlorothiazide	AVALIDE	1	
losartan/hydrochlorothiazide	HYZAAR	1	
olmesartan/hydrochlorothiazide	BENICAR HCT	1	
valsartan/hydrochlorothiazide	DIOVAN HCT	1	
ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR			
amlodipine besylate/valsartan	EXFORGE	1	
ANTIHYPERTENSIVES, ACE INHIBITORS			
benazepril hcl	LOTENSIN	1	
enalapril maleate	VASOTEC	1	
fosinopril sodium	MONOPRIL	1	
lisinopril	PRINIVIL	1	
lisinopril	ZESTRIL	1	
moexipril hcl	UNIVASC	1	
perindopril erbumine	ACEON	1	
quinapril hcl	ACCUPRIL	1	
ramipril	ALTACE	1	
trandolapril	MAVIK	1	
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
irbesartan	AVAPRO	1	
losartan potassium	COZAAR	1	
olmesartan medoxomil	BENICAR	1	
telmisartan	MICARDIS	1	
valsartan	DIOVAN	1	
ANTIHYPERTENSIVES, SYMPATHOLYTIC			
clonidine	CATAPRES-TTS 1	1	

Drug Name		Tier	Requirements/Limits
clonidine	CATAPRES-TTS 2	1	
clonidine	CATAPRES-TTS 3	1	
clonidine hcl	CATAPRES	1	
clonidine hcl/chlorthalidone	COMBIPRES (0.1MG-15MG) (TABLET)	1	
clonidine hcl/chlorthalidone	COMBIPRES (0.2-15MG) (TABLET)	1	
guanfacine hcl	TENEX	1	
methyldopa	ALDOMET	1	
methyldopa/hydrochlorothiazide	ALDORIL 15	1	
methyldopa/hydrochlorothiazide	ALDORIL 25	1	
ANTIHYPERTENSIVES, VASODILATORS			
hydralazine hcl	APRESOLINE	1	
minoxidil	LONITEN	1	
BETA-ADRENERGIC BLOCKING AGENTS			
acebutolol hcl	SECTRAL	1	
atenolol	TENORMIN	1	
betaxolol hcl	KERLONE	1	
bisoprolol fumarate	ZEBETA	1	
metoprolol succinate	TOPROL XL	1	
metoprolol tartrate (100 mg) (tablet)		1	
metoprolol tartrate (25 mg) (tablet)		1	
metoprolol tartrate (50 mg) (tablet)		1	
NEBIVOLOL HCL	BYSTOLIC	2	
pindolol	VISKEN	1	
propranolol hcl	INDERAL	1	
propranolol hcl	INDERAL LA	1	
sotalol hcl		1	
timolol maleate	BLOCADREN	1	
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED			
atenolol/chlorthalidone	TENORETIC 100	1	
atenolol/chlorthalidone	TENORETIC 50	1	
bisoprolol/hydrochlorothiazide	ZIAC	1	
metoprolol/hydrochlorothiazide	LOPRESSOR HCT	1	
nadolol/bendroflumethiazide	CORZIDE	1	
propranolol/hydrochlorothiazid	INDERIDE-40/25	1	
propranolol/hydrochlorothiazid	INDERIDE-80/25	1	
CALCIUM CHANNEL BLOCKING AGENTS			
amlodipine besylate	NORVASC	1	
diltiazem hcl	CARDIZEM	1	
diltiazem hcl	CARDIZEM CD	1	
diltiazem hcl	CARDIZEM SR	1	
diltiazem hcl	DILACOR XR	1	
diltiazem hcl	TIAZAC	1	

Drug Name		Tier	Requirements/Limits
felodipine	PLENDIL	1	
isradipine	DYNACIRC	1	
nicardipine hcl		1	
nifedipine	ADALAT CC	1	
nifedipine	PROCARDIA	1	
nifedipine	PROCARDIA XL (30 MG) (TAB ER 24)	1	
nifedipine	PROCARDIA XL (60 MG) (TAB ER 24)	1	
nifedipine	PROCARDIA XL (90 MG) (TAB ER 24)	1	
nimodipine	NIMOTOP	1	
NIMODIPINE	NYMALIZE	2	PA
verapamil hcl	CALAN	1	
verapamil hcl	CALAN SR	1	
verapamil hcl	VERELAN	1	
verapamil hcl	VERELAN PM	1	
LOOP DIURETICS			
bumetanide	BUMEX	1	
furosemide	LASIX	1	
toremide	DEMADEX	1	
POTASSIUM SPARING DIURETICS			
amiloride hcl	MIDAMOR	1	
spironolactone	ALDACTONE	1	
POTASSIUM SPARING DIURETICS IN COMBINATION			
amiloride/hydrochlorothiazide	MODURETIC 5- 50	1	
spironolact/hydrochlorothiazid	ALDACTAZIDE (25 MG-25MG) (TABLET)	1	
triamterene/hydrochlorothiazid	DYAZIDE	1	
triamterene/hydrochlorothiazid	MAXZIDE	1	
triamterene/hydrochlorothiazid	MAXZIDE-25 MG	1	
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR			
RIOCIGUAT	ADEMPAS	2	PA
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB			
SILDENAFIL CITRATE	REVATIO (10 MG/ML) (SUSP RECON)	2	PA
sildenafil citrate	REVATIO (20 MG) (TABLET)	1	PA
TADALAFIL	ADCIRCA	2	PA
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST			
AMBRISENTAN	LETAIRIS	2	PA
BOSENTAN	TRACLEER	2	PA
MACITENTAN	OPSUMIT	2	PA

Drug Name		Tier	Requirements/Limits
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE			
ILOPROST TROMETHAMINE	VENTAVIS	2	PA
SELEXIPAG	UPTRAVI	2	PA
TREPROSTINIL	TYVASO	2	PA
TREPROSTINIL DIOLAMINE	ORENITRAM ER	2	PA
TREPROSTINIL SODIUM	REMODULIN	2	PA
TREPROSTINIL/NEB ACCESSORIES	TYVASO REFILL KIT	2	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO INSTITUTIONAL START KIT	2	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO STARTER KIT	2	PA
THIAZIDE AND RELATED DIURETICS			
chlorothiazide	DIURIL (250 MG) (TABLET)	1	
chlorothiazide	DIURIL (500 MG) (TABLET)	1	
chlorthalidone	HYGROTON	1	
hydrochlorothiazide		1	
indapamide	LOZOL	1	
methyclothiazide		1	
metolazone	ZAROXOLYN	1	
phenoxybenzamine hcl		1	
VASODILATORS, COMBINATION			
ISOSORBIDE DINIT/HYDRALAZINE	BIDIL	2	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
ANTHYPERLIPIDEMIC - APO B-100 SYNTHESIS INHIBITOR			
MIPOMERSEN SODIUM	KYNAMRO	2	PA
ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
atorvastatin calcium	LIPITOR	1	QL: 1 IN 1 DAY
lovastatin	MEVACOR	1	QL: 2 IN 1 DAY
pravastatin sodium	PRAVACHOL	1	QL: 1 IN 1 DAY
rosuvastatin calcium	CRESTOR	1	QL: 1 IN 1 DAY
simvastatin	ZOCOR (10 MG) (TABLET)	1	QL: 1 IN 1 DAY
simvastatin	ZOCOR (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
simvastatin	ZOCOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
simvastatin	ZOCOR (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
simvastatin	ZOCOR (80 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
ANTHYPERLIPIDEMIC - MTP INHIBITOR			
LOMITAPIDE MESYLATE	JUXTAPID	2	PA
ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS			
EVOLOCUMAB	REPATHA PUSHTRONEX	2	PA

Drug Name		Tier	Requirements/Limits
EVOLOCUMAB	REPATHA SURECLICK	2	PA
EVOLOCUMAB	REPATHA SYRINGE	2	PA
BILE SALT SEQUESTRANTS			
cholestyramine (with sugar)	QUESTRAN	1	
cholestyramine/aspartame	QUESTRAN LIGHT	1	
COLESEVELAM HCL	WELCHOL (3.75 G) (POWD PACK)	2	
colesevelam hcl	WELCHOL (625 MG) (TABLET)	1	
colestipol hcl	COLESTID (1 G) (TABLET)	1	
colestipol hcl	COLESTID (5 G) (GRANULES)	1	
colestipol hcl	COLESTID (5 G) (PACKET)	1	
LIPOTROPICS			
ezetimibe	ZETIA	1	QL: 1 IN 1 DAY
fenofibrate	FENOGLIDE	1	
fenofibrate	LOFIBRA	1	
fenofibrate nanocrystallized	TRICOR	1	
FENOFIBRATE NANOCRYSTALLIZED	TRIGLIDE	2	ST
fenofibrate,micronized	LOFIBRA	1	
fenofibric acid	FIBRICOR	1	
fenofibric acid (choline)	TRILIPIX	1	
gemfibrozil	LOPID	1	
ICOSAPENT ETHYL	VASCEPA (0.5 GRAM) (CAPSULE)	2	QL: 8 IN 1 DAY
ICOSAPENT ETHYL	VASCEPA (1 G) (CAPSULE)	2	QL: 4 IN 1 DAY
niacin	NIACOR	1	
niacin	NIASPAN	1	ST
omega-3 acid ethyl esters	LOVAZA	1	QL: 4 IN 1 DAY
NIACIN PREPARATIONS			
niacin (250 mg) (capsule er) (otc)		1	
niacin (500 mg) (capsule er) (otc)		5	
niacin (500 mg) (tablet er) (otc)		5	
niacin (500 mg) (tablet) (otc)		5	
niacinamide (500 mg) (tablet) (otc)		5	
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS			
ADRENERGIC VASOPRESSOR AGENTS			
DROXIDOPA	NORTHERA	2	PA
midodrine hcl	PROAMATINE	1	
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
SACUBITRIL/VALSARTAN	ENTRESTO	2	QL: 2 IN 1 DAY

Drug Name	Tier	Requirements/Limits	
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
RANOLAZINE	RANEXA (1000 MG) (TAB ER 12H)	2	QL: 2 IN 1 DAY
RANOLAZINE	RANEXA (500 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB			
amlodipine/atorvastatin	CADUET	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - VASODILATION			
VASODILATORS, CORONARY			
amyl nitrite		1	
isosorbide dinitrate	ISOCHRON	1	
isosorbide dinitrate	ISORDIL (10 MG) (TABLET)	1	
isosorbide dinitrate	ISORDIL (20 MG) (TABLET)	1	
isosorbide dinitrate	ISORDIL (30 MG) (TABLET)	1	
ISOSORBIDE DINITRATE	ISORDIL (40 MG) (TABLET)	2	
isosorbide dinitrate	ISORDIL TITRADOSE	1	
isosorbide mononitrate	IMDUR	1	
isosorbide mononitrate	MONOKET	1	
NITROGLYCERIN	NITRO-BID	2	
nitroglycerin	NITRO-DUR (0.1MG/HR) (PATCH TD24)	1	
nitroglycerin	NITRO-DUR (0.2MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.3 MG/HR) (PATCH TD24)	2	
nitroglycerin	NITRO-DUR (0.4MG/HR) (PATCH TD24)	1	
nitroglycerin	NITRO-DUR (0.6MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.8MG/HR) (PATCH TD24)	2	
nitroglycerin	NITROSTAT	1	
nitroglycerin	NITRO-TIME	1	
VASODILATORS, PERIPHERAL			
ergoloid mesylates	HYDERGINE	1	
isoxsuprine hcl		1	
papaverine hcl		1	

Drug Name	Tier	Requirements/Limits
CONTRACEPTION/OXYTOCICS		
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC		
ETONOGESTREL/ETHINYL ESTRADIOL NUVARING	4	QL: 1 IN 28 DAYS
CONTRACEPTIVES,INJECTABLE		
medroxyprogesterone acetate DEPO-PROVERA	4	QL: 1mL IN 84 DAYS
MEDROXYPROGESTERONE ACETATE DEPO-SUBQ PROVERA 104	4	QL: 0.65mL IN 84 DAYS
CONTRACEPTIVES,ORAL		
desog-e.estradiol/e.estradiol MIRCETTE	4	
desogestrel-ethinyl estradiol CYCLESSA	4	
desogestrel-ethinyl estradiol DESOGEN	4	
desogestrel-ethinyl estradiol ORTHO-CEPT	4	
drosipir/eth estra/levomefol ca BEYAZ	4	ST
drosipir/eth estra/levomefol ca SAFYRAL	4	ST
ESTRADIOL VALERATE/DIENOGEST NATAZIA	4	
ethinyl estradiol/drospirenone YASMIN 28	4	ST
ethinyl estradiol/drospirenone YAZ	4	ST
ethynodiol d-ethinyl estradiol DEMULEN	4	
ethynodiol d-ethinyl estradiol DEMULEN 1-50-21	4	
LEVONORGEST/ETH.ESTRADIOL/IRON BALCOLTRA	4	
levonorgestrel PLAN B ONE-STEP	4	QL: 6 IN 365 DAYS
levonorgestrel TAKE ACTION	4	QL: 6 IN 365 DAYS
levonorgestrel-ethin estradiol (0.1-0.02mg) (tablet)	4	
levonorgestrel-ethin estradiol (0.15-0.03) (tablet)	4	
levonorgestrel-ethin estradiol (0.15-0.03) (tbdspk 3mo)	4	QL: 91 IN 84 DAYS
levonorgestrel-ethin estradiol (6-5-10) (tablet)	4	
levonorgestrel-ethin estradiol (90-20 mcg) (tablet)	4	
l-norgest/e.estradiol-e.estradiol LOSEASONIQUE	4	QL: 91 IN 84 DAYS
l-norgest/e.estradiol-e.estradiol QUARTETTE	4	
l-norgest/e.estradiol-e.estradiol SEASONIQUE	4	QL: 91 IN 84 DAYS
noreth-ethinyl estradiol/iron FEMCON FE	4	
noreth-ethinyl estradiol/iron GENERESS FE	4	
norethindrone NOR-Q-D	4	
norethindrone ORTHO MICRONOR	4	
norethindrone ac-eth estradiol LOESTRIN	4	
norethindrone-e.estradiol-iron ESTROSTEP FE	4	
NORETHINDRONE-E.ESTRADIOL-IRON LO LOESTRIN FE	4	
norethindrone-e.estradiol-iron LOESTRIN 24 FE	4	
norethindrone-e.estradiol-iron LOESTRIN FE	4	

Drug Name		Tier	Requirements/Limits
norethindrone-e.estradiol-iron	MINASTRIN 24 FE	4	
norethindrone-ethinyl estrad	MODICON	4	
norethindrone-ethinyl estrad	ORTHO-NOVUM	4	
norethindrone-ethinyl estrad	OVCON-35	4	
norethindrone-ethinyl estrad	TRI-NORINYL	4	
norgestimate-ethinyl estradiol	ORTHO TRI- CYCLEN	4	
norgestimate-ethinyl estradiol	ORTHO TRI- CYCLEN LO	4	
norgestimate-ethinyl estradiol	ORTHO-CYCLEN	4	
norgestrel-ethinyl estradiol	LO-OVRAL-28	4	
norgestrel-ethinyl estradiol	LO-OVRAL-8	4	
norgestrel-ethinyl estradiol	OVRAL	4	
ULIPRISTAL ACETATE	ELLA	4	QL: 6 IN 365 DAYS
CONTRACEPTIVES, TRANSDERMAL			
norelgestromin/ethin.estradiol	ORTHO EVRA	4	QL: 3 IN 28 DAYS
DIAPHRAGMS/CERVICAL CAP			
CERVICAL CAP	FEMCAP	1	
DIAPHRAGMS, WIDE SEAL	WIDE SEAL DIAPHRAGM	4	
OXYTOCICS			
methylergonovine maleate		1	
COUGH AND COLD			
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
brompheniramine/phenylephrine (6mg- 10mg/5) (oral susp) (otc)		1	
chlorpheniramine/phenylephrine (1mg- 2mg/ml) (drops)		1	
chlorpheniramine/phenylephrine (4- 10mg/5ml) (liquid) (otc)		1	
chlorpheniramine/pseudoephed (4 mg-60 mg) (tablet) (otc)		1	
phenylephrine hcl/prometh hcl	PHENERGAN VC	1	
phenylephrine hcl/prometh hcl	PHEN-TUSS AD	1	
triprolidine/pseudoephedrine (2.5mg- 60mg) (tablet) (otc)		1	
1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB			
pseudoephed/chlor-mal/bell alk		1	
ANTITUSSIVES, NON-NARCOTIC			
benzonatate	TESSALON	1	
benzonatate	TESSALON PERLE	1	
dextromethorphan polistirex	CHILDREN'S DELSYM COUGH	5	
dextromethorphan polistirex	DELSYM	5	
DECONGESTANT-EXPECTORANT COMBINATIONS			
guaifenesin/phenylephrine hcl (400mg- 10mg) (tablet) (otc)		1	

Drug Name	Tier	Requirements/Limits
guaifenesin/pseudoephedrine hcl (400mg-40mg) (tablet) (otc)	1	
guaifenesin/pseudoephedrine hcl (400mg-60mg) (tablet) (otc)	1	
guaifenesin/pseudoephedrine hcl (600mg-60mg) (tab er 12h) (otc)	1	
DECONGESTANTS, ORAL		
pseudoephedrine hcl (120 mg) (tablet er) (otc)	5	
EXPECTORANTS		
guaifenesin (100 mg/5ml) (liquid) (otc)	5	
guaifenesin (1200 mg) (tab er 12h) (otc)	5	
guaifenesin (200 mg) (tablet) (otc)	1	
guaifenesin (400 mg) (tablet) (otc)	5	
guaifenesin (600 mg) (tab er 12h) (otc)	5	
NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST		
brompheniramine/pseudoephedrine/codeine	1	
hydrocodone/citric acid/pseudoephedrine	1	AGE: >= 18 YEARS
promethazine/phenylephrine/codeine	1	AGE: >= 18 YEARS
promethazine/phenylephrine/codeine	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB		
pseudoephedrine/codeine/guaifenesin	1	AGE: >= 12 YEARS
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE		
hydrocodone/chlorpheniramine p-styrene	1	AGE: >= 18 YEARS
promethazine hcl/codeine	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.		
hydrocodone bitartrate/homatropine me-berate (5 mg-1.5mg) (tablet)	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION		
codeine phosphate/guaifenesin (10-100mg/5) (liquid) (otc)	1	AGE: >= 12 YEARS
codeine phosphate/guaifenesin (10-200mg/5) (liquid) (otc)	1	AGE: >= 12 YEARS
codeine phosphate/guaifenesin (6.3-100/5) (liquid) (otc)	1	AGE: >= 12 YEARS
codeine phosphate/guaifenesin (7.5-225/5) (liquid) (otc)	1	AGE: >= 12 YEARS
codeine phosphate/guaifenesin (8-200 mg/5) (liquid) (otc)	1	AGE: >= 12 YEARS
NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECON-ANALGES CB		
dm/pe/acetaminophen/chlorpheniramine	5	
dm/pe/acetaminophen/chlorpheniramine	5	
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST		
brompheniramine/phenylephrine/dm (2-5-10mg/5) (liquid) (otc)	1	

Drug Name	Tier	Requirements/Limits
brompheniram/phenylephrine/dm (4-10-20/5) (liquid) (otc)	1	
brompheniram/phenylephrine/dm (4-7.5-15/5) (liquid) (otc)	1	
brompheniramine/pseudoephed/dm (2-30-10/5) (syrup)	1	
chlorpheniramine/phenyleph/dm (1-2-3mg/ml) (drops)	1	
chlorpheniramine/phenyleph/dm (4-10-15/5) (liquid) (otc)	1	
d-methorphan/pe/dexbromphenir	1	
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.		
chlorpheniramine/dextromethorp (4 mg-30 mg) (tablet) (otc)	5	
promethazine/dextromethorphan PHEN TUSS DM	1	
NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB		
guaifen/dextromethorphan/pe (100-10-5mg) (liquid) (otc)	5	
guaifen/dextromethorphan/pe (200-30-10) (liquid) (otc)	1	
guaifen/dextromethorphan/pe (400-20-10) (tablet) (otc)	1	
NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.		
guaifenesin/dextromethorphan (100-10mg/5) (liquid) (otc)	5	
guaifenesin/dextromethorphan (100-10mg/5) (syrup) (otc)	5	
guaifenesin/dextromethorphan (100-5 mg/5) (liquid) (otc)	5	
guaifenesin/dextromethorphan (200-10mg/5) (liquid) (otc)	5	
guaifenesin/dextromethorphan (200-30mg/5) (liquid) (otc)	5	
guaifenesin/dextromethorphan (400mg-20mg) (tablet) (otc)	5	
guaifenesin/dextromethorphan (600mg-30mg) (tab er 12h) (otc)	5	
GUAIFENESIN/DEXTROMETHORPHAN MUCINEX DM	5	
NOSE PREPARATIONS, VASOCONSTRICTORS(OTC)		
oxymetazoline hcl	5	
SYMPATHOMIMETIC AGENTS		
PSEUDOEPHEDRINE HCL NEXAFED	5	
pseudoephedrine hcl (120 mg) (tablet er) (otc)	5	
pseudoephedrine hcl (15 mg/5 ml) (liquid) (otc)	5	
pseudoephedrine hcl (30 mg) (tablet) (otc)	5	
pseudoephedrine hcl (30 mg/5 ml) (liquid) (otc)	5	
pseudoephedrine hcl (60 mg) (tablet) (otc)	1	

Drug Name	Tier	Requirements/Limits	
DERMATOLOGY - ACNE			
ACNE AGENTS,SYSTEMIC			
isotretinoin	1		
ACNE AGENTS, TOPICAL			
clindamycin phos/benzoyl perox	BENZA CLIN (1 % -5 %) (GEL (GRAM))	1	
clindamycin phos/benzoyl perox	DUAC	1	
ROSACEA AGENTS, TOPICAL			
metronidazole	METROCREAM	1	
metronidazole	METROGEL	1	
metronidazole	METROLOTION	1	
metronidazole	ROSADAN	1	
TOPICAL PREPARATIONS,ANTIBACTERIALS			
BENZALKONIUM CHLORIDE	REVITADERM	1	
chloroxylenol	PERIGIENE	1	
hydrocortisone/iodoquinol	DERMAZENE	1	
iodine/potassium iodide (5%-10%) (solution)		1	
iodine/potassium iodide (5%-10%) (solution) (otc)		1	
methylbenzethonium chloride		1	
SILVER	SILVASORB	1	
SILVERMED (GEL ER(ML)) (OTC)		1	
silver chloride		1	
silver nitrate		1	
VITAMIN A DERIVATIVES			
adapalene	DIFFERIN	1	AGE: <= 25 YEARS
tretinoin	RETIN-A	1	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO	1	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
tretinoin microspheres	RETIN-A MICRO PUMP (0.1 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
DERMATOLOGY - ANTIINFECTIVE			
INSECT REPELLANTS			
diethyltoluamide (25 %) (aero powd) (otc)	5	QL: 2 BOTTLES IN 180 DAYS	
TOPICAL ANTIBIOTICS			
bacitracin	5		
bacitracin zinc (500 unit/g) (oint. (g)) (otc)	5		
bacitracin zinc (500 unit/g) (packet) (otc)	5		
BACITRACIN ZINC (500 UNIT/G) (PACKET) (OTC)	5		
bacitracin/polymyxin b sulfate (500-10k/g) (oint. (g)) (otc)	1		
clindamycin phosphate	CLEOCIN T	1	
clindamycin phosphate	CLINDACIN ETZ	1	

Drug Name		Tier	Requirements/Limits
clindamycin phosphate	CLINDACIN P	1	
clindamycin phosphate	EVOCLIN	1	
erythromycin base/ethanol	ERY	1	
erythromycin base/ethanol	ERYGEL	1	
erythromycin base/ethanol	ERYMAX	1	
ERYTHROMYCIN/BENZOYL PEROXIDE	AKTIPAK	2	
erythromycin/benzoyl peroxide	BENZAMYCIN	1	
gentamicin sulfate		1	
mupirocin	BACTROBAN	1	
mupirocin	CENTANY	1	
mupirocin calcium	BACTROBAN	1	
neomycin/bacitracin/polymyxinb (3.5-400-5k) (oint pack) (otc)		5	
neomycin/bacitracin/polymyxinb (3.5-400-5k) (oint. (g)) (otc)		5	
neomycin/bacitracin/polymyx/pramox (3.5-10k-10) (oint. (g)) (otc)		5	
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT			
clotrimazole/betamethasone dip	LOTRISONE	1	
TOPICAL ANTIFUNGALS			
ciclopirox	CICLODAN	1	
ciclopirox	LOPROX	1	
ciclopirox	PENLAC	1	
ciclopirox olamine	CICLODAN	1	
ciclopirox olamine	LOPROX	1	
ciclopirox/urea/camph/men/euc	CICLODAN	1	
clotrimazole (1 %) (cream (g))		1	
clotrimazole (1 %) (cream (g)) (otc)		1	
clotrimazole (1 %) (solution)		1	
clotrimazole (1 %) (solution) (otc)		1	
econazole nitrate	SPECTAZOLE	1	
gentian violet/brgreen/proflav		1	
ketoconazole	EXTINA	1	
ketoconazole	NIZORAL	1	
miconazole nitrate (2 %) (cream (g)) (otc)		1	
miconazole nitrate (2 %) (cream(ml)) (otc)		1	
naftifine hcl	NAFTIN (1 %) (CREAM (G))	1	
NAFTIFINE HCL	NAFTIN (1 %) (GEL (GRAM))	2	
naftifine hcl	NAFTIN (2 %) (CREAM (G))	1	
nystatin	MYCOSTATIN	1	
nystatin	NYAMYC	1	
nystatin	NYSTEX	1	
nystatin	NYSTOP	1	
nystatin/triamcin (100000-0.1) (cream (g))		1	
nystatin/triamcin (100000-0.1) (oint. (g))		1	
sodium thiosulfate/sal acid	VERSICLEAR	1	

Drug Name		Tier	Requirements/Limits
SULCONAZOLE NITRATE	EXELDERM	2	
TERBINAFINE HCL	LAMISIL	2	
tolnaftate (1 %) (aero powd) (otc)		5	
tolnaftate (1 %) (cream (g)) (otc)		5	
tolnaftate (1 %) (packet) (otc)		5	
tolnaftate (1 %) (powder) (otc)		5	
tolnaftate (1 %) (solution) (otc)		5	
TOPICAL ANTIPARASITICS			
CROTAMITON	EURAX	2	
diethyltoluamide (15 %) (aero powd) (otc)		5	QL: 2 BOTTLES IN 180 DAYS
diethyltoluamide (15 %) (spray) (otc)		5	QL: 2 BOTTLES IN 180 DAYS
diethyltoluamide (25 %) (spray) (otc)		5	QL: 2 BOTTLES IN 180 DAYS
diethyltoluamide (40 %) (spray) (otc)		5	QL: 2 BOTTLES IN 180 DAYS
diethyltoluamide (7 %) (spray) (otc)		5	QL: 2 BOTTLES IN 180 DAYS
ICARIDIN	INSECT REPELLENT	5	QL: 2 BOTTLES IN 180 DAYS
ICARIDIN	NATRAPEL	5	QL: 2 BOTTLES IN 180 DAYS
lindane	KWELL	1	
permethrin (1 %) (liquid) (otc)		5	
permethrin (5 %) (cream (g))		1	
piperonyl butoxide/pyrethrins		5	
TOPICAL ANTIVIRALS			
ACYCLOVIR	ZOVIRAX (5 %) (CREAM (G))	2	
acyclovir	ZOVIRAX (5 %) (OINT. (G))	1	
DOCOSANOL	ABREVA	5	
TOPICAL SULFONAMIDES			
mafenide acetate		1	
MAFENIDE ACETATE	SULFAMYLON	2	
silver sulfadiazine	SILVADENE	1	
silver sulfadiazine	THERMAZENE	1	
DERMATOLOGY - ANTIINFLAMMATORY			
TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY, STEROIDAL			
NEOMYC/BACIT/POLYMYX/HYDROCORT	CORTISPORIN	2	
NEOMYCIN/POLYMYXIN B/HYDROCORT	CORTISPORIN	2	
TOPICAL ANTI-INFLAMMATORY STEROIDAL			
alclometasone dipropionate	ACLOVATE	1	
amcinonide	CYCLOCORT	1	
betamethasone dipropionate	DIPROLENE	1	
betamethasone valerate	VALISONE	1	
betamethasone/propylene glyc	DIPROLENE	1	
betamethasone/propylene glyc	DIPROLENE AF	1	
clobetasol propionate	CLOBEX	1	
clobetasol propionate	CLODAN	1	
clobetasol propionate	OLUX	1	
clobetasol propionate	TEMOVATE	1	

Drug Name		Tier	Requirements/Limits
clobetasol propionate/emoll	OLUX-E	1	
clobetasol propionate/emoll	TEMOVATE E	1	
clobetasol propionate/emoll	TEMOVATE EMOLLIENT	1	
clocortolone pivalate	CLODERM	1	
desonide		1	
desoximetasone	TOPICORT (0.05 %) (CREAM (G))	1	
desoximetasone	TOPICORT (0.25 %) (CREAM (G))	1	
DIFLORASONE DIACETATE/EMOLL	APEXICON E	2	
fluocinolone acetonide	DERMA- SMOOTHE-FS	1	
fluocinolone acetonide	SYNALAR	1	
fluocinolone/shower cap	DERMA- SMOOTHE-FS	1	
fluocinonide	LIDEX	1	
fluocinonide	VANOS	1	
fluocinonide/emollient base	LIDEX-E	1	
flurandrenolide	CORDRAN (0.05 %) (CREAM (G))	1	
flurandrenolide	CORDRAN (0.05 %) (LOTION)	1	
flurandrenolide	CORDRAN (0.05 %) (OINT. (G))	1	
FLURANDRENOLIDE	CORDRAN (4MCG/SQ CM) (MED. TAPE)	2	ST, QL: 2 IN 30 DAYS
flurandrenolide	NOLIX	1	
fluticasone propionate	CUTIVATE (0.005 %) (OINT. (G))	1	
fluticasone propionate	CUTIVATE (0.05 %) (CREAM (G))	1	
halobetasol propionate	ULTRAVATE (0.05 %) (CREAM (G))	1	
halobetasol propionate	ULTRAVATE (0.05 %) (OINT. (G))	1	
hydrocort/min oil/petrolat,wht		1	
HYDROCORT/SAL ACID/SULF/SHAMP1	SCALACORT DK	2	
hydrocortisone (1 %) (cream (g))		1	
hydrocortisone (1 %) (cream (g)) (otc)		5	
hydrocortisone (1 %) (cream pack) (otc)		5	
hydrocortisone (1 %) (lotion) (otc)		5	
hydrocortisone (1 %) (oint. (g))		1	
hydrocortisone (1 %) (oint. (g)) (otc)		5	
hydrocortisone (2 %) (lotion)		1	
hydrocortisone (2.5 %) (cream (g))		1	
hydrocortisone (2.5 %) (crm/pe app)		1	

Drug Name		Tier	Requirements/Limits
hydrocortisone (2.5 %) (lotion)		1	
hydrocortisone (2.5 %) (oint. (g))		1	
HYDROCORTISONE	TEXACORT	2	
hydrocortisone acetate (1 %) (cream (g)) (otc)		5	
hydrocortisone acetate (1 %) (oint. (g)) (otc)		5	
hydrocortisone butyrate	LOCOID (0.1 %) (CREAM (G))	1	
hydrocortisone butyrate	LOCOID (0.1 %) (OINT. (G))	1	
hydrocortisone butyrate	LOCOID (0.1 %) (SOLUTION)	1	
HYDROCORTISONE PROBUTATE	PANDEL	2	
hydrocortisone valerate		1	
hydrocortisone/aloe vera (1 %) (cream (g)) (otc)		5	
hydrocortisone/aloe/vit.e/a/d		5	
hydrocortisone/oatmeal/aloe/e		5	
mometasone furoate	ELOCON	1	
prednicarbate	DERMATOP	1	
triamcinolone acetonide		1	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
diclofenac sodium	PENNSAID (1.5 %) (DROPS)	1	
diclofenac sodium	VOLTAREN	1	
DERMATOLOGY - MISCELLANEOUS			
ANTISEPTICS,GENERAL			
ALCOHOL ANTISEPTIC PADS	ALCOHOL PADS	5	
ALCOHOL ANTISEPTIC PADS	ALCOHOL PREP PADS	5	
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWAB	5	
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWABS	5	
ALCOHOL ANTISEPTIC PADS	ALCOHOL WIPES	5	
ALCOHOL ANTISEPTIC PADS	CARETOUCH ALCOHOL PREP PAD	5	
ALCOHOL ANTISEPTIC PADS	CURITY ALCOHOL PREPS	5	
ALCOHOL ANTISEPTIC PADS	EASY TOUCH ALCOHOL PREP PADS	5	
ALCOHOL ANTISEPTIC PADS	INCONTROL ALCOHOL PADS	5	
ALCOHOL ANTISEPTIC PADS	IV ANTISEPTIC WIPES	5	

Drug Name		Tier	Requirements/Limits
ALCOHOL ANTISEPTIC PADS	IV PREP WIPES	5	
ALCOHOL ANTISEPTIC PADS	PRO COMFORT ALCOHOL PADS	5	
ALCOHOL ANTISEPTIC PADS	SINGLE USE SWAB	5	
ALCOHOL ANTISEPTIC PADS	SURE COMFORT ALCOHOL	5	
ALCOHOL ANTISEPTIC PADS	SURE-PREP ALCOHOL PREP PADS	5	
ALCOHOL ANTISEPTIC PADS	ULTILET ALCOHOL SWAB	5	
ALCOHOL ANTISEPTIC PADS	WEBCOL	5	
ANTISEPTICS,MISCELLANEOUS			
PHENOL	CASTELLANI PAINT	5	
PHENOL	CASTELLANI PAINT MODIFIED	5	
DEODORANTS			
OSTOMY SUPPLY	FRESHNET	5	
OSTOMY SUPPLY	HEX-ON LIGHT	5	
OSTOMY SUPPLY	ODOR ELIMINATOR DROPS	5	
OSTOMY SUPPLY	ULTRA-FRESH	5	
SODIUM CITRATE	M9	1	
EMOLLIENTS			
ALOE VERA/COLLAGEN	ALOE VESTA	1	
ALOE VERA/COLLAGEN	ALOE VESTA CLEANSING	1	
ALOE VERA/COLLAGEN	PERISCENT	1	
ALOE VERA/COLLAGEN	SENSI-CARE	1	
ALOE/LA/CERAMID/SILICONES/TAPE	SILICONE SCAR	1	
ALOE/LAC AC/CERAMIDES 3,3B,6,1	HYPER-HEAL	1	
ammonium lactate (12 %) (cream (g))		1	
ammonium lactate (12 %) (cream (g)) (otc)		1	
ammonium lactate (12 %) (lotion)		1	
ammonium lactate (12 %) (lotion) (otc)		1	
emol53/namgfs/ha/nahypochlorit		1	
emollient combination no.10	BIAFINE	1	
emollient combination no.32		1	
emollient combination no.35		1	
EMOLLIENT COMBINATION NO.36	RESTORE SKIN CONDITIONING	1	
EMOLLIENT COMBINATION NO.60	ATRAPRO HYDROGEL	1	
EMOLLIENT COMBOS NO.47, NO.60	ATRAPRO CP	1	
EMOLLIENT NO56/HYALURONIC ACID	DERMAPLEX	1	

Drug Name		Tier	Requirements/Limits
glycerin/dimethicone		1	
lanolin alcohol/mo/w.pet/ceres	EUCERIN	1	
LANOLIN/ALOE VERA/PROP GLY	SOOTHE & COOL PERINEAL WASH (LIQ. SOAP) (OTC)	1	
mineral oil/petrolatum,white (cream (g)) (otc)		1	
MINERAL,LANOLIN OILS/PROP GLYC	BALNEOL	1	
pantothenic acid/aloe vera		1	
petrolatum,white (oint. (g)) (otc)		1	
SILICONES/ADHESIVE TAPE	SILICONE DISC	1	
SILICONES/ADHESIVE TAPE	SILICONE ROLL	1	
SILICONES/ADHESIVE TAPE	SILICONE SHEET (COMBO. PKG) (OTC)	1	
SILICONES/ADHESIVE TAPE	SILICONE SHEET (COMBO. PKG) (OTC)	1	
SILICONES/ADHESIVE TAPE	SILICONE TAPE	1	
vitamin e (oil) (otc)		1	
VITAMIN E/ALOE VERA	WOUND GEL	1	
vite ac/grape/hyaluronic acid	ATOPICLAIR	1	
IODINE ANTISEPTICS			
povidone-iodine (10 %) (solution) (otc)		1	
povidone-iodine (10 %) (spray) (otc)		1	
povidone-iodine (7.5 %) (solution) (otc)		1	
IRRIGANTS			
acetic acid		1	
mannitol/sorbitol solution		1	
neomycin sulf/polymyxin b sulf		1	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOLYTE	1	
PHYSIOLOGICAL IRRIG SOLN NO.1	PHYSIOSOL	1	
ringer's solution		1	
sod cl irrigat/decyl glucoside		1	
sodium chloride irrig solution (0.9 %) (irrig soln)		1	
sorbitol solution		1	
water for irrigation,sterile		1	
IRRITANTS/COUNTER-IRRITANTS			
me-salicylate/isoprop.alcohol (liquid) (otc)		1	
methyl salicylate (liquid) (otc)		1	
methyl salicylate (oil) (otc)		1	
KERATOLYTICS			
benzoyl peroxide (10 %) (gel (gram)) (otc)		5	
PODOFILOX	CONDYLOX (0.5 %) (GEL (GRAM))	2	ST

Drug Name		Tier	Requirements/Limits
podofilox	CONDYLOX (0.5 %) (SOLUTION)	1	
OXIDIZING AGENTS			
hydrogen peroxide (1.5 %) (solution) (otc)		1	
hydrogen peroxide (3 %) (solution) (otc)		1	
PROTECTIVES			
BENZETHONIUM CHLORIDE	NEW SKIN (0.2 %) (LIQ-FILM) (OTC)	1	
benzoin (tincture) (otc)		1	
CARBIT/EQUIS XT/ETHAN/CHIT/MSM	GENADUR	1	
dimethicone (2 %) (lotion) (otc)		1	
HYALURONATE SODIUM	BIONECT (0.2 %) (CREAM (G))	1	
HYALURONATE SODIUM	BIONECT (0.2 %) (GEL (GRAM))	1	
HYALURONATE/ALLANTOIN/ALOE EXT RADIAPLEXRX		1	
petrolatum,white (oint pack)		1	
petrolatum,white (oint pack) (otc)		1	
petrolatum,white (oint. (g)) (otc)		1	
protectives2/ceramide 1,3,6-11	TETRIX	1	
zinc acetate/meadowsweet/oak		1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	ANALPRAM HC	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 %) (OINT. (G))	2	
hydrocortisone/pramoxine	PRAMOSONE (2.5 %-1 %) (CREAM (G))	1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (OINT. (G))	2	
lidocaine/hydrocortisone ac	LIDAMANTLE HC	1	
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS			
ALITRETINOIN	PANRETIN	2	
BEXAROTENE	TARGRETIN	2	PA
diclofenac sodium	SOLARAZE	1	PA, QL: 100gm PER FILL
fluorouracil	CARAC	1	
fluorouracil	EFUDEX	1	
INGENOL MEBUTATE	PICATO (0.015 %) (GEL (EA))	2	QL: 3 IN 28 DAYS
INGENOL MEBUTATE	PICATO (0.05 %) (GEL (EA))	2	QL: 2 IN 28 DAYS

Drug Name		Tier	Requirements/Limits
MECHLORETHAMINE HCL	VALCHLOR	2	PA
TOPICAL LOCAL ANESTHETICS			
cocaine hcl		1	
ethyl chloride		1	
lidocaine (5 %) (adh. patch)		1	
lidocaine (5 %) (oint. (g))		1	ST, QL: 240gm IN 30 DAYS
lidocaine hcl (3 %) (cream (g))		1	
lidocaine hcl (3 %) (lotion)		1	
lidocaine hcl (4 %) (solution)		1	
LIDOCAINE HCL/COLLAGEN	REGENECARE	1	
lidocaine/prilocaine		1	
VIT E/LIDOCAINE/ALOE/COLLAGEN	REGENECARE	1	
TOPICAL PREPARATIONS,MISCELLANEOUS			
benzethonium chloride (0.1 %) (cleanser) (otc)		1	
calcium acetate/aluminum sulf		5	
CALCIUM CARB/SOD HYPOCHLORITE	NAIL SCRUB	1	
HONEY	MEDIHONEY (100 %) (PASTE (ML)) (OTC)	1	
SKIN CLEANSER COMB NO.34	PROSHIELD FOAM & SPRAY	1	
DERMATOLOGY - PSORIASIS/ECZEMA			
ANTIPSORIATIC AGENTS,SYSTEMIC			
acitretin		SORIATANE	1
methoxsalen (10 mg) (cap lq rap)			1
SECUKINUMAB	COSENTYX (2 SYRINGES)	2	PA
SECUKINUMAB	COSENTYX PEN	2	PA
SECUKINUMAB	COSENTYX PEN (2 PENS)	2	PA
SECUKINUMAB	COSENTYX SYRINGE	2	PA
ANTIPSORIATICS AGENTS			
ANTHRALIN	DRITHOCREME HP	2	ST
calcipotriene		DOVONEX	1
calcitriol		VECTICAL	1
TAZAROTENE	TAZORAC (0.05 %) (CREAM (G))	2	
TAZAROTENE	TAZORAC (0.05 %) (GEL (GRAM))	2	
tazarotene		TAZORAC (0.1 %) (CREAM (G))	1
TAZAROTENE	TAZORAC (0.1 %) (GEL (GRAM))	2	
TOPICAL AGENTS,MISCELLANEOUS			
collagen,bovine		1	

Drug Name		Tier	Requirements/Limits
SKIN CLEANSER	PERIANAL CLEANSING	1	
SKIN CLEANSER	PERIFRESH	1	
SKIN CLEANSER COMB NO.20	RESTORE SKIN CLEANSER	1	
SKIN CLEANSER COMB NO.21	RESTORE WOUND CLEANSER	1	
TOPICAL IMMUNOSUPPRESSIVE AGENTS			
tacrolimus	PROTOPIC	1	ST, AGE: >= 2 YEARS
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL			
calcipotriene/betamethasone	TACLONEX (0.005-.064) (OINT. (G))	1	ST
DIABETES			
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.			
LINAGLIPTIN/METFORMIN HCL	JENTADUETO	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (2.5-1000MG) (TAB BP 24H)	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (5MG-1000MG) (TAB BP 24H)	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (100-1000MG) (TBMP 24HR)	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50-1000 MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50MG-500MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)			
DULAGLUTIDE	TRULICITY	2	ST, QL: 2mL IN 28 DAYS
LIRAGLUTIDE	VICTOZA 2-PAK	2	ST, QL: 9mL IN 30 DAYS
LIRAGLUTIDE	VICTOZA 3-PAK	2	ST, QL: 9mL IN 30 DAYS
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
CANAGLIFLOZIN	INVOKANA	2	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN	JARDIANCE	2	ST, QL: 1 IN 1 DAY
ERTUGLIFLOZIN PIDOLATE	STEGLATRO	2	ST, QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)			
acarbose	PRECOSE	1	
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE			
PRAMLINTIDE ACETATE	SYMLINPEN 120	2	
PRAMLINTIDE ACETATE	SYMLINPEN 60	2	
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS			
LINAGLIPTIN	TRADJENTA	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOSPHATE	JANUVIA	2	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE			
chlorpropamide	DIABINESE	1	
glimepiride	AMARYL	1	
glipizide	GLUCOTROL	1	
glipizide	GLUCOTROL XL	1	
glyburide		1	
glyburide,micronized	GLYNASE	1	
nateglinide	STARLIX	1	
repaglinide	PRANDIN	1	
tolazamide	TOLINASE (250 MG) (TABLET)	1	
tolbutamide	ORINASE	1	
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)			
pioglitazone hcl	ACTOS	1	
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.			
EMPAGLIFLOZIN/LINAGLIPTIN	GLYXAMBI	2	ST, QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)			
metformin hcl	GLUCOPHAGE	1	
metformin hcl	GLUCOPHAGE XR	1	
METFORMIN HCL	RIOMET	2	
ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST			
INSULIN GLARGINE/LIXISENATIDE	SOLIQUA 100-33	2	ST, QL: 30mL IN 28 DAYS
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB			
glipizide/metformin hcl	METAGLIP	1	
glyburide/metformin hcl	GLUCOVANCE	1	
repaglinide/metformin hcl	PRANDIMET	1	
ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER			
MIFEPRISTONE	KORLYM	2	PA
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB			
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET	2	ST, QL: 2 IN 1 DAY
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET XR	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (10-1000 MG) (TAB BP 24H)	2	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (12.5-1000) (TAB BP 24H)	2	ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (25-1000 MG) (TAB BP 24H)	2	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	2	ST, QL: 2 IN 1 DAY
ERTUGLIFLOZIN/METFORMIN	SEGLUROMET	2	ST, QL: 2 IN 1 DAY
ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB			
pioglitazone hcl/metformin hcl	ACTOPLUS MET	1	ST
PIOGLITAZONE HCL/METFORMIN HCL	ACTOPLUS MET XR	2	ST

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTICS			
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX (STRIP) (OTC)	5	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX TEST STRIPS	5	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE LITE STRIPS (STRIP) (OTC)	5	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE PRECISION NEO (STRIP) (OTC)	5	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE TEST STRIPS (STRIP) (OTC)	5	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION XTRA (STRIP) (OTC)	5	QL: 200 IN 30 DAYS
DIABETIC SUPPLIES			
BLOOD-GLUCOSE METER	EVENCARE MINI MONITOR SYSTEM (EACH) (OTC)	1	
BLOOD-GLUCOSE METER	FREESTYLE FREEDOM LITE (KIT) (OTC)	5	
BLOOD-GLUCOSE METER	FREESTYLE INSULINX (EACH) (OTC)	5	
BLOOD-GLUCOSE METER	FREESTYLE LITE METER (KIT) (OTC)	5	
BLOOD-GLUCOSE METER	PRECISION NEO (EACH) (OTC)	5	
BLOOD-GLUCOSE METER	PRECISION XTRA (EACH) (OTC)	5	
BLOOD-GLUCOSE SENSOR	DEXCOM G6	1	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G6	1	
DIABETIC SUPPLIES,MISCELL	ALKALINE BATTERIES	5	
DIABETIC SUPPLIES,MISCELL	CHEMSTRIP BG DIARY	5	
DIABETIC SUPPLIES,MISCELL	ENLITE SERTER	5	
DIABETIC SUPPLIES,MISCELL	EZ-VAC	5	
DIABETIC SUPPLIES,MISCELL	GLUCOCOM AUTOLINK	5	
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT CHARGER	5	

Drug Name	Tier	Requirements/Limits
DIABETIC SUPPLIES,MISCELL GUARDIAN RT STARTER KIT	5	
DIABETIC SUPPLIES,MISCELL GUARDIAN RT SYSTEM	5	
DIABETIC SUPPLIES,MISCELL GUARDIAN TEST PLUG	5	
DIABETIC SUPPLIES,MISCELL GUARDIAN TRANSMITTER TAPE	5	
DIABETIC SUPPLIES,MISCELL INSUL-CAP	5	
DIABETIC SUPPLIES,MISCELL INSUL-EZE	5	
DIABETIC SUPPLIES,MISCELL MAGNI-GUIDE MAGNIFIER	5	
DIABETIC SUPPLIES,MISCELL MEDTRONIC REMOTE CONTROL	5	
DIABETIC SUPPLIES,MISCELL MINIMED QUICK-SERTER (EACH) (OTC)	1	
DIABETIC SUPPLIES,MISCELL MINIMED QUICK-SERTER (MISCELL) (OTC)	5	
DIABETIC SUPPLIES,MISCELL OVAL TAPE	5	
DIABETIC SUPPLIES,MISCELL PARADIGM REMOTE CONTROL	5	
DIABETIC SUPPLIES,MISCELL REPLACEMENT PEDIATRIC MONITOR	5	
DIABETIC SUPPLIES,MISCELL SEN-SERTER	5	
DIABETIC SUPPLIES,MISCELL SIL-SERTER	1	
DIABETIC SUPPLIES,MISCELL SOF-SERTER	5	
HOME HEMOGLOBIN A1C MONITOR AT HOME A1C	1	
INFUSION SET FOR INSULIN PUMP AUTOSOFT 30	1	
INFUSION SET FOR INSULIN PUMP AUTOSOFT 90	1	
INFUSION SET FOR INSULIN PUMP AUTOSOFT XC	1	
INFUSION SET FOR INSULIN PUMP CLEO 90 INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP COMFORT	1	
INFUSION SET FOR INSULIN PUMP COMFORT SHORT	1	
INFUSION SET FOR INSULIN PUMP CONTACT DETACH INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP INSET 30 INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP INSET INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP MINIMED	1	

Drug Name		Tier	Requirements/Limits
INFUSION SET FOR INSULIN PUMP	MINIMED PRO-SET	1	
INFUSION SET FOR INSULIN PUMP	MIO INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP	QUICK-SET PARADIGM	1	
INFUSION SET FOR INSULIN PUMP	SURE-T PARADIGM	1	
INFUSION SET FOR INSULIN PUMP	T:30 INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP	T:90	1	
INFUSION SET FOR INSULIN PUMP	TRUSTEEL INFUSION SET	1	
INFUSION SET FOR INSULIN PUMP	VARISOFT INFUSION SET	1	
INFUSION SET-INSULIN PUMP BODY	SNAP INSULIN PUMP-INFUSION SET	1	
INSULIN ADMIN. SUPPLIES	AUTOJECT 2	1	
INSULIN ADMIN. SUPPLIES	AUTOPEN	1	
INSULIN ADMIN. SUPPLIES	HUMAPEN LUXURA HD	1	
INSULIN ADMIN. SUPPLIES	NOVOPEN ECHO	1	
INSULIN PUMP CONTROLLER	SNAP INSULIN PUMP CONTROLLER	1	
INSULIN PUMP/INFUS. SET/METER	ACCU-CHEK	1	
LANCETS	ONETOUCH SURESOFT	5	
LANCING DEVICE	ADJUSTABLE LANCING DEVICE	5	
LANCING DEVICE	ADVOCATE LANCING DEVICE	5	
LANCING DEVICE	ADVOCATE RAPID-SAFE	5	
LANCING DEVICE	ALTERNATE SITE LANCING DEVICE	5	
LANCING DEVICE	AQUA LANCE LANCING DEVICE	5	
LANCING DEVICE	AUTO-LANCET MINI	5	
LANCING DEVICE	AUTOLET LANCING DEVICE	5	
LANCING DEVICE	AUTOLET PLUS	5	

Drug Name	Tier	Requirements/Limits
LANCING DEVICE CARELANCE ULT LANCING DEVICE	5	
LANCING DEVICE CAREONE	5	
LANCING DEVICE CARESENS PREM LANCING DEVICE	5	
LANCING DEVICE CARETOUCH LANCING DEVICE	5	
LANCING DEVICE DROPLET LANCING DEVICE	5	
LANCING DEVICE EASY CLICK	5	
LANCING DEVICE EASY MINI EJECT LANCING DEVICE	5	
LANCING DEVICE EASY TOUCH LANCING DEVICE	5	
LANCING DEVICE FORA LANCING DEVICE	5	
LANCING DEVICE HEALTHY ACCENTS AUTOLET	5	
LANCING DEVICE INCONTROL LANCING DEVICE	5	
LANCING DEVICE	5	
LANCING DEVICE LANCING SYSTEM	5	
LANCING DEVICE LITE TOUCH	5	
LANCING DEVICE MINI LANCING DEVICE	5	
LANCING DEVICE ON CALL LANCING DEVICE	5	
LANCING DEVICE ON CALL PLUS LANCING DEVICE	5	
LANCING DEVICE PRODIGY LANCING DEVICE	5	
LANCING DEVICE RELIAMED MINI LANCING DEVICE	5	
LANCING DEVICE RIGHTTEST GD500	5	
LANCING DEVICE SMARTDIABETE S VANTAGE	5	

Drug Name	Tier	Requirements/Limits
LANCING DEVICE SURE COMFORT LANCING PEN	5	
LANCING DEVICE SUREFLEX	5	
LANCING DEVICE SURE-PEN	5	
LANCING DEVICE TRUEDRAW	5	
LANCING DEVICE ULTI-LANCE	5	
LANCING DEVICE/LANCETS ACCU-CHEK	5	
LANCING DEVICE/LANCETS ACCU-CHEK FASTCLIX	5	
LANCING DEVICE/LANCETS ACCU-CHEK SOFTCLIX	5	
LANCING DEVICE/LANCETS ADVANCED LANCING DEVICE	5	
LANCING DEVICE/LANCETS AUTOLET IMPRESSION	5	
LANCING DEVICE/LANCETS HYPOLANCE	5	
LANCING DEVICE/LANCETS LANCING DEVICE	5	
LANCING DEVICE/LANCETS LANZO	5	
LANCING DEVICE/LANCETS MICROLET 2	5	
LANCING DEVICE/LANCETS MICROLET NEXT LANCING DEVICE	5	
LANCING DEVICE/LANCETS MULTI-LANCET	5	
LANCING DEVICE/LANCETS ONETOUCH DELICA	5	
LANCING DEVICE/LANCETS SOLUS V2 LANCING DEVICE	5	
LANCING DEVICE/LANCETS SUREFLEX	5	
LANCING DEVICE/LANCETS ULTI-LANCE	5	
LANCING DEVICE/LANCETS UNISTIK 2	5	
LANCING DEVICE/LANCETS UNISTIK 2 EXTRA	5	
LANCING DEVICE/LANCETS UNISTIK 2 NORMAL	5	
LANCING DEVICE/LANCETS UNISTIK 3	5	
LANCING DEVICE/LANCETS UNISTIK 3 COMFORT	5	
LANCING DEVICE/LANCETS UNISTIK 3 NEONATAL	5	
NEEDLE CLIP AND STORAGE DEVICE SAFE-CLIP	5	
SUBCUTANEOUS INSULIN PUMP MINIMED 530G	1	
SUBCUTANEOUS INSULIN PUMP MINIMED 630G	1	
SUBCUTANEOUS INSULIN PUMP MINIMED 670G	1	
SUBCUTANEOUS INSULIN PUMP OMNIPOD	1	
SUBCUTANEOUS INSULIN PUMP ONETOUCH PING	1	

Drug Name		Tier	Requirements/Limits
SUBCUTANEOUS INSULIN PUMP	REVEL PROGRAMMABLE PUMP	1	
SUBCUTANEOUS INSULIN PUMP	T:FLEX	1	
SUBCUTANEOUS INSULIN PUMP	T:SLIM	1	
SUBCUTANEOUS INSULIN PUMP	T:SLIM G4	1	
SUBCUTANEOUS INSULIN PUMP	T:SLIM X2	1	
SUB-Q INSULIN DEVICE, 20 UNIT	VGO 20	1	
SUB-Q INSULIN DEVICE, 30 UNIT	VGO 30	1	
SUB-Q INSULIN DEVICE, 40 UNIT	VGO 40	1	
SUBQ INSULIN PUMP, GLUC. MON. SYS	ANIMAS VIBE	1	
DIABETIC ULCER PREPARATIONS, TOPICAL			
BECAPLERMIN	REGRANEX	2	
HYPERGLYCEMICS			
dextrose (4 g) (tab chew) (otc)		5	
dextrose (40 %) (gel (gram)) (otc)		5	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	2	
INSULINS			
INSULIN GLARGINE, HUM. REC. ANLOG	BASAGLAR KWIKPEN U-100	2	QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	TOUJEO MAX SOLOSTAR	2	QL: 18mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	TOUJEO SOLOSTAR	2	QL: 13.5mL IN 28 DAYS
INSULIN LISPRO	ADMELOG	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO	ADMELOG SOLOSTAR	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	5	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30	5	QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	5	QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	5	QL: 30mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R	5	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500	5	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500 KWIKPEN	2	QL: 24mL IN 28 DAYS

Drug Name	Tier	Requirements/Limits
URINE GLUCOSE TEST AIDS		
URINE GLUCOSE TEST STRIP DIASTIX REAGENT (STRIP) (OTC)	1	
URINE GLUCOSE/ACETONE TEST AIDS,STRIPS		
URINE GLUCOSE-ACET TEST STRIP CHEMSTRIP UGK	1	
URINE GLUCOSE-ACET TEST STRIP KETO-DIASTIX REAGENT	1	
EAR - GENERAL DISORDERS		
EAR PREPARATIONS ANTI-INFLAMMATORY		
fluocinolone acetonide oil DERMOTIC	1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES		
acetic acid VOSOL	1	
hydrocortisone/acetic acid VOSOL HC	1	
EAR PREPARATIONS,ANTIBIOTICS		
ciprofloxacin hcl CETRAXAL	1	
neomycin/polymyxin b/hydrocort	1	
ofloxacin	1	
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS		
CIPROFLOXACIN HCL/DEXAMETH CIPRODEX	2	
ELECTROLYTE REGULATION		
ELECTROLYTE DEPLETERS		
calcium acetate ELIPHOS	1	
calcium acetate PHOSLO	1	
calcium carb/mag carb/folic ac	1	
sevelamer carbonate REVELA	1	
sodium polystyrene sulfon/sorb	1	
sodium polystyrene sulfonate	1	
ELECTROLYTE MAINTENANCE		
electrolytes/dextrose ENFAMIL ENFALYTE	5	
electrolytes/dextrose PEDIALYTE	5	
electrolytes/dextrose PEDIALYTE ADVANCED CARE	5	
electrolytes/dextrose PEDIALYTE ELECTROLYTE SINGLES	5	
electrolytes/dextrose PEDIATRIC ELECTROLYTE	5	
POTASSIUM REPLACEMENT		
pot chloride/pot bicarb/cit ac	1	
potassium bicarbonate/cit ac KLOR-CON-EF	1	
potassium chloride	1	
SODIUM/SALINE PREPARATIONS		
0.9 % sodium chloride (0.9 %) (iv soln)	1	
0.9 % sodium chloride (0.9 %) (syringe)	1	
0.9 % sodium chloride (0.9 %) (vial)	1	

Drug Name	Tier	Requirements/Limits
0.9 % sodium chloride (pggybk prt)	1	
0.9 % sodium chloride (pgy vl prt)	1	
bacteriostatic sodium chloride	1	
sodium chloride (1000 mg) (tablet sol) (otc)	5	
sodium chloride 0.45 %	1	
ENDOCRINE DISORDER - OTHER		
ANTIDIURETIC AND VASOPRESSOR HORMONES		
desmopressin (nonrefrigerated) DDAVP	1	
desmopressin acetate	1	
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.		
LEUPROLIDE ACETATE ELIGARD	2	PA
leuprolide acetate	1	
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE		
TERIPARATIDE FORTEO	2	PA, QL: 2.4mL IN 28 DAYS
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES		
ABALOPARATIDE TYMLOS	2	PA
BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS		
ALENDRONATE SODIUM/VITAMIN D3 FOSAMAX PLUS D	2	
BONE RESORPTION INHIBITORS		
alendronate sodium FOSAMAX (10 MG) (TABLET)	1	
alendronate sodium FOSAMAX (35 MG) (TABLET)	1	
alendronate sodium FOSAMAX (40 MG) (TABLET)	1	
alendronate sodium FOSAMAX (5 MG) (TABLET)	1	
alendronate sodium FOSAMAX (70 MG) (TABLET)	1	
alendronate sodium FOSAMAX (70 MG/75ML) (SOLUTION)	1	QL: 75mL IN 7 DAYS
calcitonin,salmon,synthetic MIACALCIN (200/SPRAY) (SPRAY/PUMP)	1	
etidronate disodium DIDRONEL	1	
ibandronate sodium BONIVA	1	
raloxifene hcl EVISTA	1	PA, QL: 1 IN 1 DAY
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER		
CINACALCET HCL SENSIPAR (30 MG) (TABLET)	2	QL: 2 IN 1 DAY
CINACALCET HCL SENSIPAR (60 MG) (TABLET)	2	QL: 2 IN 1 DAY
CINACALCET HCL SENSIPAR (90 MG) (TABLET)	2	QL: 4 IN 1 DAY
GROWTH HORMONE RECEPTOR ANTAGONISTS		
PEGVISOMANT SOMAVERT	2	

Drug Name		Tier	Requirements/Limits
GROWTH HORMONES			
SOMATROPIN	NORDITROPIN FLEXPRO	2	PA
SOMATROPIN	SEROSTIM	2	PA
SOMATROPIN	ZORBTIVE	2	PA
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
doxercalciferol		1	
paricalcitol		1	
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES			
MECASERMIN	INCRELEX	2	PA
LEPTIN HORMONE ANALOGS			
METRELEPTIN	MYALEPT	2	QL: 1 IN 1 DAY
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
NAFARELIN ACETATE	SYNAREL	2	
PITUITARY SUPPRESSIVE AGENTS			
cabergoline	DOSTINEX	1	
danazol	DANOCRINE	1	
ENDOCRINE DISORDER - THYROID			
ANTITHYROID PREPARATIONS			
methimazole	TAPAZOLE	1	
propylthiouracil		1	
IODINE CONTAINING AGENTS			
potassium iodide (1 g/ml) (solution)		1	
potassium iodide/iodine		1	
THYROID HORMONES			
levothyroxine sodium		1	
liothyronine sodium		1	
THYROID,PORK	ARMOUR THYROID	2	
thyroid,pork (113.75 mg) (tablet)		1	
thyroid,pork (130 mg) (tablet)		1	
thyroid,pork (146.25 mg) (tablet)		1	
thyroid,pork (15 mg) (tablet)		1	
thyroid,pork (16.25 mg) (tablet)		1	
thyroid,pork (162.5 mg) (tablet)		1	
thyroid,pork (195 mg) (tablet)		1	
thyroid,pork (260 mg) (tablet)		1	
thyroid,pork (30 mg) (tablet)		1	
thyroid,pork (32.5 mg) (tablet)		1	
thyroid,pork (325 mg) (tablet)		1	
thyroid,pork (48.75 mg) (tablet)		1	
thyroid,pork (60 mg) (tablet)		1	
thyroid,pork (65 mg) (tablet)		1	
thyroid,pork (81.25 mg) (tablet)		1	
thyroid,pork (90 mg) (tablet)		1	
thyroid,pork (97.5 mg) (tablet)		1	
EYE - GENERAL DISORDERS			
EYE ANTIBIOTIC-CORTICOID COMBINATIONS			
neomycin/bacit/p-myx/hydrocort		1	

Drug Name	Tier	Requirements/Limits	
neomycin/polymyxin b/dexametha	1		
neomycin/polymyxin b/hydrocort	1		
tobramycin/dexamethasone	TOBRADEX (0.3 %-0.1%) (DROPS SUSP)	1	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX (0.3 %-0.1%) (OINT. (G))	2	
TOBRAMYCIN/LOTEPRED ETAB	ZYLET	2	
EYE ANTIHISTAMINES			
azelastine hcl	OPTIVAR	1	
epinastine hcl	ELESTAT	1	
olopatadine hcl	PATANOL	1	
EYE ANTIINFLAMMATORY AGENTS			
dexamethasone sodium phosphate		1	
diclofenac sodium	VOLTAREN	1	
DIFLUPREDNATE	DUREZOL	2	
fluorometholone	FML	1	
FLUOROMETHOLONE	FML FORTE	2	
FLUOROMETHOLONE	FML S.O.P.	2	
FLUOROMETHOLONE ACETATE	FLAREX	2	
flurbiprofen sodium	OCUFEN	1	
ketorolac tromethamine	ACULAR	1	
ketorolac tromethamine	ACULAR LS	1	
LOTEPREDNOL ETABONATE	ALREX	2	
LOTEPREDNOL ETABONATE	LOTEMAX	2	
NEPAFENAC	ILEVRO	2	
NEPAFENAC	NEVANAC	2	
prednisolone acetate	OMNIPRED	1	
prednisolone acetate	PRED FORTE	1	
PREDNISOLONE ACETATE	PRED MILD	2	
prednisolone sod phosphate		1	
EYE ANTIVIRALS			
GANCICLOVIR	ZIRGAN	2	
trifluridine	VIROPTIC	1	
EYE LOCAL ANESTHETICS			
benoxinate hcl/fluorescein sod	FLUORESCEIN- BENOXINATE	1	
benoxinate hcl/fluorescein sod	FLURESS	1	
benoxinate hcl/fluorescein sod	FLUROX	1	
proparacaine hcl		1	
proparacaine/fluorescein sod		1	
tetracaine hcl	TETCAINE	1	
tetracaine hcl/pf	TETRACAIN HYDROCHLORI DE	1	
EYE SULFONAMIDES			
sulfacetamide sodium	SODIUM SULAMYD	1	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE	2	

Drug Name		Tier	Requirements/Limits
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE S.O.P.	2	
sulfacetamide/prednisolone sp		1	
EYE VASOCONSTRICTORS (RX ONLY)			
phenylephrine hcl		1	
OPHTHALMIC ANTIBIOTICS			
bacitracin		1	
bacitracin/polymyxin b sulfate		1	
BESIFLOXACIN HCL	BESIVANCE	2	
ciprofloxacin hcl	CILOXAN (0.3 %) (DROPS)	1	
CIPROFLOXACIN HCL	CILOXAN (0.3 %) (OINT. (G))	2	
erythromycin base	ILOTYCIN	1	
gatifloxacin	ZYMAXID	1	
gentamicin sulfate	GARAMYCIN	1	
gentamicin sulfate	GENTAK	1	
levofloxacin		1	
moxifloxacin hcl	VIGAMOX	1	
neomycin sulf/bacitracin/poly	NEO-POLYCIN	1	
neomycin/polymyxn b/gramicidin	NEOSPORIN	1	
ofloxacin	OCUFLOX	1	
polymyxin b sulf/trimethoprim	POLYTRIM	1	
tobramycin	TOBREX (0.3 %) (DROPS)	1	
TOBRAMYCIN	TOBREX (0.3 %) (OINT. (G))	2	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
LIFITEGRAST	XIIDRA	2	QL: 60 IN 30 DAYS
OPHTHALMIC MAST CELL STABILIZERS			
cromolyn sodium	OPTICROM	1	
LODOXAMIDE TROMETHAMINE	ALOMIDE	2	
NEDOCROMIL SODIUM	ALOCRIIL	2	
OPHTHALMIC PREPARATIONS, MISCELLANEOUS			
sodium chloride		5	
EYE - GLAUCOMA			
CARBONIC ANHYDRASE INHIBITORS			
acetazolamide		1	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
apraclonidine hcl	IOPIDINE (0.5 %) (DROPS)	1	
betaxolol hcl	BETOPTIC	1	
BIMATOPROST	LUMIGAN (0.01 %) (DROPS)	2	QL: 1mL IN 12 DAYS
bimatoprost	LUMIGAN (0.03 %) (DROPS)	1	QL: 1mL IN 12 DAYS
brimonidine tartrate	ALPHAGAN	1	
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	2	

Drug Name		Tier	Requirements/Limits
brimonidine tartrate	ALPHAGAN P (0.15 %) (DROPS)	1	
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	2	
BRINZOLAMIDE	AZOPT	2	
BRINZOLAMIDE/BRIMONIDINE TART	SIMBRINZA	2	
carteolol hcl	OCUPRESS	1	
dorzolamide hcl	TRUSOPT	1	
dorzolamide hcl/timolol maleat	COSOPT	1	
latanoprost	XALATAN	1	
levobunolol hcl	BETAGAN	1	
metipranolol	OPTIPRANOLOL	1	
pilocarpine hcl	ISOPTO CARPINE	1	
timolol maleate	TIMOPTIC	1	
timolol maleate	TIMOPTIC-XE	1	
TRAVOPROST	TRAVATAN Z	2	QL: 1mL IN 12 DAYS
MYDRIATICS			
atropine sulfate		1	
atropine sulfate	ISOPTO ATROPINE	1	
cyclopentolate hcl	CYCLOGYL	1	
homatropine hbr	ISOPTO HOMATROPINE	1	
tropicamide	MYDRIACYL	1	
EYE - MISCELLANEOUS			
ARTIFICIAL TEARS			
dextran 70/hypromellose		5	
dextran 70/hypromellose/pf	ARTIFICIAL TEARS	5	
DEXTRAN 70/HYPROMELLOSE/PF	GENTEAL TEARS	5	
DEXTRAN/HYPROMELLOSE/GLYCERIN	GENTEAL TEARS	5	
glycerin/propylene glycol (0.3%-1%) (drops) (otc)		5	
mineral oil/petrolatum,white	REFRESH P.M.	5	
polyvinyl alcohol		5	
polyvinyl alcohol/povidone (0.5%-0.6%) (drops) (otc)		5	
EYE DIAGNOSTIC AGENTS			
fluorescein sodium		1	
lissamine green		1	
EYE IRRIGATIONS			
balanced salt soln non-surg 6		1	
EYE PREPARATIONS, MISCELLANEOUS (OTC)			
EYELID CLEANSER COMBINATION 5	CLEANSING EYELID PADS	1	
EYELID CLEANSER COMBINATION 5	CLEANSING EYELID WIPES	1	

Drug Name		Tier	Requirements/Limits
EYELID CLEANSER COMBINATION 6	EYELID WIPES	1	
lanolin/mineral oil/petrolatum		5	
mineral oil, light/mineral oil		5	
mineral oil/petrolatum,white (15 %-83 %)		5	
(oint. (g)) (otc)			
mineral oil/petrolatum,white (3 %-94 %)		5	
(oint. (g)) (otc)			
mineral oil/petrolatum,white (41.5-56.8%)		5	
(oint. (g)) (otc)			
mineral oil/petrolatum,white (42.5-57.3%)		5	
(oint. (g)) (otc)			
mineral oil/petrolatum,white (oint. (g))		5	
(otc)			
MINERAL OIL/PETROLATUM,WHITE	REFRESH LACRI-LUBE	5	
MINERAL OIL/PETROLATUM,WHITE	REFRESH P.M.	5	
OPHTHALMIC CYSTINE DEPLETING AGENTS			
CYSTEAMINE HCL	CYSTARAN	2	PA
FLUID REPLACEMENT			
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS			
URIDINE TRIACETATE	XURIDEN	2	PA
GOUT AND RELATED DISEASES			
COLCHICINE			
colchicine	COLCRYS	1	QL: 4 IN 1 DAY
probenecid/colchicine		1	
HYPERURICEMIA TX - PURINE INHIBITORS			
allopurinol	ZYLOPRIM	1	
FEBUXOSTAT	ULORIC	2	QL: 1 IN 1 DAY
URICOSURIC AGENTS			
probenecid	BENEMID	1	
HEMATOLOGICAL DISORDERS			
ANTICOAGULANTS,COUMARIN TYPE			
warfarin sodium		1	
ANTIFIBRINOLYTIC AGENTS			
tranexamic acid	LYSTEDA	1	
ANTIHEMOPHILIC FACTORS			
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	AFSTYLA	2	
ANTIHEMO.FVIII,FULL LENGTH PEG	ADYNOVATE	2	
ANTIHEMOPH.FVIII REC,FC FUSION	ELOCTATE	2	
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	NOVOEIGHT	2	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA	2	
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE	2	
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ	2	
ANTIHEMOPHIL.FVIII,FULL LENGTH	ADVATE	2	
ANTIHEMOPHIL.FVIII,FULL LENGTH	HELIXATE FS	2	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOGENATE FS	2	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOVALTRY	2	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE	2	

Drug Name		Tier	Requirements/Limits
ANTIHEMOPHILIC FACTOR, HUMAN	HEMOPIL M	2	
ANTIHEMOPHILIC FACTOR, HUMAN	KOATE	2	
ANTIHEMOPHILIC FACTOR, HUMAN	MONOCLATE-P	2	
ANTIHEMOPHILIC FACTOR/VWF	ALPHANATE	2	
ANTIHEMOPHILIC FACTOR/VWF	HUMATE-P	2	
ANTIHEMOPHILIC FACTOR/VWF	WILATE	2	
ANTIHEMOPHILIC FVIII,REC PORC	OBIZUR	2	
ANTI-INHIBITOR COAGULANT COMP.	FEIBA NF	2	
COAGULATION FACTOR VIIA,RECOMB	NOVOSEVEN RT	2	
BLOOD FACTORS,MISCELLANEOUS			
FACTOR XIII	CORIFACT	2	
VON WILLEBRAND FACTOR	VONVENDI	2	
CITRATES AS ANTICOAGULANTS			
citrate phosphate dextros soln		1	
sodium citrate (4 g/100 ml) (solution)		1	
DIRECT FACTOR XA INHIBITORS			
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2	QL: 2 IN 1 DAY
APIXABAN	ELIQUIS (5 MG (74)) (TAB DS PK)	2	QL: 74 IN 30 DAYS
APIXABAN	ELIQUIS (5 MG) (TABLET)	2	QL: 74 IN 30 DAYS
RIVAROXABAN	XARELTO (10 MG) (TABLET)	2	QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG) (TABLET)	2	QL: 42 IN 21 DAYS THEN 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG-20MG) (TAB DS PK)	2	QL: 51 IN 30 DAYS
RIVAROXABAN	XARELTO (20 MG) (TABLET)	2	QL: 1 IN 1 DAY
FACTOR IX PREPARATIONS			
FACTOR IX	ALPHANINE SD	2	
FACTOR IX	MONONINE	2	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE	2	
FACTOR IX CPLX(PCC)NO6,3FACTOR	BEBULIN	2	
FACTOR IX HUMAN REC,PEGYLATED	REBINYN	2	
FACTOR IX HUMAN RECOMB,THR 148	IXINITY	2	
FACTOR IX HUMAN RECOMBINANT	BENEFIX	2	
FACTOR IX HUMAN RECOMBINANT	RIXUBIS	2	
FACTOR IX REC, FC FUSION PROTN	ALPROLIX	2	
FACTOR IX RECOM,ALBUMIN FUSION	IDELVION	2	
FACTOR X PREPARATIONS			
COAGULATION FACTOR X	COAGADEX	2	
FACTOR XIII PREPARATIONS			
FACTOR XIII A-SUBUNIT,RECOMB	TRETTEN	2	

Drug Name		Tier	Requirements/Limits
HEMATINICS,OTHER			
EPOETIN ALFA	PROCRIT (10000/ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (2000/ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (20000/2ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (20000/ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (3000/ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (4000/ML) (VIAL)	2	PA
EPOETIN ALFA	PROCRIT (40000/ML) (VIAL)	2	PA
HEMOPHILIA TREATMENT AGENTS,NON-FACTOR REPLACEMENT			
EMICIZUMAB-KXWH	HEMLIBRA	2	PA
HEMORRHEOLOGIC AGENTS			
pentoxifylline	TRENTAL	1	
HEPARIN AND RELATED PREPARATIONS			
DALTEPARIN SODIUM,PORCINE	FRAGMIN (10000/ML) (SYRINGE)	2	QL: 10mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (12500/0.5) (SYRINGE)	2	QL: 5mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (15000/0.6) (SYRINGE)	2	QL: 6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (18000/0.72) (SYRINGE)	2	QL: 7.2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (2500/0.2ML) (SYRINGE)	2	QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (25000/ML) (VIAL)	2	QL: 7.6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (5000/0.2ML) (SYRINGE)	2	QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (7500/0.3ML) (SYRINGE)	2	QL: 3mL IN 30 DAYS

Drug Name	Tier	Requirements/Limits
enoxaparin sodium LOVENOX (100 MG/ML) (SYRINGE)	1	QL: 20mL IN 30 DAYS
enoxaparin sodium LOVENOX (120MG/.8ML) (SYRINGE)	1	QL: 16mL IN 30 DAYS
enoxaparin sodium LOVENOX (150 MG/ML) (SYRINGE)	1	QL: 20mL IN 30 DAYS
enoxaparin sodium LOVENOX (300MG/3ML) (VIAL)	1	QL: 30mL IN 30 DAYS
enoxaparin sodium LOVENOX (30MG/0.3ML) (SYRINGE)	1	QL: 6mL IN 30 DAYS
enoxaparin sodium LOVENOX (40MG/0.4ML) (SYRINGE)	1	QL: 8mL IN 30 DAYS
enoxaparin sodium LOVENOX (60MG/0.6ML) (SYRINGE)	1	QL: 12mL IN 30 DAYS
enoxaparin sodium LOVENOX (80MG/0.8ML) (SYRINGE)	1	QL: 16mL IN 30 DAYS
fondaparinux sodium ARIXTRA (10MG/0.8ML) (SYRINGE)	1	QL: 8mL IN 30 DAYS
fondaparinux sodium ARIXTRA (2.5 MG/0.5) (SYRINGE)	1	QL: 5mL IN 30 DAYS
fondaparinux sodium ARIXTRA (5MG/0.4ML) (SYRINGE)	1	QL: 4mL IN 30 DAYS
fondaparinux sodium ARIXTRA (7.5MG/0.6) (SYRINGE)	1	QL: 6mL IN 30 DAYS
heparin sod,porcine/0.9 % nacl (100/ml) (kit)	1	
heparin sodium,porcine	1	
heparin sodium,porcine/d5w	1	
heparin sodium,porcine/pf (1 unit/ml) (syringe)	1	
heparin sodium,porcine/pf (10 unit/ml) (syringe)	1	
heparin sodium,porcine/pf (10 unit/ml) (vial)	1	
heparin sodium,porcine/pf (100/ml (1)) (syringe)	1	
heparin sodium,porcine/pf (100/ml (1)) (vial)	1	

Drug Name	Tier	Requirements/Limits
heparin sodium,porcine/pf (1000/10 ml) (syringe)	1	
heparin sodium,porcine/pf (1000/ml) (vial)	1	
heparin sodium,porcine/pf (200/2 ml) (syringe)	1	
heparin sodium,porcine/pf (300/3 ml) (syringe)	1	
heparin sodium,porcine/pf (500/5 ml) (syringe)	1	
heparin sodium,porcine/pf (5000/0.5ml) (syringe)	1	
LEUKOCYTE (WBC) STIMULANTS		
FILGRASTIM NEUPOGEN	2	PA
PEGFILGRASTIM NEULASTA (6MG/0.6ML) (SYRINGE)	2	PA
SARGRAMOSTIM LEUKINE	2	PA
TBO-FILGRASTIM GRANIX	2	PA
PLATELET AGGREGATION INHIBITORS		
aspirin BAYER CHEWABLE ASPIRIN	5	QL: 100 PER FILL
aspirin ECOTRIN	5	QL: 100 PER FILL
cilostazol PLETAL	1	
clopidogrel bisulfate PLAVIX (300 MG) (TABLET)	1	QL: 4 IN 30 DAYS
clopidogrel bisulfate PLAVIX (75 MG) (TABLET)	1	
dipyridamole PERSANTINE	1	
prasugrel hcl EFFIENT	1	QL: 1 IN 1 DAY
TICAGRELOR BRILINTA	2	QL: 2 IN 1 DAY
PLATELET REDUCING AGENTS		
anagrelide hcl AGRYLIN	1	
THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE		
DESIRUDIN IPRIVASK	2	PA, QL: 2 IN 1 DAY
THROMBOPOIETIN RECEPTOR AGONISTS		
ELTROMBOPAG OLAMINE PROMACTA	2	PA
TOPICAL HEMOSTATICS		
thromb-cal-cell-dressing,hemos	1	
thrombin (bovine)	1	
thrombin/cal/cmc/gel/dress,hem	1	
VITAMIN K PREPARATIONS		
phytonadione (vit k1) (10 mg/ml) (ampul)	1	
phytonadione (vit k1) (1mg/0.5ml) (ampul)	1	
phytonadione (vit k1) (1mg/0.5ml) (syringe)	1	
phytonadione (vit k1) (5 mg) (tablet)	1	

Drug Name		Tier	Requirements/Limits
HORMONAL DEFICIENCY			
ANDROGENIC AGENTS			
methyltestosterone	ANDROID	1	PA
METHYLTESTOSTERONE	METHITEST	2	PA
methyltestosterone	TESTRED	1	PA
oxandrolone	OXANDRIN	1	PA
TESTOSTERONE	ANDRODERM	2	PA
TESTOSTERONE	ANDROGEL (1.25G-1.62) (GEL PACKET)	2	PA
testosterone	ANDROGEL (12.5/1.25G) (GEL MD PMP)	1	PA
TESTOSTERONE	ANDROGEL (2.5G-1.62%) (GEL PACKET)	2	PA
TESTOSTERONE	ANDROGEL (20.25/1.25) (GEL MD PMP)	2	PA
testosterone	ANDROGEL (25MG(1%)) (GEL PACKET)	1	PA
testosterone	ANDROGEL (50 MG (1%)) (GEL PACKET)	1	PA
testosterone	AXIRON	1	PA
testosterone	FORTESTA	1	PA
testosterone	TESTIM	1	PA
testosterone	VOGELXO	1	PA
testosterone cypionate	DEPO- TESTOSTERONE	1	PA
testosterone enanthate	DELATESTRYL	1	PA
TESTOSTERONE UNDECANOATE	AVEED	2	PA
ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB			
ESTROGENS,CONJ/BAZEDOXIFENE	DUAVEE	2	
ESTROGEN/ANDROGEN COMBINATIONS			
estrogen,ester/me-testosterone	COVARYX	1	
estrogen,ester/me-testosterone	COVARYX H.S.	1	
ESTROGENIC AGENTS			
estradiol	CLIMARA	1	QL: 1 IN 7 DAYS
estradiol	ESTRACE	1	
estradiol	VIVELLE-DOT	1	QL: 2 IN 7 DAYS
ESTRADIOL CYPIONATE	DEPO- ESTRADIOL	2	
estradiol valerate	DELESTROGEN (20 MG/ML) (VIAL)	1	
estradiol valerate	DELESTROGEN (40 MG/ML) (VIAL)	1	

Drug Name		Tier	Requirements/Limits
estradiol/norethindrone acet	ACTIVELLA	1	
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	2	QL: 2 IN 7 DAYS
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	
ESTROGENS, CONJUGATED	PREMARIN (0.3 MG) (TABLET)	2	
ESTROGENS, CONJUGATED	PREMARIN (0.45MG) (TABLET)	2	
ESTROGENS, CONJUGATED	PREMARIN (0.625 MG) (TABLET)	2	
ESTROGENS, CONJUGATED	PREMARIN (0.9 MG) (TABLET)	2	
ESTROGENS, CONJUGATED	PREMARIN (1.25 MG) (TABLET)	2	
ESTROGENS,ESTERIFIED	MENEST	2	
estropiate	ORTHO-EST	1	
norethindrone ac-eth estradiol	FEMHRT	1	
norethindrone ac-eth estradiol	JEVANTIQUE	1	
norethindrone ac-eth estradiol	JEVANTIQUE LO	1	
PROGESTATIONAL AGENTS			
medroxyprogesterone acetate	PROVERA	1	
norethindrone acetate	AYGESTIN	1	
progesterone		1	
progesterone, micronized	PROMETRIUM	1	
IMMUNIZATION			
ANTISERA			
IGG/HYALURONIDASE,RECOMBINANT	HYQVIA	2	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	GAMMAGARD LIQUID	2	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	HYQVIA IG COMPONENT	2	PA
IMMUN GLOB G(IGG)/PRO/IGA 0-50	HIZENTRA	2	PA
INFLUENZA VIRUS VACCINES			
FLU VAC QS 17-18 (4YR UP) CELL	FLUCELVAX QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC QS 17-18(4YR UP)CEL/PF	FLUCELVAX QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC QV 2017(18YR UP)RCM/PF	FLUBLOK QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC TS 2017-18(4 YR UP)/PF	FLUVIRIN 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC TV 2017(18YR UP)RCM/PF	FLUBLOK 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS 2017 (18-64YRS)/PF	FLUZONE INTRADERM QUAD 2017-18	4	AGE: >= 19 YEARS, QL: 0.1mL IN 180 DAYS
FLU VACC QS 2017 (6-35MOS)/PF	FLUZONE QUAD PEDI 2017-2018	4	AGE: >= 19 YEARS, QL: 0.25mL IN 180 DAYS

Drug Name		Tier	Requirements/Limits
FLU VACC QS2017-18 36MOS UP/PF	FLUZONE QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLUARIX QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLULAVAL QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017(5 YR UP)/PF	AFLURIA QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(5 YR UP)	AFLURIA QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLULAVAL QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLUZONE QUAD 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QV LIVE 2017(2-49YRS)	FLUMIST QUAD 2017-2018	2	QL: 1 IN 180 DAYS
FLU VACC TS2017(65UP)/MF59C/PF	FLUAD 2017-2018	4	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC TS2017-18(65YR UP)/PF	FLUZONE HIGH-DOSE 2017-2018	4	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCIN TS2017-18 5YR UP/PF	AFLURIA 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(4 YR UP)	FLUVIRIN 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(5 YR UP)	AFLURIA 2017-2018	4	AGE: >= 19 YEARS, QL: 0.5mL IN 180 DAYS
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
imiquimod	ALDARA	1	QL: 24 IN 30 DAYS
INTERFERON ALFA-2B,RECOMB.	INTRON A	2	PA
INTERFERON ALFA-N3	ALFERON N	2	
INTERFERON GAMMA-1B,RECOMB.	ACTIMMUNE	2	
IMMUNOSUPPRESSIVES			
azathioprine	IMURAN	1	
cyclosporine		1	
CYCLOSPORINE	SANDIMMUNE (100 MG/ML) (SOLUTION)	2	
cyclosporine, modified		1	
EVEROLIMUS	ZORTRESS	2	
mycophenolate mofetil	CELLCEPT	1	
mycophenolate sodium	MYFORTIC	1	
SIROLIMUS	RAPAMUNE (1 MG/ML) (SOLUTION)	2	
sirolimus		1	
TACROLIMUS	ASTAGRAF XL	2	
tacrolimus		1	

Drug Name		Tier	Requirements/Limits
INFECTIOUS DISEASE - BACTERIAL			
BETALACTAMS			
AZTREONAM LYSINE	CAYSTON	2	PA
CEPHALOSPORINS - 1ST GENERATION			
cefadroxil	DURICEF	1	
cephalexin	KEFLEX	1	
CEPHALOSPORINS - 2ND GENERATION			
cefaclor	CECLOR	1	
cefaclor	CECLOR CD	1	
cefprozil	CEFZIL	1	
cefuroxime axetil	CEFTIN	1	
CEPHALOSPORINS - 3RD GENERATION			
cefdinir	OMNICEF	1	
cefditoren pivoxil	SPECTRACEF	1	
CEFIXIME	SUPRAX (100 MG) (TAB CHEW)	2	
cefixime	SUPRAX (100 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (200 MG) (TAB CHEW)	2	
cefixime	SUPRAX (200 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (400 MG) (CAPSULE)	2	
CEFIXIME	SUPRAX (500 MG/5ML) (SUSP RECON)	2	
cefpodoxime proxetil	VANTIN	1	
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
meth/meblue/sod phos/psal/hyos		1	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	PHOSPHASAL	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URETRON D-S	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIN D.S.	2	
methen/mblue/sal/sod phos/hyos		1	
methenam/m.blue/salicyl/hyoscy		1	
methenam/sod phos/mblue/hyoscy	URYL	1	
methenamine hippurate		1	
methenamine mandelate		1	
TRIMETHOPRIM	PRIMSOL	2	
trimethoprim	PROLOPRIM	1	
TRIMETHOPRIM	TRIMPEX	2	
MACROLIDES			
azithromycin	ZITHROMAX	1	
azithromycin	ZITHROMAX TRI-PAK	1	

Drug Name		Tier	Requirements/Limits
AZITHROMYCIN	ZMAX	2	
clarithromycin	BIAXIN	1	
clarithromycin	BIAXIN XL	1	
ERYTHROMYCIN BASE	ERY-TAB	2	
erythromycin base		1	
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 400	2	
erythromycin ethylsuccinate		1	
erythromycin stearate	ERYTHRCIN STEARATE	1	
FIDAXOMICIN	DIFICID	2	ST, QL: 20 IN 30 DAYS
NITROFURAN DERIVATIVES			
nitrofurantoin	FURADANTIN	1	
nitrofurantoin macrocrystal	MACRODANTIN	1	
nitrofurantoin monohyd/m-cryst	MACROBID	1	
OXAZOLIDINONES			
linezolid	ZYVOX	1	
TEDIZOLID PHOSPHATE	SIVEXTRO	2	ST, QL: 6 IN 6 DAYS
PENICILLINS			
amoxicillin	AMOXIL	1	
AMOXICILLIN/POTASSIUM CLAV	AUGMENTIN (125-31.25/ (SUSP RECON)	2	
amoxicillin/potassium clav	AUGMENTIN (200-28.5/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (200-28.5MG) (TAB CHEW)	1	
amoxicillin/potassium clav	AUGMENTIN (250-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN (250-62.5/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (400-57MG) (TAB CHEW)	1	
amoxicillin/potassium clav	AUGMENTIN (400-57MG/5) (SUSP RECON)	1	
amoxicillin/potassium clav	AUGMENTIN (500-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN (875-125 MG) (TABLET)	1	
amoxicillin/potassium clav	AUGMENTIN ES-600	1	
amoxicillin/potassium clav	AUGMENTIN XR	1	
ampicillin trihydrate	AMPICILLIN	1	

Drug Name		Tier	Requirements/Limits
dicloxacillin sodium	PATHOCIL	1	
PENICILLIN G BENZATHINE	BICILLIN L-A	2	
penicillin v potassium		1	
penicillin v potassium	VEETIDS	1	
QUINOLONES			
ciprofloxacin		1	
ciprofloxacin hcl	CIPRO	1	
ciprofloxacin/ciprofloxacin hcl	CIPRO XR	1	
levofloxacin	LEVAQUIN	1	
moxifloxacin hcl	AVELOX	1	
moxifloxacin hcl	AVELOX ABC PACK	1	
ofloxacin	FLOXIN	1	
TETRACYCLINES			
demeclocycline hcl	DECLOMYCIN	1	
DOXYCYCLINE CALCIUM	VIBRAMYCIN	2	
doxycycline hyclate	MORGIDOX	1	QL: 2 IN 1 DAY
doxycycline hyclate	VIBRAMYCIN	1	QL: 2 IN 1 DAY
doxycycline hyclate	VIBRA-TABS	1	QL: 2 IN 1 DAY
doxycycline monohydrate	ADOXA (150 MG) (TABLET)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	AVIDOXY	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (100 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (50 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (50 MG) (TABLET)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	MONODOX (75 MG) (TABLET)	1	QL: 2 IN 1 DAY
doxycycline monohydrate	ORACEA	1	ST, AGE: >= 18 YEARS, QL: 1 IN 1 DAY
doxycycline monohydrate	VIBRAMYCIN	1	
minocycline hcl	DYNACIN	1	
minocycline hcl	MINOCIN	1	
tetracycline hcl	PANMYCIN	1	
tetracycline hcl	SUMYCIN	1	
INFECTIOUS DISEASE - FUNGAL			
ANTIFUNGAL AGENTS			
clotrimazole	MYCELEX	1	
fluconazole	DIFLUCAN	1	
flucytosine	ANCOBON	1	
ITRACONAZOLE	SPORANOX (10 MG/ML) (SOLUTION)	2	
itraconazole	SPORANOX (100 MG) (CAPSULE)	1	
ketoconazole	NIZORAL	1	
terbinafine hcl		1	

Drug Name		Tier	Requirements/Limits
voriconazole	VFEND	1	
ANTIFUNGAL ANTIBIOTICS			
griseofulvin, microsize	GRIFULVIN V (125 MG/5ML) (ORAL SUSP)	1	
nystatin		1	
INFECTIOUS DISEASE - MISCELLANEOUS			
AMINOGLYCOSIDES			
neomycin sulfate		1	
TOBRAMYCIN	TOBI PODHALER	2	PA
tobramycin in 0.225% sod chlor	TOBI	1	PA
ANTIBACTERIAL AGENTS, MISCELLANEOUS			
glycine urologic solution	AMINOACETIC ACID	1	
ANTILEPTOTICS			
dapsone		1	
THALIDOMIDE	THALOMID	2	PA, QL: 2 IN 1 DAY
ANTI-MYCOBACTERIUM AGENTS			
AMINOSALICYLIC ACID	PASER	4	
ethambutol hcl	MYAMBUTOL	4	
ETHIONAMIDE	TRECTOR	4	
isoniazid		4	
pyrazinamide		4	
rifabutin	MYCOBUTIN	4	
ANTITUBERCULAR ANTIBIOTICS			
BEDAQUILINE FUMARATE	SIRTURO	4	PA
cycloserine	SEROMYCIN	4	
rifampin	RIFADIN	4	
RIFAMPIN/ISONIAZID	RIFAMATE	4	
RIFAPENTINE	PRIFTIN	4	
LINCOSAMIDES			
clindamycin hcl	CLEOCIN HCL	1	
clindamycin palmitate hcl	CLEOCIN PALMITATE	1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS			
RIFAXIMIN	XIFAXAN (550 MG) (TABLET)	2	PA
VANCOMYCIN AND DERIVATIVES			
VANCOMYCIN HCL	FIRVANQ (25 MG/ML) (SOLN RECON)	2	QL: 300mL IN 30 DAYS
VANCOMYCIN HCL	FIRVANQ (50 MG/ML) (SOLN RECON)	2	QL: 600mL IN 30 DAYS
vancomycin hcl (125 mg) (capsule)		1	QL: 56 IN 30 DAYS
vancomycin hcl (250 mg) (capsule)		1	QL: 112 IN 30 DAYS

Drug Name		Tier	Requirements/Limits
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
tinidazole	TINDAMAX	1	
AMEBACIDES			
paromomycin sulfate	HUMATIN	1	
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
metronidazole	FLAGYL	1	
ANTHELMINTICS			
ALBENDAZOLE	ALBENZA	2	
ivermectin	STROMEKTOL	1	
MEBENDAZOLE	EMVERM	2	PA
praziquantel	BILTRICIDE	1	
ANTIMALARIAL DRUGS			
atovaquone/proguanil hcl	MALARONE	1	
chloroquine phosphate		1	
hydroxychloroquine sulfate	PLAQUENIL	1	
mefloquine hcl	LARIAM	1	
PRIMAQUINE PHOSPHATE	PRIMAQUINE	2	
PYRIMETHAMINE	DARAPRIM	2	PA
quinine sulfate	QUALAQUIN	1	
ANTIPROTOZOAL DRUGS,MISCELLANEOUS			
atovaquone	MEPRON	1	
MILTEFOSINE	IMPAVIDO	2	PA
PENTAMIDINE ISETHIONATE	NEBUPENT	2	
INFECTIOUS DISEASE - VIRAL			
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.			
DOLUTEGRAVIR/RILPIVIRINE	JULUCA	2	QL: 1 IN 1 DAY
ANTIVIRAL MONOCLONAL ANTIBODIES			
PALIVIZUMAB	SYNAGIS	2	PA
ANTIVIRALS, GENERAL			
acyclovir	ZOVIRAX	1	
famciclovir	FAMVIR	1	
oseltamivir phosphate	TAMIFLU	1	
ribavirin	VIRAZOLE	1	
rimantadine hcl	FLUMADINE	1	
valacyclovir hcl	VALTREX	1	
valganciclovir hcl	VALCYTE (450 MG) (TABLET)	1	
ZANAMIVIR	RELENZA	2	
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
DARUNAVIR ETHANOLATE	PREZISTA (100 MG/ML) (ORAL SUSP)	2	QL: 400mL IN 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (150 MG) (TABLET)	2	QL: 8 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (600 MG) (TABLET)	2	QL: 2 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (75 MG) (TABLET)	2	QL: 16 IN 1 DAY

Drug Name		Tier	Requirements/Limits
DARUNAVIR ETHANOLATE	PREZISTA (800 MG) (TABLET)	2	QL: 1 IN 1 DAY
DARUNAVIR/COBICISTAT	PREZCOBIX	2	QL: 1 IN 1 DAY
TIPRANAVIR	APTIVUS	2	QL: 4 IN 1 DAY
TIPRANAVIR/VITAMIN E TPGS	APTIVUS	2	QL: 380mL IN 30 DAYS
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
EMTRICITABINE/TENOFOV ALAFENAM	DESCOVY	2	QL: 1 IN 1 DAY
EMTRICITABINE/TENOFOVIR (TDF)	TRUVADA	2	QL: 1 IN 1 DAY
LAMIVUDINE/TENOFOVIR DISOP FUM	CIMDUO	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
abacavir sulfate/lamivudine	EPZICOM	1	QL: 1 IN 1 DAY
ABACA VIR SULFATE/LAMIVUDINE	EPZICOM	2	QL: 1 IN 1 DAY
abacavir/lamivudine/zidovudine	TRIZIVIR	1	QL: 2 IN 1 DAY
ABACA VIR/LAMIVUDINE/ZIDO VUDINE	TRIZIVIR	2	QL: 2 IN 1 DAY
lamivudine/zidovudine	COMBIVIR	1	QL: 2 IN 1 DAY
LAMIVUDINE/ZIDO VUDINE	COMBIVIR	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
MARAVIROC	SELZENTRY (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
MARAVIROC	SELZENTRY (20 MG/ML) (SOLUTION)	2	QL: 31mL IN 1 DAY
MARAVIROC	SELZENTRY (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (300 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (75 MG) (TABLET)	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFU VIRTIDE	FUZEON	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR	2	
efavirenz	SUSTIVA	1	
ETRAVIRINE	INTELENCE (100 MG) (TABLET)	2	QL: 4 IN 1 DAY
ETRAVIRINE	INTELENCE (200 MG) (TABLET)	2	QL: 2 IN 1 DAY
ETRAVIRINE	INTELENCE (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
nevirapine	VIRAMUNE (200 MG) (TABLET)	1	QL: 2 IN 1 DAY
nevirapine	VIRAMUNE (50 MG/5 ML) (ORAL SUSP)	1	QL: 1200mL IN 30 DAYS
nevirapine	VIRAMUNE XR (100 MG) (TAB ER 24H)	1	QL: 3 IN 1 DAY
nevirapine	VIRAMUNE XR (400 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
RILPIVIRINE HCL	EDURANT	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
abacavir sulfate	ZIAGEN (20 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
ABACAVIR SULFATE	ZIAGEN (20 MG/ML) (SOLUTION)	2	QL: 960mL IN 30 DAYS
abacavir sulfate	ZIAGEN (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
ABACAVIR SULFATE	ZIAGEN (300 MG) (TABLET)	2	QL: 2 IN 1 DAY
DIDANOSINE	VIDEX	2	QL: 600mL IN 30 DAYS
didanosine	VIDEX EC (125 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
didanosine	VIDEX EC (200 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
didanosine	VIDEX EC (250 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
didanosine	VIDEX EC (400 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
EMTRICITABINE	EMTRIVA (10 MG/ML) (SOLUTION)	2	QL: 850mL IN 30 DAYS
EMTRICITABINE	EMTRIVA (200 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
lamivudine	EPIVIR (10 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
LAMIVUDINE	EPIVIR (10 MG/ML) (SOLUTION)	2	QL: 960mL IN 30 DAYS
lamivudine	EPIVIR (150 MG) (TABLET)	1	QL: 2 IN 1 DAY
LAMIVUDINE	EPIVIR (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
lamivudine	EPIVIR (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
LAMIVUDINE	EPIVIR (300 MG) (TABLET)	2	QL: 1 IN 1 DAY
STAVUDINE	ZERIT (1 MG/ML) (SOLN RECON)	2	QL: 2400mL IN 30 DAYS
stavudine	ZERIT (15 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
stavudine	ZERIT (20 MG) (CAPSULE)	1	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
stavudine	ZERIT (30 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
stavudine	ZERIT (40 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
zidovudine	RETROVIR (10 MG/ML) (SYRUP)	1	QL: 1920mL IN 30 DAYS
ZIDOVUDINE	RETROVIR (10 MG/ML) (SYRUP)	2	QL: 1920mL IN 30 DAYS
zidovudine	RETROVIR (100 MG) (CAPSULE)	1	QL: 6 IN 1 DAY
ZIDOVUDINE	RETROVIR (100 MG) (CAPSULE)	2	QL: 6 IN 1 DAY
zidovudine	RETROVIR (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	2	QL: 1 IN 1 DAY
tenofovir disoproxil fumarate	VIREAD (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (40MG/SCOOP) (POWDER)	2	QL: 240gm IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
LOPINAVIR/RITONAVIR	KALETRA (100MG-25MG) (TABLET)	2	QL: 2 IN 1 DAY
LOPINAVIR/RITONAVIR	KALETRA (200MG-50MG) (TABLET)	2	QL: 4 IN 1 DAY
lopinavir/ritonavir	KALETRA (400- 100/5) (SOLUTION)	1	QL: 480mL IN 30 DAYS
LOPINAVIR/RITONAVIR	KALETRA (400- 100/5) (SOLUTION)	2	QL: 480mL IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
atazanavir sulfate	REYATAZ (150 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (150 MG) (CAPSULE)	2	QL: 2 IN 1 DAY
atazanavir sulfate	REYATAZ (200 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (200 MG) (CAPSULE)	2	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
atazanavir sulfate	REYATAZ (300 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (300 MG) (CAPSULE)	2	QL: 1 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (50 MG) (POWD PACK)	2	QL: 5 IN 1 DAY
ATAZANAVIR SULFATE/COBICISTAT	EVOTAZ	2	QL: 1 IN 1 DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	2	QL: 1800mL IN 30 DAYS
fosamprenavir calcium	LEXIVA (700 MG) (TABLET)	1	QL: 4 IN 1 DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (700 MG) (TABLET)	2	QL: 4 IN 1 DAY
INDINAVIR SULFATE	CRIXIVAN	2	
NELFINAVIR MESYLATE	VIRACEPT	2	
RITONAVIR	NORVIR (100 MG) (CAPSULE)	2	QL: 12 IN 1 DAY
RITONAVIR	NORVIR (100 MG) (POWD PACK)	2	
ritonavir	NORVIR (100 MG) (TABLET)	1	QL: 12 IN 1 DAY
RITONAVIR	NORVIR (100 MG) (TABLET)	2	QL: 12 IN 1 DAY
RITONAVIR	NORVIR (80 MG/ML) (SOLUTION)	2	QL: 480mL IN 30 DAYS
SAQUINAVIR MESYLATE	INVIRASE (200 MG) (CAPSULE)	2	QL: 10 IN 1 DAY
SAQUINAVIR MESYLATE	INVIRASE (500 MG) (TABLET)	2	QL: 4 IN 1 DAY
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (POWD PACK)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (25 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (400 MG) (TABLET)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS HD	2	QL: 2 IN 1 DAY
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICIT/TENOFOVR DF	ATRIPLA	2	QL: 1 IN 1 DAY
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI	2	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI LO	2	QL: 1 IN 1 DAY
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	2	QL: 1 IN 1 DAY
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	2	QL: 1 IN 1 DAY
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
BICTEGRAV/EMTRICIT/TENOFOV ALA	BIKTARVY	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	2	QL: 1 IN 1 DAY
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACA VIR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	2	QL: 1 IN 1 DAY
CYTOCHROME P450 INHIBITORS			
COBICISTAT	TYBOST	2	QL: 1 IN 1 DAY
HEPATITIS B TREATMENT AGENTS			
adefovir dipivoxil	HEPSERA	1	QL: 1 IN 1 DAY
ENTECAVIR	BARACLUDE (0.05 MG/ML) (SOLUTION)	2	QL: 630mL IN 30 DAYS
entecavir	BARACLUDE (0.5 MG) (TABLET)	1	QL: 1 IN 1 DAY
entecavir	BARACLUDE (1 MG) (TABLET)	1	QL: 1 IN 1 DAY
lamivudine	EPIVIR HBV (100 MG) (TABLET)	1	QL: 1 IN 1 DAY
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	2	QL: 720mL IN 30 DAYS
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	2	PA
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	2	PA
RIBAVIRIN	REBETOL	2	
ribavirin (200 mg) (capsule)		1	
ribavirin (200 mg) (tablet)		1	
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
GLECAPREVIR/PIBRENTASVIR	MAVYRET	2	PA
INFLAMMATORY DISEASE			
ANTI-ARTHRITIC AND CHELATING AGENTS			
PENICILLAMINE	CUPRIMINE	2	PA
PENICILLAMINE	DEPEN	2	PA
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS			
METHOTREXATE/PF	RASUVO (10MG/0.2ML) (AUTO INJCT)	2	ST, QL: 0.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (12.5/0.25) (AUTO INJCT)	2	ST, QL: 1mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (15MG/0.3ML) (AUTO INJCT)	2	ST, QL: 1.2mL IN 28 DAYS

Drug Name		Tier	Requirements/Limits
METHOTREXATE/PF	RASUVO (17.5/0.35) (AUTO INJCT)	2	ST, QL: 1.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (20MG/0.4ML) (AUTO INJCT)	2	ST, QL: 1.6mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (22.5/0.45) (AUTO INJCT)	2	ST, QL: 1.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (25MG/0.5ML) (AUTO INJCT)	2	ST, QL: 2mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (30MG/0.6ML) (AUTO INJCT)	2	ST, QL: 2.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (7.5MG/0.15) (AUTO INJCT)	2	ST, QL: 0.6mL IN 28 DAYS
ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
RILONACEPT	ARCALYST	2	
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
ETANERCEPT	ENBREL	2	PA
ETANERCEPT	ENBREL MINI	2	PA
ETANERCEPT	ENBREL SURECLICK	2	PA
GOLIMUMAB	SIMPONI	2	PA
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
leflunomide	ARAVA	1	
ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.			
APREMILAST	OTEZLA	2	PA
ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR			
ABATACEPT	ORENCIA	2	PA
ABATACEPT	ORENCIA CLICKJECT	2	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS			
ICATIBANT ACETATE	FIRAZYR	2	PA
C1 ESTERASE INHIBITORS			
C1 ESTERASE INHIBITOR	BERINERT	2	PA
C1 ESTERASE INHIBITOR	CINRYZE	2	PA
C1 ESTERASE INHIBITOR	HAEGARDA	2	PA
C1 ESTERASE INHIBITOR, RECOMB	RUCONEST	2	PA
DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON			
CERTOLIZUMAB PEGOL	CIMZIA	2	PA
GLUCOCORTICOIDS			
budesonide	ENTOCORT EC	1	
cortisone acetate	CORTONE	1	
dexamethasone (0.5 mg) (tablet)		1	
dexamethasone (0.5 mg/5ml) (elixir)		1	
dexamethasone (0.5 mg/5ml) (solution)		1	
dexamethasone (0.75 mg) (tablet)		1	

Drug Name		Tier	Requirements/Limits
dexamethasone (1 mg) (tablet)		1	
dexamethasone (1.5 mg) (tablet)		1	
dexamethasone (1.5mg (21)) (tab ds pk)		1	ST
dexamethasone (1.5mg (35)) (tab ds pk)		1	ST
dexamethasone (1.5mg (51)) (tab ds pk)		1	ST
dexamethasone (2 mg) (tablet)		1	
dexamethasone (4 mg) (tablet)		1	
dexamethasone (6 mg) (tablet)		1	
hydrocortisone	CORTEF	1	
methylprednisolone	MEDROL (16 MG) (TABLET)	1	
METHYLPREDNISOLONE	MEDROL (2 MG) (TABLET)	2	
methylprednisolone	MEDROL (32 MG) (TABLET)	1	
methylprednisolone	MEDROL (4 MG) (TAB DS PK)	1	
methylprednisolone	MEDROL (4 MG) (TABLET)	1	
methylprednisolone	MEDROL (8 MG) (TABLET)	1	
PREDNISOLONE	MILLIPRED	2	
PREDNISOLONE	MILLIPRED DP	2	
prednisolone	ORAPRED	1	
prednisolone sod phosphate (10 mg) (tab rapdis)		1	
prednisolone sod phosphate (15 mg) (tab rapdis)		1	
prednisolone sod phosphate (15 mg/5 ml) (solution)		1	
prednisolone sod phosphate (25 mg/5 ml) (solution)		1	
prednisolone sod phosphate (30 mg) (tab rapdis)		1	
prednisolone sod phosphate (5 mg/5 ml) (solution)		1	
prednisone		1	
PREDNISON INTENSOL		2	
GOLD SALTS			
AURANOFIN	RIDAURA	2	
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
TOCILIZUMAB	ACTEMRA	2	PA
JANUS KINASE (JAK) INHIBITORS			
TOFACITINIB CITRATE	XELJANZ	2	PA
TOFACITINIB CITRATE	XELJANZ XR	2	PA
MINERALOCORTICOIDS			
fludrocortisone acetate	FLORINEF	1	
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE			
celecoxib	CELEBREX	1	

Drug Name	Tier	Requirements/Limits
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE		
celecoxib	CELEBREX	1
diclofenac potassium	CATAFLAM	1
diclofenac sodium	VOLTAREN	1
diclofenac sodium	VOLTAREN-XR	1
etodolac	LODINE	1
etodolac	LODINE XL	1
flurbiprofen	ANSAID	1
ibuprofen	ADVIL (200 MG) (TABLET) (OTC)	5
ibuprofen	CHILDREN'S ADVIL	5
ibuprofen	CHILDREN'S MOTRIN	5
ibuprofen	MOTRIN (100 MG/5ML) (ORAL SUSP)	1
ibuprofen	MOTRIN (400 MG) (TABLET)	1
ibuprofen	MOTRIN (600 MG) (TABLET)	1
ibuprofen	MOTRIN (800 MG) (TABLET)	1
ibuprofen	MOTRIN IB	5
indomethacin	INDOCIN (25 MG) (CAPSULE)	1
INDOMETHACIN	INDOCIN (25 MG/5 ML) (ORAL SUSP)	2
indomethacin	INDOCIN (50 MG) (CAPSULE)	1
indomethacin	INDOCIN SR	1
ketoprofen	ORUDIS	1
ketoprofen	ORUVAIL	1
ketorolac tromethamine	TORADOL (10 MG) (TABLET)	1
ketorolac tromethamine	TORADOL (15 MG/ML) (CARTRIDGE)	1
ketorolac tromethamine	TORADOL (15 MG/ML) (VIAL)	1
ketorolac tromethamine	TORADOL (30 MG/ML) (CARTRIDGE)	1
ketorolac tromethamine	TORADOL (30 MG/ML) (VIAL)	1
ketorolac tromethamine	TORADOL (30MG/ML(1)) (VIAL)	1

Drug Name		Tier	Requirements/Limits
ketorolac tromethamine	TORADOL (60 MG/2 ML) (CARTRIDGE)	1	
ketorolac tromethamine	TORADOL (60 MG/2 ML) (VIAL)	1	
meclofenamate sodium	MECLOMEN	1	
meloxicam	MOBIC	1	
nabumetone	RELAFEN	1	
naproxen	EC-NAPROSYN	1	
naproxen	NAPROSYN	1	
naproxen sodium	ANAPROX	1	
naproxen sodium	ANAPROX DS	1	
naproxen sodium	NAPRELAN (500 MG) (TBMP 24HR)	1	
oxaprozin	DAYPRO	1	
piroxicam	FELDENE	1	
sulindac	CLINORIL	1	
tolmetin sodium	TOLECTIN	1	
tolmetin sodium	TOLECTIN DS	1	
LOCAL ANESTHESIA			
LOCAL ANESTHETICS			
lidocaine hcl		1	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
ABSORBABLE SULFONAMIDES			
sulfamethoxazole/trimethoprim		1	
BOWEL ANTIINFLAMMATORY AGENTS			
sulfadiazine		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	2	
mesalamine	SFROWASA	1	
mesalamine w/cleansing wipes	ROWASA	1	
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
balsalazide disodium	COLAZAL	1	
MESALAMINE	APRISO	2	
sulfasalazine	AZULFIDINE	1	
HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH			
hydrocortisone/lidocaine/aloe	ANA-LEX HC	1	
hydrocortisone/lidocaine/aloe	ANAMANTLE HC	1	
hydrocortisone/lidocaine/aloe	RECTAGEL HC	1	
hydrocortisone/pramoxine	ANALPRAM HC (1 %-1 %) (CREAM/APPL)	1	
hydrocortisone/pramoxine	ANALPRAM HC (2.5 %-1 %) (CREAM/APPL)	1	
hydrocortisone/pramoxine	PRAMCORT	1	

Drug Name		Tier	Requirements/Limits
HYDROCORTISONE/PRAMOXINE	PROCTOFOAM-HC	2	
lidocaine/hydrocortisone ac	ANAMANTLE HC	1	
lidocaine/hydrocortisone ac	ANAMANTLE HC FORTE	1	
IRRITABLE BOWEL AGENTS, GUANYLATE CYLASE-C AGONIST			
LINACLOTIDE	LINZESS	2	QL: 1 IN 1 DAY
RECTAL PREPARATIONS			
hydrocortisone acetate	ANUSOL-HC	1	
hydrocortisone acetate	HEMMOREX-HC	1	
hydrocortisone acetate	PROCTOCORT	1	
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)			
hydrocortisone	CORTENEMA	1	
LOWER GASTROINTESTINAL DISORDERS - OTHER			
AMMONIA INHIBITORS			
CARGLUMIC ACID	CARBAGLU	2	
GLYCEROL PHENYL BUTYRATE	RAVICTI	2	PA
lactulose	CHRONULAC	1	
sodium phenylbutyrate	BUPHENYL	1	
ANTIDIARRHEALS			
bismuth subsalicylate (262 mg) (tab chew) (otc)		5	
bismuth subsalicylate (262 mg) (tablet) (otc)		5	
bismuth subsalicylate (262mg/15ml) (oral susp) (otc)		5	
diphenoxylate hcl/atropine	LOMOTIL	1	
loperamide hcl (1 mg/5 ml) (liquid) (otc)		5	
loperamide hcl (2 mg) (capsule)		1	
loperamide hcl (2 mg) (capsule) (otc)		1	
opium tincture		1	
paregoric		1	
BILE SALTS			
ursodiol	ACTIGALL	1	
ursodiol	URSO	1	
ursodiol	URSO FORTE	1	
FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG			
OBETICHOLIC ACID	OCALIVA	2	PA
LAXATIVES AND CATHARTICS			
bisacodyl	CORRECTOL	5	
bisacodyl	DULCOLAX	5	
calcium polycarbophil (625 mg) (tablet) (otc)		5	
castor oil (oil) (otc)		5	
docusate calcium	KAOPECTATE	5	
docusate calcium	SURFAK	5	
docusate sodium (100 mg) (capsule) (otc)		5	
docusate sodium (100 mg) (tablet) (otc)		5	

Drug Name	Tier	Requirements/Limits
docusate sodium (250 mg) (capsule) (otc)	5	
docusate sodium (50 mg) (capsule) (otc)	5	
docusate sodium (50 mg/5 ml) (liquid) (otc)	5	
docusate sodium (60 mg/15ml) (syrup) (otc)	5	
FRUCTOOLIGOSACCH/MALTODEXTRIN FIBER-STAT	1	
FRUCTOOLIGOSACCHARIDES/POLYDE X FIBER-STAT	1	
lactulose CHRONULAC	1	
LACTULOSE KRISTALOSE	2	
LUBIPROSTONE AMITIZA	2	QL: 2 IN 1 DAY
magnesium citrate	5	
magnesium hydroxide PHILLIPS' MILK OF MAGNESIA	5	
methylcellulose CITRUCEL	5	
methylcellulose (with sugar)	5	
mineral oil	5	
peg3350/sod sulf,bicarb,cl/kcl COLYTE WITH FLAVOR PACKETS	1	
PEG3350/SOD SULF,BICARB,CL/KCL GOLYTELY (227.1-21.5) (POWD PACK)	2	
peg3350/sod sulf,bicarb,cl/kcl GOLYTELY (236-22.74G) (SOLN RECON)	1	
polyethylene glycol 3350 GAVILAX	5	
polyethylene glycol 3350 MIRALAX (17G) (POWD PACK)	1	
polyethylene glycol 3350 MIRALAX (17G) (POWD PACK) (OTC)	5	
polyethylene glycol 3350 MIRALAX (17G/DOSE) (POWDER)	1	
polyethylene glycol 3350 MIRALAX (17G/DOSE) (POWDER) (OTC)	5	
PSYLLIUM HUSK KONSYL (6 G) (POWD PACK) (OTC)	5	
PSYLLIUM HUSK KONSYL (6 G/6 G) (POWDER) (OTC)	5	
psyllium husk (6 g/6 g) (powder) (otc)	5	
PSYLLIUM HUSK (WITH DEXTROSE) KONSYL FORMULA-D	5	
psyllium husk (with sugar) METAMUCIL (3.4 G/12 G) (POWDER) (OTC)	5	

Drug Name		Tier	Requirements/Limits
psyllium husk (with sugar)	METAMUCIL (3.4 G/7 G) (POWDER) (OTC)	5	
psyllium husk (with sugar)	METAMUCIL (3.4G/11G) (POWDER) (OTC)	5	
psyllium husk (with sugar)	NATURAL FIBER LAXATIVE	5	
psyllium husk (with sugar)	NATURAL VEGETABLE FIBER	5	
PSYLLIUM HUSK (WITH SUGAR)	WAL-MUCIL	5	
PSYLLIUM HUSK/ASPARTAME	METAMUCIL FIBER SINGLES (3.4 G) (POWD PACK) (OTC)	5	
PSYLLIUM HUSK/ASPARTAME	METAMUCIL MULTIHEALTH FIBER	5	
psyllium husk/aspartame (3.4g/5.8g) (powder) (otc)		5	
PSYLLIUM HUSK/ASPARTAME	WAL-MUCIL	5	
PSYLLIUM SEED	HYDROCIL INSTANT	5	
psyllium seed	METAMUCIL	5	
psyllium seed (with dextrose)	KONSYL-D	5	
psyllium seed (with sugar)	METAMUCIL	5	
psyllium seed/aspartame		5	
sennosides (25 mg) (tablet) (otc)		5	
sennosides (8.6 mg) (tablet) (otc)		5	
sennosides (8.8mg/5ml) (syrup) (otc)		5	
sennosides/docusate sodium	COLACE 2-IN-1	5	
SENNOSIDES/DOCUSATE SODIUM	STOOL SOFTENER- LAXATIVE	5	
SOD PICOSULF/MAG OX/CITRIC AC	CLENPIQ	2	
SOD PICOSULF/MAG OX/CITRIC AC	PREPOPIK	2	
sodium chloride/nahco3/kcl/peg	NULYTELY WITH FLAVOR PACKS	1	
LAXATIVES, LOCAL/RECTAL			
BISACODYL		5	
bisacodyl	DULCOLAX	5	
docusate sodium (283 mg) (enema) (otc)		5	
docusate sodium (283 mg/5ml) (enema) (otc)		5	
docusate sodium/benzocaine	DOCUSOL PLUS	5	
docusate sodium/benzocaine	ENEMEEZ	5	
glycerin (pediatric) (supp.rect) (otc)		5	

Drug Name		Tier	Requirements/Limits
sodium phosphate,mono-dibasic	ENEMA (19G-7G/118) (ENEMA) (OTC)	5	
sodium phosphate,mono-dibasic	PEDIA-LAX ENEMA	5	
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING			
NALOXEGOL OXALATE	MOVANTIK	2	QL: 1 IN 1 DAY
SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS			
TEDUGLUTIDE	GATTEX	2	PA
MISCELLANEOUS AGENTS			
ANAPHYLAXIS THERAPY AGENTS			
epinephrine		1	
PARASYMPATHETIC AGENTS			
bethanechol chloride	URECHOLINE	1	
guanidine hcl	GUANIDINE	1	
pilocarpine hcl	SALAGEN	1	
NEOPLASTIC DISEASE			
ALKYLATING AGENTS			
ALTRETAMINE	HEXALEN	2	
BUSULFAN	MYLERAN	2	
CARMUSTINE IN POLIFEPROSAN 20	GLIADEL	2	
CHLORAMBUCIL	LEUKERAN	2	
cyclophosphamide		1	
hydroxyurea	HYDREA	1	
melphalan	ALKERAN	1	
temozolomide	TEMODAR	1	PA
ANTIANDROGENIC AGENTS			
ABIRATERONE ACETATE	ZYTIGA (250 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY
ABIRATERONE ACETATE	ZYTIGA (500 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
APALUTAMIDE	ERLEADA	2	PA, QL: 4 IN 1 DAY
bicalutamide	CASODEX	1	
ENZALUTAMIDE	XTANDI	2	PA, QL: 4 IN 1 DAY
flutamide	EULEXIN	1	
nilutamide	NILANDRON	1	QL: 150 AFTER 30 DAYS
ANTIMETABOLITES			
capecitabine	XELODA (150 MG) (TABLET)	1	PA, QL: 28 IN 21 DAYS
capecitabine	XELODA (500 MG) (TABLET)	1	PA, QL: 112 IN 21 DAYS
mercaptopurine	PURINETHOL	1	
MERCAPTOPURINE	PURIXAN	2	ST
methotrexate sodium	FOLEX	1	
METHOTREXATE SODIUM	TREXALL (10 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (15 MG) (TABLET)	2	

Drug Name		Tier	Requirements/Limits
methotrexate sodium	TREXALL (2.5 MG) (TABLET)	1	
METHOTREXATE SODIUM	TREXALL (5 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (7.5 MG) (TABLET)	2	
methotrexate sodium/pf	FOLEX	1	
THIOGUANINE	TABLOID	2	
TRIFLURIDINE/TIPIRACIL HCL	LONSURF	2	PA
ANTINEOPLASTIC AROMATASE INHIBITORS			
anastrozole	ARIMIDEX	1	
exemestane	AROMASIN	1	
letrozole	FEMARA	1	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
SONIDEGIB PHOSPHATE	ODOMZO	2	PA
VISMODEGIB	ERIVEDGE	2	PA, QL: 1 IN 1 DAY
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	2	PA, QL: 2 IN 1 DAY
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
COBIMETINIB FUMARATE	COTELLIC	2	PA, QL: 63 IN 28 DAYS
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	2	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR	2	PA
EVEROLIMUS	AFINITOR DISPERZ	2	PA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
TOPOTECAN HCL	HYCAMTIN	2	
ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT			
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO- PACK	2	PA
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	2	PA, QL: 1 IN 1 DAY
PEGINTERFERON ALFA-2B	SYLATRON	2	
POMALIDOMIDE	POMALYST	2	PA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS			
DEGARELIX ACETATE	FIRMAGON (120 MG) (VIAL)	2	QL: 2 IN 365 DAYS
DEGARELIX ACETATE	FIRMAGON (80 MG) (VIAL)	2	QL: 1 IN 30 DAYS
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ABEMACICLIB	VERZENIO	2	PA, QL: 2 IN 1 DAY
AFATINIB DIMALEATE	GILOTRIF	2	PA
ALECTINIB HCL	ALECENSA	2	PA, QL: 8 IN 1 DAY
AXITINIB	INLYTA (1 MG) (TABLET)	2	PA, QL: 6 IN 1 DAY
AXITINIB	INLYTA (5 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
BOSUTINIB	BOSULIF (100 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY

Drug Name		Tier	Requirements/Limits
BOSUTINIB	BOSULIF (400 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
BOSUTINIB	BOSULIF (500 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
CABOZANTINIB S-MALATE	CABOMETYX	2	PA
CABOZANTINIB S-MALATE	COMETRIQ	2	PA, QL: 112 IN 28 DAYS
CERITINIB	ZYKADIA	2	PA
CRIZOTINIB	XALKORI	2	PA, QL: 2 IN 1 DAY
DABRAFENIB MESYLATE	TAFINLAR	2	PA
DASATINIB	SPRYCEL (100 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (140 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (20 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
DASATINIB	SPRYCEL (50 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (70 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (80 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
ERLOTINIB HCL	TARCEVA (100 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY
ERLOTINIB HCL	TARCEVA (150 MG) (TABLET)	2	PA, QL: 3 IN 1 DAY
ERLOTINIB HCL	TARCEVA (25 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
GEFITINIB	IRESSA	2	PA
IBRUTINIB	IMBRUVICA	2	PA
IDELALISIB	ZYDELIG	2	PA
imatinib mesylate	GLEEVEC (100 MG) (TABLET)	1	PA, QL: 3 IN 1 DAY
imatinib mesylate	GLEEVEC (400 MG) (TABLET)	1	PA, QL: 2 IN 1 DAY
IXAZOMIB CITRATE	NINLARO	2	PA
LAPATINIB DITOSYLATE	TYKERB	2	PA
LENVATINIB MESYLATE	LENVIMA	2	PA
MIDOSTAURIN	RYDAPT	2	PA
NILOTINIB HCL	TASIGNA	2	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (100 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (150 MG) (TABLET)	2	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (50 MG) (CAPSULE)	2	PA, QL: 16 IN 1 DAY
OSIMERTINIB MESYLATE	TAGRISSE	2	PA, QL: 1 IN 1 DAY
PALBOCICLIB	IBRANCE	2	PA
PAZOPANIB HCL	VOTRIENT	2	PA, QL: 4 IN 1 DAY
PONATINIB HCL	ICLUSIG (15 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
PONATINIB HCL	ICLUSIG (45 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
REGORAFENIB	STIVARGA	2	PA, QL: 3 IN 1 DAY
RIBOCICLIB SUCCINATE	KISQALI	2	PA
SORAFENIB TOSYLATE	NEXAVAR	2	PA, QL: 4 IN 1 DAY
SUNITINIB MALATE	SUTENT	2	PA, QL: 1 IN 1 DAY
VANDETANIB	CAPRELSA (100 MG) (TABLET)	2	PA, QL: 2 IN 1 DAY
VANDETANIB	CAPRELSA (300 MG) (TABLET)	2	PA, QL: 1 IN 1 DAY
VEMURAFENIB	ZELBORAF	2	PA, QL: 8 IN 1 DAY
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
PANOBINOSTAT LACTATE	FARYDAK	2	PA
VORINOSTAT	ZOLINZA	2	
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS			
VENETOCLAX	VENCLEXTA	2	PA
VENETOCLAX	VENCLEXTA STARTING PACK	2	PA
ANTINEOPLASTICS,MISCELLANEOUS			
etoposide	VEPESID	1	
MITOTANE	LYSODREN	2	
OMACETAXINE MEPESUCCINATE	SYNRIBO	2	PA
PROCARBAZINE HCL	MATULANE	2	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
leucovorin calcium	WELLCOVORIN	1	
URIDINE TRIACETATE	VISTOGARD	2	QL: 24 IN 14 DAYS
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.			
talc	STERITALC (5 G) (VIAL)	1	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
tamoxifen citrate	NOLVADEX	1	
TAMOXIFEN CITRATE	SOLTAMOX	2	
TOREMIFENE CITRATE	FARESTON	2	PA
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
bexarotene	TARGRETIN	1	PA
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	2	
megestrol acetate	MEGACE	1	
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
DIMETHYL FUMARATE	TECFIDERA	2	PA
FINGOLIMOD HCL	GILENYA	2	PA
glatiramer acetate	COPAXONE	1	PA
INTERFERON BETA-1A	AVONEX	2	PA
INTERFERON BETA-1A	AVONEX PEN	2	PA
INTERFERON BETA-1A/ALBUMIN	AVONEX	2	PA
INTERFERON BETA-1A/ALBUMIN	REBIF	2	PA
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE	2	PA

Drug Name		Tier	Requirements/Limits
TERIFLUNOMIDE	AUBAGIO	2	PA
AMYOTROPHIC LATERAL SCLEROSIS AGENTS			
riluzole	RILUTEK	1	
FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB			
MILNACIPRAN HCL	SAVELLA	2	
MOVEMENT DISORDERS(DRUG THERAPY)			
tetrabenazine	XENAZINE	1	PA
ORAL/PHARYNGEAL DISORDERS			
DENTAL AIDS AND PREPARATIONS			
chlorhexidine gluconate		1	
DENTAL SUCTION/CHLRHEX/SWB1/MW	Q-CARE RX	1	
DENTL SUCTION DEV/CHLORHX/SWB1	Q-CARE RX	1	
triamcinolone acetonide	KENALOG IN ORABASE	1	
NOSE PREPARATIONS ANTIBIOTICS			
MUPIROCIN CALCIUM	BACTROBAN NASAL	2	
NOSE PREPARATIONS, MISCELLANEOUS (RX)			
ipratropium bromide	ATROVENT	1	
PERIODONTAL COLLAGENASE INHIBITORS			
doxycycline hyclate	PERIOSTAT	1	
OTHER DRUGS			
ANTIOXIDANT AGENTS			
B-CAROTENE/VIT C/E/LUT/MIN 29	MACUVITE WITH LUTEIN	5	
beta-carotene(a)-c,e/selenium (capsule) (otc)		5	
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.			
megestrol acetate	MEGACE	1	
megestrol acetate	MEGACE ES	1	
BLOOD TESTING PREPARATIONS,IN-VITRO			
BLOOD KETONE TEST, STRIPS	PRECISION XTRA	5	
DIETARY SUPPLEMENT, MISCELLANEOUS			
albumen (egg white)		1	
amino ac/protein hydr/whey pro (10g-100/30) (liquid) (otc)		1	PA
AMINO AC/PROTEIN HYDR/WHEY PRO	PROSOURCE PLUS	1	PA
AMINO ACID/PROTEIN/VIT C/ZINC	PROSOURCE ZAC	1	PA
amino acids/protein hydrolys (15 g-60/30) (liquid) (otc)		1	PA
AMINO ACIDS/PROTEIN HYDROLYS	PROSOURCE NO CARB	1	PA
apple juice		1	
b3/azel/quer/tur/fa/b6/zn/copp	NICAZEL FORTE	1	
CALORIC SUPPLEMENT	DUOCAL	1	PA

Drug Name		Tier	Requirements/Limits
CRANBERRY JUICE	THICKENUP	1	
dietary supplement (capsule) (otc)		5	
dietary supplement (powder) (otc)		1	PA
fa/mv,calc,iron/pollen/herb101		5	
fish oil/om-3/e/folic/b6-b12		1	
LACTOSE-REDUCED FOOD	BOOST (0.04G-1/ML) (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD	BOOST HIGH PROTEIN (0.06G-1/ML) (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD	BOOST PLUS (0.06 G-1.5) (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD	ENSURE ACTIVE CLEAR (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD	ENSURE ACTIVE HIGH PROTEIN (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE ACTIVE MUSCLE HEALTH	1	PA
LACTOSE-REDUCED FOOD	ENSURE CLINICAL STRENGTH (0.05 G-1.5) (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE HIGH PROTEIN (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE LIQUID (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE MUSCLE HEALTH	1	PA
LACTOSE-REDUCED FOOD	ENSURE ORIGINAL (0.04G-1.05) (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE PLUS (0.05 G-1.5) (LIQUID)	1	PA
LACTOSE-REDUCED FOOD	ENSURE POWDER	1	PA
LACTOSE-REDUCED FOOD	ISOSOURCE HN (0.05 G-1.2) (LIQUID) (OTC)	1	PA

Drug Name		Tier	Requirements/Limits
lactose-reduced food (0.04g-1.05) (liquid) (otc)		1	PA
lactose-reduced food (0.05 g-1.5) (liquid) (otc)		1	PA
lactose-reduced food (liquid) (otc)		1	PA
LACTOSE-REDUCED FOOD/FIBER	ENSURE WITH FIBER	1	PA
LACTOSE-REDUCED FOOD/FIBER	ISOSOURCE 1.5 CAL TUBE FEED	1	PA
LACTOSE-REDUCED FOOD/FIBER	JEVITY 1 CAL (0.04G-1.06) (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD/FIBER	JEVITY 1.2 CAL (0.06 G-1.2) (LIQUID) (OTC)	1	PA
LACTOSE-REDUCED FOOD/FIBER	JEVITY 1.5 CAL (0.06 G-1.5) (LIQUID) (OTC)	1	PA
milk based formula		1	PA
MILK BASED FORMULA/CORN STARCH	THICKENUP (0.03 G-0.7) (LIQUID) (OTC)	1	
multivit-min/iron/folic/hrb186 (3.3 mg-25) (tablet) (otc)		5	
multivit-min43/lut/om3/dha/epa		1	
mv-mins/folic acid/guarana/caf		5	
NUT TX, LACT-REDUCED, IRON	BOOST VHC	1	PA
NUT.SUP,SPEC,LAC-FREE,IRON/FOS	TWOCAL HN (0.08G-2/ML) (LIQUID) (OTC)	1	PA
NUT.TX. METABOLIC DISORDER,REG	POLYCAL	1	PA
NUT.TX.COMP. IMMUNE SYSTM,REG	IMPACT 1 CAL	1	PA
NUT.TX.COMP. IMMUNE SYSTM,REG	PIVOT 1.5 CAL	1	PA
NUT.TX.IMPAIR DIGES/INULIN/FOS	PEPTAMEN 1.5 CAL WITH PREBIO1 (0.068G-1.5) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIR DIGES/INULIN/FOS	PEPTAMEN JUNIOR 1.5 (0.045G-1.5) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST FXN	ENSURE CLEAR (0.035-1/ML) (LIQUID) (OTC)	1	PA
nut.tx.impaired renal fxn,soy		1	PA
NUTRI.SUPP,LACTO-FREE,IRON/SOY	PEDIASURE HARVEST	1	PA
NUTRIT SUPP/INULIN/FOS/FIBER	FIBERSOURCE HN (0.05 G-1.2) (LIQUID) (OTC)	1	PA

Drug Name		Tier	Requirements/Limits
nutrit supp/inulin/fos/fiber		1	PA
NUTRITIONAL SUPP/INULIN/FOS	PEPTAMEN JUNIOR WITH PREBIO1 (0.03G-1/ML) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT	EO28 SPLASH	1	PA
NUTRITIONAL SUPPLEMENT	HI-CAL	1	PA
NUTRITIONAL SUPPLEMENT	NUTRAMENT	1	PA
NUTRITIONAL SUPPLEMENT	OSMOLITE 1 CAL (0.04G-1.06) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT	OSMOLITE 1.2 CAL (0.06 G-1.2) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT	OSMOLITE 1.5 CAL (0.06 G-1.5) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT	PEDIASURE PEPTIDE 1.0 CAL	1	PA
NUTRITIONAL SUPPLEMENT	PEDIASURE PEPTIDE 1.5 CAL (0.045G-1.5) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT	PROMOTE (0.06G-1/ML) (LIQUID) (OTC)	1	PA
NUTRITIONAL SUPPLEMENT/FIBER	PROMOTE WITH FIBER (0.06G-1/ML) (LIQUID) (OTC)	1	PA
nutritional supplement/mct		1	PA
orange juice		1	
pedi nutrit,iron,lac-free,fibr	COMPLEAT PEDIATRIC	1	PA
PEDI NUTRIT,IRON,LAC-FREE,FIBR	PEDIASURE 1.5 WITH FIBER	1	PA
pedi nutrit,iron,lac-free,fibr	PEDIASURE SIDEKICKS	1	PA
pedi nutrit,iron,lac-free,fibr	PEDIASURE WITH FIBER	1	PA
PEDI NUTRIT.,SOY,IRON,LF/FIBER	PEDIASMART ORGANIC DAIRY	1	PA
PEDI NUTRIT.,SOY,IRON,LF/FIBER	PEDIASMART ORGANIC SOY	1	PA
PEDI NUTRITION,IRON,LACT-FREE	BOOST KID ESSENTIALS	1	PA
pedi nutrition,iron,lact-free		1	PA
PEDI NUTRITION,IRON,LACT-FREE	PEDIASURE 1.5	1	PA

Drug Name		Tier	Requirements/Limits
PEDI NUTRITION,MILK BASED,IRON	PEDIASURE SIDEKICKS	1	PA
protein supplement (liquid) (otc)		1	PA
protein supplement (powder) (otc)		1	PA
soy protein		1	PA
vit c/vit e ac/selenium/ginkgo		5	
DRUGS TO TREAT HEREDITARY TYROSINEMIA			
NITISINONE	ORFADIN	2	PA
DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING			
ELIGLUSTAT TARTRATE	CERDELGA	2	PA
miglustat	ZAVESCA	1	PA
HYDROPHILIC CREAM/OINTMENT BASES			
HYDROPHILIC CREAM	TRIAD	1	
INFANT FORMULAS			
inf form for tyrosinemia, iron		1	PA
INF FORM, GLUTARIC ACIDURIA I	GLUTAREX-1	1	PA
inf.form,metab,iron methion-fr (16.2g-500) (powder) (otc)		1	PA
inf.formula,urea cycle disordr		1	PA
infant form,propionic acidemia		1	PA
infant formula with iron	ENFAGROW NEXT STEP LIPIL	1	PA
infant formula with iron	ENFAMIL A.R. LIPIL	1	PA
infant formula with iron	ENFAMIL ENFACARE	1	PA
infant formula with iron	ENFAMIL GENTLEASE LIPIL	1	PA
infant formula with iron	ENFAMIL PREMIUM LIPIL	1	PA
infant formula with iron	GOOD START (POWDER) (OTC)	1	PA
infant formula with iron	PREGESTIMIL (POWDER) (OTC)	1	PA
infant formula with iron	PRO-PHREE	1	PA
INFANT FORMULA WITH IRON, MSUD	BCAD 1 (16.2G- 500) (POWDER) (OTC)	1	PA
INFANT FORMULA, IRON/DHA/ARA	NEOCATE INFANT DHA- ARA (2.8 G-5.1G) (POWDER) (OTC)	1	PA
infant formula, metabolic,iron		1	PA
METABOLIC DEFICIENCY AGENTS			
BETAINE	CYSTADANE	2	
levocarnitine		1	PA
levocarnitine (with sugar)	CARNITOR	1	PA

Drug Name		Tier	Requirements/Limits
METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA			
ASFOTASE ALFA	STRENSIQ	2	PA
METALLIC POISON,AGENTS TO TREAT			
DEFERASIROX	EXJADE	2	PA
DEFERIPRONE	FERRIPROX	2	PA
deferoxamine mesylate	DESFERAL	1	PA
deferoxamine mesylate	DESFERAL MESYLATE	1	PA
NEUTRALIZING AGENTS FOR DISINFECTANT CLEANERS			
GLYCINE/SODIUM HYDROXIDE	HYDE-OUT	1	
NOSE PREPARATIONS, MISCELLANEOUS (OTC)			
0.9 % sodium chloride (0.9 %) (spray) (otc)		1	
sodium chloride (0.65 %) (drops) (otc)		5	
sodium chloride (0.65 %) (spray) (otc)		5	
NUT.TX PHENYLKETONURIA (PKU) FORMULATIONS			
INFANT FORMULA PKU,IRON NO.2	PHENEX-1	1	PA
NUT. TX FOR PKU WITH IRON #48	PKU TRIO	1	PA
NUT. TX FOR PKU WITH IRON NO.3	PERIFLEX JUNIOR	1	PA
NUT. TX FOR PKU WITH IRON NO.5	XPHE MAXAMAID	1	PA
NUT. TX FOR PKU WITH IRON NO.6	XPHE MAXAMUM (40G-305) (POWDER) (OTC)	1	PA
NUT.THERAPY FOR PKU, IRON NO.1	PHENEX-2	1	PA
NUT.TX FOR PKU WITH IRON NO.20	PERIFLEX ADVANCE	1	PA
NUT.TX FOR PKU WITH IRON NO.21	PKU 2	1	PA
NUT.TX FOR PKU WITH IRON NO.21	PKU 3	1	PA
NUT.TX FOR PKU WITH IRON NO.27	PHENYLADE60 (60G-295) (POWDER) (OTC)	1	PA
NUT.TX FOR PKU WITH IRON NO.27	PHENYLADE60 (60G-327) (POWDER) (OTC)	1	PA
NUT.TX FOR PKU WITH IRON NO.35	PHENYLADE ESSENTIAL (25G-390) (POWDER) (OTC)	1	PA
NUT.TX FOR PKU WITH IRON NO.4	PKU COOLER 10	1	PA
NUT.TX FOR PKU WITH IRON NO.4	PKU COOLER 15	1	PA
NUT.TX FOR PKU WITH IRON NO.4	PKU COOLER 20	1	PA
NUT.TX FOR PKU WITH IRON NO.40	PKU LOPHLEX	1	PA
NUT.TX FOR PKU WITH IRON NO.42	PKU LOPHLEX	1	PA
NUT.TX FOR PKU WITH IRON NO.45	PHENYL-FREE 2	1	PA
NUT.TX FOR PKU WITH IRON NO.45	PHENYL-FREE 2HP	1	PA

Drug Name		Tier	Requirements/Limits
NUTRITIONAL TX FOR PKU NO.64	GLYTACTIN RTD LITE 15	1	PA
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION			
NUT TX FOR ISOVALERIC ACIDEMIA	I-VALEX-2	1	PA
nut tx for isovaleric acidemia (16.2g-500) (powder) (otc)		1	PA
NUT TX FOR TYROSINEMIA W-IRON	TYR LOPHLEX	1	PA
NUT TX FOR TYROSINEMIA W-IRON	TYREX-2	1	PA
NUT TX FOR TYROSINEMIA W-IRON	TYROS 2	1	PA
nut. tx for propionic acidemia		1	PA
NUT. TX FOR PROPIONIC ACIDEMIA	OA2	1	PA
NUT. TX FOR PROPIONIC ACIDEMIA	OS 2	1	PA
NUT. TX FOR PROPIONIC ACIDEMIA	PROPIMEX-2	1	PA
NUT.GLUC INT,LACT-FREE/FOS/DHA	GLUCO BURST	1	PA
NUT.SOY,LAC-RED/DHA/EPA/FOS/IN	PEPTAMEN BARIATRIC	1	PA
NUT.THERAP.GLUTARIC ACIDURIA 1	GLUTAREX-2	1	PA
nut.therap.glutaric aciduria 1		1	PA
NUT.THERAPY,UREA CYCLE DISORDR	CYCLINEX-2	1	PA
NUT.THERAPY,UREA CYCLE DISORDR	UCD ANAMIX JUNIOR (12 G- 385) (POWDER) (OTC)	1	PA
NUT.THERAPY,UREA CYCLE DISORDR	UCD TRIO	1	PA
NUT.THERAPY,UREA CYCLE DISORDR	WND 2	1	PA
NUT.TX KETOGENIC,MILK-BASE/SOY	KETOCAL 4:1 (14.4 G-701) (POWDER) (OTC)	1	PA
NUT.TX KETOGENIC,MILK-BASE/SOY	KETOCAL 4:1 (3.09 G-150) (LIQUID) (OTC)	1	PA
NUT.TX,ELEMENTAL,LAC-FREE/MCT	XTRACAL PLUS	1	PA
NUT.TX,IMPAIRED RENAL FXN,WHEY	RENA START	1	PA
NUT.TX,METAB.DIS,LEUCINE-FREE	LEU-FREE COOLER	1	PA
NUT.TX,METABOLIC DIS,METHIO-FR	HCU COOLER	1	PA
NUT.TX,METABOLIC DIS,METHIO-FR	HCU LOPHLEX	1	PA
NUT.TX,METABOLIC DIS,METHIO-FR	HOMINEX-2	1	PA
nut.tx,metabolic dis,methio-fr		1	PA
NUT.TX. METABOLIC DISORDER,REG	HCU COOLER	1	PA
NUT.TX. METABOLIC DISORDER,REG	HCU COOLER20	1	PA
NUT.TX. METABOLIC DISORDER,REG	TYR COOLER	1	PA
NUT.TX. METABOLIC DISORDER,REG	TYR COOLER20	1	PA
NUT.TX. METABOLIC DISORDER,SOY	PERATIVE (0.067G-1.3) (LIQUID) (OTC)	1	PA
NUT.TX. METABOLIC DISORDER,SOY	PFD 2	1	PA
nut.tx.comp. immune system,reg	IMPACT ADVANCED RECOVERY	1	PA

Drug Name	Tier	Requirements/Limits
(0.08G-1.4) (LIQUID) (OTC)		
nut.tx.comp.immune sys/soy fib	1	PA
NUT.TX.GLUC INTOL,LF,SOY/FIBER BOOST GLUCOSE CONTROL (0.06 G-1.1) (LIQUID) (OTC)	1	PA
NUT.TX.GLUC INTOL,LF,SOY/FIBER DIABETISOURC E AC	1	PA
nut.tx.gluc intol,lf,soy/fiber (0.07 g-0.8) (liquid) (otc)	1	PA
NUT.TX.IMP.RENAL FXN,LAC-REDUC NEPRO CARB STEADY (0.08 G- 1.8) (LIQUID) (OTC)	1	PA
NUT.TX.IMP.RENAL FXN,LAC-REDUC SUPLENA CARB STEADY (0.04 G- 1.8) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST FXN EO28 SPLASH	1	PA
NUT.TX.IMPAIRED DIGEST FXN LIPISTART	1	PA
NUT.TX.IMPAIRED DIGEST FXN NEOCATE JUNIOR	1	PA
NUT.TX.IMPAIRED DIGEST FXN NEOCATE NUTRA	1	PA
NUT.TX.IMPAIRED DIGEST FXN,SOY VIVONEX RTF (0.05G-1/ML) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST/FIBER NEOCATE JUNIOR WITH PREBIOTICS (16 G-459) (POWDER) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST/FIBER NEOCATE JUNIOR WITH PREBIOTICS (16G-478) (POWDER) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST/FIBER VITAL 1.0 CAL (0.04G-1/ML) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST/FIBER VITAL 1.5 CAL (0.07 G-1.5) (LIQUID) (OTC)	1	PA
NUT.TX.IMPAIRED DIGEST/FIBER VITAL AF 1.2 CAL (0.08 G-1.2) (LIQUID) (OTC)	1	PA
NUT.TX.PULM.DISORD.REG,LAC-FR OXEPA (0.06 G- 1.5) (LIQUID) (OTC)	1	PA

Drug Name		Tier	Requirements/Limits
nut.tx.pulm.disord.soy,lacfree (liquid) (otc)		1	PA
NUTRIT.THERAPY, MSUD WITH IRON	BCAD 2 (24G-410) (POWDER) (OTC)	1	PA
NUTRIT.THERAPY, MSUD WITH IRON	KETONEX-2	1	PA
NUTRIT.THERAPY, MSUD WITH IRON	MSUD COOLER	1	PA
NUTRIT.THERAPY, MSUD WITH IRON	MSUD COOLER20	1	PA
NUTRIT.THERAPY, MSUD WITH IRON	MSUD EXPRESS COOLER	1	PA
NUTRIT.THERAPY, MSUD WITH IRON	MSUD LOPHLEX	1	PA
nutrit.therapy, msud with iron		1	PA
nutritional tx, ketogenic,milk		1	PA
NUTRITIONAL TX, KETOGENIC,WHEY	KETOVOLVE	1	PA
OINTMENT/CREAM BASES			
EMOLLIENT BASE	RADIAGEL	1	
PETROLATUM, YELLOW	PETROLATUM	1	
PETROLATUM,WHITE	PETROLEUM JELLY (JELLY (G)) (OTC)	1	
PETROLATUM,WHITE	VASELINE	1	
PETROLATUM,WHITE	WHITE PETROLEUM	1	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE			
SAPROPTERIN DIHYDROCHLORIDE	KUVAN	2	PA
PROTEIN REPLACEMENT			
amino ac/multivit-min/herb 139		1	
amino acids/rice protein/mv-mn		1	PA
INFANT FORM.IRON LAC-F/DHA/ARA	ELECARE	1	PA
NUT.TX.IMPAIRED DIGEST FXN	ELECARE JR	1	PA
whey		1	PA
SOLVENTS			
ISOPROPYL ALCOHOL	ISOPROPANOL (70 %) (SOLUTION) (OTC)	1	
ISOPROPYL ALCOHOL (70 %) (SOLUTION) (OTC)		1	
ISOPROPYL ALCOHOL (91 %) (SOLUTION) (OTC)		1	
ISOPROPYL ALCOHOL (99 %) (SOLUTION) (OTC)		1	
ISOPROPYL ALCOHOL	ISOPROPYL RUBBING ALCOHOL	1	
ISOPROPYL ALCOHOL	RUBBING ALCOHOL (70 %) (SOLUTION) (OTC)	1	
MINERAL OIL		5	

Drug Name		Tier	Requirements/Limits
MINERAL OIL HEAVY		5	
MINERAL OIL LIGHT		5	
SOMATOSTATIC AGENTS			
octreotide acetate		1	
PASIREOTIDE DIASPARTATE	SIGNIFOR	2	PA
THICKENING AGENTS, ORAL			
CELLULOSE GUM	THIK & CLEAR (PACKET) (OTC)	1	
CELLULOSE GUM	THIK & CLEAR (POWDER) (OTC)	1	
CORN STARCH	RESOURCE THICKENUP (POWDER) (OTC)	1	
CORN STARCH	THICKENUP	1	
STARCH	THICK NOW	1	
STARCH	THICK-IT	1	
STARCH	THICK-IT #2	1	
XANTHAN GUM	SIMPLYTHICK (120G) (GEL PACKET) (OTC)	1	
XANTHAN GUM	SIMPLYTHICK (15 G) (GEL (GRAM)) (OTC)	1	
XANTHAN GUM	SIMPLYTHICK (15 G) (GEL PACKET) (OTC)	1	
XANTHAN GUM	SIMPLYTHICK (15 G) (GEL W/PUMP) (OTC)	1	
XANTHAN GUM	SIMPLYTHICK (240 G) (GEL PACKET) (OTC)	1	
XANTHAN GUM	SIMPLYTHICK (30G) (GEL PACKET) (OTC)	1	
TOPICAL ANTISEPTIC DRYING AGENTS			
formaldehyde		1	
WOUND HEALING AGENTS, LOCAL			
BALSAM PERU/CASTOR OIL	VENELEX (87-788MG/G) (OINT. (G))	1	
OTHER RESPIRATORY DISORDERS			
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS			
PIRFENIDONE	ESBRIET	2	PA
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR			
IVACAFTOR	KALYDECO	2	PA
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.			
LUMACAFTOR/IVACAFTOR	ORKAMBI	2	PA
TEZACAFTOR/IVACAFTOR	SYMDEKO	2	PA

Drug Name	Tier	Requirements/Limits
MUCOLYTICS		
acetylcysteine	MUCOMYST	1
DORNASE ALFA	PULMOZYME	2 PA
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS		
NINTEDANIB ESYLATE	OFEV	2 PA
PAIN MANAGEMENT - ANALGESICS		
ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.		
butalbital/acetaminophen	BUTAPAP	1
ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB		
butalbital/aspirin/caffeine		1
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB		
butalb/acetaminophen/caffeine		1
ANALGESIC/ANTIPYRETICS, SALICYLATES		
aspirin (300 mg) (supp.rect) (otc)		5
aspirin (325 mg) (tablet dr) (otc)		5 QL: 100 PER FILL
aspirin (325 mg) (tablet) (otc)		5 QL: 100 PER FILL
aspirin (600 mg) (supp.rect) (otc)		5
aspirin/calcium carbonate/mag		5
choline salicyl/mag salicylate		1
diflunisal	DOLOBID	1
salsalate	DISALCID	1
ANALGESIC/ANTIPYRETICS, NON-SALICYLATE		
acetaminophen (100 mg/ml) (drops) (otc)		5
acetaminophen (120 mg) (supp.rect) (otc)		5
acetaminophen (160 mg) (tab chew) (otc)		5
acetaminophen (160 mg/5ml) (elixir) (otc)		5
acetaminophen (160 mg/5ml) (liquid) (otc)		5
acetaminophen (160 mg/5ml) (oral susp) (otc)		5
acetaminophen (325 mg) (supp.rect) (otc)		5
acetaminophen (325 mg) (tablet) (otc)		5
acetaminophen (500 mg) (capsule) (otc)		5
acetaminophen (500 mg) (tablet) (otc)		5
acetaminophen (650 mg) (supp.rect) (otc)		5
acetaminophen (80 mg) (tab chew) (otc)		5
acetaminophen (80mg/0.8ml) (drops susp) (otc)		5
acetaminophen (80mg/0.8ml) (drops) (otc)		5
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION		
hydrocodone/ibuprofen	IBUDONE	1
hydrocodone/ibuprofen	VICOPROFEN	1
ibuprofen/oxycodone hcl		1
ANALGESICS, NARCOTICS		
buprenorphine	BUTRANS	1 QL: 4 IN 28 DAYS
buprenorphine hcl		1
butorphanol tartrate	STADOL	1
carisoprodol/aspirin/codeine		1 AGE: >= 12 YEARS
codeine sulfate	CODEINE	1 AGE: >= 12 YEARS

Drug Name	Tier	Requirements/Limits
fentanyl DURAGESIC (100 MCG/HR) (PATCH TD72)	1	PA, QL: 1 IN 3 DAYS
fentanyl DURAGESIC (12 MCG/HR) (PATCH TD72)	1	PA, QL: 1 IN 3 DAYS
fentanyl DURAGESIC (25 MCG/HR) (PATCH TD72)	1	PA, QL: 1 IN 3 DAYS
fentanyl DURAGESIC (50MCG/HR) (PATCH TD72)	1	PA, QL: 1 IN 3 DAYS
fentanyl DURAGESIC (75MCG/HR) (PATCH TD72)	1	PA, QL: 1 IN 3 DAYS
fentanyl citrate ACTIQ	1	PA
hydrocodone/acetaminophen HYCET (7.5- 325/15) (SOLUTION)	1	QL: 180mL IN 1 DAY
hydrocodone/acetaminophen LORTAB (10MG- 325MG) (TABLET)	1	QL: 12 IN 1 DAY
hydrocodone/acetaminophen LORTAB (5 MG- 325MG) (TABLET)	1	QL: 12 IN 1 DAY
hydrocodone/acetaminophen LORTAB (7.5-325 MG) (TABLET)	1	QL: 12 IN 1 DAY
hydrocodone/acetaminophen NORCO	1	QL: 12 IN 1 DAY
hydrocodone/acetaminophen VERDROCET	1	
hydromorphone hcl (0.5mg/.5ml) (syringe)	1	
hydromorphone hcl (1 mg/ml) (ampul)	1	
hydromorphone hcl (1 mg/ml) (liquid)	1	
hydromorphone hcl (1 mg/ml) (syringe)	1	
hydromorphone hcl (12 mg) (tab er 24h)	1	PA, QL: 1 IN 1 DAY
hydromorphone hcl (16 mg) (tab er 24h)	1	PA, QL: 1 IN 1 DAY
hydromorphone hcl (2 mg) (tablet)	1	
hydromorphone hcl (2 mg/ml) (ampul)	1	
hydromorphone hcl (2 mg/ml) (syringe)	1	
hydromorphone hcl (2 mg/ml) (vial)	1	
hydromorphone hcl (3 mg) (supp.rect)	1	
hydromorphone hcl (32 mg) (tab er 24h)	1	PA, QL: 2 IN 1 DAY
hydromorphone hcl (4 mg) (tablet)	1	
hydromorphone hcl (4 mg/ml) (ampul)	1	
hydromorphone hcl (4 mg/ml) (syringe)	1	
hydromorphone hcl (8 mg) (tab er 24h)	1	PA, QL: 1 IN 1 DAY
hydromorphone hcl (8 mg) (tablet)	1	
hydromorphone hcl/pf DILAUDID-HP	1	
levorphanol tartrate LEVO- DROMORAN	1	

Drug Name	Tier	Requirements/Limits
meperidine hcl DEMEROL (10 MG/ML) (CARTRIDGE)	1	
meperidine hcl/pf DEMEROL (100 MG/ML) (VIAL)	1	
meperidine hcl/pf DEMEROL (25 MG/ML) (VIAL)	1	
meperidine hcl/pf DEMEROL (50 MG/ML) (VIAL)	1	
methadone hcl (10 mg) (tablet)	1	ST
methadone hcl (10 mg/5 ml) (solution)	1	ST
methadone hcl (10 mg/ml) (vial)	1	ST
methadone hcl (40 mg) (tablet sol)	1	ST
methadone hcl (5 mg) (tablet)	1	ST
methadone hcl (5 mg/5 ml) (solution)	1	ST
morphine sulfate (10 mg) (supp.rect)	1	
morphine sulfate (10 mg/5 ml) (solution)	1	
morphine sulfate (10 mg/ml) (cartridge)	1	
morphine sulfate (10 mg/ml) (syringe)	1	
morphine sulfate (100 mg) (cap er pel)	1	QL: 2 IN 1 DAY
morphine sulfate (100 mg) (tablet er)	1	QL: 3 IN 1 DAY
morphine sulfate (100 mg/5ml) (solution)	1	
morphine sulfate (10mg/0.7ml) (pen injctr)	1	
morphine sulfate (120 mg) (cpmp 24hr)	1	QL: 2 IN 1 DAY
morphine sulfate (15 mg) (tablet er)	1	QL: 3 IN 1 DAY
MORPHINE SULFATE (15 MG) (TABLET)	2	
morphine sulfate (15 mg/ml) (vial)	1	
morphine sulfate (2 mg/ml) (syringe)	1	
morphine sulfate (20 mg) (cap er pel)	1	QL: 2 IN 1 DAY
morphine sulfate (20 mg) (supp.rect)	1	
morphine sulfate (20 mg/5 ml) (solution)	1	
morphine sulfate (200 mg) (tablet er)	1	QL: 3 IN 1 DAY
morphine sulfate (30 mg) (cap er pel)	1	QL: 2 IN 1 DAY
morphine sulfate (30 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY
morphine sulfate (30 mg) (supp.rect)	1	
morphine sulfate (30 mg) (tablet er)	1	QL: 3 IN 1 DAY
MORPHINE SULFATE (30 MG) (TABLET)	2	
morphine sulfate (4 mg/ml) (cartridge)	1	
morphine sulfate (4 mg/ml) (syringe)	1	
morphine sulfate (45 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY
morphine sulfate (5 mg) (supp.rect)	1	
morphine sulfate (50 mg) (cap er pel)	1	QL: 2 IN 1 DAY
morphine sulfate (60 mg) (cap er pel)	1	QL: 2 IN 1 DAY
morphine sulfate (60 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY
morphine sulfate (60 mg) (tablet er)	1	QL: 3 IN 1 DAY
morphine sulfate (75 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY
morphine sulfate (8 mg/ml) (syringe)	1	
morphine sulfate (8 mg/ml) (vial)	1	
morphine sulfate (80 mg) (cap er pel)	1	QL: 2 IN 1 DAY

Drug Name	Tier	Requirements/Limits	
morphine sulfate (90 mg) (cpmp 24hr)	1	QL: 1 IN 1 DAY	
morphine sulfate/pf (0.5 mg/ml) (ampul)	1		
morphine sulfate/pf (0.5 mg/ml) (vial)	1		
morphine sulfate/pf (1 mg/ml) (vial)	1		
morphine sulfate/pf (150mg/30ml) (pca vial)	1		
morphine sulfate/pf (30 mg/30ml) (pca vial)	1		
nalbuphine hcl	1		
opium/belladonna alkaloids	1		
oxycodone hcl (10 mg) (tab er 12h)	1	QL: 2 IN 1 DAY	
oxycodone hcl (10 mg) (tablet)	1		
oxycodone hcl (15 mg) (tablet)	1		
oxycodone hcl (20 mg) (tab er 12h)	1	QL: 2 IN 1 DAY	
oxycodone hcl (20 mg) (tablet)	1		
oxycodone hcl (20 mg/ml) (oral conc)	1		
oxycodone hcl (30 mg) (tablet)	1		
oxycodone hcl (40 mg) (tab er 12h)	1	QL: 2 IN 1 DAY	
oxycodone hcl (5 mg) (capsule)	1		
oxycodone hcl (5 mg) (tablet)	1		
oxycodone hcl (5 mg/5 ml) (solution)	1		
oxycodone hcl (80 mg) (tab er 12h)	1	QL: 4 IN 1 DAY	
OXYCODONE HCL	OXYCONTIN	2	QL: 2 IN 1 DAY
oxycodone hcl/acetaminophen	PERCOCET	1	QL: 12 IN 1 DAY
oxycodone hcl/aspirin	ENDODAN	1	
oxycodone hcl/aspirin	PERCODAN	1	
oxymorphone hcl	OPANA	1	
oxymorphone hcl	OPANA ER (10 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (15 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (20 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (30 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
oxymorphone hcl	OPANA ER (40 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
oxymorphone hcl	OPANA ER (5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
oxymorphone hcl	OPANA ER (7.5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
pentazocine hcl/naloxone hcl	TALWIN NX	1	
TAPENTADOL HCL	NUCYNTA	2	QL: 6 IN 1 DAY

Drug Name		Tier	Requirements/Limits
TAPENTADOL HCL	NUCYNTA ER	2	QL: 2 IN 1 DAY
tramadol hcl	CONZIP (150 MG) (CPBP 25-75)	1	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
tramadol hcl	RYZOLT	1	AGE: >= 12 YEARS
tramadol hcl	ULTRAM	1	AGE: >= 12 YEARS
tramadol hcl	ULTRAM ER	1	AGE: >= 12 YEARS
tramadol hcl/acetaminophen	ULTRACET	1	AGE: >= 12 YEARS
ANTIMIGRAINE PREPARATIONS			
dihydroergotamine mesylate	D.H.E.45	1	QL: 15mL IN 14 DAYS
dihydroergotamine mesylate	MIGRANAL	1	QL: 8mL IN 28 DAYS
ergotamine tartrate/caffeine	CAFERGOT	1	QL: 10 IN 7 DAYS
isomethept/dichlphn/acetaminop (65-100-325) (capsule)		1	
rizatriptan benzoate		1	QL: 3 IN 5 DAYS
sumatriptan	IMITREX	1	QL: 6 IN 15 DAYS
sumatriptan succinate	IMITREX (100 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (25 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (4 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (4 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (50 MG) (TABLET)	1	QL: 3 IN 5 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS
sumatriptan succinate	IMITREX (6 MG/0.5ML) (VIAL)	1	QL: 1mL IN 14 DAYS
ZOLMITRIPTAN	ZOMIG (2.5 MG) (SPRAY)	2	ST, QL: 12 IN 30 DAYS
ZOLMITRIPTAN	ZOMIG (5 MG) (SPRAY)	2	ST, QL: 6 IN 15 DAYS
NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
butalbit/acetamin/caff/codeine	FIORICET WITH CODEINE	1	AGE: >= 12 YEARS
NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE			
codeine/butalbital/asa/caffein	FIORINAL WITH CODEINE #3	1	AGE: >= 12 YEARS
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
acetaminophen with codeine (120-12mg/5) (solution)		1	AGE: >= 12 YEARS

Drug Name		Tier	Requirements/Limits
acetaminophen with codeine (300mg-15mg) (tablet)		1	AGE: >= 12 YEARS
acetaminophen with codeine (300mg-30mg) (tablet)		1	AGE: >= 12 YEARS
acetaminophen with codeine (300mg-60mg) (tablet)		1	AGE: >= 12 YEARS
ACETAMINOPHEN WITH CODEINE	CAPITAL W-CODEINE	2	AGE: >= 12 YEARS
NARCOTIC WITHDRAWAL THERAPY AGENTS			
buprenorphine hcl (0.3 mg/ml) (syringe)		1	
buprenorphine hcl (0.3 mg/ml) (vial)		1	
buprenorphine hcl (2 mg) (tab subl)		1	QL: 3 IN 1 DAY
buprenorphine hcl (8 mg) (tab subl)		1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL	2	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (12 MG-3 MG) (FILM)	2	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (2 MG-0.5MG) (FILM)	2	QL: 3 IN 1 DAY
buprenorphine hcl/naloxone hcl	SUBOXONE (2 MG-0.5MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (4MG-1MG) (FILM)	2	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	2	QL: 3 IN 1 DAY
buprenorphine hcl/naloxone hcl	SUBOXONE (8 MG-2 MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV	2	QL: 3 IN 1 DAY
PARKINSONS DISEASE			
ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
benztropine mesylate	COGENTIN	4	
trihexyphenidyl hcl	ARTANE	4	
ANTIPARKINSONISM DRUGS,OTHER			
amantadine hcl	SYMMETREL	1	
APOMORPHINE HCL	APOKYN	2	PA, QL: 2mL IN 1 DAY
bromocriptine mesylate	PARLODEL	1	
carbidopa/levodopa	PARCOPA	1	
carbidopa/levodopa	SINEMET 10-100	1	
carbidopa/levodopa	SINEMET 25-100	1	
carbidopa/levodopa	SINEMET 25-250	1	
carbidopa/levodopa	SINEMET CR	1	
carbidopa/levodopa/entacapone	STALEVO 100	1	
carbidopa/levodopa/entacapone	STALEVO 125	1	

Drug Name		Tier	Requirements/Limits
carbidopa/levodopa/entacapone	STALEVO 150	1	
carbidopa/levodopa/entacapone	STALEVO 200	1	
carbidopa/levodopa/entacapone	STALEVO 50	1	
carbidopa/levodopa/entacapone	STALEVO 75	1	
entacapone	COMTAN	1	
pramipexole di-hcl	MIRAPEX	1	
rasagiline mesylate	AZILECT	1	QL: 1 IN 1 DAY
ropinirole hcl	REQUIP	1	
ropinirole hcl	REQUIP XL	1	ST, QL: 1 IN 1 DAY
ROTIGOTINE	NEUPRO	2	ST, QL: 1 IN 1 DAY
selegiline hcl		1	
DECARBOXYLASE INHIBITORS			
carbidopa	LODOSYN	1	
SEIZURE DISORDER			
ANTICONVULSANT - BENZODIAZEPINE TYPE			
CLOBAZAM	ONFI (10 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
CLOBAZAM	ONFI (2.5 MG/ML) (ORAL SUSP)	4	ST, QL: 480mL IN 30 DAYS
CLOBAZAM	ONFI (20 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
clonazepam		4	
CLONAZEPAM	KLONOPIN	4	
DIAZEPAM	DIASTAT	4	QL: 1 PER FILL
DIAZEPAM	DIASTAT ACUDIAL	4	QL: 1 PER FILL
diazepam		4	QL: 1 PER FILL
ANTICONVULSANTS			
carbamazepine (100 mg) (cpmp 12hr)		1	
carbamazepine (100 mg) (tab chew)		4	
carbamazepine (100 mg) (tab er 12h)		4	
carbamazepine (100 mg/5ml) (oral susp)		4	
carbamazepine (200 mg) (cpmp 12hr)		1	
carbamazepine (200 mg) (tab er 12h)		4	
carbamazepine (200 mg) (tablet)		4	
carbamazepine (300 mg) (cpmp 12hr)		4	
carbamazepine (400 mg) (tab er 12h)		4	
CARBAMAZEPINE	CARBATROL (300 MG) (CPMP 12HR)	4	
CARBAMAZEPINE	TEGRETOL XR (100 MG) (TAB ER 12H)	4	
DIVALPROEX SODIUM	DEPAKOTE (250 MG) (TABLET DR)	4	
DIVALPROEX SODIUM	DEPAKOTE (500 MG) (TABLET DR)	4	

Drug Name		Tier	Requirements/Limits
divalproex sodium		4	
ESLICARBAZEPINE ACETATE	APTIOM (200 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (400 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (600 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (800 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
ethosuximide		4	
ETHOSUXIMIDE	ZARONTIN	4	
ETHOTOIN	PEGANONE	4	
felbamate (400 mg) (tablet)		4	ST, QL: 9 IN 1 DAY
felbamate (600 mg) (tablet)		4	ST, QL: 6 IN 1 DAY
felbamate (600 mg/5ml) (oral susp)		4	ST, QL: 30mL IN 1 DAY
gabapentin (100 mg) (capsule)		4	
gabapentin (250 mg/5ml) (solution)		4	
gabapentin (300 mg) (capsule)		4	
gabapentin (300 mg/6ml) (solution)		4	
gabapentin (400 mg) (capsule)		4	
gabapentin (600 mg) (tablet)		4	
gabapentin (800 mg) (tablet)		4	
LACOSAMIDE	VIMPAT (10 MG/ML) (SOLUTION)	4	ST, QL: 1200mL IN 30 DAYS
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (150 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (200 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL	4	
LAMOTRIGINE	LAMICTAL (BLUE)	4	
LAMOTRIGINE	LAMICTAL (GREEN)	4	
LAMOTRIGINE	LAMICTAL (ORANGE)	4	
LAMOTRIGINE	LAMICTAL ODT (100 MG) (TAB RAPDIS)	4	ST, QL: 3 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (200 MG) (TAB RAPDIS)	4	ST, QL: 2 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (25 MG) (TAB RAPDIS)	4	ST, QL: 6 IN 1 DAY

Drug Name		Tier	Requirements/Limits
LAMOTRIGINE	LAMICTAL ODT (50 MG) (TAB RAPDIS)	4	ST, QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL ODT (BLUE)	4	ST
LAMOTRIGINE	LAMICTAL ODT (GREEN)	4	ST
LAMOTRIGINE	LAMICTAL ODT (ORANGE)	4	ST
LAMOTRIGINE	LAMICTAL XR (BLUE)	4	ST
LAMOTRIGINE	LAMICTAL XR (GREEN)	4	ST
LAMOTRIGINE	LAMICTAL XR (ORANGE)	4	ST
lamotrigine (100 mg) (tab er 24)		4	ST, QL: 3 IN 1 DAY
lamotrigine (100 mg) (tab rapdis)		4	ST, QL: 3 IN 1 DAY
lamotrigine (100 mg) (tablet)		4	
lamotrigine (150 mg) (tablet)		4	
lamotrigine (200 mg) (tab er 24)		4	ST, QL: 2 IN 1 DAY
lamotrigine (200 mg) (tab rapdis)		4	ST, QL: 2 IN 1 DAY
lamotrigine (200 mg) (tablet)		4	
lamotrigine (25 mg) (tab er 24)		4	ST, QL: 6 IN 1 DAY
lamotrigine (25 mg) (tab rapdis)		4	ST, QL: 6 IN 1 DAY
lamotrigine (25 mg) (tablet)		4	
lamotrigine (25 mg) (tb chw dsp)		4	
lamotrigine (25(21)-50) (tb rd dspk)		4	ST
lamotrigine (25(42)-100) (tab ds pk)		4	
lamotrigine (25(84)-100) (tab ds pk)		4	
lamotrigine (250 mg) (tab er 24)		4	ST, QL: 2 IN 1 DAY
lamotrigine (25-50-100) (tb rd dspk)		4	ST
lamotrigine (25mg (35)) (tab ds pk)		4	
lamotrigine (300 mg) (tab er 24)		4	ST, QL: 2 IN 1 DAY
lamotrigine (5 mg) (tb chw dsp)		4	
lamotrigine (50 mg) (tab er 24)		4	ST, QL: 6 IN 1 DAY
lamotrigine (50 mg) (tab rapdis)		4	ST, QL: 6 IN 1 DAY
lamotrigine (50(42)-100) (tb rd dspk)		4	ST
LEVETIRACETAM	KEPPRA	4	
LEVETIRACETAM	KEPPRA XR	4	
levetiracetam		4	
LEVETIRACETAM	ROWEEPRA	4	
LEVETIRACETAM	ROWEEPRA XR	4	
METHSUXIMIDE	CELONTIN	4	
oxcarbazepine		4	
OXCARBAZEPINE	OXTELLAR XR (150 MG) (TAB ER 24H)	4	ST, QL: 1 IN 1 DAY
OXCARBAZEPINE	OXTELLAR XR (300 MG) (TAB ER 24H)	4	ST, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
OXCARBAZEPINE	OXTELLAR XR (600 MG) (TABLET) ER 24H)	4	ST, QL: 4 IN 1 DAY
OXCARBAZEPINE	TRILEPTAL	4	
PERAMPANEL	FYCOMPA (10 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (12 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (2 MG) (TABLET)	4	ST, QL: 4 IN 1 DAY
PERAMPANEL	FYCOMPA (4 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (6 MG) (TABLET)	4	ST, QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (8 MG) (TABLET)	4	ST, QL: 1 IN 1 DAY
PHENYTOIN	DILANTIN	4	
PHENYTOIN	DILANTIN-125	4	
phenytoin		4	
PHENYTOIN SODIUM EXTENDED	DILANTIN	4	
PHENYTOIN SODIUM EXTENDED	PHENYTEK	4	
phenytoin sodium extended		4	
PREGABALIN	LYRICA	4	
PRIMIDONE	MYSOLINE	4	
primidone		4	
RUFINAMIDE	BANZEL (200 MG) (TABLET)	4	ST, QL: 16 IN 1 DAY
RUFINAMIDE	BANZEL (40 MG/ML) (ORAL SUSP)	4	ST, QL: 80mL IN 1 DAY
RUFINAMIDE	BANZEL (400 MG) (TABLET)	4	ST, QL: 8 IN 1 DAY
TIAGABINE HCL	GABITRIL (12 MG) (TABLET)	4	ST, QL: 4 IN 1 DAY
TIAGABINE HCL	GABITRIL (16 MG) (TABLET)	4	ST, QL: 3 IN 1 DAY
TIAGABINE HCL	GABITRIL (2 MG) (TABLET)	4	ST, QL: 4 IN 1 DAY
TIAGABINE HCL	GABITRIL (4 MG) (TABLET)	4	ST, QL: 4 IN 1 DAY
tiagabine hcl (12 mg) (tablet)		4	ST, QL: 4 IN 1 DAY
tiagabine hcl (16 mg) (tablet)		4	ST, QL: 3 IN 1 DAY
tiagabine hcl (2 mg) (tablet)		4	ST, QL: 4 IN 1 DAY
tiagabine hcl (4 mg) (tablet)		4	ST, QL: 4 IN 1 DAY
TOPIRAMATE	QUDEXY XR (100 MG) (CAP SPR 24)	4	ST, QL: 1 IN 1 DAY
TOPIRAMATE	QUDEXY XR (150 MG) (CAP SPR 24)	4	ST, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
TOPIRAMATE	QUDEXY XR (200 MG) (CAP SPR 24)	4	ST, QL: 2 IN 1 DAY
TOPIRAMATE	QUDEXY XR (25 MG) (CAP SPR 24)	4	ST, QL: 1 IN 1 DAY
TOPIRAMATE	QUDEXY XR (50 MG) (CAP SPR 24)	4	ST, QL: 1 IN 1 DAY
TOPIRAMATE	TOPAMAX	4	
topiramate (100 mg) (cap spr 24)		4	ST, QL: 1 IN 1 DAY
topiramate (100 mg) (tablet)		4	
topiramate (15 mg) (cap sprink)		4	
topiramate (150 mg) (cap spr 24)		4	ST, QL: 2 IN 1 DAY
topiramate (200 mg) (cap spr 24)		4	ST, QL: 2 IN 1 DAY
topiramate (200 mg) (tablet)		4	
topiramate (25 mg) (cap spr 24)		4	ST, QL: 1 IN 1 DAY
topiramate (25 mg) (cap sprink)		4	
topiramate (25 mg) (tablet)		4	
topiramate (50 mg) (cap spr 24)		4	ST, QL: 1 IN 1 DAY
topiramate (50 mg) (tablet)		4	
TOPIRAMATE	TROKENDI XR (100 MG) (CAP ER 24H)	4	ST, QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (200 MG) (CAP ER 24H)	4	ST, QL: 2 IN 1 DAY
TOPIRAMATE	TROKENDI XR (25 MG) (CAP ER 24H)	4	ST, QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (50 MG) (CAP ER 24H)	4	ST, QL: 1 IN 1 DAY
valproic acid		4	
valproic acid (as sodium salt)		4	
vigabatrin	SABRIL	4	QL: 6 IN 1 DAY
VIGABATRIN	SABRIL	4	QL: 6 IN 1 DAY
ZONISAMIDE	ZONEGRAN	4	
zonisamide		4	
SKELETAL MUSCLE DISORDER			
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH			
DICHLORPHENAMIDE	KEVEYIS	2	PA
SKELETAL MUSCLE RELAXANTS			
baclofen		1	
carisoprodol	SOMA	1	QL: 4 IN 1 DAY
carisoprodol/aspirin	SOMA COMPOUND	1	
chlorzoxazone (500 mg) (tablet)		1	
cyclobenzaprine hcl	FEXMID	1	
cyclobenzaprine hcl	FLEXERIL	1	

Drug Name		Tier	Requirements/Limits
dantrolene sodium	DANTRIUM	1	
methocarbamol	ROBAXIN	1	
methocarbamol	ROBAXIN-750	1	
orphenadrine citrate	NORFLEX	1	
tizanidine hcl	ZANAFLEX (2 MG) (TABLET)	1	
tizanidine hcl	ZANAFLEX (4 MG) (TABLET)	1	
SMOKING CESSATION			
SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
nicotine	NICODERM CQ	5	
NICOTINE PATCH		5	
NICOTINE	NICOTROL	2	QL: 1008 IN 90 DAYS
NICOTINE	NICOTROL NS	2	QL: 160mL IN 90 DAYS
nicotine polacrilex	NICORETTE	5	
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
VARENICLINE TARTRATE	CHANTIX	4	QL: 2 IN 1 DAY
SMOKING DETERRENTS, OTHER			
bupropion hcl	ZYBAN	4	
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE			
ANTIPLATULENTS			
simethicone (125 mg) (capsule) (otc)		5	
GASTRIC ENZYMES			
SACROSIDASE	SUCRAID	2	PA
PANCREATIC ENZYMES			
LIPASE/PROTEASE/AMYLASE	CREON	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (10-32-42K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (15-47-63K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (20-63-84K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (25-79-105K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (25-85-136K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (40-126-168) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (5K-17K-24K) (CAPSULE DR)	2	
LIPASE/PROTEASE/AMYLASE	ZENPEP (5K-17K-27K) (CAPSULE DR)	2	

Drug Name	Tier	Requirements/Limits
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE		
ANTICHOLINERGICS/ANTISPASMODICS		
dicyclomine hcl	1	
BELLADONNA ALKALOIDS		
hyoscyamine sulfate	HYOSYNE	1
hyoscyamine sulfate	LEVBID	1
hyoscyamine sulfate	LEVSIN	1
hyoscyamine sulfate	LEVSIN-SL	1
hyoscyamine sulfate	NULEV	1
hyoscyamine sulfate	SYMAX	1
hyoscyamine sulfate	SYMAX-SL	1
hyoscyamine sulfate	SYMAX-SR	1
methscopolamine bromide	PAMINE	1
methscopolamine bromide	PAMINE FORTE	1
PHENOBARB/HYOSCY/ATROPINE/SCOP	DONNATAL (16.2 MG) (TABLET)	2
phenobarb/hyoscy/atropine/scop		1
PHENOBARB/HYOSCY/ATROPINE/SCOP	PHENOHYTRO	2
EMETICS		
ipecac	1	
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE		
ANTACIDS		
aluminum hydroxide		5
calcium carb/magnesium hydrox (700-300mg) (tab chew) (otc)		5
calcium carbonate (200(500)mg) (tab chew) (otc)		5
calcium carbonate (215(500)mg) (tab chew) (otc)		5
calcium carbonate (260mg(648)) (tablet) (otc)		5
calcium carbonate (300mg(750)) (tab chew) (otc)		5
calcium carbonate (320mg(750)) (tab chew) (otc)		5
calcium carbonate (400(1000)) (tab chew) (otc)		5
MAG CARB/ALUMINUM HYDROX/ALGIN	GAVISCON	5
mag carb/aluminum hydrox/algin		5
mag hydrox/aluminum hyd/simeth (200-200-20) (oral susp) (otc)		5
mag hydrox/aluminum hyd/simeth (200-200-25) (tab chew) (otc)		5
mag hydrox/aluminum hyd/simeth (400-400-40) (oral susp) (otc)		5
mag/aluminum/sod bicarb/alginc		5
magnesium carb/aluminum hydrox	GAVISCON	5
sodium bicarbonate (650 mg) (tablet) (otc)		5

Drug Name		Tier	Requirements/Limits
ANTICHOLINERGICS, QUATERNARY AMMONIUM			
chlordiazepoxide/clidinium br	LIBRAX (5 MG-2.5MG) (CAPSULE)	1	
glycopyrrolate	ROBINUL	1	
glycopyrrolate	ROBINUL FORTE	1	
propantheline bromide	PRO-BANTHINE	1	
ANTI-ULCER PREPARATIONS			
misoprostol	CYTOTEC	1	
sucralfate	CARAFATE (1 G) (TABLET)	1	
SUCRALFATE	CARAFATE (1 G/10 ML) (ORAL SUSP)	2	
ANTI-ULCER-H.PYLORI AGENTS			
lansoprazole/amoxiciln/clarith	PREVPAC	1	QL: 112 IN 10 DAYS
HISTAMINE H2-RECEPTOR INHIBITORS			
cimetidine	TAGAMET	1	
cimetidine	TAGAMET HB	5	
cimetidine hcl	TAGAMET	1	
famotidine	PEPCID (20 MG) (TABLET)	1	
famotidine	PEPCID (40 MG) (TABLET)	1	
famotidine	PEPCID AC	5	
nizatidine	AXID	1	
ranitidine hcl	ZANTAC (15 MG/ML) (SYRUP)	1	
ranitidine hcl	ZANTAC (150 MG) (CAPSULE)	1	
ranitidine hcl	ZANTAC (150 MG) (TABLET)	1	
ranitidine hcl	ZANTAC (150 MG) (TABLET) (OTC)	5	
ranitidine hcl	ZANTAC (300 MG) (CAPSULE)	1	
ranitidine hcl	ZANTAC (300 MG) (TABLET)	1	
ranitidine hcl	ZANTAC 75	5	
INTESTINAL MOTILITY STIMULANTS			
metoclopramide hcl	REGLAN	1	
PROTON-PUMP INHIBITORS			
ESOMEPRAZOLE MAGNESIUM	NEXIUM (10 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ESOMEPRAZOLE MAGNESIUM	NEXIUM (2.5 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
esomeprazole magnesium	NEXIUM (20 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (20 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
esomeprazole magnesium	NEXIUM (40 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (40 MG) (SUSPDR PKT)	2	ST, QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (5 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
esomeprazole magnesium	NEXIUM 24HR (20 MG) (CAPSULE DR) (OTC)	1	QL: 1 IN 1 DAY
lansoprazole	PREVACID (15 MG) (CAPSULE DR)	1	
lansoprazole	PREVACID (15 MG) (TAB RAP DR)	1	ST
lansoprazole	PREVACID (30 MG) (CAPSULE DR)	1	
lansoprazole	PREVACID (30 MG) (TAB RAP DR)	1	ST
lansoprazole	PREVACID 24HR	1	
omeprazole	PRILOSEC (10 MG) (CAPSULE DR)	1	
omeprazole	PRILOSEC (20 MG) (CAPSULE DR)	1	
omeprazole	PRILOSEC (20 MG) (TABLET DR) (OTC)	5	
omeprazole	PRILOSEC (40 MG) (CAPSULE DR)	1	
pantoprazole sodium		1	
rabeprazole sodium	ACIPHES	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
URINARY TRACT - FUNCTIONAL DISORDERS			
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
alfuzosin hcl	UROXATRAL	1	
dutasteride	AVODART	1	
finasteride	PROSCAR	1	
tamsulosin hcl	FLOMAX	1	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB			
dutasteride/tamsulosin hcl	JALYN	1	ST
KIDNEY STONE AGENTS			
CYSTEAMINE BITARTRATE	PROCYSBI	2	PA
URINARY PH MODIFIERS			
citric acid/sodium citrate	CYTRA-2	1	
potassium citrate	UROCIT-K	1	
potassium citrate/citric acid	CYTRA-K	1	
sod phos di, mono/k phos mono		1	
sod/pot/k cit/sod cit/cit acid	CYTRA-3	1	
sod/pot/k cit/sod cit/cit acid	TRICITRATES	1	
URINARY TRACT ANALGESIC AGENTS			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2	
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
phenazopyridine hcl	PYRIDIUM	1	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
SOLIFENACIN SUCCINATE	VESICARE	2	ST
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
FESOTERODINE FUMARATE	TOVIAZ	2	ST
flavoxate hcl	URISPAS	1	
oxybutynin chloride	DITROPAN	1	
oxybutynin chloride	DITROPAN XL	1	
tolterodine tartrate	DETROL	1	ST
VAGINAL DISORDERS			
VAGINAL ANTIBIOTICS			
clindamycin phosphate	CLEOCIN (2 %) (CREAM/APPL)	1	
metronidazole	METROGEL- VAGINAL	1	
VAGINAL ANTIFUNGALS			
BUTOCONAZOLE NITRATE	GYNAZOLE 1	2	
clotrimazole	GYNE- LOTRIMIN-7	5	
miconazole nitrate (100 mg) (supp.vag) (otc)		5	
miconazole nitrate (200 mg) (supp.vag)		1	
miconazole nitrate (200 mg-2 %) (cmb pf crm) (otc)		5	
miconazole nitrate (200 mg-2 %) (kit) (otc)		5	
MICONAZOLE NITRATE	MONISTAT 3 (200 MG-2 %) (CMB PF CRM) (OTC)	5	

Drug Name	Tier	Requirements/Limits
MICONAZOLE NITRATE MONISTAT 3 (200 MG-2 %) (KIT) (OTC)	5	
miconazole/cleanser 17 on wipe (200 mg-2 %) (kit) (otc)	5	
terconazole TERAZOL 3	1	
terconazole TERAZOL 7	1	
VAGINAL ESTROGEN PREPARATIONS		
estradiol ESTRACE	1	
estradiol VAGIFEM	1	
ESTROGENS, CONJUGATED PREMARIN	2	
VAGINAL SULFONAMIDES		
SULFANILAMIDE AVC	2	
VITAMIN AND/OR MINERAL DEFICIENCY		
ANTIOXIDANT MULTIVITAMIN COMBINATIONS		
vit a/vit c/vit e/zinc/copper (7160-113) (tablet) (otc)	5	
vits a,c,e/lutein/minerals	5	
vits a,c,e/zinc/copper	5	
CALCIUM REPLACEMENT		
calcium carb, gluconate/vit d2	5	
CALCIUM CARB, GLUCONATE/VIT D2 PARVA-CAL 500	5	
calcium carbonate (600 mg) (tablet) (otc)	5	
calcium carbonate/vitamin d2	5	
calcium carbonate/vitamin d3 (250 mg-125) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (500 mg-200) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (500 mg-400) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (500 mg-600) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (600 mg-200) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (600 mg-400) (tablet) (otc)	5	
calcium carbonate/vitamin d3 (600 mg-800) (tablet) (otc)	5	
calcium citrate (200(950)mg) (tablet) (otc)	5	
calcium gluconate (45(500) mg) (tablet) (otc)	5	
calcium gluconate (61(648) mg) (tablet) (otc)	5	
calcium/mag/d3/b12/fa/b6/boron	1	
calcium/multivitamin with iron	5	
FLUORIDE PREPARATIONS		
fluoride (sodium) (0.25(0.55)) (tab chew)	1	AG: <= 6 YEARS TIER 4
fluoride (sodium) (0.5 mg/ml) (drops)	1	AG: <= 6 YEARS TIER 4
fluoride (sodium) (0.5(1.1)mg) (tab chew)	1	AG: <= 6 YEARS TIER 4
fluoride (sodium) (1.1 %) (cream (g))	1	

Drug Name	Tier	Requirements/Limits
fluoride (sodium) (1.1 %) (gel (gram))	1	
fluoride (sodium) (1mg(2.2mg)) (tab chew)	1	AG: <= 6 YEARS TIER 4
FLUORIDE (SODIUM) FLURA-DROPS	2	
stannous fluoride	1	
FOLIC ACID PREPARATIONS		
folic acid (0.4 mg) (tablet) (otc)	5	AG: < 21 YEARS TIER 4; PREGNANT FEMALE <= 55 YEARS TIER 4, QL: 100 PER FILL
folic acid (0.8 mg) (tablet) (otc)	5	AG: < 21 YEARS TIER 4; PREGNANT FEMALE <= 55 YEARS TIER 4, QL: 100 PER FILL
folic acid (1 mg) (tablet)	1	
folic acid (1 mg) (tablet) (otc)	1	
folic acid (5 mg/ml) (vial)	1	
multivit-min/fa/lycopen/lutein BIOCEL	5	
GERIATRIC VITAMIN PREPARATIONS		
b1,b2,b3,b6,b12/dexpan/zn/mang	5	
multivit with iron,minerals (tablet) (otc)	5	
multivit with minerals/lutein	5	
multivit-min/fa/lycopen/lutein	5	
multivit-min36/iron/folic acid	5	
IRON REPLACEMENT		
ferrous fum/vit c/b12/stomc	1	
ferrous fum/vit c/b12-if/folic	1	
ferrous fumarate (324(106)mg) (tablet) (otc)	5	
ferrous fumarate (325(106)mg) (tablet) (otc)	5	
ferrous fumarate/folic acid HEMOCYTE-F	1	
ferrous gluconate (240(27)mg) (tablet) (otc)	5	
ferrous gluconate (256(28)mg) (tablet) (otc)	5	
ferrous gluconate (324(36)mg) (tablet) (otc)	5	
ferrous gluconate (324(37.5)) (tablet) (otc)	5	
ferrous gluconate (324(38)mg) (tablet) (otc)	5	
ferrous sulfate (15 mg/ml) (drops) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (220 (44)/5) (elixir) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (220 (44)/5) (solution) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (300 mg/5ml) (liquid) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (324(65)mg) (tablet dr) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (325(65) mg) (tablet dr) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate (325(65) mg) (tablet) (otc)	5	AG: <=1 YEAR TIER 4
ferrous sulfate/vit c/folic ac	1	
iron aspgly,ps/c/b12/fa/ca/suc	1	
iron aspgly,ps/c/succinic acid	1	
iron aspgly/c/b12/fa/ca-th/suc	1	
iron bg,ps/vitc/b12/fa/calcium	1	

Drug Name		Tier	Requirements/Limits
iron fm,ps no.1/folic/mv no.18	PUREVIT DUALFE PLUS	1	
iron fm,ps no.1/folic/mv no.18	TANDEM PLUS	1	
iron fum,ag/c/b12/folic/ca/suc		1	
iron fum,ps/folic acid/vitc/b3	INTEGRA F	1	
iron fum,ps/folic/bcomp,c no.9	INTEGRA PLUS	1	
iron fum/docusat/folic/bcomp,c		1	
iron fumarate/vit c/vit b12/fa		1	
iron polysac/iron heme/fa/b12	BIFERA RX	1	
iron polysaccharide complex (150 mg) (capsule) (otc)		5	
iron ps complex/b12/folic acid		1	
IRON,CARB/FOLATE6/MV,MIN NO.41	CORVITE 150	2	
iron,carb/vit c/vit b12/folic		1	
iron/c/b12/calciu/stomach conc		1	
iron/c/folic acid/mv cmb11/calc		1	
iron/calcium/e/folic acid/mvit		1	
iron/folic ac/vit bcomp,c/min		1	
iron/folic acid/b12/c/docusate		1	
iron/folic acid/c/b6/b12/zinc	CORVITE 150	1	
iron/liver ext/vit bcomp,c/min		5	
iron/mv,stress form		5	
vit b comp/c/fa/iron sulf/vite		5	
vit b comp/c/folic/iron/vit e		5	
MAGNESIUM SALTS REPLACEMENT			
magnesium (250 mg) (tablet) (otc)		5	
magnesium chloride (64 mg) (tablet dr) (otc)		5	
magnesium chloride (70 mg) (tablet dr) (otc)		5	
magnesium chloride (71.5 mg) (tablet dr) (otc)		5	
magnesium oxide (250 mg) (tablet) (otc)		5	
magnesium oxide (400 mg) (tablet) (otc)		5	
magnesium oxide (420 mg) (tablet) (otc)		5	
magnesium oxide (500 mg) (tablet) (otc)		5	
MINERAL REPLACEMENT,MISCELLANEOUS			
MINERALS/PROTEIN SUPPLEMENT	PROVIMIN	1	
MULTIVITAMIN PREPARATIONS			
a/c/e/zinc/sod selenate/copper		5	
amino acids/mv,tx,iron,mineral	PROTECT PLUS (LIQUID) (OTC)	1	
b-complex with vitamin c (capsule) (otc)		1	
b-complex with vitamin c (tablet) (otc)		5	
beta-carotene(a)-vits c,e/mins		5	
cal/mag/b comp/vit d3/hrb61		5	
fa/mv,ca,iron,min/lycopene/lut		5	
ferrous fum/folic acid/bcomp,c		1	
folic acid/multivit,iron,miner		5	

Drug Name		Tier	Requirements/Limits
folic acid/mv,iron,min/lutein		5	
multivit with calcium,iron,min		5	
multivit with iron,hematinic		5	
multivit with iron,minerals (tablet) (otc)		5	
multivit,calc,mins/iron/folic (27mg-400) (tablet) (otc)		5	
multivit,calc,mins/iron/folic (450-18-0.4) (tablet) (otc)		5	
multivit,calc,mins/iron/folic (500-18-0.4) (tablet) (otc)		5	
multivit,calc,mins/iron/folic (9mg-400mcg) (tablet) (otc)		5	
multivit,iron,min 5/folic acid		1	
multivit,iron,minerals/lutein		5	
MULTIVIT,IRON,MINS/FOLIC ACID	CENTRUM SPECIALIST HEART	5	
multivit,iron,mins/folic acid	CENTURY CARDIO	5	
multivit,stress formula/zinc	STRESS FORMULA WITH ZINC	5	
multivit,tx with iron,minerals		5	
multivit/iron/folic acid/hb179		5	
multivitamin (liquid) (otc)		5	
multivitamin (tab chew) (otc)		5	
multivitamin (tablet) (otc)		5	
multivitamin with folic acid (400 mcg) (tablet) (otc)		5	
multivitamin with iron		5	
multivitamin with minerals (capsule) (otc)		5	
multivitamin with minerals (tablet) (otc)		5	
multivitamin,stress formula		5	
multivitamin,ther and minerals (tablet) (otc)		5	
multivitamin,therapeutic		5	
multivitamin/iron/folic acid		5	
MULTIVIT-MIN/FA/LUTEIN/ZEAXANT	ICAPS MV	5	
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	CENTRUM SILVER MEN	5	
multivit-min/fa/lycopen/lutein		5	
multivit-min/folic acid/vit k1		5	
multivit-min/folic/vit k/lycop (400-300mcg) (tablet) (otc)		5	
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	ONE-A-DAY MEN'S	5	
multivit-min/iron/fa/p.ginseng		5	
MULTIVIT-MIN/IRON/FOLIC/LUTEIN	CENTRUM SILVER WOMEN	5	
multivit-min/iron/folic/lutein		5	

Drug Name	Tier	Requirements/Limits
multivit-minerals/fa/lycopene (0.4 mg-600) (tablet) (otc)	5	
multivit-minerals/ferrous gluc (9 mg/15 ml) (liquid) (otc)	5	
multivit-minerals/folic acid (0.4 mg) (tablet) (otc)	5	
multivit-minerals/folic/ginkgo	ONE DAILY	5
MULTIVIT-MINS 53/FOLIC/K/COQ10	DEKAS PLUS	5
MULTIVIT-MINS 56/FOLIC/K/COQ10	DEKAS PLUS	5
multivit-mins no.20/iron/folic		1
multivit-mins no.7/folic acid		1
multivit-mins/iron/folic/lycop	CENTRUM MEN	5
multivit-mins/iron/folic/lycop	CENTRUM ULTRA MEN'S	5
mv,ca,min/iron/fa/guarana/caff	ONE-A-DAY WOMEN'S	5
mv,cal,min/iron/folic acid/lut		5
mv,calcium,min/iron/folic/vitk		5
mv,iron,min/ginkgo/pan.ginseng		5
m-vit,tx,iron,mins/calc/folic		5
mv-min/iron/folic ac/vit k/lut		5
mv-mins/folic/lycopene/ginkgo		5
mv-mn/folic acid/lutein/hrb178		5
om-3/dha/epa/b12/fa/b6/phytost	ANIMI-3	1
omeg3/calcium/d3/folic/mvit 13		1
PEDI MULTIVIT 40/PHYTONADIONE	AQUADEKS	5
VIT A/D3/TOCOPHERSOLAN/VIT K	DEKAS ESSENTIAL	5
vit a/vit c/vit e/zinc/copper		5
vit a/vit d3/e/tocophersolan/k		5
vits a,c,e/lutein/minerals		5
PEDIATRIC VITAMIN PREPARATIONS		
fluoride/iron/vitamins a,c,d		1
multivit with iron,minerals (liquid) (otc)		5
multivitamin		5
multivitamin with iron		5
ped mvit a,c,d3 no.21/fluoride		1
pedi multivit 45/fluoride/iron		1
pedi multivit 75/fluoride/iron		1
pedi multivit 84 with fluoride		1
pedi multivit no.12 w-fluoride		1
PEDI MULTIVIT NO.128/VITAMIN K	DEKAS PLUS	5
pedi multivit no.16 w-fluoride		1
pedi multivit no.17 w-fluoride		1
pedi multivit no.2 w-fluoride		1
pedi multivit no.82 w-fluoride		1
pedi multivit no.83 w-fluoride		1
pedi mv no.79/ferrous fumarate		5

Drug Name		Tier	Requirements/Limits
PEDI MV NO.80/FERROUS SULFATE	POLY-VI-SOL WITH IRON	5	
pediatric multivit no.36/iron		5	
PEDIATRIC MULTIVITAMIN NO.81	PEDIA POLY-VITE	5	
PEDIATRIC MULTIVITAMIN NO.81	POLY-VI-SOL	5	
vit a palmitate/vit c/vit d3		5	
PRENATAL VITAMIN PREPARATIONS			
pnv 11/iron fum/folic acid/om3		1	
pnv 15/iron fum,ps/folic acid	CONCEPT OB	1	
pnv 16/iron fum,ps/folic/om-3	CONCEPT DHA	1	
pnv 19/iron ps,heme/folic/dha	PREFERA-OB ONE	1	
pnv 21/iron ps,heme ppep/folic	PREFERA OB	1	
pnv 39/iron/folic/docusate/dha		1	
pnv 66/iron/folic/docusate/dha		1	
pnv 69/iron/folic/docusate/dha		1	
pnv 80/iron fum/folic/dss/dha	NEXA SELECT	1	
pnv no.118/iron fumarate/fa		1	
pnv no.5/ferrous fum/folic ac		1	
pnv no.66/iron,carb/folic/dha	ACTIVE OB	1	
pnv no.95/ferrous fum/folic ac (28mg-0.8mg) (tablet) (otc)		5	
pnv, calcium 62/iron/folic/dha		1	
pnv, calcium 70/iron/folic/dha	NATELLE ONE	1	
pnv,calcium 72/iron,carb/folic		1	
pnv,calcium 72/iron/folic acid		1	
pnv,calcium37/iron/folic/omeg3		1	
pnv/ferrous fum/docusate/folic		1	
pnv/ferrous fum/folic acid/sel		1	
pnv/iron,carb/docusat/folic ac		1	
pnv119/iron fum/folic/docusate		1	
pnv19/iron bg,s.p/folic ac/om3		1	
pnv81/iron edta,ps/folic/omeg3		1	
prenat 115/iron fum/folic/dss		1	
prenat vit 17/iron/folic/om3,6		1	
prenatal 12/iron/folic/dss/om3	OBTREX DHA	1	
prenatal 34/iron/folic/dss/dha	CITRANATAL HARMONY	1	
prenatal 47/iron/folate 1/dha		1	
prenatal 53/iron/folic ac/omg3		1	
prenatal 54/iron/folic ac/omg3		1	
prenatal 57/iron/folic/dss/dha		1	
prenatal 59/iron/folic/dss/dha	CITRANATAL HARMONY	1	
prenatal 68/iron/folic no1/dha		1	
prenatal 87/iron bis/folic/dha	NESTABS DHA	1	
prenatal comb no.42/folic acid	VITAMEDMD REDICHEW RX	1	

Drug Name	Tier	Requirements/Limits
prenatal no.52/iron/fa/dha	1	
prenatal no.75/iron/folate no1	1	
prenatal no115/iron/folic acid	1	
prenatal no13/iron ps/folate 1	1	
prenatal no4/iron fum,ps/folic	1	
prenatal vit 10/iron/folic/dha	1	
prenatal vit 14/iron fum/folic	1	
prenatal vit 55/iron/folic/om3	1	
prenatal vit 7/iron/folic/dha	1	
prenatal vit no.109/iron/fa	1	
prenatal vit no.127/iron/folic	1	
prenatal vit no.129/iron/folic	5	
prenatal vit,cal 73/iron/folic	1	
prenatal vit,cal 74/iron/folic	1	
prenatal vit,calc76/iron/folic	1	
prenatal vit,calc78/iron/folic	1	
prenatal vit/iron bisgly/folic	1	
prenatal vit/iron fum/folic ac (27mg-0.8mg) (tablet) (otc)	5	
prenatal vit/iron fum/folic ac (28mg-0.8mg) (tablet) (otc)	5	
prenatal vit/iron fum/folic ac (65 mg-1 mg) (capsule)	1	
prenatal vit/iron fum/folic ac (65 mg-1 mg) (tablet)	1	
prenatal vit/iron fum/folic ac (66-1mg) (tablet)	1	
prenatal vit100/iron/folic/om3	1	
prenatal vit22/iron/folic/om3s	PREFERA-OB PLUS DHA	1
prenatal vit27,calcium/iron/fa	TRINATAL RX 1	1
prenatal vit86/iron/folic acid	NESTABS	1
prenatal vits 4/iron fum/folic		1
prenatal vits/iron/folic acid		1
prenatal vits15/iron/folic/dss		1
prenatal vits16/iron/folic/dss		1
prenatal vits18/iron/folic/dss		1
prenatal vits96/iron fum/folic		5
prenatal,calc no.65/iron/folic		1
prenatal,calc.40/iron/folate 1		1
prenatal64/iron/lmfolate/algal	NEEVODHA	1
PRENATAL VITAMINS WITHOUT IRON		
pnv/folic ac/b6/calcium/ginger	B-NEXA	1
VITAMIN A PREPARATIONS		
vitamin a (10000 unit) (capsule) (otc)		5
vitamin a (8000 unit) (capsule) (otc)		5
VITAMIN B PREPARATIONS		
b cmplx 4/vit d3/c/folic/zinc		1
b comp no3/folic/c/biotin/zinc		1

Drug Name	Tier	Requirements/Limits
b complex w-c no.20/folic acid	1	
b12/levomefolate calcium/b-6 FOLTX	1	
biotin (300 mcg) (tablet) (otc)	5	
biotin (5 mg) (capsule) (otc)	5	
BIOTIN (5 MG) (TABLET) (OTC)	5	
cyanocobalamin/folic ac/vit b6 (0.5-2.2-25) (tablet)	1	
cyanocobalamin/folic ac/vit b6 (1-2.2-25mg) (tablet)	1	
cyanocobalamin/folic ac/vit b6 (1-2.2-25mg) (tablet) (otc)	1	
cyanocobalamin/folic ac/vit b6 (1-2.5-25mg) (tablet)	1	
cyanocobalamin/folic ac/vit b6 (2-2.5-25mg) (tablet)	1	
FOLIC AC/VIT BCOMP,C/ZN/VIT D3 DIALYVITE 800-ULTRA D	5	
folic acid/b cmlpx c/rice bran (400mcg-500) (tablet) (otc)	5	
folic acid/b complex c no.17	1	
folic acid/b cplx/c/selen/zinc	1	
folic acid/vit b complex and c (400 mcg) (tablet) (otc)	5	
folic acid/vit b complex and c (5 mg) (tablet)	1	
folic acid/vit bcomp,c/cu/zinc DIATX ZN	1	
levomefolate/b6/b12/algal oil METANX	5	
vit b comp no.3/folic/c/biotin	1	
vit b complex 100 no.2/herbs	5	
vit b complex 100 no.3/herbs	5	
vitamin b complex (capsule) (otc)	1	
vitamin b complex (tablet) (otc)	5	
vitamin b complex/minerals	5	
vitamins b1,b2,b3,b5,and b6	1	
VITAMIN B1 PREPARATIONS		
thiamine hcl (100 mg) (tablet) (otc)	5	
thiamine hcl (100 mg/ml) (vial)	1	
thiamine hcl (50 mg) (tablet) (otc)	5	
thiamine mononitrate (vit b1)	5	
VITAMIN B12 PREPARATIONS		
cyanocobalamin (vitamin b-12) (1000 mcg) (tablet) (otc)	5	
cyanocobalamin (vitamin b-12) (1000mcg/ml) (vial)	1	
cyanocobalamin/mecobalamin	1	
hydroxocobalamin	1	
VITAMIN B6 PREPARATIONS		
pyridoxine hcl (vitamin b6) (100 mg) (tablet) (otc)	5	

Drug Name	Tier	Requirements/Limits
pyridoxine hcl (vitamin b6) (100 mg/ml) (vial)	1	
pyridoxine hcl (vitamin b6) (25 mg) (tablet) (otc)	5	
pyridoxine hcl (vitamin b6) (50 mg) (tablet) (otc)	5	
VITAMIN C PREPARATIONS		
ascorbic acid (250 mg) (tab chew) (otc)	5	
ascorbic acid (250 mg) (tablet) (otc)	5	
ascorbic acid (500 mg) (tab chew) (otc)	5	
ascorbic acid (500 mg) (tablet er) (otc)	5	
ascorbic acid (500 mg) (tablet) (otc)	5	
ascorbic acid (500 mg/ml) (vial)	1	
ascorbic acid (granules) (otc)	1	
ascorbic acid/ascorbate sodium (500 mg) (wafer) (otc)	5	
VITAMIN D PREPARATIONS		
calcitriol	ROCALTROL	1
cholecalciferol (vitamin d3) (1000 unit) (capsule) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (1000 unit) (tablet) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (2000 unit) (capsule) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (2000 unit) (tablet) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400 unit) (capsule) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400 unit) (tablet) (otc)	5	AGE: >= 65 YEARS
cholecalciferol (vitamin d3) (400/ml) (drops) (otc)	5	
ergocalciferol (vitamin d2) (50000 unit) (capsule)	1	
ergocalciferol (vitamin d2) (8000/ml) (drops) (otc)	5	
ZINC REPLACEMENT		
zinc sulfate	1	

STEP THERAPY EDITS

• ABILIFY (1 MG/ML) (SOLUTION)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ABILIFY DISCMELT (10 MG) (TAB RAPDIS)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ABILIFY DISCMELT (15 MG) (TAB RAPDIS)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ACTOPLUS MET	Prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• ACTOPLUS MET XR	Prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• APLENZIN	Prior prescription for Bupropion HCL or Forfivo XL in 120 days
• APTIOM (200 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid or Zonisamide in 365 days
• APTIOM (400 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid or Zonisamide in 365 days
• APTIOM (600 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid or Zonisamide in 365 days
• APTIOM (800 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid or Zonisamide in 365 days
• BANZEL (200 MG) (TABLET)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days

Medication Prescribing Limitations

• BANZEL (40 MG/ML) (ORAL SUSP)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days
• BANZEL (400 MG) (TABLET)	Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days
• BELSOMRA	Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
• BEYAZ	At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in 365 days
• BRISDELLE	Prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL in 120 days
• CONDYLOX (0.5 %) (GEL (GRAM))	Prior prescription for Podofilox in 120 days
• CONZIP (150 MG) (CPBP 25-75)	Prior prescription for Tramadol HCL in 120 days
• CORDRAN (4MCG/SQ CM) (MED. TAPE)	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• DALIRESP	Prior prescription for Advair Diskus, Breo Ellipta, Incruse Ellipta, Perforomist, Spiriva Respimat, or Striverdi Respimat in 120 days
• DESVENLAFAXINE ER	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• DESVENLAFAXINE FUMARATE ER	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• DETROL	Prior prescription for Oxybutynin Chloride in 120 days
• DEXAMETHASONE (1.5MG (21)) (TAB DS PK)	Prior prescription for Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (35)) (TAB DS PK)	Prior prescription for Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (51)) (TAB DS PK)	Prior prescription for Dexamethasone in 120 days
• DIFICID	Prior prescription for Vancomycin HCL in 120 days
• DONNATAL (16.2 MG) (TABLET)	At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• DOVONEX	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• DRITHOCREME HP	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• EDLUAR	Prior prescription for Edluar or Zolpidem Tartrate in 180 days
• FANAPT (1 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days

Medication Prescribing Limitations

• FANAPT (10 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (12 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (1-2-4-6MG) (TAB DS PK)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (2 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (4 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (6 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (8 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FAZACLO	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FELBAMATE (400 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate or Trokendi XR in 120 days
• FELBAMATE (600 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate or Trokendi XR in 120 days
• FELBAMATE (600 MG/5ML) (ORAL SUSP)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate or Trokendi XR in 120 days
• FETZIMA	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• FYCOMPA (10 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (12 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (2 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (4 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR,

Medication Prescribing Limitations

	Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (6 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (8 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (12 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (16 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (2 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (4 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GLYXAMBI	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• INTERMEZZO	Prior prescription for Zolpidem Tartrate in 120 days
• INVEGA (1.5 MG) (TAB ER 24)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (3 MG) (TAB ER 24)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (6 MG) (TAB ER 24)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (9 MG) (TAB ER 24)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVOKAMET	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide,

Medication Prescribing Limitations

	Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• INVOKAMET XR	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• INVOKANA	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• JALYN	Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL in 120 days
• JARDIANCE	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• KHEDEZLA	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Desvenlafaxine ER, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• KYTRIL	Prior prescription for Ondansetron or Ondansetron HCL in 120 days
• LAMICTAL ODT (100 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (200 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (25 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (50 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (BLUE)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (GREEN)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL ODT (ORANGE)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL XR (BLUE)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL XR (GREEN)	Prior prescription for Lamotrigine in 120 days
• LAMICTAL XR (ORANGE)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (100 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (100 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (200 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (200 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days

Medication Prescribing Limitations

• LAMOTRIGINE (25 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (25 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (25(21)-50) (TB RD DSPK)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (250 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (25-50-100) (TB RD DSPK)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (300 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (50 MG) (TAB ER 24)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (50 MG) (TAB RAPDIS)	Prior prescription for Lamotrigine in 120 days
• LAMOTRIGINE (50(42)-100) (TB RD DSPK)	Prior prescription for Lamotrigine in 120 days
• LATUDA (120 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (20 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (40 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (60 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (80 MG) (TABLET)	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LIDOCAINE (5 %) (OINT. (G))	Prior prescription for Lidocaine HCL in 120 days
• LUVOX CR	Prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, or Sertraline HCL in 120 days
• MARINOL	Prior prescription for Anzemet, Aprepitant, Dexamethasone Intensol, Dexamethasone, Granisetron HCL, Maxidex, Medrol, Megestrol Acetate, Methylprednisolone, Ondansetron HCL, Ondansetron, Ozurdex, Sancuso, Sustol, Zuplenz in 120 days
• METHADONE HCL (10 MG) (TABLET)	Prior prescription for an extended-release opioid in 120 days
• METHADONE HCL (10 MG/5 ML) (SOLUTION)	Prior prescription for an extended-release opioid in 120 days
• METHADONE HCL (10 MG/ML) (VIAL)	Prior prescription for an extended-release opioid in 120 days
• METHADONE HCL (40 MG) (TABLET SOL)	Prior prescription for an extended-release opioid in 120 days
• METHADONE HCL (5 MG) (TABLET)	Prior prescription for an extended-release opioid in 120 days

Medication Prescribing Limitations

• METHADONE HCL (5 MG/5 ML) (SOLUTION)	Prior prescription for an extended-release opioid in 120 days
• NAMZARIC (14MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (21 MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (28 MG-10MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (7 MG-10 MG) (CAP SPR 24)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (7-10/14-10) (CAP24 DSPK)	At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NEUPRO	Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in 120 days
• NEXIUM (10 MG) (SUSPDR PKT)	Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (2.5 MG) (SUSPDR PKT)	Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (20 MG) (SUSPDR PKT)	Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (40 MG) (SUSPDR PKT)	Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (5 MG) (SUSPDR PKT)	Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NIASPAN	Prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in 365 days
• ONFI (10 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ONFI (2.5 MG/ML) (ORAL SUSP)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ONFI (20 MG) (TABLET)	Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ORACEA	Prior prescription for Doxycycline Monohydrate in 120 days
• OXTELLAR XR (150 MG) (TAB ER 24H)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• OXTELLAR XR (300 MG) (TAB ER 24H)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• OXTELLAR XR (600 MG) (TAB ER 24H)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• PATANASE	Prior prescription for Azelastine HCL in 120 days
• PEXEVA	Prior prescription for Paroxetine HCL or Paxil in 120 days

Medication Prescribing Limitations

• PHENOBARB/HYOSCY/ATROPIN E/SCOP	At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• PHENOHYTRO	At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• PREVACID (15 MG) (TAB RAP DR)	Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
• PREVACID (30 MG) (TAB RAP DR)	Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
• PROTOPIC	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• PURIXAN	Prior prescription for Mercaptopurine in 120 days
• QNASL	Prior prescription for Fluticasone Propionate, Flunisolide, or Qnasl Children in 120 days
• QNASL CHILDREN	Prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl in 120 days
• QUDEXY XR (100 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• QUDEXY XR (150 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• QUDEXY XR (200 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• QUDEXY XR (25 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• QUDEXY XR (50 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• QUILLIVANT XR (5 MG/ML) (SUSPENSION)	Prior prescription for Methylphenidate HCL in 120 days
• QUILLIVANT XR (5 MG/ML) (SUSPENSION)	Prior prescription for Methylphenidate HCL in 120 days
• QUILLIVANT XR (5 MG/ML) (SUSPENSION)	Prior prescription for Methylphenidate HCL in 120 days
• QUILLIVANT XR (5 MG/ML) (SUSPENSION)	Prior prescription for Methylphenidate HCL in 120 days
• RASUVO (10MG/0.2ML) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (12.5/0.25) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (15MG/0.3ML) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (17.5/0.35) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (20MG/0.4ML) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (22.5/0.45) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (25MG/0.5ML) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (30MG/0.6ML) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (7.5MG/0.15) (AUTO INJECT)	Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days

Medication Prescribing Limitations

• REQUIP XL	Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in 120 days
• ROZEREM	Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
• SAFYRAL	At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Drospir/eth Estra/levomefol Ca, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in 365 days
• SAPHRIS	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• SEGLUROMET	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SILENOR	Prior prescription for Doxepin HCL, Eszopiclone, Silenor, Zaleplon, or Zolpidem Tartrate in 120 days
• SIVEXTRO	Prior prescription for Linezolid in 120 days
• SOLIQUA 100-33	At least 2 prior prescriptions for Actoplus Met XR, Basaglar Kwikpen U-100, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Max Solostar, Toujeo Solostar, Trulicity, or Victoza in 365 days
• STEGLATRO	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (10-1000 MG) (TAB BP 24H)	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (12.5-1000) (TAB BP 24H)	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone

Medication Prescribing Limitations

	HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (25-1000 MG) (TAB BP 24H)	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• TACLONEX (0.005-.064) (OINT. (G))	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• TIAGABINE HCL (12 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• TIAGABINE HCL (16 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• TIAGABINE HCL (2 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• TIAGABINE HCL (4 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• TOPIRAMATE (100 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• TOPIRAMATE (150 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• TOPIRAMATE (200 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• TOPIRAMATE (25 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• TOPIRAMATE (50 MG) (CAP SPR 24)	Prior prescription for Topiramate in 120 days
• TOVIAZ	Prior prescription for Oxybutynin Chloride in 120 days
• TRIGLIDE	Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in 120 days
• TRINTELLIX	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL,

Medication Prescribing Limitations

	Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• TROKENDI XR (100 MG) (CAP ER 24H)	Prior prescription for Topiramate in 120 days
• TROKENDI XR (200 MG) (CAP ER 24H)	Prior prescription for Topiramate in 120 days
• TROKENDI XR (25 MG) (CAP ER 24H)	Prior prescription for Topiramate in 120 days
• TROKENDI XR (50 MG) (CAP ER 24H)	Prior prescription for Topiramate in 120 days
• TRULICITY	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• VECTICAL	Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
• VERSACLOZ	At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VESICARE	Prior prescription for Oxybutynin Chloride in 120 days
• VICTOZA 2-PAK	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• VICTOZA 3-PAK	Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• VIIBRYD (10 MG) (TABLET)	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• VIIBRYD (20 MG) (TABLET)	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• VIIBRYD (40 MG) (TABLET)	At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• VIMPAT (10 MG/ML) (SOLUTION)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 365 days
• VIMPAT (100 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam,

Medication Prescribing Limitations

	Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIMPAT (150 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIMPAT (200 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIMPAT (50 MG) (TABLET)	At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VYVANSE	Prior prescription for Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Sarafem, Sertraline HCL, Topiramate, or Trokendi XR in 120 days
• XYZAL (2.5 MG/5ML) (SOLUTION)	Prior prescription for Desloratadine or Levocetirizine Dihydrochloride in 120 days
• YASMIN 28	At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in 365 days
• YAZ	At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in 365 days
• ZENZEDI (2.5 MG) (TABLET)	Prior prescription for Dextroamphetamine Sulfate in 120 days
• ZENZEDI (7.5 MG) (TABLET)	Prior prescription for Dextroamphetamine Sulfate in 120 days
• ZOCOR (80 MG) (TABLET)	Prior prescription for Vytorin in 365 days
• ZOLPIMIST	Prior prescription for Zolpidem Tartrate in 120 days
• ZOMIG (2.5 MG) (SPRAY)	Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZOMIG (5 MG) (SPRAY)	Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in 180 days

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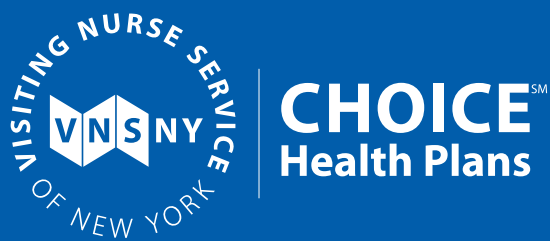
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