

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 84. 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 84.

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.

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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

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	4	
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	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL CAPSULE	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
TAMIFLU	4	QL
TECHNIVIE	5	PA; \$\$\$\$\$; QL
<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

Drug Name	Drug Tier	Requirements / Limits
ZEPATIER	5	PA; \$\$\$\$\$; QL
ZERIT	4	
ZIAGEN	4	
<i>zidovudine</i>	2	
ZOVIRAX	4	
CEPHALOSPORINS		
<i>cefaclor</i>	2	
<i>cefadroxil</i>	2	
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	2	
<i>cefixime</i>	2	
<i>cefpodoxime</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	

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Drug Name	Drug Tier	Requirements / Limits
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate)</i>	2	
<i>erythromycin</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
COARTEM	3	QL
CYCLOSERINE	4	
<i>dapsone</i>	2	
DARAPRIM	3	
EMVERM	3	QL
<i>ethambutol</i>	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
RIFADIN	4	
RIFAMATE	4	
<i>rifampin</i>	2	
RIFATER	4	
SIRTURO	3	LA
SIVEXTRO	4	PA
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>tetracycline</i>	2	
VIBRAMYCIN ORAL CAPSULE	4	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	
VIBRAMYCIN ORAL SYRUP	4	
XIMINO	4	ST
URINARY TRACT AGENTS		
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
<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	

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium</i>	2	
MESNEX	3	
VISTOGARD	3	
XGEVA	5	\$\$\$\$
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
AFINITOR	5	PA; \$\$\$\$\$; QL
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

Drug Name	Drug Tier	Requirements / Limits
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
COTELIC	5	PA; \$\$\$\$\$; LA; QL
<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	
ENVARBUS XR	4	ST
ERIVEDGE	5	PA; \$\$\$\$\$; QL
ERLEADA	5	PA; \$\$\$\$\$
<i>etoposide</i>	2	
<i>exemestane</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
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
<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; \$\$\$\$\$

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>mycophenolate mofetil</i>	2	
<i>mycophenolate sodium</i>	2	
MYFORTIC	4	
MYLERAN	3	
NEORAL	4	
NERLYNX	5	PA; \$\$\$\$\$; LA

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Drug Name	Drug Tier	Requirements / Limits
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; \$\$\$\$\$
SPRYCEL	5	PA; \$\$\$\$\$; QL
STIVARGA	5	PA; \$\$\$\$\$; QL
SUPPRELIN LA	5	\$\$\$\$

Drug Name	Drug Tier	Requirements / Limits
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

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKENE	4	ST
DEPAKOTE	4	ST
DEPAKOTE ER	4	ST
DEPAKOTE SPRINKLES	4	ST
DIASTAT	4	
DIASTAT ACUDIAL	4	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>primidone</i>	2	
QUDEXY XR	3	ST
<i>roweepira</i>	2	
<i>roweepira 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	

Drug Name	Drug Tier	Requirements / Limits
<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		
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	

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Drug Name	Drug Tier	Requirements / Limits
SINEMET CR	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR	4	
<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-acetaminophen</i>	2	
<i>isomethepten-caf-acetaminophen</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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
<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 ORAL CAPSULE 40 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA ORAL CAPSULE 80 MG	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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
ACETAMINOPHE N-CAFF-DIHYDROCOD ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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
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
ANAPROX DS	4	ST
ARTHROTEC 50	4	ST
ARTHROTEC 75	4	ST
<i>aspir-81</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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

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Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
<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>bupirone</i>	2	
BUTISOL	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
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
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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>tranlycypromine</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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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Drug Name	Drug Tier	Requirements / Limits
METOPROLOL SU-HYDROCHLOROTHIAZ	4	ST
<i>metoprolol tartrate hydrochlorothiazide</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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
<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% NAACL	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine)</i>	2	
<i>heparin lockflush(porcine)(pf)</i>	2	
HEPARIN(PORCINE) IN 0.45% NAACL 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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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; \$\$\$\$\$

Drug Name	Drug Tier	Requirements / Limits
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	
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

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Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
BENZA CLIN	4	ST
BENZA CLIN PUMP	4	ST
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical gel</i>	2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSADAN 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	
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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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-<i>aloe</i></i>	2	
<i>iodoquinol-hc</i>	2	
KLARON	4	ST
<i>lugols</i>	2	
<i>mafenide acetate</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
<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

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Drug Name	Drug Tier	Requirements / Limits
KERYDIN	4	ST
<i>ketoconazole</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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
<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

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Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTHIE/FS BODY OIL	4	ST
DERMA-SMOOTHIE/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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
SORBITOL-MANNITOL	4	
<i>tis-u-sol pentalyte</i>	2	
VASHE WOUND THERAPY	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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 ORAL CAPSULE 10 MG, 2 MG, 5 MG	3	LA
ORFADIN ORAL CAPSULE 20 MG	3	\$\$\$\$\$; LA
ORFADIN ORAL SUSPENSION	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	
<i>sodium chloride</i>	2	
<i>sodium chloride 0.9 %</i>	2	
<i>sodium phenylbutyrate</i>	2	
SURVANTA	4	

Drug Name	Drug Tier	Requirements / Limits
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		
ALZAIR	4	
ARESTIN	4	
ASTEPRO	4	
<i>azelastine nasal aerosol, spray</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<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	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	

Drug Name	Drug Tier	Requirements / Limits
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	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	5	PA; \$\$\$\$\$
CORTEF	4	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>propylthiouracil</i>	2	
SSKI	4	
TAPAZOLE	4	

Drug Name	Drug Tier	Requirements / Limits
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
ACCUTREND GLUCOSE CONTROL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
ADVOCATE LOW CONTROL	4	OTC
ADVOCATE REDI-CODE+ CTRL LOW	4	OTC
AGAMATRIX CONTROL HIGH	4	OTC
ASSURE 4 CONTROL SOLUTION	4	OTC
ASSURE DOSE NORMAL CONTROL	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN	4	OTC
AT HOME A1C	4	OTC
AUTOJECT 2 INJECTION DEVICE	3	OTC
AUTOPEN 1 TO 21 UNITS	3	OTC
AUTOSOFT 30	3	
AUTOSOFT 90	3	
AUTOSOFT XC INFUSION SET 23"	3	
BLOOD GLUCOSE CONTROL, NORMAL	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	4	OTC
CARESENS CONTROL A NORMAL	4	OTC
CARTRIDGE STAMPED IR 1200	3	OTC

Drug Name	Drug Tier	Requirements / Limits
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
EASYMAX LOW CONTROL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
EASYMAX NORMAL CONTROL	4	OTC
ELEMENT COMPACT NORMAL CONTROL	4	OTC
ELEMENT NORMAL CONTROL	4	OTC
EMBRACE EVO LEVEL 1	4	OTC
EMBRACE GLUCOSE CONTROL LOW	4	OTC
ENLITE SYSTEM	4	
EVOLUTION NORMAL CONTROL	4	OTC
FORA NORMAL CONTROL	4	OTC
FORACARE GDH LOW CONTROL	4	OTC
FORTISCARE NORMAL	4	OTC
FREESTYLE CONTROL	4	OTC
FREESTYLE LIBRE 10 DAY READER	4	
FREESTYLE LIBRE 10 DAY SENSOR	4	
GE100 CONTROL SOLUTION NORMAL	4	OTC
GLUCOCARD 01 NORMAL CONTROL	4	OTC

Drug Name	Drug Tier	Requirements / Limits
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
MINIMED INFUSION SET-MMT 390	3	

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

Drug Name	Drug Tier	Requirements / Limits
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	
T:90 INFUSION SET 23"	3	
T:SLIM	3	

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Drug Name	Drug Tier	Requirements / Limits
T:SLIM G4	3	
TELCARE CONTROL	4	OTC
TRUE METRIX LEVEL 1	4	OTC
TRUECONTROL LEVEL 0	4	OTC
TRUSTEEL INFUSION SET 32"	3	
UNISTRIP LOW CONTROL	4	OTC
VARISOFT INFUSION SET 43"	3	
VERASENS CONTROL SOLN-LEVEL 1	4	OTC
VGO 20	3	
VGO 30	3	
VGO 40	3	
WAVESENSE CONTROL SOLUTION	4	OTC
INSULIN THERAPY		
AFREZZA	4	
BASAGLAR KWIKPEN U-100 INSULIN	4	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 INSULN U-100	3	

Drug Name	Drug Tier	Requirements / Limits
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	
RELION NOVOLIN 70/30	4	ST

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Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN N	4	ST
RELION NOVOLIN R	4	ST
SOLIQUA 100/33	3	QL
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
XULTOPHY 100/3.6	3	QL
MISCELLANEOUS HORMONES		
ANADROL-50	4	
ANDRODERM	3	PA; QL
ANDROGEL	3	PA; QL
ANDROID	4	ST
AXIRON	4	PA; ST; QL
<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	
<i>doxercalciferol</i>	2	
GALAFOLD	5	PA; \$\$\$\$\$

Drug Name	Drug Tier	Requirements / Limits
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

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Drug Name	Drug Tier	Requirements / Limits
TESTRED	4	ST
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	

Drug Name	Drug Tier	Requirements / Limits
GLYNASE	4	
GLYSET	4	
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

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Drug Name	Drug Tier	Requirements / Limits
PRANDIN	4	
PRECOSE	4	
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	

Drug Name	Drug Tier	Requirements / Limits
THYROLAR-1/2	4	
THYROLAR-1/4	4	
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	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LOMOTIL	4	
<i>loperamide</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methscopolamine</i>	2	
MOTOFEN	4	
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>alosetron</i>	2	
AMITIZA	3	
ANA-LEX KIT	4	
ANALPRAM-HC	4	
ANALPRAM-HC SINGLES	4	
<i>anucort-hc</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ANZEMET	4	QL
<i>aprepitant</i>	2	QL
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn</i>	2	
CYSTADANE	3	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>kionex (with sorbitol)</i>	2	
KRISTALOSE	4	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine with cleansing wipe</i>	2	
<i>metoclopramide hcl</i>	2	
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	
OICALIVA	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	

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCORT	4	
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
REVELA	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	

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Drug Name	Drug Tier	Requirements / Limits
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
SOLESTA	4	
<i>sps (with sorbitol)</i>	2	
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

Drug Name	Drug Tier	Requirements / Limits
<i>women's laxative (bisacodyl)</i>	2	ACA; OTC
ZENPEP	3	
ZOFRAN	4	QL
ZOFRAN ODT	4	QL
ZUPLENZ	4	QL
ULCER THERAPY		
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrating, delay rel 15 mg</i>	2	QL
<i>lansoprazole oral tablet, disintegrating, delay rel 30 mg</i>	2	
<i>misoprostol</i>	2	
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>omeprazole oral capsule 20-1.1 mg-gram</i>	2	ST; QL
<i>omeprazole oral capsule 40-1.1 mg-gram</i>	2	ST
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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Drug Name	Drug Tier	Requirements / Limits
GRANIX	5	PA; \$\$\$\$\$
LEUKINE	5	\$\$\$\$\$
MACRILEN	4	QL
MOZOBIL	5	\$\$\$\$\$
NEULASTA	5	PA; \$\$\$\$\$; QL
PROCRIT	5	PA; \$\$\$\$\$
RETACRIT	4	
ZARXIO	5	PA; \$\$\$\$\$
GROWTH HORMONES		
EGRIFTA	5	PA; \$\$\$\$\$
GENOTROPIN	5	PA; \$\$\$\$\$
GENOTROPIN MINIQUICK	5	PA; \$\$\$\$\$
NORDITROPIN FLEXPRO	5	PA; \$\$\$\$\$
SEROSTIM	5	PA; \$\$\$\$\$
ZORBTIVE	5	PA; \$\$\$\$\$
INTERFERONS		
AUBAGIO	5	PA; \$\$\$\$\$
AVONEX	5	PA; \$\$\$\$\$; QL
AVONEX (WITH ALBUMIN)	5	PA; \$\$\$\$\$; QL
BETASERON	5	PA; \$\$\$\$\$; QL
COPAXONE	5	PA; ST; \$\$\$\$\$; QL
GILENYA	5	PA; \$\$\$\$\$
<i>glatiramer</i>	5	PA; \$\$\$\$\$; QL
<i>glatopa</i>	5	PA; \$\$\$\$\$; QL
<i>moderiba</i>	5	PA; \$\$\$

Drug Name	Drug Tier	Requirements / Limits
<i>moderiba dose pack oral tablets, dose pack 200 mg (28)-400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	PA; \$\$\$
<i>moderiba dose pack oral tablets, dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</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
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		

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Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF)	3	ACA
FLUAD 2018-2019 (65 YR UP)(PF)	3	ACA
FLUARIX QUAD 2018-2019 (PF)	3	ACA
FLUBLOK QUAD 2018-2019 (PF)	3	ACA
FLUCELVAX QUAD 2018-2019	4	ACA
FLUCELVAX QUAD 2018-2019 (PF)	4	ACA
FLULAVAL QUAD 2018-2019	3	ACA
FLULAVAL QUAD 2018-2019 (PF)	3	ACA
FLUMIST QUAD 2018-2019	4	
FLUZONE HIGH- DOSE 2018-19 (PF)	3	ACA
FLUZONE QUAD 2018-2019	3	ACA
FLUZONE QUAD 2018-2019 (PF)	3	ACA
FLUZONE QUAD PEDI 2018-19 (PF)	3	ACA
GARDASIL 9 (PF)	3	ACA
HAVRIX (PF)	3	ACA
HEPLISAV-B (PF)	4	
HIBERIX (PF)	3	ACA
IMOVAX RABIES VACCINE (PF)	3	ACA
INFANRIX (DTAP) (PF)	3	ACA
IPOL	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
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
TENIVAC (PF)	4	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	3	ACA
TETANUS-DIPHTHERIA TOXOIDS-TD	3	ACA
TRUMENBA	3	ACA
TWINRIX (PF)	3	ACA
TYPHIM VI	3	ACA

Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
<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
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; \$\$\$\$\$

Drug Name	Drug Tier	Requirements / Limits
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 ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; \$\$\$\$
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	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 ORAL TABLET 10 MG	5	PA; \$\$\$\$\$

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Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL TABLET 5 MG	5	PA; \$\$\$\$
XELJANZ XR	5	PA; \$\$\$\$
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet</i>	2	
ESTRING	3	
<i>estrogens-methyltestosterone</i>	2	
<i>estropipate</i>	2	
EVAMIST	4	QL
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	

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Drug Name	Drug Tier	Requirements / Limits
PROVERA	4	
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
AVC VAGINAL	4	
CERVIDIL	4	
CLEOCIN	4	
<i>clindamycin phosphate</i>	2	
CLINDESSE	4	
<i>fem ph</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	

Drug Name	Drug Tier	Requirements / Limits
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>aubra eq</i>	2	
<i>chateal eq</i>	2	
ELLA	3	ACA; QL
OXYTOCICS		
<i>methergine</i>	2	
<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	

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Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN IN NACL,ISO-O(PF)	4	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC	4	
TIMOPTIC-XE	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine</i>	2	
ATROPINE IN 0.9 % SOD CHLORIDE	4	
CYCLOGYL	4	
<i>cyclopentolate</i>	2	
CYCLOPENTROPIC-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	

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Drug Name	Drug Tier	Requirements / Limits
<i>altafluor</i>	2	
<i>azelastine</i>	2	
BEPREVE	3	ST
BEVACIZUMAB	4	
<i>cromolyn</i>	2	
CYCLOSPORINE IN KLARITY	4	
CYSTARAN	3	
DEXAMET-MOXIFL-KETORONACL(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	
LASTACAPT	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

Drug Name	Drug Tier	Requirements / Limits
PAZEO	3	ST
PHOTREXA CROSS-LINKING KIT	4	
PHOTREXA VISCOUS	4	
PREDNISOLONE ACETATE-BROMFENAC	4	
PREDNISOLON-GATIFLOX-BROMFENAC	4	
<i>proparacaine</i>	2	
RESTASIS	3	PA; QL
RESTASIS MULTIDOSE	3	PA; QL
<i>tetcaine</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	

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Drug Name	Drug Tier	Requirements / Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>bimatoprost</i>	2	PA
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	

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	4	
TIMOLOL-DORZOLAMID-LATANOP(PF)	4	
TIMOLOL-LATANOPROST(P F)	4	
TRAVATAN Z	3	PA; ST
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	

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4	
ZYLET	3	
STEROIDS		
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	\$\$\$\$\$
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone</i>	2	
SULFONAMIDES		
BLEPH-10	4	
<i>sulfacetamide sodium</i>	2	
SYMPATHOMIMETICS		
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		
ANTIHISTAMINE & ANTIALLERGENIC 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
RESPA-AR	4	
<i>robafen ac</i>	2	
<i>rydex</i>	2	
SEMPREX-D	4	
TESSALON PERLES	4	
<i>tusnel c</i>	2	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

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Drug Name	Drug Tier	Requirements / Limits
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	
DALIRESPI ORAL TABLET 250 MCG	3	PA; QL
DALIRESPI 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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
PULMOZYME	5	\$\$\$\$
QNASL	3	QL
QVAR REDIHALER	3	QL
REVATIO	5	PA; ST; \$\$\$\$; QL
RUCONEST	5	PA; \$\$\$\$\$
SEEBRI NEOHALER	4	QL
SEREVENT DISKUS	3	QL
<i>sildenafil</i> (antihypertensive)	5	PA; \$\$\$; QL
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</i> (antihypertensive)	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

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>tropium</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
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	
UROCIT-K 10	4	

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Drug Name	Drug Tier	Requirements / Limits
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	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	2	
PYRIDIDIUM	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

Drug Name	Drug Tier	Requirements / Limits
<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>effer-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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal 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

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
<i>super b maxi complex</i>	2	ACA; OTC
<i>super b-50 complex plus</i>	2	ACA; OTC
<i>super quint</i>	2	ACA; OTC
<i>super quint 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

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
VITA-RESPA	4	
VITATRUE	4	
<i>vol-nate</i>	2	
<i>vol-plus</i>	2	
<i>vol-tab rx</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	4	
<i>vp-vite rx</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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EPIFOAM.....	36	ESTRING	64	FEMARA	16
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EPIPEN 2-PAK.....	70	eszopiclone	27	FENOFIBRATE.....	35
EPIPEN JR 2-PAK.....	70	ethacrynic acid	31	fenofibrate micronized.....	35
EPISIL.....	46	ethambutol.....	12	fenofibrate nanocrystallized	35
epitol	18	ethosuximide	18	fenofibric acid	35
EPIVIR.....	10	ethyl chloride	40	fenofibric acid (choline)	35
EPIVIR HBV.....	10	etidronate disodium	44	FENOGLIDE	35
eplerenone.....	31	etodolac.....	24	fenoprofen.....	24
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2019.....	61	FOLET ONE.....	78	galantamine.....	20
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fluocinolone and shower cap	43	foltabs 800	78	gavilyte-c	56
fluocinonide	43	FOLTRATE.....	78	gavilyte-g	56
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GENOTROPIN	60	granisetron hcl.....	56	heparin lock flush.....	33
GENOTROPIN MINIQUICK	60	GRANIX	60	heparin lock flush (porcine)..	34
gentak.....	65	griseofulvin microsize	9	heparin lockflush(porcine)(pf)	34
gentamicin	41, 65	griseofulvin ultramicrosize.....	9	heparin(porcine) in 0.45% nacl	34
gentle laxative	56	guaifenesin ac.....	70	HEPARIN(PORCINE) IN 0.45% NACL	34
gentlelax	56	guaifenesin ac	70	heparin, porcine (pf)	34
GENVOYA	10	guaifenesin dac.....	70	HEPLISAV-B (PF).....	61
GEODON	27	guanfacine	27, 31	HEPSERA	10
GIALAX.....	56	guanidine	27	HETLIOZ.....	27
GILENYA	60	GUARDIAN REAL-TIME GLU MONITOR.....	49	HEXALEN	16
GILOTRIF.....	16	GYNAZOLE-1	65	HIBERIX (PF).....	61
GLASSIA	44	H		hi-cal plus vit d.....	75
glatiramer.....	60	HAEGARDA.....	72	HIPREX	14
glatopa	60	HALCION.....	27	HISTEX-AC	70
GLEOSTINE	16	halobetasol propionate	43	homatropa ire	66
GLIADEL WAFER.....	16	HALOG.....	43	homatropine hbr	66
glimepiride.....	53	haloperidol.....	27	HORIZANT.....	20
glipizide	53	haloperidol lactate	27	HUMALOG JUNIOR KWIKPEN U-100	51
glipizide-metformin.....	53	HARVONI.....	10	HUMALOG KWIKPEN INSULIN	51
GLUCAGEN DIAGNOSTIC KIT.....	47	HAVRIX (PF).....	61	HUMALOG MIX 50-50 INSULN U-100.....	51
GLUCAGEN HYPOKIT.....	47	HEALTHPRO HIGH-LOW CONTROL	49	HUMALOG MIX 50-50 KWIKPEN.....	51
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GLYCATE	54	hemenatal ob + dha.....	78		
glycolax	56	hemetab	78		
glycopyrrolate	54	HEMLIBRA	33		
glydo	40	hemmorex-hc	56		
GLYNASE	53	HEMOCYTE-F.....	78		
GLYSET.....	53	HEMOCYTE-PLUS.....	78		
GLYXAMBI.....	53	hep flush-10 (pf).....	33		
GOLYTELY	56	heparin (porcine)	33		
GONITRO	36	HEPARIN (PORCINE) IN 0.9% NACL	33		
GOPRELTO	40	heparin (porcine) in 5 % dex	33		
GRALISE	18	heparin (porcine) in nacl (pf)	33		

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HUMULIN R U-500 (CONC)	ibuprofen-oxycodone	22	NEEDLE U-100	47
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70	imiquimod	61	IODOSORB.....	37
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hydrocortisone acetate	indapamide.....	31	IROSPAN 24/6	78
56	INDERAL XL.....	31	ISENTRESS	10
hydrocortisone butyrate.....	INDOCIN.....	24	ISENTRESS HD	10
43	indomethacin.....	24	ISOCHRON.....	36
hydrocortisone butyr-emollient	INFANRIX (DTAP) (PF)	61	isometh-dichloral-	
.....	INFASURF.....	44	acetaminophn	20
43	INFINITY CONTROL		isomethepten-caf-	
hydrocortisone valerate.....	SOLUTION NORM.....	49	acetaminophen.....	20
43	INFINITY VOICE CTRL		isoniazid	12
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70				
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12				
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16				
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70				
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JADENU SPRINKLE.....	45	klor-con 10.....	75	LENVIMA.....	16
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JUXTAPID.....	35	k-phos-neutral	75	levobunolol	66
JYNARQUE.....	52	kpn	78	levocarnitine.....	45
K		KRISTALOSE.....	56	levocarnitine (with sugar) ...	45
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NEBUPENT.....	12	nicorette.....	45	np thyroid.....	54
nebusal.....	72	nicotine.....	45	NUCORT.....	43
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NEEVODHA (WITH ALGAL		NICOTROL.....	45	NUCYNTA ER.....	25
OIL).....	79	NICOTROL NS.....	45	NUDEXTA.....	21
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NUPLAZID	28	omeprazole.....	59	oscimin	55
NUTRESTORE.....	45	omeprazole-sodium bicarbonate.....	59	oscimin sl.....	55
NUTRICAP	79	OMIDRIA.....	67	oscimin sr	55
NUVESSA.....	65	OMNIPOD DASH INSULIN POD.....	50	oseltamivir	10
NUWIQ.....	34	OMNIPRED	69	OSENI.....	53
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OB COMPLETE ONE.....	79	ONETOUCH ULTRA2.....	50	OVACE PLUS.....	36
OB COMPLETE PETITE.....	79	ONETOUCH ULTRAMINI.....	50	OVACE PLUS SHAMPOO	36
OB COMPLETE PREMIER.....	79	ONETOUCH VERIO.....	47	OVACE PLUS WASH.....	36
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OBREDON.....	70	ONETOUCH VERIO IQ METER	50	OXANDRIN.....	52
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OBSTETRIX EC.....	79	ONEXTON.....	39	oxaprozin	25
OBSTETRIX ONE.....	79	ONFI	18	OXAYDO.....	23
OBTREX DHA	79	ONMEL.....	9	oxazepam.....	28
O-CAL F.A.....	79	ONZETRA XSAIL.....	20	oxcarbazepine	19
O-CAL PRENATAL.....	79	OPANA.....	23	oxiconazole.....	42
OALIVA.....	57	opium tincture	55	OXISTAT	42
octreotide acetate.....	17	OPSUMIT.....	72	OXSORALEN ULTRA.....	37
OCUFLOX	66	ORACEA	14	OXTELLAR XR	19
ODEFSEY	10	ORACIT.....	74	oxybutynin chloride.....	73
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OFEV	72	oralone.....	46	OXYCODONE	23
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okebo	14	ORAP.....	28	oxycodone-aspirin	23
olanzapine.....	28	ORAPRED ODT.....	47	OXYCONTIN.....	23
olanzapine-fluoxetine.....	28	ORAVIG	9	oxymorphone	23
olmesartan.....	32	ORENITRAM.....	32	OXYTROL	73
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olmesartan- hydrochlorothiazide	32	ORILISSA	52	oyster shell calcium-vit d2 ...	80
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PANRETIN.....	38	PERIDEX.....	46	CLOTHS.....	39
pantoprazole.....	59	perindopril erbumine	32	PLIAGLIS	41
PAPAV-PHENTOLAM-		periogard.....	46	PNEUMOVAX 23	62
ALPROST-WATER.....	74	permethrin.....	44	pnv 29-1.....	80
PAPAV-PHENTOLAMINE		perphenazine	28	pnv ob+dha	80
IN WATER.....	74	perphenazine-amitriptyline...28		pnv-dha.....	80
PARADIGM REAL-TIME		perry prenatal.....	80	pnv-dha + docusate.....	80
TRANSMIT-SN	50	PEXEVA	28	pnv-ferrous fumarate-docu-fa	
paregoric	55	phenadoz.....	70	.....	80
PAREMYD.....	66	phenazopyridine	75	pnv-omega	80
paricalcitol.....	52	phenezine.....	28	pnv-select.....	80
PARLODEL.....	19	phenergan	70	pnv-vp-u	80
PARNATE.....	28	phenobarb-hyoscy-atropine-		PODOCON.....	37
paroex oral rinse.....	46	scop	55	podofilox	38
paromomycin	12	phenobarbital	19	polycin.....	66
paroxetine hcl.....	28	phenohydro.....	55	polyethylene glycol 3350	57
paroxetine		phenoxybenzamine	32	poly-iron 150 forte.....	80
mesylate(menop.sym)	28	phenylephrine hcl.....	69	polymyxin b sulf-trimethoprim	
PASER.....	12	PHENYTEK.....	19	.....	66
PATADAY.....	67	phenytoin	19	POLYTRIM.....	66
PATANASE	46	phenytoin sodium extended..19		POLY-TUSSIN AC.....	70
PATANOL	67	PHOSLYRA.....	57	POLY-VI-FLOR	80
PAXIL.....	28	phospha 250 neutral.....	75	POLY-VI-FLOR WITH IRON	
PAXIL CR.....	28	phosphasal	74	.....	80
PAZEO.....	67	phosphate laxative	57	POMALYST.....	60
PEDIARIX (PF).....	62	PHOSPHOLINE IODIDE... 66		pot,sodium citrate-citric acid 74	
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peg3350	57	LINKING KIT	67	76
PEGANONE.....	19	PHOTREXA VISCOUS.....	67	potassium bicarb-citric acid..76	
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PEGINTRON.....	60	phytonadione (vitamin k1) ...34		powderlax	57
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PEN NEEDLE.....	50	(VITAMIN K1).....	34	pr natal 400	80
penicillin v potassium	13	PICATO	38	pr natal 400 ec.....	80
PENLAC	42	pilocarpine hcl	45, 46, 66	pr natal 430	80
PENNSAID	25	pimozide	28	pr natal 430 ec.....	80
PENTACEL (PF)	62	pindolol	32	PRALUENT PEN	35
PENTACEL ACTHIB		pioglitazone.....	53	pramcort	57
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PENTASA.....	57	pioglitazone-metformin.....	53	PRAMOSONE.....	36
pentazocine-na loxone	25	piroxicam.....	25	PRAMOSONE E.....	36
pentoxifylline	34	PLEGRIDY	60	PRANDIN	54
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PERCOCET.....	23	PLEXION.....	39	PRAVACHOL.....	35

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pravastatin.....	35	prenatal vitamin plus low iron	80	PRINIVIL.....	32
praziquantel.....	12	80	PROAIR HFA.....	72
prazosin	32	prenatal vitamin with minerals	80	PROAIR RESPICLICK.....	72
PRECISION XTRA		.....	80	probenecid	62
MONITOR.....	50	prenatal vits96-iron fum-folic	80	probenecid-colchicine	62
PRECOSE	54	.....	80	PROCARDIA	32
PRED FORTE.....	69	prenatal-u.....	80	PROCARDIA XL	32
PRED-G	68	PRENATE AM.....	80	procentra.....	28
PRED-G S.O.P.....	68	PRENATE CHEWABLE	80	prochlorperazine	57
prednicarbate.....	43	PRENATE DHA (FERR ASP	80	prochlorperazine maleate	57
prednisolone.....	47	GLYCIN).....	80	PROCORT.....	57
prednisolone acetate	69	PRENATE ELITE (IRON ASP	80	PROCRIT.....	60
PREDNISOLONE ACETATE		GLYC).....	80	PROCTOCORT.....	43, 57
(PF).....	69	PRENATE ENHANCE	80	PROCTOFOAM HC	57
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prednisolone sodium phosphate		GL)	80	proctosol hc.....	57
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BROMFENAC.....	67	PRENATE STAR.....	81	PRODIGY CONTROL	
prednisone.....	47	PREPIDIL.....	65	SOLUTION,HIGH	50
prednisone intensol.....	47	preplus	81	PRODRIN.....	20
PREFERA-OB.....	80	PREPOPIK	57	profeno	25
PREFERA-OB ONE.....	80	PRESTALIA.....	32	PROFERRIN-FORTE	81
PREFERA-OB PLUS DHA.	80	pretab.....	81	progesterone.....	64
PREFEST	64	prevalite	35	progesterone micronized	64
PREMARIN.....	64	PREVIDENT.....	46	PROGLYCEM.....	47
PREMPHASE.....	64	PREVIDENT 5000 BOOSTER		PROGRAF.....	17
PREMPRO	64	PLUS.....	46	PROLENSA.....	67
prenal chew.....	80	PREVIDENT 5000 DRY		PROLEUKIN.....	61
prenal pearl	80	MOUTH	46	PROMACTA.....	34
prenal true	80	PREVIDENT 5000 ENAMEL		promethazine.....	70
prenaissance.....	80	PROTECT.....	46	promethazine vc-codeine	70
prenaissance plus.....	80	PREVIDENT 5000 PLUS....	46	promethazine-codeine	70
PRENATA.....	80	PREVIDENT 5000		promethazine-dm.....	70
prenatabs fa.....	80	SENSITIVE	46	promethazine-phenylephrine	70
prenatabs rx.....	80	PREVNAR 13 (PF)	62	promethegan	70
prenatal.....	80	PREVYMIS.....	10	PROMETRIUM.....	64
prenatal complete	80	PREZCOBIX.....	10	PROMISEB	38
prenatal formula	80	PREZISTA	10	PROMISEB COMPLETE... ..	36
prenatal multi-dha (algal oil)	80	PRIFTIN.....	12	propafenone	30
prenatal one daily	80	PRIMACARE.....	81	propanthe line	55
prenatal plus.....	80	PRIMAQUINE	12	proparacaine.....	67
prenatal plus (calcium carb).	80	primidone	19	propranolol.....	32
PRENATAL PLUS DHA	80	PRIMLEV.....	23	propranolol-hydrochlorothiazid	
prenatal vitamin.....	80	PRIMSOL.....	14	32

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propylthiouracil.....	47	QUILLIVANT XR.....	28	REMERON SOLTAB.....	28
PROQUAD (PF).....	62	quinapril.....	32	RENACIDIN.....	74
PRO-RED AC (W/ DEXCHLORPHENIR).....	70	quinapril-hydrochlorothiazide	32	renal caps.....	81
PROSCAR.....	74	quinidine gluconate.....	30	rena-vite.....	81
PROSTIN E2.....	65	quinidine sulfate.....	30	rena-vite rx.....	81
PROTECT IRON.....	81	quinine sulfate.....	12	reno caps.....	81
PROTOPIC.....	38	quit 2.....	45	RENVELA.....	57
protriptyline.....	28	quit 4.....	45	repaglinide.....	54
PROVERA.....	65	QUTENZA.....	38	repaglinide-metformin.....	54
PROVIDA DHA.....	81	QVAR REDIHALER.....	73	REQUIP.....	19
PROVIDA OB.....	81	R		REQUIP XL.....	19
prudoxin.....	38	RABAVERT (PF).....	62	RESCRIPTOR.....	10
PSORCON.....	43	rabeprazole.....	59	RESPA-AR.....	71
PULMICORT FLEXHALER	72	RADIOGARDASE.....	45	RESTASIS.....	67
pulmosal.....	72	raloxifene.....	62	RESTASIS MULTIDOSE ..	67
PULMOZYME.....	73	ramipril.....	32	RESTORIL.....	28
PURALOR CI.....	81	RANEXA.....	35	RETACRIT.....	60
PUREFE OB PLUS.....	81	ranitidine hcl.....	59	RETIN-A.....	39
PUREFE PLUS.....	81	RAPAFLO.....	74	RETIN-A MICRO.....	39
purelax.....	57	RAPAMUNE.....	17	RETIN-A MICRO PUMP...	39
purevit dualfe plus.....	81	rasagiline.....	19	RETISERT.....	69
PURIXAN.....	17	RASUVO (PF).....	63	RETROVIR.....	10
PYLERA.....	59	RAVICTI.....	45	REVATIO.....	73
pyrazinamide.....	12	RAYALDEE.....	52	REVLIMID.....	60
PYRIDIUM.....	75	RAYOS.....	47	REXULTI.....	28
pyridostigmine bromide.....	21	RAZADYNE.....	21	REYATAZ.....	10
Q		RAZADYNE ER.....	21	RHOFADE.....	39
QBRELIS.....	32	REBETOL.....	60	RHOPRESSA.....	68
QNASL.....	73	REBIF (WITH ALBUMIN).60		ribasphere.....	60
QTERN.....	54	REBIF REBIDOSE.....	60	ribasphere ribapak.....	60
QUADRACEL (PF).....	62	REBIF TITRATION PACK.60		ribavirin.....	10, 60
QUALAQUIN.....	12	REBINYN.....	34	RIDAURA.....	63
quazepam.....	28	RECOMBIVAX HB (PF)...	62	rifabutin.....	12
QUDEXY XR.....	19	RECTIV.....	57	RIFADIN.....	13
QUESTRAN.....	35	REFUAH PLUS GLUCOSE CONTROL.....	50	RIFAMATE.....	13
QUESTRAN LIGHT.....	35	REGLAN.....	57	rifampin.....	13
quetiapine.....	28	REGANEX.....	38	RIFATER.....	13
QUFLORA.....	81	RELAGARD.....	65	RIGHTEST CONTROL SOLUTION HIGH.....	50
QUFLORA FE.....	81	RELENZA DISKHALER...	10	RILUTEK.....	45
QUFLORA FE (FERROUS SULFATE).....	81	RELEXXII.....	28	riluzole.....	45
QUFLORA PEDIATRIC.....	81	RELION NOVOLIN 70/30 ..	51	rimantadine.....	10
QUFLORA PEDIATRIC DROPS.....	81	RELION NOVOLIN N.....	52	ringer's.....	44
QUICK-SET PARADIGM ..	50	RELION NOVOLIN R.....	52	RIOMET.....	54
QUILLICHEW ER.....	28	RELISTOR.....	57	risacal-d.....	81
		RELPAK.....	20	risedronate.....	45, 63
		REMERON.....	28	RISPERDAL.....	28
				risperidone.....	28, 29

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RITALIN.....	29	SAMSCA	52	SILVRSTAT	41
RITALIN LA.....	29	SANCUSO	57	SIMBRINZA	68
ritonavir	10	SANDIMMUNE	17	SIMPONI.....	63
rivastigmine	21	SANDOSTATIN.....	17	SIMPONI ARIA.....	63
rivastigmine tartrate.....	21	SANTYL	44	simvastatin.....	35
RIXUBIS	34	SAPHRIS.....	29	SINEMET.....	19
rizatriptan.....	20	SARAFEM	29	SINEMET CR.....	20
R-NATAL OB	81	SAVELLA	63	SINUVA.....	73
robafen ac	71	scalacort.....	43	sirolimus	17
ROBAXIN.....	21	SCALACORT DK	43	SIRTURO	13
ROBAXIN-750	21	scopolamine base.....	57	SITAVIG.....	10
ROBINUL.....	55	seb-prev	36	SIVEXTRO	13
ROBINUL FORTE.....	55	seconal sodium.....	29	SKELAXIN	21
ROCALTROL.....	52	SEEBRI NEOHALER.....	73	SKLICE.....	44
ropinirole	19	SEGLUROMET	54	SMARTEST CONTROL.....	50
rosadan	39, 40	SELECT-OB.....	81	smoothlax	57
ROSDAN.....	40	SELECT-OB (FOLIC ACID)		SNAP INSULIN PUMP-	
ROSANIL.....	40	.....	81	INFUSION SET	50
ROSULA.....	40	SELECT-OB + DHA.....	81	sodium chloride	45, 73
rosula cleansing cloths	40	selegiline hcl.....	19	sodium chloride 0.9 %	45
rosuvastatin	35	selenium sulfide	36	sodium citrate-citric acid.....	74
ROTARIX	62	SELRX	36	sodium phenylbutyrate.....	45
ROTATEQ VACCINE.....	62	SELZENTRY.....	10	sodium polystyrene (sorb free)	
ROWASA.....	57	SEMPREX-D.....	71	.....	57
roweepra.....	19	se-natal 19.....	81	sodium polystyrene sulfonate	
roweepra xr.....	19	se-natal 19 (with docusate)..	81	.....	57
ROXICODONE	23	SENSIPAR	52	SODIUM POLYSTYRENE	
ROXYBOND.....	23	SEREVENT DISKUS	73	SULFONATE	58
ROZEREM	29	SERNIVO.....	43	SOF-SET	50
RUBRACA.....	17	SEROSTIM	60	SOF-SET CANNULA 24	50
RUCONEST	73	sertraline	29	SOF-SET MICRO 24	50
RYDAPT.....	17	se-tan plus	81	SOLARAZE	38
rydex	71	sevelamer carbonate	57	SOLESTA.....	58
RYTARY.....	19	sf 46		SOLIQUA 100/33	52
RYTHMOL SR.....	30	sf 5000 plus.....	46	SOLODYN.....	14
RYVENT.....	70	SFROWASA.....	57	SOLOSEC	13
S		SHINGRIX (PF)	62	soloxide	14
SABRIL.....	19	SHOHL'S MODIFIED.....	74	SOLTAMOX	17
SAFE-CLIP BY MAIL.....	50	SIGNIFOR.....	17	SOLUS V2 CONTROL	
SALAGEN (PILOCARPINE)		SIKLOS.....	17	SOLUTION,HIGH	50
.....	45, 46	sildenafil	74	SOMA	21
SALEX.....	37	sildenafil (antihypertensive) .	73	SOMATULINE DEPOT.....	17
salicylic acid	37	SILENOR	29	SOMAVERT	52
salicylic acid er-ceramides ...	37	SILHOUETTE	50	SONATA.....	29
SALKERA.....	37	SILVADENE.....	37	SOOLANTRA	40
salsalate	25	silver nitrate	38	SORBITOL.....	44
salvax	37	silver nitrate applicators	38	SORBITOL-MANNITOL....	44
SALVAX DUO PLUS.....	37	silver sulfadiazine.....	37	SORIATANE.....	36

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SORILUX.....	36	subvenite starter (blue) kit....	19	SUTENT.....	17
sotalol.....	30	subvenite starter (green) kit..	19	SYLATRON.....	60
sotalol af.....	30	subvenite starter (orange) kit	19	SYMAX DUOTAB.....	55
SOTYLIZE.....	30	SUCRAID.....	58	symax fastabs.....	55
SPECTRACEF.....	11	sucrafate	59	symax-sl	55
spinosad.....	44	SULAR.....	32	symax-sr	55
SPIRIVA RESPIMAT.....	73	sulfacetamide sodium	37, 69	SYMBICORT.....	73
spironolactone	32	sulfacetamide sodium (acne)	41	SYMBYAX.....	29
spironolacton-hydrochlorothiaz		sulfacetamide sodium-sulfur	40	SYMDEKO	73
.....	32	sulfacetamide sod-sulfur-urea		SYMFI	10
SPORANOX.....	9	.....	40	SYMFI LO.....	10
SPORANOX PULSEPAK.....	9	sulfacetamide-prednisolone..	69	SYMLINPEN 120.....	54
SPRITAM.....	19	sulfacetamide-sulfur-cleansr	23	SYMLINPEN 60.....	54
SPRIX.....	25	.....	40	SYMPROIC.....	58
SPRYCEL	17	sulfacleanse 8-4.....	40	SYMTUZA.....	10
sps (with sorbitol).....	58	sulfact na-sul-avobnz-otn-ocsa		SYNALAR.....	43
ssd.....	37	.....	40	SYNALAR CREAM KIT...	43
SSKI.....	47	sulfadiazine	13	SYNALAR OINTMENT KIT	
sss 10-5.....	40	sulfamethoxazole-trimethoprim		.....	43
STALEVO 100	20	.....	13	SYNALAR TS.....	43
STALEVO 125	20	SULFAMYLON	41	SYNAREL.....	52
STALEVO 150	20	sulfasalazine	58	SYNDROS	58
STALEVO 200	20	sulfatrim	13	SYNERA.....	41
STALEVO 50	20	sulindac.....	25	SYNJARDY	54
STALEVO 75	20	SUMADAN.....	40	SYNJARDY XR.....	54
STAMARIL (PF).....	62	SUMADAN XLT.....	40	SYNRIBO.....	17
STARLIX	54	sumatriptan	20	SYNTHROID	54
stavudine.....	10	sumatriptan succinate	20	SYPRINE	45
STEGLATRO	54	sumatriptan-naproxen	20	T	
STEGLUJAN.....	54	SUMAXIN	40	T	
STELARA	37	SUMAXIN CP.....	40	30 INFUSION SET	50
STIMATE.....	52	SUMAXIN TS	40	90 INFUSION SET 23....	50
STIOLTO RESPIMAT.....	73	super b complex-vitamin c ...	81	SLIM	50
STIVARGA.....	17	super b maxi complex.....	81	SLIM G4.....	51
stop smoking aid	45	super b-50 complex plus	81	TABLOID.....	17
STRENSIQ	52	super quints.....	81	TACLONEX.....	37
stress formula.....	81	super quints b-50.....	81	tacrolimus	17, 38
stress formula with iron	81	superplex-t	81	tadalafil (antihypertensive)...	73
stress formula with iron(sulf)	81	SUPERVITE.....	81	TAFINLAR	17
STRIANT	52	SUPPRELIN LA.....	17	TAGRISSE.....	17
STRIBILD	10	SUPRAX.....	11	TAMIFLU	11
STRIVERDI RESPIMAT....	73	SUPREP BOWEL PREP KIT		tamoxifen.....	17
STROMECTOL	13	.....	58	tamsulosin.....	74
strong iodine	76	SURE-T PARADIGM.....	50	TANDEM PLUS.....	81
STROVITE FORTE.....	81	SURFAXIN	73	TAPAZOLE.....	47
STROVITE ONE.....	81	SURMONTIL.....	29	TAPERDEX	47
SUBSYS.....	23	SURVANTA.....	45	TARCEVA	17
subvenite.....	19	SUSTIVA	10	TARGADOX.....	14

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TARGRETIN.....	17	tetcaine	67	TOBI PODHALER	13
TARKA.....	32	tetrabenazine	21	TOBRADEX	68, 69
taron forte	81	tetracaine hcl.....	67	TOBRADEX ST	69
taron-c dha.....	81	TETRACAINE HCL (PF)....	67	tobramycin.....	66
taron-prex prenatal-dha	81	tetracycline.....	14	tobramycin in 0.225 % nacl..	13
TASIGNA.....	17	TETRAVISC	67	TOBRAMYCIN WITH	
TASMAR	20	TETRAVISC FORTE.....	67	NEBULIZER	13
TAVALISSE.....	34	TEXACORT	43	tobramycin-dexamethasone ..	69
tazarotene.....	40	THALOMID	17	TOBREX.....	66
TAZORAC	40	THEO-24.....	73	TOFRANIL	29
taztia xt.....	32	theochron	73	TOLAK	38
TECFIDERA	60	theophylline	73	tolazamide.....	54
TECHNIVIE.....	11	THIOLA	45	tolbutamide	54
TEGRETOL.....	19	thioridazine	29	tolcapone	20
TEGRETOL XR	19	thiothixene	29	tolmetin	25
TEKTRUNA.....	32	THRIVITE RX.....	81	tolterodine.....	73
TEKTRUNA HCT	32	thrivite-19	81	TOPICORT.....	43
TELCARE CONTROL	51	thyroid (pork).....	54	topiramate	19
telmisartan	32	THYROLAR-1	54	TOPIRAMATE.....	19
telmisartan-amlodipine	32	THYROLAR-1/2.....	54	TOPROL XL	32
telmisartan-hydrochlorothiazid		THYROLAR-1/4.....	54	torsemide	32
.....	32	THYROLAR-2	54	total b/c.....	81
temazepam.....	29	THYROLAR-3	54	TOUJEO MAX U-300	
TEMODAR	17	tiagabine	19	SOLOSTAR.....	52
TEMOVATE	43	TIAZAC	32	TOUJEO SOLOSTAR U-300	
temozolomide	17	TIBSOVO.....	17	INSULIN	52
tencon.....	23	TIGAN	58	TOVIAZ.....	73
TENIVAC (PF).....	62	TIMOL-BRIMON-DORZO-		TRACLEER.....	73
tenofovir disoproxil fumarate		LATANOP(PF).....	68	TRADJENTA	54
.....	11	timolol maleate	32, 66	tramadol.....	25
TENORETIC 100.....	32	TIMOLOL-BRIMONIDI-		TRAMADOL.....	25
TENORETIC 50	32	DORZOLAM(PF).....	68	tramadol-acetaminophen	25
TENORMIN	32	TIMOLOL-DORZOLAMID-		trandolapril.....	32
terazosin	32	LATANOP(PF).....	68	trandolapril-verapamil	33
terbinafine hcl	9	TIMOLOL-		tranexamic acid	65
terbutaline	73	LATANOPROST(PF).....	68	TRANSDERM-SCOP	58
terconazole.....	65	TIMOPTIC	66	TRANXENE T-TAB	29
TERSİ FOAM.....	37	TIMOPTIC-XE.....	66	tranlycypromine	29
TESSALON PERLES	71	TINDAMAX.....	13	TRAVATAN Z.....	68
TESTOPEL.....	52	tinidazole	13	trazodone	29
testosterone	52	TIROSINT	54	TRECTOR	13
testosterone cypionate.....	52	tis-u-sol pentalyte	44	TRELEGY ELLIPTA.....	73
testosterone enanthate.....	52	TIVICAY.....	11	TREMFYA	37
TESTRED	53	TIVORBEX.....	25	TRESIBA FLEXTOUCH U-	
TETANUS,DIPHThERIA		tizanidine	21	100	52
TOX PED(PF).....	62	tl gard rx	81	TRESIBA FLEXTOUCH U-	
TETANUS-DIPHThERIA		tl g-fol os	81	200	52
TOXOIDS-TD	62	tl icon	81	tretinoin	40

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tretinoin (chemotherapy).....	17	tropicamide	66	URAMAXIN	38
tretinoin microspheres.....	40	trospium.....	74	urea	38
TRETIN-X.....	40	TRUE METRIX LEVEL 1...51		urea nail stick	38
TRETIN-X CREAM KIT	40	TRUECONTROL LEVEL 0 51		URECHOLINE.....	74
TREXALL	17	TRULANCE.....	58	URELLE.....	74
TREXIMET	20	TRULICITY	54	uretron d-s.....	74
TREZIX.....	23	TRUMENBA	62	URIBEL	74
TRIACETIN	42	TRUSOPT	68	urimar-t.....	74
triamcinolone acetonide .43, 46		trust natal dha.....	82	urin ds.....	74
TRIAMCINOLON-		TRUSTEEL INFUSION SET		uro-458	74
MOXIFLOX-WATR(PF). 69		32	51	UROCIT-K 10	74
triamterene-hydrochlorothiazid		TRUVADA.....	11	UROCIT-K 15	75
.....	33	TUDORZA PRESSAIR.....	73	UROCIT-K 5	75
trianex.....	44	tusnel c	71	urogesic-blue.....	75
tria zola m.....	29	TUSNEL PEDIATRIC.....	71	uro-mp	75
TRICARE.....	82	TUSSICAPS	71	UROQID-ACID NO.2.....	75
tric itrates	74	tussigon	71	URSO 250	58
tricon	82	TUSSIONEX PENNKINETIC		URSO FORTE.....	58
triderm.....	44	ER	71	ursodiol.....	58
TRIDESILON.....	44	TUZISTRA XR.....	71	uryl.....	75
trientine.....	45	TWINRIX (PF).....	62	ustell.....	75
TRIESENCE (PF).....	47	TWYNSTA.....	33	UTA	75
TRIFERIC	82	TYBOST	11	UTIBRON NEOHALER	73
trifluoperazine	29	TYKERB	17	utira-c	75
trifluridine	66	TYLENOL-CODEINE #3 ...	23	UTOPIC	38
trigels-f forte	82	TYLENOL-CODEINE #4 ...	23	V	
TRIGLIDE.....	35	TYMLOS.....	63	valacyclovir.....	11
trihexyphenidyl	20	TYPHIM VI.....	62	VALCHLOR.....	38
triklo.....	35	TYVASO.....	73	VALCYTE	11
TRILIPIX	35	TYVASO REFILL KIT.....	73	valganciclovir.....	11
trilyte with flavor packets	58	TYVASO STARTER KIT ...	73	valproic acid.....	19
trimethobenzamide	58	TYZINE	46	valproic acid (as sodium salt)	
trimethoprim	14	U		.....	19
trimipramine	29	UCERIS.....	58	valsartan	33
TRIMO-SAN JELLY	65	UDAMIN SP	82	valsartan-hydrochlorothiazide	
TRIMPEX.....	14	ULESFIA.....	44	.....	33
trinatal rx 1	82	ULORIC.....	62	VANATOL LQ.....	23
trinate	82	ultra b-100 complex.....	82	VANATOL S.....	23
TRINTELLIX	29	ULTRACET	25	VANCOCIN.....	14
triphrocaps	82	ULTRAM.....	25	vancomycin.....	14
TRIPLE DYE.....	42	ULTRASAL-ER	37	vandazole.....	65
TRISTART DHA	82	ULTRAVATE.....	44	VANOS.....	44
TRIUMEQ.....	11	ULTRAVATE X.....	44	VANOXIDE-HC.....	40
triveen-duo dha	82	umecta	38	VANTAS.....	17
TRI-VI-FLOR.....	82	UNISTRIP LOW CONTROL		VAQTA (PF).....	62
tri-vitamin with fluoride.....	82	51	VARISOFT INFUSION SET	
TRIZIVIR.....	11	unithroid	54	43	51
TROKENDI XR.....	19	UPTRAVL.....	33	VARIVAX (PF).....	62

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VARIZIG.....	62	VIGAMOX.....	66	VITAFOL-OB+DHA	82
VARUBL.....	58	VIIBRYD	29	VITAFOL-ONE.....	82
VASCEPA.....	35	vilamit mb.....	75	vita joy daily d	82
VASERETIC	33	vilevev mb	75	VITAL-D RX.....	82
VASHE WOUND THERAPY		VIMOVO.....	25	VITAMED MD ONE RX...	82
.....	44	VIMPAT.....	19	VITAMEDMD REDICHEW	
VASOTEC.....	33	vinate care.....	82	RX.....	82
VAXCHORA VACCINE	62	VINATE DHA RF	82	vitamin b complex	82
v-c forte	82	vinate ii.....	82	vitamin b complex-folic acid	82
VECAMYL	36	vinate m.....	82	vitamin d3	82
VECTICAL	37	vinate one	82	vitamin k.....	34
VELPHORO.....	58	VIOKACE.....	58	vitamin k1	34
VELTASSA.....	58	VIRACEPT.....	11	vitamins a,c,d and fluoride ...	82
VEMLIDY.....	11	VIRAMUNE.....	11	VITAPEARL.....	82
VENCLEXTA.....	17	VIRAMUNE XR.....	11	VITA-RESPA.....	82
VENCLEXTA STARTING		VIRASAL.....	37	VITATRUE.....	82
PACK.....	17	VIRAZOLE	11	VITUZ.....	71
venlafaxine.....	29	VIREAD.....	11	VIVLODEX.....	25
VENTAVIS	73	VIROPTIC.....	66	VIVOTIF.....	62
VENTOLIN HFA.....	73	virt-advance	82	vol-nate.....	82
verapamil	33	virt-c dha.....	82	vol-plus.....	82
VERASENS CONTROL		VIRT-CAPS.....	82	vol-tab rx	82
SOLN-LEVEL 1.....	51	virt-gard.....	82	VOLTAREN.....	25
verdrocet.....	23	virt-nate dha	82	VOLTAREN-XR	25
VEREGEN	38	virt-phos 250 neutral.....	76	voriconazole.....	9
VERELAN	33	virt-pn	82	VOSEVI.....	11
VERELAN PM.....	33	virt-pn dha	82	VOTRIENT	18
veripred 20.....	47	virt-pn plus.....	82	vp-ch plus	83
VERSACLOZ.....	29	VIRTPREX.....	82	vp-ch-pnv.....	83
VERZENIO	18	virtrate-2	75	VP-PNV-DHA.....	83
VESICARE.....	74	virtrate-3	75	vp-vite rx	83
VFEND	9	virtrate-k.....	75	VRAYLAR.....	29
VGO 20	51	virt-select	82	VUSION.....	42
VGO 30	51	virtussin ac.....	71	VYTONE.....	41
VGO 40	51	virtussin dac	71	VYVANSE.....	29
VIBERZI.....	58	virt-vite	82	VYZULTA	68
VIBRAMYCIN.....	14	virt-vite gt	82	W	
vic-forte	82	VIRT-VITE PLUS	82	warfarin	34
vicodin.....	23	VISTARIL.....	70	water for irrigation, sterile...	45
vicodin es.....	23	VISTOGARD	15	WAVESENSE CONTROL	
vicodin hp.....	23	vit 3	82	SOLUTION.....	51
VIDEX 2 GRAM PEDIATRIC		VITAFOL.....	82	WELCHOL.....	35
.....	11	VITAFOL FE+ (WITH		WELLBUTRIN XL.....	29
VIDEX EC.....	11	DOCUSATE).....	82	westhroid	54
VIEKIRA PAK.....	11	VITAFOL GUMMIES	82	WILATE.....	34
VIEKIRA XR	11	VITAFOL NANO.....	82	woman's laxative	58
vigabatrin	19	VITAFOL ULTRA.....	82	women's gentle laxative(bisac)	
vigadrone	19	VITAFOL-OB.....	82	58

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women's laxative (bisacodyl)58	zatean-pn dha 83	ZODRYL DAC 40 71
WP THYROID.....54	zatean-pn plus 83	ZODRYL DAC 50 71
X	ZAVESCA..... 53	ZODRYL DAC 60 71
XALIX37	zebutal 23	ZODRYL DAC 80 71
XALKORI18	ZEJULA 18	ZODRYL DEC 25..... 71
XARELTO34	ZELAPAR..... 20	ZODRYL DEC 30..... 71
XATMEP18	ZELBORAF..... 18	ZODRYL DEC 35..... 71
XELJANZ 63, 64	ZEMBRACE SYMTOUCH.20	ZODRYL DEC 40..... 71
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QL: Quantity Limit ST: Step Therapy PA:Prior Authorization LA:Limited Availability OTC:Over the Counter ACA: Affordable Care Act