



MARKETPLACE PLAN |

Drug Formulary

Georgia

INTRODUCTION

We are pleased to provide the 2020 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations. For specific opioid analgesic therapy requirements for your plan, please do the following.

- Providers - visit the Pharmacy page. The information is listed under Quantity Limits.
- Members - visit the Pharmacy page, then click Drug Formulary. The on information is listed under Quantity Limits.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at 1-833-230-2030. Hours are Monday

through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ONMEL	3	QL
ORAVIG	3	
SPORANOX ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA
<i>voriconazole oral</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA	2	
HEPSERA	3	
INTELENCE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	

Drug Name	Drug Tier	Requirements / Limits
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER	2	QL
RESCRIPTOR ORAL TABLET	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ritonavir</i>	1	
SELZENTRY	2	
SITAVIG	3	ST; QL
<i>stavudine oral capsule</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	3	QL
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
TRIZIVIR	3	
TRUVADA	2	
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIDEX 2 GRAM PEDIATRIC	2	
VIDEX EC	3	
VIRACEPT ORAL TABLET	2	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; QL
XOFLUZA	2	QL
ZEPATIER	4	PA; QL
ZERIT ORAL CAPSULE 30 MG	3	
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KEFLEX ORAL CAPSULE	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA	2	QL
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	4	ST; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
DARAPRIM	4	PA
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
<i>hydroxychloroquine</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	4	PA; QL
<i>linezolid</i>	1	PA
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
PASER	3	
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rifabutin</i>	1	
RIFADIN ORAL	3	
RIFAMATE	3	
<i>rifampin oral</i>	1	
RIFATER	3	
STROMEKTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	4	ST; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; QL
TRECTOR	3	
XIFAXAN	2	QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
CIPRO XR	3	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	PA
<i>avidoxy</i>	1	
AVIDOXY DK	3	PA
<i>coremino</i>	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	PA
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN ORAL CAPSULE 50 MG	3	PA
<i>minocycline oral capsule</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	PA
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	PA
MORGIDOX 1X 50	3	PA
MORGIDOX 2X100	3	PA
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA (7 DAY WITH LOAD DOSE)	3	PA; QL
<i>okebo oral capsule 75 mg</i>	1	
ORACEA	2	PA
SEYSARA	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	PA
TARGADOX	3	PA
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	PA
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	

Drug Name	Drug Tier	Requirements / Limits
VIBRAMYCIN ORAL SYRUP	3	
XIMINO	3	PA
URINARY TRACT AGENTS		
FURADANTIN	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
TRIMPEX	3	
VANCOMYCIN		
FIRVANQ	3	
VANCOCIN	3	
<i>vancomycin oral capsule</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA; QL
ALKERAN	3	
ALUNBRIG	5	PA; QL
<i>anastrozole</i>	1	
AROMASIN	3	
ASTAGRAF XL	3	ST
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA
BELRAPZO	5	
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF	4	PA; QL
BRAFTOVI	5	PA; QL
CABOMETYX ORAL TABLET 20 MG	4	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA
CALQUENCE	5	PA; QL
<i>capecitabine</i>	4	
CAPRELSA	4	PA; QL
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA
COPIKTRA	5	PA; QL
COTELLIC	4	PA; QL
<i>cyclophosphamide oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO	5	PA; QL
DROXIA	2	
ELZONRIS	4	PA
EMCYT	2	
ENVARUSUS XR	3	ST
ERIVEDGE	4	PA; QL
<i>erlotinib</i>	4	PA; QL
<i>etoposide oral</i>	1	
<i>exemestane</i>	1	
FARYDAK	5	PA; QL
FEMARA	3	
<i>flutamide</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF	4	PA; QL
GLEOSTINE	2	
HERCEPTIN HYLECTA	5	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL
ICLUSIG	4	PA; QL
IDHIFA	4	PA; QL
<i>imatinib</i>	4	PA; QL
IMURAN	3	
INLYTA	4	PA; QL
INREBIC	5	PA
IRESSA	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
JAKAFI	4	PA; QL
KANJINTI	5	PA
LENVIMA	4	PA
<i>letrozole</i>	1	
LEUKERAN	2	
LORBRENA	4	PA; QL
LYNPARZA ORAL TABLET	4	PA; QL
LYSODREN	2	
MATULANE	4	
MEGACE ES	3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; QL
MEKTOVI	5	PA; QL
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
MVASI	5	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA
NEXAVAR	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	4	PA; QL
NUBEQA	5	PA
ODOMZO	5	PA; QL
POLIVY	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	
RAPAMUNE	3	
RUBRACA	4	PA; QL
RYDAPT	4	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SIGNIFOR	4	
<i>sirolimus</i>	1	
SOLTAMOX	0	\$0 for ages 35 and older
SPRYCEL	4	PA; QL
STIVARGA	4	PA; QL
SUTENT	4	PA; QL
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; QL
TAGRISSE	4	PA; QL
TALZENNA	4	PA; QL
<i>tamoxifen</i>	0	\$0 for ages 35 and older
TARCEVA	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TARGRETIN ORAL	5	PA
TARGRETIN TOPICAL	4	PA
TASIGNA	4	PA; QL
TIBSOVO	4	PA
<i>toremifene</i>	1	
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	3	
TURALIO	5	PA
TYKERB	4	PA; QL
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA; QL
VERZENIO	4	PA; QL
VITRAKVI	4	PA
VIZIMPRO	4	PA; QL
VOTRIENT	4	PA; QL
XALKORI	4	PA; QL
XATMEP	3	ST
XELODA	5	
XOSPATA	4	PA
XPOVIO	5	PA
ZEJULA	4	PA; QL
ZELBORAF	4	PA; QL
ZOLINZA	4	
ZORTRESS	2	
ZYDELIG	4	PA; QL
ZYKADIA	4	PA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKENE ORAL CAPSULE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex</i>	1	
EPIDIOLEX	4	PA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL	3	
GRALISE	2	ST
GRALISE 30-DAY STARTER PACK	2	ST
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	PA
LAMICTAL XR STARTER (GREEN)	3	PA
LAMICTAL XR STARTER (ORANGE)	3	PA
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
LYRICA	3	
MYSOLINE	3	
ONFI ORAL SUSPENSION	3	PA

Drug Name	Drug Tier	Requirements / Limits
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZARONTIN	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	
AZILECT	3	ST
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
LODOSYN	3	
MIRAPEX	3	

Drug Name	Drug Tier	Requirements / Limits
MIRAPEX ER	3	
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	3	
REQUIP XL	3	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
ZELAPAR	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL
AMERGE	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA
EMGALITY SYRINGE	2	PA
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
ONZETRA XSAIL	3	ST; QL
RELPAK	3	ST; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	PA
<i>dalfampridine</i>	4	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	PA
<i>donepezil oral tablet, disintegrating</i>	1	
EXELON TRANSDERMAL	3	PA
FIRDAPSE	4	PA
<i>galantamine</i>	1	
HORIZANT	3	ST
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NUEDEXTA	2	PA
RAZADYNE ER	3	PA
RAZADYNE ORAL TABLET	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	4	PA
TEGSEDI	5	
<i>tetrabenazine</i>	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	3	ST
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
BACLOFEN ORAL TABLET 5 MG	3	
<i>carisoprodol-asa-codeine</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUIM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene</i>	1	
FEXMID	3	ST
LORZONE	3	ST
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
<i>metaxall</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
ROBAXIN-750	3	
SKELAXIN	3	
<i>tizanidine</i>	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	ST; QL
ALLZITAL	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ARYMO ER	3	ST; QL
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; QL
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	ST
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	ST
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate oral tablet 60 mg</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	
<i>diskets</i>	1	ST
DOLOPHINE ORAL	3	ST

Drug Name	Drug Tier	Requirements / Limits
DSUVIA	3	
DURAGESIC	3	ST; QL
<i>dvorah</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC	3	ST
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	3	ST; QL
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	ST; QL
FIORICET ORAL CAPSULE	3	ST
FIORINAL	3	ST
FIORINAL-CODEINE #3	3	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	
HYSINGLA ER	2	ST; QL
IBUDONE	3	
<i>ibuprofen-oxycodone</i>	1	
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	ST; QL
<i>lorcet (hydrocodone)</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>methadone oral concentrate</i>	1	ST
<i>methadone oral solution</i>	1	ST
<i>methadone oral tablet</i>	1	ST
<i>methadone oral tablet,soluble</i>	1	ST
<i>methadose oral concentrate</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>methadose oral tablet,soluble</i>	1	ST
MORPHABOND ER	3	ST; QL
<i>morphine concentrate oral solution</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL
<i>morphine oral capsule,extend.release pellets</i>	1	ST; QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	ST; QL
<i>morphine rectal</i>	1	
MS CONTIN	3	ST; QL
NALOCET	3	
OPANA ORAL	3	
OXAYDO	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
OXYCODONE ORAL SYRINGE	3	
<i>oxycodone oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR	2	ST; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
<i>phrenilin forte(with caffeine)</i>	1	
PRIMLEV	3	
ROXICODONE	3	
ROXYBOND	3	
SUBLOCADE	4	
SUBSYS	3	ST; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TYLENOL-CODEINE #3	3	
TYLENOL-CODEINE #4	3	
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vicodin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vicodin es</i>	1	
<i>vicodin hp</i>	1	
XTAMPZA ER	3	ST; QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	OTC, covered for ages 69 and younger; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspir-81</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspirin low dose</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspirin oral tablet</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspir-low</i>	0	OTC, covered for ages 69 and younger; OTC
<i>aspir-trin</i>	0	OTC, covered for ages 69 and younger; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>bayer aspirin</i>	0	OTC, covered for ages 69 and younger; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	0	OTC, covered for ages 69 and younger; OTC
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	0	OTC, covered for ages 69 and younger; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	0	OTC, covered for ages 69 and younger; OTC
<i>ecotrin low strength</i>	0	OTC, covered for ages 69 and younger; OTC
<i>etodolac</i>	1	
FELDENE	3	ST
<i>fenoprofen oral tablet</i>	1	
FLECTOR	2	ST; QL
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>lite coat aspirin</i>	0	OTC, covered for ages 69 and younger; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA	2	QL
NUCYNTA ER	2	ST; QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
QMIIZ ODT ORAL TABLET, DISINTEGRATING 15 MG	3	ST
QMIIZ ODT ORAL TABLET, DISINTEGRATING 7.5 MG	3	ST; QL
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	0	OTC, covered for ages 69 and younger; OTC
<i>st. joseph aspirin</i>	0	OTC, covered for ages 69 and younger; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
<i>sulindac</i>	1	
TIVORBEX ORAL CAPSULE 20 MG	3	ST; QL
TIVORBEX ORAL CAPSULE 40 MG	3	ST
<i>tolmetin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL
<i>tramadol oral tablet</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; QL
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIMOVO	3	ST
VIVITROL	4	
VIVLODEX ORAL CAPSULE 10 MG	3	ST
VIVLODEX ORAL CAPSULE 5 MG	3	ST; QL
VOLTAREN-XR	3	ST
ZIPSOR	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	3	
ADDERALL XR	3	ST
ADHANSIA XR	3	ST
ADZENYS ER	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	ST; QL
AMBIEN CR	3	ST; QL
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	PA
ANAFRANIL	3	
APLENZIN	3	PA; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	PA
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	PA
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
<i>desipramine</i>	1	
DESOXYN	3	PA

Drug Name	Drug Tier	Requirements / Limits
DESVENLAFAXIN E	3	ST; QL
<i>desvenlafaxine succinate</i>	1	QL
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral</i>	1	
<i>duloxetine</i>	1	QL
DYANAVEL XR	2	ST
EDLUAR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO	3	PA
EVEKEO ODT	3	PA
FANAPT	3	QL
FAZACLO	3	
FETZIMA	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine</i>	1	QL
FOCALIN	3	PA
FOCALIN XR	3	ST
FORFIVO XL	3	PA; QL
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA
<i>guanidine</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ	5	PA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	ST; QL
INVEGA	3	QL
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	

Drug Name	Drug Tier	Requirements / Limits
LATUDA	2	QL
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>metadate er</i>	1	PA
<i>methamphetamine</i>	1	PA
METHYLIN ORAL SOLUTION	3	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	PA
<i>methylphenidate hcl oral solution</i>	1	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet, chewable</i>	1	PA
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
ORAP	3	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL
<i>paroxetine mesylate(menop.sym)</i>	1	QL
PAXIL CR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	ST; QL
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	3	ST; QL
SAPHRIS	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; QL
SUNOSI	3	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
VERSACLOZ	3	
VIIBRYD ORAL TABLET	2	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
VYLEESI	5	PA
WELLBUTRIN XL	3	PA; QL
XYREM	4	PA
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA
<i>ziprasidone hcl</i>	1	QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	ST; QL
ZULRESSO	4	PA
ZYPREXA ORAL	3	QL
ZYPREXA ZYDIS	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mexiletine</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
<i>afeditab cr</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	2	ST
CALAN	3	PA
CALAN SR	3	PA
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
CAROSPIR	3	ST
<i>cartia xt</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorothiazide</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	2	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DIURIL	3	
<i>doxazosin</i>	1	QL
DYAZIDE	3	
DYRENIUM	3	
EDARBI	2	ST
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED ORAL SOLUTION	3	ST
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INDERAL XL	3	ST
INNOPRAN XL	3	ST
INSPRA	3	
<i>irbesartan</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	ST
<i>labetalol oral</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
MICROZIDE	3	
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	3	ST
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt</i>	1	
TEKTURNA	2	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
TIAZAC	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	ST
<i>torsemide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TWYNSTA	3	ST
UPTRAVI	4	PA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	PA
VERELAN PM	3	PA
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL	3	
COAGULATION THERAPY		
AGGRENOX	3	
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COUMADIN ORAL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dipyridamole oral</i>	1	
DOPTLET (15 TAB PACK)	4	QL
EFFIENT	3	
ELIQUIS	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	
XARELTO	2	PA
ZONTIVITY	2	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 40 through 75 years; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	PA
COLESTID FLAVORED ORAL PACKET	3	PA
<i>colestipol</i>	1	
EZALLOR SPRINKLE	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe</i>	1	ST
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	0	\$0 for ages 40 through 75 years; QL
<i>gemfibrozil</i>	1	
LESCOL XL	3	ST; QL
LIPOFEN	2	ST
LIVALO	2	ST; QL
LOPID	3	
<i>lovastatin</i>	0	\$0 for ages 40 through 75 years; QL
LOVAZA	3	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; QL
<i>pravastatin</i>	0	\$0 for ages 40 through 75 years; QL
<i>prevalite</i>	1	
QUESTRAN	3	PA
QUESTRAN LIGHT ORAL POWDER	3	PA
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0 for ages 40 through 75 years; 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>	0	\$0 for ages 40 through 75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRIGLIDE ORAL TABLET 160 MG	3	ST
<i>triklo</i>	1	PA
TRILIPIX	3	ST
VASCEPA	2	PA

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	2	PA
ENTRESTO	2	QL
RANEXA	3	
<i>ranolazine</i>	1	
VYNDAQEL	4	PA
NITRATES		
DILATRATE-SR	2	
GONITRO	3	
ISOCHRON	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene</i>	1	QL
<i>calcipotriene-betamethasone</i>	1	QL
<i>calcitrene</i>	1	QL
<i>calcitriol topical</i>	1	
COAL TAR	2	
COSENTYX	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX PEN	4	PA
COSENTYX PEN (2 PENS)	4	PA
DOVONEX TOPICAL	3	QL
<i>drithocrema hp</i>	1	
ENSTILAR	2	QL
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical</i>	1	
OVACE	3	
OVACE PLUS SHAMPOO	3	

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; QL
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
VECTICAL	3	
ZITHRANOL	3	

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Drug Name	Drug Tier	Requirements / Limits
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	ST
INOVA 8-2	3	ST
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	
SALEX	3	
<i>salicylic acid er- ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion,extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	
SALKERA	3	
<i>salvax</i>	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
XALIX	3	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
CARAC	2	
<i>cem-urea</i>	1	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
EFUDEX TOPICAL CREAM	3	
ELIDEL	2	ST; QL
ESKATA	3	
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYDRO 35	3	
HYDRO 40	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
KERAFOAM	3	
KERALAC	3	
LOUTREX	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROMISEB	3	
PROTOPIC	3	ST; QL
QBREXZA	2	PA
QUTENZA	3	
<i>silver nitrate applicators</i>	1	
<i>silver nitrate topical solution</i>	1	
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
<i>umecta topical foam</i>	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	
<i>urea nail stick</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel 45 %</i>	1	
UTOPIC	3	
VALCHLOR	4	
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
ABSORICA	2	ST
ACANYA TOPICAL GEL WITH PUMP	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALTRENO	3	PA
<i>amnesteam</i>	1	
ATRALIN	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzebro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	
<i>bpo topical gel</i>	1	
<i>claravis</i>	1	
<i>cleansing wash topical cleanser</i>	1	
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLEOCIN T TOPICAL SOLUTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN PAC	3	ST
CLINDAGEL	3	ST
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	QL
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	ST
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>dapsone topical</i>	1	
DIFFERIN	3	ST
DUAC	3	ST
EPIDUO FORTE	2	ST
EPIDUO TOPICAL GEL WITH PUMP	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
EVOCLIN	3	ST
FABIOR	3	PA

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Drug Name	Drug Tier	Requirements / Limits
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
METROGEL TOPICAL GEL WITH PUMP	3	ST
METROLOTION	3	ST
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<i>rosadan topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	2	ST
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfact na-sul-avobnz-otn-ocsa</i>	1	
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	PA; ST
TOPICAL ANESTHETICS		
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	QL
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lta pre-attached</i>	1	
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
CORTISPORIN TOPICAL	3	
<i>dermazene topical cream</i>	1	
<i>gentamicin topical</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR KIT	3	
SILVRSTAT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
VYTONE	3	
TOPICAL ANTIFUNGALS		
ALA-QUIN	3	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole topical</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ECOZA	3	QL
EXELDERM	3	QL
EXODERM	3	
EXTINA	3	QL
<i>ketoconazole topical</i>	1	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	
LOPROX TOPICAL SHAMPOO	3	QL
LOTRISONE TOPICAL CREAM	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN TOPICAL CREAM 2 %	3	QL
NAFTIN TOPICAL GEL	3	QL
NIZORAL TOPICAL SHAMPOO	3	QL
<i>nyamyc</i>	1	
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
PENLAC	3	ST
TRIACETIN	2	
TRIPLE DYE	3	
VUSION	3	QL
XOLEGEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>apexicon e</i>	1	
AQUA GLYCOLIC HC	3	ST
<i>beser</i>	1	
<i>betamethasone dipropionate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol</i>	1	QL
<i>clobetasol-emollient</i>	1	QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	QL
CLODAN KIT	3	ST
CLODERM	3	ST
<i>cormax scalp</i>	1	QL
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DERMASORB HC COMPLETE KIT	3	ST
DERMASORB TA COMPLETE KIT	3	ST
DERMATOP TOPICAL OINTMENT	3	ST
DESONATE	3	ST
<i>desonide</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DIPROLENE TOPICAL OINTMENT	3	ST
DUOBRII	3	
ELOCON TOPICAL CREAM	3	ST
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>fluticasone propionate topical</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	ST; QL
KENALOG TOPICAL	3	ST; QL
LEXETTE	3	ST
LOCOID LIPOCREAM	3	ST
LOCOID TOPICAL CREAM	3	ST
LOCOID TOPICAL LOTION	3	ST
LOCOID TOPICAL SOLUTION	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	ST
PSORCON	3	ST; QL
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TEMOVATE TOPICAL CREAM	3	ST; QL
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	
TRIDESILON	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
VANOS	3	ST; QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	

Drug Name	Drug Tier	Requirements / Limits
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
VASHE WOUND THERAPY	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	
<i>alendronate oral tablet 40 mg</i>	1	QL
<i>anagrelide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ANTABUSE	3	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
<i>caffeine citrate oral</i>	1	
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
<i>disulfiram</i>	1	
<i>etidronate disodium</i>	1	
EVOXAC	3	
FERRIPROX	4	PA
FERRLECIT	3	
GLEOLAN	3	
INFASURF	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral tablet</i>	1	
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NORTHERA	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	
SURVANTA	3	
THIOLA	5	
THIOLA EC	5	
TIGLUTIK	3	
<i>water for irrigation, sterile</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	\$0 for ages 18 and older
CHANTIX	0	\$0 for ages 18 and older
CHANTIX CONTINUING MONTH BOX	0	\$0 for ages 18 and older
CHANTIX STARTING MONTH BOX	0	\$0 for ages 18 and older
NICODERM CQ	0	OTC, \$0 for ages 18 and older; OTC
<i>nicorelief</i>	0	OTC, \$0 for ages 18 and older; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	0	OTC, \$0 for ages 18 and older; OTC
<i>nicorette buccal gum 4 mg</i>	0	OTC, \$0 for ages 18 and older; OTC
NICORETTE BUCCAL LOZENGE	0	OTC, \$0 for ages 18 and older; OTC
NICORETTE BUCCAL MINI LOZENGE	0	OTC, \$0 for ages 18 and older; OTC
<i>nicotine (polacrilex)</i>	0	OTC, \$0 for ages 18 and older; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	OTC, \$0 for ages 18 and older; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	OTC, \$0 for ages 18 and older; OTC
NICOTROL	0	\$0 for ages 18 and older
NICOTROL NS	0	\$0 for ages 18 and older
<i>quit 2</i>	0	OTC, \$0 for ages 18 and older; OTC
<i>quit 4</i>	0	OTC, \$0 for ages 18 and older; OTC
<i>stop smoking aid</i>	0	OTC, \$0 for ages 18 and older; OTC

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

Drug Name	Drug Tier	Requirements / Limits
ALZAIR	3	
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	
DEBACTEROL	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	3	
<i>fluoride (sodium) dental gel</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	3	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>triamcinolone acetonide dental</i>	1	
TYZINE NASAL SPRAY, NON-AEROSOL	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
CORTEF	3	
<i>cortisone</i>	1	
<i>decadron</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	ST
DEXPAK 10 DAY	3	ST
DEXPAK 13 DAY	3	ST
DEXPAK 6 DAY	3	ST
DXEVO	3	ST
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	ST
<i>hydrocortisone oral</i>	1	
MEDROL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
TRIESENCE (PF)	3	
<i>veripred 20</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA BLUE TEST STRIP	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
PROGLYCEM	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE REDI- CODE+ CTRL LOW	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC
AT HOME A1C	3	OTC
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
DIATRUE CONTROL SOLN NORMAL	3	OTC
EASY PLUS II HIGH CONTROL	3	OTC
EASY STEP HIGH CONTROL SOLN	3	OTC
EASY TALK HIGH CONTROL	3	OTC
EASY TRAK LOW CONTROL	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EASYMAX LOW CONTROL	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
EVOLUTION NORMAL CONTROL	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC
FORA NORMAL CONTROL	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE CONTROL	3	OTC
FREESTYLE LIBRE 10 DAY READER	2	
FREESTYLE LIBRE 10 DAY SENSOR	2	
GE100 CONTROL SOLUTION NORMAL	3	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GUARDIAN REAL-TIME GLU MONITOR	3	
HEALTHPRO HIGH-LOW CONTROL	3	OTC
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2	3	OTC
INPEN (FOR HUMALOG)	3	
INPEN (FOR NOVOLOG)	3	
LANCETS 33 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	2	OTC
MEDISENSE	3	OTC
MEDISENSE GLUCOSE KETONE	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
NOVOPEN ECHO	3	
ON CALL EXPRESS CONTROL	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL VIVID CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI	2	OTC
ONETOUCH VERIO FLEX	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO SYSTEM	2	OTC
PARADIGM REAL-TIME TRANSMIT-SN	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	OTC
PRECISION XTRA MONITOR	2	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC
SAFE-CLIP BY MAIL	2	OTC
SMARTEST CONTROL	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUECONTROL LEVEL 0	3	OTC
UNISTrip LOW CONTROL	3	OTC
VERASENS CONTROL SOLN-LEVEL 1	3	OTC
V-GO 20	2	
V-GO 30	2	

Drug Name	Drug Tier	Requirements / Limits
V-GO 40	2	
VIVAGUARD INO CONTROL SOLUTION	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULIN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTouch U-100 INSULIN	2	
LEVEMIR U-100 INSULIN	2	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SOLIQUA 100/33	2	QL
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTouch U-100	2	
TRESIBA FLEXTouch U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
MISCELLANEOUS HORMONES		
ANADROL-50	3	
ANDRODERM	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
ANDROID	3	ST
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
<i>danazol</i>	1	
DDAVP NASAL SPRAY WITH PUMP	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE	3	PA
<i>doxercalciferol oral</i>	1	ST
FORTESTA	3	PA; QL
KORLYM	5	
MENOPUR	4	
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	2	
NATESTO	3	PA; QL
NOVAREL	4	QL
ORILISSA	2	PA; QL
OVIDREL	4	
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
ROCALTROL	3	ST
SOMAVERT	4	
STRIANT	3	PA; QL
SYNAREL	2	
<i>testosterone</i>	1	PA; QL
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTRED	3	ST
VOGELXO	3	PA; QL
XYOSTED	3	PA

Drug Name	Drug Tier	Requirements / Limits
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST; QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	ST; QL
ACTOS	3	ST; QL
ALOGLIPTIN	1	ST; QL
AMARYL	3	
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	ST; QL
FORTAMET	3	ST; QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL
JENTADUETO	2	ST; QL
JENTADUETO XR	2	ST; QL
METFORMIN ORAL SOLUTION	3	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	
OZEMPIC	2	PA; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
QTERN ORAL TABLET 5-5 MG	3	ST
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST

Drug Name	Drug Tier	Requirements / Limits
STARLIX	3	
SYMLINPEN 120	2	ST; QL
SYMLINPEN 60	2	ST; QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRADJENTA	2	ST; QL
TRULICITY	2	PA
XIGDUO XR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine oral</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>nature-throid</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>thyroid (pork)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
WP THYROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBIID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>paregoric</i>	1	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	
<i>alopen</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>alosetron</i>	1	
AMITIZA	2	QL
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	2	
AURYXIA	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>bisacodyl oral</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>bisa-lax</i>	0	OTC, covered for ages 50 through 75 years; OTC
BONJESTA	3	QL
<i>budesonide oral</i>	1	
<i>calcium acetate oral capsule</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA	3	
CHENODAL	4	
<i>citrate of magnesia</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>citroma</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>clearlax</i>	0	OTC, covered for ages 50 through 75 years; OTC
CLENPIQ	0	\$0 for ages 50 through 75 years
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn oral</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>ducodyl</i>	0	OTC, covered for ages 50 through 75 years; OTC
EMEND	3	QL
ENTEREG	3	
ENTOCORT EC	3	
<i>enulose</i>	1	
<i>fleet laxative</i>	0	OTC, covered for ages 50 through 75 years; OTC
GASTROCROM	3	
GATTEX 30-VIAL	5	
<i>gavilax oral powder</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>generlac</i>	1	
<i>gentle laxative oral</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>gentlelax</i>	0	OTC, covered for ages 50 through 75 years; OTC
GIALAX	0	\$0 for ages 50 through 75 years

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>glycolax oral powder</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxaclear</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>laxative (bisacodyl) oral</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>laxative feminine</i>	0	OTC, covered for ages 50 through 75 years; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350 oral powder</i>	0	OTC, covered for ages 50 through 75 years; OTC
LIALDA	3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LOTRONEX	3	
<i>magnesium citrate oral solution</i>	0	OTC, covered for ages 50 through 75 years; OTC
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
MICORT-HC	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>milk of magnesia concentrated</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>miralax oral powder in packet</i>	0	OTC, covered for ages 50 through 75 years; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	0	OTC, covered for ages 50 through 75 years; OTC
NULYTELY WITH FLAVOR PACKS	3	
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral</i>	1	QL
<i>oral saline laxative oral liquid</i>	0	OTC, covered for ages 50 through 75 years; OTC
OSMOPREP	0	\$0 for ages 50 through 75 years
<i>peg-electrolyte soln</i>	0	\$0 for ages 50 through 75 years
<i>peg-prep</i>	0	\$0 for ages 50 through 75 years
PENTASA	2	
PHOSLYRA	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phosphate laxative oral liquid</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>polyethylene glycol 3350</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>powderlax</i>	0	OTC, covered for ages 50 through 75 years; OTC
PREPOPIK	0	\$0 for ages 50 through 75 years
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	0	OTC, covered for ages 50 through 75 years; OTC
RECTIV	2	
REGLAN ORAL	3	
RENVELA	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	2	QL
<i>scopolamine base</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SFROWASA	3	
<i>smoothlax</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>sodium polystyrene sulfonate oral</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	
<i>sulfasalazine</i>	1	
SYNDROS	3	PA
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	0	\$0 for ages 50 through 75 years
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VIOKACE	2	
<i>woman's laxative oral tablet, delayed release (dr/ec)</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>women's gentle laxative(bisac)</i>	0	OTC, covered for ages 50 through 75 years; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	0	OTC, covered for ages 50 through 75 years; OTC
ZELNORM	3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	
ZOFRAN ORAL TABLET	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
CARAFATE ORAL SUSPENSION	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CARAFATE ORAL TABLET	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl oral</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	3	ST
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL
<i>omeppi oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeppi oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
PYLERA	2	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>ranitidine hcl oral capsule</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA; QL
GRANIX	4	PA
MACRILEN	5	QL
MOZOBIL	4	
RETACRIT	4	PA
ZARXIO	4	PA
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
NORDITROPIN FLEXPPO	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
ZORBTIVE	5	PA
INTERFERONS		
AUBAGIO	5	PA
BETASERON SUBCUTANEOUS KIT	4	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GILENYA ORAL CAPSULE 0.5 MG	4	PA
<i>glatiramer</i>	4	ST; QL
<i>glatopa</i>	4	ST; QL
MAVENCLAD (10 TABLET PACK)	5	PA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; QL
MAVENCLAD (5 TABLET PACK)	5	PA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; QL
MAYZENT	4	PA; QL
<i>moderiba</i>	4	ST
PEGASYS	4	PA; QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	PA; QL
PLEGRIDY	4	PA; QL
POMALYST	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REVLIMID	4	PA
<i>ribasphere oral capsule</i>	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ribasphere oral tablet 600 mg</i>	4	ST
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	ST
<i>ribavirin oral capsule</i>	4	ST
<i>ribavirin oral tablet 200 mg</i>	4	ST
TECFIDERA	4	PA
INTERLEUKINS		
ACTIMMUNE	4	
ALDARA	3	
ALFERON N	2	
<i>imiquimod topical cream in packet</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	\$0 for ages 7 and older
AFLURIA QD 2019-20(3YR UP)(PF)	0	\$0 for ages 6 months and older
AFLURIA QD 2019-20(6-35MO)(PF)	0	\$0 for ages 6 months and older
AFLURIA QUAD 2019-20(6MO UP)	0	\$0 for ages 6 months and older

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Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF)	0	
BEXSERO	0	\$0 for age 10 years and older
BIOTHRAX	0	
BOOSTRIX TDAP	0	\$0 for ages 7 and older
CUTAQUIG	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	\$0 for age 1-12 months
ENGERIX-B (PF)	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	
FLUAD 2019-2020 (65 YR UP)(PF)	0	\$0 for ages 6 months and older
FLUARIX QUAD 2019-2020 (PF)	0	\$0 for ages 6 months and older
FLUBLOK QUAD 2019-2020 (PF)	0	\$0 for ages 6 months and older
FLUCELVAX QUAD 2019-2020	0	\$0 for ages 6 months and older
FLUCELVAX QUAD 2019-2020 (PF)	0	\$0 for ages 6 months and older
FLULAVAL QUAD 2019-2020	0	\$0 for ages 6 months and older
FLULAVAL QUAD 2019-2020 (PF)	0	\$0 for ages 6 months and older
FLUMIST QUAD 2019-2020	0	\$0 for ages 6 months and older

Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE 2019-20 (PF)	0	\$0 for ages 6 months and older
FLUZONE QUAD 2019-2020	0	\$0 for ages 6 months and older
FLUZONE QUAD 2019-2020 (PF)	0	\$0 for ages 6 months and older
FLUZONE QUAD PEDI 2019-20 (PF)	0	\$0 for ages 6 months and older
GARDASIL 9 (PF)	0	\$0 for ages 9-26 years
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	0	\$0 for ages 1 year and older
HAVRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 1 year and older
HEPLISAV-B (PF)	3	
HIBERIX (PF)	0	\$0 for ages 1 month and older
IMOVAX RABIES VACCINE (PF)	0	
INFANRIX (DTAP) (PF)	0	\$0 for age 1-6 years
IPOL	0	
IXIARO (PF)	0	
KINRIX (PF)	0	\$0 for age 4-6 years
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	\$0 for ages 9 months and older

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF)	0	\$0 for ages 2 months and older
M-M-R II (PF)	0	\$0 for ages 6 months and older
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	5	PA
PEDIARIX (PF)	0	\$0 for age 1-12 months
PEDVAX HIB (PF)	0	\$0 for ages 1 month and older
PENTACEL (PF)	0	\$0 for age 1-6 years
PENTACEL ACTHIB COMPONENT (PF)	0	\$0 for age 1-6 years
PNEUMOVAX 23	0	\$0 for age 2 years and older
PREVNAR 13 (PF)	0	\$0 for ages 1 month and older
PROQUAD (PF)	0	\$0 for ages 1 year and older
QUADRACEL (PF)	0	\$0 for age 4-6 years
RABAVERT (PF)	0	
RECOMBIVAX HB (PF)	0	
ROTARIX	0	\$0 for ages 1-9 months
ROTATEQ VACCINE	0	\$0 for ages 1-9 months
SHINGRIX (PF)	0	\$0 for ages 50 and older

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF)	0	
TDVAX	0	\$0 for age 7 years and older
TENIVAC (PF)	0	\$0 for age 7 years and older
TETANUS,DIPHTH ERIA TOX PED(PF)	0	\$0 for age 1-12 months
TRUMENBA	0	\$0 for age 10 years and older
TWINRIX (PF) INTRAMUSCULA R SYRINGE	0	\$0 for ages 18 years and older
TYPHIM VI	0	
VAQTA (PF)	0	\$0 for ages 1 year and older
VARIVAX (PF)	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULA R SOLUTION	0	
VAXCHORA VACCINE	0	
VIVOTIF	0	
YF-VAX (PF)	0	
ZOSTAVAX (PF)	0	\$0 for age 60 years and older

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
COLCRYS	2	
<i>febuxostat</i>	1	ST
MITIGARE	2	
<i>probenecid</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine</i>	1	
ULORIC	3	ST
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA ORAL	3	ST; QL
EVISTA	3	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	0	\$0 for ages 35 and older
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS	4	PA; QL
OTHER RHEUMATOLOGICALS		
ARAVA	3	QL
CUPRIMINE	3	PA
DEPEN TITRATABS	2	PA

Drug Name	Drug Tier	Requirements / Limits
D-PENAMINE	2	PA
ENBREL	4	ST; QL
ENBREL MINI	4	ST; QL
ENBREL SURECLICK	4	ST; QL
HUMIRA	4	PA; QL
HUMIRA PEDIATRIC CROHNS START	4	PA; QL
HUMIRA PEN	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; QL
HUMIRA(CF)	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
<i>leflunomide</i>	1	QL
OTEZLA	4	ST
OTEZLA STARTER	4	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST
<i>penicillamine</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA	2	
RINVOQ ER	5	PA
SAVELLA	2	ST; QL
XELJANZ	4	PA; QL
XELJANZ XR	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	
FC2 FEMALE CONDOM	0	OTC; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	

Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM	0	
ESTROGENS & PROGESTINS		
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
BIJUVA	3	
<i>camila</i>	0	
CLIMARA	3	QL
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	4	
<i>deblitane</i>	0	
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	0	QL
DEPO-PROVERA INTRAMUSCULA R SYRINGE	0	QL
DEPO-SUBQ PROVERA 104	3	QL
DIVIGEL	2	QL
<i>dotti</i>	1	QL
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>errin</i>	0	
ESTRACE	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	0	
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>jinteli</i>	1	
<i>lyza</i>	0	
<i>medroxyprogesterone intramuscular</i>	0	QL
<i>medroxyprogesterone oral</i>	1	
MENEST	3	
MENOSTAR	3	QL
<i>mimvey lo</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MINIVELLE	3	QL
<i>nora-be</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
ORTHO MICRONOR	0	ST
PREFEST	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	0	
<i>tulana</i>	0	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	
AVC VAGINAL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CLINDESSE	3	
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	0	OTC; OTC
<i>isoxsuprine</i>	1	
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NUVARING	0	
NUVESSA	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	OTC; OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vaginal contraceptive foam</i>	0	OTC; OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	

Drug Name	Drug Tier	Requirements / Limits
AFTERA	0	OTC; OTC; QL
<i>altavera (28)</i>	0	
<i>alyacen 1/35 (28)</i>	0	
<i>alyacen 7/7/7 (28)</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst (28)</i>	0	
<i>apri</i>	0	
<i>aranelle (28)</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30 (21)</i>	0	
<i>aurovela 1/20 (21)</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30 (28)</i>	0	
<i>aurovela fe 1-20 (28)</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette (28)</i>	0	
BALCOLTRA	0	ST
<i>balziva (28)</i>	0	
<i>bekyree (28)</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30 (28)</i>	0	
<i>blisovi fe 1/20 (28)</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>caziant (28)</i>	0	
<i>chateal (28)</i>	0	
<i>chateal eq (28)</i>	0	
<i>cryselle (28)</i>	0	
<i>cyclafem 1/35 (28)</i>	0	
<i>cyclafem 7/7/7 (28)</i>	0	
CYCLESSA (28)	0	ST
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35 (28)</i>	0	
<i>dasetta 7/7/7 (28)</i>	0	
<i>daysee</i>	0	
<i>delyla (28)</i>	0	
<i>desog-e.estradiol/e.estradiol</i>	0	
<i>desogestrel-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>econtra ez</i>	0	OTC; OTC; QL
<i>econtra one-step</i>	0	OTC; OTC; QL
<i>elinet</i>	0	
ELLA	0	QL
<i>emoquette</i>	0	
<i>enpresse</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE-28	0	ST
<i>ethynodiol diac-eth estradiol</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>falmina (28)</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
GENERESS FE	0	ST
<i>gianvi (28)</i>	0	
<i>hailey</i>	0	
<i>hailey 24 fe</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jasmiel (28)</i>	0	
<i>jolessa</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30 (21)</i>	0	
<i>junel 1/20 (21)</i>	0	
<i>junel fe 1.5/30 (28)</i>	0	
<i>junel fe 1/20 (28)</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva (28)</i>	0	
<i>kelnor 1/35 (28)</i>	0	
<i>kelnor 1-50</i>	0	
<i>kurvelo (28)</i>	0	
<i>l norgest/e.estradiol-e.estradiol</i>	0	
<i>larin 1.5/30 (21)</i>	0	
<i>larin 1/20 (21)</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30 (28)</i>	0	
<i>larin fe 1/20 (28)</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>leena 28</i>	0	
<i>lessina</i>	0	
<i>levonest (28)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; OTC; QL
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levora-28</i>	0	
<i>lillow (28)</i>	0	
LO LOESTRIN FE	0	ST
<i>loryna (28)</i>	0	
LOSEASONIQUE	0	ST
<i>low-ogestrel (28)</i>	0	
<i>lo-zumandimine (28)</i>	0	
<i>lutra (28)</i>	0	
<i>marlissa (28)</i>	0	
<i>melodetta 24 fe</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30 (21)</i>	0	
<i>microgestin 1/20 (21)</i>	0	
MICROGESTIN 24 FE	0	ST
<i>microgestin fe 1.5/30 (28)</i>	0	
<i>microgestin fe 1/20 (28)</i>	0	
<i>mili</i>	0	
MIRCETTE (28)	0	ST
<i>mono-lynyah</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>my choice</i>	0	OTC; OTC; QL
<i>my way</i>	0	OTC; OTC; QL
NATAZIA	0	ST
<i>necon 0.5/35 (28)</i>	0	
<i>new day</i>	0	OTC; OTC; QL
<i>nikki (28)</i>	0	
<i>noreth-ethinyl estradiol-iron</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7 (28)</i>	0	
<i>ocella</i>	0	
<i>ogestrel (28)</i>	0	
<i>opcicon one-step</i>	0	OTC; OTC; QL
<i>option-2</i>	0	OTC; OTC; QL
<i>orsythia</i>	0	
ORTHO-NOVUM 1/35 (28)	0	ST
ORTHO-NOVUM 7/7/7 (28)	0	ST
<i>philith</i>	0	
<i>pimtrea (28)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>pirmella</i>	0	
PLAN B ONE-STEP	0	OTC; OTC; QL
<i>portia 28</i>	0	
<i>previfem</i>	0	
QUARTETTE	0	ST
<i>rajani</i>	0	
<i>reclipsen (28)</i>	0	
<i>rivelsa</i>	0	
SEASONIQUE	0	ST
<i>setlakin</i>	0	
<i>simliya (28)</i>	0	
<i>simpesse</i>	0	
SLYND	0	ST
<i>sprintec (28)</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TAKE ACTION	0	OTC; OTC; QL
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20 (28)</i>	0	
TAYTULLA	0	ST
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-previfem (28)</i>	0	
<i>tri-sprintec (28)</i>	0	
<i>trivora (28)</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>tydemy</i>	0	
<i>velivet triphasic regimen (28)</i>	0	
<i>vienva</i>	0	
<i>viorele (28)</i>	0	
<i>vyfemla (28)</i>	0	
<i>vylibra</i>	0	
<i>wera (28)</i>	0	
<i>wymzya fe</i>	0	
YAZ (28)	0	ST
<i>zarah</i>	0	
<i>zenchent (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine (28)</i>	0	
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP	3	
CEFUROXIME (PF) IN 0.9% NACL	3	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	2	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION	3	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
<i>homatropaire</i>	1	
<i>homatropine hbr</i>	1	
MYDRIACYL	3	
<i>mydriatic3 (trop-cyclopent-pe)</i>	1	
PAREMYD	3	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIIL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	2	ST

Drug Name	Drug Tier	Requirements / Limits
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
DEXAMET-MOXIFL-KETORONACL(PF)	3	
<i>epinastine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LASTACAFT	3	ST
<i>lidocaine-phenylephrn in water</i>	1	
LIDOCAN-PHENYLEPH-BSS NO.2(PF)	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine ophthalmic (eye)</i>	1	
PATANOL	3	ST
PAZEO	2	ST
PREDNISOL ACE-GATIFLOX-BROMFEN	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE SOD PH-BROMFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetcaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TETRAVISC	3	
TETRAVISC FORTE	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	ST
BRIMONIDINE-DORZOLAMIDE (PF)	3	
COMBIGAN	2	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LATANOPROST (PF)	3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	ST
<i>miostat</i>	1	
ROCKLATAN	3	ST
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(PF)	3	
TRAVATAN Z	2	ST
TRUSOPT	3	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
GATIFLOXACIN-DEXAMETHASONE	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-GATIFLOXAC	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
ZYLET	2	
STERIODS		
ALREX	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
INVELTYS	2	
LOTEMAX	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	

Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	2	ST; QL
EPIPEN JR 2-PAK	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz</i>	1	
<i>phenergan rectal</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
CLARINEX-D 12 HOUR	3	QL
CODITUSSIN DAC	3	
<i>guaifenesin dac</i>	1	
HISTEX-AC	3	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>lortuss ex oral syrup</i>	1	
MAXI-TUSS CD	3	
M-END PE	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
SEMPREX-D	3	
TESSALON PERLES	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS	3	ST
TUZISTRA XR	3	ST
<i>virtussin dac</i>	1	
ZODRYL DAC 25	3	
ZODRYL DAC 30	3	
ZODRYL DAC 35	3	
ZODRYL DAC 40	3	
ZODRYL DAC 50	3	
ZODRYL DAC 60	3	
ZODRYL DAC 80	3	
ZODRYL DEC 25	3	
ZODRYL DEC 30	3	
ZODRYL DEC 35	3	
ZODRYL DEC 40	3	
ZODRYL DEC 50	3	
ZODRYL DEC 60	3	
ZODRYL DEC 80	3	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	2	PA; QL
AIRDUO RESPICLICK	3	PA; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	1	PA; QL
<i>ambrisentan</i>	4	PA
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	QL
ARMONAIR RESPICLICK	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	PA; QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	
DULERA	2	PA; QL
DYMISTA	2	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>fluticasone propionate nasal</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	PA; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
HYPER-SAL	3	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET	4	PA; QL
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; QL
OFEV	4	PA; QL
OPSUMIT	4	PA
ORKAMBI	4	PA; QL
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
<i>pulmosal</i>	1	
PULMOZYME	4	
QNASL	2	ST; QL
QVAR REDHALER	2	QL
REVATIO ORAL	5	PA; QL
<i>sildenafil (antihypertensive) oral</i>	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SINUVA	5	
<i>sodium chloride inhalation</i>	1	
STRIVERDI RESPIMAT	2	QL
SURFAXIN	3	
SYMDEKO	4	PA; QL
<i>tadalafil (antihypertensive)</i>	4	PA; QL
<i>terbutaline oral</i>	1	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER	4	PA
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	2	QL
<i>wixela inhub</i>	1	PA; QL
XHANCE	3	ST; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST

Drug Name	Drug Tier	Requirements / Limits
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	PA
ENABLEX	3	PA
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	PA; QL
GELNIQUE TRANSDERMAL GEL IN PACKET	2	PA; QL
<i>oxybutynin chloride</i>	1	
OXYTROL	3	PA; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	PA
<i>trospium</i>	1	
VESICARE	2	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	PA
<i>dutasteride-tamsulosin</i>	1	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
JALYN	3	PA
PROSCAR	3	PA
RAPAFLO	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
URECHOLINE	3	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	
<i>cytra k crystals</i>	1	
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
PROCYSBI	5	ST
SHOHL'S MODIFIED	3	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<i>urogesic-blue</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con/ef</i>	1	
<i>lugols oral</i>	1	
POTABA ORAL CAPSULE	3	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>strong iodine oral</i>	1	
VITAMINS & HEMATINICS		
<i>b complex-vitamin b12</i>	0	OTC, covered for ages 50 and younger; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin c-folic acid oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
<i>balance b-100</i>	0	OTC, covered for ages 50 and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
CADEAU DHA	3	
<i>calcium pnv</i>	1	
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL BLOOM	3	
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>classic prenatal</i>	0	OTC, covered for ages 50 and younger; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>completenate</i>	1	
<i>complex b-100 oral tablet extended release</i>	0	OTC, covered for ages 50 and younger; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	
EXTRA-VIRT PLUS DHA	3	
FERAHEME	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
FLUORABON	3	OTC
<i>fluoride (sodium) oral drops</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<i>fluoritab oral tablet, chewable</i>	0	OTC, covered for ages 6mo to 16 years; OTC
FLURA-DROPS	3	OTC
FOLET ONE	3	
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	OTC, covered for ages 50 and younger; OTC
<i>full spectrum b-vitamin c</i>	0	OTC, covered for ages 50 and younger; OTC
<i>hemenatal ob</i>	1	
<i>hemenatal ob + dha</i>	1	
<i>hydroxocobalamin</i>	1	
<i>infed</i>	1	
INJECTAFER	3	

Drug Name	Drug Tier	Requirements / Limits
<i>kobee</i>	0	OTC, covered for ages 50 and younger; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
<i>ludent fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
MARNATAL-F	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<i>multivitamins with fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<i>mvc-fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<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	
NASCOBAL	2	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	0	OTC, covered for ages 50 and younger; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	
O-CAL PRENATAL	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>perry prenatal</i>	0	OTC, covered for ages 50 and younger; OTC
<i>pnv 29-1</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>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	
<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	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal multi-dha (algal oil)</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal one daily</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal vits96-iron fum-folic</i>	0	OTC, covered for ages 50 and younger; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRIMACARE	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	0	OTC, covered for ages 50 and younger; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>stress formula</i>	0	OTC, covered for ages 50 and younger; OTC
<i>stress formula with iron</i>	0	OTC, covered for ages 50 and younger; OTC
<i>stress formula with iron(sulf)</i>	0	OTC, covered for ages 50 and younger; OTC
<i>super b complex-vitamin c</i>	0	OTC, covered for ages 50 and younger; OTC
<i>super b maxi complex</i>	0	OTC, covered for ages 50 and younger; OTC
<i>super b-50 complex plus</i>	0	OTC, covered for ages 50 and younger; OTC
<i>super quintis</i>	0	OTC, covered for ages 50 and younger; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>super quints b-50</i>	0	OTC, covered for ages 50 and younger; OTC
<i>superplex-t</i>	0	OTC, covered for ages 50 and younger; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
<i>total b/c</i>	0	OTC, covered for ages 50 and younger; OTC
TRICARE	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
<i>trust natal dha</i>	1	
<i>ultra b-100 complex oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
VENOFER	2	
<i>vinate care</i>	1	
VINATE DHA RF	3	
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate one</i>	1	
<i>virt-advance</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VIRTPREX	3	
<i>virt-select</i>	1	
<i>virt-vite gt</i>	1	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	OTC, covered for ages 50 and younger; OTC
<i>vitamins a,c,d and fluoride</i>	0	OTC, covered for ages 6mo to 16 years; OTC
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch plus</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>zatean-pn dha</i>	1	

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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MOZOBIL.....	61	naproxen sodium.....	21	niacin.....	32
MS CONTIN.....	18	naratriptan.....	15	NIACOR.....	33
MUGARD.....	45	NARCAN.....	21	NIASPAN EXTENDED- RELEASE.....	33
multi-vitamin with fluoride..	83	NARDIL.....	25	nicardipine.....	29
multivitamins with fluoride..	83	NASCOBAL.....	83	NICODERM CQ.....	44
mupirocin.....	40	NATACHEW (FE BIS- GLYCINATE).....	83	nicorelief.....	44
mupirocin calcium.....	40	NATACYN.....	72	nicorette.....	45
MVASI.....	11	NATAZIA.....	70	NICORETTE.....	45
mvc-fluoride.....	83	nateglinide.....	54	nicotine.....	45
my choice.....	70	NATESTO.....	53	nicotine (polacrilex).....	45
my way.....	70				
MYAMBUTOL.....	7				

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NICOTROL.....	45	NOVA MAX GLUCOSE		olmesartan-amlodipin-	
NICOTROL NS	45	CONTROL	50	hcthiazid	29
nifedipine.....	29	NOVAMAX PLUS GLU-KET		olmesartan-	
nikki (28).....	70	.....	50	hydrochlorothiazide	29
NILANDRON	11	NOVAREL	53	olopatadine	45, 73
nilutamide.....	11	NOVOPEN ECHO	50	OLUX.....	42
nimodipine.....	29	np thyroid	54	OLUX-E	42
NINLARO	11	NUBEQA	11	OMECLAMOX-PAK.....	60
nisoldipine	29	NUCALA	79	omega-3 acid ethyl esters	33
nitro-bid.....	33	NUCORT.....	42	omeppi	60
NITRO-DUR.....	33	NUCYNTA	21	omeprazole	60
nitrofurantoin.....	9	NUCYNTA ER	21	omeprazole-sodium	
nitrofurantoin macrocrystal	9	NUEDEXTA	16	bicarbonate	60, 61
nitrofurantoin monohyd/m-		NULEV	55	ON CALL EXPRESS	
cryst	9	NULYTELY WITH FLAVOR		CONTROL	50
nitroglycerin	33	PACKS	58	ON CALL PLUS CONTROL	
NITROLINGUAL	34	NUVARING.....	68	.....	50
NITROMIST	34	NUVESSA.....	68	ON CALL VIVID CONTROL	
NITROSTAT.....	34	NUZYRA (7 DAY WITH		.....	50
nitro-time	34	LOAD DOSE)	9	ondansetron.....	58
nizatidine	60	nyamyc	40	ondansetron hcl.....	58
NIZORAL	40	NYMALIZE	29	one daily prenatal	84
nora-be.....	67	nystatin	3, 40, 41	ONETOUCH ULTRA BLUE	
NORDITROPIN FLEXPPO 61		nystatin-triamcinolone.....	41	TEST STRIP.....	47
noreth-ethinyl estradiol-iron. 70		nystop	41	ONETOUCH ULTRA	
norethindrone (contraceptive)		O		CONTROL	50
.....	67	OB COMPLETE	84	ONETOUCH ULTRA2	
norethindrone acetate	67	OB COMPLETE ONE	84	METER.....	50
norethindrone ac-eth estradiol		OB COMPLETE PETITE	84	ONETOUCH ULTRAMINI.50	
.....	67, 70	OB COMPLETE PREMIER 84		ONETOUCH VERIO	47
norethindrone-e.estradiol-iron		OB COMPLETE WITH DHA		ONETOUCH VERIO FLEX 50	
.....	70	.....	84	ONETOUCH VERIO IQ	
NORGESIC FORTE	16	obstetrix dha	84	METER.....	50
norgestimate-ethinyl estradiol		OBSTETRIX EC.....	84	ONETOUCH VERIO	
.....	70	OBSTETRIX ONE.....	84	SYSTEM	50
NORITATE.....	38	OBTREX DHA	84	ONEXTON.....	38
norlyda.....	67	O-CAL PRENATAL.....	84	ONFI.....	13
norlyroc	67	ocella	70	ONMEL	3
NORPACE	27	OCUFLOX	72	ONZETRA XSAIL.....	15
NORPACE CR.....	27	ODEFSEY	4	OPANA	18
NORPRAMIN.....	25	ODOMZO	11	opcicon one-step.....	70
NORTHERA	44	OFEV.....	79	opium tincture.....	55
nortrel 0.5/35 (28)	70	ofloxacin.....	8, 46, 72	OPSUMIT.....	79
nortrel 1/35 (21)	70	ogestrel (28).....	70	OPTICHAMBER DIAMOND	
nortrel 1/35 (28)	70	okebo	9	VHC.....	48
nortrel 7/7/7 (28)	70	olanzapine.....	25	option-2.....	70
nortriptyline.....	25	olanzapine-fluoxetine	25	ORACEA.....	9
NORVIR	4	olmesartan	29	ORACIT	81

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oral saline laxative.....	58	OXYTROL.....	80	perindopril erbumine	29
ORALAIR.....	64	OZEMPIC	54	periogard.....	45
oralone.....	45	P		permethrin.....	43
ORAMAGICRX	45	pacerone.....	27	perphenazine.....	25
ORAP	25	PACNEX	38	perphenazine-amitriptyline...	25
ORAPRED ODT	47	paliperidone.....	25	perry prenatal.....	84
ORAVIG	3	PAMELOR.....	25	PEXEVA	25
ORILISSA.....	53	PANDEL	42	phenadoz.....	77
ORKAMBI.....	79	PANRETIN	36	phenazopyridine	81
orphenadrine citrate.....	16	pantoprazole	61	phenelzine.....	25
orphenadrine-asa-caffeine	16	PARADIGM REAL-TIME		phenergan	77
orphengesic forte.....	16	TRANSMIT-SN.....	50	phenobarbital	13
orsythia.....	70	paregoric	55	phenoxybenzamine	29
ORTHO MICRONOR.....	67	PAREMYD	73	phenylephrine hcl	76
ORTHO-NOVUM 1/35 (28)	70	paricalcitol.....	53	PHENYTEK	13
ORTHO-NOVUM 7/7/7 (28)	70	PARLODEL	14	phenytoin	13
.....	70	PARNATE.....	25	phenytoin sodium extended..	13
oscimin	55	paroex oral rinse	45	philith.....	70
oscimin sl	55	paroxetine hcl	25	PHOSLYRA	58
oscimin sr	55	paroxetine		phosphasal	81
oseltamivir.....	4	mesylate(menop.sym).....	25	phosphate laxative	58
OSMOPREP.....	58	PASER.....	7	PHOSPHOLINE IODIDE	72
OTEZLA	65	PATANASE	45	phrenilin forte(with caffeine)	19
OTEZLA STARTER	65	PATANOL	73	PHYSIOLYTE	43
OTREXUP (PF)	66	PAXIL	25	PHYSIOSOL IRRIGATION	43
OVACE.....	34	PAXIL CR.....	25	phytonadione (vitamin k1) ...	32
OVACE PLUS	34	PAZEO	73	PHYTONADIONE	
OVACE PLUS SHAMPOO.....	34	PEDIARIX (PF).....	64	(VITAMIN K1)	32
OVACE PLUS WASH.....	34	PEDVAX HIB (PF).....	64	pilocarpine hcl	44, 46, 73
OVIDE	43	PEGANONE	13	pimecrolimus	36
OVIDREL	53	PEGASYS	62	pimozide	25
OXANDRIN.....	53	PEGASYS PROCLICK	62	pimtree (28)	70
oxandrolone.....	53	peg-electrolyte soln	58	pindolol.....	29
oxaprozin.....	21	peg-prep.....	58	pioglitazone	54
OXAYDO	18	PEN NEEDLE, DIABETIC	51	pioglitazone-glimepiride.....	54
oxazepam.....	25	penicillamine	66	pioglitazone-metformin	54
oxcarbazepine.....	13	penicillin v potassium.....	8	pirmella.....	71
oxiconazole.....	41	PENLAC	41	piroxicam	21
OXISTAT.....	41	PENTACEL (PF)	64	PLAN B ONE-STEP	71
OXSORALEN ULTRA	36	PENTACEL ACTHIB		PLEGRIDY	62
OXTELLAR XR	13	COMPONENT (PF).....	64	PLEXION	38
oxybutynin chloride.....	80	PENTASA	58	PLEXION CLEANSING	
oxycodone	18	pentazocine-naloxone	21	CLOTHS.....	38
OXYCODONE	18	pentoxifylline.....	32	PNEUMOVAX 23.....	64
oxycodone-acetaminophen...	19	PEPCID	61	pnv 29-1	84
oxycodone-aspirin	19	PERCOCET.....	19	pnv ob+dha	84
OXYCONTIN	19	PERFOROMIST	79	pnv-dha	84
oxymorphone.....	19	PERIDEX	45	pnv-dha + docusate.....	84

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pnv-ferrous fumarate-docu-fa	84	PREDNISOLONE ACETATE (PF).....	76	prenatal vitamin plus low iron	85
pnv-omega	84	PREDNISOLONE ACETATE-BROMFENAC	74	prenatal vitamin with minerals	85
pnv-select	84	PREDNISOLONE ACETATE-NEPAFENAC	74	prenatal vits96-iron fum-folic	85
pnv-vp-u	84	PREDNISOLONE ACET-GATIFLOXACIN	75	prenatal-u	85
POCKET CHAMBER	48	PREDNISOLONE SOD PH-BROMFENAC	74	PRENATE AM.....	85
PODOCON	35	PREDNISOLONE SOD PH-GATIFLOXAC	75	PRENATE CHEWABLE.....	85
podofilox	36	PREDNISOLONE SOD PH-MOXIFLOX.....	75	PRENATE DHA (FERR ASP GLYCIN).....	85
POLIVY	11	prednisolone sodium phosphate	47, 76	PRENATE ELITE (IRON ASP GLYC).....	85
polycin.....	72	PREDNISOLONE- MOXIFLO-NEPAFENAC	74	PRENATE ENHANCE	85
polyethylene glycol 3350	58	PREDNISOLONE- MOXIFLOX-BROMFEN	74	PRENATE	
polymyxin b sulf-trimethoprim	72	prednisone	47	ESSENTIAL(IRON-ASP-GL)	85
POLYTRIM	72	prednisone intensol.....	47	PRENATE MINI (FERR ASP GLYCIN).....	85
POLY-TUSSIN AC	77	PREFEST	67	PRENATE PIXIE	85
POMALYST	62	pregabalin	13	PRENATE RESTORE	85
portia 28.....	71	PREMARIN	67	PRENATE STAR.....	85
POTABA.....	81	PREMPHASE	67	preplus	85
potassium chloride.....	81	PREMPRO	67	PREPOPIK	58
potassium citrate.....	81	prenal chew.....	84	pretab	85
powderlax	58	prenal pearl.....	84	prevalite	33
PR BENZOYL PEROXIDE.....	38	prenal true.....	84	PREVIDENT	46
pr natal 400.....	84	prenaissance.....	84	PREVIDENT 5000 BOOSTER PLUS	46
pr natal 400 ec	84	prenaissance plus.....	84	PREVIDENT 5000 DRY MOUTH	46
pr natal 430.....	84	PRENATA.....	84	PREVIDENT 5000 ENAMEL PROTECT	46
pr natal 430 ec	84	prenatabs fa.....	84	PREVIDENT 5000 PLUS	46
PRALUENT PEN	33	prenatabs rx	84	PREVIDENT 5000 SENSITIVE.....	46
pramipexole.....	14	prenatal	84	previfem.....	71
PRAMOSONE	34	prenatal complete	84	PREVNAR 13 (PF)	64
PRANDIN	54	prenatal formula	84	PREZISTA	4
prasugrel.....	32	prenatal multi-dha (algal oil)	84	PRIFTIN	7
pravastatin	33	prenatal one daily	84	PRIMACARE.....	85
prazosin	29	prenatal plus	84	primaquine.....	7
PRECISION XTRA MONITOR	51	prenatal plus (calcium carb)	84	PRIMEAIRE.....	48
PRECOSE	54	PRENATAL PLUS DHA.....	85	primidone.....	13
PRED FORTE	76	prenatal vitamin.....	85	PRIMLEV.....	19
PRED-G	75			PRIMSOL.....	9
PRED-G S.O.P.	75			PRINIVIL	29
prednicarbate	42			PROAIR HFA	79
PREDNISOL ACE-GATIFLOX-BROMFEN	73				
PREDNISOLN SP-GATIFLOX-BROMFEN	74				
PREDNISOLN SP-MOXIFLOX-BROMFEN	74				
prednisolone	47				
prednisolone acetate	76				

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PROAIR RESPICLICK	79	PSORCON.....	42	ramipril	29
probenecid	64	PULMICORT FLEXHALER		RANEXA	33
probenecid-colchicine	65	.....	79	ranitidine hcl.....	61
PROCARDIA.....	29	pulmosal	79	ranolazine	33
PROCARDIA XL	29	PULMOZYME.....	79	RAPAFLO	81
procentra.....	25	PUREFE OB PLUS.....	85	RAPAMUNE.....	11
PROCHAMBER	48	purelax	58	rasagiline.....	14
prochlorperazine.....	58	PURIXAN	11	RASUVO (PF).....	66
prochlorperazine maleate	58	PYLERA	61	RAYOS.....	47
PROCORT	58	pyrazinamide	7	RAZADYNE	16
PROCTOCORT	42, 58	PYRIDIUM	81	RAZADYNE ER.....	16
PROCTOFOAM HC.....	58	pyridostigmine bromide	16	REBIF REBIDOSE	62
procto-med hc.....	58	PYRIDOSTIGMINE		reclipsen (28).....	71
procto-pak.....	58	BROMIDE.....	16	RECOMBIVAX HB (PF).....	64
proctosol hc	58	Q		RECTIV.....	58
proctozone-hc	58	QBRELIS	29	REFUAH PLUS GLUCOSE	
PROCYSBI	81	QBREXZA	36	CONTROL	51
PRODIGY CONTROL		QMIIZ ODT	21	REGLAN.....	58
SOLUTION, LOW.....	51	QNASL.....	79	RELAGARD	68
PRODIGY CONTROL		QTERN.....	54	RELENZA DISKHALER	4
SOLUTION,HIGH.....	51	QUADRACEL (PF).....	64	RELEXXII.....	25
progesterone micronized	67	QUALAQUIN	7	RELION NOVOLIN 70/30	52
PROGLYCEM	48	QUARTETTE	71	RELION NOVOLIN N	52
PROGRAF	11	QUDEXY XR.....	13	RELION NOVOLIN R.....	52
PROLENSA	74	QUESTRAN.....	33	RELPAK.....	15
promethazine	77	QUESTRAN LIGHT.....	33	REMERON.....	25
promethazine-codeine	77	quetiapine	25	REMERON SOLTAB	25
promethazine-dm.....	77	QUILLICHEW ER.....	25	rena-vite.....	85
promethazine-phenyleph-		QUILLIVANT XR.....	25	REVELA	58
codeine	77	quinapril.....	29	repaglinide	54
promethazine-phenylephrine		quinapril-hydrochlorothiazide		repaglinide-metformin	54
.....	77	.....	29	REPATHA PUSHTRONEX	33
promethegan	77	quinidine gluconate	27	REPATHA SURECLICK	33
PROMETRIUM	67	quinidine sulfate	27	REPATHA SYRINGE	33
PROMISEB	36	quinine sulfate	7	REQUIP.....	14
propafenone.....	27	quit 2.....	45	REQUIP XL	14
propantheline.....	55	quit 4.....	45	RESCRIPTOR.....	4
propranolol	29	QUTENZA	36	RESPA-AR.....	77
propranolol-hydrochlorothiazid		QVAR REDIHALER.....	79	RESTASIS.....	74
.....	29	R		RESTASIS MULTIDOSE....	74
propylthiouracil	47	RABAVERT (PF)	64	RESTORIL	25
PROQUAD (PF)	64	rabeprazole	61	RETACRIT.....	61
PROSCAR.....	81	RABEPRAZOLE	61	RETIN-A	38
PROTHELIAL	46	RACEPINEPH-LIDOCAINE-		RETIN-A MICRO	38
PROTOPIC	36	BSS 7(PF).....	74	RETIN-A MICRO PUMP	38
protriptyline.....	25	rajani	71	RETROVIR	4
PROVERA	67	raloxifene.....	65	REVATIO.....	79
PROVIDA DHA	85	ramelteon	25	REVLIMID.....	62
PROVIDA OB	85				

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REYATAZ	4	ROZEREM.....	26	sf 5000 plus.....	46
ribasphere	62	RUBRACA.....	11	SFROWASA	59
ribasphere ribapak	62	RUZURGI	16	sharobel.....	67
ribavirin	4, 62	RYCLORA.....	77	SHINGRIX (PF).....	64
RIDAURA.....	66	RYDAPT	11	SHOHL'S MODIFIED	81
rifabutin	7	RYTARY.....	14	SIGNIFOR.....	11
RIFADIN.....	7	RYTHMOL SR	27	sildenafil (antihypertensive) ..	79
RIFAMATE	7	RYVENT.....	77	SILENOR	26
rifampin	7	S		silodosin.....	81
RIFATER	7	SAFE-CLIP BY MAIL	51	SILVADENE.....	35
RIGHTEST CONTROL		SALAGEN (PILOCARPINE)		silver nitrate	36
SOLUTION HIGH.....	51	.....	44, 46	silver nitrate applicators	36
RILUTEK.....	44	SALEX	35	silver sulfadiazine	35
riluzole.....	44	salicylic acid	35	SILVRSTAT.....	40
rimantadine.....	4	salicylic acid er-ceramides ...	35	SIMBRINZA	75
ringer's	43	SALKERA.....	35	simliya (28).....	71
RINVOQ ER	66	salsalate	21	simpesse.....	71
RIOMET	54	salvax.....	35	simvastatin	33
risedronate	44, 65	SALVAX DUO PLUS	35	SINEMET.....	14
RISPERDAL	25	SANCUSO	58	SINEMET CR	14
risperidone.....	25	SANDIMMUNE	11	SINUVA	80
RITALIN.....	25	SAPHRIS.....	26	sirolimus	11
RITALIN LA.....	26	SARAFEM.....	26	SITAVIG	5
RITEFLO AEROCHAMBER		SAVELLA.....	66	SKELAXIN	16
.....	48	scalacort.....	42	SKLICE	43
ritonavir	5	SCALACORT DK	42	SKYRIZI	34
rivastigmine.....	16	scopolamine base.....	58	SLYND.....	71
rivastigmine tartrate.....	16	SEASONIQUE.....	71	SMARTEST CONTROL	51
rivelsa	71	seconal sodium	26	smoothlax	59
rizatriptan	15	SELECT-OB	85	sodium chloride	44, 80
R-NATAL OB.....	85	SELECT-OB (FOLIC ACID)		sodium chloride 0.9 %.....	44
ROBAXIN-750	16	.....	85	sodium chloride 0.9 % (flush)	
ROCALTROL	53	SELECT-OB + DHA.....	85	.....	44
ROCKLATAN	75	selegiline hcl.....	14	sodium ferric gluconat-sucrose	
ropinirole	14	selenium sulfide.....	34	.....	44
rosadan	38	SELRX	34	sodium fluoride 5000 plus	46
ROSADAN	38	SELZENTRY	5	sodium polystyrene sulfonate	
ROSANIL	38	SEMPREX-D	77	.....	59
ROSULA.....	38	se-natal 19.....	85	SODIUM POLYSTYRENE	
rosula cleansing cloths	38	se-natal 19 (with docusate)...	85	SULFONATE.....	59
rosuvastatin.....	33	SERNIVO.....	42	solifenacin.....	80
ROTARIX.....	64	SEROSTIM	61	SOLIQUA 100/33	52
ROTATEQ VACCINE	64	sertraline	26	SOLODYN	9
ROWASA	58	setlakin.....	71	SOLTAMOX.....	11
roweepra	13	sevelamer carbonate	59	SOLUS V2 CONTROL	
roweepra xr.....	13	sevelamer hcl.....	59	SOLUTION,HIGH	51
ROXICODONE	19	SEYSARA.....	9	SOMAVERT	53
ROXYBOND	19	sf 46		SOOLANTRA.....	38

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SORBITOL	43	subvenite starter (orange) kit 13	SYMFI.....	5	
SORBITOL-MANNITOL....	43	SUCRAID	59	SYMFI LO.....	5
SORIATANE	34	sucralfate	61	SYMJEPI.....	77
SORILUX	34	SULAR.....	30	SYMLINPEN 120	54
sotalol	27	sulfacetamide sodium	34, 76	SYMLINPEN 60	54
sotalol af.....	27	sulfacetamide sodium (acne)	40	SYMPAZAN	13
SOTYLIZE.....	27	sulfacetamide sodium-sulfur	38	SYNALAR	42
SPECTRACEF	6	sulfacetamide sod-sulfur-urea		SYNALAR CREAM KIT	42
spinosad.....	43	.....	38	SYNALAR OINTMENT KIT	
spironolactone	29	sulfacetamide-prednisolone..	76	.....	42
spironolacton-hydrochlorothiaz		sulfacetamide-sulfur-cleansr	23	SYNALAR TS.....	42
.....	29	.....	38	SYNAREL.....	53
SPORANOX	3	sulfacleanse 8-4	38	SYNDROS	59
SPORANOX PULSEPAK	3	sulfact na-sul-avobnz-otn-ocsa		SYNJARDY	54
sprintec (28).....	71	.....	39	SYNJARDY XR.....	54
SPRITAM	13	sulfadiazine.....	8	SYNTHROID	54
SPRYCEL	11	sulfamethoxazole-trimethoprim		T	
sps (with sorbitol).....	59	.....	8	TACLONEX.....	34
sronyx	71	SULFAMYLON.....	40	tacrolimus	11, 36
ssd.....	35	sulfasalazine	59	tadalafil (antihypertensive)...	80
SSKI	47	sulfatrim.....	8	TAFINLAR	11
sss 10-5.....	38	sulindac.....	21	TAGRISSO.....	11
st joseph aspirin.....	21	SUMADAN.....	39	TAKE ACTION	71
st. joseph aspirin.....	21	SUMADAN XLT	39	TALZENNA.....	11
STALEVO 100.....	14	sumatriptan	15	TAMIFLU	5
STALEVO 125.....	14	sumatriptan succinate	15	tamoxifen.....	11
STALEVO 150.....	14	SUMAXIN	39	tamsulosin.....	81
STALEVO 200.....	14	SUMAXIN CP	39	TAPAZOLE	47
STALEVO 50.....	14	SUMAXIN TS.....	39	TAPERDEX	47
STALEVO 75.....	14	SUNOSI.....	26	TARCEVA	11
STAMARIL (PF)	64	super b complex-vitamin c ...	85	TARGADOX.....	9
STARLIX	54	super b maxi complex.....	85	TARGRETIN	12
stavudine.....	5	super b-50 complex plus.....	85	tarina 24 fe	71
STIVARGA.....	11	super quints.....	85	tarina fe 1/20 (28)	71
stop smoking aid.....	45	super quints b-50	86	TARKA	30
stress formula	85	superplex-t.....	86	taron-c dha	86
stress formula with iron.....	85	SUPRAX	6	taron-prex prenatal-dha	86
stress formula with iron(sulf)	85	SURFAXIN	80	TASIGNA.....	12
STRIANT	53	SURVANTA	44	TASMAR	14
STRIVERDI RESPIMAT ...	80	SUSTIVA	5	TAYTULLA.....	71
STROMECTOL	7	SUTENT.....	11	tazarotene.....	39
strong iodine.....	40, 81	syeda.....	71	TAZORAC	39
SUBLOCADE	19	SYMAX DUOTAB.....	55	taztia xt	30
SUBOXONE	21	symax fastabs	55	TDVAX	64
SUBSYS.....	19	symax-sl.....	55	TECFIDERA	62
subvenite.....	13	symax-sr	55	TEGRETOL	13
subvenite starter (blue) kit....	13	SYMBYAX	26	TEGRETOL XR.....	13
subvenite starter (green) kit..	13	SYMDEKO	80	TEGSEDI	16

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TEKTURNA	30	THYROLAR-3	54	TOUJEO MAX U-300	
TEKTURNA HCT	30	tiagabine	13	SOLOSTAR	52
TELCARE CONTROL	51	TIAZAC	30	TOUJEO SOLOSTAR U-300	
telmisartan	30	TIBSOVO.....	12	INSULIN	52
telmisartan-amlodipine.....	30	TIGAN.....	59	TOVIAZ	80
telmisartan-hydrochlorothiazid		TIGLUTIK	44	TRACLEER	80
.....	30	tilia fe.....	71	TRADJENTA	54
temazepam.....	26	TIMOL-BRIMON-DORZO-		tramadol.....	22
TEMOVATE.....	43	LATANOP(PF)	75	TRAMADOL	22
tencon	19	timolol maleate	30, 72	tramadol-acetaminophen	22
TENIVAC (PF)	64	TIMOLOL-BRIMONIDI-		trandolapril	30
tenofovir disoproxil fumarate.5		DORZOLAM(PF)	75	trandolapril-verapamil	30
TENORETIC 100.....	30	TIMOLOL-DORZOLAMID-		tranexamic acid.....	68
TENORETIC 50.....	30	LATANOP(PF)	75	TRANSDERM-SCOP	59
TENORMIN.....	30	TIMOLOL-		TRANXENE T-TAB.....	26
terazosin	30	LATANOPROST(PF)	75	tranylcypromine.....	26
terbinafine hcl.....	3	TIMOPTIC	72	TRAVATAN Z.....	75
terbutaline.....	80	TIMOPTIC-XE	72	trazodone	26
terconazole	68	tinidazole	7	TRECTOR	7
TERSI FOAM	34	TIROSINT	54	TRELEGY ELLIPTA.....	80
TESSALON PERLES	77	TIROSINT-SOL	54	TRESIBA FLEXTOUCH U-	
testosterone.....	53	tis-u-sol pentalyte	43	100	52
testosterone cypionate	53	TIVICAY.....	5	TRESIBA FLEXTOUCH U-	
testosterone enanthate	53	TIVORBEX.....	21	200	52
TESTRED	53	tizanidine	16	TRESIBA U-100 INSULIN .52	
TETANUS,DIPHThERIA		TOBI PODHALER	7	tretinoin.....	39
TOX PED(PF)	64	TOBRADEX	75	tretinoin (chemotherapy)	12
tetcaïne	74	TOBRADEX ST.....	75	tretinoin microspheres	39
tetrabenazine.....	16	tobramycin.....	72	TRETIN-X.....	39
tetracaine hcl	74	tobramycin in 0.225 % nacl....	7	TRETIN-X CREAM KIT	39
TETRACAINE HCL (PF)....	74	TOBRAMYCIN WITH		TREXALL	12
tetracycline	9	NEBULIZER.....	7	TREXIMET	15
TETRAVISC	74	tobramycin-dexamethasone..	75	tri femynor	71
TETRAVISC FORTE	74	TOBREX	72	TRIACETIN	41
TEXACORT.....	43	TODAY CONTRACEPTIVE		triamcinolone acetonide..	43, 46
THEO-24.....	80	SPONGE	68	TRIAMCINOLON-	
theochron	80	TOFRANIL	26	MOXIFLOX-WATR(PF).75	
theophylline.....	80	TOLAK	36	triamterene	30
THIOLA	44	tolcapone	14	triamterene-hydrochlorothiazid	
THIOLA EC.....	44	tolmetin.....	21	.....	30
thioridazine.....	26	tolterodine.....	80	trianex	43
thiothixene.....	26	TOPICORT	43	TRICARE	86
THRIVITE RX.....	86	topiramate	14	triderm	43
thyroid (pork)	54	TOPROL XL	30	TRIDESILON.....	43
THYROLAR-1	54	toremifene.....	12	TRIESENCE (PF)	47
THYROLAR-1/2.....	54	torsemide	30	tri-estarylla.....	71
THYROLAR-1/4.....	54	total b/c	86	TRIFERIC	86
THYROLAR-2.....	54			trifluoperazine.....	26

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

trifluridine.....	72	TWYNSTA	30	valproic acid	14
TRIGLIDE	33	TYBOST	5	valproic acid (as sodium salt)	
trihexyphenidyl	14	tydemy	71	.....	14
triklo	33	TYKERB	12	valsartan.....	30
tri-legest fe.....	71	TYLENOL-CODEINE #3....	19	valsartan-hydrochlorothiazide	
tri-linyah.....	71	TYLENOL-CODEINE #4....	19	.....	30
TRILIPIX	33	TYMLOS.....	65	VANATOL LQ	19
tri-lo-estarylla.....	71	TYPHIM VI	64	VANATOL S.....	19
tri-lo-marzia.....	71	TYZINE.....	46	VANCOCIN	9
tri-lo-mili	71	U		vancomycin.....	9
tri-lo-sprintec.....	71	UCERIS.....	59	vandazole.....	68
trilyte with flavor packets.....	59	ULORIC	65	VANOS	43
trimethobenzamide	59	ultra b-100 complex.....	86	VANOXIDE-HC	39
trimethoprim.....	9	ULTRACET	22	VAQTA (PF)	64
tri-mili	71	ULTRAM	22	VARIVAX (PF).....	64
trimipramine.....	26	ULTRASAL-ER.....	35	VARIZIG.....	64
TRIMO-SAN JELLY	68	ULTRAVATE.....	43	VASCEPA	33
TRIMPEX	9	umecta	36	VASERETIC	30
trinatal rx 1	86	UNISTRIP LOW CONTROL		VASHE WOUND THERAPY	
trinate.....	86	.....	51	.....	43
TRINTELLIX.....	26	unithroid	54	VASOTEC.....	30
TRIPLE DYE	41	UPTRAVI.....	30	VAXCHORA VACCINE.....	64
tri-previfem (28).....	71	URAMAXIN	36	VCF CONTRACEPTIVE	
tri-sprintec (28).....	71	urea	36	FILM.....	68
TRISTART DHA	86	urea nail stick.....	36	VCF CONTRACEPTIVE GEL	
TRIUMEQ.....	5	URECHOLINE	81	.....	68
triveen-duo dha.....	86	URELLE	81	VECTICAL	34
tri-vitamin with fluoride	86	uretron d-s.....	81	velivet triphasic regimen (28)	
trivora (28).....	71	URIBEL.....	81	.....	71
tri-vylibra.....	71	urimar-t.....	81	VEMLIDY.....	5
tri-vylibra lo.....	71	urin ds	81	VENCLEXTA	12
TRIZIVIR.....	5	uro-458	81	VENCLEXTA STARTING	
TROKENDI XR.....	14	urogesic-blue	81	PACK	12
tropicamide.....	73	uro-mp	81	venlafaxine	26
tropium.....	80	UROQID-ACID NO.2.....	81	VENOFER.....	86
TRUE METRIX LEVEL 1 ..	51	URSO 250	59	VENTOLIN HFA.....	80
TRUECONTROL LEVEL 0	51	URSO FORTE.....	59	verapamil	30
TRULICITY	54	ursodiol.....	59	VERASENS CONTROL	
TRUMENBA	64	uryl.....	81	SOLN-LEVEL 1.....	51
TRUSOPT	75	ustell	81	VERELAN	30
trust natal dha	86	utira-c.....	81	VERELAN PM.....	30
TRUVADA	5	UTOPIC.....	36	veripred 20.....	47
tulana	67	V		VERSACLOZ.....	26
TURALIO	12	vaginal contraceptive foam ..	68	VERZENIO	12
TUSNEL PEDIATRIC.....	78	valacyclovir	5	VESICARE.....	80
TUSSICAPS.....	78	VALCHLOR	36	VFEND.....	3
TUZISTRA XR.....	78	VALCYTE	5	V-GO 20	51
TWINRIX (PF)	64	valganciclovir	5	V-GO 30	51

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

V-GO 40.....	51	VITAMEDMD REDICHEW		WP THYROID	55
VIBRAMYCIN	9	RX	86	wymzya fe	71
vicodin	19	vitamin b complex	86	X	
vicodin es.....	19	vitamin b complex-folic acid.....	86	XALIX.....	35
vicodin hp.....	19	vitamin k	32	XALKORI	12
VIDEX 2 GRAM PEDIATRIC		vitamin k1	32	XARELTO	32
.....	5	vitamins a,c,d and fluoride	86	XATMEP.....	12
VIDEX EC	5	VITAPEARL.....	86	XELJANZ.....	66
vienva	71	VITATRUE.....	86	XELJANZ XR.....	66
VIGAMOX	72	VITRAKVI.....	12	XELODA.....	12
VIIBRYD	26	VIVAGUARD INO		XERESE.....	41
vilamit mb	81	CONTROL SOLUTION	51	XHANCE	80
vilevev mb	81	VIVITROL	22	XIFAXAN	7
VIMOVO	22	VIVLODEX	22	XIGDUO XR.....	54
VIMPAT	14	VIVOTIF	64	XIMINO	9
vinate care	86	VIZIMPRO.....	12	XOFLUZA	5
VINATE DHA RF	86	VOGELXO.....	53	XOLEGEL.....	41
vinate ii.....	86	VOLTAREN-XR.....	22	XOPENEX	80
vinate m.....	86	voriconazole	3	XOPENEX CONCENTRATE	
vinate one	86	VORTEX HOLDING		.....	80
VIOKACE.....	59	CHAMBER	48	XOSPATA.....	12
viorele (28).....	71	VOSEVI	5	XPOVIO.....	12
VIRACEPT	5	VOTRIENT	12	XTAMPZA ER.....	19
VIRAMUNE	5	vp-ch plus	86	xulane	68
VIRAMUNE XR.....	5	vp-ch-pnv.....	87	XULTOPHY 100/3.6	52
VIRASAL	35	VP-PNV-DHA.....	87	XYOSTED	53
VIRAZOLE.....	5	VUSION.....	41	XYREM.....	26
VIREAD.....	5	vyfemla (28).....	71	Y	
virt-advance.....	86	VYLEESI	26	YAZ (28)	71
virt-c dha	86	vylibra.....	71	YF-VAX (PF).....	64
virt-nate dha.....	86	VYND AQEL.....	33	YUPELRI	80
virt-pn dha	86	VYTONE.....	40	yuva fem	67
virt-pn plus	86	W		Z	
VIRTPREX	86	warfarin	32	zafirlukast	80
virt-select.....	86	water for irrigation, sterile....	44	zaleplon.....	26
virtussin dac.....	78	WAVESENSE CONTROL		ZANAFLEX.....	16
virt-vite gt.....	86	SOLUTION	51	zarah	71
VISTARIL.....	77	WELLBUTRIN XL.....	26	ZARONTIN.....	14
VITAFOL FE+ (WITH		wera (28).....	71	ZARXIO	61
DOCUSATE)	86	westhroid	55	zatean-pn dha.....	87
VITAFOL GUMMIES.....	86	WIDE-SEAL DIAPHRAGM		zatean-pn plus.....	87
VITAFOL NANO	86	.....	66	zebutal.....	19
VITAFOL ULTRA	86	wintergreen oil.....	36	ZEJULA	12
VITAFOL-OB.....	86	wixela inhub	80	ZELAPAR	14
VITAFOL-OB+DHA	86	woman's laxative	59	ZELBORAF	12
VITAFOL-ONE	86	women's gentle laxative(bisac)		ZELNORM.....	59
VITAMED MD ONE RX	86	.....	59	ZEMBRACE SYMTOUCH.....	15
		women's laxative (bisacodyl)59		ZEMPLAR	53

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

zenatane.....	39	ZITHROMAX Z-PAK.....	6	ZOMIG.....	15
zenchent (28).....	71	ZODRYL DAC 25.....	78	zonisamide.....	14
ZENPEP.....	59	ZODRYL DAC 30.....	78	ZONTIVITY.....	32
zenzedi.....	26	ZODRYL DAC 35.....	78	ZORBTIVE.....	61
ZENZEDI.....	26	ZODRYL DAC 40.....	78	ZORTRESS.....	12
ZEPATIER.....	5	ZODRYL DAC 50.....	78	ZOSTAVAX (PF).....	64
ZERIT.....	5	ZODRYL DAC 60.....	78	zovia 1/35e (28).....	71
ZESTORETIC.....	30	ZODRYL DAC 80.....	78	ZOVIRAX.....	5, 41
ZESTRIL.....	30	ZODRYL DEC 25.....	78	ZTLIDO.....	39
ZIAC.....	30	ZODRYL DEC 30.....	78	ZUBSOLV.....	22
ZIAGEN.....	5	ZODRYL DEC 35.....	78	ZULRESSO.....	26
ZIANA.....	39	ZODRYL DEC 40.....	78	zumandimine (28).....	71
zidovudine.....	5	ZODRYL DEC 50.....	78	ZUPLENZ.....	59
zileuton.....	80	ZODRYL DEC 60.....	78	ZYDELIG.....	12
zingiber.....	87	ZODRYL DEC 80.....	78	ZYFLO.....	80
ziprasidone hcl.....	26	ZOFRAN.....	59	ZYKADIA.....	12
ZIPSOR.....	22	ZOHYDRO ER.....	19	ZYLET.....	75
ZIRGAN.....	72	ZOLINZA.....	12	ZYLOPRIM.....	65
ZITHRANOL.....	34	zolmitriptan.....	15	ZYMAXID.....	72
ZITHROMAX.....	6	zolpidem.....	26	ZYPREXA.....	26
ZITHROMAX TRI-PAK.....	6	ZOLPIMIST.....	26	ZYPREXA ZYDIS.....	26

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-479-9502 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-800-479-9502 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-479-9502 TTY:711 ይደውሉ።

BURMESE

CareSourceအကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-479-9502 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-800-479-9502 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-479-9502 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-800-479-9502 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-800-479-9502 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-800-479-9502 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્ન-નો હોર તો તમને મદદ અને મે હુડતી મેળિનિ-નો અવિદ્ક ર છ. તે ખર્ચ વિન તમ રી ભ મ મ i પ્ર પત કરી શક ર છ. દ ભ વમરો i ત કરિ મ દે, આ 1-800-479-9502 TTY:711 પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं, उसके CareSource के बारे में कोई सवाल है तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-800-479-9502 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-800-479-9502 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-800-479-9502 TTY:711 にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-800-479-9502 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-479-9502 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-800-479-9502 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-800-479-9502 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-800-479-9502 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-800-479-9502 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-800-479-9502 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

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



[CareSource.com/marketplace](https://www.caresource.com/marketplace)