

CHRISTUS Health Plan

2019 Formulary

Revised: October 26, 2018

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

Note to members:

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

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

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

What is the CHRISTUS Health Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

How do I use the Formulary?

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

By Medical Condition:

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

By Alphabetical Listing:

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

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug has the same active ingredient as the brand name drug.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CHRISTUS Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan before you fill your prescriptions. If you do not get approval, CHRISTUS Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 30 per 30 days per prescription for AFINITOR.
- **Step Therapy:** In some cases, CHRISTUS Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CHRISTUS Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Plan will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CHRISTUS Health Plan.
- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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

For more information

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

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

CHRISTUS Health Plan Formulary

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

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

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

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

List of Abbreviations

1: Preferred Generic

2: Non-Preferred Generic

3: Preferred Brand

4: Non-Preferred Brand

5: Specialty

ACA: Affordable Care Act.

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

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

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

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

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

Legend:

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

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

Under \$100 - \$

\$100 - \$250 - \$\$

\$251 - \$500 - \$\$\$

\$501 - \$1000 - \$\$\$\$

Over \$1000 - \$\$\$\$\$

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

Table of Contents

ANTI - INFECTIVES.....	9
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	17
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	29
DERMATOLOGICALS/TOPICAL THERAPY.....	35
DIAGNOSTICS & MISCELLANEOUS AGENTS.....	43
EAR, NOSE & THROAT MEDICATIONS.....	44
ENDOCRINE/DIABETES	46
GASTROENTEROLOGY	53
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY.....	58
MUSCULOSKELETAL & RHEUMATOLOGY	61
OBSTETRICS & GYNECOLOGY.....	62
OPHTHALMOLOGY.....	64
RESPIRATORY, ALLERGY, COUGH & COLD.....	68
UROLOGICALS.....	72
VITAMINS, HEMATINICS & ELECTROLYTES	73
Index.....	82

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	4	
<i>clotrimazole</i>	2	
CRESEMBA	3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 150 MG	4	QL
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	2	QL
<i>flucytosine</i>	2	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2	QL
<i>ketoconazole</i>	2	
NOXAFIL	3	
<i>nystatin</i>	2	
ONMEL	4	QL
ORAVIG	4	
SPORANOX	3	

Drug Name	Drug Tier	Requirements / Limits
SPORANOX PULSEPAK	4	QL
<i>terbinafine hcl</i>	2	
VFEND	4	
<i>voriconazole</i>	2	
ANTIVIRALS		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
<i>abacavir-lamivudine-zidovudine</i>	2	
<i>acyclovir</i>	2	
<i>adefovir</i>	2	
<i>amantadine hcl</i>	2	
APTIVUS	3	
<i>atazanavir</i>	2	
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	4	
BIKTARVY	3	
CIMDUO	3	
COMBIVIR	4	
COMPLERA	3	
CRIXIVAN	3	
DESCOVY	3	
<i>didanosine</i>	2	
EDURANT	3	
<i>efavirenz</i>	2	
EMTRIVA	3	
<i>entecavir</i>	2	
EPCLUSA	5	PA; QL
EPIVIR	4	

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

Drug Name	Drug Tier	Requirements / Limits
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	4	
EPZICOM	4	
EVOTAZ	4	
<i>famciclovir</i>	2	QL
FLUMADINE	4	
<i>fosamprenavir</i>	2	
FUZEON	5	
GENVOYA	3	
HARVONI	5	PA; QL
HEPSERA	4	
INTELENCE	3	
INVIRASE	3	
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	4	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	3	
<i>lamivudine</i>	2	
<i>lamivudine-zidovudine</i>	2	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	4	
<i>lopinavir-ritonavir</i>	2	
<i>nevirapine</i>	2	
NORVIR ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	4	
ODEFSEY	3	
<i>oseltamivir</i>	2	QL
PREVYMIS	3	QL
PREZCOBIX	4	
PREZISTA	3	
RELENZA DISKHALER	3	QL
RESCRIPTOR	3	
RETROVIR	4	
REYATAZ ORAL CAPSULE	4	
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin</i>	2	
<i>rimantadine</i>	2	
<i>ritonavir</i>	2	
SELZENTRY	3	PA
SITAVIG	4	ST; QL
<i>stavudine</i>	2	
STRIBILD	3	
SUSTIVA	4	
SYMFI	3	
SYMFI LO	3	
SYMTUZA	4	
TAMIFLU	4	QL
TECHNIVIE	5	PA; QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate</i>	2	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	

MISCELLANEOUS ANTIINFECTIVES

ALBENZA	3	QL
ALINIA	3	QL
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	3	QL
BETHKIS	5	QL
BILTRICIDE	4	
CAYSTON	5	LA; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin pediatric</i>	2	
COARTEM	3	QL
CYCLOSERINE	4	
<i>dapsone</i>	2	
DARAPRIM	3	
EMVERM	3	QL
<i>ethambutol</i>	2	

Drug Name	Drug Tier	Requirements / Limits
FLAGYL	4	
<i>hydroxychloroquine</i>	2	
IMPAVIDO	3	QL
<i>isoniazid</i>	2	
<i>ivermectin</i>	2	QL
KITABIS PAK	5	QL
<i>linezolid</i>	2	PA
MALARONE	4	QL
MALARONE PEDIATRIC	4	QL
<i>mefloquine</i>	1	QL
MEPRON	4	
<i>metronidazole</i>	2	
MYAMBUTOL	4	
MYCOBUTIN	4	
NEBUPENT	3	QL
<i>neomycin</i>	2	
<i>paromomycin</i>	2	
PASER	4	
<i>praziquantel</i>	2	
PRIFTIN	3	
PRIMAQUINE	3	QL
<i>pyrazinamide</i>	2	
QUALAQUIN	4	QL
<i>quinine sulfate</i>	2	QL
<i>rifabutin</i>	2	
RIFADIN	4	
RIFAMATE	4	
<i>rifampin</i>	2	
RIFATER	4	
SIRTURO	3	LA
SIVEXTRO	4	PA

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Drug Name	Drug Tier	Requirements / Limits
SOLOSEC	4	QL
STROMEKTOL	4	QL
TINDAMAX	4	QL
<i>tinidazole</i>	2	QL
TOBI PODHALER	5	QL
<i>tobramycin in 0.225 % nacl</i>	5	QL
TOBRAMYCIN WITH NEBULIZER	5	QL
TRECTOR	4	
XIFAXAN	3	QL
ZYVOX	4	PA
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin</i>	2	
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	
AUGMENTIN ORAL TABLET	4	
AUGMENTIN XR	4	
<i>dicloxacillin</i>	2	
MOXATAG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium</i>	2	
QUINOLONES		
AVELOX	4	
BAXDELA	4	QL
CIPRO	4	
CIPRO XR	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin (mixture)</i>	2	
<i>ciprofloxacin hcl</i>	2	
FACTIVE	4	
LEVAQUIN	4	
<i>levofloxacin</i>	2	
<i>moxifloxacin</i>	2	
<i>ofloxacin</i>	2	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>sulfatrim</i>	2	
TETRACYCLINES		
ACTICLATE	4	ST
<i>avidoxy</i>	2	
AVIDOXY DK	4	ST
<i>coremino</i>	2	
<i>demeclocycline</i>	2	
DORYX	4	ST
DORYX MPC	4	ST
<i>doxycycline hyclate</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate</i>	2	
MINOCIN	4	ST
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i>	2	ST
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	
<i>mondoxylene nl</i>	2	
MONODOX	4	ST
<i>morgidox</i>	2	
MORGIDOX 1X 50	4	ST
MORGIDOX 2X100	4	ST
<i>okebo</i>	2	
ORACEA	3	ST
SOLODYN	3	ST
<i>soloxide</i>	2	
TARGADOX	4	ST
<i>tetracycline</i>	2	
VIBRAMYCIN ORAL CAPSULE	4	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	
VIBRAMYCIN ORAL SYRUP	4	
XIMINO	4	ST

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
MONUROL	4	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	2	
PRIMSOL	4	
<i>trimethoprim</i>	2	
TRIMPEX	4	
VANCOMYCIN		
FIRVANQ	4	
VANCOCIN	4	
<i>vancomycin</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium</i>	2	
MESNEX	3	
VISTOGARD	3	
XGEVA	5	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
AFINITOR	5	PA; QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>imatinib</i>	5	PA; QL
IMBRUVICA	3	PA; QL
IMURAN	4	
INLYTA	5	PA; QL
IRESSA	5	PA; QL
JAKAFI	5	PA; QL
KISQALI	5	PA; QL
KISQALI FEMARA CO-PACK	5	PA; QL
LENVIMA	5	PA
<i>letrozole</i>	2	
LEUKERAN	3	
<i>leuprolide</i>	5	
LONSURF	5	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LYNPARZA	5	PA; QL
LYSODREN	3	
MATULANE	3	
MEGACE ES	4	
<i>megestrol</i>	2	
MEKINIST	5	PA; QL
MEKTOVI	4	PA
<i>melphalan</i>	2	
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i>	2	
<i>methotrexate sodium (pf)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil</i>	2	
<i>mycophenolate sodium</i>	2	
MYFORTIC	4	
MYLERAN	3	
NEORAL	4	
NERLYNX	5	PA; LA
NEXAVAR	5	PA; LA; QL
NILANDRON	4	
<i>nilutamide</i>	2	
NINLARO	5	PA; QL
<i>octreotide acetate</i>	5	
ODOMZO	5	PA; LA; QL
PROGRAF	4	
PURIXAN	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	4	
RUBRACA	3	PA; LA; QL
RYDAPT	5	PA
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	3	
SANDOSTATIN	5	
SIGNIFOR	5	PA
SIKLOS	4	PA
<i>sirolimus</i>	2	
SOLTAMOX	4	ACA
SOMATULINE DEPOT	5	PA

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Drug Name	Drug Tier	Requirements / Limits
SPRYCEL	5	PA; QL
STIVARGA	5	PA; QL
SUPPRELIN LA	5	
SUTENT	5	PA; QL
SYNRIBO	3	
TABLOID	3	
<i>tacrolimus</i>	2	
TAFINLAR	5	PA; QL
TAGRISSO	5	PA; LA; QL
<i>tamoxifen</i>	2	ACA
TARCEVA	5	PA; QL
TARGRETIN ORAL	4	PA
TARGRETIN TOPICAL	3	PA
TASIGNA	5	PA; QL
TEMODAR	5	PA
<i>temozolomide</i>	5	PA
THALOMID	5	PA
TIBSOVO	4	PA
<i>tretinoin (chemotherapy)</i>	2	
TREXALL	4	
TYKERB	5	PA; LA; QL
VANTAS	5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA
VENCLEXTA STARTING PACK	3	PA; QL
VERZENIO	5	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VOTRIENT	5	PA; QL
XALKORI	5	PA; QL
XATMEP	4	ST
XELODA	5	
XERMELO	3	PA; QL
XTANDI	5	PA; QL
YONSA	5	PA; QL
ZEJULA	3	PA; LA; QL
ZELBORAF	5	PA; QL
ZOLINZA	5	
ZORTRESS	3	
ZYDELIG	5	PA; QL
ZYKADIA	5	PA; QL
ZYTIGA	5	PA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	4	
BANZEL	3	
BRIVIACT	4	ST
<i>carbamazepine</i>	2	
CARBATROL	4	
CELONTIN	3	
<i>clonazepam</i>	2	
DEPAKENE	4	ST
DEPAKOTE	4	ST
DEPAKOTE ER	4	ST
DEPAKOTE SPRINKLES	4	ST
DIASTAT	4	
DIASTAT ACUDIAL	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>diazepam</i>	2	
DILANTIN	3	
DILANTIN EXTENDED	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>divalproex</i>	2	
<i>epitol</i>	2	
EQUETRO	4	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
FELBATOL	4	
FYCOMPA	3	
<i>gabapentin</i>	2	
GABITRIL	4	
GRALISE	3	ST
GRALISE 30-DAY STARTER PACK	3	ST
KLONOPIN	4	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
LYRICA	3	
MYSOLINE	4	
ONFI	3	
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	ST
PEGANONE	3	
<i>phenobarbital</i>	2	
PHENYTEK	4	
<i>phenytoin</i>	2	
<i>phenytoin sodium extended</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>primidone</i>	2	
QUDEXY XR	3	ST
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL	5	LA
SPRITAM	4	ST
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
TEGRETOL	4	
TEGRETOL XR	4	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	4	ST
<i>topiramate oral tablet</i>	2	
TROKENDI XR	4	ST
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
<i>vigabatrin</i>	5	LA
<i>vigadrone</i>	5	
VIMPAT	3	
ZARONTIN	4	
<i>zonisamide</i>	2	

ANTIPARKINSONISM AGENTS

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Drug Name	Drug Tier	Requirements / Limits
APOKYN	5	LA
AZILECT	4	ST
<i>benztropine</i>	2	
<i>bromocriptine</i>	2	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
DUOPA	5	
<i>entacapone</i>	2	
LODOSYN	4	
MIRAPEX	4	
MIRAPEX ER	4	
NEUPRO	4	
PARLODEL	4	
<i>pramipexole</i>	2	
<i>rasagiline</i>	2	
REQUIP	4	
REQUIP XL	4	
<i>ropinirole</i>	2	
RYTARY	4	
<i>selegiline hcl</i>	2	
SINEMET	4	
SINEMET CR	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR	4	

Drug Name	Drug Tier	Requirements / Limits
<i>tolcapone</i>	2	
<i>trihexyphenidyl</i>	2	
ZELAPAR	4	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA
<i>almotriptan malate</i>	2	QL
AMERGE	4	ST; QL
CAFERGOT	4	
D.H.E.45	4	
<i>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	2	ST; QL
<i>eletriptan</i>	2	QL
ERGOMAR	4	
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL
<i>isometh-dichloral-acetaminophn</i>	2	
<i>isomethepten-caf-acetaminophen</i>	2	
<i>migergot</i>	2	
MIGRANAL	4	ST; QL
<i>naratriptan</i>	2	QL
ONZETRA XSAIL	4	ST; QL
PRODRIN	4	
RELPAK	4	ST; QL
<i>rizatriptan</i>	2	QL
<i>sumatriptan</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate</i>	2	QL
<i>sumatriptan-naproxen</i>	2	ST; QL
TREXIMET	4	ST; QL
ZEMBRACE SYMTOUCH	4	ST; QL
<i>zolmitriptan</i>	2	QL
ZOMIG	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; LA
ARICEPT	4	ST
AUSTEDO	5	PA; LA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	2	ST
<i>donepezil oral tablet, disintegrating</i>	2	
EXELON	4	ST
<i>galantamine</i>	2	
HORIZANT	4	ST
INGREZZA	4	PA; LA; QL
KEVEYIS	4	PA
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK	4	

Drug Name	Drug Tier	Requirements / Limits
NAMENDA	4	ST
NAMENDA TITRATION PAK	4	
NAMZARIC	3	ST
NUEDEXTA	3	PA
RAZADYNE	4	ST
RAZADYNE ER	4	ST
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>tetrabenazine</i>	5	PA; ST; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	4	ST
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
BACLOFEN ORAL TABLET 5 MG	4	
<i>carisoprodol</i>	2	
<i>carisoprodol-asa- codeine</i>	2	
<i>carisoprodol-aspirin</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine</i>	2	
DANTRIUM	4	
<i>dantrolene</i>	2	
FEXMID	4	ST
LORZONE	4	ST
<i>meprobamate</i>	2	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	4	
MESTINON TIMESPAN	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>metaxall</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol</i>	2	
<i>orphenadrine citrate</i>	2	
<i>pyridostigmine bromide</i>	2	
ROBAXIN	4	
ROBAXIN-750	4	
SKELAXIN	4	
SOMA	4	
<i>tizanidine</i>	2	
ZANAFLEX	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	
ACETAMINOPHEN-CAFF-DIHYDROCOD ORAL TABLET	4	
<i>acetaminophen-codeine</i>	2	
ACTIQ	4	PA; QL
ALLZITAL	4	ST
ARYMO ER	4	ST; QL
<i>ascomp with codeine</i>	2	
BELBUCA BUCCAL FILM 150 MCG, 450 MCG, 750 MCG, 900 MCG	3	PA; QL
BELBUCA BUCCAL FILM 300 MCG, 600 MCG, 75 MCG	3	ST; QL
<i>buprenorphine hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital compound w/codeine</i>	2	
<i>butalbital-acetaminop-caf-cod</i>	2	
<i>butalbital-acetaminophen</i>	2	
<i>butalbital-acetaminophen-caff</i>	2	
<i>butalbital-aspirin-caffeine</i>	2	
<i>capacet</i>	2	
<i>codeine sulfate</i>	2	
DEMEROL	4	
DILAUDID	4	
<i>diskets</i>	2	PA
DOLOPHINE	4	PA
DURAGESIC	4	PA; ST; QL
<i>endocet</i>	2	
ESGIC	4	ST
EXALGO ER	4	ST; QL
<i>fentanyl</i>	2	PA; ST; QL
<i>fentanyl citrate</i>	2	PA; QL
FIORICET	4	ST
FIORINAL	4	ST
FIORINAL-CODEINE #3	4	
<i>hydrocodone-acetaminophen</i>	2	
<i>hydrocodone-ibuprofen</i>	2	
<i>hydromorphone oral liquid</i>	2	
<i>hydromorphone oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL
<i>hydromorphone rectal</i>	2	
HYSINGLA ER	3	ST; QL
IBUDONE	4	
<i>ibuprofen-oxycodone</i>	2	
KADIAN	4	ST; QL
<i>levorphanol tartrate</i>	2	
<i>lorcet (hydrocodone)</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus</i>	2	
LORTAB ELIXIR	4	
<i>meperidine</i>	2	
<i>methadone</i>	2	PA
<i>methadose</i>	2	PA
MORPHABOND ER	4	PA; QL
<i>morphine concentrate</i>	2	
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	2	PA; QL
<i>morphine oral solution</i>	2	
<i>morphine oral tablet</i>	2	
<i>morphine oral tablet extended release</i>	2	PA; QL
<i>morphine rectal</i>	2	
MS CONTIN	4	PA; QL
NALOCET	4	

Drug Name	Drug Tier	Requirements / Limits
OPANA	4	
OXAYDO	4	
<i>oxycodone oral capsule</i>	2	
<i>oxycodone oral concentrate</i>	2	
<i>oxycodone oral solution</i>	2	
OXYCODONE ORAL SYRINGE	4	
<i>oxycodone oral tablet</i>	2	
<i>oxycodone-acetaminophen</i>	2	
<i>oxycodone-aspirin</i>	2	
OXYCONTIN	3	ST; QL
<i>oxymorphone oral tablet</i>	2	
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL
PERCOCET	4	
<i>phrenilin forte(with caffeine)</i>	2	
PRIMLEV	4	
ROXICODONE	4	
ROXYBOND	4	
SUBSYS	4	PA; QL
<i>tencon</i>	2	
TREZIX	4	
TYLENOL-CODEINE #3	4	
TYLENOL-CODEINE #4	4	
VANATOL LQ	4	ST

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral suspension</i>	2	
<i>meloxicam oral tablet 15 mg</i>	2	
<i>meloxicam oral tablet 7.5 mg</i>	2	QL
MOBIC ORAL TABLET 15 MG	4	ST
MOBIC ORAL TABLET 7.5 MG	4	ST; QL
<i>nabumetone</i>	2	
<i>naloxone</i>	2	
<i>naltrexone</i>	2	
NAPRELAN CR	4	ST
NAPROSYN	4	ST
<i>naproxen</i>	2	
<i>naproxen sodium</i>	2	
NARCAN	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
<i>oxaprozin</i>	2	
PENNSAID	4	ST; QL
<i>pentazocine-naloxone</i>	2	
<i>piroxicam</i>	2	
<i>profeno</i>	2	
<i>salsalate</i>	2	
SPRIX	4	ST; QL
<i>sulindac</i>	2	
TIVORBEX ORAL CAPSULE 20 MG	4	ST; QL
TIVORBEX ORAL CAPSULE 40 MG	4	ST
<i>tolmetin</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	4	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	4	ST; QL
<i>tramadol oral tablet</i>	2	QL
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL
<i>tramadol-acetaminophen</i>	2	QL
ULTRACET	4	QL
ULTRAM	4	QL
VIMOVO	4	ST
VIVLODEX ORAL CAPSULE 10 MG	4	ST
VIVLODEX ORAL CAPSULE 5 MG	4	ST; QL
VOLTAREN	4	ST; QL
VOLTAREN-XR	4	ST
ZIPSOR	4	ST
ZORVOLEX ORAL CAPSULE 18 MG	4	ST; QL
ZORVOLEX ORAL CAPSULE 35 MG	4	ST
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	4	
ADDERALL XR	4	PA; ST
ADDYI	4	PA

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Drug Name	Drug Tier	Requirements / Limits
ADZENYS ER	4	ST
ADZENYS XR-ODT	4	ST
<i>alprazolam</i>	2	
<i>alprazolam intensol</i>	2	
AMBIEN	4	ST; QL
AMBIEN CR	4	ST; QL
<i>amitriptyline</i>	2	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
ANAFRANIL	4	
APLENZIN	4	ST; QL
APTENSIO XR	4	PA; ST
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet, disintegrating</i>	2	QL
<i>armodafinil</i>	2	PA
ATIVAN	4	
<i>atomoxetine</i>	2	PA
BELSOMRA	4	ST; QL
<i>bupropion hcl oral tablet</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>buspirone</i>	2	
BUTISOL	4	

Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide hcl</i>	2	
<i>chlorpromazine</i>	2	
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet</i>	2	QL
<i>clomipramine</i>	2	
<i>clonidine hcl</i>	2	PA
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
CLOZARIL	4	
CONCERTA	4	PA; ST
COTEMPLA XR-ODT	4	ST
DAYTRANA	3	PA; ST
<i>desipramine</i>	2	
DESOXYN	4	ST
DESVENLAFAXIN E	4	ST; QL
DESVENLAFAXIN E FUMARATE	4	ST
<i>desvenlafaxine succinate</i>	2	QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	
<i>lorazepam</i>	2	
<i>lorazepam intensol</i>	2	
<i>loxapine succinate</i>	2	
<i>maprotiline</i>	2	
MARPLAN	4	
<i>metadate er</i>	2	PA
<i>methamphetamine</i>	2	PA
METHYLIN	4	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	ST
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA
<i>midazolam</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mirtazapine</i>	2	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	4	
<i>modafinil</i>	2	PA
MYDAYIS	3	ST
NARDIL	4	
<i>nefazodone</i>	2	
NORPRAMIN	4	
<i>nortriptyline</i>	2	
NUPLAZID	5	
<i>olanzapine</i>	2	QL
<i>olanzapine-fluoxetine</i>	2	
ORAP	4	
<i>oxazepam</i>	2	
<i>paliperidone</i>	2	QL
PAMELOR	4	
PARNATE	4	
<i>paroxetine hcl</i>	2	QL
<i>paroxetine mesylate(menop.sym)</i>	2	QL
PAXIL CR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine</i>	2	
<i>perphenazine-amitriptyline</i>	2	
PEXEVA	4	ST; QL
<i>phenelzine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>pimozide</i>	2	
<i>procentra</i>	2	PA
<i>protriptyline</i>	2	
<i>quazepam</i>	2	
<i>quetiapine</i>	2	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	PA; ST
RELEXXII	4	PA
REMERON	4	
REMERON SOLTAB	4	
RESTORIL	4	
REXULTI	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET	4	QL
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	QL
<i>risperidone oral tablet, disintegrating</i>	2	QL
RITALIN	4	PA
RITALIN LA	4	PA; ST
ROZEREM	3	ST; QL
SAPHRIS	4	QL
SARAFEM	4	ST; QL
<i>seconal sodium</i>	2	QL
<i>sertraline oral concentrate</i>	2	
<i>sertraline oral tablet</i>	2	QL
SILENOR	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SONATA	4	ST; QL
SURMONTIL	4	
SYMBYAX	4	
<i>temazepam</i>	2	
<i>thioridazine</i>	2	
<i>thiothixene</i>	2	
TOFRANIL	4	
TRANXENE T-TAB	4	
<i>tranylcypramine</i>	2	
<i>trazodone</i>	2	
<i>triazolam</i>	2	
<i>trifluoperazine</i>	2	
<i>trimipramine</i>	2	
TRINTELLIX	4	ST; QL
<i>venlafaxine</i>	2	QL
VERSACLOZ	4	
VIIBRYD	3	ST; QL
VRAYLAR	4	QL
VYVANSE ORAL CAPSULE	3	PA; ST
VYVANSE ORAL TABLET, CHEWABLE	3	ST
WELLBUTRIN XL	4	ST; QL
XYREM	3	LA
<i>zaleplon</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem</i>	2	QL
ZOLPIMIST	4	ST; QL
ZYPREXA	4	QL
ZYPREXA ZYDIS	4	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone</i>	2	
BETAPACE	4	ST
BETAPACE AF	4	ST
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	2	
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	4	
NORPACE	4	
NORPACE CR	4	
<i>pacerone</i>	2	
<i>propafenone</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
RYTHMOL SR	4	
<i>sotalol</i>	2	
<i>sotalol af</i>	2	
SOTYLIZE	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
<i>acebutolol</i>	1	
ADALAT CC	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>afeditab cr</i>	1	
ALDACTAZIDE	4	
ALDACTONE	4	
ALTACE	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
BIDIL	4	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	2	
BYSTOLIC	3	ST
BYVALSON	3	ST
CALAN	4	
CALAN SR	4	
<i>candesartan</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA	4	ST; QL
CARDURA XL	4	ST; QL
CAROSPIR	4	ST
<i>cartia xt</i>	1	
<i>carvedilol</i>	2	
<i>carvedilol phosphate</i>	2	
CATAPRES	4	
CATAPRES-TTS-1	4	QL
CATAPRES-TTS-2	4	QL
CATAPRES-TTS-3	4	QL
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	2	QL
<i>clonidine hcl</i>	2	
COREG CR	4	ST
CORGARD	4	ST
CORZIDE	4	ST
DEMADEX	4	
DEMSER	3	PA
DIBENZYLINE	4	PA
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	4	
<i>doxazosin</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
DUTOPROL	4	ST
DYAZIDE	4	
DYRENIUM	4	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECIN	4	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED	4	
<i>eplerenone</i>	2	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	2	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	2	
<i>guanfacine</i>	2	
HEMANGEOL	4	
<i>hydralazine</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INDERAL XL	4	ST
INNOPRAN XL	4	ST
INSPRA	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KAPSPARGO SPRINKLE	4	ST
<i>labetalol</i>	2	

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

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

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Drug Name	Drug Tier	Requirements / Limits
SULAR	4	ST
TARKA	4	
<i>taztia xt</i>	1	
TEKTURNA	3	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	4	ST
TENORETIC 50	4	ST
TENORMIN	4	ST
<i>terazosin</i>	2	QL
TIAZAC	4	
<i>timolol maleate</i>	1	
TOPROL XL	4	ST
<i>torse mide</i>	2	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene-hydrochlorothiazid</i>	2	
TWYNSTA	4	ST
UPTRAVI	5	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
VASOTEC	4	
<i>verapamil</i>	1	
VERELAN	4	
VERELAN PM	4	

Drug Name	Drug Tier	Requirements / Limits
ZESTORETIC	4	
ZESTRIL	4	
ZIAC	4	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin</i>	2	
LANOXIN	4	
COAGULATION THERAPY		
ADVATE	5	
ADYNOVATE	5	
AFSTYLA	5	
AGGRENOX	4	
ALPROLIX	5	
AMICAR	3	
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	
BEVYXXA	4	QL
BRILINTA	3	
CEPROTIN (BLUE BAR)	3	
CEPROTIN (GREEN BAR)	3	
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	
COAGADEX	3	
COUMADIN	4	
<i>dipyridamole</i>	1	
DOPTELET	5	PA; QL
EFFIENT	4	
ELIQUIS	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin</i>	5	
<i>fondaparinux</i>	5	
FRAGMIN	5	
HELIXATE FS	5	
HEMLIBRA	5	PA
<i>hep flush-10 (pf)</i>	2	
<i>heparin (porcine)</i>	2	
HEPARIN (PORCINE) IN 0.9% NACL	4	
<i>heparin (porcine) in 5 % dex</i>	2	
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin flush(porcine)-0.9nacl</i>	2	
<i>heparin lock flush</i>	2	
<i>heparin lock flush (porcine)</i>	2	
<i>heparin lockflush(porcine)(pf)</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 12,500 UNIT/250 ML, 5,000 UNIT/1,000 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf)</i>	2	
IDELVION	5	
IPRIVASK	5	
IXINITY	5	
<i>jantoven</i>	1	
KOGENATE FS	5	
KOVALTRY	5	
MEPHYTON	4	QL
NOVOEIGHT	5	
NOVOSEVEN RT	5	
NUWIQ	5	PA
<i>pentoxifylline</i>	2	
PHYTONADIONE (VITAMIN K1) INJECTION	3	
<i>phytonadione (vitamin k1) oral</i>	2	QL
<i>prasugrel</i>	1	
PROMACTA	5	PA; LA
REBINYN	5	
RIXUBIS	5	
TAVALISSE	4	PA; QL
<i>vitamin k</i>	2	
<i>vitamin k1</i>	2	
<i>warfarin</i>	1	
WILATE	5	
XARELTO	3	PA
YOSPRALA	4	ST
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ANTARA	4	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET	4	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID FLAVORED	4	ST
COLESTID ORAL GRANULES	4	PA; ST
COLESTID ORAL PACKET	4	PA
COLESTID ORAL TABLET	4	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	4	ST
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	4	ST
FIBRICOR	4	ST

Drug Name	Drug Tier	Requirements / Limits
FLOLIPID	4	ST; QL
<i>fluvastatin</i>	1	ACA; QL
<i>gemfibrozil</i>	1	
JUXTAPID	5	PA; LA
KYNAMRO	5	PA; LA
LESCOL XL	4	ST; QL
LIPOFEN	3	ST
LIVALO	3	ST; QL
LOPID	4	
<i>lovastatin</i>	1	ACA; QL
LOVAZA	4	PA
<i>niacin</i>	1	
NIASPAN EXTENDED-RELEASE	4	
<i>omega-3 acid ethyl esters</i>	2	PA
PRALUENT PEN	5	PA; QL
PRAVACHOL	4	ST; QL
<i>pravastatin</i>	1	ACA; QL
<i>prevalite</i>	1	
QUESTRAN	4	ST
QUESTRAN LIGHT	4	ST
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRIGLIDE	4	ST

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

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

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Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL LOTION	4	ST
OVACE PLUS WASH	4	
PRAMOSONE	4	ST
PRAMOSONE E	4	ST
PROMISEB COMPLETE	4	
<i>seb-prev</i>	2	
<i>selenium sulfide</i>	2	
SELRX	4	
SORIATANE	4	
SORILUX	4	QL
STELARA	5	PA; QL
<i>sulfacetamide sodium</i>	2	
TACLONEX TOPICAL OINTMENT	4	QL
TACLONEX TOPICAL SUSPENSION	3	QL
TERSI FOAM	4	
TREMFYA	5	PA
VECTICAL	4	
ZITHRANOL	4	
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
KERATOLYTICS		
BENSAL HP	4	
INOVA 4-1	4	ST
INOVA 8-2	4	ST

Drug Name	Drug Tier	Requirements / Limits
KERALYT RX	4	
KERALYT SCALP COMPLETE	4	
PODOCON	4	
SALEX	4	
<i>salicylic acid</i>	2	
<i>salicylic acid er-ceramides</i>	2	
SALKERA	4	
<i>salvax</i>	2	
SALVAX DUO PLUS	4	
ULTRASAL-ER	4	
VIRASAL	4	
XALIX	4	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	4	
<i>ammonium lactate</i>	2	
CARAC	3	
<i>cem-urea</i>	2	
CONDYLOX	4	
CORTANE-B	4	
<i>diclofenac sodium</i>	2	PA; QL
<i>doxepin</i>	2	PA; QL
DUPIXENT	5	PA; QL
EFUDEX	4	
ELIDEL	3	ST; QL
ESKATA	4	
EUCRISA	4	ST; QL
FLUOROPLEX	4	
<i>fluorouracil</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
HYDRO 35	4	
HYDRO 40	4	
IODOFLEX	4	
IODOSORB	4	
KERAFOAM	4	
KERALAC	4	
LEVULAN	4	
LOUTREX	4	
<i>methoxsalen</i>	2	
OXSORALEN ULTRA	4	
PANRETIN	4	
PICATO	3	
<i>podofilox</i>	2	
PROMISEB	4	
PROTOPIC	4	ST; QL
<i>prudoxin</i>	2	PA; QL
QUTENZA	4	
REGRANEX	3	QL
<i>silver nitrate</i>	2	
<i>silver nitrate applicators</i>	2	
SOLARAZE	4	PA; QL
<i>tacrolimus</i>	2	ST; QL
TOLAK	4	
<i>umecta</i>	2	
URAMAXIN	4	
<i>urea</i>	2	
<i>urea nail stick</i>	2	
UTOPIC	4	
VALCHLOR	5	
VEREGEN	4	

Drug Name	Drug Tier	Requirements / Limits
ZONALON	4	PA; QL
THERAPY FOR ACNE		
ABSORICA	3	
ACANYA	3	ST
ACZONE	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	
<i>adapalene-benzoyl peroxide</i>	2	
<i>amnesteem</i>	2	
ATRALIN	4	PA
AVAR LS	4	ST
<i>avar topical cleanser</i>	2	
AVAR TOPICAL FOAM	4	ST
AVAR TOPICAL PADS, MEDICATED	4	ST
AVAR-E GREEN	4	ST
AVAR-E LS	4	ST
<i>avita topical cream</i>	2	PA
AVITA TOPICAL GEL	4	PA
AZELEX	4	ST
BENZAACLIN	4	ST
BENZAACLIN PUMP	4	ST

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Drug Name	Drug Tier	Requirements / Limits
BENZAMYCIN	4	ST
BENZEFOAM	4	ST
BENZEFOAM ULTRA	4	ST
<i>benzepro</i>	2	
BENZEPRO (MICROSPHERES)	4	ST
<i>benzoyl peroxide</i>	2	
<i>bp 10-1</i>	2	
<i>bpo</i>	2	
<i>claravis</i>	2	
<i>cleansing wash</i>	2	
CLEOCIN T	4	ST
CLINDACIN ETZ	4	ST
<i>clindacin p</i>	2	
CLINDACIN PAC	4	ST
CLINDAGEL	4	ST
<i>clindamycin phosphate topical foam</i>	2	
<i>clindamycin phosphate topical gel</i>	2	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	ST
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide</i>	2	
<i>clindamycin-tretinoin</i>	2	PA
<i>dapsone</i>	2	
DIFFERIN	4	ST
DUAC	4	ST
EPIDUO	4	ST
EPIDUO FORTE	3	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
EVOCLIN	4	ST
FABIOR	4	PA
FINACEA	3	ST
INOVA	4	ST
<i>isotretinoin</i>	2	
METROCREAM	4	ST
METROGEL	4	ST
METROLOTION	4	ST
<i>metronidazole</i>	2	
MIRVASO	3	PA
<i>neuac</i>	2	
NEUAC KIT	4	ST
NORITATE	4	ST
ONEXTON	3	ST
PACNEX	4	ST
PLEXION	4	ST

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Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS	4	ST
PR BENZOYL PEROXIDE	4	ST
RETIN-A	4	PA
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP	4	PA
RHOFADE	4	PA
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	2	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	4	ST
ROSANIL	4	ST
ROSULA	4	ST
<i>rosula cleansing cloths</i>	2	
SOOLANTRA	3	ST
<i>sss 10-5</i>	2	
<i>sulfacetamide sodium-sulfur</i>	2	
<i>sulfacetamide sod-sulfur-urea</i>	2	
<i>sulfacetamide-sulfur-cleansr23</i>	2	
<i>sulfacleanse 8-4</i>	2	
<i>sulfact na-sul-avobnz-otn-ocsa</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SUMADAN	4	ST
SUMADAN XLT	4	ST
SUMAXIN	4	ST
SUMAXIN CP	4	ST
SUMAXIN TS	4	ST
<i>tazarotene</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL CREAM 0.1 %	4	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin</i>	2	PA
<i>tretinoin microspheres</i>	2	PA
TRETIN-X	4	PA
TRETIN-X CREAM KIT	4	PA
VANOXIDE-HC	4	ST
<i>zenatane</i>	2	
ZIANA	4	PA; ST
TOPICAL ANESTHETICS		
BUCALSEP	4	
COCAINE	4	
<i>ethyl chloride</i>	2	
<i>glydo</i>	2	QL
GOPRELTO	4	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	QL
<i>lidocaine hcl mucous membrane solution</i>	2	
<i>lidocaine hcl-hydrocortison ac</i>	2	
<i>lidocaine topical adhesive patch, medicated</i>	2	ST
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	QL
<i>lidocaine-prilocaine topical kit</i>	2	
LIDOCAINE-TETRACAINE	4	ST; QL
<i>lta pre-attached</i>	2	
PLIAGLIS	4	QL
SYNERA	4	
TOPICAL ANTIBACTERIALS		
ALTABAX	4	
BACTROBAN	4	
CENTANY	4	
CENTANY AT	4	
CORTISPORIN	4	
<i>gentamicin</i>	2	
<i>hydrocortisone-iodoquinol-aloe</i>	2	
<i>iodoquinol-hc</i>	2	
KLARON	4	ST
<i>lugols</i>	2	
<i>mafenide acetate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	2	
NEO-SYNALAR	4	
NEO-SYNALAR KIT	4	
SILVRSTAT	4	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	4	
VYTONE	4	
TOPICAL ANTIFUNGALS		
ALA-QUIN	4	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox-ure-camph-menth-euc</i>	2	
<i>clotrimazole</i>	2	QL
<i>clotrimazole-betamethasone</i>	2	QL
<i>econazole</i>	2	QL
ECOZA	4	QL
ERTACZO	4	QL
EXELDERM	4	QL
EXODERM	4	
EXTINA	4	QL
JUBLIA	4	ST
KERYDIN	4	ST
<i>ketconazole</i>	2	QL
LOPROX	4	QL
LOPROX (AS OLAMINE)	4	QL
LOPROX KIT	4	
LOTRISONE	4	QL
LULICONAZOLE	4	QL
LUZU	4	QL
MENTAX	4	QL
<i>naftifine</i>	2	QL
NAFTIN	4	QL
NIZORAL	4	QL
<i>nyamyc</i>	2	
<i>nystatin topical cream</i>	2	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone</i>	2	QL
<i>nystop</i>	2	
<i>oxiconazole</i>	2	QL
OXISTAT	4	QL
PENLAC	4	ST
TRIACETIN	3	
TRIPLE DYE	4	
VUSION	4	QL
XOLEGEL	4	QL
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	2	PA; QL
DENAVIR	4	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	2	
ALA-SCALP	4	ST
<i>alclometasone</i>	2	
<i>amcinonide</i>	2	
<i>apexicon e</i>	2	
AQUA GLYCOLIC HC	4	ST
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
<i>betamethasone, augmented</i>	2	
CAPEX	4	ST
<i>clobetasol</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient</i>	2	QL
CLOBEX	4	ST; QL
CLOCORTOLONE PIVALATE	4	ST
<i>clodan</i>	2	QL
CLODAN KIT	4	ST
CLODERM	4	ST
CORDRAN	4	ST
CORDRAN TAPE LARGE ROLL	4	ST
<i>cormax</i>	2	QL
CUTIVATE	4	ST
DERMA-SMOOTH/FS BODY OIL	4	ST
DERMA-SMOOTH/FS SCALP OIL	4	ST
DERMASORB HC COMPLETE KIT	4	ST
DERMASORB TA COMPLETE KIT	4	ST
DERMATOP	4	ST
DESONATE	4	ST
<i>desonide</i>	2	
DESOWEN	4	ST
<i>desoximetasone</i>	2	
<i>diflorasone</i>	2	
DIPROLENE	4	ST
ELOCON	4	ST
<i>fluocinolone</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinonide</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide-emollient</i>	2	QL
<i>flurandrenolide</i>	2	
<i>fluticasone</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	4	ST
<i>hydrocortisone</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyr-emollient</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone-min oil-wht pet</i>	2	
IMPOYZ	4	ST; QL
KENALOG	4	ST
LOCOID	4	ST
LOCOID LIPOCREAM	4	ST
LUXIQ	4	ST
<i>mometasone</i>	2	
<i>nolix</i>	2	
NUCORT	4	ST
OLUX	4	ST; QL
OLUX-E	4	ST; QL
PANDEL	4	ST
<i>prednicarbate</i>	2	
PROCTOCORT	4	ST
PSORCON	4	ST
<i>scalacort</i>	2	
SCALACORT DK	4	ST

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Drug Name	Drug Tier	Requirements / Limits
SERNIVO	4	ST
SYNALAR	4	ST
SYNALAR CREAM KIT	4	ST
SYNALAR OINTMENT KIT	4	ST
SYNALAR TS	4	ST
TEMOVATE	4	ST; QL
TEXACORT	4	ST
TOPICORT	4	ST
<i>triamcinolone acetonide</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	2	
TRIDESILON	4	ST
ULTRAVATE	4	ST
ULTRAVATE X	4	ST
VANOS	4	ST; QL
TOPICAL ENZYMES		
SANTYL	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
ELIMITE	4	
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
NATROBA	4	
OVIDE	4	
<i>permethrin</i>	2	
SKLICE	4	
<i>spinosad</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ULESFIA	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	2	
<i>neomycin-polymyxin b gu</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>ringer's</i>	2	
SORBITOL	4	
SORBITOL-MANNITOL	4	
<i>tis-u-sol pentalyte</i>	2	
VASHE WOUND THERAPY	4	
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	2	
<i>acetic acid</i>	2	
AGRYLIN	4	
<i>alendronate</i>	1	QL
<i>anagrelide</i>	2	
<i>aqua care sodium chloride</i>	2	
<i>aqua care sterile water</i>	2	
BUPHENYL	4	
<i>caffeine citrate</i>	2	
CARBAGLU	5	LA
CARNITOR	4	
CARNITOR (SUGAR-FREE)	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>cevimeline</i>	2	
CHEMET	3	PA
<i>disulfiram</i>	2	
<i>etidronate disodium</i>	2	
EVOXAC	4	
EXJADE	5	PA; LA
FERRIPROX	3	PA
GLASSIA	5	PA; LA
INCRELEX	5	PA; LA
INFASURF	4	
JADENU	5	PA
JADENU SPRINKLE	5	PA
<i>levocarnitine</i>	2	
<i>levocarnitine (with sugar)</i>	2	
LIPOCHOL PLUS	4	
LITHOSTAT	4	
METOPIRONE	4	
<i>midodrine</i>	2	
NITYR	3	
NORTHERA	5	PA
NUTRESTORE	4	
ORFADIN	3	LA
<i>pilocarpine hcl</i>	2	
RADIOGARDASE	4	
RAVICTI	5	
RILUTEK	4	
<i>riluzole</i>	2	
<i>risedronate</i>	1	QL
SALAGEN (PILOCARPINE)	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride</i>	2	
<i>sodium chloride 0.9 %</i>	2	
<i>sodium phenylbutyrate</i>	2	
SURVANTA	4	
SYPRINE	4	PA
THIOLA	4	
<i>trientine</i>	2	PA
<i>water for irrigation, sterile</i>	2	
XURIDEN	3	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	3	ACA
CHANTIX CONTINUING MONTH BOX	3	ACA
CHANTIX STARTING MONTH BOX	3	ACA
<i>nicorelief</i>	1	ACA; OTC
<i>nicorette</i>	1	ACA; OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	4	ACA
NICOTROL NS	4	ACA
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
ALZAIR	4	
ARESTIN	4	
ASTEPRO	4	
<i>azelastine nasal aerosol,spray</i>	2	QL
<i>azelastine nasal spray,non-aerosol</i>	2	
BACTROBAN NASAL	4	
<i>chlorhexidine gluconate</i>	2	
CLINPRO 5000	4	
DEBACTEROL	4	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	4	
FLUORIDEX DAILY DEFENSE	4	
GELCLAIR	4	
GELX	4	
<i>ipratropium bromide</i>	2	QL
MUGARD	4	
<i>olopatadine</i>	2	QL
<i>oralone</i>	2	
ORAMAGICRX	4	
<i>paroex oral rinse</i>	2	
PATANASE	4	QL
PERIDEX	4	
<i>perio gard</i>	2	
<i>pilocarpine hcl</i>	2	
PREVIDENT	4	
PREVIDENT 5000 BOOSTER PLUS	4	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
SALAGEN (PILOCARPINE)	4	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>triamcinolone acetonide</i>	2	
TYZINE	4	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	2	
<i>ciprofloxacin hcl</i>	2	
DERMOTIC OIL	4	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin</i>	2	
OTIPRIO	4	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
<i>neomycin-polymyxin-hc</i>	2	
OTOVEL	3	

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Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	5	PA
CORTEF	4	
<i>cortisone</i>	2	
<i>decadron</i>	2	
<i>deltasone</i>	2	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	2	
DEXPAK 10 DAY	4	ST
DEXPAK 13 DAY	4	ST
DEXPAK 6 DAY	4	ST
<i>fludrocortisone</i>	2	
<i>hydrocortisone</i>	2	
MEDROL	4	
MEDROL (PAK)	4	
<i>methylprednisolone</i>	2	
<i>millipred</i>	2	
<i>millipred dp</i>	2	
ORAPRED ODT	4	
<i>prednisolone</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	2	
RAYOS	4	ST
TAPERDEX	4	ST
TRIESENCE (PF)	4	
<i>veripred 20</i>	2	
ANTITHYROID AGENTS		
<i>methimazole</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil</i>	2	
SSKI	4	
TAPAZOLE	4	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA BLUE TEST STRIP	3	OTC
ONETOUCH VERIO	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGEN DIAGNOSTIC KIT	3	
GLUCAGON HCL	4	
INSULIN SYRINGE-NEEDLE U-100	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMPACT PLUS CONTROL	4	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE CONTROL	4	OTC
ADVOCATE LOW CONTROL	4	OTC
ADVOCATE REDI-CODE+ CTRL LOW	4	OTC
AGAMATRIX CONTROL HIGH	4	OTC
ASSURE 4 CONTROL SOLUTION	4	OTC
ASSURE DOSE NORMAL CONTROL	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN	4	OTC
AT HOME A1C	4	OTC
AUTOJECT 2 INJECTION DEVICE	3	OTC
AUTOPEN 1 TO 21 UNITS	3	OTC
AUTOSOFT 30	3	
AUTOSOFT 90	3	
AUTOSOFT XC INFUSION SET 23"	3	
BLOOD GLUCOSE CONTROL, NORMAL	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	4	OTC
CARESENS CONTROL A NORMAL	4	OTC

Drug Name	Drug Tier	Requirements / Limits
CARTRIDGE STAMPED IR 1200	3	OTC
CLEO 90 INFUSION SET 24"	3	
CLEVER CHOICE LEVEL 2 CONTROL	4	OTC
COMFORT INFUSION SET 43"	3	
COMFORT SHORT INSULIN PUMP 23"	3	
CONTACT DETACH INFUS SET 23"	3	
CONTOUR CONTROL SOLUTION, NML	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	4	OTC
COOL CONTROL A SOLUTION	4	OTC
DEXCOM G4 RECEIVER	3	
DEXCOM G5 RECEIVER	3	
DEXCOM G6 RECEIVER	3	
DEXCOM RECEIVER	3	
DIATRUE CONTROL SOLN NORMAL	4	OTC
EASY TRAK LOW CONTROL	4	OTC
EASYGLUCO PLUS NORMAL CONTROL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
EASYMAX LOW CONTROL	4	OTC
EASYMAX NORMAL CONTROL	4	OTC
ELEMENT COMPACT NORMAL CONTROL	4	OTC
ELEMENT NORMAL CONTROL	4	OTC
EMBRACE EVO LEVEL 1	4	OTC
EMBRACE GLUCOSE CONTROL LOW	4	OTC
ENLITE SYSTEM	4	
EVOLUTION NORMAL CONTROL	4	OTC
FORA NORMAL CONTROL	4	OTC
FORACARE GDH LOW CONTROL	4	OTC
FORTISCARE NORMAL	4	OTC
FREESTYLE CONTROL	4	OTC
FREESTYLE LIBRE 10 DAY READER	4	
FREESTYLE LIBRE 10 DAY SENSOR	4	
GE100 CONTROL SOLUTION NORMAL	4	OTC

Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 NORMAL CONTROL	4	OTC
GLUCOCOM CONTROL NORMAL	4	OTC
GLUCOSE CONTROL	4	OTC
GUARDIAN REAL-TIME GLU MONITOR	4	
HEALTHPRO HIGH-LOW CONTROL	4	OTC
HUMAPEN LUXURA HD	3	
INFINITY CONTROL SOLUTION NORM	4	OTC
INFINITY VOICE CTRL SOLN-LVL 2	4	OTC
INFUSION SET 43" 6MM	3	OTC
INPEN (FOR HUMALOG)	4	
INPEN (FOR NOVOLOG)	4	
INSET 30 INFUSION SET 23"	3	
INSET INFUSION SET 23"	3	
LANCETS	3	OTC
LANCING DEVICE	3	OTC
MEDISENSE	4	OTC
MEDISENSE GLUCOSE KETONE	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
MINIMED INFUSION SET- MMT 390	3	
MIO INFUSION SET	3	
MYGLUCOHEALT H CONTROL SOLUTION	4	OTC
NOVA MAX GLUCOSE CONTROL	4	OTC
NOVAMAX PLUS GLU-KET	4	OTC
NOVOPEN ECHO	4	
OMNIPOD DASH INSULIN POD	3	
ON CALL EXPRESS CONTROL	4	OTC
ON CALL PLUS CONTROL	4	OTC
ON CALL VIVID CONTROL	4	OTC
ONETOUCH ULTRA CONTROL	3	OTC
ONETOUCH ULTRA2	3	OTC
ONETOUCH ULTRAMINI	3	OTC
ONETOUCH VERIO FLEX	3	OTC
ONETOUCH VERIO IQ METER	3	OTC
ONETOUCH VERIO SYSTEM	3	OTC
PARADIGM REAL-TIME TRANSMIT-SN	4	

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLE	4	OTC
PRECISION XTRA MONITOR	3	OTC
PRODIGY CONTROL SOLUTION, LOW	4	OTC
PRODIGY CONTROL SOLUTION,HIGH	4	OTC
QUICK-SET PARADIGM	3	
REFUAH PLUS GLUCOSE CONTROL	4	OTC
RIGHTEST CONTROL SOLUTION HIGH	4	OTC
SAFE-CLIP BY MAIL	3	OTC
SILHOUETTE	3	
SMARTEST CONTROL	4	OTC
SNAP INSULIN PUMP-INFUSION SET	3	
SOF-SET	3	
SOF-SET CANNULA 24" TUBING	3	
SOF-SET MICRO 24" POLYFIN TUB	3	
SOLUS V2 CONTROL SOLUTION,HIGH	4	OTC
SURE-T PARADIGM	3	
T:30 INFUSION SET	3	

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Drug Name	Drug Tier	Requirements / Limits
T:90 INFUSION SET 23"	3	
T:SLIM	3	
T:SLIM G4	3	
TELCARE CONTROL	4	OTC
TRUE METRIX LEVEL 1	4	OTC
TRUECONTROL LEVEL 0	4	OTC
TRUSTEEL INFUSION SET 32"	3	
UNISTRIP LOW CONTROL	4	OTC
VARISOFT INFUSION SET 43"	3	
VERASENS CONTROL SOLN-LEVEL 1	4	OTC
VGO 20	3	
VGO 30	3	
VGO 40	3	
WAVESENSE CONTROL SOLUTION	4	OTC
INSULIN THERAPY		
AFREZZA	4	
BASAGLAR KWIKPEN U-100 INSULIN	4	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 INSULN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULN	3	
HUMULIN R U-500 (CONC) INSULIN	3	
HUMULIN R U-500 (CONC) KWIKPEN	3	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LEVEMIR FLEXTOUCH U-100 INSULN	3	
LEVEMIR U-100 INSULIN	3	

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Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN 70/30	4	ST
RELION NOVOLIN N	4	ST
RELION NOVOLIN R	4	ST
SOLQUA 100/33	3	QL
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
XULTOPHY 100/3.6	3	QL
MISCELLANEOUS HORMONES		
ANADROL-50	4	
ANDRODERM	3	PA; QL
ANDROGEL	3	PA; QL
ANDROID	4	ST
AXIRON	4	PA; ST; QL
<i>cabergoline</i>	2	QL
<i>calcitonin (salmon)</i>	2	
<i>calcitriol</i>	2	
CERDELGA	5	PA
<i>danazol</i>	2	
DDAVP	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>doxercalciferol</i>	2	
GALAFOLD	5	PA
JYNARQUE	4	PA; QL
KORLYM	4	PA
KUVAN	5	PA
METHITEST	3	
<i>methyltestosterone</i>	2	
MIACALCIN	3	
<i>miglustat</i>	5	PA
MYALEPT	5	PA; LA
NATPARA	5	PA; LA
ORLISSA	4	
OXANDRIN	4	
<i>oxandrolone</i>	2	
PALYNZIQ	5	PA; QL
<i>paricalcitol</i>	2	
RAYALDEE	4	
ROCALTROL	4	
SAMSCA	5	PA; QL
SENSIPAR	3	PA
SOMAVERT	5	
STIMATE	5	
STRENSIQ	3	LA
STRIANT	4	PA; ST; QL
SYNAREL	3	
TESTOPEL	4	PA
<i>testosterone</i>	2	PA; QL
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
TESTRED	4	ST

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

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

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Drug Name	Drug Tier	Requirements / Limits
QTERN	4	ST
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	4	ST
SEGLUROMET	3	ST; QL
STARLIX	4	
STEGLATRO	3	ST; QL
STEGLUJAN	4	ST; QL
SYMLINPEN 120	3	PA; QL
SYMLINPEN 60	3	PA; QL
SYNJARDY	3	ST; QL
SYNJARDY XR	3	ST; QL
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	ST; QL
THYROID HORMONES		
ARMOUR THYROID	3	
LEVO-T	4	
<i>levothyroxine</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine</i>	2	
<i>nature-throid</i>	2	
<i>np thyroid</i>	2	
SYNTHROID	4	
<i>thyroid (pork)</i>	2	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	

Drug Name	Drug Tier	Requirements / Limits
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
<i>unithroid</i>	2	
<i>westhroid</i>	2	
WP THYROID	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	2	
<i>belladonna alkaloids-opium</i>	2	
<i>belladonna-opium</i>	2	
<i>chlordiazepoxide-clidinium</i>	2	
CUVPOSA	4	
<i>dicyclomine</i>	2	
<i>diphenoxylate-atropine</i>	2	
DONNATAL	4	
<i>ed-spaz</i>	2	
GLYCATE	4	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
<i>hyosyne</i>	2	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LOMOTIL	4	
<i>loperamide</i>	2	
<i>methscopolamine</i>	2	
MOTOFEN	4	

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Drug Name	Drug Tier	Requirements / Limits
MYTESI	4	
NULEV	4	
<i>opium tincture</i>	2	
<i>oscimin</i>	2	
<i>oscimin sl</i>	2	
<i>oscimin sr</i>	2	
<i>paregoric</i>	2	
<i>phenobarb-hyoscy-atropine-scop</i>	2	
<i>phenohydro</i>	2	
<i>propantheline</i>	2	
ROBINUL	4	
ROBINUL FORTE	4	
SYMAX DUOTAB	4	
<i>symax fastabs</i>	2	
<i>symax-sl</i>	2	
<i>symax-sr</i>	2	

**MISCELLANEOUS
GASTROINTESTINAL AGENTS**

ACTIGALL	4	
AKYNZEO (NETUPITANT)	3	QL
<i>alophen</i>	2	ACA; OTC
<i>alose tron</i>	2	
AMITIZA	3	
ANA-LEX KIT	4	
ANALPRAM-HC	4	
ANALPRAM-HC SINGLES	4	
<i>anucort-hc</i>	2	
ANZEMET	4	QL
<i>aprepitant</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
APRISO	3	
AURYXIA	4	
AZULFIDINE	4	ST
AZULFIDINE EN- TABS	4	ST
<i>balsalazide</i>	2	
<i>bisacodyl</i>	2	ACA; OTC
<i>bisa-lax</i>	2	ACA; OTC
BONJESTA	4	QL
<i>budesonide</i>	2	
<i>calcium acetate</i>	2	
CANASA	3	
CESAMET	4	QL
CHENODAL	3	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL
<i>citrate of magnesia</i>	2	ACA; OTC
<i>citroma</i>	2	ACA; OTC
<i>clearlax</i>	2	ACA; OTC
CLENPIQ	3	
COLAZAL	4	ST
<i>colocort</i>	2	
COLYTE WITH FLAVOR PACKS	4	
COMPAZINE	4	
<i>compro</i>	2	
<i>constulose</i>	2	
CORTENEMA	4	
CREON	3	
<i>cromolyn</i>	2	
CYSTADANE	3	

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

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

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Drug Name	Drug Tier	Requirements / Limits
MICORT-HC	4	ST
<i>milk of magnesia</i>	2	ACA; OTC
<i>milk of magnesia concentrated</i>	2	ACA; OTC
<i>miralax</i>	2	ACA; OTC
MOVANTIK	3	
MOVIPREP	4	
<i>natura-lax</i>	2	ACA; OTC
NULYTELY WITH FLAVOR PACKS	4	
OCALIVA	5	PA; LA; QL
<i>ondansetron</i>	2	QL
<i>ondansetron hcl</i>	2	QL
<i>oral saline laxative</i>	2	ACA; OTC
OSMOPREP	4	
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350</i>	2	ACA; OTC
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA	3	
PHOSLYRA	3	
<i>phosphate laxative</i>	2	ACA; OTC
PLENVU	4	
<i>polyethylene glycol 3350</i>	2	ACA
<i>powderlax</i>	2	ACA; OTC
<i>pramcort</i>	2	
PREPOPIK	3	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCORT	4	

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT	4	ST
PROCTOFOAM HC	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>purelax</i>	2	ACA; OTC
RECTIV	3	
REGLAN	4	
RELISTOR ORAL	4	ST
RELISTOR SUBCUTANEOUS	3	ST
RENVELA	4	
ROWASA	4	
SANCUSO	3	QL
<i>scopolamine base</i>	2	
<i>sevelamer carbonate</i>	2	
SFROWASA	4	
<i>smoothlax</i>	2	ACA; OTC
<i>sodium polystyrene (sorb free)</i>	2	
<i>sodium polystyrene sulfonate oral</i>	2	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
SOLESTA	4	
<i>sps (with sorbitol)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
SUCRAID	3	
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	3	
SYNDROS	4	PA
TIGAN	4	
TRANSDERM-SCOP	4	
<i>trilyte with flavor packets</i>	1	ACA
<i>trimethobenzamide</i>	2	
TRULANCE	2	
UCERIS ORAL	4	
UCERIS RECTAL	3	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i>	2	
VARUBI	3	QL
VELPHORO	3	
VELTASSA	3	
VIBERZI	3	
VIOKACE	3	
<i>woman's laxative</i>	2	ACA; OTC
<i>women's gentle laxative(bisac)</i>	2	ACA; OTC
<i>women's laxative (bisacodyl)</i>	2	ACA; OTC
ZENPEP	3	
ZOFRAN	4	QL
ZOFRAN ODT	4	QL
ZUPLENZ	4	QL
ULCER THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz</i>	2	QL
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	4	
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
CYTOTEC	4	
DEXILANT	4	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
ESOMEPRAZOLE STRONTIUM	4	ST
<i>famotidine</i>	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	
<i>misoprostol</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	ST; QL
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	4	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
<i>nizatidine</i>	2	
OMECLAMOX-PAK	4	QL
<i>omeppi oral capsule 20-1.1 mg-gram</i>	2	ST; QL
<i>omeppi oral capsule 40-1.1 mg-gram</i>	2	ST
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	2	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	2	
PEPCID	4	
PYLERA	3	
<i>rabeprazole</i>	2	
<i>ranitidine hcl</i>	2	
<i>sucralfate</i>	2	
ZANTAC	4	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	5	PA; QL
GRANIX	5	PA
LEUKINE	5	
MACRILEN	4	QL
MOZOBIL	5	
NEULASTA	5	PA; QL
PROCRIT	5	PA
RETACRIT	4	

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Drug Name	Drug Tier	Requirements / Limits
ZARXIO	5	PA
GROWTH HORMONES		
EGRIFTA	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPOR	5	PA
SEROSTIM	5	PA
ZORBTIVE	5	PA
INTERFERONS		
AUBAGIO	5	PA
AVONEX	5	PA; QL
AVONEX (WITH ALBUMIN)	5	PA; QL
BETASERON	5	PA; QL
COPAXONE	5	PA; ST; QL
GILENYA	5	PA
<i>glatiramer</i>	5	PA; QL
<i>glatopa</i>	5	PA; QL
<i>moderiba</i>	5	PA
<i>moderiba dose pack</i>	5	PA
PEGASYS	5	PA; QL
PEGASYS PROCLICK	5	PA; QL
PEGINTRON	5	PA; QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA
REBETOL	5	PA
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA
<i>ribasphere</i>	5	PA
<i>ribasphere ribapak</i>	5	PA
<i>ribavirin</i>	5	PA
SYLATRON	5	
TECFIDERA	5	PA
INTERLEUKINS		
ACTIMMUNE	5	
ALDARA	4	
ALFERON N	3	
ARCALYST	5	PA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	4	
<i>imiquimod topical cream in packet</i>	2	
INTRON A	5	
PROLEUKIN	5	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA
AFLURIA 2018-2019	3	ACA
AFLURIA 2018-2019 (PF)	3	ACA
AFLURIA QUAD 2018-2019	3	ACA
AFLURIA QUAD 2018-2019 (PF)	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF)	3	ACA
BEXSERO	3	ACA
BIOTHRAX	3	ACA
BOOSTRIX TDAP	3	ACA
BOTOX	3	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA
ENGERIX-B (PF)	3	ACA
ENGERIX-B PEDIATRIC (PF)	3	ACA
FLUAD 2018-2019 (65 YR UP)(PF)	3	ACA
FLUARIX QUAD 2018-2019 (PF)	3	ACA
FLUBLOK QUAD 2018-2019 (PF)	3	ACA
FLUCELVAX QUAD 2018-2019	4	ACA
FLUCELVAX QUAD 2018-2019 (PF)	4	ACA
FLULAVAL QUAD 2018-2019	3	ACA
FLULAVAL QUAD 2018-2019 (PF)	3	ACA
FLUMIST QUAD 2018-2019	4	
FLUZONE HIGH-DOSE 2018-19 (PF)	3	ACA
FLUZONE QUAD 2018-2019	3	ACA
FLUZONE QUAD 2018-2019 (PF)	3	ACA
FLUZONE QUAD PEDI 2018-19 (PF)	3	ACA

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF)	3	ACA
HAVRIX (PF)	3	ACA
HEPLISAV-B (PF)	4	
HIBERIX (PF)	3	ACA
IMOVAX RABIES VACCINE (PF)	3	ACA
INFANRIX (DTAP) (PF)	3	ACA
IPOLE	3	ACA
IXIARO (PF)	3	ACA
KINRIX (PF)	4	ACA
MENACTRA (PF)	3	ACA
MENVEO A-C-Y-W-135-DIP (PF)	4	ACA
M-M-R II (PF)	3	ACA
PEDIARIX (PF)	3	ACA
PEDVAX HIB (PF)	3	ACA
PENTACEL (PF)	3	ACA
PENTACEL ACTHIB COMPONENT (PF)	3	ACA
PNEUMOVAX 23	3	ACA
PREVNAR 13 (PF)	3	ACA
PROQUAD (PF)	3	ACA
QUADRACEL (PF)	3	ACA
RABAVERT (PF)	3	ACA
RECOMBIVAX HB (PF)	3	ACA
ROTARIX	4	ACA
ROTATEQ VACCINE	3	ACA
SHINGRIX (PF)	3	ACA
STAMARIL (PF)	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF)	4	ACA
TETANUS,DIPHTE RIA TOX PED(PF)	3	ACA
TETANUS- DIPHTE RIA TOXOIDS-TD	3	ACA
TRUMENBA	3	ACA
TWINRIX (PF)	3	ACA
TYPHIM VI	3	ACA
VAQTA (PF)	4	ACA
VARIVAX (PF)	3	ACA
VARIZIG	3	ACA
VAXCHORA VACCINE	3	ACA
VIVOTIF	3	ACA
YF-VAX (PF)	3	ACA
ZOSTAVAX (PF)	4	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	2	
COLCRYS	3	
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid- colchicine</i>	2	
ULORIC	3	ST
ZYLOPRIM	4	
OSTEOPOROSIS THERAPY		
ACTONEL	4	ST; QL
<i>alendronate</i>	1	QL
AELVIA	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
BINOSTO	4	ST; QL
BONIVA	4	ST; QL
EVISTA	4	
FORTEO	5	PA; QL
FOSAMAX	4	ST; QL
FOSAMAX PLUS D	4	ST; QL
<i>ibandronate</i>	1	QL
<i>raloxifene</i>	1	ACA
<i>risedronate</i>	1	QL
TYMLOS	5	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA
ARAVA	4	QL
BENLYSTA	5	PA; QL
CUPRIMINE	4	PA
DEPEN TITRATABS	3	PA
ENBREL	5	PA; QL
ENBREL MINI	5	PA; QL
ENBREL SURECLICK	5	PA; QL
HUMIRA	5	PA; QL
HUMIRA PEDIATRIC CROHN'S START	5	PA; QL
HUMIRA PEN	5	PA; QL
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA
KEVZARA	5	PA; QL
<i>leflunomide</i>	2	QL
OLUMIANT	5	PA; QL
OTEZLA	5	PA
OTEZLA STARTER	5	PA
OTREXUP (PF)	3	ST
RASUVO (PF)	3	ST
RIDAURA	3	
SAVELLA	3	ST; QL
SIMPONI	5	PA
SIMPONI ARIA	5	PA; ST
XELJANZ	5	PA
XELJANZ XR	5	PA
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		

Drug Name	Drug Tier	Requirements / Limits
LILETTA	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	4	
ALORA	4	QL
<i>amabelz</i>	2	
ANGELIQ	4	
AYGESTIN	4	
CLIMARA	4	QL
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	
DELESTROGEN	4	
DEPO-ESTRADIOL	3	
DIVIGEL	3	QL
DUAVEE	3	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
ELESTRIN	4	QL
ESTRACE	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal</i>	2	QL
<i>estradiol vaginal</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol-norethindrone acet</i>	2	
ESTRING	3	
<i>estrogens-methyltestosterone</i>	2	
<i>estropipate</i>	2	
EVAMIST	4	QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	
AZASITE	3	
<i>bacitracin</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CEFUROXIME (PF) IN 0.9% NACL	4	
CILOXAN	4	
<i>ciprofloxacin hcl</i>	2	
<i>erythromycin</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak</i>	2	
<i>gentamicin</i>	2	
<i>levofloxacin</i>	2	
MOXEZA	3	
<i>moxifloxacin</i>	2	
MOXIFLOXACIN (PF)-BSS NO.2	4	
MOXIFLOXACIN IN NACL,ISO-O(PF)	4	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin</i>	2	
OCUFLOX	4	
<i>ofloxacin</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
POLYTRIM	4	
<i>tobramycin</i>	2	
TOBREX	4	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
<i>trifluridine</i>	2	
VIROPTIC	4	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol</i>	2	
BETIMOL	4	
BETOPTIC S	4	
<i>carteolol</i>	2	
<i>levobunolol</i>	2	
<i>metipranolol</i>	2	
<i>timolol maleate</i>	2	
TIMOPTIC	4	
TIMOPTIC-XE	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE	4	
CYCLOGYL	4	
<i>cyclopentolate</i>	2	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	4	
<i>homatropaire</i>	2	
<i>homatropine hbr</i>	2	
ISOPTO ATROPINE	4	
MYDRIACYL	4	
PAREMYD	4	
<i>tropicamide</i>	2	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	4	
MIOCHOL-E	4	
<i>pilocarpine hcl</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	4	
ALOCRIAL	4	ST
ALOMIDE	4	ST
<i>altacaine</i>	2	
<i>altafluor</i>	2	
<i>azelastine</i>	2	
BEPREVE	3	ST
BEVACIZUMAB	4	
<i>cromolyn</i>	2	
CYCLOSPORINE IN KLARITY	4	
CYSTARAN	3	

Drug Name	Drug Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORO-NACL(PF)	4	
ELESTAT	4	ST
EMADINE	4	ST
<i>epinastine</i>	2	
EYLEA	5	PA
<i>flucaine</i>	2	
<i>fluorescein-proparacaine</i>	2	
JETREA (PF)	3	
LACRISERT	4	
LASTACAFT	4	ST
LIDOCAINE-PHENYLEPHRN IN WATER	4	
LIDOCAN-PHENYLEPH-BSS NO.2(PF)	4	
LUCENTIS	5	PA
MACUGEN	5	PA
<i>olopatadine</i>	2	
OMIDRIA	4	
PATADAY	4	ST
PATANOL	4	ST
PAZEO	3	ST
PHOTREXA CROSS-LINKING KIT	4	
PHOTREXA VISCOUS	4	
PREDNISOLONE ACETATE-BROMFENAC	4	

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

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

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Drug Name	Drug Tier	Requirements / Limits
TRUSOPT	4	
VYZULTA	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	4	
GATIFLOXACIN-DEXAMETHASON E	4	
MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc</i>	2	
<i>neo-polycin hc</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
PREDNISOLONE-GATIFLOXACIN	4	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4	
ZYLET	3	

Drug Name	Drug Tier	Requirements / Limits
STERIODS		
ALREX	3	ST
<i>dexamethasone sodium phosphate</i>	2	
DEXYCU (PF)	4	
DUREZOL	4	
<i>fluorometholone</i>	2	
FML LIQUIFILM	4	
ILUVIEN	5	
LOTEMAX	3	
OMNIPRED	4	
OZURDEX	5	
PRED FORTE	4	
<i>prednisolone acetate</i>	2	
PREDNISOLONE ACETATE (PF)	4	
<i>prednisolone sodium phosphate</i>	2	
RETISERT	5	
STERIOD-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sulfacetamide-prednisolone</i>	2	
SULFONAMIDES		
BLEPH-10	4	
<i>sulfacetamide sodium</i>	2	
SYMPATHOMIMETICS		

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Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	4	
<i>apraclonidine</i>	2	
<i>brimonidine</i>	2	
IOPIDINE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	ST
<i>cetirizine</i>	2	
CLARINEX ORAL SYRUP	4	
CLARINEX ORAL TABLET	4	QL
<i>clemastine</i>	2	
<i>cyproheptadine</i>	2	
<i>desloratadine</i>	2	QL
<i>diphenhydramine hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
EPINEPHRINE	3	QL
EPIPEN 2-PAK	3	QL
EPIPEN JR 2-PAK	3	QL
<i>hydroxyzine hcl</i>	2	
<i>hydroxyzine pamoate</i>	2	
KARBINAL ER	4	ST
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL
<i>phenadoz</i>	2	
<i>phenergan</i>	2	
<i>promethazine</i>	2	
<i>promethegan</i>	2	
RYVENT	4	ST
VISTARIL	4	
COUGH & COLD THERAPY		
<i>benzonatate</i>	2	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	2	
CAPCOF	4	
<i>centergy</i>	2	
<i>cheratussin ac</i>	2	
CLARINEX-D 12 HOUR	4	QL
<i>codeine-guaifenesin</i>	2	
CODITUSSIN AC	4	
CODITUSSIN DAC	4	
<i>g tussin ac</i>	2	
<i>guaiaatussin ac</i>	2	
<i>guaifenesin ac</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>guaifenesin dac</i>	2	
HISTEX-AC	4	
<i>hydrocodone-chlorpheniramine</i>	2	
<i>hydrocodone-cpm-pseudoephed</i>	2	
<i>hydrocodone-homatropine</i>	2	
<i>hydromet</i>	2	
<i>lortuss ex</i>	2	
MAR-COF CG	4	
<i>m-clear wc</i>	2	
M-END PE	4	
NINJACOF-XG	4	
OBREDON	4	ST
POLY-TUSSIN AC	4	
<i>promethazine vc-codeine</i>	2	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenylephrine</i>	2	
PRO-RED AC (W/ DEXCHLORPHENIR)	4	
RESPA-AR	4	
<i>robafen ac</i>	2	
<i>rydex</i>	2	
SEMPREX-D	4	
TESSALON PERLES	4	
<i>tusnel c</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TUSNEL PEDIATRIC	4	
TUSSICAPS	4	ST
<i>tussigon</i>	2	
TUSSIONEX PENNKINETIC ER	4	
TUZISTRA XR	4	ST
<i>virtussin ac</i>	2	
<i>virtussin dac</i>	2	
VITUZ	4	ST
ZODRYL AC 25	4	
ZODRYL AC 30	4	
ZODRYL AC 35	4	
ZODRYL AC 40	4	
ZODRYL AC 50	4	
ZODRYL AC 60	4	
ZODRYL AC 80	4	
ZODRYL DAC 25	4	
ZODRYL DAC 30	4	
ZODRYL DAC 35	4	
ZODRYL DAC 40	4	
ZODRYL DAC 50	4	
ZODRYL DAC 60	4	
ZODRYL DAC 80	4	
ZODRYL DEC 25	4	
ZODRYL DEC 30	4	
ZODRYL DEC 35	4	
ZODRYL DEC 40	4	
ZODRYL DEC 50	4	
ZODRYL DEC 60	4	
ZODRYL DEC 80	4	
Z-TUSS AC	4	

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Drug Name	Drug Tier	Requirements / Limits
PULMONARY AGENTS		
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADCIRCA	5	PA; ST; QL
ADEMPAS	5	PA; LA
ADRENALIN	4	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	3	PA; QL
AEROSPAN	4	ST; QL
AIRDUO RESPICLICK	4	PA; QL
<i>albuterol sulfate</i>	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARMONAIR RESPICLICK	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL
ASMANEX TWISTHALER	3	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA	3	PA; QL
<i>budesonide inhalation</i>	1	QL
<i>budesonide nasal</i>	2	QL
COMBIVENT RESPIMAT	3	QL
<i>cromolyn</i>	1	
CUROSURF	4	

Drug Name	Drug Tier	Requirements / Limits
DALIRESP ORAL TABLET 250 MCG	3	PA; QL
DALIRESP ORAL TABLET 500 MCG	3	PA
DULERA	3	PA; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN	4	
ESBRIET ORAL CAPSULE	5	PA; QL
ESBRIET ORAL TABLET	5	PA
FIRAZYR	5	PA
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
<i>flunisolide</i>	2	QL
<i>fluticasone</i>	2	QL
FLUTICASONE-SALMETEROL	3	PA; QL
HAEGARDA	5	PA; LA
HYPER-SAL	4	
INCRUSE ELLIPTA	3	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO	5	PA; QL
LETAIRIS	5	PA; ST; LA
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	4	QL
LONHALA MAGNAIR STARTER	4	QL
<i>metaproterenol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mometasone</i>	2	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
OFEV	5	PA; QL
OPSUMIT	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA
ORKAMBI ORAL TABLET	5	PA; QL
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PULMICORT FLEXHALER	3	QL
<i>pulmosal</i>	2	
PULMOZYME	5	
QNASL	3	QL
QVAR REDHALER	3	QL
REVATIO	5	PA; ST; QL
RUCONEST	5	PA
SEEBRI NEOHALER	4	QL
SEREVENT DISKUS	3	QL
<i>sildenafil (antihypertensive)</i>	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SINUVA	4	
<i>sodium chloride</i>	2	
SPIRIVA RESPIMAT	3	QL
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	3	QL
SURFAXIN	4	
SYMBICORT	3	PA; QL
SYMDEKO	5	PA; QL
<i>tadalafil (antihypertensive)</i>	5	PA; QL
<i>terbutaline</i>	1	
THEO-24	4	
<i>theochron</i>	1	
<i>theophylline</i>	1	
TRACLEER	5	PA; LA
TRELEGY ELLIPTA	3	QL
TUDORZA PRESSAIR	3	QL
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UTIBRON NEOHALER	4	QL
VENTAVIS	5	PA; ST
VENTOLIN HFA	3	QL
XHANCE	4	ST; QL
XOLAIR	5	PA; LA; QL
XOPENEX	4	

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Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE	4	
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	
ZYFLO	4	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
DITROPAN XL	4	ST
ENABLEX	4	ST
<i>flavoxate</i>	2	
GELNIQUE	3	QL
MYRBETRIQ	3	
<i>oxybutynin chloride</i>	2	
OXYTROL	4	ST; QL
<i>tolterodine</i>	2	

TOVIAZ	3	
<i>trospium</i>	2	
VESICARE	3	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	
CIALIS	3	PA; QL
<i>dutasteride</i>	2	PA
<i>dutasteride-tamsulosin</i>	2	ST
<i>finasteride</i>	2	
FLOMAX	4	ST
JALYN	4	ST
PROSCAR	4	ST
RAPAFLO	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tamsulosin</i>	2	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	
URECHOLINE	4	

MISCELLANEOUS UROLOGICALS

CAVERJECT	3	PA; QL
CAVERJECT IMPULSE	3	PA; QL
CIALIS	3	PA; QL
CYSTAGON	3	LA
<i>cytra k crystals</i>	2	
<i>cytra-2</i>	2	
<i>cytra-3</i>	2	
<i>cytra-k</i>	2	
EDEX	4	PA; QL
ELMIRON	3	
<i>hyophen</i>	2	
IFE-BIMIX 30/1	4	
IFE-PG20	4	
K-PHOS NO 2	4	
K-PHOS ORIGINAL	3	
<i>methen-sod phos-meth blue-hyos</i>	2	
ORACIT	4	
PAPAV-PHENTOLAM-ALPROST-WATER	4	
PAPAV-PHENTOLAMINE IN WATER	4	
<i>phosphasal</i>	2	
<i>pot,sodium citrate-citric acid</i>	2	

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>k-phos-neutral</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	
<i>k-tab oral tablet extended release 8 meq</i>	2	
<i>lugols</i>	2	
<i>oysco 500/d</i>	2	OTC
<i>oyster shell calcium-vit d3</i>	2	OTC
<i>oystercal-d</i>	2	OTC
<i>phospha 250 neutral</i>	2	
<i>phosphorous</i>	2	
POTABA	4	
<i>potassium bicarb and chloride</i>	2	
<i>potassium bicarb-citric acid</i>	2	
<i>potassium chloride</i>	2	
<i>strong iodine</i>	2	
<i>virt-phos 250 neutral</i>	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
FORTAVIT	4	
VITAMINS & HEMATINICS		
ACTIVE FE	4	
ANIMI-3 WITH VITAMIN D	4	
ATABEX EC	4	

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin b12</i>	2	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	2	ACA; OTC
BACMIN	4	
<i>balanced b-100</i>	2	ACA; OTC
<i>balanced b-100 complex</i>	2	ACA; OTC
<i>balanced b-50</i>	2	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	4	
<i>b-complex with vitamin c</i>	2	ACA; OTC
BIFERA RX	4	
CADEAU DHA	4	
<i>calcium pnv</i>	1	
<i>calcium-folic acid-vitamin d</i>	2	
CARDIOTEK-RX (BIOPERINE)	4	
<i>centratex</i>	2	
<i>cholecalciferol (vitamin d3)</i>	2	OTC
CITRANATAL (DUAL-IRON)	4	
CITRANATAL 90 DHA (ALGAL OIL)	4	
CITRANATAL ASSURE	4	
CITRANATAL B-CALM (FE GLUC)	4	
CITRANATAL BLOOM	4	
CITRANATAL DHA (ALGAL OIL)	4	

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Drug Name	Drug Tier	Requirements / Limits
CITRANATAL HARMONY (IRON FUM)	4	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>completenate</i>	1	
<i>complex b-100</i>	2	ACA; OTC
CONCEPT DHA	4	
CONCEPT OB	4	
<i>corvita</i>	2	
<i>corvita 150</i>	2	
CORVITE	4	
CORVITE 150	4	
CORVITE FE	4	
CORVITE FREE	4	
<i>cyanocobalamin (vitamin b-12)</i>	2	
<i>delta d3</i>	2	OTC
<i>dialyvite</i>	2	
DIALYVITE 3000	4	
DIALYVITE 5000	4	
<i>dialyvite 800</i>	2	ACA; OTC
DIALYVITE 800 WITH IRON	4	
DIALYVITE SUPREME D	4	
DRISDOL	4	
DUET DHA BALANCED	4	
DUET DHA WITH OMEGA-3	4	
<i>d-vi-sol</i>	2	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>elite-ob</i>	1	
ENBRACE HR	4	
ENLYTE	4	
<i>ergocalciferol (vitamin d2) oral capsule</i>	2	
<i>ergocalciferol (vitamin d2) oral tablet</i>	2	OTC
ESCAVITE	4	
ESCAVITE D	4	
ESCAVITE LQ	4	
EXTRA-VIRT PLUS DHA	4	
FERIVA 21-7 TABLET	4	
FERIVA FA (SUMALATE)	4	
<i>ferocon</i>	2	
FERRALET 90 DUAL-IRON DELIVERY	4	
<i>ferraplus 90</i>	2	
<i>ferrex 150 forte</i>	2	
<i>ferrex 150 forte plus</i>	2	
<i>ferrex 28</i>	2	
<i>ferrocite plus</i>	2	
FLORIVA	4	
FLORIVA (FLUORIDE-VITAMIN D3)	4	
FLORIVA PLUS	4	
FLUORABON	4	
<i>fluoride (sodium) oral drops</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	ACA
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	ACA
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FLURA-DROPS	4	
<i>folbee</i>	2	
<i>folbee plus</i>	2	
<i>folbic</i>	2	
FOLET ONE	4	
FOLGARD OS	4	
FOLGARD RX	4	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folic acid-vit b6-vit b12</i>	2	
<i>folivane-f</i>	2	
<i>folivane-ob</i>	1	
<i>folivane-plus</i>	2	
<i>folplex 2.2</i>	2	
<i>foltabs 800</i>	2	ACA; OTC
FOLTRATE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>full spectrum b-vitamin c</i>	2	ACA; OTC
FUSION PLUS	4	
FUSION SPRINKLES	4	
<i>hematinic plus vit/minerals</i>	2	
<i>hematinic/folic acid</i>	2	
<i>hematogen</i>	2	
<i>hematogen fa</i>	2	
<i>hematogen forte</i>	2	
HEMATRON-AF	4	
<i>hemenatal ob</i>	1	
<i>hemenatal ob + dha</i>	1	
<i>hemetab</i>	2	
HEMOCYTE-F	4	
HEMOCYTE-PLUS	4	
<i>hydroxocobalamin</i>	2	
ICAR-C PLUS	4	
<i>iferex 150 forte</i>	2	
INTEGRA F	4	
INTEGRA PLUS	4	
IROSPAN 24/6	4	
<i>kobee</i>	2	ACA; OTC
KOSHER PRENATAL PLUS IRON	4	
<i>kpn</i>	1	ACA; OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
MARNATAL-F	4	
MAXFE (FOLATE-DOCUSATE)	4	
METHAVER	4	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
<i>multi-vit with fluoride-iron</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	1	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 1 mg</i>	1	
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	1	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA
<i>mvc-fluoride oral tablet, chewable 1 mg</i>	1	
<i>myferon 150 forte</i>	2	
<i>mynatal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
<i>mynephrocaps</i>	2	
<i>mynephron</i>	2	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	4	
<i>natural b-100 complex</i>	2	ACA; OTC
NEEVODHA (WITH ALGAL OIL)	4	
<i>nephplex rx</i>	2	
NEPHROCAPS	4	
NEPHROCAPS QT	4	
NEPHRON FA	4	
<i>nephro-vite rx</i>	2	
NESTABS	4	
NESTABS ABC	4	
NESTABS DHA	4	
NESTABS ONE	4	
NEURIN-SL	4	
<i>newgen</i>	1	
NICOMIDE (SELENIUM-CHROMIUM)	4	
NIVA-FOL	4	
NIVA-PLUS	4	
NUFERA	4	
NUTRICAP	4	
OB COMPLETE	4	

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Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE GOLD	4	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE WITH DHA	4	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	4	
OBSTETRIX ONE	4	
OBTREX DHA	4	
O-CAL F.A.	4	
O-CAL PRENATAL	4	
<i>one daily prenatal</i>	1	ACA; OTC
<i>oyster shell calcium-vit d2</i>	2	OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv ob+dha</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-ferrous fumarate-docu-fa</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pnv-vp-u</i>	1	
<i>poly-iron 150 forte</i>	2	
POLY-VI-FLOR	4	
POLY-VI-FLOR WITH IRON	4	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREFERA-OB	4	
PREFERA-OB ONE	4	
PREFERA-OB PLUS DHA	4	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	4	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA; OTC
<i>prenatal complete</i>	1	ACA; OTC
<i>prenatal formula</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	4	
<i>prenatal vitamin</i>	1	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	4	
PRENATE CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN)	4	
PRENATE ELITE (IRON ASP GLYC)	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL(IRON-ASP-GL)	4	
PRENATE MINI (FERR ASP GLYCIN)	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
PRENATE STAR	4	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	4	
PROFERRIN-FORTE	4	
PROTECT IRON	4	
PROVIDA DHA	4	
PROVIDA OB	4	
PURALOR CI	4	
PUREFE OB PLUS	4	
PUREFE PLUS	4	
<i>purevit dualfe plus</i>	2	

Drug Name	Drug Tier	Requirements / Limits
QUFLORA	4	
QUFLORA FE	4	
QUFLORA FE (FERROUS SULFATE)	4	
QUFLORA PEDIATRIC	4	
QUFLORA PEDIATRIC DROPS	4	
<i>renal caps</i>	2	
<i>rena-vite</i>	2	ACA; OTC
<i>rena-vite rx</i>	2	
<i>reno caps</i>	2	
<i>risacal-d</i>	2	OTC
R-NATAL OB	4	
SELECT-OB	4	
SELECT-OB (FOLIC ACID)	4	
SELECT-OB + DHA	4	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>se-tan plus</i>	2	
<i>stress formula</i>	2	ACA; OTC
<i>stress formula with iron</i>	2	ACA; OTC
<i>stress formula with iron(sulf)</i>	2	ACA; OTC
STROVITE FORTE	4	
STROVITE ONE	4	
<i>super b complex-vitamin c</i>	2	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>super b maxi complex</i>	2	ACA; OTC
<i>super b-50 complex plus</i>	2	ACA; OTC
<i>super quintis</i>	2	ACA; OTC
<i>super quintis b-50</i>	2	ACA; OTC
<i>superplex-t</i>	2	ACA; OTC
SUPERVITE	4	
TANDEM PLUS	4	
<i>taron forte</i>	2	
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	4	
<i>thrivite-19</i>	2	
<i>tl gard rx</i>	2	
<i>tl g-fol os</i>	2	
<i>tl icon</i>	2	
<i>total b/c</i>	2	ACA; OTC
TRICARE	4	
<i>tricon</i>	2	
TRIFERIC	4	
<i>trigels-f forte</i>	2	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>triphrocaps</i>	2	
TRISTART DHA	4	
<i>triveen-duo dha</i>	1	
TRI-VI-FLOR	4	
<i>tri-vitamin with fluoride</i>	1	ACA
<i>trust natal dha</i>	1	
UDAMIN SP	4	

Drug Name	Drug Tier	Requirements / Limits
<i>ultra b-100 complex</i>	2	ACA; OTC
<i>v-c forte</i>	2	
<i>vic-forte</i>	2	
<i>vinate care</i>	1	
VINATE DHA RF	4	
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate one</i>	1	
<i>virt-advance</i>	1	
<i>virt-c dha</i>	1	
VIRT-CAPS	4	
<i>virt-gard</i>	2	
<i>virt-nate dha</i>	1	
<i>virt-pn</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VIRTPREX	4	
<i>virt-select</i>	1	
<i>virt-vite</i>	2	
<i>virt-vite gt</i>	1	
VIRT-VITE PLUS	4	
<i>vit 3</i>	2	
VITAFOL	4	
VITAFOL FE+ (WITH DOCUSATE)	4	
VITAFOL GUMMIES	4	
VITAFOL NANO	4	
VITAFOL ULTRA	4	
VITAFOL-OB	4	
VITAFOL-OB+DHA	4	

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

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-ONE	4	
<i>vitajoy daily d</i>	2	OTC
VITAL-D RX	4	
VITAMED MD ONE RX	4	
VITAMEDMD REDICHEW RX	4	
<i>vitamin b complex</i>	2	ACA; OTC
<i>vitamin b complex-folic acid</i>	2	ACA; OTC
<i>vitamin d3</i>	2	OTC
<i>vitamins a,c,d and fluoride</i>	1	ACA
VITAPEARL	4	

Drug Name	Drug Tier	Requirements / Limits
VITA-RESPA	4	
VITATRUE	4	
<i>vol-nate</i>	2	
<i>vol-plus</i>	2	
<i>vol-tab rx</i>	2	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	4	
<i>vp-vite rx</i>	2	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

Index

A		
abacavir	9	
abacavir-lamivudine	9	
abacavir-lamivudine- zidovudine	9	
ABSORICA.....	37	
acamprosate	43	
ACANYA.....	37	
acarbose.....	52	
ACCOLATE.....	70	
ACCU-CHEK COMPACT PLUS CONTROL.....	46	
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....	46	
ACCU-CHEK SMARTVIEW CONTRL SOL.....	46	
ACCUPRIL.....	29	
ACCURETIC.....	29	
AC CUTREND GLUCOSE CONTROL	47	
acebutolol	29	
acetaminophen-caff- dihydrocod	21	
ACETAMINOPHEN-CAFF- DIHYDROCOD.....	21	
acetaminophen-code ine.....	21	
acetazolamide.....	66	
acetic acid	43, 45	
acetylcysteine	70	
acitretin.....	35	
ACTEMRA.....	61	
ACTHAR H.P.....	46	
ACTHIB (PF)	59	
ACTICLATE.....	13	
ACTIGALL	54	
ACTIMMUNE.....	59	
ACTIQ	21	
ACTIVE FE.....	74	
ACTIVELLA.....	62	
ACTONEL	61	
ACTOPLUS MET.....	52	
ACTOPLUS MET XR.....	52	
ACTOS.....	52	
ACULAR.....	66	
ACULAR LS.....	66	
acyclovir	9, 41	
ACZONE.....	37	
ADACEL(TDAP ADOLESN/ADULT)(PF)	59	
ADALAT CC.....	29	
adapalene	37	
ADAPALENE.....	37	
adapalene-benzoyl peroxide	37	
ADASUVE.....	24	
ADCIRCA.....	70	
ADDERALL XR.....	24	
ADDYI.....	24	
adefovir.....	9	
ADEMPAS.....	70	
ADRENALIN.....	70	
adult aspirin regimen	23	
ADVAIR DISKUS.....	70	
ADVAIR HFA	70	
ADVATE.....	32	
ADVOCATE LOW CONTROL	47	
ADVOCATE REDI-CODE+ CTRL LOW	47	
ADYNOVATE	32	
ADZENYS ER.....	25	
ADZENYS XR-ODT	25	
AEROSPAN.....	70	
afeditab cr	29	
AFINITOR.....	14	
AFINITOR DISPERZ.....	15	
AFLURIA 2018-2019.....	59	
AFLURIA 2018-2019 (PF) ..	59	
AFLURIA QUAD 2018-2019	59	
AFLURIA QUAD 2018-2019 (PF).....	59	
AFREZZA	50	
AFSTYLA	32	
AGAMATRIX CONTROL HIGH.....	47	
AGGRENEX.....	32	
AGRYLIN	43	
AIMOVIG AUTOINJECTOR	19	
AIMOVIG AUTOINJECTOR (2 PACK).....	19	
AIRDUO RESPICLICK.....	70	
ak-poly-bac	64	
AKTEN (PF).....	65	
AKYNZEO (NETUPITANT)	54	
ala-cort.....	41	
ALA-QUIN.....	40	
ALA-SCALP	41	
ALBENZA	12	
albuterol sulfate.....	70	
alclometasone.....	41	
ALDACTAZIDE.....	29	
ALDACTONE.....	29	
ALDARA	59	
ALECENSA	15	
alendronate	43, 61	
ALFERON N.....	59	
alfuzosin	72	
ALINIA.....	12	
ALKERAN.....	15	
allopurinol.....	61	
ALLZITAL.....	21	
almotriptan malate.....	19	
ALOCRILO.....	65	
ALOGLIPTIN- PIOGLITAZONE.....	52	
ALOMIDE.....	65	
alophen	54	
ALORA.....	62	
alosetron	54	
ALPHAGAN P	68	
aprazolam	25	
aprazolam intensol.....	25	
ALPROLIX	32	
ALREX	67	
ALTABAX.....	40	
altacaine	65	
ALTACE	29	
altafluor	65	
ALUNBRIG.....	15	
ALZAIR	45	
amabelz	62	
amantadine hcl	9	
AMARYL.....	52	
AMBIEN	25	
AMBIEN CR.....	25	
amcinonide.....	41	

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

AMELUZ	36	apexic on e	41	atenolol.....	29
AMERGE	19	APLENZIN.....	25	atenolol-chlorthalidone	29
AMICAR.....	32	APOKYN	19	ATIVAN.....	25
amiloride.....	29	apraclonidine.....	68	atomoxetine	25
amiloride-hydrochlorothiazide	29	aprepitant	54	atorvastatin.....	34
amiodarone	29	APRISO.....	54	atovaquone.....	12
AMITIZA	54	APTENSIO XR.....	25	atovaquone-proguanil	12
amitriptyline.....	25	APTIOM.....	17	ATRALIN.....	37
amitriptyline-chlordiazepoxide	25	APTIVUS.....	9	atropine.....	64
amlodipine	29	aqua care sodium chloride....	43	ATROPINE IN 0.9 % SOD	
amlodipine-atorvastatin.....	33	aqua care sterile water	43	CHLORIDE	65
amlodipine-benazepril	29	AQUA GLYCOLIC HC.....	41	ATROVENT HFA	70
amlodipine-olmesartan.....	29	ARAVA.....	61	AUBAGIO.....	59
amlodipine-valsartan.....	29	ARCALYST	59	aubra eq.....	63
amlodipine-valsartan-hcthiazid	29	ARCAPTA NEOHALER	70	AUGMENTIN	13
ammonium lactate	36	ARESTIN	45	AUGMENTIN ES-600	13
amnestem.....	37	ARICEPT	20	AUGMENTIN XR	13
amoxapine	25	aripiprazole	25	AURYXIA.....	54
amoxicil-clarithromy-lansopraz	57	ARIXTRA	32	AUSTEDO	20
amoxicillin.....	13	armodafinil.....	25	AUTOJECT 2 INJECTION	
amoxicillin-pot clavulanate ..	13	ARMONAIR RESPICLICK 70		DEVICE	47
ampicillin.....	13	ARMOUR THYROID.....	53	AUTOPEN 1 TO 21 UNITS	47
AMPYRA.....	20	ARNUITY ELLIPTA.....	70	AUTOSOFT 30.....	47
AMRIX	20	AROMASIN.....	15	AUTOSOFT 90.....	47
ANADROL-50.....	51	ARTHROTEC 50.....	23	AUTOSOFT XC INFUSION	
ANAFRANIL	25	ARTHROTEC 75.....	23	SET 23.....	47
anagrelide	43	ARYMO ER.....	21	AVANDIA	52
ANA-LEX KIT	54	ascomp with codeine	21	avar	37
ANALPRAM-HC.....	35, 54	ASMANEX HFA	70	AVAR	37
ANALPRAM-HC SINGLES	54	ASMANEX TWISTHALER	70	AVAR LS.....	37
ANAPROX DS	23	aspir-81.....	23	AVAR-E GREEN	37
anaspaz.....	53	aspirin.....	23	AVAR-E LS.....	37
anastrozole	15	aspirin low dose	23	AVC VAGINAL.....	63
ANCOBON	9	aspirin-dipyridamole.....	32	AVELOX.....	13
ANDRODERM.....	51	aspir-low	23	avidoxy	13
ANDROGEL	51	aspir-trin	23	AVIDOXY DK.....	13
ANDROID.....	51	ASSURE 4 CONTROL		avita.....	37
ANGELIQ	62	SOLUTION.....	47	AVITA	37
ANIMI-3 WITH VITAMIN D	74	ASSURE DOSE NORMAL		AVONEX.....	59
ANORO ELLIPTA.....	70	CONTROL	47	AVONEX (WITH ALBUMIN)	
ANTARA	34	ASSURE PRISM CONTROL		.....	59
anucort-hc	54	1-2 SOLN.....	47	AXIRON	51
ANZEMET	54	ASTAGRAF XL	15	AYGESTIN	62
		ASTEPRO	45	AZASAN.....	15
		AT HOME A1C.....	47	AZASITE	64
		ATABEX EC	74	azathioprine.....	15
		atazanavir.....	9	azelastine	45, 65
		ATELVIA.....	61	AZELEX	37

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

AZILECT	19	benzepro	38	BOSULIF	15
azithromycin	11	BENZEPRO		BOTOX.....	60
AZOPT.....	66	(MICROSPHERES).....	38	bp 10-1	38
AZULFIDINE.....	54	BENZNIDAZOLE	12	bpo	38
AZULFIDINE EN-TABS.....	54	benzonatate	68	BRAFTOVI.....	15
B		benzoyl peroxide	38	BREEZE 2 CONTROL	
b complex-vitamin b12	74	benztropine	19	SOLUTION,HIGH	47
b complex-vitamin c-folic acid		BEPREVE.....	65	BREO ELLIPTA.....	70
.....	74	BESIVANCE.....	64	BRILINTA.....	32
bacitracin	64	BETADINE OPHTHALMIC		brimonidine.....	68
bacitracin-polymyxin b	64	PREP	64	BRIMONIDINE-	
baclofen	20	betamethasone dipropionate .	41	DORZOLAMIDE (PF) ...	66
BACLOFEN	20	betamethasone valerate	41	BRIVIACT	17
BACMIN	74	betamethasone, augmented...41		BROMFED DM.....	68
BACTRIM.....	13	BETAPACE.....	29	bromfenac	66
BACTRIM DS	13	BETAPACE AF.....	29	bromocriptine.....	19
BACTROBAN.....	40	BETASERON.....	59	brompheniramine-pseudoeph-	
BACTROBAN NASAL	45	betaxolol	29, 64	dm	68
balanced b-100.....	74	bethanechol chloride.....	72	BROMSITE.....	66
balanced b-100 complex	74	BETHKIS	12	BUCALSEP.....	39
balanced b-50.....	74	BETIMOL	64	budesonide.....	54, 70
bal-care dha.....	74	BETOPTIC S.....	64	bumetanide.....	29
BAL-CARE DHA		BEVACIZUMAB.....	65	BUPHENYL.....	43
ESSENTIAL	74	BEVESPI AEROSPHERE...70		buprenorphine hcl.....	21
balsalazide	54	BEVYXXA.....	32	bupropion hcl.....	25
BANZEL	17	bexarotene.....	15	bupropion hcl (smoking deter)	
BARACLUDE.....	9	BEXSERO	60	.....	44
BASAGLAR KWIKPEN U-		bicalutamide.....	15	buspirone	25
100 INSULIN.....	50	BIDIL.....	29	butalbital compound w/codeine	
BAXDELA	13	BIFERA RX	74	.....	21
bayer aspirin.....	23	BIKTARVY.....	9	butalbital-acetaminop-caf-cod	
BCG VACCINE, LIVE (PF) 60		BILTRICIDE	12	.....	21
b-complex with vitamin c ....74		bimatoprost	66	butalbital-acetaminophen	21
BELBUCA	21	BINOSTO.....	61	butalbital-acetaminophen-caff	
belladonna alkaloids-opium .53		BIOTHRAX.....	60	.....	21
belladonna-opium.....	53	bisacodyl.....	54	butalbital-aspirin-caffeine	21
BELSOMRA.....	25	bisa-lax	54	BUTISOL	25
benazepril	29	bisoprolol fumarate.....	29	butorphanol tartrate	23
benazepril-hydrochlorothiazide		bisoprolol-hydrochlorothiazide		BYDUREON.....	52
.....	29	.....	29	BYDUREON BCISE.....	52
BENEFIX	32	BLEPH-10.....	67	BYETTA	52
BENLYSTA	61	BLEPHAMIDE.....	67	BYSTOLIC.....	29
BENSAL HP.....	36	BLEPHAMIDE S.O.P.	67	BYVALSON.....	29
BENZACLIN.....	37	BLOOD GLUCOSE		C	
BENZACLIN PUMP.....	37	CONTROL, NORMAL ...	47	cabergoline.....	51
BENZAMYCIN.....	38	BONIVA	61	CABOMETYX	15
BENZEFOAM.....	38	BONJESTA	54	CADEAU DHA	74
BENZEFOAM ULTRA.....	38	BOOSTRIX TDAP.....	60	CADUET.....	34

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

CAFERGOT	19	CARDIZEM	30	CEPROTIN (GREEN BAR) 32	
caffeine citrate.....	43	CARDIZEM CD	30	CERDELGA	51
CALAN	29	CARDIZEM LA.....	30	CERVIDIL	63
CALAN SR.....	29	CARDURA.....	30	CESAMET	54
calcipotriene.....	35	CARDURA XL.....	30	cetirizine	68
calcipotriene-betamethasone	35	CARESENS CONTROL A		cevime line.....	44
calcitonin (salmon)	51	NORMAL.....	47	CHANTIX.....	44
calcitrene	35	carisoprodol	20	CHANTIX CONTINUING	
calcitriol.....	35, 51	carisoprodol-asa-codeine.....	20	MONTH BOX.....	44
calcium 500 + d.....	73	carisoprodol-aspirin	20	CHANTIX STARTING	
calcium 500 with d	73	CARNITOR.....	43	MONTH BOX.....	44
calcium 600 + d(3)	73	CARNITOR (SUGAR-FREE)		chateal eq.....	63
calcium 600 with vitamin d3	73	.....	43	CHEMET.....	44
calcium acetate.....	54	CAROSPIR.....	30	CHENODAL	54
calcium carb and citrate-vitd3		carteolol.....	64	cheratussin ac	68
.....	73	cartia xt.....	30	children's aspirin.....	23
calcium carbonate-vitamin d3		CARTRIDGE STAMPED IR		chlordia zepoxide hcl.....	25
.....	73	1200	47	chlordia zepoxide-clidinium..	53
calcium citrate-vitamin d2.....	73	carvedilol	30	chlorhexidine gluconate	45
calcium citrate-vitamin d3.....	73	carvedilol phosphate	30	chloroquine phosphate	12
calcium pnv.....	74	CASODEX	15	chlorothiazide	30
calcium-folic acid-vitamin d	74	CATAPRES.....	30	chlorpromazine.....	25
CALQUENCE	15	CATAPRES-TTS-1.....	30	chlorpropamide	52
CAMBIA.....	23	CATAPRES-TTS-2.....	30	chlorthalidone	30
CANASA.....	54	CATAPRES-TTS-3.....	30	chlorzoxazone	20
candesartan	29	CAVERJECT.....	72	CHOLBAM.....	54
candesartan-hydrochlorothiazid		CAVERJECT IMPULSE.....	72	cholecalciferol (vitamin d3) .	74
.....	30	CAYSTON	12	cholestyramine (with sugar) .	34
capacet.....	21	cefaclor	11	cholestyramine light	34
CAPCOF	68	cefadroxil.....	11	choline,magnesium salicylate	
capecitabine	15	cefdinir	11	.....	23
CAPEX.....	41	cefditoren pivoxil	11	CIALIS.....	72
CAPRELSA.....	15	cefixime	11	ciclodan	40
captopril.....	30	cefpodoxime	11	CICLODAN KIT	40
captopril-hydrochlorothiazide		cefprozil.....	11	ciclopirox	40
.....	30	CEFUROXIME (PF) IN 0.9%		ciclopirox-ure-camph-menth-	
CARAC	36	NACL.....	64	euc	41
CARAFATE	57	cefuroxime axetil.....	11	cilostazol.....	32
CARBAGLU	43	celecoxib.....	23	CILOXAN	64
carbamazepine.....	17	CELLCEPT	15	CIMDUO.....	9
CARBATROL	17	CELONTIN	17	cimetidine	57
carbidopa	19	cem-urea	36	cimetidine hcl.....	57
carbidopa-levodopa	19	CENTANY	40	CIPRO.....	13
carbidopa-levodopa-		CENTANY AT.....	40	CIPRO HC.....	45
entacapone	19	centergy	68	CIPRO XR.....	13
carbinoxamine maleate	68	centratex	74	CIPRODEX.....	45
CARDIOTEK-RX		cephalexin	11	ciprofloxacin	13
(BIOPERINE).....	74	CEPROTIN (BLUE BAR)...	32	ciprofloxacin (mixture).....	13

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

ciprofloxacin hcl.....	13, 45, 64	CLINDESSE.....	63	COMFORT SHORT INSULIN	
citalopram.....	25	CLINPRO 5000.....	45	PUMP 23.....	47
CITRANATAL (DUAL-		clobetasol.....	41	COMPAZINE.....	54
IRON).....	74	clobetasol-emollient.....	42	COMPLERA.....	9
CITRANATAL 90 DHA		CLOBEX.....	42	complete natal dha.....	75
(ALGAL OIL).....	74	CLOCORTOLONE		completenate.....	75
CITRANATAL ASSURE.....	74	PIVALATE.....	42	complex b-100.....	75
CITRANATAL B-CALM (FE		clodan.....	42	compro.....	54
GLUC).....	74	CLODAN KIT.....	42	COMTAN.....	19
CITRANATAL BLOOM.....	74	CLODERM.....	42	CONCEPT DHA.....	75
CITRANATAL DHA		clomipramine.....	25	CONCEPT OB.....	75
(ALGAL OIL).....	74	clonazepam.....	17	CONCERTA.....	25
CITRANATAL HARMONY		clonidine.....	30	CONDYLOX.....	36
(IRON FUM).....	75	clonidine hcl.....	25, 30	constulose.....	54
citrate of magnesia.....	54	clopidogrel.....	32	CONTACT DETACH INFUS	
citroma.....	54	clorazepate dipotassium.....	25	SET 23.....	47
citrus calcium.....	73	clotrimazole.....	9, 41	CONTOUR CONTROL	
claravis.....	38	clotrimazole-beta methasone.....	41	SOLUTION, NML.....	47
CLARINEX.....	68	clozapine.....	25	CONTOUR NEXT LEV 2	
CLARINEX-D 12 HOUR.....	68	CLOZAPINE.....	25	CONTROL SOL.....	47
clarithromycin.....	11	CLOZARIL.....	25	CONZIP.....	23
classic prenatal.....	75	c-nate dha.....	75	COOL CONTROL A	
cleansing wash.....	38	COAGADEX.....	32	SOLUTION.....	47
clearlax.....	54	COAL TAR.....	35	COPAXONE.....	59
clemastine.....	68	COARTEM.....	12	CORDRAN.....	42
CLENPIQ.....	54	COCAINE.....	39	CORDRAN TAPE LARGE	
CLEO 90 INFUSION SET 24		codeine sulfate.....	21	ROLL.....	42
.....	47	codeine-guaifenesin.....	68	COREG CR.....	30
CLEOCIN.....	63	CODITUSSIN AC.....	68	coremino.....	13
CLEOCIN HCL.....	12	CODITUSSIN DAC.....	68	CORGARD.....	30
CLEOCIN PEDIATRIC.....	12	COLAZAL.....	54	CORLANOR.....	35
CLEOCIN T.....	38	COLCRYS.....	61	cormax.....	42
CLEVER CHOICE LEVEL 2		colesevelam.....	34	CORTANE-B.....	36
CONTROL.....	47	COLESTID.....	34	CORTEF.....	46
CLIMARA.....	62	COLESTID FLAVORED....	34	CORTENEMA.....	54
CLINDACIN ETZ.....	38	colestipol.....	34	cortisone.....	46
clindacin p.....	38	colocort.....	54	CORTISPORIN.....	40
CLINDACIN PAC.....	38	COLY-MYCIN S.....	45	corvita.....	75
CLINDAGEL.....	38	COLYTE WITH FLAVOR		corvita 150.....	75
clindamycin hcl.....	12	PACKS.....	54	CORVITE.....	75
clindamycin palmitate hcl.....	12	COMBIGAN.....	66	CORVITE 150.....	75
clindamycin pediatric.....	12	COMBIPATCH.....	62	CORVITE FE.....	75
clindamycin phosphate... 38, 63		COMBIVENT RESPIMAT.....	70	CORVITE FREE.....	75
CLINDAMYCIN		COMBIVIR.....	9	CORZIDE.....	30
PHOSPHATE.....	38	COMETRIQ.....	15	COSENTYX.....	35
clindamycin-benzoyl peroxide		COMFORT INFUSION SET		COSENTYX (2 SYRINGES)	
.....	38	43.....	47	.....	35
clindamycin-tretinoin.....	38			COSENTYX PEN.....	35

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

COSENTYX PEN (2 PENS) 35	DAPTACEL (DTAP	desvenlafaxine succinate..... 25
COSOPT (PF).....66	PEDIATRIC) (PF)..... 60	dexamethasone 46
COTELLIC.....15	DARAPRIM..... 12	dexamethasone intensol 46
COTEMPLA XR-ODT.....25	darifenacin 72	dexamethasone sodium
COUMADIN.....32	DAYPRO..... 23	phosphate 67
covaryx.....62	DAYTRANA..... 25	DEXAMETH-
covaryx h.s.....62	DDAVP 51	MOXIFLOX(PF)-
CREON.....54	DEBACTEROL 45	NACL,ISO 67
CRESEMBA..... 9	decadron 46	DEXAMET-MOXIFL-
CRINONE.....62	DELESTROGEN 62	KETORO-NACL(PF)..... 65
CRIXIVAN..... 9	delta d3 75	DEXCOM G4 RECEIVER ..47
cromolyn..... 54, 65, 70	deltason 46	DEXCOM G5 RECEIVER ..47
crotan.....43	DEMADEX 30	DEXCOM G6 RECEIVER ..47
CUPRIMINE.....61	demeclocyc line..... 13	DEXCOM RECEIVER..... 47
CUROSURF.....70	DEMEROL.....21	DEXEDRINE SPANSULE..26
CUTIVATE.....42	DEMSE 30	DEXILANT 57
CUVPOSA .....53	DENAVIR.....41	dexmethylphenidate 26
cyanocobalamin (vitamin b-12)	denta 5000 plus 45	DEXPAK 10 DAY 46
..... 75	dentagel 45	DEXPAK 13 DAY 46
cyclobenzaprine.....20	DEPAKENE..... 17	DEXPAK 6 DAY..... 46
CYCLOGYL.....65	DEPAKOTE 17	dextroamphetamine 26
CYCLOMYDRIL.....68	DEPAKOTE ER 17	dextroamphetamine-
cyclopentolate .....65	DEPAKOTE SPRINKLES ..17	amphetamine 26
CYCLOPEN-TROPIC-	DEPEN TITRATABS 61	DEXYCU (PF)..... 67
PHENYLEPH-WATR.....65	DEPO-ESTRADIOL..... 62	dialyvit 75
cyclophosphamide .....15	DEPO-TESTOSTERONE... 51	DIALYVITE 3000 75
CYCLOSERINE .....12	DERMA-SMOOTH/FS	DIALYVITE 5000 75
CYCLOSET.....52	BODY OIL..... 42	dialyvit 800 75
cyclosporine .....15	DERMA-SMOOTH/FS	DIALYVITE 800 WITH IRON
CYCLOSPORINE IN	SCALP OIL 42	.....75
KLARITY.....65	DERMASORB HC	DIALYVITE SUPREME D .75
cyclosporine modified.....15	COMPLETE KIT 42	DIASTAT..... 17
cyproheptadine .....68	DERMASORB TA	DIASTAT ACUDIAL..... 17
CYSTADANE .....54	COMPLETE KIT 42	DIATRUE CONTROL SOLN
CYSTAGON.....72	DERMATOP 42	NORMAL..... 47
CYSTARAN.....65	DERMOTIC OIL 45	diazepam.....18, 26
CYTOTEC.....57	DESCOVY 9	diazepam intensol..... 26
cytra k crystals .....72	desipramine 25	DIBENZYLINE..... 30
cytra-2 .....72	desloratadine 68	DICLEGIS 55
cytra-3 .....72	desmopressin..... 51	diclofenac potassium 23
cytra-k .....72	DESONATE 42	diclofenac sodium....23, 36, 66
D	desonide 42	diclofenac-misoprostol..... 23
D.H.E.45.....19	DESOWEN..... 42	dicloxacillin 13
DALIRESP .....70	desoximetasone 42	dicyclomine..... 53
danazol .....51	DESOXYN 25	didanosine 9
DANTRIUM.....20	DESVENLAFAXINE..... 25	DIFFERIN 38
dantrolene .....20	DESVENLAFAXINE	DIFICID 11
dapsone..... 12, 38	FUMARATE..... 25	diflorasone 42

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

DIFLUCAN.....	9	dronabinol.....	55	eemt.....	62
diflunisal.....	23	DROXIA	15	eemt hs	62
digitek.....	32	DUAC	38	efavirenz	9
digox	32	DUAVEE.....	62	effer-k.....	73
digoxin	32	ducodyl.....	55	EFFER-K.....	73
dihydroergotamine	19	DUET DHA BALANCED...75		EFFIENT	32
DILANTIN.....	18	DUET DHA WITH OMEGA-3		EFUDEX	36
DILANTIN EXTENDED	18	.....	75	EGRIFTA	59
DILANTIN INFATABS.....	18	DUETACT	52	ELEMENT COMPACT	
DILANTIN-125	18	DUEXIS	23	NORMAL CONTROL	48
DILATRATE-SR.....	35	DULERA.....	70	ELEMENT NORMAL	
DILAUDID.....	21	duloxetine	26	CONTROL	48
diltiazem	30	DUOPA.....	19	ELESTAT	65
dilt-xr.....	30	DUPIXENT	36	ELESTRIN	62
diphenhydramine hcl	68	DURAGESIC.....	21	eletriptan	19
diphenoxylate-atropine	53	DUREZOL	67	ELIDEL.....	36
DIPROLENE.....	42	dutasteride.....	72	ELIGARD.....	15
dipyridamole	32	dutasteride-tamsulosin	72	ELIGARD (3 MONTH).....	15
DISALCID.....	23	DUTOPROL.....	30	ELIGARD (4 MONTH).....	15
diskets	21	d-vi-sol	75	ELIGARD (6 MONTH).....	15
disopyramide phosphate.....	29	DYANA VEL XR.....	26	ELIMITE	43
disulfiram.....	44	DYAZIDE	30	eliphos	55
DITROPAN XL	72	DYMISTA.....	70	ELIQUIS.....	32
DIURIL	30	DYRENIUM.....	30	elite-ob.....	75
divalproe x	18	E		ELIXOPHYLLIN.....	70
DIVIGEL.....	62	e.c. prin	23	ELLA	63
dofetilide.....	29	e.e.s. 400.....	11	ELMIRON.....	72
DOLOPHINE.....	21	E.E.S. GRANULES.....	11	ELOCON.....	42
donepezil	20	EASY TRAK LOW		EMADINE.....	65
DONNATAL.....	53	CONTROL	47	EMBRACE EVO LEVEL 1.48	
DOPTELET.....	32	EASYGLUCO PLUS		EMBRACE GLUCOSE	
DORAL.....	26	NORMAL CONTROL	47	CONTROL LOW	48
DORYX.....	13	EASYMAX LOW CONTROL		EMCYT	15
DORYX MPC.....	13	.....	48	EMEND.....	55
dorzolamide	66	EASYMAX NORMAL		EMSAM	26
DORZOLAMIDE (PF).....	66	CONTROL	48	EMTRIVA.....	9
dorzolamide-timolol	66	EC-NAPROSYN.....	23	EMVERM.....	12
dorzolamide-timolol (pf).....	66	econazole	41	ENABLEX	72
DORZOLAMIDE-TIMOLOL		ecotrin.....	23	enalapril maleate	30
(PF).....	66	ecotrin low strength	23	enalapril-hydrochlorothiazide	
DOVONEX	35	ECOZA	41	.....	30
doxazosin	30	EDARBI.....	30	ENBRACE HR	75
doxepin	26, 36	EDARBYCLOR.....	30	ENBREL	61
doxercalciferol	51	EDECIN.....	30	ENBREL MINI.....	61
doxycycline hyclate	13	EDEX.....	72	ENBREL SURECLICK.....	61
doxycycline monohydrate	14	EDLUAR.....	26	endocet	21
DRISDOL.....	75	ed-spaz.....	53	ENGERIX-B (PF)	60
drithocrema hp	35	EDURANT.....	9		

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

ENGERIX-B PEDIATRIC (PF).....	60	erythromycin-benzoyl peroxide	38	ezetimibe-simvastatin.....	34
ENLITE SYSTEM	48	ESBRIET.....	70	F	
ENLYTE	75	ESCAVITE.....	75	FABIOR.....	38
enoxaparin	33	ESCAVITE D.....	75	FACTIVE.....	13
ENSTILAR.....	35	ESCAVITE LQ.....	75	famciclovir.....	10
entacapone	19	escitalopram oxalate	26	famotidine.....	57
entecavir	9	ESGIC	21	FANAPT.....	26
ENTEREG.....	55	ESKATA	36	FARESTON.....	15
ENTOCORT EC	55	esomeprazole magnesium	57	FARXIGA.....	52
ENTRESTO.....	35	ESOMEPRAZOLE		FARYDAK.....	15
enulose.....	55	STRONTIUM	57	FAZACLO	26
ENVARUSUS XR	15	estazolam	26	felbamate	18
EPANED.....	30	ESTRACE	62	FELBATOL.....	18
EPCLUSA	9	estradiol.....	62	FELDENE.....	23
EPIDUO.....	38	estradiol valerate	62	felodipine.....	30
EPIDUO FORTE	38	estradiol-norethindrone acet.	62	fem ph.....	63
EPIFOAM.....	35	ESTRING	62	FEMARA	15
epinastine.....	65	estrogens-methyltestosterone	62	FEMHRT LOW DOSE.....	63
EPINEPHRINE.....	68	estropipate.....	62	fenofibrate	34
EPIPEN 2-PAK.....	68	eszopiclone	26	FENOFIBRATE.....	34
EPIPEN JR 2-PAK.....	68	ethacrynic acid	30	fenofibrate micronized.....	34
EPISIL.....	45	ethambutol.....	12	fenofibrate nanocrystallized	34
epitol	18	ethosuximide	18	fenofibric acid	34
EPIVIR.....	9	ethyl chloride	39	fenofibric acid (choline)	34
EPIVIR HBV.....	10	etidronate disodium	44	FENOGLIDE	34
eplerenone.....	30	etodolac.....	23	fenoprofen.....	23
eprosartan	30	etoposide	15	fentanyl.....	21
EPZICOM.....	10	EUCRISA.....	36	fentanyl citrate.....	21
EQUETRO	18	EURAX.....	43	FERIVA 21-7 TABLET	75
ergocalciferol (vitamin d2)...	75	EVAMIST	62	FERIVA FA (SUMALATE) 75	
ergolid.....	26	EVEKEO.....	26	ferocon.....	75
ERGOMAR	19	EVISTA.....	61	FERRALET 90 DUAL-IRON	
ergotamine-caffeine	19	EVOCLIN.....	38	DELIVERY	75
ERIVEDGE	15	EVOLUTION NORMAL		ferraplus 90	75
ERLEADA	15	CONTROL	48	ferrex 150 forte	75
ERTACZO.....	41	EVOTAZ.....	10	ferrex 150 forte plus.....	75
ery pads	38	EVOXAC	44	ferrex 28.....	75
erygel.....	38	EXALGO ER.....	21	FERRIPROX.....	44
ERYPED 200.....	11	EXELDERM.....	41	ferrocite plus.....	75
ERYPED 400.....	11	EXELON.....	20	FETZIMA.....	26
ery-tab	11	exemestane	15	FEXMID.....	20
ERY-TAB.....	11	EXJADE.....	44	FIBRICOR.....	34
erythrocin (as stearate).....	11	EXODERM.....	41	FINACEA.....	38
erythromycin	11, 64	EXTINA.....	41	finasteride.....	72
erythromycin ethylsuccinate	12	EXTRA-VIRT PLUS DHA..	75	FIORICET	21
erythromycin with ethanol ...	38	EYLEA.....	65	FIORINAL.....	21
		ezetimibe	34	FIORINAL-CODEINE #3 ...	21
				FIRAZYR.....	70

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

FIRVANQ.....	14	FLUOROPLEX.....	36	FORTEO	61
FLAGYL	12	fluorouracil	36	FORTISCARE NORMAL ...	48
flavoxate	72	fluoxetine.....	26	FOSAMAX.....	61
flecainide	29	fluphenazine hcl.....	26	FOSAMAX PLUS D.....	61
FLECTOR	23	FLURA-DROPS	76	fosamprenavir	10
fleet laxative	55	flurandrenolide	42	fosinopril	30
FLOLIPID	34	flurazepam	26	fosinopril-hydrochlorothiazide	
FLOMAX	72	flurbiprofen.....	23	.....	30
FLORIVA.....	75	flurbiprofen sodium.....	66	FRAGMIN.....	33
FLORIVA (FLUORIDE-		flutamide.....	15	FREESTYLE CONTROL....	48
VITAMIN D3).....	75	fluticasone	42, 70	FREESTYLE LIBRE 10 DAY	
FLORIVA PLUS.....	75	FLUTICASONE-		READER.....	48
FLOVENT DISKUS.....	70	SALMETEROL	70	FREESTYLE LIBRE 10 DAY	
FLOVENT HFA.....	70	fluvastatin	34	SENSOR.....	48
FLUAD 2018-2019 (65 YR		fluvoxamine	26	frovatriptan	19
UP)(PF).....	60	FLUZONE HIGH-DOSE		full spectrum b-vitamin c	76
FLUARIX QUAD 2018-2019		2018-19 (PF).....	60	FULPHILA.....	58
(PF).....	60	FLUZONE QUAD 2018-2019		FURADANTIN.....	14
FLUBLOK QUAD 2018-2019		.....	60	furosemide	30
(PF).....	60	FLUZONE QUAD 2018-2019		FUSION PLUS	76
fluca ine	65	(PF).....	60	FUSION SPRINKLES.....	76
FLUCELVAX QUAD 2018-		FLUZONE QUAD PEDI		FUZEON	10
2019.....	60	2018-19 (PF).....	60	fyavolv.....	63
FLUCELVAX QUAD 2018-		FML LIQUIFILM	67	FYCOMPA.....	18
2019 (PF).....	60	FOCALIN.....	26	G	
fluconazole.....	9	FOCALIN XR.....	26	g tuss in ac	68
flucytosine	9	folbee.....	76	gabapentin.....	18
fludrocortisone	46	folbee plus	76	GABITRIL	18
FLULAVAL QUAD 2018-		folbic	76	GALAFOLD.....	51
2019.....	60	FOLET ONE.....	76	galantamine.....	20
FLULAVAL QUAD 2018-		FOLGARD OS.....	76	GALZIN	73
2019 (PF).....	60	FOLGARD RX	76	GARDASIL 9 (PF).....	60
FLUMADINE.....	10	folic acid.....	76	GASTROCROM	55
FLUMIST QUAD 2018-2019		folic acid-vit b6-vit b12	76	gatifloxacin	64
.....	60	folivane-f	76	GATIFLOXACIN-	
flunis olide.....	70	folivane-ob.....	76	DEXAMETHASONE.....	67
fluocinolone	42	folivane-plus	76	GATTEX 30-VIAL	55
fluocinolone acetonide oil	45	folplex 2.2.....	76	gavilax	55
fluocinolone and shower cap	42	foltabs 800	76	gavilyte-c	55
fluocinonide	42	FOLTRATE.....	76	gavilyte-g	55
fluocinonide-emollient	42	fondaparinux	33	gavilyte-n.....	55
FLUORABON.....	75	FORA NORMAL CONTROL		GE100 CONTROL	
fluorescein-proparacaine	65	.....	48	SOLUTION NORMAL ...	48
fluoride (sodium).....	75, 76	FORACARE GDH LOW		GELCLAIR	45
FLUORIDEX DAILY		CONTROL	48	GELNIQUE.....	72
DEFENSE.....	45	FORFIVO XL.....	26	GELX.....	45
fluoritab	76	FORTAMET.....	52	gemfibrozil.....	34
fluorometholone	67	FORTAVIT	74	generlac	55

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

gengraf.....	15	GRALISE 30-DAY STARTER PACK.....	18	heparin flush(porcine)-0.9nacl	33
GENOTROPIN	59	granisetron hcl.....	55	heparin lock flush.....	33
GENOTROPIN MINIQUICK	59	GRANIX	58	heparin lock flush (porcine)..	33
gentak.....	64	griseofulvin microsized.....	9	heparin lockflush(porcine)(pf)	33
gentamicin	40, 64	griseofulvin ultramicrosize.....	9	heparin(porcine) in 0.45% nacl	33
gentle laxative	55	guaifenesin ac.....	68	HEPARIN(PORCINE) IN 0.45% NACL	33
gentlelax	55	guaifenesin ac	68	heparin, porcine (pf)	33
GENVOYA	10	guaifenesin dac.....	69	HEPLISAV-B (PF).....	60
GEODON	26	guanfacine	26, 30	HEPSERA	10
GIALAX.....	55	guanidine	26	HETLIOZ.....	26
GILENYA	59	GUARDIAN REAL-TIME GLU MONITOR	48	HEXALEN	15
GILOTRIF.....	15	GYNAZOLE-1	63	HIBERIX (PF).....	60
GLASSIA	44	H		hi-cal plus vit d.....	73
glatiramer.....	59	HAEGARDA.....	70	HIPREX	14
glatopa	59	HALCION.....	26	HISTEX-AC	69
GLEOSTINE	15	halobetasol propionate	42	homatropaire	65
GLIADEL WAFER.....	15	HALOG.....	42	homatropine hbr	65
glimepiride.....	52	haloperidol.....	26	HORIZANT.....	20
glipizide	52	haloperidol lactate	26	HUMALOG JUNIOR KWIKPEN U-100	50
glipizide-metformin	52	HARVONI.....	10	HUMALOG KWIKPEN INSULIN	50
GLUCAGEN DIAGNOSTIC KIT.....	46	HAVRIX (PF).....	60	HUMALOG MIX 50-50 INSULN U-100.....	50
GLUCAGEN HYPOKIT.....	46	HEALTHPRO HIGH-LOW CONTROL	48	HUMALOG MIX 50-50 KWIKPEN.....	50
GLUCAGON EMERGENCY KIT (HUMAN)	46	healthylax	55	HUMALOG MIX 75-25 KWIKPEN.....	50
GLUCAGON HCL.....	46	HELIKATE FS	33	HUMALOG MIX 75-25(U- 100)INSULN	50
GLUCOCARD 01 NORMAL CONTROL	48	HEMANGEOL	30	HUMALOG U-100 INSULIN	50
GLUCOCOM CONTROL NORMAL.....	48	hematinic plus vit/minerals ..	76	HUMAPEN LUXURA HD..	48
GLUCOSE CONTROL.....	48	hematinic/folic acid	76	HUMIRA.....	61
GLUCOTROL	52	hematogen.....	76	HUMIRA PEDIATRIC CROHN'S START.....	61
GLUCOTROL XL	52	hematogen fa.....	76	HUMIRA PEN.....	61
glyburide.....	52	hematogen forte.....	76	HUMIRA PEN CROHN'S- UC-HS START	61, 62
glyburide micronized.....	52	HEMATRON-AF.....	76	HUMIRA PEN PSORIASIS- UVEITIS.....	62
glyburide-metformin.....	52	hemenatal ob.....	76	HUMULIN 70/30 U-100 INSULIN	50
GLYDATE	53	hemenatal ob + dha.....	76		
glycolax	55	hemetab	76		
glycopyrrolate	53	HEMLIBRA	33		
glydo	39	hemmorex-hc	55		
GLYNASE	52	HEMOCYTE-F.....	76		
GLYSET.....	52	HEMOCYTE-PLUS.....	76		
GLYXAMBI.....	52	hep flush-10 (pf).....	33		
GOLYTELY	55	heparin (porcine)	33		
GONITRO	35	HEPARIN (PORCINE) IN 0.9% NACL	33		
GOPRELTO	39	heparin (porcine) in 5 % dex	33		
GRALISE	18	heparin (porcine) in nacl (pf)	33		

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

HUMULIN 70/30 U-100	HYPER-SAL.....	70	INOVA 8-2.....	36
KWIKPEN.....	HYSINGLA ER.....	22	INPEN (FOR HUMALOG) ..	48
HUMULIN N NPH INSULIN	I		INPEN (FOR NOVLOG) ..	48
KWIKPEN.....	ibandronate	61	INSET 30 INFUSION SET	23
HUMULIN N NPH U-100	IBRANCE.....	15	.....	48
INSULIN	ibu	23	INSET INFUSION SET 23 ..	48
HUMULIN R REGULAR U-	IBUDONE.....	22	INSPIRA.....	30
100 INSULN.....	ibuprofen	23	INSULIN SYRINGE-	
HUMULIN R U-500 (CONC)	ibuprofen-oxycodone	22	NEEDLE U-100	46
INSULIN	ICAR-C PLUS.....	76	INTEGRA F.....	76
HUMULIN R U-500 (CONC)	ICLUSIG	15	INTEGRA PLUS	76
KWIKPEN.....	IDELVION.....	33	INTELENCE	10
HYCANTIN.....	IDHIFA	15	INTERMEZZO	26
hydra lazine.....	IFE-BIMIX 30/1	72	INTRAROSA.....	63
HYDREA	IFE-PG20.....	72	INTRON A.....	59
HYDRO 35.....	iferex 150 forte.....	76	INVEGA.....	26
HYDRO 40.....	ILEVRO	66	INVIRASE.....	10
hydrochlorothiazide	ILUVIEN.....	67	INVOKAMET	52
hydrocodone-acetaminophen	imatinib.....	16	INVOKAMET XR	52
21	IMBRUVICA.....	16	INVOKANA.....	52
hydrocodone-chlorpheniramine	imipramine hcl	26	IODOFLEX	37
.....	imipramine pamoate	26	iodoquinol-hc	40
hydrocodone-cpm-	imiquimod	59	IODOSORB.....	37
pseudoephed.....	IMIQUIMOD.....	59	IOPIDINE.....	68
hydrocodone-homatropine ...	IMOVAX RABIES VACCINE		IPOL.....	60
... 69	(PF).....	60	ipratropium bromide.....	45, 70
hydrocodone-ibuprofen.....	IMPAVIDO	12	ipratropium-albuterol.....	70
.....21	IMPOYZ.....	42	IPRIVASK.....	33
hydrocortisone.....	IMURAN.....	16	irbesartan	30
42, 46, 55	IMVEXXY	63	irbesartan-hydrochlorothiazide	
hydrocortisone acetate	INCRELEX	44	.....	30
55	INCRUSE ELLIPTA.....	70	IRESSA	16
hydrocortisone butyrate.....	indapamide.....	30	IROSPAN 24/6	76
42	INDERAL XL.....	30	ISENTRESS	10
hydrocortisone butyr-emollient	INDOCIN.....	23	ISENTRESS HD	10
.....	indomethacin.....	23	ISOCHRON.....	35
42	INFANRIX (DTAP) (PF)	60	isometh-dichloral-	
hydrocortisone valerate.....	INFASURF.....	44	acetaminophn	19
42	INFINITY CONTROL		isomethepten-caf-	
hydrocortisone-acetic acid....	SOLUTION NORM.....	48	acetaminophen.....	19
45	INFINITY VOICE CTRL		isoniazid	12
hydrocortisone-iodoquinol-a loe	SOLN-LVL 2.....	48	ISOPTO ATROPINE	65
.....	INFUSION SET 43	48	ISOPTO CARPINE.....	65
40	INGREZZA	20	ISORDIL	35
hydrocortisone-min oil-wht pet	INLYTA.....	16	ISORDIL TITRADOSE.....	35
.....	INNOPRAN XL.....	30	isosorbide dinitrate	35
42	INOVA.....	38	isosorbide mononitrate.....	35
hydrocortisone-pramoxine .. 35,	INOVA 4-1.....	36	isotretinoin.....	38
55				
hydromet.....				
69				
hydromorphone				
21, 22				
hydroxocobalamin				
76				
hydroxychloroquine.....				
12				
hydroxyurea				
15				
hydroxyzine hcl.....				
68				
hydroxyzine pamoate.....				
68				
hyophen				
72				
hyoscyamine sulfate				
53				
hyosyne				
53				

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

isoxsuprine.....	63	kionex (with sorbitol)	55	latanoprost	66
isradipine	30	KISQALI.....	16	LATANOPROST (PF).....	66
itraconazole.....	9	KISQALI FEMARA CO-		LATUDA.....	26
ivermectin.....	12	PACK.....	16	laxaclear	55
IXIARO (PF).....	60	KITABIS PAK.....	12	laxative (bisacodyl)	55
IXINITY	33	KLARON.....	40	laxative feminine	55
J		KLONOPIN.....	18	laxative peg 3350	55
JADENU	44	klor-con	73	leflunomide	62
JADENU SPRINKLE.....	44	klor-con 10.....	73	LENVIMA.....	16
JAKAFI.....	16	klor-con 8	73	LESCOL XL.....	34
JALYN.....	72	klor-con m10.....	73	LETAIRIS	70
jantoven	33	klor-con m15.....	73	letrozole.....	16
JANUMET	52	klor-con m20.....	74	leucovorin calcium	14
JANUMET XR	52	klor-con sprinkle	74	LEUKERAN.....	16
JANUVIA.....	52	klor-con/ef	74	LEUKINE.....	58
JARDIANCE.....	52	kobee	76	leuprolide.....	16
JENTADUETO.....	52	KOGENATE FS	33	leva buterol hcl.....	70
JENTADUETO XR.....	52	KORLYM.....	51	LEVAQUIN.....	13
JETREA (PF).....	65	KOSHER PRENATAL PLUS		LEVBID	53
jevantique lo.....	63	IRON.....	76	LEVEMIR FLEXTOUCH U-	
jinteli	63	KOVALTRY	33	100 INSULN.....	50
JUBLIA.....	41	K-PHOS NO 2.....	72	LEVEMIR U-100 INSULIN	50
JULUCA.....	10	K-PHOS ORIGINAL	72	levetiracetam.....	18
JUXTAPID.....	34	k-phos-neutral	74	levobunolol	64
JYNARQUE.....	51	kpn	76	levocarnitine.....	44
K		KRISTALOSE.....	55	levocarnitine (with sugar) ...	44
KADIAN.....	22	k-tab	74	levocetirizine.....	68
KALETRA	10	K-TAB	74	levofloxacin	13, 64
KALYDECO	70	KUVAN	51	levorphanol tartrate.....	22
KAPSPARGO SPRINKLE ..	30	KYNAMRO.....	34	LEVO-T	53
KAPVAY	26	L		levothyroxine	53
KARBINAL ER.....	68	labetalol	30	levoxyl.....	53
k-effervescent.....	73	LACRISERT.....	65	LEVSIN.....	53
KEFLEX.....	11	lactated ringers	43	LEVSIN/SL	53
KENALOG.....	42	lactulose	55	LEVULAN	37
KERAFOAM.....	37	lamivudine	10	LEXIVA	10
KERALAC	37	lamivudine-zidovudine	10	LIALDA.....	55
KERALYT RX	36	lamotrigine	18	lidocaine	40
KERALYT SCALP		LANCETS	48	lidocaine hcl.....	39, 40
COMPLETE	36	LANCING DEVICE.....	48	lidocaine hcl-hydrocortison ac	
KERYDIN.....	41	LANOXIN	32	.....	40, 55
ketoconazole.....	9, 41	lansoprazole	57	LIDOCAINE HCL-	
ketoprofen.....	23	lanthanum	55	HYDROCORTISON AC	55
ketorolac	23, 66	LANTUS SOLOSTAR U-100		lidocaine viscous	40
KEVEYIS.....	20	INSULIN	50	lidocaine-hydrocortisone-aloe	
KEVZARA.....	62	LANTUS U-100 INSULIN ..	50	.....	55
KHEDEZLA	26	LASIX.....	31		
KINRIX (PF).....	60	LASTACAFT	65		

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

LIDOCAINE- PHENYLEPHRN IN WATER.....65	LORTAB ELIXIR..... 22	maprotiline..... 27
lidocaine-prilocaine .....40	lortuss ex 69	MAR-COF CG..... 69
LIDOCAINE-TETRACAINE 40	LORZONE 20	MARINOL 55
LIDOCAN-PHENYLEPH- BSS NO.2(PF).....65	losartan 31	MARNATAL-F 77
LILETTA.....62	losartan-hydrochlorothiazide 31	MARPLAN..... 27
lindane .....43	LOTEMAX..... 67	MATULANE..... 16
linezolid.....12	LOTENSIN..... 31	matzim la 31
LINZESS.....55	LOTENSIN HCT 31	MAXFE (FOLATE- DOCUSATE)..... 77
liothyronine.....53	LOTRISONE 41	MAXITROL 67
LIPOCHOL PLUS .....44	LOTRONEX..... 55	MAXZIDE..... 31
LIPOFEN.....34	LOUTREX 37	MAXZIDE-25MG..... 31
lisinopril .....31	lovastatin 34	m-clear wc 69
lisinopril-hydrochlorothiazide 31	LOVAZA..... 34	meclizine 55
lite coat aspirin.....23	loxapine succinate 27	meclofenamate 23
lithium carbonate.....27	lta pre-attached..... 40	MEDISENSE 48
lithium citrate.....27	LUCENTIS..... 65	MEDISENSE GLUCOSE KETONE..... 48
LITHOBID .....27	ludent fluoride .....76, 77	MEDROL 46
LITHOSTAT .....44	lugols .....40, 74	MEDROL (PAK)..... 46
LIVALO.....34	LULICONAZOLE 41	medroxyprogesterone 63
LOCOID.....42	LUMIGAN 66	mefenamic acid 23
LOCOID LIPOCREAM.....42	LUPANETA PACK (1 MONTH)..... 63	mefloquine 12
LODINE.....23	LUPANETA PACK (3 MONTH)..... 63	MEGACE ES 16
LODOSYN.....19	LUPRON DEPOT..... 16	megestrol..... 16
LOKELMA.....55	LUPRON DEPOT (3 MONTH)..... 16	MEKINIST 16
LOMOTIL .....53	LUPRON DEPOT (4 MONTH)..... 16	MEKTOVI..... 16
LONHALA MAGNAIR REFILL..... 70	LUXIQ 42	meloxicam 24
LONHALA MAGNAIR STARTER..... 70	LUZU 41	melphalan 16
LONSURF.....16	LYNPARZA..... 16	memantine 20
loperamide .....53	LYRICA..... 18	MEMANTINE..... 20
LOPID.....34	LYSODREN..... 16	MENACTRA (PF)..... 60
lopinavir-ritonavir .....10	LYSTEDA 63	M-END PE 69
lopreeza .....63	M	MENEST 63
LOPRESSOR.....31	MACRILEN 58	MENOSTAR 63
LOPROX.....41	MACROBID..... 14	MENTAX..... 41
LOPROX (AS OLAMINE).. 41	MACRODANTIN..... 14	MENVEO A-C-Y-W-135-DIP (PF)..... 60
LOPROX KIT.....41	MACUGEN 65	meperidine 22
lorazepam .....27	mafenide acetate..... 40	MEPHYTON..... 33
lorazepam intensol.....27	MAGNEBIND 400..... 55	meproba mate..... 20
lorcet (hydrocodone).....22	magnesium citrate..... 55	MEPRON 12
lorcet hd.....22	MALARONE..... 12	mercaptapurine..... 16
lorcet plus .....22	MALARONE PEDIATRIC 12	mesalamine 55
	malathion 43	mesalamine with cleansing wipe..... 55
		MESNEX..... 14
		MESTINON..... 20

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

MESTINON TIMESPAN	20	METROLOTION	38	moexipril-hydrochlorothiazide	
metadate er.....	27	metronidazole	12, 38, 63	.....	31
metaproterenol	70	mexiletine	29	mometasone	42, 71
metaxall	21	MIACALCIN.....	51	mondoxyne nl	14
metaxalone	21	miconazole-3.....	63	MONODOX	14
metformin	52	MICORT-HC	56	montelukast.....	71
METFORMIN.....	52	MICROZIDE	31	MONUROL.....	14
methadone.....	22	midazolam	27	morgidox	14
methadose	22	midodrine.....	44	MORGIDOX 1X 50	14
methamphetamine	27	migergot	19	MORGIDOX 2X100	14
METHAVER	77	miglitol	52	MORPHABOND ER.....	22
methazolamide	66	miglustat	51	morphine.....	22
methenamine hippurate	14	MIGRANAL.....	19	morphine concentrate	22
methenamine mandelate.....	14	milk of magnesia	56	MOTOFEN	53
methen-sod phos-meth blue-		milk of magnesia concentrated		MOVANTIK.....	56
hyos	72	.....	56	MOVIPREP	56
methergine	63	millipred.....	46	MOXATAG.....	13
methimazole.....	46	millipred dp.....	46	MOXEZA	64
METHITEST	51	mimvey	63	moxifloxacin.....	13, 64
methocarbamol.....	21	mimvey lo.....	63	MOXIFLOXACIN (PF)-BSS	
methotrexate sodium.....	16	MINIMED INFUSION SET-		NO.2.....	64
methotrexate sodium (pf)	16	MMT 390.....	49	MOXIFLOXACIN IN	
methoxsalen	37	MINIPRESS	31	NACL,ISO-O(PF).....	64
methscopolamine	53	MINITRAN	35	MOZOBIL.....	58
methyclothiazide	31	MINIVELLE.....	63	MS CONTIN	22
methyl dopa	31	MINOCIN	14	MUGARD	45
methyl dopa-		minocycline.....	14	MULTAQ.....	29
hydrochlorothiazide	31	minoxidil.....	31	multigen folic	77
methylergonovine	64	MIO INFUSION SET.....	49	multigen plus	77
METHYLIN	27	MIOCHOL-E	65	multi-vit with fluoride-iron..	77
methylphenidate hcl.....	27	miostat	66	multi-vitamin with fluoride ..	77
METHYLPHENIDATE HCL		miralax	56	multivitamins with fluoride ..	77
.....	27	MIRAPEX.....	19	mupirocin.....	40
methylprednisolone	46	MIRAPEX ER	19	mupirocin calcium.....	40
methyltestosterone	51	mirtazapine	27	mvc-fluoride	77
metipranolol.....	64	MIRVASO.....	38	MYALEPT	51
metoclopramide hcl	55	misoprostol	57	MYAMBUTOL	12
metolazone	31	MITIGARE.....	61	MYCOBUTIN	12
METOPIRONE.....	44	MITOSOL.....	66	mycophenolate mofetil.....	16
metoprolol succinate.....	31	MKO (MIDAZOLAM-		mycophenolate sodium	16
METOPROLOL SU-		KETAMINE-ONDAN) ...	27	MYDAYIS	27
HYDROCHLOROTHIAZ31		M-M-R II (PF)	60	MYDRIACYL.....	65
metoprolol ta-hydrochlorothiaz		MOBIC.....	24	myferon 150 forte.....	77
.....	31	modafinil.....	27	MYFORTIC.....	16
metoprolol tartrate	31	moderiba	59	MYGLUCOHEALTH	
METROCREAM.....	38	moderiba dose pack.....	59	CONTROL SOLUTION ..	49
METROGEL	38	moexipril.....	31	MYLERAN	16
METROGEL VAGINAL.....	63			mynatal.....	77

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

mynatal advance.....	77	neomycin-bacitracin-		nimodipine.....	31
mynatal plus.....	77	polymyxin.....	64	NINJACOF-XG.....	69
mynatal-z.....	77	neomycin-polymyxin b gu ...	43	NINLARO.....	16
mynate 90 plus.....	77	neomycin-polymyxin b-		nisoldipine.....	31
mynephrocaps.....	77	dexameth.....	67	nitro-bid.....	35
mynephron.....	77	neomycin-polymyxin-		NITRO-DUR.....	35
MYRBETRIQ.....	72	gramicidin.....	64	nitrofurantoin.....	14
MYSOLINE.....	18	neomycin-polymyxin-hc	45, 67	nitrofurantoin macrocrystal..	14
MYTESI.....	54	neo-polyc in.....	64	nitrofurantoin monohyd/m-	
N		neo-polyc in hc.....	67	cryst.....	14
nabumetone.....	24	NEORAL.....	16	nitroglycerin.....	35
nadolol.....	31	NEO-SYNALAR.....	40	NITROLINGUAL.....	35
nadolol-bendroflumethiazide	31	NEO-SYNALAR KIT.....	40	NITROMIST.....	35
naftifine.....	41	nephlex rx.....	77	NITROSTAT.....	35
NAFTIN.....	41	NEPHROCAPS.....	77	nitro-time.....	35
NALOCET.....	22	NEPHROCAPS QT.....	77	NITYR.....	44
naloxone.....	24	NEPHRON FA.....	77	NIVA-FOL.....	77
naltrexone.....	24	nephro-vite rx.....	77	NIVA-PLUS.....	77
NAMENDA.....	20	NERLYNX.....	16	nizatidine.....	58
NAMENDA TITRATION		NESTABS.....	77	NIZORAL.....	41
PAK.....	20	NESTABS ABC.....	77	nolix.....	42
NAMZARIC.....	20	NESTABS DHA.....	77	NORDITROPIN FLEXPRO	59
NAPRELAN CR.....	24	NESTABS ONE.....	77	norethindrone acetate.....	63
NAPROSYN.....	24	neuac.....	38	norethindrone ac-eth estradiol	
naproxen.....	24	NEUAC KIT.....	38	.....	63
naproxen sodium.....	24	NEULASTA.....	58	NORITATE.....	38
naratriptan.....	19	NEUPRO.....	19	NORPACE.....	29
NARCAN.....	24	NEURIN-SL.....	77	NORPACE CR.....	29
NARDIL.....	27	nevirapine.....	10	NORPRAMIN.....	27
NASCOBAL.....	77	newgen.....	77	NORTHERA.....	44
NATACHEW (FE BIS-		NEXAVAR.....	16	nortriptyline.....	27
GLYCINATE).....	77	NEXIUM.....	58	NORVIR.....	10
NATACYN.....	64	NEXIUM PACKET.....	58	NOVA MAX GLUCOSE	
nateglinide.....	52	niacin.....	34	CONTROL.....	49
NATPARA.....	51	NIASPAN EXTENDED-		NOVAMAX PLUS GLU-KET	
NATROBA.....	43	RELEASE.....	34	.....	49
natural b-100 complex.....	77	nicardipine.....	31	NOVOEIGHT.....	33
natura-lax.....	56	NICOMIDE (SELENIUM-		NOVOPEN ECHO.....	49
nature-throid.....	53	CHROMIUM).....	77	NOVOSEVEN RT.....	33
NEBUPENT.....	12	nicorelief.....	44	NOXAFIL.....	9
nebusal.....	71	nicorette.....	44	np thyroid.....	53
NEBUSAL.....	71	nicotine.....	44	NUCORT.....	42
NEEVODHA (WITH ALGAL		nicotine (polacrilex).....	44	NUCYNTA.....	24
OIL).....	77	NICOTROL.....	44	NUCYNTA ER.....	24
nefazodone.....	27	NICOTROL NS.....	44	NUDEXTA.....	20
neomycin.....	12	nifedipine.....	31	NUFERA.....	77
neomycin-bacitracin-poly-hc	67	NILANDRON.....	16	NULEV.....	54
		nilutamide.....	16		

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

NULYTELY WITH FLAVOR PACKS.....	omeppi.....	orphenadrine citrate
56	omeprazole.....	21
NUPLAZID	58	oscimin
27	omeprazole-sodium	54
NUTRESTORE.....	bicarbonate.....	oscimin sl.....
44	58	54
NUTRICAP	OMIDRIA.....	oscimin sr
77	65	54
NUVESSA.....	OMNIPOD DASH INSULIN	oseltamivir
63	POD.....	10
NUWIQ.....	49	OSENI.....
33	OMNIPRED	52
nyamyc	67	OSMOPREP
41	ON CALL EXPRESS	56
NYMALIZE	CONTROL	OSPHENA.....
31	49	63
nystatin	ON CALL PLUS CONTROL	OTEZLA
9, 41	.....	62
nystatin-triamcinolone	49	OTEZLA STARTER.....
41	ON CALL VIVID CONTROL	62
nystop.....	.....	OTIPRIO.....
41	49	45
O	ondansetron.....	OTOVEL.....
OB COMPLETE.....	56	45
77	ondansetron hcl	OTREXUP (PF).....
OB COMPLETE GOLD.....	56	62
78	one daily prenatal	OVACE.....
OB COMPLETE ONE.....	78	35
78	ONETOUCH ULTRA BLUE	OVACE PLUS.....
OB COMPLETE PETITE.....	TEST STRIP	35, 36
78	46	OVACE PLUS SHAMPOO .35
OB COMPLETE PREMIER 78	ONETOUCH ULTRA	OVACE PLUS WASH.....
OB COMPLETE WITH DHA	CONTROL	36
.....	49	OVIDE
78	ONETOUCH ULTRA2.....	43
OBREDON.....	49	OXANDRIN.....
69	ONETOUCH ULTRAMINI.49	51
obstetrix dha.....	ONETOUCH VERIO.....	oxandrolone
78	46	51
OBSTETRIX EC.....	ONETOUCH VERIO FLEX 49	oxaprozin
78	ONETOUCH VERIO IQ	24
OBSTETRIX ONE.....	METER	OXAYDO.....
78	49	22
OBTREX DHA	ONETOUCH VERIO	oxazepam.....
78	SYSTEM	27
O-CAL F.A.....	49	oxcarbazepine
78	ONEXTON.....	18
O-CAL PRENATAL.....	38	oxiconazole.....
78	ONFI.....	41
OALIVA.....	18	OXISTAT
56	ONMEL.....	41
octreotide acetate.....	9	OXSORALEN ULTRA.....
16	ONZETRA XSAIL.....	37
OCUFLOX	19	OXTELLAR XR
64	OPANA.....	18
ODEFSEY	22	oxybutynin chloride.....
10	opium tincture	72
ODOMZO.....	54	oxycodone.....
16	OPSUMIT.....	22
OFEV	71	OXYCODONE
71	ORACEA	22
ofloxacin.....	14	oxycodone-acetaminophen ...22
13, 45, 64	ORACIT.....	22
okebo	72	OXYCONTIN.....
14	oral saline laxative.....	22
olanzapine.....	56	oxymorphone
27	oralone.....	22
olanzapine-fluoxetine.....	45	OXYTROL
27	ORAMAGICRX	72
olmesartan.....	45	oysco 500/d.....
31	ORAP.....	74
olmesartan-amlodipin-	ORAPRED ODT.....	oyster shell calcium-vit d2 ...
hcthiazid.....	46	78
31	ORAVIG	oyster shell calcium-vit d3 ...
olmesartan-	9	74
hydrochlorothiazide	ORENITRAM.....	74
31	44	oystercal-d
olopatadine	ORFADIN	74
45, 65	51	OZEMPIC.....
OLUMIANT.....	ORILISSA	52
62	51	OZURDEX.....
OLUX.....	ORKAMBI.....	67
42	71	P
OLUX-E.....		pacerone
42		29
OMECLAMOX-PAK.....		PACNEX.....
58		38
omega-3 acid ethyl esters.....		paliperidone
34		27
		PALYNZIQ.....
		51
		PAMELOR.....
		27

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

PANDEL.....	42	PERFOROMIST	71	PLEXION CLEANSING	
PANRETIN.....	37	PERIDEX.....	45	CLOTHS.....	39
pantoprazole.....	58	perindopril erbumine	31	PLIAGLIS	40
PAPAV-PHENTOLAM-		periogard.....	45	PNEUMOVAX 23	60
ALPROST-WATER.....	72	permethrin.....	43	pnv 29-1.....	78
PAPAV-PHENTOLAMINE		perphenazine	27	pnv ob+dha	78
IN WATER.....	72	perphenazine-amitriptyline...27		pnv-dha.....	78
PARADIGM REAL-TIME		perry prenatal.....	78	pnv-dha + docusate.....	78
TRANSMIT-SN	49	PEXEVA	27	pnv-ferrous fumarate-docu-fa	
paregoric	54	phenadoz.....	68	.....	78
PAREMYD.....	65	phenazopyridine	73	pnv-omega	78
paricalcitol.....	51	phenezine.....	27	pnv-select.....	78
PARLODEL.....	19	phenergan	68	pnv-vp-u	78
PARNATE.....	27	phenobarb-hyoscy-atropine-		PODOCON.....	36
paroex oral rinse.....	45	scop	54	podofilox	37
paromomycin	12	phenobarbital	18	polycin.....	64
paroxetine hcl.....	27	phenohydro.....	54	polyethylene glycol 3350	56
paroxetine		phenoxybenzamine	31	poly-iron 150 forte.....	78
mesylate(menop.sym)	27	phenylephrine hcl.....	68	polymyxin b sulf-trimethoprim	
PASER.....	12	PHENYTEK.....	18	.....	64
PATADAY.....	65	phenytoin	18	POLYTRIM.....	64
PATANASE	45	phenytoin sodium extended..18		POLY-TUSSIN AC.....	69
PATANOL	65	PHOSLYRA.....	56	POLY-VI-FLOR	78
PAXIL.....	27	phospha 250 neutral.....	74	POLY-VI-FLOR WITH IRON	
PAXIL CR.....	27	phosphasal	72	.....	78
PAZEO.....	65	phosphate laxative	56	POMALYST.....	59
PEDIARIX (PF).....	60	PHOSPHOLINE IODIDE... 64		pot,sodium citrate-citric acid 72	
PEDVAX HIB (PF).....	60	phosphorous.....	74	POTABA.....	74
peg 3350-electrolytes.....	56	PHOTREXA CROSS-		potassium bicarb and chloride	
peg3350	56	LINKING KIT	65	.....	74
PEGANONE.....	18	PHOTREXA VISCOUS.....	65	potassium bicarb-citric acid.74	
PEGASYS	59	phrenilin forte(with caffeine)22		potassium chloride.....	74
PEGASYS PROCLICK.....	59	PHYSIOLYTE.....	43	potassium citrate	73
peg-electrolyte soln	56	PHYSIOSOL IRRIGATION 43		potassium citrate-citric acid.73	
PEGINTRON.....	59	phytonadione (vitamin k1) ...33		powderlax	56
peg-prep.....	56	PHYTONADIONE		PR BENZOYL PEROXIDE.39	
PEN NEEDLE.....	49	(VITAMIN K1).....	33	pr natal 400	78
penicillin v potassium	13	PICATO	37	pr natal 400 ec.....	78
PENLAC	41	pilocarpine hcl	44, 45, 65	pr natal 430	78
PENNSAID	24	pimozide	28	pr natal 430 ec.....	78
PENTACEL (PF)	60	pindolol	31	PRALUENT PEN	34
PENTACEL ACTHIB		pioglitazone.....	52	pramcort	56
COMPONENT (PF)	60	pioglitazone-glimepiride	52	pramipexole	19
PENTASA.....	56	pioglitazone-metformin.....	52	PRAMOSONE.....	36
pentazocine-na loxone	24	piroxicam.....	24	PRAMOSONE E.....	36
pentoxifylline	33	PLEGRIDY	59	PRANDIN	52
PEPCID.....	58	PLENVU	56	prasugrel.....	33
PERCOCET.....	22	PLEXION.....	38	PRAVACHOL.....	34

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

pravastatin.....	34	prenatal vitamin plus low iron	78	PRINIVIL.....	31
praziquantel.....	12	.....	78	PROAIR HFA.....	71
prazosin	31	prenatal vitamin with minerals	78	PROAIR RESPICLICK.....	71
PRECISION XTRA		.....	78	probenecid	61
MONITOR.....	49	prenatal vits96-iron fum-folic	79	probenecid-colchicine	61
PRECOSE	52	.....	79	PROCARDIA	31
PRED FORTE.....	67	prenatal-u	79	PROCARDIA XL	31
PRED-G	67	PRENATE AM.....	79	procentra.....	28
PRED-G S.O.P.....	67	PRENATE CHEWABLE	79	prochlorperazine	56
prednicarbate.....	42	PRENATE DHA (FERR ASP	79	prochlorperazine maleate	56
prednisolone.....	46	GLYCIN).....	79	PROCORT.....	56
prednisolone acetate	67	PRENATE ELITE (IRON ASP	79	PROCRIT.....	58
PREDNISOLONE ACETATE		GLYC).....	79	PROCTOCORT.....	42,56
(PF).....	67	PRENATE ENHANCE	79	PROCTOFOAM HC	56
PREDNISOLONE ACETATE-		PRENATE		procto-med hc	56
BROMFENAC.....	65	ESSENTIAL(IRON-ASP-		procto-pak.....	56
prednisolone sodium phosphate		GL)	79	proctosol hc.....	56
.....	46,67	PRENATE MINI (FERR ASP		proctozone-hc	56
PREDNISOLONE-		GLYCIN).....	79	PROCYSBL.....	73
GATIFLOXACIN	67	PRENATE PIXIE.....	79	PRODIGY CONTROL	
PREDNISOLON-GATIFLOX-		PRENATE RESTORE.....	79	SOLUTION, LOW	49
BROMFENAC.....	66	PRENATE STAR.....	79	PRODIGY CONTROL	
prednisone.....	46	PREPIDIL.....	63	SOLUTION,HIGH	49
prednisone intensol.....	46	preplus	79	PRODRIN.....	19
PREFERA-OB.....	78	PREPOPIK	56	profeno	24
PREFERA-OB ONE.....	78	PRESTALIA.....	31	PROFERRIN-FORTE	79
PREFERA-OB PLUS DHA.	78	pretab.....	79	progesterone.....	63
PREFEST	63	prevalite	34	progesterone micronized	63
PREMARIN.....	63	PREVIDENT.....	45	PROGLYCEM.....	46
PREMPHASE.....	63	PREVIDENT 5000 BOOSTER		PROGRAF.....	16
PREMPRO	63	PLUS.....	45	PROLENSA.....	66
prenal chew.....	78	PREVIDENT 5000 DRY		PROLEUKIN.....	59
prenal pearl	78	MOUTH	45	PROMACTA.....	33
prenal true	78	PREVIDENT 5000 ENAMEL		promethazine.....	68
prenaissance.....	78	PROTECT.....	45	promethazine vc-codeine	69
prenaissance plus.....	78	PREVIDENT 5000 PLUS...	45	promethazine-codeine	69
PRENATA.....	78	PREVIDENT 5000		promethazine-dm.....	69
prenatabs fa.....	78	SENSITIVE	45	promethazine-phenylephrine	69
prenatabs rx.....	78	PREVNAR 13 (PF)	60	promethegan	68
prenatal.....	78	PREVYMIS.....	10	PROMETRIUM.....	63
prenatal complete	78	PREZCOBIX.....	10	PROMISEB	37
prenatal formula	78	PREZISTA	10	PROMISEB COMPLETE...	36
prenatal multi-dha (algal oil)	78	PRIFTIN.....	12	propafenone	29
prenatal one daily	78	PRIMACARE.....	79	propanthe line	54
prenatal plus.....	78	PRIMAQUINE	12	proparacaine.....	66
prenatal plus (calcium carb).	78	primidone	18	propranolol.....	31
PRENATAL PLUS DHA	78	PRIMLEV.....	22	propranolol-hydrochlorothiazid	
prenatal vitamin.....	78	PRIMSOL.....	14	.....	31

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

propylthiouracil.....	46	QUILLIVANT XR.....	28	REMERON SOLTAB.....	28
PROQUAD (PF).....	60	quinapril.....	31	RENACIDIN.....	73
PRO-RED AC (W/ DEXCHLORPHENIR).....	69	quinapril-hydrochlorothiazide	31	renal caps.....	79
PROSCAR.....	72	quinidine gluconate.....	29	rena-vite.....	79
PROSTIN E2.....	63	quinidine sulfate.....	29	rena-vite rx.....	79
PROTECT IRON.....	79	quinine sulfate.....	12	reno caps.....	79
PROTOPIC.....	37	quit 2.....	44	RENVELA.....	56
protriptyline.....	28	quit 4.....	44	repaglinide.....	53
PROVERA.....	63	QUTENZA.....	37	repaglinide-metformin.....	53
PROVIDA DHA.....	79	QVAR REDIHALER.....	71	REQUIP.....	19
PROVIDA OB.....	79	R		REQUIP XL.....	19
prudoxin.....	37	RABAVERT (PF).....	60	RESCRIPTOR.....	10
PSORCON.....	42	rabeprazole.....	58	RESPA-AR.....	69
PULMICORT FLEXHALER	71	RADIOGARDASE.....	44	RESTASIS.....	66
pulmosal.....	71	raloxifene.....	61	RESTASIS MULTIDOSE ..	66
PULMOZYME.....	71	ramipril.....	31	RESTORIL.....	28
PURALOR CI.....	79	RANEXA.....	35	RETACRIT.....	58
PUREFE OB PLUS.....	79	ranitidine hcl.....	58	RETIN-A.....	39
PUREFE PLUS.....	79	RAPAFLO.....	72	RETIN-A MICRO.....	39
purelax.....	56	RAPAMUNE.....	16	RETIN-A MICRO PUMP...	39
purevit dualfe plus.....	79	rasagiline.....	19	RETISERT.....	67
PURIXAN.....	16	RASUVO (PF).....	62	RETROVIR.....	10
PYLERA.....	58	RAVICTI.....	44	REVATIO.....	71
pyrazinamide.....	12	RAYALDEE.....	51	REVLIMID.....	59
PYRIDIUM.....	73	RAYOS.....	46	REXULTI.....	28
pyridostigmine bromide.....	21	RAZADYNE.....	20	REYATAZ.....	10
Q		RAZADYNE ER.....	20	RHOFADE.....	39
QBRELIS.....	31	REBETOL.....	59	RHOPRESSA.....	66
QNASL.....	71	REBIF (WITH ALBUMIN).....	59	ribasphere.....	59
QTERN.....	53	REBIF REBIDOSE.....	59	ribasphere ribapak.....	59
QUADRACEL (PF).....	60	REBIF TITRATION PACK.....	59	ribavirin.....	10, 59
QUALAQUIN.....	12	REBINYN.....	33	RIDAURA.....	62
quazepam.....	28	RECOMBIVAX HB (PF)....	60	rifabutin.....	12
QUDEXY XR.....	18	RECTIV.....	56	RIFADIN.....	12
QUESTRAN.....	34	REFUAH PLUS GLUCOSE CONTROL.....	49	RIFAMATE.....	12
QUESTRAN LIGHT.....	34	REGLAN.....	56	rifampin.....	12
quetiapine.....	28	REGANEX.....	37	RIFATER.....	12
QUFLORA.....	79	RELAGARD.....	63	RIGHTEST CONTROL SOLUTION HIGH.....	49
QUFLORA FE.....	79	RELENZA DISKHALER....	10	RILUTEK.....	44
QUFLORA FE (FERROUS SULFATE).....	79	RELEXXII.....	28	riluzole.....	44
QUFLORA PEDIATRIC.....	79	RELION NOVOLIN 70/30 ..	51	rimantadine.....	10
QUFLORA PEDIATRIC DROPS.....	79	RELION NOVOLIN N.....	51	ringer's.....	43
QUICK-SET PARADIGM ..	49	RELION NOVOLIN R.....	51	RIOMET.....	53
QUILLICHEW ER.....	28	RELISTOR.....	56	risacal-d.....	79
		RELPAK.....	19	risedronate.....	44, 61
		REMERON.....	28	RISPERDAL.....	28
				risperidone.....	28

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

RITALIN.....	28	SAMSCA	51	SILVRSTAT	40
RITALIN LA.....	28	SANCUSO	56	SIMBRINZA	66
ritonavir	10	SANDIMMUNE	16	SIMPONI.....	62
rivastigmine	20	SANDOSTATIN.....	16	SIMPONI ARIA.....	62
rivastigmine tartrate.....	20	SANTYL	43	simvastatin	34
RIXUBIS	33	SAPHRIS.....	28	SINEMET.....	19
rizatriptan.....	19	SARAFEM	28	SINEMET CR.....	19
R-NATAL OB	79	SAVELLA	62	SINUVA.....	71
robafen ac	69	scalacort.....	42	sirolimus	16
ROBAXIN.....	21	SCALACORT DK	42	SIRTURO	12
ROBAXIN-750	21	scopolamine base.....	56	SITAVIG.....	10
ROBINUL.....	54	seb-prev	36	SIVEXTRO	12
ROBINUL FORTE.....	54	seconal sodium.....	28	SKELAXIN	21
ROCALTROL.....	51	SEEBRI NEOHALER.....	71	SKLICE.....	43
ropinirole	19	SEGLUROMET	53	SMARTEST CONTROL....	49
rosadan	39	SELECT-OB.....	79	smoothlax	56
ROSDAN.....	39	SELECT-OB (FOLIC ACID)		SNAP INSULIN PUMP-	
ROSANIL.....	39	.....	79	INFUSION SET	49
ROSULA.....	39	SELECT-OB + DHA.....	79	sodium chloride	44,71
rosula cleansing cloths	39	selegiline hcl.....	19	sodium chloride 0.9 %	44
rosuvastatin	34	selenium sulfide	36	sodium citrate-citric acid.....	73
ROTARIX.....	60	SELRX	36	sodium phenylbutyrate.....	44
ROTATEQ VACCINE.....	60	SELZENTRY.....	10	sodium polystyrene (sorb free)	
ROWASA.....	56	SEMPREX-D.....	69	.....	56
roweepra.....	18	se-natal 19.....	79	sodium polystyrene sulfonate	
roweepra xr.....	18	se-natal 19 (with docusate)...79		.....	56
ROXICODONE	22	SENSIPAR	51	SODIUM POLYSTYRENE	
ROXYBOND.....	22	SEREVENT DISKUS	71	SULFONATE	56
ROZEREM	28	SERNIVO.....	43	SOF-SET	49
RUBRACA.....	16	SEROSTIM	59	SOF-SET CANNULA 24 ...	49
RUCONEST	71	sertraline	28	SOF-SET MICRO 24	49
RYDAPT.....	16	se-tan plus	79	SOLARAZE	37
rydex	69	sevelamer carbonate	56	SOLESTA.....	56
RYTARY.....	19	sf 45		SOLIQUA 100/33	51
RYTHMOL SR.....	29	sf 5000 plus.....	45	SOLODYN.....	14
RYVENT.....	68	SFROWASA.....	56	SOLOSEC	13
S		SHINGRIX (PF).....	60	soloxide	14
SABRIL.....	18	SHOHL'S MODIFIED.....	73	SOLTAMOX	16
SAFE-CLIP BY MAIL.....	49	SIGNIFOR.....	16	SOLUS V2 CONTROL	
SALAGEN (PILOCARPINE)		SIKLOS.....	16	SOLUTION,HIGH	49
.....	44,45	sildenafil	73	SOMA	21
SALEX.....	36	sildenafil (antihypertensive) .71		SOMATULINE DEPOT.....	16
salicylic acid	36	SILENOR	28	SOMAVERT	51
salicylic acid er-ceramides ...	36	SILHOUETTE	49	SONATA.....	28
SALKERA.....	36	SILVADENE.....	36	SOOLANTRA	39
salsalate	24	silver nitrate	37	SORBITOL.....	43
salvax	36	silver nitrate applicators	37	SORBITOL-MANNITOL....	43
SALVAX DUO PLUS.....	36	silver sulfadiazine	36	SORIATANE.....	36

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

SORILUX.....	36	subvenite starter (blue) kit....	18	SUTENT.....	17
sotalol.....	29	subvenite starter (green) kit..	18	SYLATRON.....	59
sotalol af.....	29	subvenite starter (orange) kit	18	SYMAX DUOTAB.....	54
SOTYLIZE.....	29	SUCRAID.....	57	symax fastabs.....	54
SPECTRACEF.....	11	sucralfate	58	symax-sl	54
spinosad.....	43	SULAR.....	32	symax-sr	54
SPIRIVA RESPIMAT.....	71	sulfacetamide sodium	36, 67	SYMBICORT.....	71
spironolactone	31	sulfacetamide sodium (acne)	40	SYMBYAX.....	28
spironolacton-hydrochlorothiaz	31	sulfacetamide sodium-sulfur	39	SYMDEKO.....	71
SPORANOX.....	9	sulfacetamide sod-sulfur-urea	39	SYMFI.....	10
SPORANOX PULSEPAK.....	9	.....	39	SYMFI LO.....	10
SPRITAM.....	18	sulfacetamide-prednisolone..	67	SYMLINPEN 120.....	53
SPRIX.....	24	sulfacetamide-sulfur-cleansr	23	SYMLINPEN 60.....	53
SPRYCEL.....	17	.....	39	SYMPROIC.....	57
sps (with sorbitol).....	56	sulfacleanse 8-4.....	39	SYMTUZA.....	10
ssd.....	36	sulfact na-sul-avobnz-otn-ocsa	39	SYNALAR.....	43
SSKI.....	46	.....	39	SYNALAR CREAM KIT...	43
sss 10-5.....	39	sulfadiazine	13	SYNALAR OINTMENT KIT	43
STALEVO 100.....	19	sulfamethoxazole-trimethoprim	13	.....	43
STALEVO 125.....	19	SULFAMYLLON.....	40	SYNALAR TS.....	43
STALEVO 150.....	19	sulfasalazine.....	57	SYNAREL.....	51
STALEVO 200.....	19	sulfatrim	13	SYNDROS.....	57
STALEVO 50.....	19	sulindac.....	24	SYNERA.....	40
STALEVO 75.....	19	SUMADAN.....	39	SYNJARDY.....	53
STAMARIL (PF).....	60	SUMADAN XLT.....	39	SYNJARDY XR.....	53
STARLIX.....	53	sumatriptan	19	SYNRIBO.....	17
stavudine.....	10	sumatriptan succinate	20	SYNTHROID.....	53
STEGLATRO.....	53	sumatriptan-naproxen	20	SYPRINE.....	44
STEGLUJAN.....	53	SUMAXIN.....	39	T	
STELARA.....	36	SUMAXIN CP.....	39	T	
STIMATE.....	51	SUMAXIN TS.....	39	30 INFUSION SET.....	49
STIOLTO RESPIMAT.....	71	super b complex-vitamin c ...	79	90 INFUSION SET 23....	50
STIVARGA.....	17	super b maxi complex.....	80	SLIM.....	50
stop smoking aid.....	44	super b-50 complex plus.....	80	SLIM G4.....	50
STRENSIQ.....	51	super quint.....	80	TABLOID.....	17
stress formula.....	79	super quint b-50.....	80	TACLONEX.....	36
stress formula with iron.....	79	superplex-t.....	80	tacrolimus.....	17, 37
stress formula with iron(sulf)	79	SUPERVITE.....	80	tadalafil (antihypertensive)...	71
STRIANT.....	51	SUPPRELIN LA.....	17	TAFINLAR.....	17
STRIBILD.....	10	SUPRAX.....	11	TAGRISSE.....	17
STRIVERDI RESPIMAT....	71	SUPREP BOWEL PREP KIT	57	TAMIFLU.....	10
STROMECTOL.....	13	.....	57	tamoxifen.....	17
strong iodine.....	74	SURE-T PARADIGM.....	49	tamsulosin.....	72
STROVITE FORTE.....	79	SURFAXIN.....	71	TANDEM PLUS.....	80
STROVITE ONE.....	79	SURMONTIL.....	28	TAPAZOLE.....	46
SUBSYS.....	22	SURVANTA.....	44	TAPERDEX.....	46
subvenite.....	18	SUSTIVA.....	10	TARCEVA.....	17
				TARGADOX.....	14

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

TARGRETIN.....	17	tetcaine	66	TOBI PODHALER	13
TARKA.....	32	tetrabenazine	20	TOBRADEX.....	67
taron forte	80	tetracaine hcl.....	66	TOBRADEX ST	67
taron-c dha	80	TETRACAINE HCL (PF)....	66	tobramycin.....	64
taron-prex prenatal-dha	80	tetracycline.....	14	tobramycin in 0.225 % nacl..	13
TASIGNA.....	17	TETRAVISC	66	TOBRAMYCIN WITH	
TASMAR	19	TETRAVISC FORTE.....	66	NEBULIZER	13
TAVALISSE.....	33	TEXACORT	43	tobramycin-dexamethasone ..	67
tazarotene.....	39	THALOMID	17	TOBREX.....	64
TAZORAC	39	THEO-24.....	71	TOFRANIL	28
taztia xt.....	32	theochron	71	TOLAK	37
TECFIDERA	59	theophylline	71	tolazamide.....	53
TECHNIVIE.....	10	THIOLA	44	tolbutamide	53
TEGRETOL.....	18	thioridazine	28	tolcapone	19
TEGRETOL XR	18	thiothixene	28	tolmetin	24
TEKTRUNA.....	32	THRIVITE RX.....	80	tolterodine.....	72
TEKTRUNA HCT	32	thrivite-19	80	TOPICORT.....	43
TELCARE CONTROL	50	thyroid (pork).....	53	topiramate	18
telmisartan	32	THYROLAR-1	53	TOPIRAMATE.....	18
telmisartan-amlodipine	32	THYROLAR-1/2.....	53	TOPROL XL	32
telmisartan-hydrochlorothiazid		THYROLAR-1/4.....	53	torsemide	32
.....	32	THYROLAR-2	53	total b/c.....	80
temazepam.....	28	THYROLAR-3	53	TOUJEO MAX U-300	
TEMODAR	17	tiagabine	18	SOLOSTAR.....	51
TEMOVATE	43	TIAZAC	32	TOUJEO SOLOSTAR U-300	
temozolomide	17	TIBSOVO.....	17	INSULIN	51
tencon.....	22	TIGAN	57	TOVIAZ.....	72
TENIVAC (PF).....	61	TIMOL-BRIMON-DORZO-		TRACLEER.....	71
tenofovir disoproxil fumarate		LATANOP(PF).....	66	TRADJENTA	53
.....	11	timolol maleate	32, 64	tramadol.....	24
TENORETIC 100.....	32	TIMOLOL-BRIMONIDI-		TRAMADOL.....	24
TENORETIC 50	32	DORZOLAM(PF).....	66	tramadol-acetaminophen	24
TENORMIN	32	TIMOLOL-DORZOLAMID-		trandolapril.....	32
terazosin	32	LATANOP(PF).....	66	trandolapril-verapamil	32
terbinafine hcl	9	TIMOLOL-		tranexamic acid	63
terbutaline	71	LATANOPROST(PF).....	66	TRANSDERM-SCOP	57
terconazole.....	63	TIMOPTIC	64	TRANXENE T-TAB.....	28
TERSİ FOAM.....	36	TIMOPTIC-XE.....	64	tranlycypromine	28
TESSALON PERLES	69	TINDAMAX.....	13	TRAVATAN Z.....	66
TESTOPEL.....	51	tinidazole	13	trazodone	28
testosterone	51	TIROSINT	53	TRECTOR	13
testosterone cypionate.....	51	tis-u-sol pentalyte	43	TRELEGY ELLIPTA.....	71
testosterone enanthate.....	51	TIVICAY.....	11	TREMFYA	36
TESTRED	51	TIVORBEX.....	24	TRESIBA FLEXTOUCH U-	
TETANUS,DIPHThERIA		tizanidine	21	100	51
TOX PED(PF).....	61	tl gard rx	80	TRESIBA FLEXTOUCH U-	
TETANUS-DIPHThERIA		tl g-fol os	80	200	51
TOXOIDS-TD	61	tl icon	80	tretinoin	39

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

tretinoin (chemotherapy).....	17	tropicamide	65	URAMAXIN	37
tretinoin microspheres.....	39	trospium.....	72	urea	37
TRETIN-X.....	39	TRUE METRIX LEVEL 1...50		urea nail stick	37
TRETIN-X CREAM KIT	39	TRUECONTROL LEVEL 0 50		URECHOLINE.....	72
TREXALL	17	TRULANCE.....	57	URELLE.....	73
TREXIMET	20	TRULICITY	53	uretron d-s.....	73
TREZIX.....	22	TRUMENBA	61	URIBEL	73
TRIACETIN	41	TRUSOPT	67	urimar-t.....	73
triamcinolone acetonide .43, 45		trust natal dha.....	80	urin ds.....	73
TRIAMCINOLON-		TRUSTEEL INFUSION SET		uro-458	73
MOXIFLOX-WATR(PF). 67		32	50	UROCIT-K 10	73
triamterene-hydrochlorothiazid		TRUVADA.....	11	UROCIT-K 15	73
.....	32	TUDORZA PRESSAIR.....	71	UROCIT-K 5	73
trianex.....	43	tusnel c	69	urogesic-blue.....	73
tria zola m.....	28	TUSNEL PEDIATRIC.....	69	uro-mp	73
TRICARE.....	80	TUSSICAPS	69	UROQID-ACID NO.2.....	73
tric itrates	73	tussigon	69	URSO 250	57
tricon	80	TUSSIONEX PENNKINETIC		URSO FORTE.....	57
triderm.....	43	ER	69	ursodiol.....	57
TRIDESILON.....	43	TUZISTRA XR.....	69	uryl.....	73
trientine.....	44	TWINRIX (PF).....	61	ustell.....	73
TRIESENCE (PF).....	46	TWYNSTA.....	32	UTA	73
TRIFERIC	80	TYBOST	11	UTIBRON NEOHALER	71
trifluoperazine	28	TYKERB	17	utira-c	73
trifluridine	64	TYLENOL-CODEINE #3 ...	22	UTOPIC	37
trigels-f forte	80	TYLENOL-CODEINE #4 ...	22	V	
TRIGLIDE.....	34	TYMLOS.....	61	valacyclovir.....	11
trihexyphenidyl	19	TYPHIM VI.....	61	VALCHLOR.....	37
triklo.....	35	TYVASO.....	71	VALCYTE	11
TRILIPIX	35	TYVASO REFILL KIT.....	71	valganciclovir.....	11
trilyte with flavor packets	57	TYVASO STARTER KIT ..	71	valproic acid.....	18
trimethobenzamide	57	TYZINE	45	valproic acid (as sodium salt)	
trimethoprim	14	U		.....	18
trimipramine	28	UCERIS.....	57	valsartan	32
TRIMO-SAN JELLY	63	UDAMIN SP	80	valsartan-hydrochlorothiazide	
TRIMPEX.....	14	ULESFIA.....	43	.....	32
trinatal rx 1	80	ULORIC.....	61	VANATOL LQ.....	22
trinate	80	ultra b-100 complex.....	80	VANATOL S.....	23
TRINTELLIX	28	ULTRACET	24	VANCOCIN.....	14
triphrocaps	80	ULTRAM.....	24	vancomycin.....	14
TRIPLE DYE.....	41	ULTRASAL-ER	36	vandazole.....	63
TRISTART DHA	80	ULTRAVATE.....	43	VANOS.....	43
TRIUMEQ.....	11	ULTRAVATE X.....	43	VANOXIDE-HC.....	39
triveen-duo dha	80	umecta	37	VANTAS.....	17
TRI-VI-FLOR.....	80	UNISTRIP LOW CONTROL		VAQTA (PF).....	61
tri-vitamin with fluoride.....	80	.....	50	VARISOFT INFUSION SET	
TRIZIVIR.....	11	unithroid	53	43	50
TROKENDI XR.....	18	UPTRAVL.....	32	VARIVAX (PF).....	61

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

VARIZIG.....	61	VIGAMOX.....	64	VITAFOL-OB+DHA	80
VARUBL.....	57	VIIBRYD	28	VITAFOL-ONE.....	81
VASCEPA.....	35	vilamit mb.....	73	vita joy daily d	81
VASERETIC	32	vilevev mb	73	VITAL-D RX.....	81
VASHE WOUND THERAPY		VIMOVO.....	24	VITAMED MD ONE RX...	81
.....	43	VIMPAT.....	18	VITAMEDMD REDICHEW	
VASOTEC.....	32	vinate care.....	80	RX.....	81
VAXCHORA VACCINE	61	VINATE DHA RF	80	vitamin b complex	81
v-c forte	80	vinate ii.....	80	vitamin b complex-folic acid	81
VECAMYL	35	vinate m.....	80	vitamin d3	81
VECTICAL	36	vinate one	80	vitamin k.....	33
VELPHORO.....	57	VIOKACE.....	57	vitamin k1	33
VELTASSA.....	57	VIRACEPT.....	11	vitamins a,c,d and fluoride ..	81
VEMLIDY.....	11	VIRAMUNE.....	11	VITAPEARL.....	81
VENCLEXTA.....	17	VIRAMUNE XR.....	11	VITA-RESPA.....	81
VENCLEXTA STARTING		VIRASAL.....	36	VITATRUE.....	81
PACK.....	17	VIRAZOLE	11	VITUZ.....	69
venlafaxine.....	28	VIREAD.....	11	VIVLODEX.....	24
VENTAVIS	71	VIROPTIC.....	64	VIVOTIF.....	61
VENTOLIN HFA.....	71	virt-advance	80	vol-nate.....	81
verapamil	32	virt-c dha.....	80	vol-plus.....	81
VERASENS CONTROL		VIRT-CAPS.....	80	vol-tab rx	81
SOLN-LEVEL 1.....	50	virt-gard.....	80	VOLTAREN.....	24
verdrocet.....	23	virt-nate dha	80	VOLTAREN-XR	24
VEREGEN	37	virt-phos 250 neutral.....	74	voriconazole.....	9
VERELAN	32	virt-pn	80	VOSEVI.....	11
VERELAN PM.....	32	virt-pn dha	80	VOTRIENT	17
veripred 20.....	46	virt-pn plus.....	80	vp-ch plus	81
VERSACLOZ.....	28	VIRTPREX.....	80	vp-ch-pnv.....	81
VERZENIO	17	virtrate-2	73	VP-PNV-DHA.....	81
VESICARE.....	72	virtrate-3	73	vp-vite rx	81
VFEND	9	virtrate-k.....	73	VRAYLAR.....	28
VGO 20	50	virt-select	80	VUSION.....	41
VGO 30	50	virtussin ac.....	69	VYTONE.....	40
VGO 40	50	virtussin dac	69	VYVANSE.....	28
VIBERZI.....	57	virt-vite	80	VYZULTA	67
VIBRAMYCIN.....	14	virt-vite gt	80	W	
vic-forte	80	VIRT-VITE PLUS	80	warfarin	33
vicodin.....	23	VISTARIL.....	68	water for irrigation, sterile...	44
vicodin es.....	23	VISTOGARD	14	WAVESENSE CONTROL	
vicodin hp.....	23	vit 3	80	SOLUTION.....	50
VIDEX 2 GRAM PEDIATRIC		VITAFOL.....	80	WELCHOL.....	35
.....	11	VITAFOL FE+ (WITH		WELLBUTRIN XL.....	28
VIDEX EC.....	11	DOCUSATE).....	80	westhroid	53
VIEKIRA PAK.....	11	VITAFOL GUMMIES	80	WILATE.....	33
VIEKIRA XR	11	VITAFOL NANO.....	80	woman's laxative	57
vigabatrin	18	VITAFOL ULTRA.....	80	women's gentle laxative(bisac)	
vigadrone	18	VITAFOL-OB.....	80	.....	57

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

women's laxative (bisacodyl)57	zatean-pn dha 81	ZODRYL DAC 40 69
WP THYROID.....53	zatean-pn plus 81	ZODRYL DAC 50 69
X	ZAVESCA..... 52	ZODRYL DAC 60 69
XALIX .....36	zebutal 23	ZODRYL DAC 80 69
XALKORI .....17	ZEJULA 17	ZODRYL DEC 25..... 69
XARELTO .....33	ZELAPAR..... 19	ZODRYL DEC 30..... 69
XATMEP .....17	ZELBORAF..... 17	ZODRYL DEC 35..... 69
XELJANZ.....62	ZEMBRACE SYMTOUCH.20	ZODRYL DEC 40..... 69
XELJANZ XR .....62	ZEMPLAR 52	ZODRYL DEC 50..... 69
XELODA.....17	zenatane 39	ZODRYL DEC 60..... 69
XERMELO .....17	ZENPEP 57	ZODRYL DEC 80..... 69
XGEVA .....14	zenzedi 28	ZOFRAN..... 57
XHANCE .....71	ZENZEDI 28	ZOFRAN ODT 57
XIFAXAN .....13	ZEPATIER 11	ZOHYDRO ER..... 23
XIGDUO XR .....53	ZERIT 11	ZOLINZA..... 17
XIIDRA .....66	ZESTORETIC..... 32	zolmitriptan..... 20
XIMINO .....14	ZESTRIL 32	zolpidem 29
XOLAIR.....71	ZIAC 32	ZOLPIMIST 29
XOLEGEL.....41	ZIAGEN 11	ZOMIG..... 20
XOPENEX .....71	ZIANA 39	ZONALON..... 37
XOPENEX CONCENTRATE	zidovudine 11	zonisamide 18
..... 72	zileuton 72	ZONTIVITY..... 33
XTAMPZA ER .....23	zingiber 81	ZORBTIVE 59
XTANDI.....17	ziprasidone hcl 28	ZORTRESS 17
XULTOPHY 100/3.6.....51	ZIPSOR..... 24	ZORVOLEX..... 24
XURIDEN .....44	ZIRGAN..... 64	ZOSTAVAX (PF) 61
xylon 10.....23	ZITHRANOL..... 36	ZOVIRAX..... 11, 41
XYREM .....28	ZITHROMAX..... 12	Z-TUSS AC 69
Y	ZITHROMAX TRI-PAK.... 12	ZUPLENZ..... 57
YF-VAX (PF) .....61	ZITHROMAX Z-PAK..... 12	ZYDELIG..... 17
YONSA .....17	ZODRYL AC 25..... 69	ZYFLO 72
YOSPRALA.....33	ZODRYL AC 30..... 69	ZYKADIA..... 17
yuvafem .....63	ZODRYL AC 35..... 69	ZYLET 67
Z	ZODRYL AC 40..... 69	ZYLOPRIM..... 61
zafirlukast 72	ZODRYL AC 50..... 69	ZYMAXID 64
zaleplon .....28	ZODRYL AC 60..... 69	ZYPREXA..... 29
ZANAFLEX .....21	ZODRYL AC 80..... 69	ZYPREXA ZYDIS..... 29
ZANTAC.....58	ZODRYL DAC 25 69	ZYTIGA 17
ZARONTIN.....18	ZODRYL DAC 30 69	ZYVOX..... 13
ZARXIO .....59	ZODRYL DAC 35 69	

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