

**Kaiser Permanente Insurance Company (KPIC)
Point of Service (POS)
Preferred Provider Organization (PPO)
Plans**

Effective April 1, 2018

You are receiving this document because you are currently enrolled in a Kaiser Permanente POS or PPO Plan. Kaiser Foundation Health Plan of Colorado, Inc., underwrites the In-Network Tier (HMO) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Out-of-Network coverage consisting of the Participating Provider Tier and/or the Non-Participating Provider Tier of the POS Plan. The PPO Plan is fully underwritten by KPIC.

This document contains information regarding the outpatient prescription drugs that are covered under the PPO Plan and the KPIC tiers of the POS plan. KPIC's outpatient prescription drug benefit is administered by MedImpact

NOTE: The following information does not apply to the HMO In-Network Tier drug benefits in a POS plan.

The KPIC Formulary (hereafter referred to as “the Formulary”) has been updated and applies to prescriptions filled on or after January 1, 2018. For help with this Formulary, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949** (Pharmacy Help Desk) or **711 (TTY)**.

Access to the most current version of the Formulary can be obtained by visiting <http://kp.org/kpic-colorado>

For help in your preferred language, please see page 7 in this document.

How to Use This Document (the Formulary)

This document is a list of the prescription medications covered under your PPO Plan and the KPIC Tiers of your POS Plan. All drugs are listed by their generic names and the most common proprietary (brand) name. The Formulary may be accessed by using the index; either by the generic name (in *italics*) or the proprietary name (in CAPITAL letters) or by the therapeutic drug category. This document applies only to outpatient prescription drugs provided to the insured through the retail pharmacies. This document does not apply to medications obtained in the doctor's office or in the hospital.

The drugs in the Formulary are grouped into categories depending on the type of medical condition that they are used to treat. Look under the category name in alphabetical order by generic name for your drug. For all drugs within the Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to the Formulary Tier Definition table below*).

Formulary Tier Definition:

Symbol	Guideline	Description
T1	Tier 1	Preferred Generic Medications
T2	Tier 2	Preferred Brand Medications
T3	Tier 3	Non-Preferred Generic and Brand Medications
T4	Tier 4	Specialty Pharmaceutical Drugs
T5	Tier 5	Preventive Drugs under the Affordable Care Act.

Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier at a cost share-copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (lower cost share), and brand drugs listed on the Formulary will be covered under a higher tier (higher cost share copay). Specialty drugs will be covered under the highest tier (coinsurance with a per prescription maximum). Preventive medications required under the Affordable Care Act will be covered as described in your Certificate of Insurance Schedule of Coverage.

Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

This Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug tier assignment process to ensure continuing patient access to medically appropriate drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug tier assignment for the Formulary:

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

What medications are covered?

KPIC will generally cover prescribed generic, brand, and specialty drugs listed on the Formulary as long as the drug is medically necessary and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered. In certain plans, some preventive OTC medications are covered when prescribed by a physician, such as aspirin, iron supplementation and vitamin D.

Durable medical equipment (DME) prescribed by a physician include:

- Insulin syringes
- Insulin needles
- Inhaler spacers

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Under your PPO or POS Plan, you may pay different copay or coinsurance for preferred generic drugs and non-preferred generic drugs. For Preferred generic drugs, your out-of-pocket cost will be less than the non-preferred generic drugs.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

Under your PPO/POS Plan, you may pay a different copay or coinsurance for preferred brand drugs and non-preferred brand drugs. For Preferred brand drugs, your out-of-pocket cost will be less than the non-preferred brand drugs.

If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name cost share plus the difference in cost between the generic drug and the brand-name drug. Please see your *Certificate of Insurance* for details.

What are specialty drugs?

Specialty drugs are high-cost prescription medications that include some drugs used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

What are Preventive Drugs?

In certain plans, medications, even over-the-counter (OTC) drugs, included on the **Preventive medications covered at the pharmacy at no cost Table** are covered at no charge if the insured has a prescription from his or her health care provider. The Flu Vaccine which does not require a prescription but an insurance card must be presented at the pharmacy. Some medications are only covered with no cost share for certain patients, for example, specified age range, in groups that are required or have chosen coverage for preventive drugs required under the Affordable Care Act or when a medication is used for a certain purpose (*refer to the Preventive Medications Covered at the Pharmacy at No Cost Table below*).

Preventive Medications Covered at the Pharmacy at No Cost Table:

Drug	Coverage	Criteria required for coverage
Aspirin	Generics Only	OTC Requires prescription*.
Fluoride	Generics Only	Children between 6 months and 6 years of age.
Folic Acid (0.4mg, 0.8mg)	Generics Only	OTC Requires prescription*.
Iron	Generics Only	OTC Children between 6 months and 12 months of age, requires prescription*.
Birth Control, oral tablets	Generics	
Xulane transdermal patch contraceptive	Generics Only	
Nuvaring contraceptive	Brand	
Birth control, barrier methods	Brands and generics	OTC Requires prescription*.
Birth control, intrauterine devices**	Liletta, Mirena, Skyla and Copper IUDs	
Vitamin D (400 units)	Generics Only	Adults 65 years and older, OTC requires prescription*.

Drug	Coverage	Criteria required for coverage
Tamoxifen	Generics Only	Covered at no cost share when used for breast cancer prevention.
Raloxifene	Generics Only	Covered at no cost share when used for breast cancer prevention. Requires previous trial of tamoxifen.
Emergency Contraceptives	Levonorgestrel - 1.5mg & Ella	OTC Requires prescription*.
Influenza Virus Vaccines	Brand	Need insurance card for processing, and in-store administration required. This does not require a prescription. Age Limits may apply.
Smoking Cessation	Brand and generics	Adults 18 years and older, OTC requires prescription*. Quantity Limit and Step Therapy may apply.
Colonoscopy Prep supplies	Brand and generics	Adults 50-75 years old, OTC requires prescription*.
Statins	<ul style="list-style-type: none"> • Low to moderate intensity statins • Atorvastatin 10-20 mg • Fluvastatin 20-40 mg • Fluvastatin ER 80 mg • Lovastatin 10-40 mg • Lovastatin ER 20-60 mg • Pitavastatin 1-4 mg • Pravastatin 10-80 mg • Rosuvastatin 5-10 mg • Simvastatin 5-40 mg 	For qualifying adults for the primary prevention of cardiovascular disease (CVD)
<p>*OTC medications requires a prescription in order to be covered with at no cost.</p> <p>**Injectable contraceptive formulations or implants such as Depo-Provera or IUDs may be covered under the medical benefit at this time (you are able to receive the medication free of charge during a visit with a doctor or nurse).</p>		

What drugs are not covered?

- Over-the-counter (OTC) medications or their equivalents, unless otherwise covered under your plan.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Medications which require administration by a clinician unless otherwise specified in the Formulary listing.
- Foreign-sourced drugs or drugs not approved by the U.S. Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- See your Certificate of Insurance for a list of all exclusions.

Are there any restrictions on the drugs covered on the Formulary?

Yes, for certain drugs within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Limits	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. <i>See “What is a Prior Authorization?” below for additional information.</i>
QL	Quantity Limits	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. <i>See “What is Step Therapy?” below for additional information.</i>

What is a Prior Authorization?

A prior authorization (“PA”) is a technique that is used to encourage safe and cost-effective medication use. Many drugs have multiple indications so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

How does the program work? Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for that particular drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive prior authorization of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Refer to Requirements / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist from receipt of a request form from a licensed prescribing provider, the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why it denied your request and how you can appeal.

What is Step Therapy?

Selected prescription drugs require step therapy. The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment.

How does the program work? The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective. A second-line medication is a less-preferred or sometimes more costly treatment option. Refer to Step Therapy s in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and their criteria.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why it denied your request and how you can appeal.

What drugs are eligible to be mailed from the mail-order pharmacy?

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. You can order refills through our mail-order service online at walgreens.com/mailemailservice or by phone, **1-866-525-1590** or 711 (TTY). There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply. See your Certificate of Insurance Schedule of Benefits to determine if mail order is available in your plan.

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitations an individual insured may be subject to. Specific benefit inclusions, exclusions, and out-of-pocket costs are not reflected in the Formulary.

The Formulary applies only to outpatient prescription drugs dispensed to the insured for self-administration, and does not apply to medications which require medical administration. For specific questions regarding your coverage, please call KPIC Customer Service at **1-855-364-3184**. To find out the cost of your drugs, you may contact MedImpact at **1-800-788-2949** (Pharmacy Help Desk). Please refer to your Certificate of Insurance for additional information.

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: KPIC Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)።

ፕጃሶጋ ወህዲ (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ Bäsóò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛín m̄ gbo kpáa. ᐃᐃ **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: 711).

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, dijiri gi.
Kpoo **1-800-632-9700** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínizin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY: 711).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).

Drug Name		Tier	Requirements/Limits
ALLERGY			
2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
DESLORATADINE/PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	3	ST, QL: 2 IN 1 DAY
<i>fexofenadine/pseudoephedrine</i>	ALLEGRA-D 24 HOUR (180-240MG) (TAB ER 24H)	1	
PSEUDOEPHEDRINE HCL/ACRIVAS	SEMPREX-D	3	
ALLERGENIC EXTRACTS, THERAPEUTICS			
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (100 IR) (TAB SUBL)	2	PA
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (100-300 IR) (TAB SUBL)	3	PA
GR POL-ORC/SW VER/RYE/KENT/TIM	ORALAIR (300 IR) (TAB SUBL)	2	PA
GRASS POLLEN-TIMOTHY, STANDARD	GRASTEK	2	PA
MITE,D.FARINAE-D.PTERONYSSINUS	ODACTRA	2	PA
WEED POLLEN-SHORT RAGWEED	RAGWITEK	2	PA
ANTIHISTAMINES - 1ST GENERATION			
<i>carbinoxamine maleate</i>	CLISTIN	1	AGE: >= 2 YEARS
CARBINOXAMINE MALEATE	KARBINAL ER	3	ST, AGE: >= 2 YEARS, QL: 960mL IN 30 DAYS
<i>carbinoxamine maleate</i>	PALGIC	1	AGE: >= 2 YEARS
<i>carbinoxamine maleate</i>	RYVENT	1	ST, AGE: >= 2 YEARS, QL: 4 IN 1 DAY
<i>clemastine fumarate</i>	TAVIST	1	
<i>cyproheptadine hcl</i>	PERIACTIN	1	
<i>hydroxyzine hcl</i>	ATARAX	1	
<i>hydroxyzine pamoate</i>	VISTARIL	1	
<i>promethazine hcl</i>	PHENERGAN	1	
<i>promethazine hcl</i>	PHENERGAN VC	1	
ANTIHISTAMINES - 2ND GENERATION			
<i>cetirizine hcl</i>	ZYRTEC (1 MG/ML) (SOLUTION)	1	
<i>desloratadine</i>	CLARINEX (2.5 MG) (TAB RAPDIS)	1	ST, QL: 1 IN 1 DAY
DESLORATADINE	CLARINEX (2.5 MG/5ML) (SYRUP)	3	ST, QL: 10mL IN 1 DAY
<i>desloratadine</i>	CLARINEX (5 MG) (TAB RAPDIS)	1	ST, QL: 1 IN 1 DAY
<i>desloratadine</i>	CLARINEX (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>levocetirizine dihydrochloride</i>	XYZAL (2.5 MG/5ML) (SOLUTION)	1	ST, QL: 10mL IN 1 DAY
<i>levocetirizine dihydrochloride</i>	XYZAL (5 MG) (TABLET)	1	
NASAL ANTIHISTAMINE			
<i>azelastine hcl</i>	ASTELIN	1	QL: 60mL IN 30 DAYS
<i>azelastine hcl</i>	ASTEPRO	1	ST, QL: 60mL IN 30 DAYS
<i>olopatadine hcl</i>	PATANASE	1	ST, QL: 30.5gm IN 30 DAYS
NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.			
AZELAS/FLUTICASONE/SOD CHLORID	TICALAST	3	
AZELASTINE/FLUTICASONE	DYMISTA	3	ST, QL: 23gm IN 30 DAYS
NASAL ANTI-INFLAMMATORY STEROIDS			
BECLOMETHASONE DIPROPIONATE	BECONASE AQ	3	ST, QL: 25gm IN 30 DAYS
BECLOMETHASONE DIPROPIONATE	QNASL	2	ST, QL: 8.7gm IN 30 DAYS
BECLOMETHASONE DIPROPIONATE	QNASL CHILDREN	2	ST, QL: 4.9gm IN 30 DAYS

Drug Name		Tier	Requirements/Limits
CICLESONIDE	OMNARIS	3	ST, QL: 5gm IN 12 DAYS
CICLESONIDE	ZETONNA	3	ST, QL: 6.1gm IN 30 DAYS
<i>flunisolide</i>	NASALIDE	1	QL: 25mL IN 30 DAYS
<i>fluticasone propionate</i>	FLONASE	1	QL: 16gm IN 30 DAYS
FLUTICASON PROPIONATE	XHANCE	3	ST, QL: 32mL IN 30 DAYS
FLUTICASON/SOD CHL/SOD BICARB	TICANASE	3	
FLUTICASON/SOD CHL/SOD BICARB	TICASPRAY	3	
<i>mometasone furoate</i>	NASONEX	1	QL: 17gm IN 30 DAYS
MOMETASONE FUROATE	SINUVA	3	PA
ANTIEMESIS/ANTIVERTIGO			
ANTIEMETIC/ANTIVERTIGO AGENTS			
<i>aprepitant</i>	EMEND (125 MG) (CAPSULE)	1	QL: 1 IN 21 DAYS
APREPITANT	EMEND (125 MG) (SUSP RECON)	2	QL: 3 IN 21 DAYS
<i>aprepitant</i>	EMEND (125MG- 80MG) (CAP DS PK)	1	QL: 3 IN 21 DAYS
<i>aprepitant</i>	EMEND (40 MG) (CAPSULE)	1	QL: 1 IN 28 DAYS
<i>aprepitant</i>	EMEND (80 MG) (CAPSULE)	1	QL: 2 IN 21 DAYS
DOLASETRON MESYLATE	ANZEMET (100 MG) (TABLET)	3	ST, QL: 4 PER FILL
DOLASETRON MESYLATE	ANZEMET (50 MG) (TABLET)	3	ST, QL: 8 PER FILL
DOXYLAMINE SUCCINATE/VIT B6	BONJESTA	3	QL: 4 IN 1 DAY
DOXYLAMINE SUCCINATE/VIT B6	DICLEGIS	3	QL: 4 IN 1 DAY
<i>dronabinol</i>	MARINOL	1	ST, QL: 2 IN 1 DAY
DRONABINOL	SYNDROS	3	ST, QL: 60mL IN 30 DAYS
GRANISETRON	SANCUSO	3	ST, QL: 1 IN 7 DAYS
<i>granisetron hcl</i>	KYTRIL	1	ST, QL: 8 IN 30 DAYS
<i>meclizine hcl</i>	ANTIVERT	1	
NABILONE	CESAMET	3	ST, QL: 6 IN 1 DAY
NETUPITANT/PALONOSETRON HCL	AKYNZEO	2	QL: 1 IN 28 DAYS
<i>ondansetron</i>	ZOFRAN ODT	1	
ONDANSETRON	ZUPLENZ (4 MG) (FILM)	3	ST, QL: 2 IN 3 DAYS
ONDANSETRON	ZUPLENZ (8 MG) (FILM)	3	ST, QL: 1 IN 3 DAYS
<i>ondansetron hcl</i>	ZOFRAN (24 MG) (TABLET)	1	
<i>ondansetron hcl</i>	ZOFRAN (4 MG) (TABLET)	1	
<i>ondansetron hcl</i>	ZOFRAN (4 MG/5 ML) (SOLUTION)	1	QL: 50mL IN 15 DAYS
<i>ondansetron hcl</i>	ZOFRAN (8 MG) (TABLET)	1	
<i>prochlorperazine</i>	COMPAZINE	1	
<i>prochlorperazine maleate</i>	COMPAZINE	1	
<i>promethazine hcl</i>	PHENERGAN	1	
ROLAPITANT HCL	VARUBI	3	QL: 2 IN 14 DAYS
<i>scopolamine</i>	TRANSDERM-SCOP	1	
<i>trimethobenzamide hcl</i>	TIGAN	1	
ASTHMA AND COPD			
5-LIPOXYGENASE INHIBITORS			
ZILEUTON	ZYFLO	3	ST, QL: 4 IN 1 DAY
<i>zileuton</i>	ZYFLO CR	1	ST, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING			
<i>ipratropium bromide</i>	ATROVENT	1	
IPRATROPIUM BROMIDE	ATROVENT HFA	2	QL: 25.8gm IN 30 DAYS
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR	3	ST, QL: 1 IN 30 DAYS
GLYCOPYRROL/NEBULIZER/ACCESSOR	LONHALA MAGNAIR STARTER	3	
GLYCOPYRROLATE	SEEBRI NEOHALER	3	ST, QL: 60 IN 30 DAYS
GLYCOPYRROLATE/NEB.ACCESSORIES	LONHALA MAGNAIR REFILL	3	
TIOTROPIUM BROMIDE	SPIRIVA	2	QL: 30 IN 30 DAYS
TIOTROPIUM BROMIDE	SPIRIVA RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	3	ST, QL: 30 IN 30 DAYS
BETA-ADRENERGIC AGENTS			
<i>albuterol sulfate</i>		1	
<i>metaproterenol sulfate</i>	ALUPENT	1	
<i>terbutaline sulfate</i>		1	
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
<i>albuterol sulfate</i>		1	
ALBUTEROL SULFATE	PROAIR HFA	2	
ALBUTEROL SULFATE	PROAIR RESPICLICK	2	
ALBUTEROL SULFATE	PROVENTIL HFA	3	
ALBUTEROL SULFATE	VENTOLIN HFA	2	
<i>levalbuterol hcl</i>	XOPENEX	1	
<i>levalbuterol hcl</i>	XOPENEX CONCENTRATE	1	
<i>levalbuterol tartrate</i>	XOPENEX HFA	1	
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING			
INDACATEROL MALEATE	ARCAPTA NEOHALER	3	ST, QL: 1 IN 1 DAY
OLODATEROL HCL	STRIVERDI RESPIMAT	2	QL: 4gm IN 30 DAYS
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING			
ARFORMOTEROL TARTRATE	BROVANA	3	QL: 120mL IN 30 DAYS
FORMOTEROL FUMARATE	PERFOROMIST	2	QL: 120mL IN 30 DAYS
SALMETEROL XINAFOATE	SEREVENT DISKUS	2	QL: 60 IN 30 DAYS
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS			
GLYCOPYRROLATE/FORMOTEROL FUM	BEVESPI AEROSPHERE	3	ST, QL: 10.7gm IN 30 DAYS
INDACATEROL/GLYCOPYRROLATE	UTIBRON NEOHALER	3	ST, QL: 60 IN 30 DAYS
IPRATROPIUM/ALBUTEROL SULFATE	COMBIVENT RESPIMAT	2	
<i>ipratropium/albuterol sulfate</i>	DUONEB	1	
TIOTROPIUM BR/OLODATEROL HCL	STIOLTO RESPIMAT	2	QL: 4gm IN 30 DAYS
UMECLIDINIUM BRM/VILANTEROL TR	ANORO ELLIPTA	3	ST, QL: 60 IN 30 DAYS
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS			
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	2	QL: 10.2gm IN 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR DISKUS	2	QL: 60 IN 30 DAYS
FLUTICASONE/SALMETEROL	ADVAIR HFA	2	QL: 12gm IN 30 DAYS
<i>fluticasone/salmeterol</i>	AIRDUO RESPICLICK	3	QL: 1 IN 30 DAYS
FLUTICASONE/VILANTEROL	BREO ELLIPTA	2	QL: 60 IN 30 DAYS
MOMETASONE/FORMOTEROL	DULERA	2	QL: 13gm IN 30 DAYS

Drug Name		Tier	Requirements/Limits
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED			
FLUTICASONE/UMECLIDIN/VILANTER	TRELEGY ELLIPTA	2	QL: 60 IN 30 DAYS
GLUCOCORTICIDS, ORALLY INHALED			
BECLOMETHASONE DIPROPIONATE	QVAR	2	QL: 17.4gm IN 30 DAYS
BECLOMETHASONE DIPROPIONATE	QVAR REDIHALER	2	QL: 21.2gm IN 30 DAYS
<i>budesonide</i>	PULMICORT (0.25MG/2ML) (AMPUL-NEB)	1	QL: 120mL IN 30 DAYS
<i>budesonide</i>	PULMICORT (0.5 MG/2ML) (AMPUL- NEB)	1	QL: 120mL IN 30 DAYS
<i>budesonide</i>	PULMICORT (1 MG/2 ML) (AMPUL- NEB)	1	QL: 60mL IN 30 DAYS
BUDESONIDE	PULMICORT FLEXHALER	3	ST, QL: 1 IN 30 DAYS
CICLESONIDE	ALVESCO	3	ST, QL: 12.2gm IN 30 DAYS
FLUNISOLIDE	AEROSPAN	3	ST, QL: 17.8gm IN 30 DAYS
FLUTICASONE FUROATE	ARNUITY ELLIPTA	2	QL: 30 IN 30 DAYS
FLUTICASONE PROPIONATE	ARMONAIR RESPICLICK	3	ST, QL: 1 IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (100 MCG) (BLST W/DEV)	2	QL: 60 IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (250 MCG) (BLST W/DEV)	2	QL: 120 IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT DISKUS (50 MCG) (BLST W/DEV)	2	QL: 60 IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT HFA (110 MCG) (AER W/ADAP)	2	QL: 12gm IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT HFA (220 MCG) (AER W/ADAP)	2	QL: 24gm IN 30 DAYS
FLUTICASONE PROPIONATE	FLOVENT HFA (44 MCG) (AER W/ADAP)	2	QL: 21.2gm IN 30 DAYS
MOMETASONE FUROATE	ASMANEX	3	ST, QL: 1 IN 30 DAYS
MOMETASONE FUROATE	ASMANEX HFA	3	ST, QL: 13gm IN 30 DAYS
LEUKOTRIENE RECEPTOR ANTAGONISTS			
<i>montelukast sodium</i>	SINGULAIR	1	
<i>zafirlukast</i>	ACCOLATE	1	
MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	GASTROCROM	1	
MAST CELL STABILIZERS, ORALLY INHALED			
<i>cromolyn sodium</i>		1	
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
ROFLUMILAST	DALIRESP	2	ST, QL: 1 IN 1 DAY
RESPIRATORY AIDS,DEVICES,EQUIPMENT			
COMPRESSOR, FOR NEBULIZER	DEVILBISS COMPACT	3	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMO- AIDE	3	
COMPRESSOR, FOR NEBULIZER	DEVILBISS PULMOMATE	3	
COMPRESSOR, FOR NEBULIZER	EBASE CONTROLLER	3	

Drug Name		Tier	Requirements/Limits
COMPRESSOR, FOR NEBULIZER	PULMO-AIDE	3	
COMPRESSOR, FOR NEBULIZER	SUNRISE COMPRESSOR- NEBULIZER	3	
INHALER, ASSIST DEVICES	ACE AEROSOL CLOUD ENHANCER	3	
INHALER, ASSIST DEVICES	AEROCHAMBER MINI	3	
INHALER, ASSIST DEVICES	AEROCHAMBER MV	3	
INHALER, ASSIST DEVICES	AEROCHAMBER PLUS FLOW-VU	3	
INHALER, ASSIST DEVICES	AEROCHAMBER WITH FLOWSIGNAL	3	
INHALER, ASSIST DEVICES	AEROCHAMBER Z- STAT PLUS	3	
INHALER, ASSIST DEVICES	AEROTRACH PLUS	3	
INHALER, ASSIST DEVICES	AEROVENT PLUS	3	
INHALER, ASSIST DEVICES	BREATHERITE	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-ADULT MASK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-INFANT MASK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-LG CHLD MSK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-NEONATE MSK	3	
INHALER, ASSIST DEVICES	BREATHERITE SPACER-SM CHLD MSK	3	
INHALER, ASSIST DEVICES	BREATHRITE	3	
INHALER, ASSIST DEVICES	CLEVER CHOICE HOLDING CHAMBER	3	
INHALER, ASSIST DEVICES	COMPACT SPACE CHAMBER	3	
INHALER, ASSIST DEVICES	COMPACT SPACE CHAMBER PLUS	3	
INHALER, ASSIST DEVICES	EASIVENT	3	
INHALER, ASSIST DEVICES	E-Z SPACER	3	
INHALER, ASSIST DEVICES	FLEXICHAMBER	3	
INHALER, ASSIST DEVICES	INSPIRACHAMBER	3	
INHALER, ASSIST DEVICES	LITEAIRE	3	
INHALER, ASSIST DEVICES	MICROCHAMBER	3	
INHALER, ASSIST DEVICES	MICROSPACER	3	
INHALER, ASSIST DEVICES	OPTICHAMBER DIAMOND	3	
INHALER, ASSIST DEVICES	POCKET CHAMBER	3	
INHALER, ASSIST DEVICES	PRIMEAIRE	3	
INHALER, ASSIST DEVICES	PROCHAMBER	3	
INHALER, ASSIST DEVICES	RITEFLO	3	
INHALER, ASSIST DEVICES	SPACE CHAMBER PLUS	3	
INHALER, ASSIST DEVICES	VORTEX	3	
INHALER, ASSIST DEVICES	VORTEX HOLDING CHAMBER-CHILD	3	

Drug Name		Tier	Requirements/Limits
INHALER, ASSIST DEVICES	VORTEX HOLDING CHAMBER-TODDLER	3	
INHALER, ASSIST DEVICES	VORTEX VHC FROG MASK	3	
INHALER, ASSIST DEVICES	VORTEX VHC LADYBUG MASK	3	
INHALER,ASSIST DEVICE,ACCESORY	EASIVENT	3	
INHALER,ASSIST DEVICE,ACCESORY	FLEXICHAMBER MASK	3	
INHALER,ASSIST DEVICE,ACCESORY	LITETOUCH	3	
INHALER,ASSIST DEVICE,ACCESORY	OPTICHAMBER	3	
INHALER,ASSIST DEVICE,ACCESORY	SILICONE MASK	3	
MUCUS CLEARING DEVICE	AEROBIKA	3	
MUCUS CLEARING DEVICE	QUAKE	3	
NASAL EXHALATION RESISTANC.DEV	PROVENT	3	
NEBULIZER	AEROECLIPSE II	3	
NEBULIZER	AERONEB GO NEBULIZER	3	
NEBULIZER	AIRS DISPOSABLE NEBULIZER	3	
NEBULIZER	ALTERA NEBULIZER	3	
NEBULIZER	BABY NEBULIZER	3	
NEBULIZER	DEVILBISS DISPOSABLE NEBULIZER	3	
NEBULIZER	ERAPID NEBULIZER	3	
NEBULIZER	LC D NEBULIZER SET	3	
NEBULIZER	LC PLUS	3	
NEBULIZER	LC SPRINT NEBULIZER	3	
NEBULIZER	LC STAR	3	
NEBULIZER	MICRO AIR	3	
NEBULIZER	MINI PLUS NEBULIZER	3	
NEBULIZER	PARI LC SPRINT SINUS	3	
NEBULIZER	PRODIGY MINI-MIST	3	
NEBULIZER	SIDESTREAM	3	
NEBULIZER	SIDESTREAM NEBULIZER	3	
NEBULIZER	SIDESTREAM PLUS	3	
NEBULIZER	SINUSTAR	3	
NEBULIZER	SOOTHENEB MESH NEBULIZER	3	
NEBULIZER	TRUNEB NEBULIZER	3	
NEBULIZER	VIXONE NEBULIZER	3	
NEBULIZER AND COMPRESSOR	CLEVER CHOICE NEBULIZER	3	
NEBULIZER AND COMPRESSOR	CLEVER CHOICE WHISPER AIRE PED	3	
NEBULIZER AND COMPRESSOR	COMP-AIR NEBULIZER COMPRESSOR	3	

Drug Name		Tier	Requirements/Limits
NEBULIZER AND COMPRESSOR	DEVILBISS PULMONEB LT COMP-NEB	3	
NEBULIZER AND COMPRESSOR	DEVILBISS TRAVELER	3	
NEBULIZER AND COMPRESSOR	HOME NEBULIZER PLUS SIDESTREAM	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE DELUXE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE ELEGANCE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE ESSENCE	3	
NEBULIZER AND COMPRESSOR	INNOSPIRE MINI	3	
NEBULIZER AND COMPRESSOR	MY MDI PORTABLE NEBULISER	3	
NEBULIZER AND COMPRESSOR	OMBRA COMPRESSOR SYSTEM	3	
NEBULIZER AND COMPRESSOR	PARI SINUS AEROSOL SYSTEM	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC DINOSAUR NEBULIZER	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC DOG NEBULIZER	3	
NEBULIZER AND COMPRESSOR	PEDIATRIC FROG NEBULIZER	3	
NEBULIZER AND COMPRESSOR	PORTABLE NEBULIZER SYSTEM	3	
NEBULIZER AND COMPRESSOR	PRONEB ULTRA II	3	
NEBULIZER AND COMPRESSOR	PULMONEB LT COMPRESSOR NEBUL	3	
NEBULIZER AND COMPRESSOR	SAMI THE SEAL	3	
NEBULIZER AND COMPRESSOR	SINUSTAR	3	
NEBULIZER AND COMPRESSOR	SOOTHENEB COMPRESSOR NEBULIZER	3	
NEBULIZER AND COMPRESSOR	TREK S COMBO PACK	3	
NEBULIZER AND COMPRESSOR	TREK S COMPACT COMPRESSOR	3	
NEBULIZER AND COMPRESSOR	VIOS AEROSOL DELIVERY SYSTEM	3	
PEAK FLOW METER	MINI-WRIGHT PEAK FLOW METER	3	
PEAK FLOW METER	TRUZONE PEAK FLOW METER	3	
PEAK FLOW METER/INH ASSIT DEV	AEROGEAR ASTHMA ACTION KIT	3	
PEAK FLOW METER/INH ASSIT DEV	ASTHMAPACK CHILDREN'S	3	
SPIROMETER/DRUG DELIVERY ADAPT	MISTASSIST KIT	3	
SPIROMETERS AND ACCESSORIES	MISTASSIST	3	
SPIROMETERS AND ACCESSORIES	PFLEX TRAINER	3	
SPIROMETERS AND ACCESSORIES	THRESHOLD IMT	3	

Drug Name		Tier	Requirements/Limits
SPIROMETERS AND ACCESSORIES		THRESHOLD PEP	3
XANTHINES			
<i>caffeine citrate</i>	CAF CIT	1	
<i>theophylline anhydrous</i>	ELIXOPHYLLIN	1	
<i>theophylline anhydrous</i>	SLO-PHYLLIN	1	
THEOPHYLLINE ANHYDROUS		THEO-24	2
<i>theophylline anhydrous</i>	THEO-DUR	1	
<i>theophylline anhydrous</i>	UNIPHYL	1	
AUTONOMIC NERVOUS SYSTEM DISORDERS			
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
<i>memantine hcl</i>	NAMENDA (10 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>memantine hcl</i>	NAMENDA (2 MG/ML) (SOLUTION)	1	QL: 300mL IN 30 DAYS
<i>memantine hcl</i>	NAMENDA (5 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>memantine hcl</i>	NAMENDA (5 MG- 10 MG) (TAB DS PK)	1	QL: 49 IN 28 DAYS
<i>memantine hcl</i>	NAMENDA XR (14 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
<i>memantine hcl</i>	NAMENDA XR (21 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
<i>memantine hcl</i>	NAMENDA XR (28 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
<i>memantine hcl</i>	NAMENDA XR (7 MG) (CAP SPR 24)	1	QL: 1 IN 1 DAY
MEMANTINE HCL	NAMENDA XR (7- 14-21-28) (CAP24 DSPK)	2	QL: 28 IN 28 DAYS
ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB			
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (14MG- 10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (21 MG- 10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (28 MG- 10MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (7 MG- 10 MG) (CAP SPR 24)	2	ST, QL: 1 IN 1 DAY
MEMANTINE HCL/DONEPEZIL HCL	NAMZARIC (7- 10/14-10) (CAP24 DSPK)	2	ST, QL: 28 IN 28 DAYS
CHOLINESTERASE INHIBITORS			
<i>donepezil hcl</i>	ARICEPT	1	
<i>donepezil hcl</i>	ARICEPT ODT	1	
<i>galantamine hbr</i>	RAZADYNE (12 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>galantamine hbr</i>	RAZADYNE (4 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>galantamine hbr</i>	RAZADYNE (4 MG/ML) (SOLUTION)	1	QL: 200mL IN 30 DAYS
<i>galantamine hbr</i>	RAZADYNE (8 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>galantamine hbr</i>	RAZADYNE ER	1	QL: 1 IN 1 DAY
<i>pyridostigmine bromide</i>	MESTINON (180 MG) (TABLET ER)	1	

Drug Name		Tier	Requirements/Limits
<i>pyridostigmine bromide</i>	MESTINON (60 MG) (TABLET)	1	
PYRIDOSTIGMINE BROMIDE	MESTINON (60 MG/5 ML) (SYRUP)	2	
<i>rivastigmine</i>	EXELON	1	QL: 1 IN 1 DAY
<i>rivastigmine tartrate</i>	EXELON	1	
BEHAVIORAL HEALTH - ANTIDEPRESSANTS			
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
<i>mirtazapine</i>	REMERON	1	
MAOIS - NON-SELECTIVE & IRREVERSIBLE			
ISOCARBOXAZID	MARPLAN	3	
<i>phenelzine sulfate</i>	NARDIL	1	
<i>tranylcypromine sulfate</i>	PARNATE	1	
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
BUPROPION HBR	APLENZIN	3	ST, QL: 1 IN 1 DAY
BUPROPION HCL	FORFIVO XL	3	ST, QL: 1 IN 1 DAY
<i>bupropion hcl</i>	WELLBUTRIN	1	
<i>bupropion hcl</i>	WELLBUTRIN SR	1	
<i>bupropion hcl</i>	WELLBUTRIN XL	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
<i>citalopram hydrobromide</i>	CELEXA	1	
<i>escitalopram oxalate</i>	LEXAPRO	1	
<i>fluoxetine hcl</i>		1	
<i>fluoxetine hcl</i>	PROZAC	1	
<i>fluoxetine hcl</i>	PROZAC WEEKLY	1	
FLUOXETINE HCL	SARAFEM	3	
<i>fluvoxamine maleate</i>	LUVOX	1	
<i>fluvoxamine maleate</i>	LUVOX CR	1	ST, QL: 2 IN 1 DAY
<i>paroxetine hcl</i>	PAXIL (10 MG) (TABLET)	1	
PAROXETINE HCL	PAXIL (10 MG/5 ML) (ORAL SUSP)	2	
<i>paroxetine hcl</i>	PAXIL (20 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL (30 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL (40 MG) (TABLET)	1	
<i>paroxetine hcl</i>	PAXIL CR	1	
PAROXETINE MESYLATE	PEXEVA	3	ST, QL: 1 IN 1 DAY
<i>sertraline hcl</i>	ZOLOFT	1	
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
<i>nefazodone hcl</i>	SERZONE	1	
<i>trazodone hcl</i>	DESYREL	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
DESVENLAFAXINE ER		2	ST, QL: 1 IN 1 DAY
<i>desvenlafaxine</i>	KHEDEZLA	1	ST, QL: 1 IN 1 DAY
DESVENLAFAXINE FUMARATE ER		3	ST, QL: 1 IN 1 DAY
<i>desvenlafaxine succinate</i>	PRISTIQ	1	QL: 1 IN 1 DAY
<i>duloxetine hcl (20 mg) (capsule dr)</i>		1	QL: 2 IN 1 DAY
<i>duloxetine hcl (30 mg) (capsule dr)</i>		1	QL: 2 IN 1 DAY
<i>duloxetine hcl (40 mg) (capsule dr)</i>		1	ST, QL: 1 IN 1 DAY
<i>duloxetine hcl (60 mg) (capsule dr)</i>		1	QL: 2 IN 1 DAY
LEVOMILNACIPRAN HCL	FETZIMA	2	ST, QL: 1 IN 1 DAY
<i>venlafaxine hcl</i>	EFFEXOR	1	
<i>venlafaxine hcl</i>	EFFEXOR XR	1	
<i>venlafaxine hcl er</i>		1	

Drug Name		Tier	Requirements/Limits
SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT			
VILAZODONE HCL	VIIBRYD	2	ST, QL: 1 IN 1 DAY
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT			
VORTIOXETINE HYDROBROMIDE	TRINTELLIX	2	ST, QL: 1 IN 1 DAY
TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
<i>amitriptyline/chlordiazepoxide</i>	LIMBITROL	1	
<i>amitriptyline/chlordiazepoxide</i>	LIMBITROL DS	1	
TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
<i>perphenazine/amitriptyline hcl</i>	ETRAFON-A	1	
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 2-10	1	
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 2-25	1	
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 4-25	1	
<i>perphenazine/amitriptyline hcl</i>	TRIAVIL 4-50	1	
TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB			
<i>amitriptyline hcl</i>	ELAVIL	1	
<i>amoxapine</i>	ASENDIN	1	
<i>clomipramine hcl</i>	ANAFRANIL	1	
<i>desipramine hcl</i>	NORPRAMIN	1	
<i>doxepin hcl</i>	SINEQUAN	1	
<i>imipramine hcl</i>	TOFRANIL	1	
<i>imipramine pamoate</i>	TOFRANIL-PM	1	
<i>maprotiline hcl</i>	LUDIOMIL	1	
<i>nortriptyline hcl</i>	PAMELOR	1	
<i>protriptyline hcl</i>	VIVACTIL	1	
<i>trimipramine maleate</i>	SURMONTIL	1	
BEHAVIORAL HEALTH - OTHER			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
AMPHETAMINE	ADZENYS ER	3	ST, QL: 450mL IN 30 DAYS
AMPHETAMINE	ADZENYS XR-ODT	3	ST, QL: 1 IN 1 DAY
AMPHETAMINE	DYANAVEL XR	3	ST, QL: 240mL IN 30 DAYS
AMPHETAMINE SULFATE	EVEKEO	3	PA
<i>dextroamphetamine sulfate</i>	DEXEDRINE (10 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY
<i>dextroamphetamine sulfate</i>	DEXEDRINE (10 MG) (TABLET)	1	QL: 6 IN 1 DAY
<i>dextroamphetamine sulfate</i>	DEXEDRINE (15 MG) (CAPSULE ER)	1	QL: 4 IN 1 DAY
<i>dextroamphetamine sulfate</i>	DEXEDRINE (5 MG) (CAPSULE ER)	1	QL: 2 IN 1 DAY
<i>dextroamphetamine sulfate</i>	DEXEDRINE (5 MG) (TABLET)	1	QL: 3 IN 1 DAY
<i>dextroamphetamine sulfate</i>	PROCENTRA	1	QL: 1800mL IN 30 DAYS
DEXTROAMPHETAMINE SULFATE	ZENZEDI (15 MG) (TABLET)	3	QL: 3 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (2.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (20 MG) (TABLET)	3	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (30 MG) (TABLET)	3	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE SULFATE	ZENZEDI (7.5 MG) (TABLET)	2	ST, QL: 3 IN 1 DAY
<i>dextroamphetamine/amphetamine</i>	ADDERALL	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (10 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (15 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (20 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (25 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (30 MG) (CAP ER 24H)	1	QL: 2 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	ADDERALL XR (5 MG) (CAP ER 24H)	1	QL: 1 IN 1 DAY
DEXTROAMPHETAMINE/AMPHETAMINE	MYDAYIS	3	ST, QL: 1 IN 1 DAY
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	2	ST, QL: 1 IN 1 DAY
<i>methamphetamine hcl</i>	DESOXYN	1	QL: 5 IN 1 DAY
ANTI-ALCOHOLIC PREPARATIONS			
<i>acamprosate calcium</i>	CAMPRAL	1	
<i>disulfiram</i>	ANTABUSE	1	
ANTI-ANXIETY - BENZODIAZEPINES			
<i>alprazolam</i>		1	
ALPRAZOLAM INTENSOL		2	
<i>chlordiazepoxide hcl</i>		1	
<i>clorazepate dipotassium</i>		1	
<i>diazepam</i>		1	
<i>lorazepam</i>		1	
<i>oxazepam</i>		1	
ANTI-ANXIETY DRUGS			
<i>alprazolam</i>		1	
<i>bupirone hcl</i>	BUSPAR	1	
<i>meprobamate</i>		1	
ANTI-MANIA DRUGS			
CARBAMAZEPINE	EQUETRO	3	
<i>lithium carbonate</i>		1	
<i>lithium citrate</i>		1	
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT			
SODIUM OXYBATE	XYREM	4	PA
ANTIPSYCH, DOPAMINE ANTAG., DIPHENYL BUTYL PIPERIDINES			
<i>pimozide</i>	ORAP	1	
ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED			
CARIPRAZINE HCL	VRAYLAR (1.5 MG) (CAPSULE)	2	ST, QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (1.5 MG-3MG) (CAP DS PK)	2	ST, QL: 7 IN 28 DAYS
CARIPRAZINE HCL	VRAYLAR (3 MG) (CAPSULE)	2	ST, QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (4.5 MG) (CAPSULE)	2	ST, QL: 1 IN 1 DAY
CARIPRAZINE HCL	VRAYLAR (6 MG) (CAPSULE)	2	ST, QL: 1 IN 1 DAY
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
<i>aripiprazole</i>	ABILIFY (1 MG/ML) (SOLUTION)	1	ST, QL: 30mL IN 1 DAY
<i>aripiprazole</i>	ABILIFY (10 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>aripiprazole</i>	ABILIFY (15 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>aripiprazole</i>	ABILIFY (2 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>aripiprazole</i>	ABILIFY (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>aripiprazole</i>	ABILIFY (30 MG) (TABLET)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>aripiprazole</i>	ABILIFY (5 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>aripiprazole</i>	ABILIFY DISCMELT (10 MG) (TAB RAPDIS)	1	ST, QL: 3 IN 1 DAY
<i>aripiprazole</i>	ABILIFY DISCMELT (15 MG) (TAB RAPDIS)	1	ST, QL: 2 IN 1 DAY
BREXPIPIRAZOLE	REXULTI	2	ST, QL: 1 IN 1 DAY
ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS			
LOXAPINE	ADASUVE	4	
<i>loxapine succinate</i>	LOXITANE	1	
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG			
ASENAPINE MALEATE	SAPHRIS	2	ST, QL: 2 IN 1 DAY
<i>clozapine</i>		1	QL: 3 IN 1 DAY
<i>clozapine</i>	CLOZARIL	1	QL: 3 IN 1 DAY
<i>clozapine</i>	FAZACLO	1	ST, QL: 3 IN 1 DAY
CLOZAPINE	VERSACLOZ	3	ST, QL: 18mL IN 1 DAY
ILOPERIDONE	FANAPT (1 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (10 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (12 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (1-2-4- 6MG) (TAB DS PK)	3	ST, QL: 8 IN 28 DAYS
ILOPERIDONE	FANAPT (2 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (4 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (6 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ILOPERIDONE	FANAPT (8 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
LURASIDONE HCL	LATUDA (120 MG) (TABLET)	2	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (20 MG) (TABLET)	2	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (40 MG) (TABLET)	2	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (60 MG) (TABLET)	2	ST, QL: 1 IN 1 DAY
LURASIDONE HCL	LATUDA (80 MG) (TABLET)	2	ST, QL: 2 IN 1 DAY
<i>olanzapine</i>	ZYPREXA	1	QL: 1 IN 1 DAY
<i>olanzapine</i>	ZYPREXA ZYDIS	1	QL: 1 IN 1 DAY
<i>paliperidone</i>	INVEGA (1.5 MG) (TAB ER 24)	1	ST, QL: 1 IN 1 DAY
<i>paliperidone</i>	INVEGA (3 MG) (TAB ER 24)	1	ST, QL: 1 IN 1 DAY
<i>paliperidone</i>	INVEGA (6 MG) (TAB ER 24)	1	ST, QL: 2 IN 1 DAY
<i>paliperidone</i>	INVEGA (9 MG) (TAB ER 24)	1	ST, QL: 1 IN 1 DAY
<i>quetiapine fumarate</i>	SEROQUEL	1	QL: 3 IN 1 DAY
<i>quetiapine fumarate</i>	SEROQUEL XR (150 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
<i>quetiapine fumarate</i>	SEROQUEL XR (200 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>quetiapine fumarate</i>	SEROQUEL XR (300 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
<i>quetiapine fumarate</i>	SEROQUEL XR (400 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
<i>quetiapine fumarate</i>	SEROQUEL XR (50 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
QUETIAPINE FUMARATE	SEROQUEL XR (50-200-300) (TAB24HDSPK)	3	
<i>risperidone</i>	RISPERDAL (0.25 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL (0.5 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL (1 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL (1 MG/ML) (SOLUTION)	1	QL: 8mL IN 1 DAY
<i>risperidone</i>	RISPERDAL (2 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL (3 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL (4 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>risperidone</i>	RISPERDAL M-TAB	1	QL: 2 IN 1 DAY
<i>ziprasidone hcl</i>	GEODON	1	QL: 2 IN 1 DAY
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES			
<i>thiothixene</i>	NAVANE	1	
ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
<i>haloperidol</i>	HALDOL	1	
<i>haloperidol lactate</i>		1	
ANTI-PSYCHOTICS,PHENOTHIAZINES			
<i>chlorpromazine hcl</i>	THORAZINE	1	
<i>fluphenazine hcl</i>	PROLIXIN	1	
<i>perphenazine</i>	TRILAFON	1	
<i>thioridazine hcl</i>	MELLARIL	1	
<i>trifluoperazine hcl</i>	STELAZINE	1	
BARBITURATES			
BUTABARBITAL SODIUM	BUTISOL SODIUM	3	
<i>phenobarbital</i>		1	
SECOBARBITAL SODIUM	SECONAL SODIUM	3	
HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS			
RAMELTEON	ROZEREM	3	ST, QL: 1 IN 1 DAY
TASIMELTEON	HETLIOZ	4	PA
MONOAMINE OXIDASE(MAO) INHIBITORS			
SELEGILINE	EMSAM	3	QL: 1 IN 1 DAY
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS			
<i>armodafinil</i>	NUVIGIL (150 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>armodafinil</i>	NUVIGIL (200 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>armodafinil</i>	NUVIGIL (250 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>armodafinil</i>	NUVIGIL (50 MG) (TABLET)	1	QL: 3 IN 1 DAY
<i>modafinil</i>	PROVIGIL	1	QL: 2 IN 1 DAY
NARCOTIC ANTAGONISTS			
NALOXONE HCL	EVZIO	3	ST, QL: 0.8mL IN 365 DAYS

Drug Name		Tier	Requirements/Limits
<i>naloxone hcl</i>	NARCAN (0.4 MG/ML) (SYRINGE)	3	
<i>naloxone hcl</i>	NARCAN (1 MG/ML) (SYRINGE)	3	
NALOXONE HCL	NARCAN (4 MG) (SPRAY)	2	QL: 4 IN 30 DAYS
<i>naltrexone hcl</i>	REVIA	1	
SEDATIVE-HYPNOTICS - BENZODIAZEPINES			
<i>estazolam</i>		1	
<i>flurazepam hcl</i>		1	
<i>midazolam hcl</i>		1	
<i>quazepam</i>	DORAL	1	
<i>temazepam</i>	RESTORIL	1	
<i>triazolam</i>		1	
SEDATIVE-HYPNOTICS, NON-BARBITURATE			
DOXEPIN HCL	SILENOR	2	ST, QL: 1 IN 1 DAY
<i>eszopiclone</i>	LUNESTA	1	QL: 1 IN 1 DAY
SUVOREXANT	BELSOMRA	2	ST, QL: 1 IN 1 DAY
<i>zaleplon</i>	SONATA	1	QL: 1 IN 1 DAY
<i>zolpidem tartrate</i>	AMBIEN	1	QL: 1 IN 1 DAY
<i>zolpidem tartrate</i>	AMBIEN CR	1	QL: 1 IN 1 DAY
ZOLPIDEM TARTRATE	EDLUAR	3	ST, QL: 1 IN 1 DAY
<i>zolpidem tartrate</i>	INTERMEZZO	1	ST, QL: 1 IN 1 DAY
ZOLPIDEM TARTRATE	ZOLPIMIST	3	ST, QL: 7.7mL IN 30 DAYS
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)			
PIMAVANSERIN TARTRATE	NUPLAZID	4	PA
SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB			
<i>olanzapine/fluoxetine hcl</i>	SYMBYAX	1	QL: 1 IN 1 DAY
TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST			
<i>clonidine hcl</i>	KAPVAY	1	QL: 4 IN 1 DAY
<i>guanfacine hcl</i>	INTUNIV	1	QL: 1 IN 1 DAY
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY			
<i>dexmethylphenidate hcl</i>	FOCALIN	1	QL: 2 IN 1 DAY
<i>dexmethylphenidate hcl</i>	FOCALIN XR	1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE	COTEMPLA XR-ODT (17.3 MG) (TAB RAP BP)	3	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE	COTEMPLA XR-ODT (25.9 MG) (TAB RAP BP)	3	ST, QL: 2 IN 1 DAY
METHYLPHENIDATE	COTEMPLA XR-ODT (8.6 MG) (TAB RAP BP)	3	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE	DAYTRANA	3	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	APTENSIO XR	3	ST, AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (18 MG) (TAB ER 24)	1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (27 MG) (TAB ER 24)	1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (36 MG) (TAB ER 24)	1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
METHYLPHENIDATE HCL	CONCERTA (54 MG) (TAB ER 24)	1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (10 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (10 mg) (cpbp 50-50)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (10 mg) (tab chew)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (10 mg) (tablet er)</i>		1	AGE: <= 18 YEARS, QL: 3 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>methylphenidate hcl (10 mg) (tablet)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (10 mg/5 ml) (solution)</i>		1	
<i>methylphenidate hcl (18 mg) (tab er 24)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (2.5 mg) (tab chew)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (20 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (20 mg) (cpbp 50-50)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (20 mg) (tablet er)</i>		1	AGE: <= 18 YEARS, QL: 3 IN 1 DAY
<i>methylphenidate hcl (20 mg) (tablet)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (27 mg) (tab er 24)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (30 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
<i>methylphenidate hcl (30 mg) (cpbp 50-50)</i>		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
<i>methylphenidate hcl (36 mg) (tab er 24)</i>		1	AGE: <= 18 YEARS, QL: 2 IN 1 DAY
<i>methylphenidate hcl (40 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (40 mg) (cpbp 50-50)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (5 mg) (tab chew)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (5 mg) (tablet)</i>		1	QL: 3 IN 1 DAY
<i>methylphenidate hcl (5 mg/5 ml) (solution)</i>		1	
<i>methylphenidate hcl (50 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (54 mg) (tab er 24)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (60 mg) (cpbp 30-70)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (60 mg) (cpbp 50-50)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
<i>methylphenidate hcl (72 mg) (tab er 24)</i>		1	AGE: <= 18 YEARS, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (20 MG) (TAB CBP24H)	2	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (30 MG) (TAB CBP24H)	2	ST, QL: 2 IN 1 DAY
METHYLPHENIDATE HCL	QUILLICHEW ER (40 MG) (TAB CBP24H)	2	ST, QL: 1 IN 1 DAY
METHYLPHENIDATE HCL	QUILLIVANT XR (5 MG/ML) (SU ER RC24)	2	ST, QL: 10mL IN 1 DAY
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			
<i>atomoxetine hcl</i>	STRATTERA (10 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (100 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (18 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (25 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (40 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (60 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
<i>atomoxetine hcl</i>	STRATTERA (80 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - ARRHYTHMIA			
ANTIARRHYTHMICS			
<i>amiodarone hcl</i>	CORDARONE	1	
<i>disopyramide phosphate</i>	NORPACE	1	
DISOPYRAMIDE PHOSPHATE	NORPACE CR	2	
<i>dofetilide</i>	TIKOSYN	1	
DRONEDARONE HCL	MULTAQ	2	
<i>flecainide acetate</i>	TAMBOCOR	1	
<i>mexiletine hcl</i>	MEXITIL	1	

Drug Name		Tier	Requirements/Limits
<i>propafenone hcl</i>	RYTHMOL	1	
<i>propafenone hcl</i>	RYTHMOL SR	1	
<i>quinidine gluconate</i>		1	
<i>quinidine sulfate</i>		1	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT			
ADRENERGIC AGENTS,CATECHOLAMINES			
<i>epinephrine</i>		1	
DIGITALIS GLYCOSIDES			
DIGOXIN		2	
<i>digoxin</i>	LANOXIN (125 MCG) (TABLET)	1	
DIGOXIN	LANOXIN (187.5 MCG) (TABLET)	3	
<i>digoxin</i>	LANOXIN (250 MCG) (TABLET)	1	
DIGOXIN	LANOXIN (62.5 MCG) (TABLET)	3	
CARDIOVASCULAR DISEASE - HYPERTENSION			
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION			
<i>amlodipine besylate/benazepril</i>	LOTREL	1	
PERINDOPRIL ARG/AMLODIPINE BES	PRESTALIA	3	ST, QL: 1 IN 1 DAY
<i>trandolapril/verapamil hcl</i>		1	
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC			
<i>benazepril/hydrochlorothiazide</i>	LOTENSIN HCT	1	
<i>captopril/hydrochlorothiazide</i>	CAPOZIDE	1	
<i>enalapril/hydrochlorothiazide</i>	VASERETIC	1	
<i>fosinopril/hydrochlorothiazide</i>	MONOPRIL-HCT	1	
<i>lisinopril/hydrochlorothiazide</i>	ZESTORETIC	1	
<i>moexipril/hydrochlorothiazide</i>	UNIRETIC	1	
<i>quinapril/hydrochlorothiazide</i>	ACCURETIC	1	
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			
<i>carvedilol</i>	COREG	1	
<i>carvedilol phosphate</i>	COREG CR	1	
<i>labetalol hcl</i>	TRANDATE	1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
<i>doxazosin mesylate</i>	CARDURA	1	
DOXAZOSIN MESYLATE	CARDURA XL	3	
<i>phenoxybenzamine hcl</i>	DIBENZYLINE	4	
<i>prazosin hcl</i>	MINIPRESS	1	
<i>terazosin hcl</i>	HYTRIN	1	
ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB			
<i>amlodipine/valsartan/hcthiazid</i>	EXFORGE HCT	1	
<i>olmesartan/amlodipin/hcthiazid</i>	TRIBENZOR	1	
ANGIOTENSIN II RECEPTOR BLOCKER-BETA BLOCKER COMB.			
NEBIVOLOL HCL/VALSARTAN	BYVALSON	2	
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB			
AZILSARTAN MED/CHLORTHALIDONE	EDARBYCLOR	2	ST
<i>candesartan/hydrochlorothiazid</i>	ATACAND HCT	1	
<i>irbesartan/hydrochlorothiazide</i>	AVALIDE	1	
<i>losartan/hydrochlorothiazide</i>	HYZAAR	1	
<i>olmesartan/hydrochlorothiazide</i>	BENICAR HCT	1	
<i>telmisartan/hydrochlorothiazid</i>	MICARDIS HCT	1	
<i>valsartan/hydrochlorothiazide</i>	DIOVAN HCT	1	
ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR			
<i>amlodipine bes/olmesartan med</i>	AZOR	1	
<i>amlodipine besylate/valsartan</i>	EXFORGE	1	

Drug Name		Tier	Requirements/Limits
<i>telmisartan/amlodipine</i>	TWYNSTA	1	
ANTIHYPERTENSIVES, ACE INHIBITORS			
<i>benazepril hcl</i>	LOTENSIN	1	
<i>captopril</i>	CAPOTEN	1	
ENALAPRIL MALEATE	EPANED	3	ST, AGE: < 12 YEARS, QL: 1200mL IN 30 DAYS
<i>enalapril maleate</i>	VASOTEC	1	
<i>fosinopril sodium</i>	MONOPRIL	1	
<i>lisinopril</i>	PRINIVIL	1	
LISINOPRIL	QBRELIS	3	ST, AGE: < 12 YEARS, QL: 1200mL IN 30 DAYS
<i>lisinopril</i>	ZESTRIL	1	
<i>moexipril hcl</i>	UNIVASC	1	
<i>perindopril erbumine</i>	ACEON	1	
<i>quinapril hcl</i>	ACCUPRIL	1	
<i>ramipril</i>	ALTACE	1	
<i>trandolapril</i>	MAVIK	1	
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST			
AZILSARTAN MEDOXOMIL	EDARBI	2	ST
<i>candesartan cilexetil</i>	ATACAND	1	
<i>eprosartan mesylate</i>	TEVETEN	1	
<i>irbesartan</i>	AVAPRO	1	
<i>losartan potassium</i>	COZAAR	1	
<i>olmesartan medoxomil</i>	BENICAR	1	
<i>telmisartan</i>	MICARDIS	1	
<i>valsartan</i>	DIOVAN	1	
ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS			
MECAMYLAMINE HCL	VECAMYL	3	PA
ANTIHYPERTENSIVES, MISCELLANEOUS			
METYROSINE	DEMSER	3	
ANTIHYPERTENSIVES, SYMPATHOLYTIC			
<i>clonidine</i>	CATAPRES-TTS 1	1	
<i>clonidine</i>	CATAPRES-TTS 2	1	
<i>clonidine</i>	CATAPRES-TTS 3	1	
<i>clonidine hcl</i>	CATAPRES	1	
<i>clonidine hcl/chlorthalidone</i>	COMBIPRES (0.1MG-15MG) (TABLET)	1	
<i>clonidine hcl/chlorthalidone</i>	COMBIPRES (0.2- 15MG) (TABLET)	1	
<i>clonidine hcl/chlorthalidone</i>	COMBIPRES (0.3MG-15MG) (TABLET)	3	
<i>guanfacine hcl</i>	TENEX	1	
<i>methyldopa</i>	ALDOMET	1	
<i>methyldopa/hydrochlorothiazide</i>	ALDORIL 15	1	
<i>methyldopa/hydrochlorothiazide</i>	ALDORIL 25	1	
ANTIHYPERTENSIVES, VASODILATORS			
<i>hydralazine hcl</i>	APRESOLINE	1	
<i>minoxidil</i>	LONITEN	1	
BETA-ADRENERGIC BLOCKING AGENTS			
<i>acebutolol hcl</i>	SECTRAL	1	
<i>atenolol</i>	TENORMIN	1	
<i>betaxolol hcl</i>	KERLONE	1	
<i>bisoprolol fumarate</i>	ZEBETA	1	
<i>metoprolol succinate</i>	TOPROL XL	1	
<i>metoprolol tartrate</i>		1	

Drug Name		Tier	Requirements/Limits
<i>nadolol</i>	CORGARD	1	
NEBIVOLOL HCL	BYSTOLIC	2	
PENBUTOLOL SULFATE	LEVATOL	3	
<i>pindolol</i>	VISKEN	1	
PROPRANOLOL HCL	HEMANGEOL	3	ST, AGE: < 1 YEAR, QL: 360mL IN 30 DAYS
<i>propranolol hcl</i>	INDERAL	1	
<i>propranolol hcl</i>	INDERAL LA	1	
PROPRANOLOL HCL	INDERAL XL	3	ST
PROPRANOLOL HCL	INNOPRAN XL	3	ST
<i>sotalol hcl</i>		1	
SOTALOL HCL	SOTYLIZE (5 MG/ML) (SOLUTION)	3	ST, QL: 2000mL IN 30 DAYS
<i>timolol maleate</i>	BLOCADREN	1	
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED			
<i>atenolol/chlorthalidone</i>	TENORETIC 100	1	
<i>atenolol/chlorthalidone</i>	TENORETIC 50	1	
<i>bisoprolol/hydrochlorothiazide</i>	ZIAC	1	
<i>metoprolol su/hydrochlorothiaz</i>	DUTOPROL (100-12.5MG) (TAB ER 24H)	1	QL: 2 IN 1 DAY
METOPROLOL SU/HYDROCHLOROTHIAZ	DUTOPROL (100-12.5MG) (TAB ER 24H)	3	QL: 2 IN 1 DAY
<i>metoprolol su/hydrochlorothiaz</i>	DUTOPROL (25-12.5 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
METOPROLOL SU/HYDROCHLOROTHIAZ	DUTOPROL (25-12.5 MG) (TAB ER 24H)	3	QL: 1 IN 1 DAY
<i>metoprolol su/hydrochlorothiaz</i>	DUTOPROL (50-12.5 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
METOPROLOL SU/HYDROCHLOROTHIAZ	DUTOPROL (50-12.5 MG) (TAB ER 24H)	3	QL: 1 IN 1 DAY
<i>metoprolol/hydrochlorothiazide</i>	LOPRESSOR HCT	1	
<i>nadolol/bendroflumethiazide</i>	CORZIDE	1	
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-40/25	1	
<i>propranolol/hydrochlorothiazid</i>	INDERIDE-80/25	1	
CALCIUM CHANNEL BLOCKING AGENTS			
<i>amlodipine besylate</i>	NORVASC	1	
<i>diltiazem hcl</i>	CARDIZEM	1	
<i>diltiazem hcl</i>	CARDIZEM CD	1	
DILTIAZEM HCL	CARDIZEM LA (120 MG) (TAB ER 24H)	3	
<i>diltiazem hcl</i>	CARDIZEM LA (180 MG) (TAB ER 24H)	1	
<i>diltiazem hcl</i>	CARDIZEM LA (240 MG) (TAB ER 24H)	1	
<i>diltiazem hcl</i>	CARDIZEM LA (300 MG) (TAB ER 24H)	1	
<i>diltiazem hcl</i>	CARDIZEM LA (360 MG) (TAB ER 24H)	1	
<i>diltiazem hcl</i>	CARDIZEM LA (420 MG) (TAB ER 24H)	1	
<i>diltiazem hcl</i>	CARDIZEM SR	1	
<i>diltiazem hcl</i>	DILACOR XR	1	
<i>diltiazem hcl</i>	TIAZAC	1	
<i>felodipine</i>	PLENDIL	1	
<i>isradipine</i>	DYNACIRC	1	
<i>nicardipine hcl</i>		1	

Drug Name		Tier	Requirements/Limits
<i>nifedipine</i>	ADALAT CC	1	
<i>nifedipine</i>	PROCARDIA	1	
<i>nifedipine</i>	PROCARDIA XL (30 MG) (TAB ER 24)	1	
<i>nifedipine</i>	PROCARDIA XL (60 MG) (TAB ER 24)	1	
<i>nifedipine</i>	PROCARDIA XL (60 MG) (TABLET ER)	3	
<i>nifedipine</i>	PROCARDIA XL (90 MG) (TAB ER 24)	1	
<i>nifedipine</i>	PROCARDIA XL (90 MG) (TABLET ER)	3	
<i>nimodipine</i>	NIMOTOP	1	
NIMODIPINE	NYMALIZE	4	PA
<i>nisoldipine</i>	SULAR	1	
<i>verapamil hcl</i>	CALAN	1	
<i>verapamil hcl</i>	CALAN SR	1	
<i>verapamil hcl</i>	VERELAN	1	
<i>verapamil hcl</i>	VERELAN PM	1	
LOOP DIURETICS			
<i>bumetanide</i>	BUMEX	1	
<i>ethacrynic acid</i>	EDECIN	1	
<i>furosemide</i>	LASIX	1	
<i>torseamide</i>	DEMADEX	1	
OSMOTIC DIURETICS			
MANNITOL	RESECTISOL	3	
POTASSIUM SPARING DIURETICS			
<i>amiloride hcl</i>	MIDAMOR	1	
<i>eplerenone</i>	INSPRA	1	
<i>spironolactone</i>	ALDACTONE	1	
SPIRONOLACTONE	CAROSPIR	3	ST, QL: 600mL IN 30 DAYS
TRIAMTERENE	DYRENIUM	3	
POTASSIUM SPARING DIURETICS IN COMBINATION			
<i>amiloride/hydrochlorothiazide</i>	MODURETIC 5-50	1	
<i>spironolact/hydrochlorothiazid</i>	ALDACTAZIDE (25 MG-25MG) (TABLET)	1	
SPIRONOLACT/HYDROCHLOROTHIAZID	ALDACTAZIDE (50 MG-50MG) (TABLET)	3	
<i>triamterene/hydrochlorothiazid</i>	DYAZIDE	1	
<i>triamterene/hydrochlorothiazid</i>	MAXZIDE	1	
<i>triamterene/hydrochlorothiazid</i>	MAXZIDE-25 MG	1	
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR			
RIOCIGUAT	ADEMPAS	4	PA
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB			
SILDENAFIL CITRATE	REVATIO (10 MG/ML) (SUSP RECON)	4	PA
<i>sildenafil citrate</i>	REVATIO (20 MG) (TABLET)	1	PA
TADALAFIL	ADCIRCA	4	PA
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST			
AMBRISENTAN	LETAIRIS	4	PA
BOSENTAN	TRACLEER	4	PA
MACITENTAN	OPSUMIT	4	PA
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE			
ILOPROST TROMETHAMINE	VENTAVIS	4	PA

Drug Name		Tier	Requirements/Limits
SELEXIPAG	UPTRAVI	4	PA
TREPROSTINIL	TYVASO	4	PA
TREPROSTINIL DIOLAMINE	ORENITRAM ER	4	PA
TREPROSTINIL SODIUM	REMODULIN	4	PA
TREPROSTINIL/NEB ACCESSORIES	TYVASO REFILL KIT	4	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO INSTITUTIONAL START KIT	4	PA
TREPROSTINIL/NEBULIZER/ACCESOR	TYVASO STARTER KIT	4	PA
RENIN INHIBITOR, DIRECT			
ALISKIREN HEMIFUMARATE	TEKTRUNA	3	PA
RENIN INHIBITOR, DIRECT/THIAZIDE DIURETIC COMB			
ALISKIREN/HYDROCHLOROTHIAZIDE	TEKTRUNA HCT	3	PA
THIAZIDE AND RELATED DIURETICS			
<i>chlorothiazide</i>	DIURIL (250 MG) (TABLET)	1	
CHLOROTHIAZIDE	DIURIL (250 MG/5ML) (ORAL SUSP)	3	
<i>chlorothiazide</i>	DIURIL (500 MG) (TABLET)	1	
<i>chlorthalidone</i>	HYGROTON	1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>	LOZOL	1	
<i>methyclothiazide</i>		1	
<i>metolazone</i>	ZAROXOLYN	1	
<i>phenoxybenzamine hcl</i>		4	
VASODILATORS, COMBINATION			
ISOSORBIDE DINIT/HYDRALAZINE	BIDIL	2	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB			
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-10MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-20MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-40MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>ezetimibe/simvastatin</i>	VYTORIN (10 MG-80MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
ANTIHYPERLIPIDEMIC - APO B-100 SYNTHESIS INHIBITOR			
MIPOMERSEN SODIUM	KYNAMRO	4	PA
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS			
<i>atorvastatin calcium</i>	LIPITOR (10 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>atorvastatin calcium</i>	LIPITOR (20 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>atorvastatin calcium</i>	LIPITOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>atorvastatin calcium</i>	LIPITOR (80 MG) (TABLET)	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>fluvastatin sodium</i>	LESCOL	5	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY
<i>fluvastatin sodium</i>	LESCOL XL	5	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
LOVASTATIN	ALTOPREV	5	ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>lovastatin</i>	MEVACOR	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY
PITAVASTATIN CALCIUM	LIVALO	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
PITAVASTATIN MAGNESIUM	ZYPITAMAG	3	
<i>pravastatin sodium</i>	PRAVACHOL	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (10 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (20 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (40 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>rosuvastatin calcium</i>	CRESTOR (5 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
SIMVASTATIN	FLOLIPID	3	PA, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin</i>	ZOCOR (10 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>simvastatin</i>	ZOCOR (20 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>simvastatin</i>	ZOCOR (40 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>simvastatin</i>	ZOCOR (5 MG) (TABLET)	5	AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY
<i>simvastatin</i>	ZOCOR (80 MG) (TABLET)	1	ST, QL: 1 IN 1 DAY
ANTHYPERLIPIDEMIC - MTP INHIBITOR			
LOMITAPIDE MESYLATE	JUXTAPID	4	PA
ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS			
ALIROCUMAB	PRALUENT PEN	4	PA
EVOLOCUMAB	REPATHA PUSHTRONEX	4	PA
EVOLOCUMAB	REPATHA SURECLICK	4	PA
EVOLOCUMAB	REPATHA SYRINGE	4	PA
BILE SALT SEQUESTRANTS			
<i>cholestyramine (with sugar)</i>	QUESTRAN	1	
<i>cholestyramine/aspartame</i>	QUESTRAN LIGHT	1	
COLESEVELAM HCL	WELCHOL	2	
<i>colestipol hcl</i>	COLESTID (1 G) (TABLET)	1	
<i>colestipol hcl</i>	COLESTID (5 G) (GRANULES)	1	
<i>colestipol hcl</i>	COLESTID (5 G) (PACKET)	1	
COLESTIPOL HCL	COLESTID (7.5 G) (PACKET)	3	
LIPOTROPICS			
<i>ezetimibe</i>	ZETIA	1	QL: 1 IN 1 DAY
<i>fenofibrate</i>	FENOGLIDE	1	
<i>fenofibrate</i>	LIPOFEN	1	
<i>fenofibrate</i>	LOFIBRA	1	
<i>fenofibrate nanocrystallized</i>	TRICOR	1	
FENOFIBRATE NANOCRYSTALLIZED	TRIGLIDE	2	ST
<i>fenofibrate,micronized</i>	ANTARA (130 MG) (CAPSULE)	1	
FENOFIBRATE,MICRONIZED	ANTARA (30 MG) (CAPSULE)	3	ST
<i>fenofibrate,micronized</i>	ANTARA (43 MG) (CAPSULE)	1	
FENOFIBRATE,MICRONIZED	ANTARA (90 MG) (CAPSULE)	3	ST
<i>fenofibrate,micronized</i>	LOFIBRA	1	
<i>fenofibric acid</i>	FIBRICOR	1	
<i>fenofibric acid (choline)</i>	TRILIPIX	1	
<i>gemfibrozil</i>	LOPID	1	
ICOSAPENT ETHYL	VASCEPA (0.5 GRAM) (CAPSULE)	2	QL: 8 IN 1 DAY
ICOSAPENT ETHYL	VASCEPA (1 G) (CAPSULE)	2	QL: 4 IN 1 DAY
METHIONINE/INOSI/CHOL/FOLIC AC	LIPOCHOL PLUS	3	
<i>niacin</i>	NIACOR	1	
<i>niacin</i>	NIASPAN	1	ST

Drug Name		Tier	Requirements/Limits
<i>omega-3 acid ethyl esters</i>	LOVAZA	1	QL: 4 IN 1 DAY
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS			
ADRENERGIC VASOPRESSOR AGENTS			
DROXIDOPA	NORTHERA	4	PA
<i>midodrine hcl</i>	PROAMATINE	1	
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
SACUBITRIL/VALSARTAN	ENTRESTO	2	QL: 2 IN 1 DAY
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
RANOLAZINE	RANEXA (1000 MG) (TAB ER 12H)	2	QL: 2 IN 1 DAY
RANOLAZINE	RANEXA (500 MG) (TAB ER 12H)	2	QL: 4 IN 1 DAY
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR			
IVABRADINE HCL	CORLANOR	2	PA, QL: 2 IN 1 DAY
ANTHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB			
<i>amlodipine/atorvastatin</i>	CADUET	1	QL: 1 IN 1 DAY
CARDIOVASCULAR DISEASE - VASODILATION			
VASODILATORS, CORONARY			
<i>amyl nitrite</i>		1	
ISOSORBIDE DINITRATE	DILATRATE-SR	3	
<i>isosorbide dinitrate</i>	ISOCHRON	1	
<i>isosorbide dinitrate</i>	ISORDIL (10 MG) (TABLET)	1	
<i>isosorbide dinitrate</i>	ISORDIL (20 MG) (TABLET)	1	
<i>isosorbide dinitrate</i>	ISORDIL (30 MG) (TABLET)	1	
ISOSORBIDE DINITRATE	ISORDIL (40 MG) (TABLET)	2	
<i>isosorbide dinitrate</i>	ISORDIL TITRADOSE	1	
<i>isosorbide mononitrate</i>	IMDUR	1	
<i>isosorbide mononitrate</i>	MONOKET	1	
NITROGLYCERIN	GONITRO	3	ST
NITROGLYCERIN	NITRO-BID	2	
<i>nitroglycerin</i>	NITRO-DUR (0.1MG/HR) (PATCH TD24)	1	
<i>nitroglycerin</i>	NITRO-DUR (0.2MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.3 MG/HR) (PATCH TD24)	2	
<i>nitroglycerin</i>	NITRO-DUR (0.4MG/HR) (PATCH TD24)	1	
<i>nitroglycerin</i>	NITRO-DUR (0.6MG/HR) (PATCH TD24)	1	
NITROGLYCERIN	NITRO-DUR (0.8MG/HR) (PATCH TD24)	2	
<i>nitroglycerin</i>	NITROLINGUAL	1	
NITROGLYCERIN	NITROMIST	3	
<i>nitroglycerin</i>	NITROSTAT	1	
<i>nitroglycerin</i>	NITRO-TIME	1	

Drug Name	Tier	Requirements/Limits
VASODILATORS,PERIPHERAL		
<i>ergoloid mesylates</i>	HYDERGINE	1
<i>isoxsuprine hcl</i>		1
<i>papaverine hcl</i>		1
CONTRACEPTION/OXYTOCICS		
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC		
ETONOGESTREL/ETHINYL ESTRADIOL	NUVARING	5 QL: 1 IN 28 DAYS
CONTRACEPTIVES,IMPLANTABLE		
ETONOGESTREL	NEXPLANON	5 QL: 1 IN 365 DAYS
CONTRACEPTIVES,INJECTABLE		
<i>medroxyprogesterone acetate</i>	DEPO-PROVERA	5 QL: 1mL IN 84 DAYS
MEDROXYPROGESTERONE ACETATE	DEPO-SUBQ PROVERA 104	5 QL: 0.65mL IN 84 DAYS
CONTRACEPTIVES,INTRAVAGINAL		
<i>nonoxynol 9</i>	CONCEPTROL	5
<i>nonoxynol 9</i>	DELFIN	5
NONOXYNOL 9	GYNOL II	5
NONOXYNOL 9	TODAY CONTRACEPTIVE SPONGE	5
NONOXYNOL 9	VCF	5
CONTRACEPTIVES,ORAL		
<i>desog-e.estradiol/e.estradiol</i>	MIRCETTE	5
<i>desogestrel-ethinyl estradiol</i>	CYCLESSA	5
<i>desogestrel-ethinyl estradiol</i>	DESOGEN	5
<i>desogestrel-ethinyl estradiol</i>	ORTHO-CEPT	5
<i>drospir/eth estra/levomefol ca</i>	BEYAZ	5 ST
<i>drospir/eth estra/levomefol ca</i>	SAFYRAL	5 ST
ESTRADIOL VALERATE/DIENOGEST	NATAZIA	5 ST
<i>ethinyl estradiol/drospirenone</i>	YASMIN 28	5 ST
<i>ethinyl estradiol/drospirenone</i>	YAZ	5 ST
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN	5
<i>ethynodiol d-ethinyl estradiol</i>	DEMULEN 1-50-21	5
<i>levonorgestrel</i>	PLAN B ONE-STEP	5
<i>levonorgestrel</i>	TAKE ACTION	5
<i>levonorgestrel-ethin estradiol (0.1-0.02mg) (tablet)</i>		5
<i>levonorgestrel-ethin estradiol (0.15-0.03) (tablet)</i>		5
<i>levonorgestrel-ethin estradiol (0.15-0.03) (tblspk 3mo)</i>		5 QL: 91 IN 84 DAYS
<i>levonorgestrel-ethin estradiol (6-5-10) (tablet)</i>		5
<i>levonorgestrel-ethin estradiol (90-20 mcg) (tablet)</i>		5
<i>l-norgest/e.estradiol-e.estradiol</i>	LOSEASONIQUE	5 QL: 91 IN 84 DAYS
<i>l-norgest/e.estradiol-e.estradiol</i>	QUARTETTE	5 QL: 91 IN 84 DAYS
<i>l-norgest/e.estradiol-e.estradiol</i>	SEASONIQUE	5 QL: 91 IN 84 DAYS
<i>noreth-ethinyl estradiol/iron</i>	FEMCON FE	5
<i>noreth-ethinyl estradiol/iron</i>	GENERESS FE	5
<i>norethindrone</i>	NOR-Q-D	5
<i>norethindrone</i>	ORTHO MICRONOR	5
<i>norethindrone ac-eth estradiol</i>	LOESTRIN	5
<i>norethindrone-e.estradiol-iron</i>	ESTROSTEP FE	5
NORETHINDRONE-E.ESTRADIOL-IRON	LO LOESTRIN FE	5 ST
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN 24 FE	5
<i>norethindrone-e.estradiol-iron</i>	LOESTRIN FE	5
<i>norethindrone-e.estradiol-iron</i>	MINASTRIN 24 FE	5
NORETHINDRONE-E.ESTRADIOL-IRON	TAYTULLA	5 ST
<i>norethindrone-ethinyl estradiol</i>	MODICON	5
<i>norethindrone-ethinyl estradiol</i>	ORTHO-NOVUM	5
<i>norethindrone-ethinyl estradiol</i>	OVCON-35	5

Drug Name		Tier	Requirements/Limits
<i>norethindrone-ethinyl estrad</i>	TRI-NORINYL	5	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN	5	
<i>norgestimate-ethinyl estradiol</i>	ORTHO TRI-CYCLEN LO	5	
<i>norgestimate-ethinyl estradiol</i>	ORTHO-CYCLEN	5	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-28	5	
<i>norgestrel-ethinyl estradiol</i>	LO-OVRAL-8	5	
<i>norgestrel-ethinyl estradiol</i>	OVRAL	5	
ULIPRISTAL ACETATE	ELLA	5	
CONTRACEPTIVES, TRANSDERMAL			
<i>norelgestromin/ethin.estradiol</i>	ORTHO EVRA	5	QL: 3 IN 28 DAYS
DIAPHRAGMS/CERVICAL CAP			
CERVICAL CAP	FEMCAP	5	
DIAPHRAGMS, CONTOURED	CAYA CONTOURED	5	
DIAPHRAGMS, WIDE SEAL	WIDE SEAL DIAPHRAGM	5	
OXYTOCICS			
DINOPROSTONE	CERVIDIL	3	
DINOPROSTONE	PREPIDIL	3	
DINOPROSTONE	PROSTIN E2 VAGINAL SUPPOSITORY	3	
METHYLERGONOVINE MALEATE	METHERGINE	2	
COUGH AND COLD			
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS			
<i>chlorpheniramine/phenylephrine (1mg-2mg/ml) (drops)</i>		1	
<i>phenylephrine hcl/prometh hcl</i>	PHENERGAN VC	1	
<i>phenylephrine hcl/prometh hcl</i>	PHEN-TUSS AD	1	
1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB			
<i>pseudoephed/chlor-mal/bell alk</i>		1	
ANTITUSSIVES, NON-NARCOTIC			
<i>benzonatate</i>	TESSALON	1	
<i>benzonatate</i>	TESSALON PERLE	1	
<i>benzonatate</i>	ZONATUSS	1	
NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
<i>hydrocodone/cpm/pseudoephed</i>	ZUTRIPRO	1	AGE: >= 18 YEARS
<i>promethazine/phenyleph/codeine</i>	PENTAZINE VC WITH CODEINE	1	AGE: >= 18 YEARS
<i>promethazine/phenyleph/codeine</i>	PHENERGAN VC WITH CODEINE	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB			
HYDROCODONE/PSEUDOEPHED/GUAIF	HYCOFENIX	3	ST, AGE: >= 18 YEARS, QL: 473mL IN 30 DAYS
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE			
CODEINE POLI/CHLORPHENIR POLIS	TUZISTRA XR	3	ST, AGE: >= 18 YEARS, QL: 200mL IN 10 DAYS
HYDROCODONE/CHLORPHEN P-STIREX	TUSSICAPS	3	AGE: >= 18 YEARS
<i>hydrocodone/chlorphen p-stirex</i>	TUSSIONEX	1	AGE: >= 18 YEARS
HYDROCODONE/CHLORPHENIRAMINE	VITUZ	3	AGE: >= 18 YEARS
<i>promethazine hcl/codeine</i>	PHENERGAN WITH CODEINE	1	AGE: >= 18 YEARS
NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.			
<i>hydrocodone bit/homatrop me-br (5 mg-1.5mg) (tablet)</i>		1	AGE: >= 18 YEARS
<i>hydrocodone bit/homatrop me-br (5-1.5 mg/5) (syrup)</i>		3	AGE: >= 18 YEARS

Drug Name		Tier	Requirements/Limits
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION			
GUAIFENESIN/HYDROCODONE	FLOWTUSS	3	ST, AGE: >= 18 YEARS, QL: 600mL IN 10 DAYS
GUAIFENESIN/HYDROCODONE	OBREDON	3	ST, AGE: >= 18 YEARS, QL: 600mL IN 10 DAYS
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
<i>brompheniramine/pseudoephed/dm (2-30-10/5) (syrup)</i>		1	
<i>chlorpheniramine/phenyleph/dm (1-2-3mg/ml) (drops)</i>		1	
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
<i>promethazine/dextromethorphan</i>		PHEN TUSS DM	1
NOSE PREPARATIONS, VASOCONSTRICTORS (RX)			
EPINEPHRINE HCL	ADRENALIN CHLORIDE	3	
TETRAHYDROZOLINE HCL	TYZINE	3	
DERMATOLOGY - ACNE			
ACNE AGENTS,SYSTEMIC			
ISOTRETINOIN	ABSORICA	3	ST
<i>isotretinoin</i>		1	
ACNE AGENTS, TOPICAL			
<i>adapalene/benzoyl peroxide</i>		EPIDUO	1
ADAPALENE/BENZOYL PEROXIDE	EPIDUO FORTE	2	ST, AGE: <= 25 YEARS
AZELAIC ACID	AZELEX	3	
CLINDAMYCIN PHOS/BENZOYL PEROX	ACANYA	3	ST
<i>clindamycin phos/benzoyl perox</i>		BENZACLIN	1
<i>clindamycin phos/benzoyl perox</i>		DUAC	1
CLINDAMYCIN PHOS/BENZOYL PEROX	ONEXTON	2	ST
CLINDAMYCIN/BENZOYL/EMOL CMB94	NEUAC	3	
CLINDAMYCIN/TRETINOIN	VELTIN	3	ST
<i>clindamycin/tretinoin</i>		ZIANA	1
<i>dapsone</i>		ACZONE (5 %) (GEL (GRAM))	1
DAPSONE	ACZONE (7.5 %) (GEL W/PUMP)	3	
<i>sulfacetamide sodium</i>		KLARON	1
ANTICORROSIVE AGENTS			
BUTYLATED HYDROXYTOLUENE(BHT)		3	
KERATOLYTIC-GLUCOCORTICOID COMBINATIONS			
BENZOYL PEROXIDE/HYDROCORTISON	VANOXIDE-HC	2	
ROSACEA AGENTS, TOPICAL			
AZELAIC ACID	FINACEA	2	
BRIMONIDINE TARTRATE	MIRVASO	3	
IVERMECTIN	SOOLANTRA	3	ST
<i>metronidazole</i>		METROCREAM	1
<i>metronidazole</i>		METROGEL	1
<i>metronidazole</i>		METROLOTION	1
METRONIDAZOLE	NORITATE	3	ST
<i>metronidazole</i>		ROSADAN	1
METRONIDAZOLE/SKIN CLEANSER 23	ROSADAN	3	
OXYMETAZOLINE HCL	RHOFADE	3	
TOPICAL PREPARATIONS,ANTIBACTERIALS			
CADEXOMER IODINE	IODOFLEX	3	
CADEXOMER IODINE	IODOSORB	3	
CLIOQUINOL/HYDROCORTISONE	ALA-QUIN	3	
<i>hydrocortisone/iodoquin/aloe 2</i>		ALCORTIN A (2 %-1 %-1%) (GEL (GRAM))	1

Drug Name		Tier	Requirements/Limits
HYDROCORTISONE/IODOQUIN/ALOE 2	ALCORTIN A (2 %-1 %-1%) (GEL PACKET)	3	
<i>hydrocortisone/iodoquinol</i>	DERMAZENE	1	
<i>hydrocortisone/iodoquinol/aloe</i>	VYTONE	1	
<i>iodine/potassium iodide (5%-10%) (solution)</i>		1	
IODOQUINOL/ALOE P-SACCHARIDE 1	ALOQUIN	3	
IODOQUINOL/ALOE P-SACCHARIDE 1	QUINJA	3	
SILVER	SILVRSTAT	3	
SILVER CARBONATE	NORMLGEL AG	3	
<i>silver nitrate</i>		1	
VITAMIN A DERIVATIVES			
<i>adapalene</i>	DIFFERIN	1	AGE: <= 25 YEARS
<i>tretinoin</i>	ATRALIN	1	AGE: <= 25 YEARS
<i>tretinoin</i>	RETIN-A	1	AGE: <= 25 YEARS
TRETINOIN	TRETIN-X	3	
<i>tretinoin microspheres</i>	RETIN-A MICRO	1	AGE: <= 25 YEARS
<i>tretinoin microspheres</i>	RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
TRETINOIN MICROSPHERES	RETIN-A MICRO PUMP (0.06 %) (GEL W/PUMP)	3	ST, AGE: <= 25 YEARS
TRETINOIN MICROSPHERES	RETIN-A MICRO PUMP (0.08 %) (GEL W/PUMP)	3	ST, AGE: <= 25 YEARS
<i>tretinoin microspheres</i>	RETIN-A MICRO PUMP (0.1 %) (GEL W/PUMP)	1	AGE: <= 25 YEARS
TRETINOIN/EMOL 9/SKIN CLEANSR1	TRETIN-X	3	AGE: <= 25 YEARS
VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS			
TAZAROTENE	FABIOR	2	AGE: >= 12 YEARS
DERMATOLOGY - ANTIINFECTIVE			
TOPICAL ANTIBIOTICS			
CLINDAMYCIN PHOS/SKIN CLNSR 19	CLINDACIN ETZ	3	
CLINDAMYCIN PHOS/SKIN CLNSR 19	CLINDACIN PAC	3	
<i>clindamycin phosphate</i>	CLEOCIN T	1	
<i>clindamycin phosphate</i>	CLINDACIN ETZ	1	
<i>clindamycin phosphate</i>	CLINDACIN P	1	
CLINDAMYCIN PHOSPHATE	CLINDAGEL	3	ST
<i>clindamycin phosphate</i>	EVOCLIN	1	
<i>erythromycin base/ethanol</i>	ERY	1	
<i>erythromycin base/ethanol</i>	ERYGEL	1	
<i>erythromycin base/ethanol</i>	ERYMAX	1	
ERYTHROMYCIN/BENZOYL PEROXIDE	AKTIPAK	2	
<i>erythromycin/benzoyl peroxide</i>	BENZAMYCIN	1	
<i>gentamicin sulfate</i>		1	
<i>mupirocin</i>	BACTROBAN	1	
<i>mupirocin</i>	CENTANY	1	
MUPIROCIN	CENTANY AT	3	
<i>mupirocin calcium</i>	BACTROBAN	1	
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT			
CLOTRIMAZOLE/BETAMETH DIP/ZINC	DERMACINRX THERAZOLE PAK	3	
<i>clotrimazole/betamethasone dip</i>	LOTRISONE	1	
TOPICAL ANTIFUNGALS			
BUTENAFINE HCL	MENTAX	3	
<i>ciclopirox</i>	CICLODAN	1	

Drug Name		Tier	Requirements/Limits
<i>ciclopirox</i>	LOPROX	1	
<i>ciclopirox</i>	PENLAC	1	
<i>ciclopirox olamine</i>	CICLODAN	1	
<i>ciclopirox olamine</i>	LOPROX	1	
CICLOPIROX/SKIN CLEANSER NO.28	CICLODAN	3	
CICLOPIROX/SKIN CLEANSER NO.40	LOPROX	3	
<i>ciclopirox/urea/camph/men/euc</i>	CICLODAN	1	
<i>clotrimazole (1 %) (cream (g))</i>		1	
<i>clotrimazole (1 %) (solution)</i>		1	
ECONAZOLE NITRATE	ECOZA	3	
<i>econazole nitrate</i>	SPECTAZOLE	1	
EFINACONAZOLE	JUBLIA	3	PA
<i>gentian violet/brgreen/proflav</i>		1	
<i>ketoconazole</i>	EXTINA (2 %) (FOAM)	1	
KETOCONAZOLE	EXTINA (2 %) (FOAM)	3	
<i>ketoconazole</i>	NIZORAL	1	
KETOCONAZOLE	XOLEGEL	3	
LULICONAZOLE	LUZU	3	ST, QL: 60gm IN 28 DAYS
MICONAZOLE NITRATE/ZINC OX/PET	VUSION	3	
<i>naftifine hcl</i>	NAFTIN (1 %) (CREAM (G))	1	
NAFTIFINE HCL	NAFTIN (1 %) (GEL (GRAM))	2	
<i>naftifine hcl</i>	NAFTIN (2 %) (CREAM (G))	1	
NAFTIFINE HCL	NAFTIN (2 %) (GEL (GRAM))	3	
<i>nystatin</i>	MYCOSTATIN	1	
<i>nystatin</i>	NYAMYC	1	
<i>nystatin</i>	NYSTEX	1	
<i>nystatin</i>	NYSTOP	1	
<i>nystatin/triamcin (100000-0.1) (cream (g))</i>		1	
<i>nystatin/triamcin (100000-0.1) (oint. (g))</i>		1	
<i>oxiconazole nitrate</i>	OXISTAT (1 %) (CREAM (G))	1	
OXICONAZOLE NITRATE	OXISTAT (1 %) (LOTION)	3	
SERTACONAZOLE NITRATE	ERTACZO	3	
<i>sodium thiosulfate/sal acid</i>	VERSICLEAR	1	
SULCONAZOLE NITRATE	EXELDERM	2	
TAVABOROLE	KERYDIN	3	PA
TOPICAL ANTIPARASITICS			
BENZYL ALCOHOL	ULESFIA	3	
CROTAMITON	EURAX	2	
IVERMECTIN	SKLICE	3	
<i>lindane</i>	KWELL	1	
<i>malathion</i>	OVIDE	1	
<i>permethrin (5 %) (cream (g))</i>		1	
<i>spinosad</i>	NATROBA	1	
TOPICAL ANTIVIRALS			
ACYCLOVIR	ZOVIRAX (5 %) (CREAM (G))	2	
<i>acyclovir</i>	ZOVIRAX (5 %) (OINT. (G))	1	
PENCICLOVIR	DENAVIR	3	

Drug Name	Tier	Requirements/Limits
TOPICAL ANTIVIRALS/ANTIINFLAMMATORY, STEROID AGENT		
ACYCLOVIR/HYDROCORTISONE XERESE	3	ST, QL: 10gm IN 365 DAYS
TOPICAL GENITAL WART-HPV TREATMENT AGENTS		
SINECATECHINS VEREGEN	3	ST
TOPICAL PLEUROMUTILIN DERIVATIVES		
RETAPAMULIN ALTABAX	3	
TOPICAL SULFONAMIDES		
<i>mafenide acetate</i>	1	
MAFENIDE ACETATE SULFAMYLON	3	
<i>silver sulfadiazine</i> SILVADENE	1	
<i>silver sulfadiazine</i> THERMAZENE	1	
<i>sulfacetamide sod/sulfur/urea</i>	1	
<i>sulfacetamide sodium/sulfur</i> AVAR (10-5%(W/W)) (CLEANSER)	1	
SULFACETAMIDE SODIUM/SULFUR AVAR (9.5 %-5 %) (FOAM)	3	
SULFACETAMIDE SODIUM/SULFUR AVAR (9.5 %-5 %) (MED. PAD)	3	
<i>sulfacetamide sodium/sulfur</i> AVAR LS (10 %-2 %) (CLEANSER)	1	
SULFACETAMIDE SODIUM/SULFUR AVAR LS (10 %-2 %) (FOAM)	3	
SULFACETAMIDE SODIUM/SULFUR AVAR LS (10 %-2 %) (MED. PAD)	3	
<i>sulfacetamide sodium/sulfur</i> AVAR-E	1	
<i>sulfacetamide sodium/sulfur</i> AVAR-E GREEN	1	
<i>sulfacetamide sodium/sulfur</i> AVAR-E LS	3	
<i>sulfacetamide sodium/sulfur</i> BP 10-1	1	
<i>sulfacetamide sodium/sulfur</i> CLARIFOAM EF	1	
<i>sulfacetamide sodium/sulfur</i> PLEXION (10-5%(W/W)) (LOTION)	1	
<i>sulfacetamide sodium/sulfur</i> PLEXION (9.8%-4.8%) (CLEANSER)	1	
<i>sulfacetamide sodium/sulfur</i> PLEXION (9.8%-4.8%) (CREAM (G))	1	
<i>sulfacetamide sodium/sulfur</i> PLEXION (9.8%-4.8%) (LOTION)	1	
SULFACETAMIDE SODIUM/SULFUR PLEXION (9.8%-4.8%) (MED. PAD)	3	
<i>sulfacetamide sodium/sulfur</i> PLEXION TS	1	
SULFACETAMIDE SODIUM/SULFUR ROSANIL	3	
SULFACETAMIDE SODIUM/SULFUR ROSULA (10 %-4.5 %) (CLEANSER)	3	
<i>sulfacetamide sodium/sulfur</i> ROSULA (10 %-5 %) (MED. PAD)	1	
<i>sulfacetamide sodium/sulfur</i> SODIUM SULFACETAMIDE-SULFUR	1	
<i>sulfacetamide sodium/sulfur</i> SULFACET-R	1	
<i>sulfacetamide sodium/sulfur</i> SUMADAN	1	
<i>sulfacetamide sodium/sulfur</i> SUMAXIN	1	
<i>sulfacetamide sodium/sulfur</i> SUMAXIN TS	1	
<i>sulfacetamide sodium/sulfur</i> ZENCIA	1	
<i>sulfacetamide/sulfur/cleansr23</i> PLEXION	1	
SULFACETAMIDE/SULFUR/CLEANSR23 SUMADAN	3	
SULFACETAMIDE/SULFUR/CLEANSR23 SUMAXIN CP	3	
<i>sulfact sod/sulur/avob/otn/oct</i> SUMADAN XLT	1	

Drug Name	Tier	Requirements/Limits
DERMATOLOGY - ANTIINFLAMMATORY		
TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB		
CRISABOROLE	EUCRISA	2 ST
TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL		
NEOMYC/BACIT/POLYMYX/HYDROCORT	CORTISPORIN	2
NEOMYCIN SULFATE/FLUOCINOLONE	NEO-SYNALAR	3 ST
NEOMYCIN/FLUOCINOLONE/EMOLL 65	NEO-SYNALAR	3 ST
NEOMYCIN/POLYMYXIN B/HYDROCORT	CORTISPORIN	2
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
<i>alclometasone dipropionate</i>	ACLOVATE	1
<i>amcinonide</i>	CYCLOCORT	1
<i>betamethasone dipropionate</i>	DIPROLENE	1
BETAMETHASONE DIPROPIONATE	SERNIVO	3 ST
<i>betamethasone valerate</i>	LUXIQ	1
<i>betamethasone valerate</i>	VALISONE	1
<i>betamethasone/propylene glyc</i>	DIPROLENE	1
<i>betamethasone/propylene glyc</i>	DIPROLENE AF	1
<i>clobetasol propionate</i>	CLOBEX	1
<i>clobetasol propionate</i>	CLODAN	1
CLOBETASOL PROPIONATE	IMPOYZ	3 ST
<i>clobetasol propionate</i>	OLUX	1
<i>clobetasol propionate</i>	TEMOVATE	1
<i>clobetasol propionate/emoll</i>	OLUX-E	1
<i>clobetasol propionate/emoll</i>	TEMOVATE E	1
<i>clobetasol propionate/emoll</i>	TEMOVATE EMOLLIENT	1
CLOBETASOL/SKIN CLEANSER NO.28	CLODAN	3
<i>clocortolone pivalate</i>	CLODERM	1
DESONIDE	DESONATE	3
<i>desonide</i>		1
<i>desonide</i>	DESOWEN	1
DESONIDE	VERDESO	3
<i>desoximetasone</i>	TOPICORT (0.05 %) (CREAM (G))	1
<i>desoximetasone</i>	TOPICORT (0.05 %) (GEL (GRAM))	1
<i>desoximetasone</i>	TOPICORT (0.05 %) (OINT. (G))	1
<i>desoximetasone</i>	TOPICORT (0.25 %) (CREAM (G))	1
<i>desoximetasone</i>	TOPICORT (0.25 %) (OINT. (G))	1
DESOXIMETASONE	TOPICORT (0.25 %) (SPRAY)	3 ST
<i>diflorasone diacetate</i>	APEXICON	1
<i>diflorasone diacetate</i>	PSORCON	1
DIFLORASONE DIACETATE/EMOLL	APEXICON E	2
FLUOCINOLONE ACETONIDE	CAPEX SHAMPOO	3
<i>fluocinolone acetonide</i>	DERMA-SMOOTH- FS	1
<i>fluocinolone acetonide</i>	SYNALAR	1
FLUOCINOLONE/EMOL COMB NO.65	SYNALAR	3
<i>fluocinolone/shower cap</i>	DERMA-SMOOTH- FS	1
FLUOCINOLONE/SKIN CLNSR10/TAPE	XILAPAK	3
FLUOCINOLONE/SKIN CLNSR28	SYNALAR TS	3
FLUOCINOLONE/UREA/SILICONE,ADH	NOXIPAK	3
<i>fluocinonide</i>	LIDEX	1

Drug Name		Tier	Requirements/Limits
<i>fluocinonide</i>	VANOS	1	
<i>fluocinonide/emollient base</i>	LIDEX-E	1	
<i>flurandrenolide</i>	CORDRAN (0.05 %) (CREAM (G))	1	
<i>flurandrenolide</i>	CORDRAN (0.05 %) (LOTION)	1	
<i>flurandrenolide</i>	CORDRAN (0.05 %) (OINT. (G))	1	
FLURANDRENOLIDE	CORDRAN (4MCG/SQ CM) (MED. TAPE)	3	ST, QL: 2 IN 30 DAYS
<i>flurandrenolide</i>	NOLIX	1	
<i>fluticasone propionate</i>	CUTIVATE	1	
HALCINONIDE	HALOG	3	
<i>halobetasol propionate</i>	ULTRAVATE (0.05 %) (CREAM (G))	1	
HALOBETASOL PROPIONATE	ULTRAVATE (0.05 %) (LOTION)	3	
<i>halobetasol propionate</i>	ULTRAVATE (0.05 %) (OINT. (G))	1	
HALOBETASOL/LACTIC ACID	ULTRAVATE X	3	
<i>hydrocort/min oil/petrolat,wht</i>		1	
HYDROCORT/SAL ACID/SULF/SHAMP1	SCALACORT DK	2	
<i>hydrocortisone (1 %) (cream (g))</i>		1	
<i>hydrocortisone (1 %) (crm/pe app)</i>		3	
<i>hydrocortisone (1 %) (oint. (g))</i>		1	
<i>hydrocortisone (2 %) (lotion)</i>		1	
<i>hydrocortisone (2.5 %) (cream (g))</i>		1	
<i>hydrocortisone (2.5 %) (crm/pe app)</i>		1	
<i>hydrocortisone (2.5 %) (kit)</i>		3	
<i>hydrocortisone (2.5 %) (lotion)</i>		1	
<i>hydrocortisone (2.5 %) (oint. (g))</i>		1	
HYDROCORTISONE	TEXACORT	2	
HYDROCORTISONE ACET/ALOE VERA	NUCORT	3	
HYDROCORTISONE ACETATE	MICORT-HC	3	
<i>hydrocortisone butyrate</i>	LOCOID	1	
<i>hydrocortisone butyrate/emoll</i>	LOCOID LIPOCREAM	3	
HYDROCORTISONE PROBUTATE	PANDEL	2	
<i>hydrocortisone valerate</i>		1	
HYDROCORTISONE/SKIN CLEANSER25	AQUA GLYCOLIC HC	3	
HYDROCORTISONE/SKIN CLEANSER35	DERMASORB HC	3	
<i>mometasone furoate</i>	ELOCON	1	
<i>prednicarbate</i>	DERMATOP	1	
TRIAMCINOLONE ACETON/SILICONES	DERMACINRX SILAZONE	3	
TRIAMCINOLONE ACETON/SILICONES	DERMAZONE	3	
TRIAMCINOLONE ACETON/SILICONES	SILAZONE-II	3	
<i>triamcinolone acetonide</i>		1	
<i>triamcinolone/dimeth/silicone</i>	DERMACINRX SILAPAK	1	ST, QL: 1 IN 30 DAYS
<i>triamcinolone/dimeth/silicone</i>	DERMAWEX SDS	1	ST, QL: 1 IN 30 DAYS
<i>triamcinolone/dimeth/silicone</i>	NUTRIARX	1	ST, QL: 1 IN 30 DAYS
<i>triamcinolone/dimeth/silicone</i>	SURE RESULT TAC PAK	1	ST, QL: 1 IN 30 DAYS
<i>triamcinolone/dimeth/silicone</i>	TRI-SILA	1	ST, QL: 1 IN 30 DAYS
TRIAMCINOLONE/DIMETH/SILICONE	WHYTEDERM TDKAK	3	

Drug Name		Tier	Requirements/Limits
TRIAMCINOLONE/DIMETH/SILICONE	WHYTEDERM TRILASIL PAK	3	
TRIAMCINOLONE/EMOLLIENT COMB86	DERMASORB TA	3	
TOPICAL ANTI-INFLAMMATORY, NSAIDS			
DICLOFEN SOD/KINESIOLOGY TAPE	DICLO GEL- XRYLIX SHEET	3	
DICLOFEN SOD/KINESIOLOGY TAPE	LEXIXRYL	3	
DICLOFEN SOD/KINESIOLOGY TAPE	XRYLIX	3	
DICLOFENAC EPOLAMINE	FLECTOR	3	
DICLOFENAC SODIUM	DICLO GEL	3	
DICLOFENAC SODIUM	DICLOZOR	3	
<i>diclofenac sodium</i>	PENNSAID (1.5 %) (DROPS)	1	
DICLOFENAC SODIUM	PENNSAID (20MG/G(2%)) (SOL MD PMP)	3	ST
<i>diclofenac sodium</i>	VOLTAREN	1	
DICLOFENAC SODIUM	VOPAC MDS	3	
DICLOFENAC SODIUM/CAPSAICIN	NUDICLO	3	
DICLOFENAC SODIUM/MENTHOL	DITHOL	3	
DICLOFENAC/BENZALKONIUM CHLOR	DS PREP PAK	3	
DICLOFENAC/CAPSICUM OLEORESIN	DERMACINRX LEXITRAL	3	
DICLOFENAC/CAPSICUM OLEORESIN	DICLOTRAL	3	
DICLOFENAC/CAPSICUM OLEORESIN	SURE RESULT DSS PREMIUM PACK	3	
DICLOFENAC/CAPSICUM OLEORESIN	XELITRAL	3	
DICLOFENAC/ME-SALIC/MENTH/CAMP	INFLAMMA-K	3	
DICLOFENAC/MET SALICYL/MENTHOL	DICLOPR	3	
DERMATOLOGY - ANTIPRURITIC DRUGS			
ANTIPRURITICS, TOPICAL			
<i>doxepin hcl</i>	PRUDOXIN	1	ST
<i>doxepin hcl</i>	ZONALON	1	ST
E101/NAMG FL/NA PH/NACL/HA-NAH	ALEVICYN PLUS	3	
NA MG FL/NA PHO/NACL/HA/NA HYP	LEVICYN	3	
NA MG FL/NA PHO/NACL/HA/NA HYP	SP ANTIPRURITIC	3	
DERMATOLOGY - MISCELLANEOUS			
ANTIPERSPIRANTS			
ALUMINUM CHLORIDE	DRYSOL	2	
ANTISEBORRHEIC AGENTS			
EMOLLIENT COMBINATION NO.43	PROMISEB	3	
<i>emollient combination no.85</i>		1	
EMOLLIENT NO43/SKIN CLEANSER27	PROMISEB COMPLETE	3	
<i>selenium sulfide (2.25 %) (shampoo)</i>		1	
<i>selenium sulfide (2.5 %) (lotion)</i>		1	
SELENIUM SULFIDE	SELRX	3	
SELENIUM SULFIDE	TERSI FOAM	3	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (CREAM (G))	3	
SULFACETAMIDE SODIUM	OVACE PLUS (10 %) (SHAMPOO)	2	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (FOAM)	3	
SULFACETAMIDE SODIUM	OVACE PLUS (9.8 %) (LOTION)	3	ST
<i>sulfacetamide sodium (10 %) (cleanser)</i>		1	

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide sodium (10 %) (cnsr gel)</i>	1	
<i>sulfacetamide sodium (10 %) (shampoo)</i>	3	
ANTISEPTICS,MISCELLANEOUS		
GUAIACOL	3	
EMOLLIENTS		
<i>ammonium lactate (12 %) (cream (g))</i>	1	
<i>ammonium lactate (12 %) (lotion)</i>	1	
DICAPRYLYL CARBONATE/DIMETH LOYON	3	
<i>emol53/namgfs/ha/nahypochlorit</i>	1	
<i>emol53/sod mag fl.sil/cyclomet</i> AURSTAT	1	
<i>emollient combination no.10</i> BIAFINE	1	
EMOLLIENT COMBINATION NO.10 LUXAMEND	3	
EMOLLIENT COMBINATION NO.101 CERAMAX	3	
EMOLLIENT COMBINATION NO.103 CERACADE	3	
EMOLLIENT COMBINATION NO.104 DEXERYL	3	
EMOLLIENT COMBINATION NO.107 NUTRASEB	3	
EMOLLIENT COMBINATION NO.109 NEOCERA	3	
<i>emollient combination no.32</i>	1	
EMOLLIENT COMBINATION NO.32 EPICERAM	3	
<i>emollient combination no.35</i>	1	
EMOLLIENT COMBINATION NO.38 NEOSALUS	3	
EMOLLIENT COMBINATION NO.44 HPR	3	
EMOLLIENT COMBINATION NO.44 HYLATOPIC	3	
EMOLLIENT COMBINATION NO.47 NEOSALUS	3	
EMOLLIENT COMBINATION NO.47 NEOSALUS CP	3	
EMOLLIENT COMBINATION NO.53 HPR PLUS	3	
EMOLLIENT COMBINATION NO.53 HYLATOPICPLUS	3	
EMOLLIENT COMBINATION NO.53 NIVATOPIC PLUS	3	
EMOLLIENT COMBINATION NO.60 ATRAPRO HYDROGEL	3	
EMOLLIENT COMBINATION NO.60 CELACYN	3	
EMOLLIENT COMBINATION NO.60 LEVICYN ANTIPRURITIC SG	3	
EMOLLIENT COMBINATION NO.60 RESTIZAN	3	
EMOLLIENT COMBINATION NO.60 SEBUDERM	3	
EMOLLIENT COMBINATION NO.60 SP SCAR MANAGEMENT	3	
EMOLLIENT COMBINATION NO.80 PRESERA	3	
EMOLLIENT COMBOS NO.47, NO.60 ATRAPRO CP	3	
HYALURONT/E/EMOL 12/ALLAN/SHEA XCLAIR	3	
PALM OIL SYNERDERM	3	
PALM OIL/EUCALYPTUS OIL PHLAG SPRAY	3	
PALM OIL/HYALURONATE SODIUM ENTTY	3	
<i>vite ac/grape/hyaluronic acid</i> ATOPICLAIR	1	
IRRIGANTS		
<i>acetic acid</i>	1	
<i>mannitol/sorbitol solution</i>	1	
<i>neomycin sulf/polymyxin b sulf</i>	1	
PHYSIOLOGICAL IRRIG SOLN NO.1 PHYSIOLYTE	3	
PHYSIOLOGICAL IRRIG SOLN NO.1 PHYSIOSOL	3	
<i>ringer's solution</i>	1	
RINGER'S SOLUTION,LACTATED LACTATED RINGERS	3	
SOD,POT CHLOR/MAG/SOD,POT PHOS TIS-U-SOL PENTALYTE	3	
SODIUM CHLOR/HYPOCHLOROUS ACID VASHE WOUND	3	
SODIUM CHLOR/HYPOCHLOROUS ACID VASHE WOUND THERAPY	3	

Drug Name	Tier	Requirements/Limits
<i>sodium chloride irrig solution (0.9 %) (irrig soln)</i>	1	
<i>sorbitol solution</i>	1	
<i>water for irrigation,sterile</i>	1	
IRRITANTS/COUNTER-IRRITANTS		
CAPSAICIN/SKIN CLEANSER QUTENZA	3	PA
KERATOLYTICS		
<i>benzoyl peroxide (4 %) (gel (gram))</i>	1	
<i>benzoyl peroxide (5.3%) (foam)</i>	1	
<i>benzoyl peroxide (6 %) (towelette)</i>	1	
<i>benzoyl peroxide (7 %) (cleanser)</i>	1	
<i>benzoyl peroxide (8 %) (gel (gram))</i>	1	
<i>benzoyl peroxide (9.8 %) (foam)</i>	1	
BENZOYL PEROXIDE PACNEX HP	3	
BENZOYL PEROXIDE PACNEX LP	3	
<i>benzoyl peroxide microspheres</i>	1	
BENZOYL PEROXIDE/SULFUR NUOX	3	
BENZOYL PEROXIDE/VIT E MIX INOVA	3	
PODOFILOX CONDYLOX (0.5 %) (GEL (GRAM))	3	ST
<i>podofilox</i> CONDYLOX (0.5 %) (SOLUTION)	1	
<i>podophyllum resin</i>	1	
SALICYLIC AC/BENZOYL PER/VIT E INOVA 4-1	3	
SALICYLIC AC/BENZOYL PER/VIT E INOVA 8-2	3	
SALICYLIC ACID BENSAL HP	3	
SALICYLIC ACID KERALYT SCALP	3	
<i>salicylic acid (26 %) (liquid)</i>	1	
<i>salicylic acid (27.5 %) (liq-film)</i>	1	
<i>salicylic acid (28.5 %) (sol-filmer)</i>	3	
<i>salicylic acid (6 %) (cream (g))</i>	1	
<i>salicylic acid (6 %) (cream (g))</i>	1	
<i>salicylic acid (6 %) (foam)</i>	1	
<i>salicylic acid (6 %) (gel (gram))</i>	1	
<i>salicylic acid (6 %) (lotion er)</i>	1	
<i>salicylic acid (6 %) (lotion)</i>	1	
<i>salicylic acid (6 %) (shampoo)</i>	1	
SALICYLIC ACID SALIMEZ FORTE	3	
SALICYLIC ACID ULTRASAL-ER	3	
<i>salicylic acid/ammon lact/aloe</i> SALKERA	1	
<i>salicylic acid/ceramide comb 1</i> SALEX	1	
SALICYLIC ACID/UREA SALVAX DUO PLUS	3	
<i>silver nitrate</i>	1	
<i>silver nitrate applicator</i>	1	
UREA HYDRO 35	3	
UREA KERAFOAM	3	
UREA RYNODERM	3	
UREA URAMAXIN	3	
<i>urea</i>	1	
UREA UREVAZ	3	
UREA UTOPIC	3	
UREA/EMOLLIENT COMBINATION 65 URAMAXIN GT	3	
OXIDIZING AGENTS		
HYP AC/SOD CHL/SOD SUL/SOD PHO LEVICYN	3	
HYPOC ACID/SOD HYPO/NACL/WATER ATRAPRO DERMAL SPRAY	3	
HYPOC ACID/SOD HYPO/NACL/WATER MICROCYN	3	
PROTECTIVES		
BIO/CARB/EQUIS/ETHAN/CHIT/MSM GENADUR	3	

Drug Name		Tier	Requirements/Limits
CARBIT/EQUIS XT/ETHAN/CHIT/MSM	GENADUR	3	
DI-ME SILOX/DIMETHIC/HEXAMETHY	BEAU RX	3	ST, QL: 30gm IN 30 DAYS
HOCL/NA HY/NAMGF/NA PH/NACL/WA	MICROCYN HYDROGEL	3	
HYALURONATE SODIUM	BIONECT	3	
HYALURONATE SODIUM/HE-CELL/PEG	HYGEL	3	
HYALURONATE/ALLANTOIN/ALOE EXT	RADIAPLEXRX	3	
<i>petrolatum,white</i>		3	
POLYDIMETHYLSILOXANES/SILICON	RECEDO	3	
POLY-UREAURETHANE	NUVAIL	3	
PROTECTIVES COMBINATION NO.2	TETRIX	3	
<i>protectives2/ceramide 1,3,6-11</i>	TETRIX	1	
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC			
HYDROCORTISONE/PRAMOXINE	ANALPRAM HC	2	
HYDROCORTISONE/PRAMOXINE	EPIFOAM	3	
HYDROCORTISONE/PRAMOXINE	NOVACORT	3	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 (%) (CREAM (G))	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 (%) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (1 %-1 (%) (OINT. (G))	2	
<i>hydrocortisone/pramoxine</i>	PRAMOSONE (2.5 %-1 %) (CREAM (G))	1	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (LOTION)	2	
HYDROCORTISONE/PRAMOXINE	PRAMOSONE (2.5 %-1 %) (OINT. (G))	2	
HYDROCORTISONE/PRAMOXINE/EMOLL	PRAMOSONE E	3	
<i>lidocaine/hydrocortisone ac</i>	LIDAMANTLE HC	1	
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS			
ALITRETINOIN	PANRETIN	4	
BEXAROTENE	TARGRETIN	4	PA
<i>diclofenac sodium</i>	SOLARAZE	1	PA, QL: 100gm PER FILL
<i>fluorouracil</i>	CARAC	1	
<i>fluorouracil</i>	EFUDEX	1	
FLUOROURACIL	FLUOROPLEX	3	
FLUOROURACIL	TOLAK	3	
INGENOL MEBUTATE	PICATO (0.015 %) (GEL (EA))	2	QL: 3 IN 28 DAYS
INGENOL MEBUTATE	PICATO (0.05 %) (GEL (EA))	2	QL: 2 IN 28 DAYS
MECHLORETHAMINE HCL	VALCHLOR	4	PA
TOPICAL LOCAL ANESTHETICS			
BENZOCAINE	ANACAINE	3	
<i>cocaine hcl</i>		1	
<i>ethyl chloride</i>		1	
<i>lidocaine (5 %) (adh. patch)</i>		1	
<i>lidocaine (5 %) (oint. (g))</i>		1	ST, QL: 240gm IN 30 DAYS
LIDOCAINE	LIDOPAC	3	
LIDOCAINE	LIDOVEX	3	
LIDOCAINE	TRANZAREL	3	
LIDOCAINE HCL	ANASTIA	3	
LIDOCAINE HCL	ASTERO	3	
LIDOCAINE HCL	LDO PLUS	3	
<i>lidocaine hcl (3 %) (cream (g))</i>		1	
<i>lidocaine hcl (3 %) (lotion)</i>		1	
<i>lidocaine hcl (3.88 %) (cream (g))</i>		1	

Drug Name		Tier	Requirements/Limits
<i>lidocaine hcl (4 %) (solution)</i>		1	
LIDOCAINE HCL	LIDOPIN	3	
LIDOCAINE HCL	LIDORX	3	
LIDOCAINE HCL	NUMBONEX	3	
LIDOCAINE HCL/COLLAGEN	REGENECARE	3	
LIDOCAINE HCL/PALM OIL	KAMDOY	3	
LIDOCAINE/BENZOCAIN/ME-SAL/CAP	ADAZIN	3	
LIDOCAINE/DIMETHICONE	DERMACINRX ZRM PAK	3	
LIDOCAINE/DIMETHICONE	DERMAZYL	3	
LIDOCAINE/EMOLLIENT CMB NO.102	DERMACINRX PHN PAK	3	
LIDOCAINE/GAUZE/ALGINATE	WOUND DEBRIDEMENT- LIDOCAINE	3	
LIDOCAINE/KINESIOLOGY TAPE	XRYLIDERM	3	
LIDOCAINE/MENTHOL	MENTHO-CAINE	3	
LIDOCAINE/METHYL SAL/MENTHOL	SOLUPAK	3	
LIDOCAINE/PRILO/M.SALICY/MENTH	PAINGO KFT	3	
<i>lidocaine/prilocaine</i>	AGONEAZE	3	
<i>lidocaine/prilocaine</i>	DERMACINRX EMPRICAINE	3	
<i>lidocaine/prilocaine</i>	DERMACINRX PRIZOPAK	3	
LIDOCAINE/PRILOCAINE	DOLOTRANZ	3	
<i>lidocaine/prilocaine</i>	EMLA	1	
<i>lidocaine/prilocaine</i>	LEVA SET	3	
<i>lidocaine/prilocaine</i>	LIDOPRIL	3	
<i>lidocaine/prilocaine</i>	LIDOPRIL XR	3	
<i>lidocaine/prilocaine</i>	LIDO-PRILO CAINE PACK	3	
<i>lidocaine/prilocaine</i>	LIPROZONEPAK	3	
<i>lidocaine/prilocaine</i>	LIVIXIL PAK	3	
<i>lidocaine/prilocaine</i>	LP LITE PAK	3	
<i>lidocaine/prilocaine</i>	MEDOLOR PAK	3	
<i>lidocaine/prilocaine</i>	PRILOLID	3	
<i>lidocaine/prilocaine</i>	RELADOR PAK	3	
<i>lidocaine/prilocaine</i>	RELADOR PAK PLUS	3	
<i>lidocaine/racepinep/tetracaine</i>		3	
LIDOCAINE/SKIN CLEANSER NO.37	LIDORXKIT	3	
<i>lidocaine/tetracaine</i>		1	
LIDOCAINE/TETRACAINE	SYNERA	3	
LIDOCAINE/TRANSPARENT DRESSING	LIDOTRANS 5 PAK	3	
NORFLURANE/PENTAFLUOROPROPANE	PAIN EASE	3	
NORFLURANE/PENTAFLUOROPROPANE	SPRAY AND STRETCH	3	
TETRACAINE HCL	PONTOCAINE	3	
TETRACAINE/BENZOCAINE/BUTAMBEN	CETACAINE	3	
TETRACAINE/BENZOCAINE/BUTAMBEN	CETACAINE ANESTHETIC	3	
VIT E/LIDOCAINE/ALOE/COLLAGEN	LIDOTREX	3	
VIT E/LIDOCAINE/ALOE/COLLAGEN	REGENECARE	3	
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES			
COLLAGENASE CLOSTRIDIUM HIST.	SANTYL	3	
HYALURONIDASE, HUMAN RECOMB.	HYQVIA HY COMPONENT	3	

Drug Name		Tier	Requirements/Limits
DERMATOLOGY - PIGMENTATION DISORDERS			
HYPOPIGMENTATION AGENTS			
FLUOCINOLONE/TRETINOIN/H-QUIN	TRI-LUMA	3	
<i>hydroquinone</i>	BLANCHE	1	
<i>hydroquinone</i>	ELDOQUIN FORTE	1	
<i>hydroquinone</i>	LUSTRA	1	
<i>hydroquinone microspheres</i>		1	
HYDROQUINONE/ASCORBIC ACID	C-CLARIFYING SERUM	3	
HYDROQUINONE/OXYBEN/OCTINOXATE	NU-DERM SUNFADER	3	
HYDROQUINONE/VIT C/VIT E ACET	C-THERAPY NIGHT CREAM	3	
DERMATOLOGY - PSORIASIS/ECZEMA			
ANTIPSORIATIC AGENTS,SYSTEMIC			
<i>acitretin</i>	SORIATANE	4	
BRODALUMAB	SILIQ	4	PA
GUSELKUMAB	TREMFYA	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR (2 PACK)	4	PA
IXEKIZUMAB	TALTZ AUTOINJECTOR (3 PACK)	4	PA
IXEKIZUMAB	TALTZ SYRINGE	4	PA
IXEKIZUMAB	TALTZ SYRINGE (2 PACK)	4	PA
IXEKIZUMAB	TALTZ SYRINGE (3 PACK)	4	PA
<i>methoxsalen (10 mg) (cap lq rap)</i>		1	
SECUKINUMAB	COSENTYX (2 SYRINGES)	4	PA
SECUKINUMAB	COSENTYX PEN	4	PA
SECUKINUMAB	COSENTYX PEN (2 PENS)	4	PA
SECUKINUMAB	COSENTYX SYRINGE	4	PA
ANTIPSORIATICS AGENTS			
ANTHRALIN	DRITHOCREME HP	2	ST
ANTHRALIN MICRONIZED	ZITHRANOL	3	ST
<i>calcipotriene</i>	DOVONEX	1	ST
CALCIPOTRIENE	SORILUX	3	ST
<i>calcitriol</i>	VECTICAL	1	ST
TAZAROTENE	TAZORAC (0.05 %) (CREAM (G))	2	
TAZAROTENE	TAZORAC (0.05 %) (GEL (GRAM))	2	
<i>tazarotene</i>	TAZORAC (0.1 %) (CREAM (G))	1	
TAZAROTENE	TAZORAC (0.1 %) (GEL (GRAM))	2	
BULK CHEMICALS			
TRICHLOROACETIC ACID	TRI-CHLOR	3	
TRICHLOROACETIC ACID		3	
ECZEMA AGENTS,SYSTEMIC,INTERLEUKIN-4 REC.ANTAG MAB			
DUPIPUMAB	DUPIXENT	4	PA

Drug Name		Tier	Requirements/Limits
TOPICAL AGENTS,MISCELLANEOUS			
UREA	GORDO-UREA	3	
TOPICAL IMMUNOSUPPRESSIVE AGENTS			
PIMECROLIMUS	ELIDEL	2	ST
<i>tacrolimus</i>	PROTOPIC	1	
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL			
CALCIPOTRIENE/BETAMETHASONE	ENSTILAR	3	ST
<i>calcipotriene/betamethasone</i>	TACLONEX (0.005-.064) (OINT. (G))	1	ST
CALCIPOTRIENE/BETAMETHASONE	TACLONEX (0.005-.064) (SUSPENSION)	3	ST
DIABETES			
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.			
<i>alogliptin benz/metformin hcl</i>	KAZANO	3	ST, QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (2.5-1000MG) (TAB BP 24H)	2	QL: 2 IN 1 DAY
LINAGLIPTIN/METFORMIN HCL	JENTADUETO XR (5MG-1000MG) (TAB BP 24H)	2	QL: 1 IN 1 DAY
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR)	3	ST, QL: 2 IN 1 DAY
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (5 MG-500MG) (TBMP 24HR)	3	ST, QL: 1 IN 1 DAY
SAXAGLIPTIN HCL/METFORMIN HCL	KOMBIGLYZE XR (5MG-1000MG) (TBMP 24HR)	3	ST, QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (100-1000MG) (TBMP 24HR)	2	QL: 1 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50-1000 MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
SITAGLIPTIN PHOS/METFORMIN HCL	JANUMET XR (50MG-500MG) (TBMP 24HR)	2	QL: 2 IN 1 DAY
ANTIHYPERGLY,DPP-4 ENZYME INHIB & THIAZOLIDINEDIONE			
<i>alogliptin benz/pioglitazone</i>	OSENI	3	ST, QL: 1 IN 1 DAY
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)			
ALBIGLUTIDE	TANZEUM	3	ST, QL: 4 IN 28 DAYS
DULAGLUTIDE	TRULICITY	2	ST, QL: 2mL IN 28 DAYS
EXENATIDE	BYETTA (10MCG/0.04) (PEN INJCTR)	3	ST, QL: 2.4mL IN 30 DAYS
EXENATIDE	BYETTA (5MCG/0.02) (PEN INJCTR)	3	ST, QL: 1.2mL IN 30 DAYS
EXENATIDE MICROSPHERES	BYDUREON	3	ST, QL: 1 IN 7 DAYS
EXENATIDE MICROSPHERES	BYDUREON BCISE	3	ST, QL: 0.85mL IN 7 DAYS
EXENATIDE MICROSPHERES	BYDUREON PEN	3	ST, QL: 1 IN 7 DAYS
LIRAGLUTIDE	VICTOZA 2-PAK	2	ST, QL: 9mL IN 30 DAYS
LIRAGLUTIDE	VICTOZA 3-PAK	2	ST, QL: 9mL IN 30 DAYS
LIXISENATIDE	ADLYXIN	3	ST, QL: 6mL IN 28 DAYS

Drug Name		Tier	Requirements/Limits
SEMAGLUTIDE	OZEMPIC (0.25 OR .5) (PEN INJCTR)	3	ST, QL: 1.5mL IN 28 DAYS
SEMAGLUTIDE	OZEMPIC (1MG/0.75ML) (PEN INJCTR)	3	ST, QL: 3mL IN 28 DAYS
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
CANAGLIFLOZIN	INVOKANA	2	ST, QL: 1 IN 1 DAY
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	3	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN	JARDIANCE	2	ST, QL: 1 IN 1 DAY
ERTUGLIFLOZIN PIDOLATE	STEGLATRO	3	ST, QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS			
BROMOCRIPTINE MESYLATE	CYCLOSET	3	ST
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)			
<i>acarbose</i>	PRECOSE	1	
<i>miglitol</i>	GLYSET	1	
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE			
PRAMLINTIDE ACETATE	SYMLINPEN 120	2	
PRAMLINTIDE ACETATE	SYMLINPEN 60	2	
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS			
<i>alogliptin benzoate</i>	NESINA	3	ST, QL: 1 IN 1 DAY
LINAGLIPTIN	TRADJENTA	2	QL: 1 IN 1 DAY
SAXAGLIPTIN HCL	ONGLYZA	3	ST, QL: 1 IN 1 DAY
SITAGLIPTIN PHOSPHATE	JANUVIA	2	QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE			
<i>chlorpropamide</i>	DIABINESE	1	
<i>glimepiride</i>	AMARYL	1	
<i>glipizide</i>	GLUCOTROL	1	
<i>glipizide</i>	GLUCOTROL XL	1	
<i>glyburide</i>		1	
<i>glyburide,micronized</i>	GLYNASE	1	
<i>nateglinide</i>	STARLIX	1	
<i>repaglinide</i>	PRANDIN	1	
<i>tolazamide</i>	TOLINASE	1	
<i>tolbutamide</i>	ORINASE	1	
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)			
<i>pioglitazone hcl</i>	ACTOS	1	
ROSIGLITAZONE MALEATE	AVANDIA	3	ST
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.			
DAPAGLIFLOZIN/SAXAGLIPTIN HCL	QTERN	3	ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/LINAGLIPTIN	GLYXAMBI	2	ST, QL: 1 IN 1 DAY
ERTUGLIFLOZIN/SITAGLIPTIN	STEGLUJAN	3	ST, QL: 1 IN 1 DAY
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)			
<i>metformin hcl</i>	FORTAMET	1	ST
<i>metformin hcl</i>	GLUCOPHAGE	1	
<i>metformin hcl</i>	GLUCOPHAGE XR	1	
<i>metformin hcl</i>	GLUMETZA	1	ST
METFORMIN HCL	RIOMET	2	
METFORMIN/BLOOD SUGAR DIAGNOST	DM2	3	
ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST			
INSULIN DEGLUDEC/LIRAGLUTIDE	XULTOPHY 100-3.6	2	ST, QL: 15mL IN 28 DAYS
INSULIN GLARGINE/LIXISENATIDE	SOLIQUA 100-33	2	ST, QL: 30mL IN 28 DAYS
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB			
<i>glipizide/metformin hcl</i>	METAGLIP	1	
<i>glyburide/metformin hcl</i>	GLUCOVANCE	1	
<i>repaglinide/metformin hcl</i>	PRANDIMET	1	

Drug Name	Tier	Requirements/Limits
ANTIHYPERGLYCEMIC,INSULIN-RESPONSE & RELEASE COMB.		
<i>pioglitazone hcl/glimepiride</i>	DUETACT	1 ST
ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER		
MIFEPRISTONE	KORLYM	4 PA
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB		
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET	2 ST, QL: 2 IN 1 DAY
CANAGLIFLOZIN/METFORMIN HCL	INVOKAMET XR	2 ST, QL: 2 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10-1000 MG) (TAB BP 24H)	3 ST, QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (10MG-500MG) (TAB BP 24H)	3 ST, QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (2.5-1000MG) (TAB BP 24H)	3 ST, QL: 2 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5 MG-500MG) (TAB BP 24H)	3 ST, QL: 1 IN 1 DAY
DAPAGLIFLOZIN/METFORMIN HCL	XIGDUO XR (5MG-1000MG) (TAB BP 24H)	3 ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY	2 ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (10-1000 MG) (TAB BP 24H)	2 ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (12.5-1000) (TAB BP 24H)	2 ST, QL: 2 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (25-1000 MG) (TAB BP 24H)	2 ST, QL: 1 IN 1 DAY
EMPAGLIFLOZIN/METFORMIN HCL	SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	2 ST, QL: 1 IN 1 DAY
ERTUGLIFLOZIN/METFORMIN	SEGLUROMET	3 ST, QL: 2 IN 1 DAY
ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB		
<i>pioglitazone hcl/metformin hcl</i>	ACTOPLUS MET	1 ST
PIOGLITAZONE HCL/METFORMIN HCL	ACTOPLUS MET XR	2 ST
ROSIGLITAZONE/METFORMIN HCL	AVANDAMET	3 ST
BLOOD SUGAR DIAGNOSTICS		
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK AVIVA PLUS	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK GUIDE TEST STRIP	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ACCU-CHEK SMARTVIEW	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ACCUTREND GLUCOSE	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ADVANCED GLUCOSE TEST STRIPS	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ADVOCATE REDI-CODE	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ADVOCATE REDI-CODE+	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ADVOCATE TEST STRIP	6 QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	AGAMATRIX AMP	6 QL: 200 IN 30 DAYS

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	ASSURE 4	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ASSURE PLATINUM	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ASSURE PRISM MULTI	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	BLOOD GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CARESENS N	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CARETOUCH TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CHOICEDM CLARUS TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE MICRO TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE PRO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE TALK	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CLEVER CHOICE VOICE+ TST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CONTOUR	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	CONTOUR NEXT	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	COOL GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	DARIO BLOOD GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	DIATRUE PLUS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY GLUCO G2	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY PLUS II	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY STEP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY TALK	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY TOUCH TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASY TRAK	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASYGLUCO PLUS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASYGLUCO TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASYMAX	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EASYMAX 15	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ELEMENT COMPACT	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ELEMENT TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EMBRACE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EMBRACE EVO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EMBRACE PRO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EVENCARE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EVENCARE G2	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EVENCARE G3	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EVENCARE MINI GLUCOSE TEST STR	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EVOLUTION TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EZ SMART	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	EZ SMART PLUS	6	QL: 200 IN 30 DAYS

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	FIFTY50 TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA D15G	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA D20	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA D40-G31 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA G20	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA G30A	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA GD50 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA TN'G VOICE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA V10	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA V10-V12-D10-D20	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA V12	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA V20	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORA V30A	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORACARE GD20	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORACARE GD40	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FORTISCARE GLUCOSE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE INSULINX TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE LITE STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE PRECISION NEO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	FREESTYLE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GE100 BLOOD GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GENSTRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GENULTIMATE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCO NAVII	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD 01 SENSOR PLUS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD EXPRESSION	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD SHINE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD VITAL	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCARD VITAL SENSOR	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOCOM GLUCOSE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	GOODLIFE AC-302 TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	HEALTHPRO TEST STRIPS	6	QL: 200 IN 30 DAYS

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	IGLUOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	INFINITY TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	INFINITY VOICE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	MICRO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	MICRODOT	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	MICRODOT XTRA	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	MYGLUCOHEALTH	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	NEUTEK 2TEK TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	NOVA MAX GLUCOSE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ON CALL EXPRESS TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ON CALL PLUS TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ON CALL VIVID TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ONETOUCH ULTRA BLUE TEST STRP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ONETOUCH VERIO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	OPTIUM	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	OPTIUM EZ	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	OPTUMRX	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PHARMACIST CHOICE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION PCX	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION PCX PLUS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION POINT OF CARE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION Q-I-D	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRECISION XTRA	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PREMIER TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PREMIUM BLOOD GLUCOSE TEST	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PREMIUM V10	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	PRODIGY NO CODING	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	QUINTET	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	QUINTET AC	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	REFUAH PLUS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RELION CONFIRM-MICRO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RELION PRIME TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	REVEAL TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS100 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS250S TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS260 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS300 TEST STRIPS	6	QL: 200 IN 30 DAYS

Drug Name		Tier	Requirements/Limits
BLOOD SUGAR DIAGNOSTIC	RIGHTEST GS550 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	SMART SENSE TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	SMARTEST TEST	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	SOLUS V2 TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	SURE-TEST EASYPLUS MINI	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TD GOLD TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TELCARE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TEST N'GO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TRUE METRIX GLUCOSE TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TRUETEST TEST STRIPS	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	TRUETRACK TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ULTIMA	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ULTRATRAK	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	ULTRATRAK ULTIMATE	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	UNISTRIP1	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	VERASENS TEST STRIP	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	WAVESENSE JAZZ	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC	WAVESENSE PRESTO	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC, DISC	BREEZE 2	6	QL: 200 IN 30 DAYS
BLOOD SUGAR DIAGNOSTIC, DRUM	ACCU-CHEK COMPACT PLUS STRIPS	6	QL: 200 IN 30 DAYS
DIABETIC SUPPLIES			
BLOOD GLUCOSE STRIPS-DISPMETER	SIDEKICK	6	
BLOOD-GLU METER,CONT/TRANSMIT	GUARDIAN REAL-TIME	6	
BLOOD-GLUC TRANSMITTER/SENSOR	ENLITE	3	
BLOOD-GLUC TRANSMITTER/SENSOR	PARADIGM REAL-TIME	3	
BLOOD-GLUC,BP METER,ADULT CUFF	FORA D15	6	
BLOOD-GLUC,BP METER,ADULT CUFF	FORA D40	6	
BLOOD-GLUC.METER, WRIST BP MON	2TEK	6	
BLOOD-GLUC.METER, WRIST BP MON	ADVOCATE DUO	6	
BLOOD-GLUC.METER, WRIST BP MON	FORA D10	6	
BLOOD-GLUCOSE METER	ACCU-CHEK AVIVA CONNECT	6	
BLOOD-GLUCOSE METER	ACCU-CHEK AVIVA PLUS	6	
BLOOD-GLUCOSE METER	ACCU-CHEK GUIDE MONITOR SYSTEM	6	
BLOOD-GLUCOSE METER	ACCU-CHEK NANO SMARTVIEW	6	
BLOOD-GLUCOSE METER	ADVANCED GLUCOSE METER	6	
BLOOD-GLUCOSE METER	ADVOCATE BLOOD GLUCOSE MONITOR	6	

Drug Name	Tier	Requirements/Limits
BLOOD-GLUCOSE METER ADVOCATE REDI-CODE	6	
BLOOD-GLUCOSE METER ADVOCATE REDI-CODE PLUS	6	
BLOOD-GLUCOSE METER AGAMATRIX AMP	6	
BLOOD-GLUCOSE METER ASSURE PLATINUM	6	
BLOOD-GLUCOSE METER ASSURE PRISM MULTI	6	
BLOOD-GLUCOSE METER BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER BLOOD GLUCOSE MONITORING	6	
BLOOD-GLUCOSE METER	6	
BLOOD-GLUCOSE METER CARESENS N	6	
BLOOD-GLUCOSE METER CARESENS N VOICE	6	
BLOOD-GLUCOSE METER CARETOUCH GLUCOSE MONITORING	6	
BLOOD-GLUCOSE METER CHOICEDM CLARUS	6	
BLOOD-GLUCOSE METER CLEVER CHEK BLOOD GLUCOSE SYST	6	
BLOOD-GLUCOSE METER CLEVER CHOICE	6	
BLOOD-GLUCOSE METER CLEVER CHOICE BLOOD GLUC SYS	6	
BLOOD-GLUCOSE METER CLEVER CHOICE HD GLUCOSE SYST	6	
BLOOD-GLUCOSE METER CLEVER CHOICE MICRO	6	
BLOOD-GLUCOSE METER CLEVER CHOICE PRO	6	
BLOOD-GLUCOSE METER CLEVER CHOICE TALK	6	
BLOOD-GLUCOSE METER CONTOUR	6	
BLOOD-GLUCOSE METER CONTOUR LINK	6	
BLOOD-GLUCOSE METER CONTOUR NEXT	6	
BLOOD-GLUCOSE METER CONTOUR NEXT EZ	6	
BLOOD-GLUCOSE METER CONTOUR NEXT ONE	6	
BLOOD-GLUCOSE METER CONTROL AST	6	
BLOOD-GLUCOSE METER COOL BLOOD GLUCOSE	6	
BLOOD-GLUCOSE METER COOL BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER DIATRUE PLUS	6	
BLOOD-GLUCOSE METER EASY CHECK	6	
BLOOD-GLUCOSE METER EASY PLUS II	6	
BLOOD-GLUCOSE METER EASY STEP	6	
BLOOD-GLUCOSE METER EASY TALK	6	
BLOOD-GLUCOSE METER EASY TOUCH GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER EASY TRAK	6	
BLOOD-GLUCOSE METER EASYGLUCO	6	
BLOOD-GLUCOSE METER EASYGLUCO METER	6	

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	EASYGLUCO METER STARTER KIT	6	
BLOOD-GLUCOSE METER	EASYMAX L	6	
BLOOD-GLUCOSE METER	EASYMAX NG	6	
BLOOD-GLUCOSE METER	EASYMAX V SPEAKING	6	
BLOOD-GLUCOSE METER	EASYMAX V2	6	
BLOOD-GLUCOSE METER	ELEMENT COMPACT	6	
BLOOD-GLUCOSE METER	ELEMENT COMPACT V	6	
BLOOD-GLUCOSE METER	ELEMENT PLUS	6	
BLOOD-GLUCOSE METER	EMBRACE	6	
BLOOD-GLUCOSE METER	EMBRACE EVO	6	
BLOOD-GLUCOSE METER	EMBRACE PRO	6	
BLOOD-GLUCOSE METER	EVENCARE	6	
BLOOD-GLUCOSE METER	EVENCARE G2	6	
BLOOD-GLUCOSE METER	EVENCARE G3	6	
BLOOD-GLUCOSE METER	EVENCARE MINI MONITOR SYSTEM (EACH) (OTC)	6	
BLOOD-GLUCOSE METER	EVOLUTION BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER	EZ SMART	6	
BLOOD-GLUCOSE METER	EZ SMART PLUS	6	
BLOOD-GLUCOSE METER	FORA D20	6	
BLOOD-GLUCOSE METER	FORA G20	6	
BLOOD-GLUCOSE METER	FORA G30A	6	
BLOOD-GLUCOSE METER	FORA GD50	6	
BLOOD-GLUCOSE METER	FORA PREMIUM V10	6	
BLOOD-GLUCOSE METER	FORA TEST N'GO VOICE	6	
BLOOD-GLUCOSE METER	FORA TN'G VOICE	6	
BLOOD-GLUCOSE METER	FORA V10	6	
BLOOD-GLUCOSE METER	FORA V12	6	
BLOOD-GLUCOSE METER	FORA V20	6	
BLOOD-GLUCOSE METER	FORA V30A	6	
BLOOD-GLUCOSE METER	FORACARE GD20	6	
BLOOD-GLUCOSE METER	FORACARE GD40A	6	
BLOOD-GLUCOSE METER	FORACARE GD40B	6	
BLOOD-GLUCOSE METER	FORTISCARE BLOOD GLUCOSE SYST	6	
BLOOD-GLUCOSE METER	FREESTYLE FLASH SYSTEM	6	
BLOOD-GLUCOSE METER	FREESTYLE FREEDOM	6	
BLOOD-GLUCOSE METER	FREESTYLE FREEDOM LITE	6	
BLOOD-GLUCOSE METER	FREESTYLE INSULINX	6	
BLOOD-GLUCOSE METER	FREESTYLE LITE METER	6	
BLOOD-GLUCOSE METER	FREESTYLE PRECISION NEO METER	6	

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	FREESTYLE SIDEKICK II	6	
BLOOD-GLUCOSE METER	FREESTYLE SYSTEM	6	
BLOOD-GLUCOSE METER	GDRIVE	6	
BLOOD-GLUCOSE METER	GE100 BLOOD GLUCOSE SYSTEM	6	
BLOOD-GLUCOSE METER	GLUCO NAVII	6	
BLOOD-GLUCOSE METER	GLUCOCARD 01	6	
BLOOD-GLUCOSE METER	GLUCOCARD EXPRESSION	6	
BLOOD-GLUCOSE METER	GLUCOCARD SHINE	6	
BLOOD-GLUCOSE METER	GLUCOCARD SHINE XL	6	
BLOOD-GLUCOSE METER	GLUCOCARD VITAL	6	
BLOOD-GLUCOSE METER	GLUCOCOM BLOOD GLUCOSE	6	
BLOOD-GLUCOSE METER	GOODLIFE AC-302 GLUCOSE METER	6	
BLOOD-GLUCOSE METER	HEALTHPRO GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER	IGLUCOSE BLOOD GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER	INFINITY	6	
BLOOD-GLUCOSE METER	INFINITY VOICE GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER	JAZZ WIRELESS 2	6	
BLOOD-GLUCOSE METER	MICRODOT	6	
BLOOD-GLUCOSE METER	MYGLUCOHEALTH	6	
BLOOD-GLUCOSE METER	NOVA MAX BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER	ON CALL EXPRESS METER	6	
BLOOD-GLUCOSE METER	ON CALL PLUS METER	6	
BLOOD-GLUCOSE METER	ON CALL VIVID METER	6	
BLOOD-GLUCOSE METER	ON CALL VIVID PAL	6	
BLOOD-GLUCOSE METER	ONETOUCH ULTRA2	6	
BLOOD-GLUCOSE METER	ONETOUCH ULTRAMINI	6	
BLOOD-GLUCOSE METER	ONETOUCH VERIO	6	
BLOOD-GLUCOSE METER	ONETOUCH VERIO FLEX	6	
BLOOD-GLUCOSE METER	ONETOUCH VERIO IQ	6	
BLOOD-GLUCOSE METER	OPTUMRX	6	
BLOOD-GLUCOSE METER	PHARMACIST CHOICE	6	
BLOOD-GLUCOSE METER	PRECISION	6	
BLOOD-GLUCOSE METER	PRECISION XTRA	6	
BLOOD-GLUCOSE METER	PREMIER BLU	6	
BLOOD-GLUCOSE METER	PREMIER VOICE	6	

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	PREMIUM BLOOD GLUCOSE	6	
BLOOD-GLUCOSE METER	PREMIUM V10	6	
BLOOD-GLUCOSE METER	PRESTO PRO	6	
BLOOD-GLUCOSE METER	PRODIGY	6	
BLOOD-GLUCOSE METER	PRODIGY AUTOCODE	6	
BLOOD-GLUCOSE METER	PRODIGY POCKET	6	
BLOOD-GLUCOSE METER	PRODIGY VOICE	6	
BLOOD-GLUCOSE METER	QUINTET	6	
BLOOD-GLUCOSE METER	QUINTET AC	6	
BLOOD-GLUCOSE METER	REFUAH PLUS	6	
BLOOD-GLUCOSE METER	RELION ALL-IN-ONE	6	
BLOOD-GLUCOSE METER	RELION CONFIRM	6	
BLOOD-GLUCOSE METER	RELION MICRO	6	
BLOOD-GLUCOSE METER	RELION PRIME	6	
BLOOD-GLUCOSE METER	REVEAL BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER	RIGHTEST GM100 SYSTEM	6	
BLOOD-GLUCOSE METER	RIGHTEST GM250S METER	6	
BLOOD-GLUCOSE METER	RIGHTEST GM260 METER	6	
BLOOD-GLUCOSE METER	RIGHTEST GM300 SYSTEM	6	
BLOOD-GLUCOSE METER	RIGHTEST GM550 SYSTEM	6	
BLOOD-GLUCOSE METER	SMART CARESENS N	6	
BLOOD-GLUCOSE METER	SMART SENSE MONITORING SYSTEM	6	
BLOOD-GLUCOSE METER	SMARTEST EJECT	6	
BLOOD-GLUCOSE METER	SMARTEST PERSONA	6	
BLOOD-GLUCOSE METER	SMARTEST PRONTO	6	
BLOOD-GLUCOSE METER	SMARTEST PROTEGE	6	
BLOOD-GLUCOSE METER	SMARTEST SMART CODE	6	
BLOOD-GLUCOSE METER	SMARTEST TALKING	6	
BLOOD-GLUCOSE METER	SOLUS V2	6	
BLOOD-GLUCOSE METER	SURE-TEST EASYPLUS MINI	6	
BLOOD-GLUCOSE METER	TD GOLD BLOOD GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER	TD GOLD VOICE GLUCOSE MONITOR	6	
BLOOD-GLUCOSE METER	TELCARE	6	
BLOOD-GLUCOSE METER	TELCARE BGM	6	
BLOOD-GLUCOSE METER	TEST N'GO	6	
BLOOD-GLUCOSE METER	TRUE METRIX AIR GLUCOSE METER	6	

Drug Name		Tier	Requirements/Limits
BLOOD-GLUCOSE METER	TRUE METRIX BLOOD GLUCOSE MTR	6	
BLOOD-GLUCOSE METER	TRUE METRIX GO	6	
BLOOD-GLUCOSE METER	TRUE2GO BLOOD GLUCOSE SYSTEM	6	
BLOOD-GLUCOSE METER	TRUERESULT BLOOD GLUCOSE SYSTM	6	
BLOOD-GLUCOSE METER	TRUETRACK BLOOD GLUCOSE SYSTEM	6	
BLOOD-GLUCOSE METER	TRUETRACK SMART SYSTEM	6	
BLOOD-GLUCOSE METER	ULTIMA	6	
BLOOD-GLUCOSE METER	ULTRATRAK	6	
BLOOD-GLUCOSE METER	ULTRATRAK PRO	6	
BLOOD-GLUCOSE METER	ULTRATRAK ULTIMATE	6	
BLOOD-GLUCOSE METER	VERASENS BLOOD GLUCOSE METER	6	
BLOOD-GLUCOSE METER	WAVESENSE AMP	6	
BLOOD-GLUCOSE METER	WAVESENSE PRESTO	6	
BLOOD-GLUCOSE METER, DRUM-TYPE	ACCU-CHEK	6	
BLOOD-GLUCOSE METER, WIRELESS	CONTOUR NEXT LINK	6	
BLOOD-GLUCOSE METER, WIRELESS	CONTOUR NEXT LINK 2.4	6	
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM	6	
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G4	6	
BLOOD-GLUCOSE METER,CONTINUOUS	DEXCOM G5	3	
BLOOD-GLUCOSE METER,MOBILE DEV	DARIO BLOOD GLUCOSE MONITOR	6	
BLOOD-GLUCOSE SENSOR	DEXCOM G5-G4 SENSOR	3	
BLOOD-GLUCOSE SENSOR	ENLITE GLUCOSE SENSOR	3	
BLOOD-GLUCOSE SENSOR	FREESTYLE NAVIGATOR	3	
BLOOD-GLUCOSE SENSOR	GUARDIAN SENSOR 3	3	
BLOOD-GLUCOSE SENSOR	SOF-SENSOR	3	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G4	3	
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G5	3	
BLOOD-GLUCOSE TRANSMITTER	GUARDIAN LINK 3	3	
BLOOD-GLUCOSE TRANSMITTER	MINILINK REAL- TIME TRANSMITTER	3	
BLOOD-GLUCOSE TRANSMITTER	MINIMED 630G GUARDIAN START KT	3	
DIABETIC SUPPLIES,MISCELL	ENLITE SERTER	3	
DIABETIC SUPPLIES,MISCELL	GLUCOCOM AUTOLINK	3	
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT CHARGER	3	
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT STARTER KIT	3	

Drug Name	Tier	Requirements/Limits
DIABETIC SUPPLIES,MISCELL	GUARDIAN RT SYSTEM	3
DIABETIC SUPPLIES,MISCELL	GUARDIAN TEST PLUG	3
DIABETIC SUPPLIES,MISCELL	REPLACEMENT PEDIATRIC MONITOR	3
DIABETIC SUPPLIES,MISCELL	SEN-SERTER	3
FLASH GLUCOSE SCANNING READER	FREESTYLE LIBRE READER	3
FLASH GLUCOSE SENSOR	FREESTYLE LIBRE SENSOR	3
INFUSION SET FOR INSULIN PUMP	AUTOSOFT 30	3
INFUSION SET FOR INSULIN PUMP	AUTOSOFT 90	3
INFUSION SET FOR INSULIN PUMP	CLEO 90 INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	COMFORT	3
INFUSION SET FOR INSULIN PUMP	COMFORT SHORT	3
INFUSION SET FOR INSULIN PUMP	CONTACT DETACH INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	INSET 30 INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	INSET INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	MINIMED	3
INFUSION SET FOR INSULIN PUMP	MINIMED PRO-SET	3
INFUSION SET FOR INSULIN PUMP	MIO INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	QUICK-SET PARADIGM	3
INFUSION SET FOR INSULIN PUMP	SURE-T PARADIGM	3
INFUSION SET FOR INSULIN PUMP	T:30 INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	T:90	3
INFUSION SET FOR INSULIN PUMP	TRUSTEEL INFUSION SET	3
INFUSION SET FOR INSULIN PUMP	VARISOFT INFUSION SET	3
INFUSION SET-INSULIN PUMP BODY	SNAP INSULIN PUMP-INFUSION SET	3
INSULIN ADMIN. SUPPLIES	HUMAPEN LUXURA HD	3
INSULIN ADMIN. SUPPLIES	NOVOPEN ECHO	3
INSULIN PUMP CONTROLLER	SNAP INSULIN PUMP CONTROLLER	3
INSULIN PUMP/INFUS. SET/METER	ACCU-CHEK	3
LANCING DEVICE/LANCETS	UNISTIK 2 NORMAL	2
SUBCUTANEOUS INSULIN PUMP	MINIMED 530G	3
SUBCUTANEOUS INSULIN PUMP	MINIMED 630G	3
SUBCUTANEOUS INSULIN PUMP	MINIMED 670G	3
SUBCUTANEOUS INSULIN PUMP	OMNIPOD	3
SUBCUTANEOUS INSULIN PUMP	ONETOUCH PING	3
SUBCUTANEOUS INSULIN PUMP	REVEL PROGRAMMABLE PUMP	3
SUBCUTANEOUS INSULIN PUMP	T:FLEX	3
SUBCUTANEOUS INSULIN PUMP	T:SLIM	3
SUBCUTANEOUS INSULIN PUMP	T:SLIM G4	3
SUBCUTANEOUS INSULIN PUMP	T:SLIM X2	3

Drug Name		Tier	Requirements/Limits
SUB-Q INSULIN DEVICE, 20 UNIT	VGO 20	3	
SUB-Q INSULIN DEVICE, 30 UNIT	VGO 30	3	
SUB-Q INSULIN DEVICE, 40 UNIT	VGO 40	3	
SUBQ INSULIN PUMP, GLUC. MON. SYS	ANIMAS VIBE	3	
DIABETIC ULCER PREPARATIONS, TOPICAL			
BECAPLERMIN	REGRANEX	2	
HYPERGLYCEMICS			
DIAZOXIDE	PROGLYCEM	3	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGEN	3	
GLUCAGON, HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	2	
INSULINS			
INSULIN ASPART	NOVOLOG (100/ML) (CARTRIDGE)	3	ST, QL: 30mL IN 28 DAYS
INSULIN ASPART	NOVOLOG (100/ML) (VIAL)	3	ST, QL: 40mL IN 28 DAYS
INSULIN ASPART	NOVOLOG FLEXPEN	3	ST, QL: 30mL IN 28 DAYS
INSULIN ASPART (NIACINAMIDE)	FIASP	3	ST, QL: 40mL IN 28 DAYS
INSULIN ASPART (NIACINAMIDE)	FIASP FLEXTOUCH	3	ST, QL: 30mL IN 28 DAYS
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70-30	3	ST, QL: 40mL IN 28 DAYS
INSULIN ASPART PROT/INSULN ASP	NOVOLOG MIX 70-30 FLEXPEN	3	ST, QL: 30mL IN 28 DAYS
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U-100	3	ST, QL: 30mL IN 28 DAYS
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH U-200	3	ST, QL: 18mL IN 28 DAYS
INSULIN DETEMIR	LEVEMIR	3	ST, QL: 40mL IN 28 DAYS
INSULIN DETEMIR	LEVEMIR FLEXTOUCH	3	ST, QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	BASAGLAR KWIKPEN U-100	3	ST, QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	LANTUS	2	QL: 40mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	LANTUS SOLOSTAR	2	QL: 30mL IN 28 DAYS
INSULIN GLARGINE, HUM. REC. ANLOG	TOUJEO SOLOSTAR	2	QL: 13.5mL IN 28 DAYS
INSULIN GLULISINE	APIDRA	3	ST, QL: 40mL IN 28 DAYS
INSULIN GLULISINE	APIDRA SOLOSTAR	3	ST, QL: 30mL IN 28 DAYS
INSULIN LISPRO	ADMELOG	3	ST, QL: 40mL IN 28 DAYS
INSULIN LISPRO	ADMELOG SOLOSTAR	3	ST, QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG (100/ML) (CARTRIDGE)	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG (100/ML) (VIAL)	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO	HUMALOG JUNIOR KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG KWIKPEN U-100	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO	HUMALOG KWIKPEN U-200	2	QL: 12mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50	2	QL: 40mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 50-50 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25	2	QL: 40mL IN 28 DAYS

Drug Name		Tier	Requirements/Limits
INSULIN LISPRO PROTAMIN/LISPRO	HUMALOG MIX 75-25 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN	2	QL: 30mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70-30	2	QL: 40mL IN 28 DAYS
INSULIN NPH HUM/REG INSULIN HM	NOVOLIN 70-30	3	ST, QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N	2	QL: 40mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	HUMULIN N KWIKPEN	3	QL: 30mL IN 28 DAYS
INSULIN NPH HUMAN ISOPHANE	NOVOLIN N	3	ST, QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (12 UNIT) (CART INHAL)	3	PA
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(30)) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(60)) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT(90)) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4 UNIT) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (4-8-12(60)) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (8 UNIT(60)) (CART INHAL)	3	PA, QL: 200 IN 30 DAYS
INSULIN REGULAR, HUMAN	AFREZZA (8 UNIT) (CART INHAL)	3	PA
INSULIN REGULAR, HUMAN	HUMULIN R	2	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500	2	QL: 40mL IN 28 DAYS
INSULIN REGULAR, HUMAN	HUMULIN R U-500 KWIKPEN	2	QL: 24mL IN 28 DAYS
INSULIN REGULAR, HUMAN	NOVOLIN R	3	ST, QL: 40mL IN 28 DAYS
PARENTERAL ADMINISTRATION SETS			
INFUSION SET FOR INSULIN PUMP	COMFORT	3	
INFUSION SET FOR INSULIN PUMP	COMFORT SHORT	3	
INFUSION SET FOR INSULIN PUMP	INFUSION SET	3	
INFUSION SET FOR INSULIN PUMP	QUICK RELEASE SOFT TEFLON	3	
INFUSION SET FOR INSULIN PUMP	SILHOUETTE	3	
INFUSION SET FOR INSULIN PUMP	SOF-SET	3	
INFUSION SET FOR INSULIN PUMP	SOF-SET MICRO	3	
EAR - GENERAL DISORDERS			
EAR PREPARATIONS ANTI-INFLAMMATORY			
<i>fluocinolone acetone oil</i>	DERMOTIC	1	
EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
<i>acetic acid</i>	VOSOL	1	
<i>hydrocortisone/acetic acid</i>	VOSOL HC	1	
HYDROCORTISONE/PRAMOXINE/C-XYL	CORTANE-B	3	
EAR PREPARATIONS, ANTIBIOTICS			
CIPROFLOXACIN	OTIPRIO	3	
<i>ciprofloxacin hcl</i>	CETRAXAL	1	
NEOMYC/COLIST/HYDROCORT/THONZN	COLY-MYCIN S	3	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>ofloxacin</i>	FLOXIN	1	

Drug Name		Tier	Requirements/Limits
OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS			
CIPROFLOXACIN HCL/DEXAMETH	CIPRODEX	2	
CIPROFLOXACIN HCL/FLUOCINOLONE	OTOVEL	3	
CIPROFLOXACIN/HYDROCORTISONE	CIPRO HC	3	
ELECTROLYTE REGULATION			
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS			
TOLVAPTAN	SAMSCA (15 MG) (TABLET)	3	QL: 30 IN 365 DAYS
TOLVAPTAN	SAMSCA (30 MG) (TABLET)	3	QL: 60 IN 365 DAYS
BICARBONATE PRODUCING/CONTAINING AGENTS			
CHOLERA VAC BUFFER COMP 1 OF 2	VAXCHORA BUFFER COMPONENT	3	
ELECTROLYTE DEPLETERS			
<i>calcium acetate</i>	ELIPHOS	1	
<i>calcium acetate</i>	PHOSLO	1	
CALCIUM ACETATE	PHOSLYRA	3	
<i>calcium carb/mag carb/folic ac</i>		1	
FERRIC CITRATE	AURYXIA	3	QL: 12 IN 1 DAY
LANTHANUM CARBONATE	FOSRENOL (1000 MG) (POWD PACK)	3	
<i>lanthanum carbonate</i>	FOSRENOL (1000 MG) (TAB CHEW)	1	
<i>lanthanum carbonate</i>	FOSRENOL (500 MG) (TAB CHEW)	1	
LANTHANUM CARBONATE	FOSRENOL (750 MG) (POWD PACK)	3	
<i>lanthanum carbonate</i>	FOSRENOL (750 MG) (TAB CHEW)	1	
PATIROMER CALCIUM SORBITE	VELTASSA	3	PA, QL: 1 IN 1 DAY
<i>sevelamer carbonate</i>	REVELA	1	
SEVELAMER HCL	RENAGEL	3	
<i>sodium polystyrene sulfon/sorb</i>		1	
SODIUM POLYSTYRENE SULFON/SORB	SPS	3	
<i>sodium polystyrene sulfonate</i>		1	
SUCROFERRIC OXYHYDROXIDE	VELPHORO	2	
POTASSIUM REPLACEMENT			
<i>pot chloride/pot bicarb/cit ac</i>		1	
POTASSIUM BICARBONATE/CIT AC	EFFER-K	3	
<i>potassium bicarbonate/cit ac</i>	KLOR-CON-EF	1	
POTASSIUM CHLORIDE	KLOR-CON	3	
<i>potassium chloride</i>		1	
SODIUM/SALINE PREPARATIONS			
<i>0.9 % sodium chloride (0.9 %) (iv soln)</i>		1	
<i>0.9 % sodium chloride (0.9 %) (syringe)</i>		1	
<i>0.9 % sodium chloride (0.9 %) (vial)</i>		1	
<i>0.9 % sodium chloride (pggybk prt)</i>		1	
<i>0.9 % sodium chloride (pgy vl prt)</i>		1	
<i>bacteriostatic sodium chloride</i>		1	
<i>sodium chloride 0.45 %</i>		1	
ENDOCRINE DISORDER - FERTILITY			
DRUGS TO TREAT IMPOTENCY			
TADALAFIL	CIALIS	3	PA

Drug Name	Tier	Requirements/Limits
ENDOCRINE DISORDER - OTHER		
ANTIDIURETIC AND VASOPRESSOR HORMONES		
<i>desmopressin (nonrefrigerated)</i>	DDAVP	1
<i>desmopressin acetate</i>		1
DESMOPRESSIN ACETATE	NOCTIVA	3
DESMOPRESSIN ACETATE	STIMATE	3
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.		
LEUPROLIDE ACETATE	ELIGARD (22.5 MG) (SYRINGE)	4 PA, QL: 1 PER FILL
LEUPROLIDE ACETATE	ELIGARD (30 MG) (SYRINGE)	4 PA, QL: 1 PER FILL
LEUPROLIDE ACETATE	ELIGARD (45 MG) (SYRINGE)	4 PA, QL: 1 PER FILL
LEUPROLIDE ACETATE	ELIGARD (7.5 MG) (SYRINGE)	4 PA
<i>leuprolide acetate</i>		4
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE		
TERIPARATIDE	FORTEO	4 PA, QL: 2.4mL IN 28 DAYS
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES		
ABALOPARATIDE	TYMLOS	4 PA
BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS		
ALENDRONATE SODIUM/VITAMIN D3	FOSAMAX PLUS D	2
BONE RESORPTION INHIBITORS		
ALENDRONATE SODIUM	BINOSTO	3 ST, QL: 4 IN 28 DAYS
<i>alendronate sodium</i>	FOSAMAX (10 MG) (TABLET)	1
<i>alendronate sodium</i>	FOSAMAX (35 MG) (TABLET)	1
<i>alendronate sodium</i>	FOSAMAX (40 MG) (TABLET)	1
<i>alendronate sodium</i>	FOSAMAX (5 MG) (TABLET)	1
<i>alendronate sodium</i>	FOSAMAX (70 MG) (TABLET)	1
<i>alendronate sodium</i>	FOSAMAX (70 MG/75ML) (SOLUTION)	1 QL: 75mL IN 7 DAYS
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN (200/ML) (VIAL)	3
<i>calcitonin,salmon,synthetic</i>	MIACALCIN (200/SPRAY) (SPRAY/PUMP)	1
<i>etidronate disodium</i>	DIDRONEL	1
<i>ibandronate sodium</i>	BONIVA	1
<i>raloxifene hcl</i>	EVISTA	1 PA, QL: 1 IN 1 DAY
<i>risedronate sodium</i>	ACTONEL (150 MG) (TABLET)	1 ST, QL: 1 IN 30 DAYS
<i>risedronate sodium</i>	ACTONEL (30 MG) (TABLET)	1 ST, QL: 1 IN 1 DAY
<i>risedronate sodium</i>	ACTONEL (35 MG) (TABLET)	1 ST, QL: 1 IN 7 DAYS
<i>risedronate sodium</i>	ACTONEL (5 MG) (TABLET)	1 ST, QL: 1 IN 1 DAY
<i>risedronate sodium</i>	AELVIA	1 ST, QL: 1 IN 7 DAYS
CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER		
CINACALCET HCL	SENSIPAR (30 MG) (TABLET)	4 QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
CINACALCET HCL	SENSIPAR (60 MG) (TABLET)	4	QL: 2 IN 1 DAY
CINACALCET HCL	SENSIPAR (90 MG) (TABLET)	4	QL: 4 IN 1 DAY
GROWTH HORMONE RECEPTOR ANTAGONISTS			
PEGVISOMANT	SOMAVERT	4	
GROWTH HORMONE RELEASING HORMONE (GHRH) & ANALOGS			
TESAMORELIN ACETATE	EGRIFTA	4	PA
GROWTH HORMONES			
SOMATROPIN	GENOTROPIN	4	PA
SOMATROPIN	HUMATROPE	4	PA
SOMATROPIN	NORDITROPIN FLEXPRO	4	PA
SOMATROPIN	NUTROPIN AQ NUSPIN	4	PA
SOMATROPIN	OMNITROPE	4	PA
SOMATROPIN	SAIZEN	4	PA
SOMATROPIN	SAIZEN- SAIZENPREP	4	PA
SOMATROPIN	SEROSTIM	4	PA
SOMATROPIN	ZOMACTON	4	PA
SOMATROPIN	ZORBTIVE	4	PA
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
CALCIFEDIOL	RAYALDEE	2	QL: 2 IN 1 DAY
<i>doxercalciferol</i>		1	
<i>paricalcitol</i>		1	
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES			
MECASERMIN	INCRELEX	4	PA
LEPTIN HORMONE ANALOGS			
METRELEPTIN	MYALEPT	4	QL: 1 IN 1 DAY
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
NAFARELIN ACETATE	SYNAREL	4	
PARATHYROID HORMONES			
PARATHYROID HORMONE	NATPARA	4	PA
PITUITARY SUPPRESSIVE AGENTS			
<i>cabergoline</i>	DOSTINEX	1	
<i>danazol</i>	DANOCRINE	1	
ENDOCRINE DISORDER - THYROID			
ANTITHYROID PREPARATIONS			
<i>methimazole</i>	TAPAZOLE	1	
<i>propylthiouracil</i>		1	
IODINE CONTAINING AGENTS			
<i>potassium iodide (1 g/ml) (solution)</i>		1	
<i>potassium iodide/iodine</i>		1	
THYROID HORMONES			
<i>levothyroxine sodium</i>	LEVO-T	1	
<i>levothyroxine sodium</i>	LEVOXYL	1	
<i>levothyroxine sodium</i>	SYNTHROID	1	
LEVOTHYROXINE SODIUM	TIROSINT	3	
<i>levothyroxine sodium</i>	UNITHROID	1	
<i>liothyronine sodium</i>	CYTOMEL	1	
LIOTRIX	THYROLAR-1	3	
LIOTRIX	THYROLAR-1/2	3	
LIOTRIX	THYROLAR-1/4	3	
LIOTRIX	THYROLAR-2	3	
LIOTRIX	THYROLAR-3	3	

Drug Name		Tier	Requirements/Limits
THYROID,PORK	ARMOUR THYROID	2	
<i>thyroid,pork (113.75 mg) (tablet)</i>		1	
<i>thyroid,pork (120 mg) (tablet)</i>		3	
<i>thyroid,pork (130 mg) (tablet)</i>		1	
<i>thyroid,pork (146.25 mg) (tablet)</i>		1	
<i>thyroid,pork (15 mg) (tablet)</i>		1	
<i>thyroid,pork (16.25 mg) (tablet)</i>		1	
<i>thyroid,pork (162.5 mg) (tablet)</i>		1	
<i>thyroid,pork (195 mg) (tablet)</i>		1	
<i>thyroid,pork (260 mg) (tablet)</i>		1	
<i>thyroid,pork (30 mg) (tablet)</i>		1	
<i>thyroid,pork (32.5 mg) (tablet)</i>		1	
<i>thyroid,pork (325 mg) (tablet)</i>		1	
<i>thyroid,pork (48.75 mg) (tablet)</i>		1	
<i>thyroid,pork (60 mg) (tablet)</i>		1	
<i>thyroid,pork (65 mg) (tablet)</i>		1	
<i>thyroid,pork (81.25 mg) (tablet)</i>		1	
<i>thyroid,pork (90 mg) (tablet)</i>		1	
<i>thyroid,pork (97.5 mg) (tablet)</i>		1	
EYE - GENERAL DISORDERS			
EYE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB.			
<i>gatifloxacin/prednis/bromfenac</i>		1	
<i>gatifloxacin/prednisol/nepafen</i>		1	
EYE ANTIBIOTIC-CORTICOID COMBINATIONS			
<i>gatifloxacin/prednisolone</i>		1	
GENTAMICIN SULF/PREDNISOLONE	PRED-G	3	
<i>neomycin/bacit/p-myx/hydrocort</i>		1	
<i>neomycin/polymyxin b/dexametha</i>		1	
<i>neomycin/polymyxin b/hydrocort</i>		1	
<i>tobramycin/dexamethasone</i>	TOBRADEX (0.3 %- 0.1%) (DROPS SUSP)	1	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX (0.3 %- 0.1%) (OINT. (G))	2	
TOBRAMYCIN/DEXAMETHASONE	TOBRADEX ST	3	
TOBRAMYCIN/LOTEPRED ETAB	ZYLET	2	
EYE ANTIHISTAMINES			
ALCAFTADINE	LASTACFT	3	ST, QL: 3mL IN 30 DAYS
<i>azelastine hcl</i>	OPTIVAR	1	
BEPOTASTINE BESILATE	BEPREVE	3	ST, QL: 10mL IN 30 DAYS
EMEDASTINE DIFUMARATE	EMADINE	3	ST, QL: 10mL IN 30 DAYS
<i>epinastine hcl</i>	ELESTAT	1	
<i>olopatadine hcl</i>	PATADAY	1	QL: 3mL IN 30 DAYS
<i>olopatadine hcl</i>	PATANOL	1	
OLOPATADINE HCL	PAZEO	3	ST, QL: 2.5mL IN 30 DAYS
EYE ANTI-INFECTIVES (RX ONLY)			
<i>povidone-iodine</i>	BETADINE	1	
EYE ANTIINFLAMMATORY AGENTS			
<i>bromfenac sodium</i>		1	
BROMFENAC SODIUM	BROMSITE	3	
BROMFENAC SODIUM	PROLENSA	2	
DEXAMETHASONE	MAXIDEX	3	
<i>dexamethasone sod phosphate</i>	DEXASOL	1	
<i>diclofenac sodium</i>	VOLTAREN	1	
DIFLUPREDNATE	DUREZOL	2	
<i>fluorometholone</i>	FML	1	
FLUOROMETHOLONE	FML FORTE	2	
FLUOROMETHOLONE	FML S.O.P.	2	

Drug Name		Tier	Requirements/Limits
FLUOROMETHOLONE ACETATE	FLAREX	2	
<i>flurbiprofen sodium</i>	OCUFEN	1	
<i>ketorolac tromethamine</i>	ACULAR	1	
<i>ketorolac tromethamine</i>	ACULAR LS	1	
KETOROLAC TROMETHAMINE/PF	ACUVAIL	3	
LOTEPREDNOL ETABONATE	ALREX	2	
LOTEPREDNOL ETABONATE	LOTEMAX	2	
NEPAFENAC	ILEVRO	2	
NEPAFENAC	NEVANAC	3	
<i>prednisolone acetate</i>	OMNIPRED	1	
<i>prednisolone acetate</i>	PRED FORTE	1	
PREDNISOLONE ACETATE	PRED MILD	2	
<i>prednisolone acetate/nepafenac</i>		1	
<i>prednisolone sod phosphate</i>		1	
EYE ANTIVIRALS			
GANCICLOVIR	ZIRGAN	2	
<i>trifluridine</i>	VIROPTIC	1	
EYE LOCAL ANESTHETICS			
<i>benoxinate hcl/fluorescein sod</i>	FLUORESCEIN-BENOXINATE	1	
<i>benoxinate hcl/fluorescein sod</i>	FLURESS	1	
<i>benoxinate hcl/fluorescein sod</i>	FLUROX	1	
LIDOCAINE HCL/PF	AKTEN	3	
<i>proparacaine hcl</i>		1	
<i>proparacaine/fluorescein sod</i>		1	
<i>tetracaine hcl</i>	TETCAINE	1	
TETRACAINE HCL	TETRAVISC	3	
TETRACAINE HCL	TETRAVISC FORTE	3	
<i>tetracaine hcl/pf</i>	TETRACAINE HYDROCHLORIDE	1	
EYE SULFONAMIDES			
<i>sulfacetamide sodium</i>	SODIUM SULAMYD	1	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE	2	
SULFACETAMIDE/PREDNISOLONE	BLEPHAMIDE S.O.P.	2	
<i>sulfacetamide/prednisolone sp</i>		1	
EYE VASOCONSTRICTORS (RX ONLY)			
<i>phenylephrine hcl</i>		1	
OPHTHALMIC ANTIBIOTICS			
AZITHROMYCIN	AZASITE	3	
<i>bacitracin</i>		1	
<i>bacitracin/polymyxin b sulfate</i>		1	
BESIFLOXACIN HCL	BESIVANCE	2	
<i>ciprofloxacin hcl</i>	CILOXAN (0.3 %) (DROPS)	1	
CIPROFLOXACIN HCL	CILOXAN (0.3 %) (OINT. (G))	2	
<i>erythromycin base</i>	ILOTYCIN	1	
<i>gatifloxacin</i>	ZYMAXID	1	
<i>gentamicin sulfate</i>	GARAMYCIN	1	
<i>gentamicin sulfate</i>	GENTAK	1	
<i>levofloxacin</i>		1	
MOXIFLOXACIN HCL	MOXEZA	2	
<i>moxifloxacin hcl</i>	VIGAMOX	1	
NATAMYCIN	NATACYN	3	
<i>neomycin sulf/bacitracin/poly</i>	NEO-POLYCIN	1	
<i>neomycin/polymyxin b/gramicidin</i>	NEOSPORIN	1	
<i>ofloxacin</i>	OCUFLOX	1	
<i>polymyxin b sulf/trimethoprim</i>	POLYTRIM	1	

Drug Name		Tier	Requirements/Limits
<i>tobramycin</i>	TOBEX (0.3 %) (DROPS)	1	
TOBRAMYCIN	TOBEX (0.3 %) (OINT. (G))	2	
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE			
CYCLOSPORINE	RESTASIS	2	QL: 60 IN 30 DAYS
CYCLOSPORINE	RESTASIS MULTIDOSE	2	QL: 5.5mL IN 30 DAYS
LIFITEGRAST	XIIDRA	2	QL: 60 IN 30 DAYS
OPHTHALMIC MAST CELL STABILIZERS			
<i>cromolyn sodium</i>	OPTICROM	1	
LODOXAMIDE TROMETHAMINE	ALOMIDE	2	
NEDOCROMIL SODIUM	ALOCIL	2	
OPHTHALMIC PREPARATIONS, MISCELLANEOUS			
HYPOCHLOROUS ACID/SODIUM CHLOR	ACUCYN	3	
HYPOCHLOROUS ACID/SODIUM CHLOR	AVENOVA	3	
EYE - GLAUCOMA			
CARBONIC ANHYDRASE INHIBITORS			
<i>acetazolamide</i>		1	
<i>methazolamide</i>	NEPTAZANE	1	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
<i>apraclonidine hcl</i>	IOPIDINE (0.5 %) (DROPS)	1	
APRACLONIDINE HCL	IOPIDINE (1 %) (DROPERETTE)	3	
<i>betaxolol hcl</i>	BETOPTIC	1	
BETAXOLOL HCL	BETOPTIC S	3	
BIMATOPROST	LUMIGAN (0.01 %) (DROPS)	2	QL: 1mL IN 12 DAYS
<i>bimatoprost</i>	LUMIGAN (0.03 %) (DROPS)	1	QL: 1mL IN 12 DAYS
<i>brimonidine tartrate</i>	ALPHAGAN	1	
BRIMONIDINE TARTRATE	ALPHAGAN P (0.1 %) (DROPS)	2	
<i>brimonidine tartrate</i>	ALPHAGAN P (0.15 %) (DROPS)	1	
BRIMONIDINE TARTRATE/TIMOLOL	COMBIGAN	2	
BRINZOLAMIDE	AZOPT	2	
BRINZOLAMIDE/BRIMONIDINE TART	SIMBRINZA	2	
<i>carteolol hcl</i>	OCUPRESS	1	
<i>dorzolamide hcl</i>	TRUSOPT	1	
<i>dorzolamide hcl/timolol maleate</i>	COSOPT	1	
DORZOLAMIDE/TIMOLOL/PF	COSOPT PF	3	ST, QL: 2 IN 1 DAY
ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	3	
<i>latanoprost</i>	XALATAN	1	
LATANOPROSTENE BUNOD	VYZULTA	3	ST, QL: 5mL IN 30 DAYS
<i>levobunolol hcl</i>	BETAGAN	1	
<i>metipranolol</i>	OPTIPRANOLOL	1	
<i>pilocarpine hcl</i>	ISOPTO CARPINE	1	
TAFLUPROST/PF	ZIOPTAN	3	ST, QL: 1 IN 1 DAY
TIMOLOL	BETIMOL	3	
<i>timolol maleate</i>	ISTALOL	1	
<i>timolol maleate</i>	TIMOPTIC	1	
<i>timolol maleate</i>	TIMOPTIC-XE	1	
TIMOLOL MALEATE/PF	TIMOPTIC OCULOSE	3	ST, QL: 2 IN 1 DAY
TRAVOPROST	TRAVATAN Z	2	QL: 1mL IN 12 DAYS

Drug Name	Tier	Requirements/Limits
MYDRIATICS		
<i>atropine sulfate</i>	1	
<i>atropine sulfate</i> ISOPTO ATROPINE	1	
<i>atropine sulfate/0.9 %sod chl</i>	1	
<i>cyclopentol/lido/pe/tropicamid</i>	3	
<i>cyclopentolat/tropic/phenyleph</i>	1	
<i>cyclopentolate hcl</i> CYCLOGYL	1	
CYCLOPENTOLATE/PHENYLEPHRINE CYCLOMYDRIL	3	
<i>homatropine hbr</i> ISOPTO HOMATROPINE	1	
HYDROXYAMPHETAMINE/TROPICAMIDE PAREMYD	3	
<i>tropicamide</i> MYDRIACYL	1	
OPHTHALMIC ANTIFIBROTIC AGENTS		
MITOMYCIN MITOSOL	3	
EYE - MISCELLANEOUS		
ARTIFICIAL TEARS		
<i>acetylcysteine in water/pf</i>	1	
HYDROXYPROPYL CELLULOSE LACRISERT	3	
EYE DIAGNOSTIC AGENTS		
<i>fluorescein sodium</i>	1	
FLUORESCIN SODIUM FUL-GLO	3	
<i>lissamine green</i>	1	
EYE PREPARATIONS, MISCELLANEOUS (OTC)		
GELATIN GELFILM	3	
OPHTHALMIC CYSTINE DEPLETING AGENTS		
CYSTEAMINE HCL CYSTARAN	4	PA
FLUID REPLACEMENT		
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS		
URIDINE TRIACETATE XURIDEN	4	PA
GOUT AND RELATED DISEASES		
COLCHICINE		
<i>colchicine</i> COLCRYS	1	QL: 4 IN 1 DAY
<i>colchicine</i> MITIGARE	1	QL: 2 IN 1 DAY
<i>probenecid/colchicine</i>	1	
HYPERURICEMIA TX - PURINE INHIBITORS		
<i>allopurinol</i> ZYLOPRIM	1	
FEBUXOSTAT ULORIC	2	ST, QL: 1 IN 1 DAY
URICOSURIC AGENTS		
LESINURAD ZURAMPIC	3	ST, QL: 1 IN 1 DAY
<i>probenecid</i> BENEMID	1	
URICOSURIC AND XANTHINE OXIDASE INHIBITOR COMB.		
LESINURAD/ALLOPURINOL DUZALLO	3	ST, QL: 1 IN 1 DAY
HEMATOLOGICAL DISORDERS		
ANTICOAGULANTS, COUMARIN TYPE		
<i>warfarin sodium</i> COUMADIN	1	
ANTIFIBRINOLYTIC AGENTS		
AMINOCAPROIC ACID AMICAR	3	
<i>tranexamic acid</i> LYSTEDA	1	
ANTIHEMOPHILIC FACTORS		
ANTIHEM.FVIII,SIN-CHN,B-DM TRU AFSTYLA	4	
ANTIHEMO.FVIII,FULL LENGTH PEG ADYNOVATE	4	
ANTIHEMOPH.FVIII REC,FC FUSION ELOCTATE	4	
ANTIHEMOPH.FVIII,B-DOM TRUNCAT NOVOEIGHT	4	
ANTIHEMOPH.FVIII,B-DOMAIN DEL XYNTHA	4	

Drug Name		Tier	Requirements/Limits
ANTIHEMOPH.FVIII,B-DOMAIN DEL	XYNTHA SOLOFUSE	4	
ANTIHEMOPH.FVIII,HEK B-DELETE	NUWIQ	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	ADVATE	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	HELIXATE FS	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOGENATE FS	4	
ANTIHEMOPHIL.FVIII,FULL LENGTH	KOVALTRY	4	
ANTIHEMOPHILIC FACTOR, HUM REC	RECOMBINATE	4	
ANTIHEMOPHILIC FACTOR, HUMAN	HEMOPIL M	4	
ANTIHEMOPHILIC FACTOR, HUMAN	KOATE	4	
ANTIHEMOPHILIC FACTOR, HUMAN	MONOCLATE-P	4	
ANTIHEMOPHILIC FACTOR/VWF	ALPHANATE	4	
ANTIHEMOPHILIC FACTOR/VWF	HUMATE-P	4	
ANTIHEMOPHILIC FACTOR/VWF	WILATE	4	
ANTIHEMOPHILIC FVIII,REC PORC	OBIZUR	4	
ANTI-INHIBITOR COAGULANT COMP.	FEIBA NF	4	
COAGULATION FACTOR VIIA,RECOMB	NOVOSEVEN RT	4	
BLOOD FACTORS,MISCELLANEOUS			
FACTOR XIII	CORIFACT	4	
VON WILLEBRAND FACTOR	VONVENDI	4	
CITRATES AS ANTICOAGULANTS			
<i>citrate phosphate dextros soln</i>		1	
DEXTROSE/SOD CITRATE/CITRIC AC	ACD	3	
<i>sodium citrate (4 % (3 ml)) (syringe)</i>		3	
<i>sodium citrate (4 % (4 ml)) (syringe)</i>		1	
<i>sodium citrate (4 g/100 ml) (solution)</i>		1	
<i>sodium citrate in 0.9 % nacl</i>		3	
DIRECT FACTOR XA INHIBITORS			
APIXABAN	ELIQUIS (2.5 MG) (TABLET)	2	QL: 2 IN 1 DAY
APIXABAN	ELIQUIS (5 MG (74)) (TAB DS PK)	2	QL: 74 IN 30 DAYS
APIXABAN	ELIQUIS (5 MG) (TABLET)	2	QL: 74 IN 30 DAYS
BETRIXABAN MALEATE	BEVYXXA	3	QL: 43 IN 42 DAYS
EDOXABAN TOSYLATE	SAVAYSA	3	ST, QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (10 MG) (TABLET)	2	QL: 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG) (TABLET)	2	QL: 42 IN 21 DAYS THEN 1 IN 1 DAY
RIVAROXABAN	XARELTO (15 MG- 20MG) (TAB DS PK)	2	QL: 51 IN 30 DAYS
RIVAROXABAN	XARELTO (20 MG) (TABLET)	2	QL: 1 IN 1 DAY
FACTOR IX PREPARATIONS			
FACTOR IX	ALPHANINE SD	4	
FACTOR IX	MONONINE	4	
FACTOR IX CPLX(PCC)NO4,3FACTOR	PROFILNINE	4	
FACTOR IX CPLX(PCC)NO6,3FACTOR	BEBULIN	4	
FACTOR IX HUMAN REC,PEGYLATED	REBINYN	4	
FACTOR IX HUMAN RECOMB,THR 148	IXINITY	4	
FACTOR IX HUMAN RECOMBINANT	BENEFIX	4	
FACTOR IX HUMAN RECOMBINANT	RIXUBIS	4	
FACTOR IX REC, FC FUSION PROT N	ALPROLIX	4	
FACTOR IX RECOM,ALBUMIN FUSION	IDELVION	4	
FACTOR X PREPARATIONS			
COAGULATION FACTOR X	COAGADEX	4	

Drug Name	Tier	Requirements/Limits
FACTOR XIII PREPARATIONS		
FACTOR XIII A-SUBUNIT,RECOMB	TRETTEN	4
HEMATINICS,OTHER		
DARBEPOETIN ALFA IN POLYSORBAT	ARANESP	4 PA
EPOETIN ALFA	EPOGEN	4 PA
EPOETIN ALFA	PROCRIT	4 PA
METHOXY PEG-EPOETIN BETA	MIRCERA	4 PA
HEMOPHILIA TREATMENT AGENTS,NON-FACTOR REPLACEMENT		
EMICIZUMAB-KXWH	HEMLIBRA	4 PA
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i>	TRENTAL	1
HEPARIN AND RELATED PREPARATIONS		
DALTEPARIN SODIUM,PORCINE	FRAGMIN (10000/ML) (SYRINGE)	4 QL: 10mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (12500/0.5) (SYRINGE)	4 QL: 5mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (15000/0.6) (SYRINGE)	4 QL: 6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (18000/0.72) (SYRINGE)	4 QL: 7.2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (2500/0.2ML) (SYRINGE)	4 QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (25000/ML) (VIAL)	4 QL: 7.6mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (5000/0.2ML) (SYRINGE)	4 QL: 2mL IN 30 DAYS
DALTEPARIN SODIUM,PORCINE	FRAGMIN (7500/0.3ML) (SYRINGE)	4 QL: 3mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (100 MG/ML) (SYRINGE)	4 QL: 20mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (120MG/.8ML) (SYRINGE)	4 QL: 16mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (150 MG/ML) (SYRINGE)	4 QL: 20mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (300MG/3ML) (VIAL)	4 QL: 30mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (30MG/0.3ML) (SYRINGE)	4 QL: 6mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (40MG/0.4ML) (SYRINGE)	4 QL: 8mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (60MG/0.6ML) (SYRINGE)	4 QL: 12mL IN 30 DAYS
<i>enoxaparin sodium</i>	LOVENOX (80MG/0.8ML) (SYRINGE)	4 QL: 16mL IN 30 DAYS

Drug Name		Tier	Requirements/Limits
<i>fondaparinux sodium</i>	ARIXTRA (10MG/0.8ML) (SYRINGE)	4	QL: 8mL IN 30 DAYS
<i>fondaparinux sodium</i>	ARIXTRA (2.5 MG/0.5) (SYRINGE)	4	QL: 5mL IN 30 DAYS
<i>fondaparinux sodium</i>	ARIXTRA (5MG/0.4ML) (SYRINGE)	4	QL: 4mL IN 30 DAYS
<i>fondaparinux sodium</i>	ARIXTRA (7.5MG/0.6) (SYRINGE)	4	QL: 6mL IN 30 DAYS
<i>heparin sod,porcine/0.9 % nacl (100/ml) (kit)</i>		1	
<i>heparin sod,porcine/0.9 % nacl (2500/500ml) (iv soln)</i>		3	
<i>heparin sod,porcine/0.9 % nacl (5000/500ml) (iv soln)</i>		3	
<i>heparin sodium,porcine</i>		1	
<i>heparin sodium,porcine/d5w</i>		1	
<i>heparin sodium,porcine/pf (1 unit/ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (10 unit/ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (10 unit/ml) (vial)</i>		1	
<i>heparin sodium,porcine/pf (100/ml (1)) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (100/ml (1)) (vial)</i>		1	
<i>heparin sodium,porcine/pf (1000/10 ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (1000/ml) (vial)</i>		1	
<i>heparin sodium,porcine/pf (200/2 ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (300/3 ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (500/5 ml) (syringe)</i>		1	
<i>heparin sodium,porcine/pf (5000/0.5ml) (syringe)</i>		1	
LEUKOCYTE (WBC) STIMULANTS			
FILGRASTIM	NEUPOGEN	4	PA
FILGRASTIM-SNDZ	ZARXIO	4	PA
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYR W/ INJ)	4	
PEGFILGRASTIM	NEULASTA (6MG/0.6ML) (SYRINGE)	4	PA
SARGRAMOSTIM	LEUKINE	4	PA
TBO-FILGRASTIM	GRANIX	4	PA
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION			
GLUTAMINE	ENDARI	4	PA
PLATELET AGGREGATION INHIBITORS			
<i>aspirin</i>		5	
<i>aspirin</i>	BAYER CHEWABLE ASPIRIN	5	
ASPIRIN	DURLAZA	3	PA
<i>aspirin</i>	ECOTRIN	5	
ASPIRIN/DIPYRIDAMOLE	AGGRENOX	3	
<i>aspirin/dipyridamole</i>		1	
ASPIRIN/OMEPRAZOLE	YOSPRALA	3	PA
<i>cilostazol</i>	PLETAL	1	
<i>clopidogrel bisulfate</i>	PLAVIX (300 MG) (TABLET)	1	QL: 4 IN 30 DAYS
<i>clopidogrel bisulfate</i>	PLAVIX (75 MG) (TABLET)	1	
<i>dipyridamole</i>	PERSANTINE	1	
<i>prasugrel hcl</i>	EFFIENT	1	QL: 1 IN 1 DAY
TICAGRELOR	BRILINTA	2	QL: 2 IN 1 DAY
VORAPAXAR SULFATE	ZONTIVITY	3	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
PLATELET REDUCING AGENTS			
<i>anagrelide hcl</i>	AGRYLIN	1	
SICKLE CELL ANEMIA AGENTS			
HYDROXYUREA	DROXIA	3	
THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE			
DESIRUDIN	IPRIVASK	4	PA, QL: 2 IN 1 DAY
THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE			
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	3	ST, QL: 2 IN 1 DAY
THROMBOPOIETIN RECEPTOR AGONISTS			
ELTROMBOPAG OLAMINE	PROMACTA	4	PA
TOPICAL HEMOSTATICS			
FERRIC SUBSULFATE	ASTRINGYN	3	
<i>ferric subsulfate</i>		3	
FIBRINOGEN/THROMBIN(HUMAN DER)	EVARREST	3	
FIBRINOGEN/THROMBIN(HUMAN DER)	RAPLIXA	3	
FIBRINOGEN/THROMBIN(HUMAN DER)	TACHOSIL	3	
GELATIN SPONGE,ABSORBABLE	GELFOAM	3	
MICROFIBRILLAR COLLAGEN	AVITENE	3	
MICROFIBRILLAR COLLAGEN	ENDO-AVITENE	3	
MICROFIBRILLAR COLLAGEN	SYRINGE AVITENE	3	
MICROFIBRILLAR COLLAGEN	ULTRAFOAM	3	
<i>thromb-cal-cell-dressing,hemos</i>		3	
<i>thrombin (bovine)</i>		1	
THROMBIN (RECOMBINANT)	RECOTHROM	3	
THROMBIN,BOVINE/GELATIN SPONGE	GELFOAM JMI	3	
THROMBIN,HU/FIBRINOGEN/CALCIUM	EVICEL	3	
<i>thrombin/cal/cmc/gel/dress,hem</i>		3	
VITAMIN K PREPARATIONS			
PHYTONADIONE (VIT K1)	MEPHYTON	2	
<i>phytonadione (vit k1) (10 mg/ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (ampul)</i>		1	
<i>phytonadione (vit k1) (1mg/0.5ml) (syringe)</i>		1	
HORMONAL DEFICIENCY			
ANDROGENIC AGENTS			
<i>methyltestosterone</i>	ANDROID	1	PA
METHYLTESTOSTERONE	METHITEST	2	PA
<i>methyltestosterone</i>	TESTRED	1	PA
<i>oxandrolone</i>	OXANDRIN	1	PA
OXYMETHOLONE	ANADROL-50	3	PA
TESTOSTERONE	ANDRODERM	3	PA
TESTOSTERONE	ANDROGEL (1.25G-1.62) (GEL PACKET)	2	PA
<i>testosterone</i>	ANDROGEL (12.5/1.25G) (GEL MD PMP)	1	PA
TESTOSTERONE	ANDROGEL (2.5G-1.62%) (GEL PACKET)	2	PA
TESTOSTERONE	ANDROGEL (20.25/1.25) (GEL MD PMP)	2	PA
<i>testosterone</i>	ANDROGEL (25MG(1%)) (GEL PACKET)	1	PA
<i>testosterone</i>	ANDROGEL (50 MG (1%)) (GEL PACKET)	1	PA
<i>testosterone</i>	AXIRON	1	PA

Drug Name		Tier	Requirements/Limits
<i>testosterone</i>	FORTESTA	1	PA
TESTOSTERONE	NATESTO	3	PA
TESTOSTERONE	STRIANT	3	PA
<i>testosterone</i>	TESTIM	1	PA
<i>testosterone</i>	VOGELXO	1	PA
<i>testosterone cypionate</i>	DEPO-TESTOSTERONE	1	PA
<i>testosterone enanthate</i>	DELATESTRYL	1	PA
ESTROGEN & PROGESTIN WITH ANTIMINERALOCORTICOID CB			
DROSPIRENONE/ESTRADIOL	ANGELIQ	3	
ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB			
ESTROGENS,CONJ/BAZEDOXIFENE	DUAVEE	2	
ESTROGEN/ANDROGEN COMBINATIONS			
<i>estrogen,ester/me-testosterone</i>	COVARYX	1	
<i>estrogen,ester/me-testosterone</i>	COVARYX H.S.	1	
ESTROGENIC AGENTS			
ESTRADIOL	ALORA	2	QL: 2 IN 7 DAYS
<i>estradiol</i>	CLIMARA	1	QL: 1 IN 7 DAYS
ESTRADIOL	DIVIGEL	2	
ESTRADIOL	ELESTRIN	3	
<i>estradiol</i>	ESTRACE	1	
ESTRADIOL	ESTROGEL	3	
ESTRADIOL	EVAMIST	3	
ESTRADIOL	MENOSTAR	3	QL: 1 IN 7 DAYS
ESTRADIOL	MINIVELLE	2	QL: 2 IN 7 DAYS
<i>estradiol</i>	VIVELLE-DOT	1	QL: 2 IN 7 DAYS
ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	3	
<i>estradiol valerate</i>	DELESTROGEN	3	
ESTRADIOL VALERATE	DELESTROGEN	3	
ESTRADIOL/LEVONORGESTREL	CLIMARA PRO	3	QL: 1 IN 7 DAYS
<i>estradiol/norethindrone acet</i>	ACTIVELLA	1	
ESTRADIOL/NORETHINDRONE ACET	COMBIPATCH	2	QL: 2 IN 7 DAYS
ESTRADIOL/NORGESTIMATE	PREFEST	3	
ESTROGEN,CON/M-PROGEST ACET	PREMPHASE	2	
ESTROGEN,CON/M-PROGEST ACET	PREMPRO	2	
ESTROGENS, CONJUGATED	PREMARIN	2	
ESTROGENS,ESTERIFIED	MENEST	2	
<i>estropipate</i>	ORTHO-EST	1	
<i>norethindrone ac-eth estradiol</i>	FEMHRT	1	
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE	1	
<i>norethindrone ac-eth estradiol</i>	JEVANTIQUE LO	1	
LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB			
LEUPROLIDE/NORETHINDRONE ACET	LUPANETA PACK	3	
PROGESTATIONAL AGENTS			
<i>medroxyprogesterone acetate</i>	PROVERA	1	
<i>norethindrone acetate</i>	AYGESTIN	1	
<i>progesterone</i>		1	
PROGESTERONE, MICRONIZED	CRINONE	3	
<i>progesterone, micronized</i>	PROMETRIUM	1	
IMMUNIZATION			
ANTISERA			
IGG/HYALURONIDASE,RECOMBINANT	HYQVIA	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	CUVITRU	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	GAMMAGARD LIQUID	4	PA
IMMUN GLOB G(IGG)/GLY/IGA OV50	HYQVIA IG COMPONENT	4	PA

Drug Name		Tier	Requirements/Limits
IMMUN GLOB G(IGG)/PRO/IGA 0-50	HIZENTRA	4	PA
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMMAKED	4	PA
IMMUNE GLOBUL G/GLY/IGA AVG 46	GAMUNEX-C	4	PA
ENTERIC VIRUS VACCINES			
ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX	3	
ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ	3	
GRAM (-) BACILLI (NON-ENTERIC) VACCINES			
TYPHOID VACC,LIVE,ATTENUATED	VIVOTIF	3	
GRAM NEGATIVE COCCI VACCINES			
MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO	3	
N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA	3	
INFLUENZA VIRUS VACCINES			
FLU VAC QS 17-18 (4YR UP) CELL	FLUCELVAX QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VAC QS 17-18(4YR UP)CEL/PF	FLUCELVAX QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VAC QV 2017(18YR UP)RCM/PF	FLUBLOK QUAD 2017-2018	5	AGE: <= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VAC TS 2017-18(4 YR UP)/PF	FLUVIRIN 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VAC TV 2017(18YR UP)RCM/PF	FLUBLOK 2017-2018	5	AGE: <= 18 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC QS 2017 (18-64YRS)/PF	FLUZONE INTRADERM QUAD 2017-18	5	AGE: <= 18 YEARS, QL: 0.1mL IN 180 DAYS
FLU VACC QS 2017 (6-35MOS)/PF	FLUZONE QUAD PEDI 2017-2018	5	QL: 0.25mL IN 180 DAYS
FLU VACC QS2017-18 36MOS UP/PF	FLUZONE QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLUARIX QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QS2017-18(6MOS UP)/PF	FLULAVAL QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017(5 YR UP)/PF	AFLURIA QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(5 YR UP)	AFLURIA QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLULAVAL QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QUAD 2017-18(6MOS UP)	FLUZONE QUAD 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACC QV LIVE 2017(2-49YRS)	FLUMIST QUAD 2017-2018	3	QL: 1 IN 180 DAYS
FLU VACC TS2017(65UP)/MF59C/PF	FLUAD 2017-2018	5	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACC TS2017-18(65YR UP)/PF	FLUZONE HIGH-DOSE 2017-2018	5	AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS
FLU VACCIN TS2017-18 5YR UP/PF	AFLURIA 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(4 YR UP)	FLUVIRIN 2017-2018	5	QL: 0.5mL IN 180 DAYS
FLU VACCINE TS2017-18(5 YR UP)	AFLURIA 2017-2018	5	QL: 0.5mL IN 180 DAYS
TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS			
CHOLERA VACCINE, LIVE	VAXCHORA ACTIVE COMPONENT	3	
CHOLERA VACCINE, LIVE	VAXCHORA VACCINE	3	
VIRAL/TUMORIGENIC VACCINES			
ADENOVIRUS LIVE TYPES-4,7 VACC	ADENOVIRUS TYPE 4 AND TYPE 7	3	

Drug Name		Tier	Requirements/Limits
ADENOVIRUS VACCINE LIVE TYPE-4	ADENOVIRUS TYPE 4	3	
ADENOVIRUS VACCINE LIVE TYPE-7	ADENOVIRUS TYPE 7	3	
IMMUNOSUPPRESSION/MODULATION			
IMMUNOMODULATORS			
<i>imiquimod</i>	ALDARA	1	QL: 24 IN 30 DAYS
IMIQUIMOD	ZYCLARA (2.5 %) (CRM MD PMP)	3	ST, QL: 7.5gm IN 28 DAYS
IMIQUIMOD	ZYCLARA (3.75 %) (CREAM PACK)	3	ST, QL: 1 IN 1 DAY
IMIQUIMOD	ZYCLARA (3.75 %) (CRM MD PMP)	3	ST, QL: 7.5gm IN 28 DAYS
INTERFERON ALFA-2B,RECOMB.	INTRON A	4	PA
INTERFERON ALFA-N3	ALFERON N	4	
INTERFERON GAMMA-1B,RECOMB.	ACTIMMUNE	4	
IMMUNOSUPPRESSIVES			
AZATHIOPRINE	AZASAN	3	
<i>azathioprine</i>	IMURAN	1	
<i>cyclosporine</i>	SANDIMMUNE	4	
CYCLOSPORINE	SANDIMMUNE	4	
<i>cyclosporine, modified</i>	GENGRAF	4	
<i>cyclosporine, modified</i>	NEORAL	4	
EVEROLIMUS	ZORTRESS	4	
<i>mycophenolate mofetil</i>	CELLCEPT	1	
<i>mycophenolate sodium</i>	MYFORTIC	1	
<i>sirolimus</i>	RAPAMUNE	4	
SIROLIMUS	RAPAMUNE	4	
TACROLIMUS	ASTAGRAF XL	4	
TACROLIMUS	ENVARUSUS XR	4	
<i>tacrolimus</i>	PROGRAF	4	
INFECTIOUS DISEASE - BACTERIAL			
BETALACTAMS			
AZTREONAM LYSINE	CAYSTON	4	PA
CEPHALOSPORINS - 1ST GENERATION			
<i>cefadroxil</i>	DURICEF	1	
CEPHALEXIN	DAXBIA	3	ST
<i>cephalexin</i>	KEFLEX	1	
CEPHALOSPORINS - 2ND GENERATION			
<i>cefaclor</i>	CECLOR	1	
<i>cefaclor</i>	CECLOR CD	1	
<i>cefprozil</i>	CEFZIL	1	
CEFUROXIME AXETIL	CEFTIN (125 MG/5ML) (SUSP RECON)	2	
<i>cefuroxime axetil</i>	CEFTIN (250 MG) (TABLET)	1	
CEFUROXIME AXETIL	CEFTIN (250 MG/5ML) (SUSP RECON)	2	
<i>cefuroxime axetil</i>	CEFTIN (500 MG) (TABLET)	1	
CEPHALOSPORINS - 3RD GENERATION			
<i>cefdinir</i>	OMNICEF	1	
<i>cefditoren pivoxil</i>	SPECTRACEF	1	
CEFIXIME	SUPRAX (100 MG) (TAB CHEW)	2	

Drug Name		Tier	Requirements/Limits
<i>cefixime</i>	SUPRAX (100 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (200 MG) (TAB CHEW)	2	
<i>cefixime</i>	SUPRAX (200 MG/5ML) (SUSP RECON)	1	
CEFIXIME	SUPRAX (400 MG) (CAPSULE)	2	
CEFIXIME	SUPRAX (500 MG/5ML) (SUSP RECON)	2	
<i>cefprozime proxetil</i>	VANTIN	1	
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
FOSFOMYCIN TROMETHAMINE	MONUROL	3	
<i>meth/meblue/sod phos/psal/hyos</i>		1	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	PHOSPHASAL	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URETRON D-S	2	
METH/MEBLUE/SOD PHOS/PSAL/HYOS	URIN D.S.	2	
<i>methen/mblue/sal/sod phos/hyos</i>		1	
<i>methenam/m.blue/salicyl/hyoscy</i>		1	
<i>methenam/sod phos/mblue/hyoscy</i>	URYL	1	
<i>methenam/sod phos/mblue/hyoscy</i>	UTA	1	
<i>methenamine hippurate</i>	HIPREX	1	
<i>methenamine mandelate</i>	MANDELAMINE	1	
TRIMETHOPRIM	PRIMSOL	2	
<i>trimethoprim</i>	PROLOPRIM	1	
TRIMETHOPRIM	TRIMPEX	2	
MACROLIDES			
<i>azithromycin</i>	ZITHROMAX	1	
<i>azithromycin</i>	ZITHROMAX TRI-PAK	1	
AZITHROMYCIN	ZMAX	2	
<i>clarithromycin</i>	BIAXIN	1	
<i>clarithromycin</i>	BIAXIN XL	1	
ERYTHROMYCIN BASE	ERY-TAB	2	
<i>erythromycin base</i>		1	
ERYTHROMYCIN BASE	PCE	2	
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 200	2	
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 200	2	
ERYTHROMYCIN ETHYLSUCCINATE	ERYPED 400	2	
<i>erythromycin ethylsuccinate</i>		1	
<i>erythromycin stearate</i>	ERYTHRCIN STEARATE	1	
FIDAXOMICIN	DIFICID	2	ST, QL: 20 IN 30 DAYS
NITROFURAN DERIVATIVES			
<i>nitrofurantoin</i>	FURADANTIN	1	
<i>nitrofurantoin macrocrystal</i>	MACRODANTIN	1	
<i>nitrofurantoin monohyd/m-cryst</i>	MACROBID	1	
OXAZOLIDINONES			
<i>linezolid</i>	ZYVOX	1	
TEDIZOLID PHOSPHATE	SIVEXTRO	2	ST, QL: 6 IN 6 DAYS
PENICILLINS			
<i>amoxicillin</i>	AMOXIL	1	
AMOXICILLIN	MOXATAG	3	

Drug Name		Tier	Requirements/Limits
AMOXICILLIN/POTASSIUM CLAV	AUGMENTIN (125-31.25/) (SUSP RECON)	2	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5/5) (SUSP RECON)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (200-28.5MG) (TAB CHEW)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-125 MG) (TABLET)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (250-62.5/5) (SUSP RECON)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG) (TAB CHEW)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (400-57MG/5) (SUSP RECON)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (500-125 MG) (TABLET)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN (875-125 MG) (TABLET)	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN ES-600	1	
<i>amoxicillin/potassium clav</i>	AUGMENTIN XR	1	
<i>ampicillin trihydrate</i>	AMPICILLIN	1	
<i>dicloxacillin sodium</i>	PATHOCIL	1	
<i>penicillin v potassium</i>		1	
<i>penicillin v potassium</i>	VEETIDS	1	
QUINOLONES			
CIPROFLOXACIN	CIPRO	2	
<i>ciprofloxacin</i>		1	
<i>ciprofloxacin hcl</i>	CIPRO	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	CIPRO XR	1	
DELAFLORACIN MEGLUMINE	BAXDELA	3	PA
GEMIFLOXACIN MESYLATE	FACTIVE	3	
<i>levofloxacin</i>	LEVAQUIN	1	
<i>moxifloxacin hcl</i>	AVELOX	1	
<i>moxifloxacin hcl</i>	AVELOX ABC PACK	1	
<i>ofloxacin</i>	FLOXIN	1	
TETRACYCLINES			
<i>demeclocycline hcl</i>	DECLOMYCIN	1	
DOXYCYCLINE CALCIUM	VIBRAMYCIN	2	
<i>doxycycline hyclate</i>	ACTICLATE	1	ST, QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	DORYX (100 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	DORYX (150 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	DORYX (200 MG) (TABLET DR)	1	ST, QL: 1 IN 1 DAY
<i>doxycycline hyclate</i>	DORYX (50 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	DORYX (75 MG) (TABLET DR)	1	ST, QL: 2 IN 1 DAY
DOXYCYCLINE HYCLATE	DORYX MPC	3	ST, QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	MORGIDOX	1	QL: 2 IN 1 DAY
DOXYCYCLINE HYCLATE	TARGADOX	3	ST, QL: 4 IN 1 DAY
<i>doxycycline hyclate</i>	VIBRAMYCIN	1	QL: 2 IN 1 DAY
<i>doxycycline hyclate</i>	VIBRA-TABS	1	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>doxycycline monohydrate</i>	ADOXA	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	AVIDOXY	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONDOXYNE NL (100 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONDOXYNE NL (50 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONDOXYNE NL (75 MG) (CAPSULE)	1	ST, QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONODOX (100 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONODOX (50 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONODOX (50 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONODOX (75 MG) (CAPSULE)	1	ST, QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	MONODOX (75 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>doxycycline monohydrate</i>	ORACEA	1	ST, AGE: >= 18 YEARS, QL: 1 IN 1 DAY
<i>doxycycline monohydrate</i>	VIBRAMYCIN	1	
DOXYCYCLINE/BENZOYL PEROXIDE	BENZODOX 30	3	ST, QL: 1 IN 30 DAYS
DOXYCYCLINE/BENZOYL PEROXIDE	BENZODOX 60	3	ST, QL: 1 IN 30 DAYS
DOXYCYCLINE/SALICY/OCT/ZINC OX	AVIDOXY DK	3	ST, QL: 1 IN 30 DAYS
DOXYCYCLINE/SKIN CLEANSER NO19	MORGIDOX	3	ST, QL: 1 IN 30 DAYS
<i>minocycline hcl</i>	DYNACIN	1	
<i>minocycline hcl</i>	MINOCIN	1	
MINOCYCLINE HCL	SOLODYN (105 MG) (TAB ER 24H)	3	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>minocycline hcl</i>	SOLODYN (115MG) (TAB ER 24H)	1	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>minocycline hcl</i>	SOLODYN (135 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>minocycline hcl</i>	SOLODYN (45 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
MINOCYCLINE HCL	SOLODYN (55 MG) (TAB ER 24H)	3	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>minocycline hcl</i>	SOLODYN (65 MG) (TAB ER 24H)	1	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
MINOCYCLINE HCL	SOLODYN (80 MG) (TAB ER 24H)	3	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>minocycline hcl</i>	SOLODYN (90 MG) (TAB ER 24H)	1	AGE: >= 12 YEARS, QL: 1 IN 1 DAY
MINOCYCLINE HCL	XIMINO	3	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>tetracycline hcl</i>	PANMYCIN	1	
<i>tetracycline hcl</i>	SUMYCIN	1	
INFECTIOUS DISEASE - FUNGAL			
ANTIFUNGAL AGENTS			
<i>clotrimazole</i>	MYCELEX	1	
<i>fluconazole</i>	DIFLUCAN	1	
<i>flucytosine</i>	ANCOBON	1	
ISAVUCONAZONIUM SULFATE	CRESEMBA	3	
ITRACONAZOLE	ONMEL	3	
ITRACONAZOLE	SPORANOX (10 MG/ML) (SOLUTION)	2	

Drug Name		Tier	Requirements/Limits
<i>itraconazole</i>	SPORANOX (100 MG) (CAPSULE)	1	
<i>ketoconazole</i>	NIZORAL	1	
MICONAZOLE	ORAVIG	3	
POSACONAZOLE	NOXAFIL	3	
<i>terbinafine hcl</i>	LAMISIL	1	
<i>voriconazole</i>	VFEND	1	
ANTIFUNGAL ANTIBIOTICS			
<i>griseofulvin ultramicrosize</i>	GRIS-PEG	1	
<i>griseofulvin, microsize</i>	GRIFULVIN V	1	
<i>nystatin</i>		1	
INFECTIOUS DISEASE - MISCELLANEOUS			
AMINOGLYCOSIDES			
<i>neomycin sulfate</i>		1	
TOBRAMYCIN	BETHKIS	4	PA
TOBRAMYCIN	TOBI PODHALER	4	PA
<i>tobramycin in 0.225% sod chlor</i>	TOBI	4	PA
<i>tobramycin/nebulizer</i>	KITABIS PAK	4	PA
ANTIBACTERIAL AGENTS, MISCELLANEOUS			
<i>glycine urologic solution</i>	AMINOACETIC ACID	1	
ANTILEPTOTICS			
<i>dapsone</i>		1	
THALIDOMIDE	THALOMID	4	PA, QL: 2 IN 1 DAY
ANTI-MYCOBACTERIUM AGENTS			
AMINOSALICYLIC ACID	PASER	3	
<i>ethambutol hcl</i>	MYAMBUTOL	1	
ETHIONAMIDE	TRECTOR	3	
<i>isoniazid</i>		1	
<i>pyrazinamide</i>		1	
<i>rifabutin</i>	MYCOBUTIN	1	
ANTITUBERCULAR ANTIBIOTICS			
BEDAQUILINE FUMARATE	SIRTURO	4	PA
<i>cycloserine</i>	SEROMYCIN	1	
RIFAMP/ISONIAZID/PYRAZINAMIDE	RIFATER	3	
<i>rifampin</i>	RIFADIN	1	
RIFAMPIN/ISONIAZID	RIFAMATE	2	
RIFAPENTINE	PRIFTIN	3	
LINCOSAMIDES			
<i>clindamycin hcl</i>	CLEOCIN HCL	1	
<i>clindamycin palmitate hcl</i>	CLEOCIN PALMITATE	1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS			
RIFAXIMIN	XIFAXAN (200 MG) (TABLET)	3	QL: 9 PER FILL
RIFAXIMIN	XIFAXAN (550 MG) (TABLET)	2	PA
VANCOMYCIN AND DERIVATIVES			
VANCOMYCIN HCL	FIRVANQ	3	
<i>vancomycin hcl (125 mg) (capsule)</i>		1	QL: 40 IN 30 DAYS
<i>vancomycin hcl (125mg/2.5) (syringe)</i>		3	
<i>vancomycin hcl (250 mg) (capsule)</i>		1	QL: 80 IN 30 DAYS
INFECTIOUS DISEASE - PARASITIC			
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
SECNIDAZOLE	SOLOSEC	3	ST, QL: 1 IN 30 DAYS
<i>tinidazole</i>	TINDAMAX	1	

Drug Name	Tier	Requirements/Limits
AMEBACIDES		
<i>paromomycin sulfate</i>	HUMATIN	1
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS		
<i>metronidazole</i>	FLAGYL	1
ANTHELMINTICS		
ALBENDAZOLE	ALBENZA	2
<i>ivermectin</i>	STROMEKTOL	1
MEBENDAZOLE	EMVERM	3 PA
PRAZIQUANTEL	BILTRICIDE	2
ANTIMALARIAL DRUGS		
ARTEMETHER/LUMEFANTRINE	COARTEM	3
<i>atovaquone/proguanil hcl</i>	MALARONE	1
<i>chloroquine phosphate</i>		1
<i>hydroxychloroquine sulfate</i>	PLAQUENIL	1
<i>mefloquine hcl</i>	LARIAM	1
PRIMAQUINE PHOSPHATE	PRIMAQUINE	2
PYRIMETHAMINE	DARAPRIM	2 PA
<i>quinine sulfate</i>	QUALAQUIN	1
ANTIPARASITICS		
NITAZOXANIDE	ALINIA	3
ANTIPROTOZOAL DRUGS,MISCELLANEOUS		
<i>atovaquone</i>	MEPRON	1
<i>benznidazole</i>		1
MILTEFOSINE	IMPAVIDO	3 PA
PENTAMIDINE ISETHIONATE	NEBUPENT	2
INFECTIOUS DISEASE - VIRAL		
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.		
DOLUTEGRAVIR/RILPIVIRINE	JULUCA	2 QL: 1 IN 1 DAY
ANTIVIRALS, GENERAL		
ACYCLOVIR	SITAVIG	3 QL: 4 IN 365 DAYS
<i>acyclovir</i>	ZOVIRAX	1
<i>famciclovir</i>	FAMVIR	1
LETERMOVIR	PREVYMIS	4 PA
<i>oseltamivir phosphate</i>		1
OSELTAMIVIR PHOSPHATE	TAMIFLU	1
<i>ribavirin</i>	VIRAZOLE	1
<i>rimantadine hcl</i>	FLUMADINE	1
<i>valacyclovir hcl</i>	VALTREX	1
<i>valganciclovir hcl</i>	VALCYTE	1
ZANAMIVIR	RELENZA	3 QL: 40 IN 183 DAYS
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB		
DARUNAVIR ETHANOLATE	PREZISTA (100 MG/ML) (ORAL SUSP)	2 QL: 400mL IN 30 DAYS
DARUNAVIR ETHANOLATE	PREZISTA (150 MG) (TABLET)	2 QL: 8 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (600 MG) (TABLET)	2 QL: 2 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (75 MG) (TABLET)	2 QL: 16 IN 1 DAY
DARUNAVIR ETHANOLATE	PREZISTA (800 MG) (TABLET)	2 QL: 1 IN 1 DAY
DARUNAVIR/COBICISTAT	PREZCOBIX	2 QL: 1 IN 1 DAY
TIPRANAVIR	APTIVUS	2 QL: 4 IN 1 DAY
TIPRANAVIR/VITAMIN E TPGS	APTIVUS	2 QL: 380mL IN 30 DAYS

Drug Name		Tier	Requirements/Limits
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			
EMTRICITABINE/TENOFOV ALAFENAM	DESCOVY	2	QL: 1 IN 1 DAY
EMTRICITABINE/TENOFOVIR (TDF)	TRUVADA	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
<i>abacavir sulfate/lamivudine</i>	EPZICOM	1	QL: 1 IN 1 DAY
<i>abacavir/lamivudine/zidovudine</i>	TRIZIVIR	1	QL: 2 IN 1 DAY
<i>lamivudine/zidovudine</i>	COMBIVIR	1	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
MARAVIROC	SELZENTRY (150 MG) (TABLET)	2	QL: 2 IN 1 DAY
MARAVIROC	SELZENTRY (20 MG/ML) (SOLUTION)	2	QL: 31mL IN 1 DAY
MARAVIROC	SELZENTRY (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (300 MG) (TABLET)	2	QL: 4 IN 1 DAY
MARAVIROC	SELZENTRY (75 MG) (TABLET)	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
ENFUVRTIDE	FUZEON	2	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
DELAVIRDINE MESYLATE	RESCRIPTOR	2	
<i>efavirenz</i>	SUSTIVA	1	
ETRAVIRINE	INTELENCE (100 MG) (TABLET)	2	QL: 4 IN 1 DAY
ETRAVIRINE	INTELENCE (200 MG) (TABLET)	2	QL: 2 IN 1 DAY
ETRAVIRINE	INTELENCE (25 MG) (TABLET)	2	QL: 4 IN 1 DAY
<i>nevirapine</i>	VIRAMUNE (200 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>nevirapine</i>	VIRAMUNE (50 MG/5 ML) (ORAL SUSP)	1	QL: 1200mL IN 30 DAYS
<i>nevirapine</i>	VIRAMUNE XR (100 MG) (TAB ER 24H)	1	QL: 3 IN 1 DAY
<i>nevirapine</i>	VIRAMUNE XR (400 MG) (TAB ER 24H)	1	QL: 1 IN 1 DAY
RILPIVIRINE HCL	EDURANT	2	QL: 1 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
<i>abacavir sulfate</i>	ZIAGEN (20 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
<i>abacavir sulfate</i>	ZIAGEN (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
DIDANOSINE	VIDEX	2	QL: 600mL IN 30 DAYS
<i>didanosine</i>	VIDEX EC (125 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
<i>didanosine</i>	VIDEX EC (200 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
<i>didanosine</i>	VIDEX EC (250 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
<i>didanosine</i>	VIDEX EC (400 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
EMTRICITABINE	EMTRIVA (10 MG/ML) (SOLUTION)	2	QL: 850mL IN 30 DAYS
EMTRICITABINE	EMTRIVA (200 MG) (CAPSULE)	2	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>lamivudine</i>	EPIVIR (10 MG/ML) (SOLUTION)	1	QL: 960mL IN 30 DAYS
<i>lamivudine</i>	EPIVIR (150 MG) (TABLET)	1	QL: 2 IN 1 DAY
<i>lamivudine</i>	EPIVIR (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
<i>stavudine (1 mg/ml) (soln recon)</i>		1	QL: 2400mL IN 30 DAYS
<i>stavudine (15 mg) (capsule)</i>		1	QL: 2 IN 1 DAY
<i>stavudine (20 mg) (capsule)</i>		1	QL: 2 IN 1 DAY
<i>stavudine (30 mg) (capsule)</i>		1	QL: 2 IN 1 DAY
<i>stavudine (40 mg) (capsule)</i>		1	QL: 2 IN 1 DAY
STAVUDINE	ZERIT	2	QL: 2400mL IN 30 DAYS
<i>zidovudine</i>	RETROVIR (10 MG/ML) (SYRUP)	1	QL: 1920mL IN 30 DAYS
<i>zidovudine</i>	RETROVIR (100 MG) (CAPSULE)	1	QL: 6 IN 1 DAY
<i>zidovudine</i>	RETROVIR (300 MG) (TABLET)	1	QL: 2 IN 1 DAY
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (150 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (200 MG) (TABLET)	2	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (250 MG) (TABLET)	2	QL: 1 IN 1 DAY
<i>tenofovir disoproxil fumarate</i>	VIREAD (300 MG) (TABLET)	1	QL: 1 IN 1 DAY
TENOFOVIR DISOPROXIL FUMARATE	VIREAD (40MG/SCOOP) (POWDER)	2	QL: 240gm IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
LOPINAVIR/RITONAVIR	KALETRA (100MG- 25MG) (TABLET)	2	QL: 2 IN 1 DAY
LOPINAVIR/RITONAVIR	KALETRA (200MG- 50MG) (TABLET)	2	QL: 4 IN 1 DAY
<i>lopinavir/ritonavir</i>	KALETRA (400- 100/5) (SOLUTION)	1	QL: 480mL IN 30 DAYS
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
<i>atazanavir sulfate</i>	REYATAZ (150 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atazanavir sulfate</i>	REYATAZ (200 MG) (CAPSULE)	1	QL: 2 IN 1 DAY
<i>atazanavir sulfate</i>	REYATAZ (300 MG) (CAPSULE)	1	QL: 1 IN 1 DAY
ATAZANAVIR SULFATE	REYATAZ (50 MG) (POWD PACK)	2	QL: 5 IN 1 DAY
ATAZANAVIR SULFATE/COBICISTAT	EVOTAZ	2	QL: 1 IN 1 DAY
FOSAMPRENAVIR CALCIUM	LEXIVA (50 MG/ML) (ORAL SUSP)	2	QL: 1800mL IN 30 DAYS
<i>fosamprenavir calcium</i>	LEXIVA (700 MG) (TABLET)	1	QL: 4 IN 1 DAY
INDINAVIR SULFATE	CRIXIVAN	2	
NELFINAVIR MESYLATE	VIRACEPT	2	
RITONAVIR	NORVIR (100 MG) (CAPSULE)	2	QL: 12 IN 1 DAY
<i>ritonavir</i>	NORVIR (100 MG) (TABLET)	1	QL: 12 IN 1 DAY

Drug Name		Tier	Requirements/Limits
RITONAVIR	NORVIR (80 MG/ML) (SOLUTION)	2	QL: 480mL IN 30 DAYS
SAQUINAVIR MESYLATE	INVIRASE (200 MG) (CAPSULE)	2	QL: 10 IN 1 DAY
SAQUINAVIR MESYLATE	INVIRASE (500 MG) (TABLET)	2	QL: 4 IN 1 DAY
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
DOLUTEGRAVIR SODIUM	TIVICAY	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (POWD PACK)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (100 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (25 MG) (TAB CHEW)	2	QL: 6 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS (400 MG) (TABLET)	2	QL: 2 IN 1 DAY
RALTEGRAVIR POTASSIUM	ISENTRESS HD	2	QL: 2 IN 1 DAY
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI			
EFAVIRENZ/EMTRICIT/TENOFOVR DF	ATRIPLA	2	QL: 1 IN 1 DAY
EFAVIRENZ/LAMIVU/TENOFOV DISOP	SYMFI LO	2	
EMTRICITA/RILPIVIRINE/TENOF DF	COMPLERA	2	QL: 1 IN 1 DAY
EMTRICITAB/RILPIVIRI/TENOF ALA	ODEFSEY	2	QL: 1 IN 1 DAY
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR			
BICTEGRAV/EMTRICIT/TENOFOV ALA	BIKTARVY	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOF ALAFEN	GENVOYA	2	QL: 1 IN 1 DAY
ELVITEG/COB/EMTRI/TENOFO DISOP	STRIBILD	2	QL: 1 IN 1 DAY
ARV COMB-NRTIS & INTEGRASE INHIBITOR			
ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	TRIUMEQ	2	QL: 1 IN 1 DAY
CYTOCHROME P450 INHIBITORS			
COBICISTAT	TYBOST	2	QL: 1 IN 1 DAY
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO			
SOFOSBUVIR/VELPATAS/VOXILAPREV	VOSEVI	4	PA
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.			
LEDIPASVIR/SOFOSBUVIR	HARVONI	4	PA
SOFOSBUVIR/VELPATASVIR	EPCLUSA	4	PA
HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH			
SOFOSBUVIR	SOVALDI	4	PA
HEPATITIS B TREATMENT AGENTS			
<i>adefovir dipivoxil</i>	HEPSERA	4	QL: 1 IN 1 DAY
ENTECAVIR	BARACLUDE (0.05 MG/ML) (SOLUTION)	4	QL: 630mL IN 30 DAYS
<i>entecavir</i>	BARACLUDE (0.5 MG) (TABLET)	4	QL: 1 IN 1 DAY
<i>entecavir</i>	BARACLUDE (1 MG) (TABLET)	4	QL: 1 IN 1 DAY
<i>lamivudine</i>	EPIVIR HBV (100 MG) (TABLET)	1	QL: 1 IN 1 DAY
LAMIVUDINE	EPIVIR HBV (25 MG/5 ML) (SOLUTION)	2	QL: 720mL IN 30 DAYS
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	4	ST, QL: 1 IN 1 DAY
HEPATITIS C TREATMENT AGENTS			
PEGINTERFERON ALFA-2A	PEGASYS	4	PA
PEGINTERFERON ALFA-2A	PEGASYS PROCLICK	4	PA
PEGINTERFERON ALFA-2B	PEGINTRON	4	PA

Drug Name		Tier	Requirements/Limits
RIBAVIRIN	REBETOL	2	
ribavirin (200 mg) (capsule)		1	
ribavirin (200 mg) (tablet)		1	
ribavirin (200-400 mg) (tab ds pk)		1	ST
ribavirin (200-400(7)) (tab ds pk)		1	ST
ribavirin (400 mg) (tablet)		1	ST
ribavirin (400-400 mg) (tab ds pk)		1	ST
ribavirin (400-400(7)) (tab ds pk)		1	ST
ribavirin (600 mg) (tablet)		1	ST
ribavirin (600-400 mg) (tab ds pk)		1	ST
ribavirin (600-400(7)) (tab ds pk)		1	ST
ribavirin (600-600 mg) (tab ds pk)		1	ST
ribavirin (600-600(7)) (tab ds pk)		1	ST
HEPATITIS C VIRUS - NS5A REPLICATION COMPLEX INHIB			
DACLATASVIR DIHYDROCHLORIDE	DAKLINZA	4	PA
HEPATITIS C VIRUS - NS5A, NS3/4A, NS5B INHIB CMB.			
OMBITA/PARITAP/RITON/DASABUVIR	VIEKIRA PAK	4	PA
OMBITA/PARITAP/RITON/DASABUVIR	VIEKIRA XR	4	PA
HEPATITIS C VIRUS NS3/4A SERINE PROTEASE INHIB.			
SIMEPREVIR SODIUM	OLYSIO	4	PA
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
ELBASVIR/GRAZOPREVIR	ZEPATIER	4	PA
GLECAPREVIR/PIBRENTASVIR	MAVYRET	4	PA
OMBITASVIR/PARITAPREV/RITONAV	TECHNIVIE	4	PA
INFLAMMATORY DISEASE			
ANTI-ARTHRITIC AND CHELATING AGENTS			
PENICILLAMINE	CUPRIMINE	4	PA
PENICILLAMINE	DEPEN	4	PA
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS			
METHOTREXATE/PF	OTREXUP	4	ST, QL: 1.6mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (10MG/0.2ML) (AUTO INJCT)	4	ST, QL: 0.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (12.5/0.25) (AUTO INJCT)	4	ST, QL: 1mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (15MG/0.3ML) (AUTO INJCT)	4	ST, QL: 1.2mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (17.5/0.35) (AUTO INJCT)	4	ST, QL: 1.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (20MG/0.4ML) (AUTO INJCT)	4	ST, QL: 1.6mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (22.5/0.45) (AUTO INJCT)	4	ST, QL: 1.8mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (25MG/0.5ML) (AUTO INJCT)	4	ST, QL: 2mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (30MG/0.6ML) (AUTO INJCT)	4	ST, QL: 2.4mL IN 28 DAYS
METHOTREXATE/PF	RASUVO (7.5MG/0.15) (AUTO INJCT)	4	ST, QL: 0.6mL IN 28 DAYS
ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			
ANAKINRA	KINERET	4	PA
RILONACEPT	ARCALYST	4	

Drug Name		Tier	Requirements/Limits
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
ADALIMUMAB	HUMIRA	4	PA
ADALIMUMAB	HUMIRA PEDIATRIC CROHN'S	4	PA
ADALIMUMAB	HUMIRA PEN	4	PA
ADALIMUMAB	HUMIRA PEN CROHN-UC-HS STARTER	4	PA
ADALIMUMAB	HUMIRA PEN PSORIASIS-UVEITIS	4	PA
ETANERCEPT	ENBREL	4	PA
ETANERCEPT	ENBREL MINI	4	PA
ETANERCEPT	ENBREL SURECLICK	4	PA
GOLIMUMAB	SIMPONI	4	PA
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
<i>leflunomide</i>	ARAVA	1	
ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.			
APREMILAST	OTEZLA	4	PA
ANTINFLAMMATORY, SEL. COSTIM. MOD., T-CELL INHIBITOR			
ABATACEPT	ORENCIA	4	PA
ABATACEPT	ORENCIA CLICKJECT	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS			
ICATIBANT ACETATE	FIRAZYR	4	PA
C1 ESTERASE INHIBITORS			
C1 ESTERASE INHIBITOR	BERINERT	4	PA
C1 ESTERASE INHIBITOR	CINRYZE	4	PA
C1 ESTERASE INHIBITOR	HAEGARDA	4	PA
C1 ESTERASE INHIBITOR, RECOMB	RUCONEST	4	PA
DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON			
CERTOLIZUMAB PEGOL	CIMZIA	4	PA
GLUCOCORTICOIDS			
BETAMETHASON/NORFLURAN/PENTFLU	BETALOAN SUIK	3	
BETAMETHASON/NORFLURAN/PENTFLU	POD-CARE 100CG	3	
<i>budesonide</i>	ENTOCORT EC	1	
BUDESONIDE	UCERIS	3	ST
<i>cortisone acetate</i>	CORTONE	1	
DEFLAZACORT	EMFLAZA	4	PA
DEXAMETH/PF/NORFLUR/HFC 245FA	DMT SUIK	3	
<i>dexamethasone (0.5 mg) (tablet)</i>		1	
<i>dexamethasone (0.5 mg/5ml) (elixir)</i>		1	
<i>dexamethasone (0.5 mg/5ml) (solution)</i>		1	
<i>dexamethasone (0.75 mg) (tablet)</i>		1	
<i>dexamethasone (1 mg) (tablet)</i>		1	
<i>dexamethasone (1.5 mg(49)) (tab ds pk)</i>		1	ST
<i>dexamethasone (1.5 mg) (tablet)</i>		1	
<i>dexamethasone (1.5mg (21)) (tab ds pk)</i>		1	ST
<i>dexamethasone (1.5mg (27)) (tab ds pk)</i>		1	ST
<i>dexamethasone (1.5mg (35)) (tab ds pk)</i>		1	ST
<i>dexamethasone (1.5mg (41)) (tab ds pk)</i>		1	ST
<i>dexamethasone (1.5mg (51)) (tab ds pk)</i>		1	ST
<i>dexamethasone (2 mg) (tablet)</i>		1	
<i>dexamethasone (4 mg) (tablet)</i>		1	
<i>dexamethasone (6 mg) (tablet)</i>		1	
DEXAMETHASONE INTENSOL		3	

Drug Name		Tier	Requirements/Limits
<i>hydrocortisone</i>	CORTEF	1	
HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	3	
HYDROCORTISONE SODIUM SUCC/PF	SOLU-CORTEF	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN II SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	MEDROLOAN SUIK	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D40G	3	
ME-PREDNIS/NORFLURAN/HFC 245FA	P-CARE D80G	3	
<i>methylprednisolone</i>	MEDROL (16 MG) (TABLET)	1	
METHYLPREDNISOLONE	MEDROL (2 MG) (TABLET)	2	
<i>methylprednisolone</i>	MEDROL (32 MG) (TABLET)	1	
<i>methylprednisolone</i>	MEDROL (4 MG) (TAB DS PK)	1	
<i>methylprednisolone</i>	MEDROL (4 MG) (TABLET)	1	
<i>methylprednisolone</i>	MEDROL (8 MG) (TABLET)	1	
PREDNISOLONE	MILLIPRED	2	
PREDNISOLONE	MILLIPRED DP	2	
<i>prednisolone</i>	ORAPRED	1	
<i>prednisolone sod phosphate</i>		1	
<i>prednisone</i>		1	
PREDNISONE INTENSOL		2	
PREDNISONE	RAYOS	3	ST
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K40G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	P-CARE K80G	3	
TRIAMCIN/NORFLURANE/HFC 245FA	POD-CARE 100KG	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN II SUIK	3	
TRIAMCIN/NORFLURANE/HFC 245FA	TRILOAN SUIK	3	
GOLD SALTS			
AURANOFIN	RIDAURA	4	
IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB			
BELIMUMAB	BENLYSTA	4	PA
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS			
SARILUMAB	KEVZARA	4	PA
TOCILIZUMAB	ACTEMRA	4	PA
JANUS KINASE (JAK) INHIBITORS			
TOFACITINIB CITRATE	XELJANZ	4	PA
TOFACITINIB CITRATE	XELJANZ XR	4	PA
MINERALOCORTICIDS			
<i>fludrocortisone acetate</i>	FLORINEF	1	
MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB			
USTEKINUMAB	STELARA	4	PA
NASAL NSAIDS, COX NON-SELECTIVE,SYSTEMIC ANALGESIC			
KETOROLAC TROMETHAMINE	SPRIX	3	ST, QL: 5 IN 30 DAYS
NSAID & HISTAMINE H2 RECEPTOR ANTAGONIST COMB.			
IBUPROFEN/FAMOTIDINE	DUEXIS	3	ST, QL: 3 IN 1 DAY
NSAID & TOPICAL IRRITANT COUNTER-IRRITANT COMB.			
DICLOFENAC SODIUM/CAPSAICIN	NUDICLO	3	
DICLOFENAC/CAPSICUM OLEORESIN	INFLAMMACIN	3	
DICLOFENAC/CAPSICUM OLEORESIN	XENAFLAMM	3	
IBUPROFEN/IRR.COUNT-IRRIT.NO.2	COMFORT PAC-IBUPROFEN	3	

Drug Name		Tier	Requirements/Limits
MELOXICAM/IRRIT.CNTR-IRR CMB 2	COMFORT PAC-MELOXICAM	3	
NAPROXEN/IRRITANT CNTR-IRRIT 2	COMFORT PAC-NAPROXEN	3	
NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB			
NAPROXEN/ESOMEPRAZOLE MAG	VIMOVO	3	ST
NSAIDS (COX NON-SPECIFIC INHIB)& PROSTAGLANDIN CMB			
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 50	1	
<i>diclofenac sodium/misoprostol</i>	ARTHROTEC 75	1	
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE			
<i>celecoxib</i>	CELEBREX	1	
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE			
<i>celecoxib</i>	CELEBREX	1	
<i>diclofenac potassium</i>	CATAFLAM	1	
DICLOFENAC POTASSIUM	ZIPSOR	3	ST, QL: 4 IN 1 DAY
<i>diclofenac sodium</i>	VOLTAREN	1	
<i>diclofenac sodium</i>	VOLTAREN-XR	1	
DICLOFENAC SUBMICRONIZED	ZORVOLEX	3	ST, QL: 3 IN 1 DAY
<i>etodolac</i>	LODINE	1	
<i>etodolac</i>	LODINE XL	1	
<i>fenopropfen calcium</i>	FENORTHO	1	
<i>fenopropfen calcium</i>	NALFON	1	
<i>flurbiprofen</i>	ANSAID	1	
<i>ibuprofen</i>	MOTRIN (100 MG/5ML) (ORAL SUSP)	1	
<i>ibuprofen</i>	MOTRIN (400 MG) (TABLET)	1	
<i>ibuprofen</i>	MOTRIN (600 MG) (TABLET)	1	
<i>ibuprofen</i>	MOTRIN (800 MG) (TABLET)	1	
<i>indomethacin</i>	INDOCIN (25 MG) (CAPSULE)	1	
INDOMETHACIN	INDOCIN (25 MG/5 ML) (ORAL SUSP)	2	
<i>indomethacin</i>	INDOCIN (50 MG) (CAPSULE)	1	
INDOMETHACIN	INDOCIN (50 MG) (SUPP.RECT)	3	PA
<i>indomethacin</i>	INDOCIN SR	1	
INDOMETHACIN, SUBMICRONIZED	TIVORBEX	3	ST, QL: 3 IN 1 DAY
<i>ketoprofen</i>	ORUDIS	1	
<i>ketoprofen</i>	ORUVAIL	1	
<i>ketorolac tromethamine</i>	TORADOL (10 MG) (TABLET)	1	
<i>ketorolac tromethamine</i>	TORADOL (15 MG/ML) (CARTRIDGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (15 MG/ML) (VIAL)	1	
<i>ketorolac tromethamine</i>	TORADOL (30 MG/ML) (CARTRIDGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (30 MG/ML) (SYRINGE)	3	
<i>ketorolac tromethamine</i>	TORADOL (30 MG/ML) (VIAL)	1	

Drug Name		Tier	Requirements/Limits
<i>ketorolac tromethamine</i>	TORADOL (30MG/ML(1)) (VIAL)	1	
<i>ketorolac tromethamine</i>	TORADOL (60 MG/2 ML) (CARTRIDGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (60 MG/2 ML) (SYRINGE)	1	
<i>ketorolac tromethamine</i>	TORADOL (60 MG/2 ML) (VIAL)	1	
KETOROLAC/NORFLURANE/HFC 245FA	TORONOVA II SUIK	3	
KETOROLAC/NORFLURANE/HFC 245FA	TORONOVA SUIK	3	
<i>meclofenamate sodium</i>	MECLOMEN	1	
<i>mefenamic acid</i>		1	
<i>meloxicam</i>	MOBIC	1	
MELOXICAM, SUBMICRONIZED	VIVLODEX	3	ST, QL: 1 IN 1 DAY
<i>nabumetone</i>	RELAFEN	1	
<i>naproxen</i>	EC-NAPROSYN	1	
<i>naproxen</i>	NAPROSYN	1	
<i>naproxen sodium</i>	ANAPROX	1	
<i>naproxen sodium</i>	ANAPROX DS	1	
<i>naproxen sodium</i>	NAPRELAN (375 MG) (TBMP 24HR)	1	
<i>naproxen sodium</i>	NAPRELAN (500 MG) (TBMP 24HR)	1	
NAPROXEN SODIUM	NAPRELAN (750 MG) (TBMP 24HR)	3	
<i>oxaprozin</i>	DAYPRO	1	
<i>piroxicam</i>	FELDENE	1	
<i>sulindac</i>	CLINORIL	1	
<i>tolmetin sodium</i>	TOLECTIN	1	
<i>tolmetin sodium</i>	TOLECTIN DS	1	
NSAIDS,COX-2 SEL.INHIB.(SYST)-TOP.IRRITANT CTR-IRR			
CELECOXIB/CAPSAICIN/MENTHOL	CAPXIB	3	
CELECOXIB/LIDOCAINE/MENTHOL	LIDOXIB	3	
LOCAL ANESTHESIA			
LOCAL ANESTHETICS			
B-CAINE/ZINC CL/PINE/CETYLPYRD	BUCALSEP	3	
<i>bupivacaine hcl/0.9 % nacl/pf</i>		3	
BUPIVACAINE/PF/NORFLU/HFC245FA	MARVONA SUIK	3	
BUPIVACAINE/PF/NORFLU/HFC245FA	P-CARE MG	3	
<i>lidocaine hcl</i>		1	
<i>lidocaine hcl/pf</i>		3	
LIDOCAINE/PF/NORFLUR/HFC 245FA	ACCUCAINE	3	
<i>ropivacaine in 0.9% sod chl/pf</i>		3	
TETRACAINE HCL/OXYMETAZ HCL	KOVANAZE	3	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT			
ABSORBABLE SULFONAMIDES			
<i>sulfamethoxazole/trimethoprim</i>		1	
BOWEL ANTIINFLAMATORY AGENTS			
<i>sulfadiazine</i>		1	
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX			
MESALAMINE	CANASA	2	
<i>mesalamine</i>	SFROWASA	1	
<i>mesalamine w/cleansing wipes</i>	ROWASA	1	
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
<i>balsalazide disodium</i>	COLAZAL	1	
BALSALAZIDE DISODIUM	GIAZO	3	ST

Drug Name		Tier	Requirements/Limits
MESALAMINE	APRISO	2	
<i>mesalamine</i>	ASACOL HD	1	
MESALAMINE	DELZICOL	3	ST
MESALAMINE	LIALDA (1.2 G) (TABLET DR)	1	
MESALAMINE	PENTASA	2	
OLSALAZINE SODIUM	DIPENTUM	3	ST
<i>sulfasalazine</i>	AZULFIDINE	1	
HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH			
HYDROCORT/PRAMOYN/SKIN CLNSR 16	ZYPRAM	3	
<i>hydrocortisone/lidocaine/aloe</i>	ANA-LEX HC	1	
<i>hydrocortisone/lidocaine/aloe</i>	ANAMANTLE HC	1	
<i>hydrocortisone/lidocaine/aloe</i>	RECTAGEL HC	1	
<i>hydrocortisone/pramoxine</i>	ANALPRAM HC (1 %-1 %) (CREAM/APPL)	1	
<i>hydrocortisone/pramoxine</i>	ANALPRAM HC (2.5 %-1 %) (CREAM/APPL)	1	
<i>hydrocortisone/pramoxine</i>	ANALPRAM HC (2.5-1%(4G)) (CREAM/APPL)	3	
<i>hydrocortisone/pramoxine</i>	PRAMCORT	1	
HYDROCORTISONE/PRAMOXINE	PROCORT	3	
HYDROCORTISONE/PRAMOXINE	PROCTOFOAM-HC	2	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC	1	
<i>lidocaine/hydrocortisone ac</i>	ANAMANTLE HC FORTE	1	
IBS AGENTS, MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS			
ELUXADOLINE	VIBERZI	3	PA
IRRITABLE BOWEL AGENTS, GUANYLATE CYCLASE-C AGONIST			
LINACLOTIDE	LINZESS	2	QL: 1 IN 1 DAY
PLECANATIDE	TRULANCE	3	ST, QL: 1 IN 1 DAY
LOCAL ANORECTAL NITRATE PREPARATIONS			
NITROGLYCERIN	RECTIV	3	
RECTAL PREPARATIONS			
<i>hydrocortisone acetate</i>	ANUSOL-HC	1	
<i>hydrocortisone acetate</i>	HEMMOREX-HC	1	
<i>hydrocortisone acetate</i>	PROCTOCORT	1	
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)			
BUDESONIDE	UCERIS	3	ST
<i>hydrocortisone</i>	CORTENEMA	1	
HYDROCORTISONE ACETATE	CORTIFOAM	3	
LOWER GASTROINTESTINAL DISORDERS - OTHER			
AMMONIA INHIBITORS			
ACETOHYDROXAMIC ACID	LITHOSTAT	3	
CARGLUMIC ACID	CARBAGLU	4	
GLYCEROL PHENYL BUTYRATE	RAVICTI	4	PA
<i>lactulose</i>	CHRONULAC	1	
<i>sodium phenylbutyrate</i>	BUPHENYL	4	
ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS			
CROFELEMER	MYTESI	3	ST, QL: 2 IN 1 DAY
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR			
TELOTTRISTAT ETIPRATE	XERMELO	4	PA
ANTIDIARRHEALS			
DIFENOXIN HCL/ATROPINE SULFATE	MOTOFEN	3	ST, QL: 8 IN 1 DAY
<i>diphenoxylate hcl/atropine</i>	LOMOTIL	1	

Drug Name		Tier	Requirements/Limits
<i>loperamide hcl (2 mg) (capsule)</i>		1	
<i>opium tincture</i>		1	
<i>paregoric</i>		1	
BILE SALTS			
CHENODIOL	CHENODAL	3	
CHOLIC ACID	CHOLBAM	4	PA
<i>ursodiol</i>	ACTIGALL	1	
<i>ursodiol</i>	URSO	1	
<i>ursodiol</i>	URSO FORTE	1	
FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG			
OBETICHOLIC ACID	OICALIVA	4	PA
IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE			
<i>alosetron hcl</i>	LOTROXON	1	
LAXATIVES AND CATHARTICS			
<i>bisac/nacl/nahco3/kcl/peg 3350</i>	HALFLYTELY-BISACODYL	1	AGE: 50-75 YEARS
<i>lactulose</i>	CHRONULAC	1	
LACTULOSE	KRISTALOSE	2	
LUBIPROSTONE	AMITIZA	3	ST, QL: 2 IN 1 DAY
PEG 3350/SOD CHLOR/POTASS CIT	GIALAX	3	
PEG3350/SOD SUL/NACL/ASB/C/KCL	MOVIPREP	3	AGE: 50-75 YEARS
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	COLYTE WITH FLAVOR PACKETS	1	AGE: 50-75 YEARS
PEG3350/SOD SULF,BICARB,CL/KCL	GOLYTELY (227.1-21.5) (POWD PACK)	2	AGE: 50-75 YEARS
<i>peg3350/sod sulf,bicarb,cl/kcl</i>	GOLYTELY (236-22.74G) (SOLN RECON)	1	AGE: 50-75 YEARS
<i>polyethylene glycol 3350</i>	MIRALAX	1	
SOD PHOSPHATE MBAS/SOD PHOS,DI	OSMOPREP	3	AGE: 50-75 YEARS
SOD PICOSULF/MAG OX/CITRIC AC	CLENPIQ	3	AGE: 50-75 YEARS
SOD PICOSULF/MAG OX/CITRIC AC	PREPOPIK	2	AGE: 50-75 YEARS
<i>sodium chloride/nahco3/kcl/peg</i>	NULYTELY WITH FLAVOR PACKS	1	AGE: 50-75 YEARS
SODIUM, POTASSIUM,MAG SULFATES	SUPREP	2	AGE: 50-75 YEARS
NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING			
ALVIMOPAN	ENTEREG	3	
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (SYRINGE)	3	PA, QL: 0.6mL IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (12MG/0.6ML) (VIAL)	3	PA, QL: 0.6mL IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (150 MG) (TABLET)	3	PA, QL: 3 IN 1 DAY
METHYLNALTREXONE BROMIDE	RELISTOR (8 MG/0.4ML) (SYRINGE)	3	PA, QL: 0.4mL IN 1 DAY
NALDEMEDINE TOSYLATE	SYMPROIC	3	ST, QL: 1 IN 1 DAY
NALOXEGOL OXALATE	MOVANTIK	2	QL: 1 IN 1 DAY
SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS			
TEDUGLUTIDE	GATTEX	4	PA
MEDICAL SUPPLIES			
BANDAGES AND RELATED SUPPLIES			
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM	3	
BISMUTH TRIBROMOPH/PETROLATUM	XEROFORM PETROLATUM DRESSING	3	

Drug Name		Tier	Requirements/Limits
COLLAGEN/SOD ALGIN/CARBOXYMETH	BIOSTEP	3	
DRESS,COLLAGN/SILV/ALGINAT/CMC	BIOSTEP AG	3	
FOAM BANDAGE	ALLEVYN	3	
FOAM BANDAGE	ALLEVYN ADHESIVE	3	
FOAM BANDAGE	ALLEVYN HEEL	3	
FOAM BANDAGE	ALLEVYN LIFE	3	
FOAM/GAUZE/LIDOCA/CHLHX/ISOPRO	VACUSTIM BLACK	3	
GAUZE BANDAGE	CURITY AMD	3	
GEL DRESSING	CARRASYN HYDROGEL WOUND	3	
GEL DRESSING	CURAFIL	3	
GEL DRESSING	KERAGEL	3	
GEL DRESSING	KERAGELT	3	
GEL DRESSING	SPECTRAGEL	3	
GEL-MATRIX PAD DRESS, SILICONE	SIL-K	3	
HYDROCOLLOID DRESSING	REPLICARE	3	
HYDROCOLLOID DRESSING	REPLICARE THIN	3	
HYDROCOLLOID DRESSING	REPLICARE ULTRA	3	
HYDROCOLLOID DRESSING	REPLICARE ULTRA SACRUM	3	
IODIFORM	CURITY IODIFORM	3	
METH BLUE/GEN VIOLET/FOAM BAND	HYDROFERA BLUE READY	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	CURITY AMD	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	KERLIX AMD	3	
POLYHEXAM BIGUAN/GAUZE BANDAGE	KERLIX AMD BANDAGE	3	
PORCINE ACELL SUBMUCOSA,MESHED	OASIS ULTRA	3	
PORCINE SUBMUCOSA, FENESTRATED	OASIS ULTRA	3	
PORCINE SUBMUCOSA, FENESTRATED	WOUND MATRIX	3	
PVA/GENTIAN VIOLET/METHYL BLUE	HYDROFERA BLUE	3	
SILV/BANDG/LIDOCA/CHLORHEX/ALC	VACUSTIM SILVER	3	
SILVER	ACTICOAT	3	
SILVER	ACTICOAT 7	3	
SILVER	ACTICOAT FLEX 3	3	
SILVER	ACTICOAT FLEX 7	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG ADHESIVE	3	
SILVER SULFADIAZ/FOAM BANDAGE	ALLEVYN AG GENTLE	3	
SILVER SULFATE/FOAM BANDAGE	RESTORE	3	
SILVER SULFATE/NON-ADH BANDAGE	RESTORE CONTACT LAYER SILVER	3	
SILVER/CALCIUM ALGINATE	RESTORE	3	
SILVER/CALCIUM ALGINATE	RESTORE CALCIUM ALGINATE	3	
SILVER/FOAM BANDAGE	ACTICOAT SURGICAL	3	
CATHETERS AND RELATED DEVICES			
CATHETER	ADVANCE PLUS INTERMITTENT	3	
CATHETER	APOGEE HC INTERMITTENT	3	

Drug Name		Tier	Requirements/Limits
CATHETER	APOGEE IC INTERMITTENT CATHETR	3	
CATHETER	DOVER LATEX FOLEY CATHETER	3	
CATHETER	DOVER RED RUBBER ROBIBSON CATH	3	
CATHETER	FEMALE SELF CATHETER	3	
CATHETER	KENGUARD	3	
CATHETER	MAGIC3 INTERMITTENT CATHETER	3	
CATHETER	ROBINSON CLEAR VINYL CATHETER	3	
CATHETER	SPEEDICATH	3	
CATHETER	TOUCH-TROL	3	
CATHETERIZATION TRAY	DOVER UNIVERSAL	3	
CATHETERIZATION TRAY	KENGUARD	3	
DRAINAGE BAG	CURITY	3	
DRAINAGE BAG	DOVER ADVANTAGE	3	
DRAINAGE BAG	DOVER ADVANTAGE DRAINAGE	3	
DRAINAGE BAG	DOVER PREMIUM	3	
DRAINAGE BAG	MONO-FLO	3	
SYRINGE DISPOSABLE IRRIG,60 ML	DOVER BULB SYRINGE	3	
URINARY BAG/CATH TRAY	DOVER COATED LATEX FOLEY	3	
URINARY BAG/CATHETER	ADVANCE PLUS INTERMITTENT	3	
URINARY BAG/CATHETER	VAPRO PLUS INTERMITT CATHETER	3	
DURABLE MEDICAL EQUIPMENT,MISC			
MEDICAL SUPPLY, MISCELLANEOUS	AMIELLE VAGINAL TRAINER	3	
MEDICAL SUPPLY, MISCELLANEOUS	ARGYLE	3	
MEDICAL SUPPLY, MISCELLANEOUS	JETCO-SPRAY CANNULA	3	
MEDICAL SUPPLY, MISCELLANEOUS	PRO-CEPTION FERTILITY PAK	3	
MEDICAL SUPPLY, MISCELLANEOUS	RECONSTITUBE	3	
MEDICAL SUPPLY, MISCELLANEOUS	T.E.D. SEQUNT COMPRESS DEVICE	3	
NEBULIZER ACCESSORIES	AERONEB GO	3	
NEBULIZER ACCESSORIES	AIR FILTER	3	
NEBULIZER ACCESSORIES	ALL FLOW 1000	3	
NEBULIZER ACCESSORIES	ALL FLOW 3000 KIT	3	
NEBULIZER ACCESSORIES	ALL FLOW 3000 PFT	3	
NEBULIZER ACCESSORIES	ALL FLOW 4000	3	
NEBULIZER ACCESSORIES	ALL FLOW 5000	3	
NEBULIZER ACCESSORIES	ALL FLOW 6000	3	
NEBULIZER ACCESSORIES	BABY CONVERSION KIT	3	

Drug Name		Tier	Requirements/Limits
NEBULIZER ACCESSORIES	BABY CONVERSION PACK 1	3	
NEBULIZER ACCESSORIES	BABY CONVERSION PACK 2	3	
NEBULIZER ACCESSORIES	ERAPID NEBULIZER HANDSET	3	
NEBULIZER ACCESSORIES	FILTER PAD	3	
NEBULIZER ACCESSORIES	FILTER, VALVE SET FOR LL & LC	3	
NEBULIZER ACCESSORIES	INNOSPIRE REPLACEMENT FILTER	3	
NEBULIZER ACCESSORIES	INSPIRATION ELITE FILTER	3	
NEBULIZER ACCESSORIES	MASK SET WITH Y- PIECE	3	
NEBULIZER ACCESSORIES	MOUTHPIECE	3	
NEBULIZER ACCESSORIES	NOSE CLIP	3	
NEBULIZER ACCESSORIES	PARI LC PLUS NEBULIZER	3	
NEBULIZER ACCESSORIES	PILLOW MASK FOR CHILDREN	3	
NEBULIZER ACCESSORIES	REUSABLE NEBULIZER KIT	3	
NEBULIZER ACCESSORIES	RUBBER MOUTHPIECE	3	
NEBULIZER ACCESSORIES	SAMI THE SEAL MASK	3	
NEBULIZER ACCESSORIES	SIDESTREAM MASK	3	
NEBULIZER ACCESSORIES	SILICONE MASK	3	
NEBULIZER ACCESSORIES	SMARTMASK KIDS	3	
NEBULIZER ACCESSORIES	TREK S PORTABLE PWR KIT	3	
TENS UNIT	TENS 502	3	
TENS UNIT	TENS 504	3	
TENS UNIT ELECTRODES	PRO COMFORT TENS ELECTRODE	3	
TENS UNITS AND TENS ELECTRODES	CEFALY	3	
TENS UNITS AND TENS ELECTRODES	PRO COMFORT TENS UNIT	3	
DURABLE MEDICAL EQUIPMENT, MISC (GROUP 1)			
BLADE LANCET, SAFETY	ASSURE HAEMOLANCE PLUS	6	
BLADE LANCET, SAFETY	MEDLANCE PLUS SPECIAL BLADE	6	
BLADE LANCET, SAFETY	MICROTAINER LANCETS	6	
LANCETS	1ST TIER UNILET COMFORTOUCH	6	
LANCETS	ACCU-CHEK	6	
LANCETS	ACCU-CHEK FASTCLIX	6	
LANCETS	ACCU-CHEK SAFE- T-PRO	6	

Drug Name		Tier	Requirements/Limits
LANCETS	ACCU-CHEK SAFE-T-PRO PLUS	6	
LANCETS	ACCU-CHEK SOFTCLIX	6	
LANCETS	ACTI-LANCE	6	
LANCETS	ADVANCED TRAVEL LANCETS	6	
LANCETS	ADVOCATE LANCET	6	
LANCETS	ADVOCATE LANCETS	6	
LANCETS	ALTERNATE SITE LANCETS	6	
LANCETS	ASSURE HAEMOLANCE PLUS	6	
LANCETS	ASSURE LANCE	6	
LANCETS	ASSURE LANCE PLUS	6	
LANCETS	BD MICROTAINER LANCETS	6	
LANCETS	BD ULTRA-FINE	6	
LANCETS	BD ULTRA-FINE II	6	
LANCETS	BLOOD LANCETS	6	
LANCETS	BULLSEYE MINI SAFETY LANCETS	6	
LANCETS	CAREONE	6	
LANCETS	CARESENS	6	
LANCETS	CARETOUCH TWIST LANCET	6	
LANCETS	CLEVER CHEK LANCETS	6	
LANCETS	COAGUCHEK	6	
LANCETS	COLOR LANCETS	6	
LANCETS	COMFORT EZ	6	
LANCETS	COMFORT LANCETS	6	
LANCETS	DROPLET LANCETS	6	
LANCETS	EASY COMFORT	6	
LANCETS	EASY TOUCH	6	
LANCETS	EASY TOUCH LANCETS	6	
LANCETS	EASY TWIST & CAP LANCETS	6	
LANCETS	EMBRACE	6	
LANCETS	E-Z JECT LANCETS	6	
LANCETS	EZ SMART LANCETS	6	
LANCETS	E-ZJECT LANCETS	6	
LANCETS	FIFTY50 SAFETY SEAL LANCETS	6	
LANCETS	FINE 30 UNIVERSAL LANCETS	6	
LANCETS	FINGERSTIX	6	
LANCETS	FORA LANCETS	6	
LANCETS	FORACARE LANCETS	6	
LANCETS	FREESTYLE LANCETS	6	

Drug Name	Tier	Requirements/Limits
LANCETS FREESTYLE UNISTIK 2	6	
LANCETS GLUCOCOM	6	
LANCETS GLUCOCOM LANCETS	6	
LANCETS HEALTHY ACCENTS UNILET LANCET	6	
LANCETS INCONTROL SUPER THIN LANCETS	6	
LANCETS INCONTROL ULTRA THIN LANCETS	6	
LANCETS INJECT EASE LANCETS	6	
LANCETS INVACARE LANCETS	6	
LANCETS	6	
LANCETS THIN	6	
LANCETS ULTRA THIN	6	
LANCETS LITE TOUCH	6	
LANCETS MEDISENSE THIN LANCETS	6	
LANCETS MEDLANCE PLUS	6	
LANCETS MICRO THIN LANCETS	6	
LANCETS MICROLET	6	
LANCETS MONOLET LANCETS	6	
LANCETS MONOLET THIN LANCETS	6	
LANCETS MYGLUCOHEALTH LANCETS	6	
LANCETS NOVA SAFETY LANCETS	6	
LANCETS NOVA SUREFLEX	6	
LANCETS ON CALL LANCET	6	
LANCETS ON CALL PLUS LANCET	6	
LANCETS ONETOUCH DELICA	6	
LANCETS ONETOUCH LANCETS	6	
LANCETS ONETOUCH SURESOFT	6	
LANCETS ON-THE-GO	6	
LANCETS PRESSURE ACTIVATED LANCETS	6	
LANCETS PRO COMFORT LANCET	6	
LANCETS PRO COMFORT LANCETS	6	
LANCETS PRODIGY LANCETS	6	
LANCETS PRODIGY TWIST TOP LANCET	6	
LANCETS PUSH BUTTON SAFETY LANCETS	6	
LANCETS READYLANCE SAFETY LANCETS	6	
LANCETS RELIAMED	6	

Drug Name	Tier	Requirements/Limits
LANCETS RELIAMED SAFETY SEAL LANCETS	6	
LANCETS RELION THIN	6	
LANCETS RIGHTTEST GL300 LANCETS	6	
LANCETS SAFETY LANCETS	6	
LANCETS SAFETY SEAL LANCETS	6	
LANCETS SAFETY-LET	6	
LANCETS SINGLE-LET	6	
LANCETS SMART SENSE	6	
LANCETS SMART SENSE LANCETS	6	
LANCETS SMARTTEST LANCET	6	
LANCETS SOFT TOUCH	6	
LANCETS SOLUS V2	6	
LANCETS SOLUS V2 LANCETS	6	
LANCETS STERILANCE TL	6	
LANCETS SUPER THIN LANCETS	6	
LANCETS SURE COMFORT LANCETS	6	
LANCETS SURE-LANCE	6	
LANCETS SURE-TOUCH	6	
LANCETS TECHLITE LANCETS	6	
LANCETS TELCARE	6	
LANCETS THIN LANCETS	6	
LANCETS TOPCARE UNIVERSAL1 LANCET	6	
LANCETS TOPCARE UNIVERSAL1 THIN LANCET	6	
LANCETS TRUEPLUS LANCETS	6	
LANCETS ULTILET BASIC	6	
LANCETS ULTILET CLASSIC	6	
LANCETS ULTILET LANCETS	6	
LANCETS ULTILET SAFETY	6	
LANCETS ULTRA THIN LANCETS	6	
LANCETS ULTRA THIN PLUS	6	
LANCETS ULTRA THIN PLUS LANCETS	6	
LANCETS ULTRALANCE	6	
LANCETS ULTRA-THIN II	6	
LANCETS ULTRATLC LANCETS	6	
LANCETS UNILET COMFORTOUCH	6	
LANCETS UNILET EXCELITE	6	
LANCETS UNILET EXCELITE II	6	
LANCETS UNILET GP LANCET	6	
LANCETS UNILET LANCET	6	
LANCETS UNILET LANCETS	6	

Drug Name		Tier	Requirements/Limits
LANCETS	UNISTIK 3	6	
LANCETS	UNISTIK 3 EXTRA	6	
LANCETS	UNISTIK CZT	6	
LANCETS	UNISTIK SAFETY	6	
LANCETS	UNISTIK TOUCH	6	
LANCETS	UNIVERSAL 1	6	
FEEDING DEVICES			
ENTERAL PUMP ACCESS.HYDROLYSIS	RELIZORB	3	
FEEDER CONT, GRAVITY SET,ENFIT	ENTERAL GRAVITY BAG SET-ENFIT	3	
FEEDER CONTAINER	ARGYLE	3	
FEEDER CONTAINER W-GRAVITY SET	KANGAROO GRAVITY SET	3	
FEEDER CONTAINER WITH PUMP SET	KANGAROO EPUMP SET	3	
GASTROSTOMY TUBE, ENFIT	COMPAT ENFIT GASTROTUBE	3	
PUMP SET	KANGAROO 924 SAFETY SCREW	3	
INCONTINENCE SUPPLIES			
FECAL COLL W-CHARCOAL/CATH/SYR	FLEXI-SEAL SIGNAL FMS	3	
MEDICAL SUPPLIES,MISCELLANEOUS			
TRANSFER SET/SYRINGE/BAND/TUBE	VARITHENA ADMINISTRATION PACK	3	
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 2)			
MIDDLE EAR INFLATION DEVICE	EAR POPPER	3	
TOPICAL CREAM METERED-DOSE DEV	PCCA ACCUPEN-15	3	
MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 3)			
GAS PRESS.HEMOSTATIC SPRAY DEV	RAPLIXA DELIVERY KIT	3	
MYELOGRAM TRAY		3	
OSTOMY SUPPLIES			
COLOSTOMY BAG, NON-STERILE	ASSURA	3	
OSTOMY KIT	NUTRIPOINT BALLOON	3	
OSTOMY SUPPLY	SENSURA CLICK OSTOMY POUCH	3	
OSTOMY SUPPLY	SENSURA FLEX OSTOMY BASE PLATE	3	
OSTOMY SUPPLY	SENSURA FLEX OSTOMY POUCH	3	
OSTOMY SUPPLY	SENSURA OSTOMY BASE PLATE	3	
PARENTERAL ADMINISTRATION SETS			
ASSEMBLY SYS,VIAL TO TRNSF,CLS	PHASEAL ASSEMBLY FIXTURE	3	
CLAMP, IV TUBING	PHASEAL INFUSION	3	
CONNECTOR LUER LOCK,CLOSD SYST	PHASEAL CONNECTOR LUER	3	
INFUSION ADAPTER, CLOSED SYSTEM	PHASEAL ADAPTER	3	
INJECTION PORTS	I-PORT	3	
INJECTION PORTS	I-PORT ADVANCE	3	

Drug Name		Tier	Requirements/Limits
INTRAVENOUS ADMINISTRATION SET	RATE FLOW REGULATOR IV SET	3	
INTRAVENOUS CATHETER	INSYTE AUTOGUARD	3	
INTRAVENOUS CATHETER	INSYTE IV CATHETER	3	
INTRAVENOUS CATHETER	NEXIVA	3	
INTRAVENOUS CATHETER KIT	SAF-T-INTIMA IV CATHETER	3	
INTRAVENOUS EQUIPMENT	MONOJECT LUER ADAPTER	3	
INTRAVENOUS EXTEN.SET-FILTER	FILTERED EXTENSION SET	3	
INTRAVENOUS EXTENSION SET	MICROBORE EXTENSION SET	3	
INTRAVENOUS PIGGYBACK SET	PHASEAL SECONDARY SET	3	
NEEDLE INJECTOR,LUER,CLOSD SYS	PHASEAL INJECTOR LUER	3	
NEEDLE INJECTR,LUER LOCK,CLOSD	PHASEAL INJECTOR LUER	3	
SUBCUTANEOUS ADMIN. SET	ACCU-CHEK RAPID D	3	
SUBCUTANEOUS ADMIN. SET	INSUFLON	3	
SUB-Q INFUSION PUMP ACCESSORY	ACCU-CHEK	3	
SUB-Q INFUSION PUMP ACCESSORY	ACCU-CHEK SPIRIT	3	
SUB-Q INFUSION PUMP ACCESSORY	INSET 30 TUBING	3	
SUB-Q INFUSION PUMP ACCESSORY	PARADIGM INFUSION	3	
SUB-Q INFUSION PUMP ACCESSORY	PARADIGM SILHOUETTE	3	
SUB-Q INFUSION PUMP ACCESSORY	POLYFIN QR	3	
SUB-Q INFUSION PUMP ACCESSORY	SILHOUETTE	3	
SUB-Q INFUSION PUMP ACCESSORY	SURE-T	3	
TRANSFER SETS	HI-VOLUME PUMPING CHAMBER	3	
Y-SITE CONNECTOR, CLOSED SYSTM	PHASEAL Y-SITE	3	
SYRINGES AND ACCESSORIES			
ALCOHOL SWAB CAP	KENDALL DISINFECTANT CAP	3	
INSULIN PUMP SYRINGE, 1.8 ML	MINIMED RESERVOIR	3	
INSULIN PUMP SYRINGE, 1.8 ML	PARADIGM	3	
INSULIN PUMP SYRINGE, 3 ML	MINIMED RESERVOIR	3	
INSULIN PUMP SYRINGE, 3 ML	PARADIGM	3	
SAFETY SYRNG,NDL,KIT-TRAY 1 ML	EASY TOUCH FLURINGE FLU TRAY	3	
SAFETY SYRNG,NDL,KIT-TRAY 1 ML	EASY TOUCH SYR ALLERGY TRAY	3	
SYR,NDL 0.3 ML,INS,SAFE,D.UNIT	SAFESNAP INSULIN SYRINGE	6	
SYR,NDL 1 ML,INS,SAFE,DISP UNT	SAFESNAP INSULIN SYRINGE	6	
SYR,NDL,INS,SAFE 0.5ML,DISP UN	SAFESNAP INSULIN SYRINGE	6	
SYRGE-NDL,INS 0.3 ML HALF MARK	INSULIN SYRINGE	6	

Drug Name		Tier	Requirements/Limits
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTICARE INSULIN SYRINGE	6	
SYRGE-NDL,INS 0.3 ML HALF MARK	ULTRA COMFORT	6	
SYRING W-NEEDL 0.5 ML,KIT-TRAY	ALLERGIST TRAY	3	
SYRING W-NEEDL 0.5 ML,KIT-TRAY	ALLERGIST TRAY SYR-PERM NEEDLE	3	
SYRINGE 3 ML,SAFETY,DISP UNIT	SAFESNAP SYRINGE	3	
SYRINGE ACCESSORY	LEVER LOCK CANNULA	3	
SYRINGE AND NEEDLE,INSULIN,1ML	ADVOCATE SYRINGES	6	
SYRINGE AND NEEDLE,INSULIN,1ML	CARETOUCH INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	COMFORT EZ	6	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY COMFORT INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH	6	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY TOUCH INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	EASY-TOUCH INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ECLIPSE SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	FREESTYLE PRECISION	6	
SYRINGE AND NEEDLE,INSULIN,1ML	INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	LITE TOUCH	6	
SYRINGE AND NEEDLE,INSULIN,1ML	LITETOUCH INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	MAXI-COMFORT	6	
SYRINGE AND NEEDLE,INSULIN,1ML	MONOJECT INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	PRODIGY INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	SAFETYGLIDE SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT	6	
SYRINGE AND NEEDLE,INSULIN,1ML	SURE COMFORT INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	SURE-JECT INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	TERUMO INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	THINPRO INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	TOPCARE ULTRA COMFORT	6	
SYRINGE AND NEEDLE,INSULIN,1ML	TRUEPLUS INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ULTICARE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ULTICARE INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ULTILET INSULIN SYRINGE	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ULTRA COMFORT	6	
SYRINGE AND NEEDLE,INSULIN,1ML	ULTRA-THIN II	6	
SYRINGE AND NEEDLE,INSULIN,1ML	VANISHPOINT	6	
SYRINGE CAP, ENFIT, NON-STERILE	MONOJECT ENFIT SYRINGE CAP	3	
SYRINGE DISPOSABLE IRRIG, 70 ML	TOOMEY SYRINGE	3	

Drug Name		Tier	Requirements/Limits
SYRINGE DISPOSABLE IRRIGATION	DAVOL IRRIGATION SYRINGE	3	
SYRINGE DISPOSABLE IRRIGATION	IRRIGATION SYRINGE	3	
SYRINGE REUSABLE, 3 ML	SYRINGE	3	
SYRINGE WITH CANNULA, 1 ML	LIFESHIELD BLUNT CANNULA	3	
SYRINGE WITH CANNULA, 10 ML	INTERLINK SYRINGE	3	
SYRINGE WITH CANNULA, 10 ML	INTERLINK SYRINGE W- CANNULA	3	
SYRINGE WITH CANNULA, 3 ML	LIFESHIELD BLUNT CANNULA	3	
SYRINGE WITH CANNULA, 3 ML	MONOJECT SMARTIP CANNULA	3	
SYRINGE WITH CANNULA, 3 ML	SYRINGE	3	
SYRINGE WITH CANNULA, 5 ML	INTERLINK SYRINGE	3	
SYRINGE WITH CANNULA, 6 ML	MONOJECT SMARTIP CANNULA	3	
SYRINGE WITH CANNULA, DISP.12ML	MONOJECT SMARTIP CANNULA	3	
SYRINGE WITH NEEDLE, 0.5 ML	ALLERGIST TRAY	3	
SYRINGE WITH NEEDLE, 0.5 ML	MONOJECT TB SYRINGE	3	
SYRINGE WITH NEEDLE, 0.5 ML	TUBERCULIN SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	ALLERGIST TRAY	3	
SYRINGE WITH NEEDLE, 1 ML	ALLERGY SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	EASY TOUCH	3	
SYRINGE WITH NEEDLE, 1 ML	EASY TOUCH FLURINGE	3	
SYRINGE WITH NEEDLE, 1 ML	ECLIPSE LUER-LOK SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	ECLIPSE SYRINGE-NEEDLE	3	
SYRINGE WITH NEEDLE, 1 ML	EXEL TB WITH NEEDLE	3	
SYRINGE WITH NEEDLE, 1 ML	LUER-LOK SYRINGE-NEEDLE	3	
SYRINGE WITH NEEDLE, 1 ML	MONOJECT TB	3	
SYRINGE WITH NEEDLE, 1 ML	MONOJECT TB SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	SAFETYGLIDE ALLERGY	3	
SYRINGE WITH NEEDLE, 1 ML	SAFETYGLIDE ALLERGY SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	SAFETYGLIDE SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	SAFETYGLIDE TB SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	SYRINGE WITH NEEDLE DISP	3	
SYRINGE WITH NEEDLE, 1 ML	SYRINGE-PRECISIONGLIDE NEEDLE	3	

Drug Name		Tier	Requirements/Limits
SYRINGE WITH NEEDLE, 1 ML	TB SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	TERUMO ALLERGY SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	TUBERCULIN SYRINGE	3	
SYRINGE WITH NEEDLE, 1 ML	TUBERCULIN SYRINGE-NEEDLE	3	
SYRINGE WITH NEEDLE, 1 ML	ULTICARE	3	
SYRINGE WITH NEEDLE, 1 ML	VANISHPOINT	3	
SYRINGE WITH NEEDLE, 10 ML	LUER-LOK SYRINGE-NEEDLE	3	
SYRINGE WITH NEEDLE, 10 ML	SAFETYGLIDE SYRINGE	3	
SYRINGE WITH NEEDLE, 12 ML	MONOJECT SYRINGE	3	
SYRINGE WITH NEEDLE, 5 ML	LUER-LOK SYRINGE-NEEDLE	3	
SYRINGE WITH NEEDLE, 5 ML	TERUMO HYPODERMIC NEEDLE-SYRIN	3	
SYRINGE WITH NEEDLE, 5 ML	VANISHPOINT	3	
SYRINGE WITH NEEDLE, 6 ML	MONOJECT	3	
SYRINGE WITH NEEDLE, 6 ML	MONOJECT SYRINGE	3	
SYRINGE WITH NEEDLE, INSULIN	MONOJECT INSULIN SAFETY SYRNG	6	
SYRINGE WITH NEEDLE, DISPOSABLE	MONOJECT	3	
SYRINGE W-NEEDLE 1 ML, KIT-TRAY	ALLERGIST TRAY SYR-DETACH NDL	3	
SYRINGE W-NEEDLE 1 ML, KIT-TRAY	MONOJECT ALLERGY TRAY-NEEDLE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	EASY TOUCH	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	ECLIPSE LUER-LOK SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	EXEL SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	INTEGRA SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	LUER-LOK SYRINGE-NEEDLE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	MONOJECT	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	MONOJECT SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	PRECISIONGLIDE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	SAFETYGLIDE SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	TERUMO SYRINGE	3	
SYRINGE W-NEEDLE, DISPOSAB, 3 ML	VANISHPOINT	3	
SYRINGE, DISPOSABLE	SYRINGE WITHOUT NEEDLE	3	
SYRINGE, DISPOSABLE, 1 ML	BULK SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	CAREPOINT LUER SLIP SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	EASY GLIDE LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	EASY GLIDE LUER SLIP TB SYRING	3	
SYRINGE, DISPOSABLE, 1 ML	EASY TOUCH LUER LOCK SYRINGE	3	

Drug Name		Tier	Requirements/Limits
SYRINGE, DISPOSABLE, 1 ML	EXEL TUBERCULIN SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	LUER SLIP TIP SYRINGE TRAY	3	
SYRINGE, DISPOSABLE, 1 ML	LUER-LOK SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	LUERSLIP SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	MONOJECT LUER LOCK TB SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	MONOJECT MEGELLAN TB SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	MONOJECT PHARMACY TRAY	3	
SYRINGE, DISPOSABLE, 1 ML	MONOJECT TB SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	MONOJECT TUBERCULIN SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	NORM-JECT TUBERKULIN SYRINGE	3	
SYRINGE, DISPOSABLE, 1 ML	TUBERCULIN SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	BULK SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	EASY GLIDE DENTAL IRRIG SYRING	3	
SYRINGE, DISPOSABLE, 10 ML	EASY GLIDE LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	EASY TOUCH LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	EASY TOUCH SHEATHLOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	EASY TOUCH UNI-SLIP	3	
SYRINGE, DISPOSABLE, 10 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	NORM-JECT SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	SAFETY-LOK SAFETY SYRINGE	3	
SYRINGE, DISPOSABLE, 10 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 12 ML	MONOJECT CONTROL SYRINGE	3	
SYRINGE, DISPOSABLE, 12 ML	MONOJECT SAFETY SYRINGE	3	
SYRINGE, DISPOSABLE, 12 ML	MONOJECT SYRINGE	3	
SYRINGE, DISPOSABLE, 12 ML	SYRINGE WITHOUT NEEDLE	3	
SYRINGE, DISPOSABLE, 140 ML	MONOJECT	3	
SYRINGE, DISPOSABLE, 20 ML	BULK SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	LUER-LOK SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	MONOJECT SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	NORM-JECT SYRINGE	3	

Drug Name		Tier	Requirements/Limits
SYRINGE, DISPOSABLE, 20 ML	SLIP-TIP SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 20 ML	SYRINGE BULK	3	
SYRINGE, DISPOSABLE, 20 ML	SYRINGE WITHOUT NEEDLE	3	
SYRINGE, DISPOSABLE, 3 ML	EASY GLIDE LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	EASY TOUCH LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	EASY TOUCH SHEATHLOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	EASY TOUCH UNI-SLIP	3	
SYRINGE, DISPOSABLE, 3 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	LUER-LOK SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	MONOJECT SAFETY SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	MONOJECT SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	MONOJECT SYRINGE PHARMACY TRAY	3	
SYRINGE, DISPOSABLE, 3 ML	SAFETY-LOK SAFETY SYRINGE	3	
SYRINGE, DISPOSABLE, 3 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 30 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 30 ML	LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 30 ML	LUER-LOK TIP SYRINGE	3	
SYRINGE, DISPOSABLE, 30 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 30 ML	TERUMO SYRINGE	3	
SYRINGE, DISPOSABLE, 35 ML	MONOJECT	3	
SYRINGE, DISPOSABLE, 35 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 35 ML	SYRINGE WITHOUT NEEDLE	3	
SYRINGE, DISPOSABLE, 5 ML	BULK SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	EASY TOUCH LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	EASY TOUCH SHEATHLOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	EASY TOUCH UNI-SLIP	3	
SYRINGE, DISPOSABLE, 5 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	LUER-LOK SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	SAFETY-LOK SAFETY SYRINGE	3	
SYRINGE, DISPOSABLE, 5 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 50 ML	EXEL SYRINGE	3	
SYRINGE, DISPOSABLE, 6 ML	MONOJECT SYRINGE	3	
SYRINGE, DISPOSABLE, 6 ML	MONOJECT SYRINGE PHARMACY TRAY	3	

Drug Name		Tier	Requirements/Limits
SYRINGE, DISPOSABLE, 60 ML	EASY GLIDE CATHETER TIP SYRINGE	3	
SYRINGE, DISPOSABLE, 60 ML	EASY GLIDE LUER LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 60 ML	LUER-LOCK SYRINGE	3	
SYRINGE, DISPOSABLE, 60 ML	MONOJECT	3	
SYRINGE, DISPOSABLE, 60 ML	MONOJECT SYRINGE	3	
SYRINGE, DISPOSABLE, 60 ML	SYRINGE	3	
SYRINGE, DISPOSABLE, 60 ML	SYRINGE BULK	3	
SYRINGE, DISPOSABLE, 60 ML	SYRINGE CATHETER TIP	3	
SYRINGE, DISPOSABLE, 60 ML	SYRINGE WITHOUT NEEDLE	3	
SYRINGE, ENFIT 1 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 12 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 3 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 35 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 6 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 60 ML, STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, NEEDLE, CANNULA, 10 ML	TWINPAK DUAL CANNULA	3	
SYRINGE, SAFETY 3 ML	ULTICARE SAFETY SYRINGE	3	
SYRINGE, ENFIT 1 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 12 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 3 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 35 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 6 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 60 ML, NON-STERILE	MONOJECT ENFIT SYRINGE	3	
SYRINGE, ENFIT 60 ML, NON-STERILE	PISTON ENFIT SYRINGE	3	
SYRINGE, INSULIN U-500, NDL, 0.5 ML	INSULIN SYRINGE U-500	6	
SYRINGE, INSULIN, NEEDLESS 1 ML	EASY TOUCH LUER LOCK INSULIN	6	
SYRINGE, INSULIN, NEEDLESS 1 ML	EASY TOUCH UNI- SLIP	6	
SYRINGE, INSULIN, NEEDLESS 1 ML	INSULIN SYRINGE	6	
SYRINGE, INSULIN, NEEDLESS 1 ML	LUER-LOK SYRINGE	6	
SYRINGE, NDLE, SAFE 1.5 ML, D. UNT	ULTICARE SYRINGE	3	
SYRINGE, NEEDLE, INSULIN, SAFE, 1 ML	ASSURE ID INSULIN SAFETY	6	

Drug Name		Tier	Requirements/Limits
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH FLIPLOCK INSULIN	6	
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH INSULIN SAFETY	6	
SYRINGE,NEEDLE,INSULN,SAFE,1ML	EASY TOUCH SHEATHLOCK INSULIN	6	
SYRINGE,NEEDLE,INSULN,SAFE,1ML	MAGELLAN INSULIN SAFETY SYRNG	6	
SYRINGE,NEEDLE,INSULN,SF 0.5ML	ASSURE ID INSULIN SAFETY	6	
SYRINGE,NEEDLE,INSULN,SF 0.5ML	EASY TOUCH INSULIN SAFETY	6	
SYRINGE,NEEDLE,INSULN,SF 0.5ML	MAGELLAN INSULIN SAFETY SYRNG	6	
SYRINGE,NEEDLE,INSULN,SF 0.5ML	MAGELLAN INSULIN SYRINGE	6	
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SAFETY SYRNG	6	
SYRINGE,NEEDLE,INSULN,SF,0.3ML	MAGELLAN INSULIN SYRINGE	6	
SYRINGE,SAFE 3 ML,DISPOSL UNIT	SAFESNAP SYRINGE	3	
SYRINGE,SAFE 5 ML,DISPOSL UNIT	SAFESNAP SYRINGE	3	
SYRINGE,SAFETY 1 ML,DISP UNIT	SAFESNAP ALLERGY SYRINGE	3	
SYRINGE,SAFETY 1 ML,DISP UNIT	SAFESNAP TUBERCULIN SYRINGE	3	
SYRINGE,SAFETY 10 ML,DISP UNIT	SAFESNAP SYRINGE	3	
SYRINGE,SAFETY 5 ML, DISP UNIT	SAFESNAP SYRINGE	3	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH FLIPLOCK SYRINGE	3	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH FLIPLOCK SYRINGES	3	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH SHEATHLOCK SYRG-NDL (21GX1 1/2"") (DISP SYRIN) (OTC)	6	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH SHEATHLOCK SYRG-NDL (22GX1 1/2"") (DISP SYRIN) (OTC)	3	
SYRINGE,SAFETY NEEDLE,10 ML	EASY TOUCH SHEATHLOCK SYRG-NDL (25GX1"") (DISP SYRIN) (OTC)	3	
SYRINGE,SAFETY NEEDLE,10 ML	SAFETY-LOK SAFETY SYRINGES	3	

Drug Name		Tier	Requirements/Limits
SYRINGE,SAFETY NEEDLE,10 ML	TERUMO SURGUARD2	3	
SYRINGE,SAFETY NEEDLE,10 ML	VANISHPOINT SYRINGE	3	
SYRINGE,SAFETY NEEDLE,12 ML	MONOJECT SAFETY SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	EASY TOUCH FLIPLOCK SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	EASY TOUCH FLURINGE FLIPLOCK	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	EASY TOUCH FLURINGE SHEATHLOCK	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	EASY TOUCH TUBERCULIN FLIPLOCK	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	EASY TOUCH TUBERCULIN SHEATHLK	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	MAGELLAN SAFETY SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	MAGELLAN TUBERCULIN SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	MONOJECT MAGELLAN	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	MONOJECT TUBERCULIN SAFETY SYR	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	SAFETY-LOK SAFETY SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	SYRINGE-NEEDLE	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	TERUMO SURGUARD2	3	
SYRINGE,SAFETY WITH NEEDLE,1ML	ULTICARE TB SAFETY SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	EASY TOUCH FLIPLOCK SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	EASY TOUCH FLIPLOCK SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	EASY TOUCH SHEATHLOCK SYRG-NDL	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	ECLIPSE LUER-LOK SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	ECLIPSE SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	INTEGRA SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	MONOJECT	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	MONOJECT MAGELLAN	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	SAFETY SYRINGE WITH SHIELD	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	SAFETY SYRINGE- NEEDLE	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	SAFETYGLIDE SYRINGE	3	

Drug Name		Tier	Requirements/Limits
SYRINGE,SAFETY WITH NEEDLE,3ML	SAFETY-LOK SAFETY SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	SAFETY-LOK SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	TERUMO SURGUARD2	3	
SYRINGE,SAFETY WITH NEEDLE,3ML	ULTICARE SAFETY SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	EASY TOUCH FLIPLOCK SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	EASY TOUCH FLIPLOCK SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	EASY TOUCH SHEATHLOCK SYRG-NDL	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	SAFETYGLIDE SYRINGE	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	SAFETY-LOK SAFETY SYRINGES	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	TERUMO SURGUARD2	3	
SYRINGE,SAFETY WITH NEEDLE,5ML	VANISHPOINT SYRINGE	3	
SYRINGE,SAFETY,10 ML,DISP UNIT	SAFESNAP SYRINGE	3	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ADVOCATE SYRINGES	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	CARETOUCH INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	COMFORT EZ	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY COMFORT INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	EASY TOUCH INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	FREESTYLE PRECISION	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITE TOUCH	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	LITETOUCH INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MAXI-COMFORT	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	MONOJECT INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	PRODIGY INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SAFETYGLIDE INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE COMFORT INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	SURE-JECT INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	TERUMO INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	THINPRO INSULIN SYRINGE	6	

Drug Name		Tier	Requirements/Limits
SYRINGE-NEEDLE,INSULIN,0.5 ML	TOPCARE ULTRA COMFORT	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	TRUEPLUS INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTICARE INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTILET INSULIN SYRINGE	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA COMFORT	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	ULTRA-THIN II	6	
SYRINGE-NEEDLE,INSULIN,0.5 ML	VANISHPOINT	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ADVOCATE SYRINGES	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	CARETOUCH INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	COMFORT EZ	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY COMFORT INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	EASY TOUCH INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITE TOUCH	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	LITETOUCH INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	MONOJECT INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	PRODIGY INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	SAFETYGLIDE INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE COMFORT INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	SURE-JECT INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	TERUMO INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	THINPRO INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	TOPCARE ULTRA COMFORT	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	TRUEPLUS INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTICARE INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTILET INSULIN SYRINGE	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA COMFORT	6	
SYRING-NEEDL,DISP,INSUL,0.3 ML	ULTRA-THIN II	6	
MISCELLANEOUS AGENTS			
ANAPHYLAXIS THERAPY AGENTS			
<i>epinephrine</i>	ADRENACLICK	1	
EPINEPHRINE	AUVI-Q	3	ST, QL: 2 IN 365 DAYS
<i>epinephrine</i>	EPIPEN	1	
<i>epinephrine</i>	EPIPEN 2-PAK	1	
<i>epinephrine</i>	EPIPEN JR	1	

Drug Name		Tier	Requirements/Limits
<i>epinephrine</i>	EPIPEN JR 2-PAK	1	
MISCELLANEOUS AGENTS			
LIVER EXTRACT (BEEF-PORK)	NEXAVIR	3	
PARASYMPATHETIC AGENTS			
<i>bethanechol chloride</i>	URECHOLINE	1	
<i>cevimeline hcl</i>	EVOXAC	1	
<i>guanidine hcl</i>	GUANIDINE	1	
<i>pilocarpine hcl</i>	SALAGEN	1	
SYSTEMIC ENZYME INHIBITORS			
ALPHA-1-PROTEINASE INHIBITOR	ARALAST NP	4	
ALPHA-1-PROTEINASE INHIBITOR	PROLASTIN C	4	
ALPHA-1-PROTEINASE INHIBITOR	ZEMAIRA	4	
NEOPLASTIC DISEASE			
ALKYLATING AGENTS			
ALTRETAMINE	HEXALEN	4	
BUSULFAN	MYLERAN	4	
CHLORAMBUCIL	LEUKERAN	4	
CYCLOPHOSPHAMIDE		4	
<i>hydroxyurea</i>	HYDREA	1	
LOMUSTINE	GLEOSTINE	4	PA
<i>melphalan</i>	ALKERAN	1	
<i>temozolomide</i>	TEMODAR	4	PA
ANTIANDROGENIC AGENTS			
ABIRATERONE ACETATE	ZYTIGA (250 MG) (TABLET)	4	PA, QL: 4 IN 1 DAY
ABIRATERONE ACETATE	ZYTIGA (500 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
APALUTAMIDE	ERLEADA	4	PA
<i>bicalutamide</i>	CASODEX	1	
ENZALUTAMIDE	XTANDI	4	PA, QL: 4 IN 1 DAY
<i>flutamide</i>	EULEXIN	1	
<i>nilutamide</i>	NILANDRON	4	QL: 150 AFTER 30 DAYS
ANTIMETABOLITES			
<i>capecitabine</i>	XELODA (150 MG) (TABLET)	4	PA, QL: 28 IN 21 DAYS
<i>capecitabine</i>	XELODA (500 MG) (TABLET)	4	PA, QL: 112 IN 21 DAYS
<i>mercaptopurine</i>	PURINETHOL	1	
MERCAPTOPYRINE	PURIXAN	4	ST
METHOTREXATE	XATMEP	4	ST, AGE: < 12 YEARS, QL: 120mL IN 60 DAYS
<i>methotrexate sodium</i>	FOLEX	1	
METHOTREXATE SODIUM	TREXALL (10 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (15 MG) (TABLET)	2	
<i>methotrexate sodium</i>	TREXALL (2.5 MG) (TABLET)	1	
METHOTREXATE SODIUM	TREXALL (5 MG) (TABLET)	2	
METHOTREXATE SODIUM	TREXALL (7.5 MG) (TABLET)	2	
<i>methotrexate sodium/pf</i>	FOLEX	1	
THIOGUANINE	TABLOID	4	
TRIFLURIDINE/TIPRACIL HCL	LONSURF	4	PA
ANTINEOPLASTIC AROMATASE INHIBITORS			
<i>anastrozole</i>	ARIMIDEX	1	

Drug Name		Tier	Requirements/Limits
<i>exemestane</i>	AROMASIN	1	
<i>letrozole</i>	FEMARA	1	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR			
SONIDEGIB PHOSPHATE	ODOMZO	4	PA
VISMODEGIB	ERIVEDGE	4	PA, QL: 1 IN 1 DAY
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS			
RUXOLITINIB PHOSPHATE	JAKAFI	4	PA, QL: 2 IN 1 DAY
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
COBIMETINIB FUMARATE	COTELLIC	4	PA, QL: 63 IN 28 DAYS
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	4	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
EVEROLIMUS	AFINITOR (10 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
EVEROLIMUS	AFINITOR (2.5 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
EVEROLIMUS	AFINITOR (5 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
EVEROLIMUS	AFINITOR (7.5 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
EVEROLIMUS	AFINITOR DISPERZ	4	PA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
TOPOTECAN HCL	HYCAMTIN	4	
ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT			
RIBOCICLIB SUCCINATE/LETROZOLE	KISQALI FEMARA CO-PACK	4	PA
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
LENALIDOMIDE	REVLIMID	4	PA, QL: 1 IN 1 DAY
PEGINTERFERON ALFA-2B	SYLATRON	4	
POMALIDOMIDE	POMALYST	4	PA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS			
DEGARELIX ACETATE	FIRMAGON (120 MG) (VIAL)	4	QL: 2 IN 365 DAYS
DEGARELIX ACETATE	FIRMAGON (80 MG) (VIAL)	4	QL: 1 IN 30 DAYS
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
ABEMACICLIB	VERZENIO	4	PA, QL: 2 IN 1 DAY
ACALABRUTINIB	CALQUENCE	4	PA
AFATINIB DIMALEATE	GILOTRIF	4	PA
ALECTINIB HCL	ALECENSA	4	PA, QL: 8 IN 1 DAY
AXITINIB	INLYTA (1 MG) (TABLET)	4	PA, QL: 6 IN 1 DAY
AXITINIB	INLYTA (5 MG) (TABLET)	4	PA, QL: 4 IN 1 DAY
BOSUTINIB	BOSULIF (100 MG) (TABLET)	4	PA, QL: 3 IN 1 DAY
BOSUTINIB	BOSULIF (400 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
BOSUTINIB	BOSULIF (500 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
BRIGATINIB	ALUNBRIG	4	PA
CABOZANTINIB S-MALATE	CABOMETYX	4	PA
CABOZANTINIB S-MALATE	COMETRIQ	4	PA, QL: 112 IN 28 DAYS
CERITINIB	ZYKADIA	4	PA
CRIZOTINIB	XALKORI	4	PA, QL: 2 IN 1 DAY
DABRAFENIB MESYLATE	TAFINLAR	4	PA
DASATINIB	SPRYCEL (100 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
DASATINIB	SPRYCEL (140 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (20 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
DASATINIB	SPRYCEL (50 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (70 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
DASATINIB	SPRYCEL (80 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
ERLOTINIB HCL	TARCEVA (100 MG) (TABLET)	4	PA, QL: 3 IN 1 DAY
ERLOTINIB HCL	TARCEVA (150 MG) (TABLET)	4	PA, QL: 3 IN 1 DAY
ERLOTINIB HCL	TARCEVA (25 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
GEFITINIB	IRESSA	4	PA
IBRUTINIB	IMBRUVICA	4	PA
IDELALISIB	ZYDELIG	4	PA
<i>imatinib mesylate</i>	GLEEVEC (100 MG) (TABLET)	4	PA, QL: 3 IN 1 DAY
<i>imatinib mesylate</i>	GLEEVEC (400 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
IXAZOMIB CITRATE	NINLARO	4	PA
LAPATINIB DITOSYLATE	TYKERB	4	PA
LENVATINIB MESYLATE	LENVIMA	4	PA
MIDOSTAURIN	RYDAPT	4	PA
NERATINIB MALEATE	NERLYNX	4	PA
NILOTINIB HCL	TASIGNA	4	PA, QL: 4 IN 1 DAY
NIRAPARIB TOSYLATE	ZEJULA	4	PA
OLAPARIB	LYNPARZA (100 MG) (TABLET)	4	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (150 MG) (TABLET)	4	PA, QL: 4 IN 1 DAY
OLAPARIB	LYNPARZA (50 MG) (CAPSULE)	4	PA, QL: 16 IN 1 DAY
OSIMERTINIB MESYLATE	TAGRISSE	4	PA, QL: 1 IN 1 DAY
PALBOCICLIB	IBRANCE	4	PA
PAZOPANIB HCL	VOTRIENT	4	PA, QL: 4 IN 1 DAY
PONATINIB HCL	ICLUSIG (15 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
PONATINIB HCL	ICLUSIG (45 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
REGORAFENIB	STIVARGA	4	PA, QL: 3 IN 1 DAY
RIBOCICLIB SUCCINATE	KISQALI	4	PA
RUCAPARIB CAMSYLATE	RUBRACA	4	PA, QL: 4 IN 1 DAY
SORAFENIB TOSYLATE	NEXAVAR	4	PA, QL: 4 IN 1 DAY
SUNITINIB MALATE	SUTENT	4	PA, QL: 1 IN 1 DAY
VANDETANIB	CAPRELSA (100 MG) (TABLET)	4	PA, QL: 2 IN 1 DAY
VANDETANIB	CAPRELSA (300 MG) (TABLET)	4	PA, QL: 1 IN 1 DAY
VEMURAFENIB	ZELBORAF	4	PA, QL: 8 IN 1 DAY
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS			
PANOBINOSTAT LACTATE	FARYDAK	4	PA
VORINOSTAT	ZOLINZA	4	
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS			
VENETOCLAX	VENCLEXTA	4	PA

Drug Name		Tier	Requirements/Limits
VENETOCLAX	VENCLEXTA STARTING PACK	4	PA
ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS			
ENASIDENIB MESYLATE	IDHIFA	4	PA
ANTINEOPLASTICS,MISCELLANEOUS			
<i>etoposide</i>	VEPESID	1	
MITOTANE	LYSODREN	4	
OMACETAXINE MEPESUCCINATE	SYNRIBO	4	PA
PROCARBAZINE HCL	MATULANE	4	
<i>tretinoin</i>	VESANOID	4	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
<i>leucovorin calcium</i>	WELLCOVORIN	1	
MESNA	MESNEX	3	
URIDINE TRIACETATE	VISTOGARD	4	QL: 24 IN 14 DAYS
INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.			
TALC	SCLEROSOL	3	
TALC	STERITALC (2 G) (VIAL)	3	
TALC	STERITALC (3 G) (VIAL)	3	
TALC	STERITALC (4 G) (VIAL)	3	
<i>talc</i>	STERITALC (5 G) (VIAL)	1	
PHOTOACTIVATED, ANTINEOPLS. & PREMALIGNANT LESIONS			
AMINOLEVULINIC ACID HCL	AMELUZ	3	
AMINOLEVULINIC ACID HCL	LEVULAN	3	
RADIOACTIVE THERAPEUTIC AGENTS			
SODIUM IODIDE-131	HICON	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)			
<i>tamoxifen citrate</i>	NOLVADEX	5	
TAMOXIFEN CITRATE	SOLTAMOX	2	
TOREMIFENE CITRATE	FARESTON	4	PA
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)			
<i>bexarotene</i>	TARGRETIN	4	PA
STEROID ANTINEOPLASTICS			
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	4	
<i>megestrol acetate</i>	MEGACE	1	
NEUROLOGICAL DISEASE - MISCELLANEOUS			
AGENTS TO TREAT MULTIPLE SCLEROSIS			
DIMETHYL FUMARATE	TECFIDERA	4	PA
FINGOLIMOD HCL	GILENYA	4	PA
<i>glatiramer acetate</i>	COPAXONE	4	PA
INTERFERON BETA-1A	AVONEX	4	PA
INTERFERON BETA-1A	AVONEX PEN	4	PA
INTERFERON BETA-1A/ALBUMIN	AVONEX	4	PA
INTERFERON BETA-1A/ALBUMIN	REBIF	4	PA
INTERFERON BETA-1A/ALBUMIN	REBIF REBIDOSE	4	PA
INTERFERON BETA-1B	BETASERON	4	PA
INTERFERON BETA-1B	EXTAVIA	4	PA
PEGINTERFERON BETA-1A	PLEGRIDY	4	PA
PEGINTERFERON BETA-1A	PLEGRIDY PEN	4	PA
TERIFLUNOMIDE	AUBAGIO	4	PA
AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR			
DALFAMPRIDINE	AMPYRA	4	PA

Drug Name	Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
<i>riluzole</i>	RILUTEK	3
FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB		
MILNACIPRAN HCL	SAVELLA	2
MOVEMENT DISORDERS(DRUG THERAPY)		
DEUTETRABENAZINE	AUSTEDO	4 PA
GABAPENTIN ENACARBIL	HORIZANT (300 MG) (TABLET ER)	3 ST, QL: 1 IN 1 DAY
GABAPENTIN ENACARBIL	HORIZANT (600 MG) (TABLET ER)	3 ST, QL: 2 IN 1 DAY
<i>tetrabenazine</i>	XENAZINE	4 PA
VALBENAZINE TOSYLATE	INGREZZA	4 PA
NEUROPATHIC AGENTS		
PREGABALIN	LYRICA CR (165 MG) (TAB ER 24H)	3 ST, QL: 3 IN 1 DAY
PREGABALIN	LYRICA CR (330 MG) (TAB ER 24H)	3 ST, QL: 2 IN 1 DAY
PREGABALIN	LYRICA CR (82.5 MG) (TAB ER 24H)	3 ST, QL: 3 IN 1 DAY
POSTHERPETIC NEURALGIA AGENTS		
GABAPENTIN	GRALISE (300 MG) (TAB ER 24H)	3 ST, QL: 3 IN 1 DAY
GABAPENTIN	GRALISE (300-600 MG) (TAB ER 24H)	3 ST, QL: 39 IN 15 DAYS
GABAPENTIN	GRALISE (600 MG) (TAB ER 24H)	3 ST, QL: 3 IN 1 DAY
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS		
DEXTROMETHORPHAN HBR/QUINIDINE	NUEDEXTA	3 PA
ORAL/PHARYNGEAL DISORDERS		
DENTAL AIDS AND PREPARATIONS		
<i>chlorhexidine gluconate</i>		1
DENTAL SUCTION/CHLRHEX/SWB1/MW	Q-CARE RX	3
DENTL SUCTION DEV/CHLORHX/SWB1	Q-CARE RX	3
<i>triamcinolone acetonide</i>	KENALOG IN ORABASE	1
NOSE PREPARATIONS ANTIBIOTICS		
MUPIROCIIN CALCIUM	BACTROBAN NASAL	2
NOSE PREPARATIONS, MISCELLANEOUS (RX)		
HYPROMELLOSE	ALZAIR	3
<i>ipratropium bromide</i>	ATROVENT	1
PERIODONTAL COLLAGENASE INHIBITORS		
<i>doxycycline hyclate</i>	PERIOSTAT	1
PERIODONTAL TETRACYCLINE ANTIINFECTIVE, LOCAL		
MINOCYCLINE HCL MICROSPHERES	ARESTIN	3 PA
OTHER DRUGS		
ABORTIFACIENT,PROGESTERONE RECEPTOR ANTAGONIST-TYP		
MIFEPRISTONE	MIFEPREX	3
AGENTS FOR CORNEAL COLLAGEN CROSS-LINKING		
RIBOFLAVIN 5-PHOS/20 % DEXTRAN	PHOTREXA VISCOUS	3
RIBOFLAVIN 5-PHOSPHATE SOD(B2)	PHOTREXA	3
AGENTS FOR STOMATOLOGICAL USE		
SUCRALFATE MALATE, POLYMERIZED	ORAFATE	3
SUCRALFATE MALATE, POLYMERIZED	PROTHELIAL	3

Drug Name	Tier	Requirements/Limits
SULFURIC ACID/SULFONAT. PHENOL DEBACTEROL	3	
ANTIDIARRHEAL MICROORGANISMS AGENTS		
LACTOBACILLUS CASEI/FOLIC ACID RESTORA RX	3	
LACTOBACILLUS CASEI/FOLIC ACID RESTORA SPRINKLES	3	
ANTIDOTES,MISCELLANEOUS		
ACETYLCYSTEINE CETYLEV	3	
ANTIVENINS		
CENTRUROIDES(SCORPN) ANTIVENOM ANASCORP	3	
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.		
<i>megestrol acetate</i> MEGACE	1	
<i>megestrol acetate</i> MEGACE ES	1	
BLOOD COLLECTION SET WITH LOCAL ANESTHETICS		
BLOOD COLLECT SET/LIDOC/PRILOC CADIRA COMPLIANT BLOOD STAT	3	
BLOOD COLLECT SET/LIDOC/PRILOC LIDO BDK	3	
BLOOD TESTING PREPARATIONS,IN-VITRO		
PROTHROMBIN TIME TEST STRIPS COAGUCHEK	3	
PROTHROMBIN TIME/INR TEST METR COAGUCHEK XS	3	
BULK CHEMICALS		
DIMETHYL SULFOXIDE	3	
HYDROCHLORIC ACID	3	
HYDROGEN PEROXIDE	3	
HYDROXYETHYL METHACRYLATE	3	
LACTIC ACID	3	
VITAMIN E ACETATE	3	
CARDIOPLEGIC SOLUTIONS		
<i>adenosine/lidocaine/mag/sod ch</i>	3	
<i>cardioplegic 21 (reperfus 4:1)</i>	3	
<i>cardioplegic no.14 (maint 8:1)</i>	3	
<i>cardioplegic no.15(induct 8:1)</i>	3	
<i>cardioplegic no.17(induct 4:1)</i>	3	
<i>cardioplegic no.18(induct 8:1)</i>	3	
<i>cardioplegic no.19 (maint 4:1)</i>	3	
<i>cardioplegic no.20 (maint 4:1)</i>	3	
<i>cardioplegic no.22(induct 4:1)</i>	3	
<i>cardioplegic no.23(induct 4:1)</i>	3	
<i>cardioplegic solution no.1</i> PLEGISOL	1	
<i>cardioplegic solution no.10</i>	3	
<i>cardioplegic solution no.16</i>	3	
CHELATING AGENTS		
GLUTATHIONE	3	
GLUTATHIONE-L	3	
CHOLINESTERASE REACTIVAT.&MUSCARINIC ANTG.ANTIDOTE		
PRALIDOXIME CHLORIDE/ATROPINE DUODOTE	3	
CHOLINESTERASE REACTIVATING,ORGANOPHOS. ANTIDOTES		
PRALIDOXIME CHLORIDE	3	
CONCEPTION ASSISTANCE SUPPLIES		
CONCEPTION ASSIST.SUPPLIES NO1 CONCEPTION	3	
CONDOMS		
CONDOMS, FEMALE FC2 FEMALE CONDOM	5	QL: 30 IN 30 DAYS
CRYOPRESERVATIVE AGENTS		
DIMETHYL SULFOXIDE CRYOSERV	3	

Drug Name		Tier	Requirements/Limits
DIAGNOSTIC PREPARATIONS,MISC.			
KIT FOR TC 99M/SOD THIOSULFATE	TC99M SULFUR COLLOID PREP	3	
METHACHOLINE CHLORIDE	PROVOCHOLINE	3	
SALIVA COLLECTION/IBUPROFEN	TOXICOLOGY SALIVA COLLECTION	3	
DILUENT SOLUTIONS			
DILUENT, INSULIN ASPART NO.1	DILUTING MEDIUM FOR NOVOLOG	3	
DILUENT,LIVE ROTAVIRUS VACC,CA	DILUENT FOR ROTARIX	3	
DRUGS TO TREAT HEREDITARY TYROSINEMIA			
NITISINONE	NITYR	4	PA
NITISINONE	ORFADIN	4	PA
DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING			
ELIGLUSTAT TARTRATE	CERDELGA	4	PA
MIGLUSTAT	ZAVESCA	4	PA
FLAVORING AGENTS			
ETHYL ACETATE		3	
GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS			
BARIUM SULFATE	E-Z DISK	3	
BARIUM SULFATE	E-Z-CAT	3	
BARIUM SULFATE	E-Z-HD	3	
BARIUM SULFATE	E-Z-PAQUE	3	
BARIUM SULFATE	E-Z-PASTE	3	
BARIUM SULFATE	LIQUID E-Z PAQUE	3	
BARIUM SULFATE	LIQUID POLIBAR PLUS	3	
BARIUM SULFATE	POLIBAR ACB	3	
BARIUM SULFATE	READI-CAT 2	3	
BARIUM SULFATE	TAGITOL	3	
BARIUM SULFATE	VARIBAR HONEY	3	
BARIUM SULFATE	VARIBAR NECTAR	3	
BARIUM SULFATE	VARIBAR PUDDING	3	
BARIUM SULFATE	VARIBAR THIN HONEY	3	
BARIUM SULFATE	VARIBAR THIN LIQUID	3	
BARIUM SULFATE	VOLUMEN	3	
BARIUM SULFATE/METHYLCELLULOSE	ENTERO VU	3	
FERUMOXASIL	GASTROMARK	3	
RADIOPAQUE PVC MARKERS/BARIUM	SITZMARKS	3	
GENERAL ANESTHETICS,INHALANT			
DESFLURANE	SUPRANE	3	
<i>isoflurane</i>		1	
<i>sevoflurane</i>	ULTANE	1	
GENERAL INHALATION AGENTS			
SODIUM CHLORIDE FOR INHALATION	HYPER-SAL	3	
SODIUM CHLORIDE FOR INHALATION	NEBUSAL	3	
<i>sodium chloride for inhalation</i>		1	
HOMEOPATHIC DRUGS			
HOMEOPATHIC DRUGS	AURUMHEEL	3	
HOMEOPATHIC DRUGS	CANTHARIS COMPOSITUM	3	
HOMEOPATHIC DRUGS	CRALONIN	3	
HOMEOPATHIC DRUGS	EYE	3	

Drug Name		Tier	Requirements/Limits
HOMEOPATHIC DRUGS	LAMIOFLUR	3	
HOMEOPATHIC DRUGS	PLANTAGO-HOMACCORD	3	
HOMEOPATHIC DRUGS	POPULUS COMPOSITUM	3	
HOMEOPATHIC DRUGS	PSORINOHEEL	3	
HOMEOPATHIC DRUGS	RENEEL	3	
HOMEOPATHIC DRUGS	SABAL-HOMACCORD	3	
HOMEOPATHIC DRUGS	SYZYGIUM COMPOSITUM	3	
HOMEOPATHIC DRUGS	VERTIGOHEEL	3	
INTRA-UTERINE DEVICES (IUD'S)			
COPPER	PARAGARD T 380-A	5	
LEVONORGESTREL	KYLEENA	5	
LEVONORGESTREL	LILETTA	5	
LEVONORGESTREL	MIRENA	5	
LEVONORGESTREL	SKYLA	5	
IRRIGANTS			
ORGAN PRESERVATION SOLN-BELZER	VIASPAN BELZER-UW	3	
LOCAL ANESTHETICS			
<i>lidocaine hcl/glycerin</i>	ADVANCED DNA MEDICATED COLLECT	1	
<i>lidocaine hcl/glycerin</i>	DYNAMIC	1	
<i>lidocaine hcl/glycerin</i>	DYNAMIC PLUS PAK	1	
<i>lidocaine hcl/glycerin</i>	PRO DNA MEDICATED COLLECTION	1	
METABOLIC DEFICIENCY AGENTS			
BETAINE	CYSTADANE	4	
LEVOCARNITINE	CARNITOR SF	3	
<i>levocarnitine</i>		1	
<i>levocarnitine (with sugar)</i>	CARNITOR	1	
METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA			
ASFOTASE ALFA	STRENSIQ	4	PA
METABOLIC FUNCTION DIAGNOSTICS			
METYRAPONE	METOPIRONE	3	
METALLIC POISON,AGENTS TO TREAT			
DEFERASIROX	EXJADE	4	PA
DEFERASIROX	JADENU	4	PA
DEFERASIROX	JADENU SPRINKLE	4	PA
DEFERIPRONE	FERRIPROX	4	PA
<i>deferoxamine mesylate</i>	DESFERAL	1	PA
<i>deferoxamine mesylate</i>	DESFERAL MESYLATE	1	PA
PRUSSIAN BLUE (INSOLUBLE)	RADIOGARDASE	3	
SUCCIMER	CHEMET	3	
<i>trientine hcl</i>	SYPRINE	1	PA
ZINC ACETATE	GALZIN	3	
MUSCARINIC RECEPTOR ANTAGONISTS			
ATROPINE SULFATE	ATROPEN	3	
NEEDLES/NEEDLELESS DEVICES			
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS	6	

Drug Name		Tier	Requirements/Limits
PEN NEEDLE, DIABETIC	1ST TIER UNIFINE PENTIPS PLUS	6	
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLES	6	
PEN NEEDLE, DIABETIC	BD ULTRA-FINE PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	CAREFINE PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	CARETOUCH PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	CLICKFINE	6	
PEN NEEDLE, DIABETIC	COMFORT EZ	6	
PEN NEEDLE, DIABETIC	DROPLET PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	EASY COMFORT PEN NEEDLES	6	
PEN NEEDLE, DIABETIC	EASY TOUCH PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	HEALTHY ACCENTS UNIFINE PENTIP	6	
PEN NEEDLE, DIABETIC	INCONTROL PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	INSULIN PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	INSUPEN	6	
PEN NEEDLE, DIABETIC	LITE TOUCH	6	
PEN NEEDLE, DIABETIC	MINI ULTRA-THIN II	6	
PEN NEEDLE, DIABETIC	NEEDLES	6	
PEN NEEDLE, DIABETIC	NOVOFINE	6	
PEN NEEDLE, DIABETIC	NOVOFINE 32	6	
PEN NEEDLE, DIABETIC	NOVOFINE PLUS	6	
PEN NEEDLE, DIABETIC	NOVOTWIST	6	
PEN NEEDLE, DIABETIC	PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	PEN NEEDLES	6	
PEN NEEDLE, DIABETIC	PENTIPS	6	
PEN NEEDLE, DIABETIC	PRO COMFORT PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	RELION PEN NEEDLES	6	
PEN NEEDLE, DIABETIC	SURE COMFORT	6	
PEN NEEDLE, DIABETIC	SURE-FINE PEN NEEDLES	6	
PEN NEEDLE, DIABETIC	TECHLITE PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	TOPCARE CLICKFINE	6	
PEN NEEDLE, DIABETIC	TRUEPLUS PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	ULTICARE PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	ULTILET PEN NEEDLE	6	
PEN NEEDLE, DIABETIC	ULTRA-THIN II	6	
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS	6	
PEN NEEDLE, DIABETIC	UNIFINE PENTIPS PLUS	6	

Drug Name		Tier	Requirements/Limits
PEN NEEDLE, DIABETIC, SAFETY	HEALTHY ACCENTS UNIFINE PENTIP	6	
PEN NEEDLE, DIABETIC, SAFETY	NOVOFINE AUTOCOVER	6	
PEN NEEDLE,DUAL SAFETY,DIABETC	AUTOSHIELD DUO PEN NEEDLE	6	
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION			
GLUTAMINE	NUTRESTORE	3	
OINTMENT/CREAM BASES			
EMOLLIENT BASE	RADIAGEL	3	
ORAL MUCOSITIS/STOMATITIS AGENTS			
GLY/CARB H.POLYMR A/POT HYDROX	MUGARD	3	
POT SOR/HE-CELLULOS/POV/HYALUR	GELCLAIR	3	
POT SORBATE/MALTO/ALOE/MANN PS	ORAMAGICRX	3	
POVID/TAUR/ZN/PEG40 CASTOR OIL	GELX	3	
ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT			
MUCOSITIS AND STOMATITIS COMB2	EPISIL	3	
PHARMACEUTICAL ADJUVANTS, TABLETING			
CELLULOSE	MICROCRYSTALLI NE CELLULOSE	3	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE			
SAPROPTERIN DIHYDROCHLORIDE	KUVAN	4	PA
PRESERVATIVES			
FORMALDEHYDE	FORMA-RAY	3	
PROTEIN REPLACEMENT			
LYSINE/E/FOLIC ACID/BCOMP,C/ZN	LYSIPLEX PLUS	3	
RADIOPHARMACEUTICALS ELEMENTS			
INDIUM-111 CHLORIDE	INDICLOR	3	
SALIVA STIMULANT AGENTS			
SORBITOL/SALIVA 1/MALIC/C.PHOS	NUMOISYN	3	
SALIVA SUBSTITUTE AGENTS			
FLAXSEED	NUMOISYN	3	
SALIVA SUBSTITUTE COMB NO.10	NEUTRASAL	3	
SALIVA SUBSTITUTE COMB NO.11	SALIVAMAX	3	
SALIVA SUBSTITUTE COMBO NO.2	CAPHOSOL	3	
SALIVA SUBSTITUTE COMBO NO.3	AQUORAL	3	
SALIVA SUBSTITUTE COMBO NO.5	BOCASAL	3	
SALIVA SUBSTITUTE COMBO NO.5	NEUTRASAL	3	
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
<i>paroxetine mesylate</i>	BRISDELLE	1	ST, QL: 1 IN 1 DAY
SEXUAL DYSFUNCTION DEVICES			
VACUUM ERECTION DEVICE SYSTEM	RAPPORT VACUUM THERAPY	3	
SKIN TISSUE REPLACEMENT			
CULT SKIN SUBST,HUMAN-BOVINE	APLIGRAF	3	
CULT SKIN SUBST,HUMAN-BOVINE	DERMAGRAFT	3	
EXTRACELL MATRIX, OVINE, FENES	ENDOFORM	3	
EXTRACELL MATRIX,PORCINE,FENES	MATRISTEM	3	
EXTRACELLULAR MATRIX, OVINE	ENDOFORM	3	
EXTRACELLULAR MATRIX,PORCINE	MATRISTEM MICROMATRIX	3	
HUMAN REGENERATIVE TISSUE MTRX	EPIFIX AMNIOTIC MEMBRANE	3	
HUMAN REGENERATIVE TISSUE MTRX	GRAFIX CORE	3	
HUMAN REGENERATIVE TISSUE MTRX	GRAFIX PRIME	3	

Drug Name		Tier	Requirements/Limits
HUMAN REGENERATIVE TISSUE MTRX	GRAFIX XC	3	
HUMAN REGENERATIVE TISSUE MTRX	STRAVIX	3	
HUMAN REGENERATIVE TISSUE MTRX	TRUSKIN	3	
TISSUE MATRIX, KERATIN-OVINE	KERAMATRIX	3	
SOLVENTS			
MINERAL OIL	MURI-LUBE MINERAL OIL	3	
PROPYLENE GLYCOL		3	
SODIUM SUCCINATE		3	
SOMATOSTATIC AGENTS			
<i>octreotide acetate</i>		4	
PASIREOTIDE DIASPARTATE	SIGNIFOR	4	PA
SUPPORT HOSIERY			
COMP.STOCKING,KNEE,LONG,MEDIUM	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,LARGE	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,SMALL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,X-LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,LONG,X-SML	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMP.STOCKING,THIGH,SHORT,SMAL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,LARGE	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,SMALL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,KNEE,LONG,X-LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,REG,LARGE	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,REG,SMALL	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,REG,X-LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,REG,X-SML	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,SHORT,LRG	T.E.D. ANTI- EMBOLISM STOCKING	3	
COMPR.STOCKING,THIGH,SHORT,MED	T.E.D. ANTI- EMBOLISM STOCKING	3	

Drug Name		Tier	Requirements/Limits
COMPRES.STOCKING,KNEE,REG,SMAL	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRES.STOCKING,KNEE,REG,XLRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRES.STOCKING,THIGH,REG,MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRESS.STOCKING,KNEE,REG,LRG	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRESS.STOCKING,KNEE,REG,MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
COMPRS.STOCKING,THIGH,LONG,MED	T.E.D. ANTI-EMBOLISM STOCKING	3	
SUSPENDING AGENTS			
GELATIN	GELFILM	3	
LAURETH 4	BRIJ L4	3	
SWEETENERS			
SACCHARIN		3	
TISSUE/WOUND ADHESIVES			
THROMBIN/FIBRINOGEN/APROTIN/CALC	ARTISS	3	
THROMBIN/FIBRINOGEN/APROTIN/CALC	TISSEEL VHSD	3	
TOPICAL ANTISEPTIC DRYING AGENTS			
<i>formaldehyde</i>		1	
URINARY TRACT RADIOPAQUE DIAGNOSTICS			
DIATRIZOATE MEGLUMINE	CYSTOGRAFIN	3	
DIATRIZOATE MEGLUMINE	CYSTOGRAFIN-DILUTE	3	
<i>diatrizoate meglumine, sodium</i>	GASTROGRAFIN	1	
IOTHALAMATE MEGLUMINE	CYSTO-CONRAY II	3	
URINE ACETONE TEST AIDS			
URINE ACETONE TEST,STRIPS	CHEMSTRIP K	3	
URINE ACETONE TEST,STRIPS	KETONE	3	
URINE ACETONE TEST,STRIPS	KETONE CARE	3	
URINE ACETONE TEST,STRIPS	KETOSTIX REAGENT	3	
URINE ACETONE TEST,STRIPS	TRUEPLUS KETONE TEST STRIPS	3	
VEHICLES			
CITRIC ACID		3	
SORBITOL SOLUTION	SORBITOL	3	
WOUND HEALING AGENTS, LOCAL			
ACEMANNAN/ALLANTOIN	RADIGEL	3	
BALSAM PERU/CASTOR OIL	VENELEX	3	
EMOL60/H.ACID/SOD CHL,SUL,PHOS	CELACYN POST PROCEDURE	3	
MUPIROCIN/CHLORHEXIDINE/DIMETH	DERMACINRX CLORHEXACIN	3	
MUPIROCIN/CHLORHEXIDINE/DIMETH	DERMACINRX SURGICAL PHARMAPAK	3	
MUPIROCIN/CHLORHEXIDINE/DIMETH	DERMAWERX SURGICAL PLUS PAK	3	

Drug Name		Tier	Requirements/Limits
MUIPIROCIN/CHLORHEXIDINE/DIMETH	NUSURGEPAK	3	
MUIPIROCIN/CHLORHEXIDINE/DIMETH	WHYTEDERM SURGIPAK	3	
OTHER RESPIRATORY DISORDERS			
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS			
PIRFENIDONE	ESBRIET	4	PA
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR			
IVACAFTOR	KALYDECO	4	PA
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.			
LUMACAFTOR/IVACAFTOR	ORKAMBI	4	PA
TEZACAFTOR/IVACAFTOR	SYMDEKO	4	PA
LUNG SURFACTANTS			
BERACTANT	SURVANTA	3	
CALFACTANT	INFASURF	3	
LUCINACTANT	SURFAXIN	3	
PORACTANT ALFA	CUROSURF	3	
MUCOLYTICS			
<i>acetylcysteine</i>	MUCOMYST	1	
DORNASE ALFA	PULMOZYME	4	PA
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS			
NINTEDANIB ESYLATE	OFEV	4	PA
PAIN MANAGEMENT - ANALGESICS			
ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.			
BUTALBITAL/ACETAMINOPHEN	ALLZITAL	3	ST, QL: 12 IN 1 DAY
<i>butalbital/acetaminophen</i>	BUPAP	1	ST, QL: 6 IN 1 DAY
<i>butalbital/acetaminophen</i>	BUTAPAP	1	
<i>butalbital/acetaminophen</i>	ORBIVAN CF	1	ST, QL: 6 IN 1 DAY
ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB			
<i>butalbital/aspirin/caffeine</i>		1	
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB			
<i>butalb/acetaminophen/caffeine</i>		1	
BUTALB/ACETAMINOPHEN/CAFFEINE	VANATOL LQ	3	
BUTALB/ACETAMINOPHEN/CAFFEINE	VANATOL S	3	
ANALGESIC/ANTIPYRETICS, SALICYLATES			
<i>aspirin (325 mg) (tablet dr) (otc)</i>		5	
<i>aspirin (325 mg) (tablet) (otc)</i>		5	
<i>choline salicyl/mag salicylate</i>		1	
<i>diflunisal</i>	DOLOBID	1	
<i>salsalate</i>	DISALCID	1	
ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION			
<i>hydrocodone/ibuprofen</i>	IBUDONE	1	
<i>hydrocodone/ibuprofen</i>	VICOPROFEN	1	
<i>ibuprofen/oxycodone hcl</i>	COMBUNOX	1	
ANALGESICS, NON-NARCOTICS			
<i>clonidine hcl/pf</i>		1	
ANALGESICS, NARCOTICS			
<i>acetaminophen/caff/dihydrocod</i>	TREZIX	1	ST, AGE: >= 12 YEARS, QL: 10 IN 1 DAY
<i>buprenorphine</i>	BUTRANS	1	QL: 1 IN 7 DAYS
BUPRENORPHINE HCL	BELBUCA	3	ST, QL: 2 IN 1 DAY
BUPRENORPHINE HCL	BUPRENEX	3	
<i>buprenorphine hcl</i>		1	
<i>butorphanol tartrate</i>	STADOL	1	
<i>carisoprodol/aspirin/codeine</i>		1	AGE: >= 12 YEARS
<i>codeine sulfate</i>	CODEINE	1	AGE: >= 12 YEARS

Drug Name		Tier	Requirements/Limits
<i>fentanyl</i>	DURAGESIC	1	PA, QL: 1 IN 3 DAYS
FENTANYL	SUBSYS	3	PA
FENTANYL CITRATE	ABSTRAL	3	PA
<i>fentanyl citrate</i>	ACTIQ	1	PA
FENTANYL CITRATE	FENTORA	3	PA
FENTANYL CITRATE	LAZANDA	3	PA
<i>fentanyl citrate/pf</i>		3	
<i>fentanyl citrate-0.9 % nacl/pf</i>		3	
<i>fentanyl/bupivacaine/ns/pf</i>		3	
<i>fentanyl/ropivacaine/ns/pf</i>		3	
HYDROCODONE BITARTRATE	HYSINGLA ER	2	QL: 1 IN 1 DAY
HYDROCODONE BITARTRATE	ZOHYDRO ER	3	QL: 2 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	HYCET (7.5-325/15) (SOLUTION)	1	QL: 184mL IN 1 DAY
HYDROCODONE/ACETAMINOPHEN	LORTAB (10-300/15) (SOLUTION)	3	
<i>hydrocodone/acetaminophen</i>	LORTAB (10MG-325MG) (TABLET)	1	QL: 12 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	LORTAB (5 MG-325MG) (TABLET)	1	QL: 12 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	LORTAB (7.5-325 MG) (TABLET)	1	QL: 12 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	NORCO	1	QL: 12 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	VERDROCET	1	
<i>hydrocodone/acetaminophen</i>	XODOL 10-300	1	QL: 13 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	XODOL 5-300	1	QL: 13 IN 1 DAY
<i>hydrocodone/acetaminophen</i>	XODOL 7.5-300	1	QL: 13 IN 1 DAY
HYDROMORPHONE HCL	DILAUDID	3	
<i>hydromorphone hcl (0.5mg/.5ml) (syringe)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (liquid)</i>		1	
<i>hydromorphone hcl (1 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (110mg/55ml) (pca syring)</i>		3	
<i>hydromorphone hcl (12 mg) (tab er 24h)</i>		1	PA, QL: 1 IN 1 DAY
<i>hydromorphone hcl (16 mg) (tab er 24h)</i>		1	PA, QL: 1 IN 1 DAY
<i>hydromorphone hcl (2 mg) (tablet)</i>		1	
<i>hydromorphone hcl (2 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (2 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (2 mg/ml) (vial)</i>		1	
<i>hydromorphone hcl (3 mg) (supp.rect)</i>		1	
<i>hydromorphone hcl (32 mg) (tab er 24h)</i>		1	PA, QL: 2 IN 1 DAY
<i>hydromorphone hcl (4 mg) (tablet)</i>		1	
<i>hydromorphone hcl (4 mg/ml) (ampul)</i>		1	
<i>hydromorphone hcl (4 mg/ml) (syringe)</i>		1	
<i>hydromorphone hcl (60 mg/30ml) (pca syring)</i>		3	
<i>hydromorphone hcl (8 mg) (tab er 24h)</i>		1	PA, QL: 1 IN 1 DAY
<i>hydromorphone hcl (8 mg) (tablet)</i>		1	
<i>hydromorphone hcl in 0.9% nacl</i>		3	
<i>hydromorphone hcl/0.9% nacl/pf</i>		3	
<i>hydromorphone hcl/pf</i>	DILAUDID-HP	1	
<i>hydromorphone/bupiv/0.9nacl/pf</i>		3	
<i>hydromorphone/ropiv/sod chl/pf</i>		3	
<i>levorphanol tartrate</i>	LEVO-DROMORAN	1	
<i>meperidine hcl</i>	DEMEROL (10 MG/ML) (CARTRIDGE)	1	
<i>meperidine hcl</i>	DEMEROL (100 MG) (TABLET)	3	QL: 6 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>meperidine hcl</i>	DEMEROL (50 MG) (TABLET)	3	QL: 6 IN 1 DAY
<i>meperidine hcl</i>	DEMEROL (50 MG/5 ML) (SOLUTION)	3	QL: 30mL IN 1 DAY
MEPERIDINE HCL/PF	DEMEROL (100 MG/ML) (SYRINGE)	3	
<i>meperidine hcl/pf</i>	DEMEROL (100 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (25 MG/ML) (SYRINGE)	3	
<i>meperidine hcl/pf</i>	DEMEROL (25 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (50 MG/ML) (SYRINGE)	3	
<i>meperidine hcl/pf</i>	DEMEROL (50 MG/ML) (VIAL)	1	
MEPERIDINE HCL/PF	DEMEROL (75 MG/ML) (SYRINGE)	3	
<i>methadone hcl (10 mg) (tablet)</i>		1	ST, QL: 4 IN 1 DAY
<i>methadone hcl (10 mg/5 ml) (solution)</i>		1	ST, QL: 20mL IN 1 DAY
<i>methadone hcl (10 mg/ml) (oral conc)</i>		1	ST, QL: 4mL IN 1 DAY
<i>methadone hcl (10 mg/ml) (vial)</i>		1	ST, QL: 4mL IN 1 DAY
<i>methadone hcl (40 mg) (tablet sol)</i>		1	ST, QL: 1 IN 1 DAY
<i>methadone hcl (5 mg) (tablet)</i>		1	ST, QL: 8 IN 1 DAY
<i>methadone hcl (5 mg/5 ml) (solution)</i>		1	ST, QL: 40mL IN 1 DAY
MORPHINE SULFATE	ARYMO ER	3	QL: 3 IN 1 DAY
MORPHINE SULFATE	KADIAN (200 MG) (CAP ER PEL)	3	QL: 1 IN 1 DAY
MORPHINE SULFATE	KADIAN (40 MG) (CAP ER PEL)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE	MORPHABOND ER	3	QL: 2 IN 1 DAY
<i>morphine sulfate (10 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (10 mg) (supp.rect)</i>		1	
<i>morphine sulfate (10 mg/5 ml) (solution)</i>		1	
<i>morphine sulfate (10 mg/ml) (cartridge)</i>		1	
<i>morphine sulfate (10 mg/ml) (syringe)</i>		1	
<i>morphine sulfate (100 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (100 mg) (tablet er)</i>		1	QL: 3 IN 1 DAY
<i>morphine sulfate (100 mg/5ml) (solution)</i>		1	
<i>morphine sulfate (10mg/0.7ml) (pen injectr)</i>		1	
<i>morphine sulfate (120 mg) (cpmp 24hr)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (15 mg) (tablet er)</i>		1	QL: 3 IN 1 DAY
MORPHINE SULFATE (15 MG) (TABLET)		2	
<i>morphine sulfate (15 mg/ml) (vial)</i>		1	
<i>morphine sulfate (2 mg/ml) (syringe)</i>		1	
<i>morphine sulfate (20 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (20 mg) (supp.rect)</i>		1	
<i>morphine sulfate (20 mg/5 ml) (solution)</i>		1	
<i>morphine sulfate (200 mg) (tablet er)</i>		1	QL: 3 IN 1 DAY
<i>morphine sulfate (30 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (30 mg) (cpmp 24hr)</i>		1	QL: 1 IN 1 DAY
<i>morphine sulfate (30 mg) (supp.rect)</i>		1	
<i>morphine sulfate (30 mg) (tablet er)</i>		1	QL: 3 IN 1 DAY
MORPHINE SULFATE (30 MG) (TABLET)		2	
<i>morphine sulfate (30 mg/30ml) (pca syring)</i>		3	
<i>morphine sulfate (4 mg/ml) (cartridge)</i>		1	
<i>morphine sulfate (4 mg/ml) (syringe)</i>		1	
<i>morphine sulfate (45 mg) (cpmp 24hr)</i>		1	QL: 1 IN 1 DAY
<i>morphine sulfate (5 mg) (supp.rect)</i>		1	

Drug Name		Tier	Requirements/Limits
<i>morphine sulfate (50 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (60 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (60 mg) (cpmp 24hr)</i>		1	QL: 1 IN 1 DAY
<i>morphine sulfate (60 mg) (tablet er)</i>		1	QL: 3 IN 1 DAY
<i>morphine sulfate (75 mg) (cpmp 24hr)</i>		1	QL: 1 IN 1 DAY
<i>morphine sulfate (8 mg/ml) (syringe)</i>		1	
<i>morphine sulfate (8 mg/ml) (vial)</i>		1	
<i>morphine sulfate (80 mg) (cap er pel)</i>		1	QL: 2 IN 1 DAY
<i>morphine sulfate (90 mg) (cpmp 24hr)</i>		1	QL: 1 IN 1 DAY
<i>morphine sulfate in 0.9 % nacl</i>		3	
<i>morphine sulfate/d5w</i>		3	
MORPHINE SULFATE/NALTREXONE	EMBEDA (100MG-4MG) (CAP ER PO)	3	QL: 4 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (20MG-0.8MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (30MG-1.2MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (50 MG-2 MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (60MG-2.4MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
MORPHINE SULFATE/NALTREXONE	EMBEDA (80MG-3.2MG) (CAP ER PO)	3	QL: 2 IN 1 DAY
<i>morphine sulfate/pf</i>		1	
<i>nalbuphine hcl</i>		1	
<i>opium/belladonna alkaloids</i>		1	
OXYCODONE HCL	OXAYDO	3	
<i>oxycodone hcl (10 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (10 mg) (tablet)</i>		1	
<i>oxycodone hcl (10mg/0.5ml) (syringe)</i>		3	
<i>oxycodone hcl (15 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (15 mg) (tablet)</i>		1	
<i>oxycodone hcl (20 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (20 mg) (tablet)</i>		1	
<i>oxycodone hcl (20 mg/ml) (oral conc)</i>		1	
<i>oxycodone hcl (30 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (30 mg) (tablet)</i>		1	
<i>oxycodone hcl (40 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (5 mg) (capsule)</i>		1	
<i>oxycodone hcl (5 mg) (tablet)</i>		1	
<i>oxycodone hcl (5 mg/5 ml) (solution)</i>		1	
<i>oxycodone hcl (60 mg) (tab er 12h)</i>		1	QL: 2 IN 1 DAY
<i>oxycodone hcl (80 mg) (tab er 12h)</i>		1	QL: 4 IN 1 DAY
OXYCODONE HCL	OXYCONTIN	2	QL: 2 IN 1 DAY
<i>oxycodone hcl/acetaminophen</i>	PERCOCET	1	QL: 12 IN 1 DAY
OXYCODONE HCL/ACETAMINOPHEN	PRIMLEV	3	QL: 13 IN 1 DAY
<i>oxycodone hcl/acetaminophen</i>	ROXICET	1	QL: 61mL IN 1 DAY
<i>oxycodone hcl/aspirin</i>	ENDODAN	1	
<i>oxycodone hcl/aspirin</i>	PERCODAN	1	
OXYCODONE MYRISTATE	XTAMPZA ER (13.5 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (18 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (27 MG) (CAP SPR 12)	3	QL: 4 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (36 MG) (CAP SPR 12)	3	QL: 8 IN 1 DAY
OXYCODONE MYRISTATE	XTAMPZA ER (9 MG) (CAP SPR 12)	3	QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
OXYMORPHONE HCL	OPANA (1 MG/ML) (AMPUL)	3	
<i>oxymorphone hcl</i>	OPANA (10 MG) (TABLET)	1	
<i>oxymorphone hcl</i>	OPANA (5 MG) (TABLET)	1	
<i>oxymorphone hcl</i>	OPANA ER (10 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (15 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (20 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (30 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (40 MG) (TAB ER 12H)	1	QL: 4 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
<i>oxymorphone hcl</i>	OPANA ER (7.5 MG) (TAB ER 12H)	1	QL: 2 IN 1 DAY
<i>pentazocine hcl/naloxone hcl</i>	TALWIN NX	1	
PENTAZOCINE LACTATE	TALWIN	3	
TAPENTADOL HCL	NUCYNTA	2	QL: 6 IN 1 DAY
TAPENTADOL HCL	NUCYNTA ER	2	QL: 2 IN 1 DAY
<i>tramadol hcl</i>	CONZIP	1	ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY
<i>tramadol hcl</i>	RYZOLT	1	AGE: >= 12 YEARS
<i>tramadol hcl</i>	ULTRAM	1	AGE: >= 12 YEARS
<i>tramadol hcl</i>	ULTRAM ER	1	AGE: >= 12 YEARS
<i>tramadol hcl/acetaminophen</i>	ULTRACET	1	AGE: >= 12 YEARS
ANTIMIGRAINE PREPARATIONS			
<i>almotriptan malate</i>	AXERT	1	ST, QL: 2 IN 5 DAYS
DICLOFENAC POTASSIUM	CAMBIA	3	QL: 3 IN 10 DAYS
<i>dihydroergotamine mesylate</i>	D.H.E.45	1	QL: 15mL IN 14 DAYS
<i>dihydroergotamine mesylate</i>	MIGRANAL	1	QL: 8mL IN 28 DAYS
<i>eletriptan hbr</i>	RELPAK	1	ST, QL: 2 IN 5 DAYS
ERGOTAMINE TARTRATE	ERGOMAR	3	QL: 10 IN 7 DAYS
<i>ergotamine tartrate/caffeine</i>	CAFERGOT	1	QL: 10 IN 7 DAYS
ERGOTAMINE TARTRATE/CAFFEINE	MIGERGOT	3	QL: 5 IN 7 DAYS
<i>frovatriptan succinate</i>	FROVA	1	ST, QL: 3 IN 5 DAYS
<i>isomethept/dichlphn/acetaminop (65-100-325) (capsule)</i>		1	
<i>isomethepten/caf/acetaminophen</i>	PRODRIN	3	
<i>naratriptan hcl</i>	AMERGE	1	QL: 3 IN 5 DAYS
<i>rizatriptan benzoate</i>	MAXALT	1	QL: 3 IN 5 DAYS
<i>rizatriptan benzoate</i>	MAXALT MLT	1	QL: 3 IN 5 DAYS
<i>sumatriptan</i>	IMITREX	1	QL: 6 IN 15 DAYS
SUMATRIPTAN SU/MENTHOL/CAMPHOR	MIGRANOW	3	
SUMATRIPTAN SUCC/NAPROXEN SOD	TREXIMET (10 MG- 60MG) (TABLET)	3	ST, QL: 9 IN 60 DAYS
<i>sumatriptan succ/naproxen sod</i>	TREXIMET (85MG- 500MG) (TABLET)	1	ST, QL: 9 IN 30 DAYS
<i>sumatriptan succinate</i>	IMITREX (100 MG) (TABLET)	1	QL: 3 IN 5 DAYS
<i>sumatriptan succinate</i>	IMITREX (25 MG) (TABLET)	1	QL: 3 IN 5 DAYS
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS

Drug Name		Tier	Requirements/Limits
<i>sumatriptan succinate</i>	IMITREX (4 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS
<i>sumatriptan succinate</i>	IMITREX (50 MG) (TABLET)	1	QL: 3 IN 5 DAYS
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (CARTRIDGE)	1	QL: 1mL IN 14 DAYS
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (PEN INJCTR)	1	QL: 1mL IN 14 DAYS
<i>sumatriptan succinate</i>	IMITREX (6 MG/0.5ML) (VIAL)	1	QL: 1mL IN 14 DAYS
SUMATRIPTAN SUCCINATE	ONZETRA XSAIL	3	ST, QL: 16 IN 30 DAYS
SUMATRIPTAN SUCCINATE	SUMAVEL DOSEPRO (4 MG/0.5ML) (NDL FR INJ)	3	ST, QL: 4mL IN 28 DAYS
SUMATRIPTAN SUCCINATE	SUMAVEL DOSEPRO (6 MG/0.5ML) (NDL FR INJ)	3	ST, QL: 1mL IN 14 DAYS
SUMATRIPTAN SUCCINATE	ZEMBRACE SYMTOUCH	3	ST, QL: 8mL IN 28 DAYS
ZOLMITRIPTAN	ZOMIG (2.5 MG) (SPRAY)	2	ST, QL: 12 IN 30 DAYS
<i>zolmitriptan</i>	ZOMIG (2.5 MG) (TABLET)	1	ST, QL: 2 IN 5 DAYS
ZOLMITRIPTAN	ZOMIG (5 MG) (SPRAY)	2	ST, QL: 6 IN 15 DAYS
<i>zolmitriptan</i>	ZOMIG (5 MG) (TABLET)	1	ST, QL: 2 IN 5 DAYS
<i>zolmitriptan</i>	ZOMIG ZMT	1	ST, QL: 2 IN 5 DAYS
NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB			
<i>butalbit/acetamin/caff/codeine</i>	FIORICET WITH CODEINE	1	AGE: >= 12 YEARS
NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE			
<i>codeine/butalbital/asa/caffein</i>	FIORINAL WITH CODEINE #3	1	AGE: >= 12 YEARS
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB			
<i>acetaminophen with codeine (120-12mg/5) (solution)</i>		1	AGE: >= 12 YEARS
<i>acetaminophen with codeine (300mg/12.5) (solution)</i>		3	AGE: >= 12 YEARS
<i>acetaminophen with codeine (300mg-15mg) (tablet)</i>		1	AGE: >= 12 YEARS
<i>acetaminophen with codeine (300mg-30mg) (tablet)</i>		1	AGE: >= 12 YEARS
<i>acetaminophen with codeine (300mg-60mg) (tablet)</i>		1	AGE: >= 12 YEARS
ACETAMINOPHEN WITH CODEINE	CAPITAL W-CODEINE	2	AGE: >= 12 YEARS
NARCOTIC ANALGESIC, NON-SALICYLATE, XANTHINE COMB			
<i>acetaminophen/caff/dihydrocod</i>		1	ST, AGE: >= 12 YEARS, QL: 10 IN 1 DAY
NARCOTIC WITHDRAWAL THERAPY AGENTS			
BUPRENORPHINE HCL	BUPRENEX	3	
<i>buprenorphine hcl (0.3 mg/ml) (syringe)</i>		1	
<i>buprenorphine hcl (0.3 mg/ml) (vial)</i>		1	
<i>buprenorphine hcl (2 mg) (tab subl)</i>		1	PA, QL: 3 IN 1 DAY
<i>buprenorphine hcl (8 mg) (tab subl)</i>		1	PA, QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (2.1-0.3 MG) (FILM)	3	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (4.2-0.7 MG) (FILM)	3	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	BUNAVAIL (6.3MG-1MG) (FILM)	3	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (12 MG-3 MG) (FILM)	2	QL: 2 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (2 MG-0.5MG) (FILM)	2	QL: 1 IN 1 DAY
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (2 MG-0.5MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (4MG-1MG) (FILM)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	SUBOXONE (8 MG-2 MG) (FILM)	2	QL: 2 IN 1 DAY
<i>buprenorphine hcl/naloxone hcl</i>	SUBOXONE (8 MG-2 MG) (TAB SUBL)	1	QL: 3 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (0.7-0.18MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (1.4-0.36MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (11.4-2.9MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (2.9-0.71MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (5.7-1.4 MG) (TAB SUBL)	2	QL: 1 IN 1 DAY
BUPRENORPHINE HCL/NALOXONE HCL	ZUBSOLV (8.6-2.1 MG) (TAB SUBL)	2	QL: 2 IN 1 DAY

PARKINSONS DISEASE

ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC

<i>benztropine mesylate</i>	COGENTIN	1	
<i>trihexyphenidyl hcl</i>	ARTANE	1	

ANTIPARKINSONISM DRUGS,OTHER

AMANTADINE HCL	GOCOVRI	4	PA
<i>amantadine hcl</i>	SYMMETREL	1	
APOMORPHINE HCL	APOKYN	4	PA, QL: 2mL IN 1 DAY
<i>bromocriptine mesylate</i>	PARLODEL	1	
CARBIDOPA/LEVODOPA	DUOPA	3	PA
<i>carbidopa/levodopa</i>	PARCOPA	1	
CARBIDOPA/LEVODOPA	RYTARY	3	ST, QL: 10 IN 1 DAY
<i>carbidopa/levodopa</i>	SINEMET 10-100	1	
<i>carbidopa/levodopa</i>	SINEMET 25-100	1	
<i>carbidopa/levodopa</i>	SINEMET 25-250	1	
<i>carbidopa/levodopa</i>	SINEMET CR	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 100	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 125	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 150	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 200	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 50	1	
<i>carbidopa/levodopa/entacapone</i>	STALEVO 75	1	
<i>entacapone</i>	COMTAN	1	
<i>pramipexole di-hcl</i>	MIRAPEX	1	
<i>pramipexole di-hcl</i>	MIRAPEX ER	1	ST, QL: 1 IN 1 DAY
<i>rasagiline mesylate</i>	AZILECT	1	QL: 1 IN 1 DAY
<i>ropinirole hcl</i>	REQUIP	1	
<i>ropinirole hcl</i>	REQUIP XL	1	ST, QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
ROTIGOTINE	NEUPRO	2	ST, QL: 1 IN 1 DAY
SAFINAMIDE MESYLATE	XADAGO	3	ST, QL: 1 IN 1 DAY
<i>selegiline hcl</i>	ELDEPRYL	1	
SELEGILINE HCL	ZELAPAR	3	QL: 2 IN 1 DAY
<i>tolcapone</i>	TASMAR	1	ST, QL: 3 IN 1 DAY
DECARBOXYLASE INHIBITORS			
<i>carbidopa</i>	LODOSYN	1	
SEIZURE DISORDER			
ANTICONVULSANT - BENZODIAZEPINE TYPE			
CLOBAZAM	ONFI (10 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
CLOBAZAM	ONFI (2.5 MG/ML) (ORAL SUSP)	3	ST, QL: 480mL IN 30 DAYS
CLOBAZAM	ONFI (20 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
<i>clonazepam</i>		1	
<i>diazepam</i>	DIASTAT	1	QL: 1 PER FILL
<i>diazepam</i>	DIASTAT ACUDIAL	1	QL: 1 PER FILL
ANTICONVULSANTS			
BRIVARACETAM	BRIVIACT (10 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (10 MG/ML) (SOLUTION)	3	ST, QL: 600mL IN 30 DAYS
BRIVARACETAM	BRIVIACT (100 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (25 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (50 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
BRIVARACETAM	BRIVIACT (75 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
<i>carbamazepine</i>	CARBATROL	1	
<i>carbamazepine</i>	TEGRETOL	1	
<i>carbamazepine</i>	TEGRETOL XR	1	
<i>divalproex sodium</i>	DEPAKOTE	1	
<i>divalproex sodium</i>	DEPAKOTE ER	1	
<i>divalproex sodium</i>	DEPAKOTE SPRINKLE	1	
ESLICARBAZEPINE ACETATE	APTIOM (200 MG) (TABLET)	3	ST, QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (400 MG) (TABLET)	3	ST, QL: 1 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (600 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
ESLICARBAZEPINE ACETATE	APTIOM (800 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
<i>ethosuximide</i>	ZARONTIN	1	
ETHOTOIN	PEGANONE	3	
<i>felbamate</i>	FELBATOL (400 MG) (TABLET)	1	ST, QL: 9 IN 1 DAY
<i>felbamate</i>	FELBATOL (600 MG) (TABLET)	1	ST, QL: 6 IN 1 DAY
<i>felbamate</i>	FELBATOL (600 MG/5ML) (ORAL SUSP)	1	ST, QL: 30mL IN 1 DAY
<i>gabapentin</i>	NEURONTIN	1	
GABAPENTIN/CAPSI/ME-SAL/MENTH	SMARTRX GABA-V KIT	3	

Drug Name		Tier	Requirements/Limits
GABAPENTIN/LIDOCAINE/MENTHOL	ACTIVE-PAC	3	
GABAPENTIN/LIDOCAINE/MENTHOL	SMARTRX GABAKIT	3	
LACOSAMIDE	VIMPAT (10 MG/ML) (SOLUTION)	2	ST, QL: 1200mL IN 30 DAYS
LACOSAMIDE	VIMPAT (100 MG) (TABLET)	2	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (150 MG) (TABLET)	2	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (200 MG) (TABLET)	2	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50 MG) (TABLET)	2	ST, QL: 2 IN 1 DAY
LACOSAMIDE	VIMPAT (50MG- 100MG) (TAB DS PK)	3	
<i>lamotrigine</i>	LAMICTAL	1	
<i>lamotrigine</i>	LAMICTAL (BLUE)	1	
<i>lamotrigine</i>	LAMICTAL (GREEN)	1	
<i>lamotrigine</i>	LAMICTAL (ORANGE)	1	
<i>lamotrigine</i>	LAMICTAL ODT (100 MG) (TAB RAPDIS)	1	ST, QL: 3 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL ODT (200 MG) (TAB RAPDIS)	1	ST, QL: 2 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL ODT (25 MG) (TAB RAPDIS)	1	ST, QL: 6 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL ODT (50 MG) (TAB RAPDIS)	1	ST, QL: 6 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL ODT (BLUE)	1	ST
<i>lamotrigine</i>	LAMICTAL ODT (GREEN)	1	ST
<i>lamotrigine</i>	LAMICTAL ODT (ORANGE)	1	ST
<i>lamotrigine</i>	LAMICTAL XR (100 MG) (TAB ER 24)	1	ST, QL: 3 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL XR (200 MG) (TAB ER 24)	1	ST, QL: 2 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL XR (25 MG) (TAB ER 24)	1	ST, QL: 6 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL XR (250 MG) (TAB ER 24)	1	ST, QL: 2 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL XR (300 MG) (TAB ER 24)	1	ST, QL: 2 IN 1 DAY
<i>lamotrigine</i>	LAMICTAL XR (50 MG) (TAB ER 24)	1	ST, QL: 6 IN 1 DAY
LAMOTRIGINE	LAMICTAL XR (BLUE)	3	ST
LAMOTRIGINE	LAMICTAL XR (GREEN)	3	ST
LAMOTRIGINE	LAMICTAL XR (ORANGE)	3	ST
<i>levetiracetam</i>	KEPPRA	1	
<i>levetiracetam</i>	KEPPRA XR	1	
<i>levetiracetam</i>	ROWEEPRA	1	
<i>levetiracetam</i>	ROWEEPRA XR	1	

Drug Name		Tier	Requirements/Limits
LEVETIRACETAM	SPRITAM (1000 MG) (TAB SUSP)	3	ST, QL: 2 IN 1 DAY
LEVETIRACETAM	SPRITAM (250 MG) (TAB SUSP)	3	ST, QL: 4 IN 1 DAY
LEVETIRACETAM	SPRITAM (500 MG) (TAB SUSP)	3	ST, QL: 4 IN 1 DAY
LEVETIRACETAM	SPRITAM (750 MG) (TAB SUSP)	3	ST, QL: 4 IN 1 DAY
METHSUXIMIDE	CELONTIN	3	
OXCARBAZEPINE	OXTELLAR XR (150 MG) (TAB ER 24H)	3	ST, QL: 1 IN 1 DAY
OXCARBAZEPINE	OXTELLAR XR (300 MG) (TAB ER 24H)	3	ST, QL: 1 IN 1 DAY
OXCARBAZEPINE	OXTELLAR XR (600 MG) (TAB ER 24H)	3	ST, QL: 4 IN 1 DAY
<i>oxcarbazepine</i>	TRILEPTAL	1	
PERAMPANEL	FYCOMPA (0.5 MG/ML) (ORAL SUSP)	3	ST, QL: 680mL IN 28 DAYS
PERAMPANEL	FYCOMPA (10 MG) (TABLET)	3	ST, QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (12 MG) (TABLET)	3	ST, QL: 1 IN 1 DAY
PERAMPANEL	FYCOMPA (2 MG) (TABLET)	3	ST, QL: 4 IN 1 DAY
PERAMPANEL	FYCOMPA (4 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (6 MG) (TABLET)	3	ST, QL: 2 IN 1 DAY
PERAMPANEL	FYCOMPA (8 MG) (TABLET)	3	ST, QL: 1 IN 1 DAY
<i>phenytoin</i>	DILANTIN	1	
<i>phenytoin</i>	DILANTIN-125	1	
<i>phenytoin sodium extended</i>	DILANTIN (100 MG) (CAPSULE)	1	
PHENYTOIN SODIUM EXTENDED	DILANTIN (30 MG) (CAPSULE)	2	
<i>phenytoin sodium extended</i>	PHENYTEK	1	
PREGABALIN	LYRICA	2	
<i>primidone</i>	MYSOLINE	1	
RUFINAMIDE	BANZEL (200 MG) (TABLET)	3	ST, QL: 16 IN 1 DAY
RUFINAMIDE	BANZEL (40 MG/ML) (ORAL SUSP)	3	ST, QL: 80mL IN 1 DAY
RUFINAMIDE	BANZEL (400 MG) (TABLET)	3	ST, QL: 8 IN 1 DAY
<i>tiagabine hcl</i>	GABITRIL (12 MG) (TABLET)	1	ST, QL: 4 IN 1 DAY
<i>tiagabine hcl</i>	GABITRIL (16 MG) (TABLET)	1	ST, QL: 3 IN 1 DAY
<i>tiagabine hcl</i>	GABITRIL (2 MG) (TABLET)	1	ST, QL: 4 IN 1 DAY
<i>tiagabine hcl</i>	GABITRIL (4 MG) (TABLET)	1	ST, QL: 4 IN 1 DAY
<i>topiramate</i>	QUDEXY XR (100 MG) (CAP SPR 24)	1	ST, QL: 1 IN 1 DAY
<i>topiramate</i>	QUDEXY XR (150 MG) (CAP SPR 24)	1	ST, QL: 2 IN 1 DAY

Drug Name		Tier	Requirements/Limits
<i>topiramate</i>	QUDEXY XR (200 MG) (CAP SPR 24)	1	ST, QL: 2 IN 1 DAY
<i>topiramate</i>	QUDEXY XR (25 MG) (CAP SPR 24)	1	ST, QL: 1 IN 1 DAY
<i>topiramate</i>	QUDEXY XR (50 MG) (CAP SPR 24)	1	ST, QL: 1 IN 1 DAY
<i>topiramate</i>	TOPAMAX	1	
TOPIRAMATE	TROKENDI XR (100 MG) (CAP ER 24H)	2	ST, QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (200 MG) (CAP ER 24H)	2	ST, QL: 2 IN 1 DAY
TOPIRAMATE	TROKENDI XR (25 MG) (CAP ER 24H)	2	ST, QL: 1 IN 1 DAY
TOPIRAMATE	TROKENDI XR (50 MG) (CAP ER 24H)	2	ST, QL: 1 IN 1 DAY
<i>valproic acid</i>	DEPAKENE	1	
<i>valproic acid (as sodium salt)</i>	DEPAKENE (250 MG/5ML) (SOLUTION)	1	
<i>valproic acid (as sodium salt)</i>	DEPAKENE (500MG/10ML) (SOLUTION)	3	
<i>vigabatrin</i>	SABRIL (500 MG) (POWD PACK)	1	QL: 6 IN 1 DAY
VIGABATRIN	SABRIL (500 MG) (TABLET)	3	QL: 6 IN 1 DAY
<i>zonisamide</i>	ZONEGRAN	1	
SKELETAL MUSCLE DISORDER			
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH			
DICHLORPHENAMIDE	KEVEYIS	4	PA
SKELETAL MUSCLE RELAX.& TOP.IRRITANT COUNTER-IRRITANT			
CYCLOBENZAPRINE/IRR CNTR-IRR 2	COMFORT PAC-CYCLOBENZAPRINE	3	
TIZANIDINE/IRRITANT CNTR-IRR2	COMFORT PAC-TIZANIDINE	3	
SKELETAL MUSCLE RELAXANTS			
<i>baclofen</i>	LIORESAL	1	
<i>carisoprodol</i>	SOMA	1	QL: 4 IN 1 DAY
<i>carisoprodol/aspirin</i>	SOMA COMPOUND	1	
<i>chlorzoxazone (250 mg) (tablet)</i>		1	ST, QL: 4 IN 1 DAY
<i>chlorzoxazone (500 mg) (tablet)</i>		1	
CHLORZOXAZONE	LORZONE	3	ST, QL: 4 IN 1 DAY
CYCLOBENZAPRINE HCL	AMRIX	3	
<i>cyclobenzaprine hcl</i>	FEXMID	1	
<i>cyclobenzaprine hcl</i>	FLEXERIL	1	
CYCLOBENZAPRINE/TENS ELECTRODE	CYCLOTENS	3	
CYCLOBENZAPRINE/TENS UNIT/ELEC	CYCLOTENS	3	
<i>dantrolene sodium</i>	DANTRIUM	1	
<i>metaxalone</i>	SKELAXIN (400 MG) (TABLET)	3	
<i>metaxalone</i>	SKELAXIN (800 MG) (TABLET)	1	
<i>methocarbamol</i>	ROBAXIN	1	
<i>methocarbamol</i>	ROBAXIN-750	1	
<i>orphenadrine citrate</i>	NORFLEX	1	
<i>tizanidine hcl</i>	ZANAFLEX	1	

Drug Name	Tier	Requirements/Limits	
SMOKING CESSATION			
SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
<i>nicotine</i>	NICODERM CQ	5	AGE: >= 18 YEARS, QL: 1 IN 1 DAY
NICOTINE PATCH		5	AGE: >= 18 YEARS, QL: 1 IN 1 DAY
NICOTINE	NICOTROL	5	ST, AGE: >= 18 YEARS, QL: 1008 IN 90 DAYS
NICOTINE	NICOTROL NS	5	ST, AGE: >= 18 YEARS, QL: 160mL IN 90 DAYS
<i>nicotine polacrilex</i>	NICORETTE	5	AGE: >= 18 YEARS, QL: 9 IN 1 DAY
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
VARENICLINE TARTRATE	CHANTIX	5	AGE: >= 18 YEARS, QL: 2 IN 1 DAY
SMOKING DETERRENTS, OTHER			
<i>bupropion hcl</i>	ZYBAN	5	AGE: >= 18 YEARS, QL: 2 IN 1 DAY
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE			
GASTRIC ENZYMES			
SACROSIDASE	SUCRAID	4	PA
PANCREATIC ENZYMES			
LIPASE/PROTEASE/AMYLASE	CREON	2	
LIPASE/PROTEASE/AMYLASE	PANCREAZE	3	
LIPASE/PROTEASE/AMYLASE	PERTZYE	3	
LIPASE/PROTEASE/AMYLASE	VIOKACE	3	
LIPASE/PROTEASE/AMYLASE	ZENPEP	2	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE			
ANTICHOLINERGICS/ANTISPASMODICS			
<i>dicyclomine hcl</i>		1	
BELLADONNA ALKALOIDS			
<i>hyoscyamine sulfate</i>	HYOSYNE	1	
<i>hyoscyamine sulfate</i>	LEVBIID	1	
<i>hyoscyamine sulfate</i>	LEVSIN	1	
<i>hyoscyamine sulfate</i>	LEVSIN-SL	1	
<i>hyoscyamine sulfate</i>	NULEV	1	
<i>hyoscyamine sulfate</i>	SYMAX	1	
HYOSCYAMINE SULFATE	SYMAX DUOTAB	3	
<i>hyoscyamine sulfate</i>	SYMAX-SL	1	
<i>hyoscyamine sulfate</i>	SYMAX-SR	1	
<i>methscopolamine bromide</i>	PAMINE	1	
<i>methscopolamine bromide</i>	PAMINE FORTE	1	
PHENOBARB/HYOSCY/ATROPINE/SCOP	DONNATAL (16.2 MG) (TABLET)	3	ST, QL: 8 IN 1 DAY
PHENOBARB/HYOSCY/ATROPINE/SCOP	DONNATAL (16.2MG/5ML) (ELIXIR)	3	ST, QL: 1200mL IN 30 DAYS
<i>phenobarb/hyoscy/atropine/scop</i>		1	ST, QL: 8 IN 1 DAY
PHENOBARB/HYOSCY/ATROPINE/SCOP	PHENOHYTRO	3	ST, QL: 8 IN 1 DAY
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE			
ANTICHOLINERGICS,QUATERNARY AMMONIUM			
<i>chlordiazepoxide/clidinium br</i>	LIBRAX	1	
GLYCOPYRROLATE	CUVPOSA	3	
<i>glycopyrrolate</i>	ROBINUL	1	
<i>glycopyrrolate</i>	ROBINUL FORTE	1	
<i>propantheline bromide</i>	PRO-BANTHINE	1	
ANTI-ULCER PREPARATIONS			
<i>misoprostol</i>	CYTOTEC	1	
<i>sucralfate</i>	CARAFATE (1 G) (TABLET)	1	

Drug Name		Tier	Requirements/Limits
SUCRALFATE	CARAFATE (1 G/10 ML) (ORAL SUSP)	2	
ANTI-ULCER-H.PYLORI AGENTS			
BISMUTH/METRONID/TETRACYCLINE	PYLERA	3	
<i>lansoprazole/amoxiciln/clarith</i>	PREVPAC	1	QL: 112 IN 10 DAYS
OMEPRAZOLE/CLARITH/AMOXICILLIN	OMECLAMOX-PAK	3	
HISTAMINE H2-RECEPTOR INHIBITORS			
<i>cimetidine</i>	TAGAMET	1	
<i>cimetidine hcl</i>	TAGAMET	1	
<i>famotidine</i>	PEPCID	1	
<i>nizatidine</i>	AXID	1	
<i>ranitidine hcl</i>	ZANTAC	1	
INTESTINAL MOTILITY STIMULANTS			
<i>metoclopramide hcl</i>	METOSOLV ODT	1	
<i>metoclopramide hcl</i>	REGLAN	1	
PROTON-PUMP INHIBITORS			
DEXLANSOPRAZOLE	DEXILANT	3	ST, QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (10 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (2.5 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
<i>esomeprazole magnesium</i>	NEXIUM (20 MG) (CAPSULE DR)	1	QL: 1 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (20 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
<i>esomeprazole magnesium</i>	NEXIUM (40 MG) (CAPSULE DR)	1	QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (40 MG) (SUSPDR PKT)	2	ST, QL: 2 IN 1 DAY
ESOMEPRAZOLE MAGNESIUM	NEXIUM (5 MG) (SUSPDR PKT)	2	ST, QL: 1 IN 1 DAY
<i>esomeprazole strontium</i>		3	ST, QL: 4 IN 1 DAY
<i>lansoprazole</i>	PREVACID (15 MG) (CAPSULE DR)	1	
<i>lansoprazole</i>	PREVACID (15 MG) (TAB RAP DR)	1	ST
<i>lansoprazole</i>	PREVACID (30 MG) (CAPSULE DR)	1	
<i>lansoprazole</i>	PREVACID (30 MG) (TAB RAP DR)	1	ST
<i>omeprazole</i>	PRILOSEC (10 MG) (CAPSULE DR)	1	
<i>omeprazole</i>	PRILOSEC (20 MG) (CAPSULE DR)	1	
<i>omeprazole</i>	PRILOSEC (40 MG) (CAPSULE DR)	1	
OMEPRAZOLE MAGNESIUM	PRILOSEC	3	
<i>omeprazole/sodium bicarbonate</i>	OMEPEPI	1	ST, QL: 1 IN 1 DAY
<i>omeprazole/sodium bicarbonate</i>	ZEGERID (20-1680MG) (PACKET)	1	ST, QL: 1 IN 1 DAY
<i>omeprazole/sodium bicarbonate</i>	ZEGERID (20MG-1.1G) (CAPSULE)	1	ST, QL: 1 IN 1 DAY
<i>omeprazole/sodium bicarbonate</i>	ZEGERID (40-1680MG) (PACKET)	1	ST, QL: 1 IN 1 DAY
<i>omeprazole/sodium bicarbonate</i>	ZEGERID (40MG-1.1G) (CAPSULE)	1	ST, QL: 1 IN 1 DAY
<i>pantoprazole sodium</i>		1	
PANTOPRAZOLE SODIUM	PROTONIX	3	ST
<i>rabeprazole sodium</i>	ACIPHEX	1	QL: 1 IN 1 DAY

Drug Name		Tier	Requirements/Limits
RABEPRAZOLE SODIUM	ACIPHEX SPRINKLE	3	ST, QL: 1 IN 1 DAY
URINARY TRACT - FUNCTIONAL DISORDERS			
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS			
<i>alfuzosin hcl</i>	UROXATRAL	1	
<i>dutasteride</i>	AVODART	1	
<i>finasteride</i>	PROSCAR	1	
SILODOSIN	RAPAFLO	3	ST
<i>tamsulosin hcl</i>	FLOMAX	1	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB			
<i>dutasteride/tamsulosin hcl</i>	JALYN	1	ST
KIDNEY STONE AGENTS			
CYSTEAMINE BITARTRATE	CYSTAGON	3	
CYSTEAMINE BITARTRATE	PROCYSBI	4	PA
TIOPRONIN	THIOLA	4	
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR ANTAGONISTS			
MIRABEGRON	MYRBETRIQ	2	ST
URINARY PH MODIFIERS			
CITRIC AC/GLUCONOLACT/MAG CARB	RENACIDIN	3	
<i>citric acid/sodium citrate</i>	CYTRA-2	1	
CITRIC ACID/SODIUM CITRATE	ORACIT	3	
CITRIC ACID/SODIUM CITRATE	SHOHL'S MODIFIED	3	
METHENAMINE/SOD PHOSPHATE MBAS	UROQID-ACID NO.2	3	
<i>potassium citrate</i>	UROCIT-K	1	
<i>potassium citrate/citric acid</i>	CYTRA-K	1	
POTASSIUM PHOSPHATE,MONOBASIC	K-PHOS ORIGINAL	3	
<i>sod phos di, mono/k phos mono</i>		1	
SOD PHOS,M-B/K PHOS,MONOB	K-PHOS NO.2	3	
<i>sod/pot/k cit/sod cit/cit acid</i>	CYTRA-3	1	
<i>sod/pot/k cit/sod cit/cit acid</i>	TRICITRATES	1	
URINARY TRACT ANALGESIC AGENTS			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	2	
URINARY TRACT ANESTHETIC/ANALGESIC AGENT (AZO-DYE)			
<i>phenazopyridine hcl</i>	PYRIDIUM	1	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
<i>darifenacin hydrobromide</i>	ENABLEX	1	ST
SOLIFENACIN SUCCINATE	VESICARE	2	ST
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT			
FESOTERODINE FUMARATE	TOVIAZ	2	ST
<i>flavoxate hcl</i>	URISPAS	1	
OXYBUTYNIN	OXYTROL	3	ST
<i>oxybutynin chloride</i>	DITROPAN	1	
<i>oxybutynin chloride</i>	DITROPAN XL	1	
OXYBUTYNIN CHLORIDE	GELNIQUE	3	ST
<i>tolterodine tartrate</i>	DETROL	1	ST
<i>tolterodine tartrate</i>	DETROL LA	1	ST
<i>tropium chloride</i>	SANCTURA	1	ST
<i>tropium chloride</i>	SANCTURA XR	1	ST
VAGINAL DISORDERS			
VAGINAL ANTIBIOTICS			
CLINDAMYCIN PHOSPHATE	CLEOCIN (100 MG) (SUPP.VAG)	3	ST, QL: 3 IN 30 DAYS
<i>clindamycin phosphate</i>	CLEOCIN (2 %) (CREAM/APPL)	1	
CLINDAMYCIN PHOSPHATE	CLINDESSE	3	

Drug Name		Tier	Requirements/Limits
<i>metronidazole</i>	METROGEL-VAGINAL	1	
METRONIDAZOLE	NUVESSA	3	
METRONIDAZOLE	VANDAZOLE	2	
VAGINAL ANTIFUNGALS			
BUTOCONAZOLE NITRATE	GYNAZOLE 1	2	
<i>miconazole nitrate (200 mg) (supp.vag)</i>		1	
<i>terconazole</i>	TERAZOL 3	1	
<i>terconazole</i>	TERAZOL 7	1	
VAGINAL ANTISEPTICS			
ACETIC ACID/OXYQUINOLINE	FEM PH	3	
ACETIC ACID/OXYQUINOLINE	RELARGARD	3	
VAGINAL ESTROGEN PREPARATIONS			
<i>estradiol</i>	ESTRACE	1	
ESTRADIOL	ESTRING	3	QL: 1 IN 90 DAYS
<i>estradiol</i>	VAGIFEM	1	
ESTRADIOL ACETATE	FEMRING	3	QL: 1 IN 84 DAYS
ESTROGENS, CONJUGATED	PREMARIN	2	
VAGINAL SULFONAMIDES			
SULFANILAMIDE	AVC	2	
VITAMIN AND/OR MINERAL DEFICIENCY			
ANTIOXIDANT MULTIVITAMIN COMBINATIONS			
FA/VIT C/E/ZINC/COPPER/LUT/ZEA	MACUVEX	3	
FA/VIT C/E/ZINC/COPPER/LUT/ZEA	MACUZIN	3	
CALCIUM REPLACEMENT			
<i>calcium/mag/d3/b12/fa/b6/boron</i>		1	
FLUORIDE PREPARATIONS			
FLUORIDE (SODIUM)	CLINPRO 5000	3	
FLUORIDE (SODIUM)	FLUORABON	3	
FLUORIDE (SODIUM)	FLUOR-A-DAY	3	
<i>fluoride (sodium) (0.25(0.55)) (tab chew)</i>		5	AGE: <= 6 YEARS
<i>fluoride (sodium) (0.5 mg/ml) (drops)</i>		5	AGE: <= 6 YEARS
<i>fluoride (sodium) (0.5(1.1)mg) (tab chew)</i>		5	AGE: <= 6 YEARS
<i>fluoride (sodium) (1.1 %) (cream (g))</i>		1	
<i>fluoride (sodium) (1.1 %) (gel (gram))</i>		1	
<i>fluoride (sodium) (1mg(2.2mg)) (tab chew)</i>		5	AGE: <= 6 YEARS
FLUORIDE (SODIUM)	FLUORIDEX	3	
FLUORIDE (SODIUM)	FLURA-DROPS	2	
FLUORIDE (SODIUM)	PREVIDENT	3	
FLUORIDE (SODIUM)	PREVIDENT 5000	3	
SODIUM FLUORIDE/POTASSIUM NIT	PREVIDENT 5000 ENAMEL PROTECT	3	
SODIUM FLUORIDE/POTASSIUM NIT	PREVIDENT 5000 SENSITIVE	3	
SODIUM FLUORIDE/VITAMIN D3	FLORIVA	3	
SODIUM FLUORIDE/XYLITOL	FLUOR-A-DAY	3	
FOLIC ACID PREPARATIONS			
FA7/PC,PE DHA/NAC/PAP/IF/MV46	PURALOR CI	3	
<i>folic acid (0.4 mg) (tablet) (otc)</i>		5	
<i>folic acid (0.8 mg) (tablet) (otc)</i>		5	
<i>folic acid (1 mg) (tablet)</i>		1	
<i>folic acid (5 mg/ml) (vial)</i>		1	
IRON/FA/DHA/EPA/FAD/NADH/MV47	ENLYTE	3	
GERIATRIC VITAMIN PREPARATIONS			
MV-MIN 16/FOLIC ACID/LUT/LYCOP	REQ49+	3	

Drug Name	Tier	Requirements/Limits
IRON REPLACEMENT		
<i>ferrous fum/vit c/b12/stomc</i>	1	
<i>ferrous fum/vit c/b12-if/folic</i>	1	
<i>ferrous fumarate/folic acid</i>	HEMOCYTE-F	1
<i>ferrous sulfat (15 mg/ml) (drops) (otc)</i>	5	AGE: < 1 YEAR
<i>iron aspgly,ps/c/b12/fa/ca/suc</i>	1	
<i>iron aspgly/c/b12/fa/ca-th/suc</i>	1	
IRON BG,PS/FOLIC/B,C NO.12/SUC	IROSPAN	3
<i>iron bg,ps/vitc/b12/fa/calcium</i>	1	
<i>iron fm,ps no.1/folic/mv no.18</i>	PUREVIT DUALFE PLUS	1
<i>iron fm,ps no.1/folic/mv no.18</i>	TANDEM PLUS	1
IRON FUM, PS/FA/VIT C/L. CASEI	FUSION SPRINKLES	3
<i>iron fum,ag/c/b12/folic/ca/suc</i>	1	
<i>iron fum,ps/folic acid/vitc/b3</i>	INTEGRA F	1
<i>iron fum,ps/folic/bcomp,c no.9</i>	INTEGRA PLUS	1
<i>iron fum/docusat/folic/bcomp,c</i>	1	
IRON FUM/FOLIC ACID/MV,MIN 15	CENTRATLEX	3
<i>iron fumarate/vit c/vit b12/fa</i>	1	
IRON HEME POLYPEPTIDE/FOLIC AC	PROFERRIN-FORTE	3
<i>iron polysac/iron heme/fa/b12</i>	BIFERA RX	1
<i>iron ps complex/b12/folic acid</i>	1	
IRON,CARB/FOLATE6/MV,MIN NO.41	CORVITE 150	2
<i>iron,carb/vit c/vit b12/folic</i>	1	
IRON,CARBONYL/FOLIC ACID/MV-MN	ACTIVE FE	3
IRON,FM,PS/FOLIC/B,C18/L.CASEI	FUSION PLUS	3
<i>iron/c/folic acd/mv cmb11/calc</i>	1	
<i>iron/calcium/e/folic acid/mvit</i>	1	
<i>iron/dss/b12-if/folic ac/mv-mn</i>	HEMATRON-AF	1
<i>iron/dss/b12-if/folic ac/mv-mn</i>	HEMAX	1
IRON/FOLAT1/C/B12/BIOT/DOCUSAT	FERIVA FA	3
<i>iron/folate 9/vit c/d3/b6/b12</i>	1	
IRON/FOLATE NO.6/MV,MINS NO.40	CORVITE FE	3
IRON/FOLATE NO1/C/B12/ZINC/DSS	FERIVA 21-7	3
<i>iron/folic ac/vit bcomp,c/min</i>	1	
<i>iron/folic acid/b12/c/docusate</i>	1	
IRON/FOLIC ACID/C/B12/BIOTIN	FERIVA	3
<i>iron/folic acid/c/b6/b12/zinc</i>	CORVITE 150	1
IRON/MFOLATE/B12/C/BIOT/ZN/DSS	MAXFE	3
MULTIVITAMIN PREPARATIONS		
<i>ferrous fum/folic acid/bcomp,c</i>	1	
FOLIC ACID/MULTIVIT,IRON,MINER	NUTRICAP	3
FOLIC/MVI THER-MIN/LYCOP/LUT	CORVITA	3
FOLIC/MVI THER-MIN/LYCOP/LUT	CORVITE	3
LMEFOLATE/B3/COPP/ZN/SEL/CHROM	NICOMIDE	3
M-TETRAHYROFOLATE/NIACIN/CU/ZN	NICOMIDE	3
<i>multivit,iron,min 5/folic acid</i>	1	
<i>multivit34/folic ac/nadh/coq10</i>	3	PA
<i>multivit-mins no.20/iron/folic</i>	1	
<i>multivit-mins no.7/folic acid</i>	1	
MV,IRON,MINS/DIET.SUP4/DNA/RNA	FORTAVIT	3
MV,MIN10/FOLIC ACID/D3/ALA/LUT	STROVITE ONE	3
MV-MINS 6/FOLIC ACID/LUT/COQ10	CORVITE FREE	3
MV-MINS NO.24/IRON/FOLIC ACID	PROTECT IRON	3
MV-MINS NO.9/FOLIC/SAW PALMETT	UDAMIN SP	3
<i>om-3/dha/epa/b12/fa/b6/phytost</i>	ANIMI-3	1
OM-3/DHA/EPA/D3/B12/FA/B-6/PHY	ANIMI-3	3
<i>omeg3/calcium/d3/folic/mvit 13</i>	1	

Drug Name	Tier	Requirements/Limits
PEDIATRIC VITAMIN PREPARATIONS		
<i>fluoride/iron/vitamins a,c,d</i>	1	
<i>ped multivit 142/iron/fluoride</i>	1	
<i>ped multivit 151/iron/fluoride</i>	1	
<i>ped mvit a,c,d3 no.21/fluoride</i>	1	
PED MVID A,C,D3 NO.38/FLUORIDE	TRI-VI-FLOR	3
PEDI MULTIVIT 33/FLUORIDE/IRON	POLY-VI-FLOR WITH IRON	3
PEDI MULTIVIT 37/FLUORIDE/IRON	POLY-VI-FLOR WITH IRON	3
<i>pedi multivit 45/fluoride/iron</i>		1
PEDI MULTIVIT 47/IRON/FLUORIDE	ESCAVITE	3
<i>pedi multivit 75/fluoride/iron</i>		1
PEDI MULTIVIT 78/IRON/FLUORIDE	ESCAVITE D	3
<i>pedi multivit 84 with fluoride</i>		1
PEDI MULTIVIT 86/IRON/FLUORIDE	ESCAVITE LQ	3
<i>pedi multivit no.12 w-fluoride</i>		1
PEDI MULTIVIT NO.130/FLUORIDE	FLORIVA PLUS	3
<i>pedi multivit no.16 w-fluoride</i>		1
<i>pedi multivit no.17 w-fluoride</i>		1
<i>pedi multivit no.2 w-fluoride</i>		1
PEDI MULTIVIT NO.33/FLUORIDE	POLY-VI-FLOR	3
PEDI MULTIVIT NO.37 W-FLUORIDE	POLY-VI-FLOR	3
<i>pedi multivit no.63 w-fluoride</i>		3
<i>pedi multivit no.82 w-fluoride</i>		1
<i>pedi multivit no.83 w-fluoride</i>		1
PEDI MULTIVIT NO.85/FLUORIDE	FLORIVA	3
PRENATAL VITAMIN PREPARATIONS		
PNV 102/IRON/FOLATE 1/DSS/DHA	VITAFOL FE+	3
<i>pnv 11/iron fum/folic acid/om3</i>		1
<i>pnv 112/iron/folic/om3/dha/epa</i>		3
PNV 117/IRON/FOLIC/OM3/DHA/EPA	DUET DHA BALANCED	3
<i>pnv 15/iron fum,ps/folic acid</i>	CONCEPT OB	1
<i>pnv 16/iron fum,ps/folic/om-3</i>	CONCEPT DHA	1
<i>pnv 19/iron ps,heme/folic/dha</i>	PREFERA-OB ONE	1
<i>pnv 21/iron ps,heme ppep/folic</i>	PREFERA OB	1
PNV 22/IRON,GLUC/FOLIC/DSS/DHA	PNV OB+DHA	3
PNV 30/IRON CARB,AG/FOLIC/OM3	OB COMPLETE WITH DHA	3
<i>pnv 39/iron/folic/docusate/dha</i>		1
PNV 55/IRON FUM,B-G/FOLIC ACID	NATACHEW	3
<i>pnv 66/iron/folic/docusate/dha</i>		1
PNV 67/IRON PS/FOLATE NO.1/DHA	VITAFOL ULTRA	3
<i>pnv 69/iron/folic/docusate/dha</i>		1
PNV 76/IRON,GLUC/FOLIC/DSS/DHA	CITRANATAL DHA	3
<i>pnv 80/iron fum/folic/dss/dha</i>	NEXA SELECT	1
PNV 85/IRON/FOLIC/DHA/FISH OIL	OB COMPLETE ONE	3
PNV NO.106/IRON/FOLATE NO6/DHA	OB COMPLETE GOLD	3
PNV NO.111/IRON/FOLATE/DHA	NESTABS ONE	3
<i>pnv no.118/iron fumarate/fa</i>		1
<i>pnv no.5/ferrous fum/folic ac</i>		1
<i>pnv no.66/iron,carb/folic/dha</i>	ACTIVE OB	1
PNV NO.80/IRON/MFOLATE/DSS/DHA	FOLET ONE	3
PNV NO.80/IRON/MFOLATE/DSS/DHA	OBSTETRIX ONE	3
PNV NO.88/IRON PS,HEME/FA/DHA	PREFERA-OB PLUS DHA	3

Drug Name	Tier	Requirements/Limits
<i>pnv, calcium 62/iron/folic/dha</i>	1	
<i>pnv, calcium 70/iron/folic/dha</i>	NATELLE ONE	1
<i>pnv,calc 35/iron/folic/dss/om3</i>	1	
<i>pnv,calcium 72/iron,carb/folic</i>	1	
<i>pnv,calcium 72/iron/folic acid</i>	1	
<i>pnv,calcium37/iron/folic/omeg3</i>	1	
<i>pnv/ferrous fum/docusate/folic</i>	1	
<i>pnv/ferrous fum/folic acid/sel</i>	1	
<i>pnv/iron,carb/docusat/folic ac</i>	1	
<i>pnv119/iron fum/folic/docusate</i>	1	
<i>pnv19/iron bg,s.p/folic ac/om3</i>	1	
PNV53/IRON FUM/FA/DOCUSATE/DHA	NEXA PLUS	3
PNV59/IRON,CARB,FUM/FA/DSS/DHA	CITRANATAL HARMONY	3
PNV73/IRON,GLUC/FOLIC/DSS/DHA	CITRANATAL ASSURE	3
<i>pnv81/iron edta,ps/folic/omeg3</i>	1	
PNV83/IRON,CARB,ASP/FOLIC ACID	OB COMPLETE PREMIER	3
<i>prenat 115/iron fum/folic/dss</i>	1	
<i>prenat vit 17/iron/folic/om3,6</i>	1	
PRENAT90/IRON FUM,PS/FOLIC/DHA	PROVIDA DHA	3
<i>prenatal 105/iron/folic ac/dha</i>	VITATRUE	1
PRENATAL 114/IRON A-G/FOLATE 1	PRENATE ELITE	3
PRENATAL 118/IRON/FOLATE 6/DHA	PRIMACARE	3
<i>prenatal 12/iron/folic/dss/om3</i>	OBTREX DHA	1
PRENATAL 2/IRON/FOLIC ACID/OM3	COMPLETE NATAL DHA	3
PRENATAL 2/IRON/FOLIC ACID/OM3	TRUST NATAL DHA	3
PRENATAL 25/IRON/FOLATE 6/DHA	VITAMEDMD ONE RX	3
PRENATAL 26/IRON PS/FOLIC/DHA	VITAFOL-ONE	3
<i>prenatal 34/iron/folic/dss/dha</i>	CITRANATAL HARMONY	1
PRENATAL 38/IRON/FOLATE 6/DHA	PRENATE DHA	3
<i>prenatal 47/iron/folate 1/dha</i>	1	
<i>prenatal 53/iron/folic ac/omg3</i>	1	
<i>prenatal 54/iron/folic ac/omg3</i>	1	
<i>prenatal 57/iron/folic/dss/dha</i>	1	
<i>prenatal 59/iron/folic/dss/dha</i>	CITRANATAL HARMONY	1
<i>prenatal 68/iron/folic no1/dha</i>	1	
PRENATAL 78/IRON/FOLATE 1/DHA	PRENATE DHA	3
PRENATAL 86/IRON/FOLIC/DHA/EPA	NESTABS ABC	3
<i>prenatal 87/iron bis/folic/dha</i>	NESTABS DHA	1
PRENATAL 93/IRON/FOLATE 9/DHA	TRISTART DHA	3
<i>prenatal comb no.42/folic acid</i>	VITAMEDMD REDICHEW RX	1
PRENATAL NO.123/IRON/FOLIC AC	ELITE-OB	3
PRENATAL NO.123/IRON/FOLIC AC	OB COMPLETE	3
<i>prenatal no.52/iron/fa/dha</i>	1	
<i>prenatal no.75/iron/folate no1</i>	1	
PRENATAL NO.77/IRON ASP GLY/FA	PRENATE STAR	3
<i>prenatal no115/iron/folic acid</i>	1	
<i>prenatal no13/iron ps/folate 1</i>	1	
PRENATAL NO35/IRON/FOLATE6/DHA	PRENATE ESSENTIAL	3
<i>prenatal no4/iron fum,ps/folic</i>	1	
PRENATAL VIT 10/IRON FUM/FOLIC	VITAFOL-OB	3

Drug Name	Tier	Requirements/Limits
<i>prenatal vit 10/iron/folic/dha</i>	1	
<i>prenatal vit 14/iron fum/folic</i>	1	
PRENATAL VIT 33/IRON/FOLIC/DHA	SELECT-OB + DHA	3
PRENATAL VIT 36/IRON/FOLATE 6	PRENATE ELITE	3
PRENATAL VIT 43/IRON/FOLIC/DSS	ATABEX EC	3
<i>prenatal vit 55/iron/folic/om3</i>	1	
PRENATAL VIT 65/IRON FUM,PS/FA	PROVIDA OB	3
<i>prenatal vit 7/iron/folic/dha</i>	1	
PRENATAL VIT 84/IRON/FA 1/DHA	PRENATE ESSENTIAL	3
PRENATAL VIT 85/IRON/FA 1/DHA	PRENATE PIXIE	3
PRENATAL VIT 87/IRON/FOLIC/DHA	PRENATE MINI	3
<i>prenatal vit no.109/iron/fa</i>	1	
PRENATAL VIT NO.112/FOLATE NO6	PRENATE CHEWABLE	3
<i>prenatal vit no.127/iron/folic</i>	1	
<i>prenatal vit,cal 73/iron/folic</i>	1	
<i>prenatal vit,cal 74/iron/folic</i>	1	
<i>prenatal vit,calc76/iron/folic</i>	1	
PRENATAL VIT,CALC76/IRON/FOLIC	THRIVITE RX	3
<i>prenatal vit,calc78/iron/folic</i>	1	
<i>prenatal vit/iron bisgly/folic</i>	1	
<i>prenatal vit/iron fum/folic ac (65 mg-1 mg) (capsule)</i>	1	
<i>prenatal vit/iron fum/folic ac (65 mg-1 mg) (tablet)</i>	1	
<i>prenatal vit/iron fum/folic ac (66-1mg) (tablet)</i>	1	
<i>prenatal vit100/iron/folic/om3</i>	1	
PRENATAL VIT103/IRON FUM/FOLIC	TRICARE	3
PRENATAL VIT106/IRON/FOLIC/OM3	DUET DHA 400	3
<i>prenatal vit108/iron,crb/folic</i>	1	
PRENATAL VIT114/FOLATE6/GINGER	PRENATE AM	3
<i>prenatal vit22/iron/folic/om3s</i>	PREFERA-OB PLUS DHA	1
<i>prenatal vit27,calcium/iron/fa</i>	TRINATAL RX 1	1
PRENATAL VIT37/IRON/FOLIC ACID	PRENATA	3
PRENATAL VIT68/IRON/FA NO6/DHA	PRENATE ENHANCE	3
PRENATAL VIT69/IRON/FOLATE6/DH	PRENATE RESTORE	3
PRENATAL VIT83/IRON/FOLAT6/DHA	CADEAU DHA	3
<i>prenatal vit86/iron/folic acid</i>	NESTABS	1
<i>prenatal vits 4/iron fum/folic</i>	1	
PRENATAL VITS/IRON/DOCUS/FOLIC	OBSTETRIX EC	3
<i>prenatal vits/iron/folic acid</i>	1	
<i>prenatal vits15/iron/folic/dss</i>	1	
<i>prenatal vits16/iron/folic/dss</i>	1	
<i>prenatal vits18/iron/folic/dss</i>	1	
<i>prenatal,calc no.65/iron/folic</i>	1	
<i>prenatal,calc.40/iron/folate 1</i>	1	
PRENATAL56/IRON/FOLIC ACID/DHA	OB COMPLETE PETITE	3
<i>prenatal64/iron/lmfolate/algae</i>	NEEVODHA	1
<i>prenatal71/iron/folic acid/dha</i>	VITAPEARL	1
PRENATAL72/IRON FUM/FA/OM3/DHA	PRENATAL PLUS-DHA	3
PRENATAL81/IRON/FOLIC/DOCUSATE	CITRANATAL RX	3
PRENATAL92/IRON/FOLATE8/PS-DHA	ENBRACE HR	3
PRENATAL VITAMINS WITHOUT IRON		
<i>pnv/folic ac/b6/calcium/ginger</i>	B-NEXA	1

Drug Name	Tier	Requirements/Limits
VITAMIN B PREPARATIONS		
<i>b cmplx 4/vit d3/c/folic/zinc</i>	1	
<i>b comp no3/folic/c/biotin/zinc</i>	1	
<i>b complex 11/folic/c/biot/zinc</i>	3	
<i>b complex w-c no.20/folic acid</i>	1	
<i>cyanocobalamin/folic ac/vit b6 (0.5-2.2-25) (tablet)</i>	1	
<i>cyanocobalamin/folic ac/vit b6 (1-2.2-25mg) (tablet)</i>	1	
<i>cyanocobalamin/folic ac/vit b6 (1-2.5-25mg) (tablet)</i>	1	
<i>cyanocobalamin/folic ac/vit b6 (2-2.5-25mg) (tablet)</i>	1	
CYANOCOBALAMIN/FOLIC AC/VIT B6	VITA-RESPA	3
<i>folic acid/b complex c no.17</i>	1	
<i>folic acid/b cplx/c/selen/zinc</i>	1	
<i>folic acid/vit b complex and c (1 mg-100mg) (tablet)</i>	3	
<i>folic acid/vit b complex and c (5 mg) (tablet)</i>	1	
<i>folic acid/vit bcomp,c/cu/zinc</i>	DIATX ZN	1
<i>folic/arginine/b12/b6/b.pepper</i>	CARDIOTEK-RX	3
LYSINE/B COMP/FOLIC ACID/ZINC	SUPERVITE	3
MULTIVIT-MINS 25/FOLIC ACID/D3	DIALYVITE SUPREME D	3
MULTIVIT-MINS NO.11/FOLIC ACID	DIALYVITE 5000	3
POTASSIUM AMINOBENZOATE	POTABA	3
<i>vit b comp no.3/folic/c/biotin</i>	1	
VIT B CPLX C NO.13/FOLIC AC/D3	NEPHROCAPS QT	3
VIT B1/B2/B6/FA/MECOBALAMIN	METHAVER	3
<i>vitamins b1,b2,b3,b5,and b6</i>	1	
VITAMIN B1 PREPARATIONS		
<i>thiamine hcl (100 mg/ml) (vial)</i>	1	
VITAMIN B12 PREPARATIONS		
<i>cyanocobalamin (vitamin b-12) (1000mcg/ml) (vial)</i>	1	
CYANOCOBALAMIN (VITAMIN B-12)	NASCOBAL	3
<i>cyanocobalamin/mecobalamin</i>	1	
<i>hydroxocobalamin</i>	1	
VITAMIN B6 PREPARATIONS		
<i>pyridoxine hcl (vitamin b6) (100 mg/ml) (vial)</i>	1	
VITAMIN C PREPARATIONS		
<i>ascorbic acid (500 mg/ml) (vial)</i>	1	
VITAMIN D PREPARATIONS		
<i>calcitriol</i>	ROCALTROL	1
<i>cholecalciferol (vitamin d3) (1000 unit) (capsule) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (1000 unit) (tab chew) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (1000 unit) (tablet) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (2000 unit) (capsule) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (2000 unit) (tablet) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (400 unit) (capsule) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (400 unit) (tab chew) (otc)</i>	5	AGE: >= 65 YEARS
<i>cholecalciferol (vitamin d3) (400 unit) (tablet) (otc)</i>	5	AGE: >= 65 YEARS
<i>ergocalciferol (vitamin d2) (50000 unit) (capsule)</i>	1	
VITAMIN D3/FOLIC ACID	CIFEREX	3
VITAMIN D3/FOLIC ACID	DERMACINRX PUREFOLIX	3
VITAMIN D3/FOLIC ACID	DURACHOL	3
VITAMIN D3/FOLIC ACID	FOLIXAPURE	3
VITAMIN D3/FOLIC ACID	NOXIFOL-D3	3
VITAMIN D3/FOLIC ACID	ORTHO D	3
VITAMIN D3/FOLIC ACID	REVESTA	3
VITAMIN D3/FOLIC ACID	ROXIFOL-D	3

STEP THERAPY EDITS

• ABILIFY (1 MG/ML) (SOLUTION)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ABILIFY DISCMELT (10 MG) (TAB RAPDIS)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ABILIFY DISCMELT (15 MG) (TAB RAPDIS)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• ABSORICA	Must meet any of the following requirements: Absorica or Isotretinoin in 120 days
• ACANYA	Must meet the following requirement: Clindamycin Phos/benzoyl Perox in 120 days
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ACETAMINOPHEN/CAFF/DIHYDROCOD	Must meet the following requirement: Acetaminophen with Codeine in 120 days
• ACIPHEX SPRINKLE	Must meet 2 of the following requirements: First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix in 365 days
• ACTICLATE	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• ACTONEL (150 MG) (TABLET)	Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days
• ACTONEL (30 MG) (TABLET)	Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days
• ACTONEL (35 MG) (TABLET)	Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days
• ACTONEL (5 MG) (TABLET)	Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days
• ACTOPLUS MET	Must meet any of the following requirements: Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• ACTOPLUS MET XR	Must meet any of the following requirements: Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• ADLYXIN	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• ADMELOG	Must meet any of the following requirements: Admelog Solostar, Admelog, Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• ADMELOG SOLOSTAR	Must meet any of the following requirements: Admelog Solostar, Admelog, Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• ADZENYS ER	Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days
• ADZENYS XR-ODT	Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days
• AEROSPAN	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• ALLZITAL	Must meet the following requirement: Butalbital/acetaminophen in 120 days
• ALTOPREV	Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days
• ALVESCO	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• AMITIZA	Must meet any of the following requirements: Linzess or Movantik in 120 days
• ANORO ELLIPTA	Must meet the following requirement: Stiolto Respimat in 120 days

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• ANTARA (30 MG) (CAPSULE)	Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in 120 days
• ANTARA (90 MG) (CAPSULE)	Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in 120 days
• ANZEMET (100 MG) (TABLET)	Must meet any of the following requirements: Anzemet, Ondansetron HCL, or Ondansetron in 120 days
• ANZEMET (50 MG) (TABLET)	Must meet any of the following requirements: Anzemet, Ondansetron HCL, or Ondansetron in 120 days
• APIDRA	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• APIDRA SOLOSTAR	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• APLENZIN	Must meet any of the following requirements: Bupropion HCL or Forfivo XL in 120 days
• APTENSIO XR	Must meet any of the following requirements: Aptensio XR, Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, Quillichew ER, or Quillivant XR in 120 days
• APTIOM (200 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days
• APTIOM (400 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days
• APTIOM (600 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days
• APTIOM (800 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days
• ARCAPTA NEOHALER	Must meet any of the following requirements: Serevent Diskus or Striverdi RespiMat in 120 days
• ARMONAIR RESPICLICK	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• ASMANEX	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• ASMANEX HFA	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• ASTEPRO	Must meet the following requirement: Azelastine HCL in 120 days
• ATELVIA	Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days
• AUVI-Q	Must meet the following requirements: Epipen and Adrenaclick in 365 days
• AVANDAMET	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• AVANDIA	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• AVIDOXY DK	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• AXERT	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• BANZEL (200 MG) (TABLET)	Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days

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• BANZEL (40 MG/ML) (ORAL SUSP)	Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days
• BANZEL (400 MG) (TABLET)	Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 120 days
• BASAGLAR KWIKPEN U-100	Must meet any of the following requirements: Lantus Solostar, Lantus, or Toujeo Solostar in 120 days
• BEAU RX	Must meet any of the following requirements: Kelo-cote or Recedo in 120 days
• BECONASE AQ	Must meet any of the following requirements: Flunisolide or Fluticasone Propionate in 120 days
• BELBUCA	Must meet the following requirement: Buprenorphine or Sublocade in 120 days
• BELSOMRA	Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
• BENZODOX 30	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• BENZODOX 60	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• BEPREVE	Must meet 2 of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 365 days
• BEVESPI AEROSPHERE	Must meet the following requirement: Stiolto Respimat in 120 days
• BEYAZ	Must meet the following requirement: Two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in 365 days
• BINOSTO	Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days
• BRISDELLE	Must meet any of the following requirements: Paroxetine HCL, Paxil, or Venlafaxine HCL in 120 days
• BRIVIACT (10 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BRIVIACT (10 MG/ML) (SOLUTION)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BRIVIACT (100 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BRIVIACT (25 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BRIVIACT (50 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BRIVIACT (75 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• BUPAP	Must meet the following requirement: Butalbital/acetaminophen in 120 days
• BYDUREON	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• BYDUREON BCISE	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• BYDUREON PEN	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide

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	micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• BYETTA (10MCG/0.04) (PEN INJCTR)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• BYETTA (5MCG/0.02) (PEN INJCTR)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• CAROSPIR	Must meet the following requirement: Spironolactone in 120 days
• CESAMET	Must meet any of the following requirements: Ondansetron HCL or Ondansetron in 120 days
• CHLORZOXAZONE (250 MG) (TABLET)	Must meet the following requirement: Chlorzoxazone in 120 days
• CLARINEX (2.5 MG) (TAB RAPDIS)	Must meet the following requirement: Desloratadine or Levocetirizine Dihydrochloride in 120 days
• CLARINEX (2.5 MG/5ML) (SYRUP)	Must meet any of the following requirements: Desloratadine or Levocetirizine Dihydrochloride in 120 days
• CLARINEX (5 MG) (TAB RAPDIS)	Must meet the following requirement: Desloratadine or Levocetirizine Dihydrochloride in 120 days
• CLARINEX-D 12 HOUR	Must meet any of the following requirements: Desloratadine or Levocetirizine Dihydrochloride in 120 days
• CLEOCIN (100 MG) (SUPP.VAG)	Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole in 365 days
• CLINDAGEL	Must meet the following requirement: Clindamycin Phosphate in 120 days
• CONDYLOX (0.5 %) (GEL (GRAM))	Must meet the following requirement: Podofilox in 120 days
• CONZIP	Must meet the following requirement: Tramadol HCL in 120 days
• CORDRAN (4MCG/SQ CM) (MED. TAPE)	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• COSOPT PF	Must meet the following requirement: Dorzolamide HCL/timolol Maleat in 120 days
• COTEMPLA XR-ODT (17.3 MG) (TAB RAP BP)	Must meet any of the following requirements: Aptensio XR, Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, Quillichew ER, or Quillivant XR in 120 days
• COTEMPLA XR-ODT (25.9 MG) (TAB RAP BP)	Must meet any of the following requirements: Aptensio XR, Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, Quillichew ER, or Quillivant XR in 120 days
• COTEMPLA XR-ODT (8.6 MG) (TAB RAP BP)	Must meet any of the following requirements: Aptensio XR, Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, Quillichew ER, or Quillivant XR in 120 days
• CYCLOSET	Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet in 180 days
• DALIRESP	Must meet any of the following requirements: Advair Diskus, Breo Ellipta, Serevent Diskus, Spiriva Respimat, or Spiriva in 120 days
• DAXBIA	Must meet the following requirements: Cephalexin tablets or capsules and suspension in 365 days
• DAYTRANA	Must meet the following requirement: Methylphenidate HCL or Quillivant XR in 120 days
• DELZICOL	Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
• DERMACINRX SILAPAK	Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Scar Treatment, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days
• DERMAWERX SDS	Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Scar Treatment, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days
• DESVENLAFAXINE ER	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days

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• DESVENLAFAXINE FUMARATE ER	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• DETROL	Must meet the following requirement: Oxybutynin Chloride in 120 days
• DETROL LA	Must meet the following requirement: Oxybutynin Chloride in 120 days
• DEXAMETHASONE (1.5 MG(49)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (21)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (27)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (35)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (41)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXAMETHASONE (1.5MG (51)) (TAB DS PK)	Must meet the following requirement: Dexamethasone in 120 days
• DEXILANT	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• DIFICID	Must meet the following requirement: Vancomycin HCL in 120 days
• DIPENTUM	Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
• DONNATAL (16.2 MG) (TABLET)	Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• DONNATAL (16.2MG/5ML) (ELIXIR)	Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• DORYX (100 MG) (TABLET DR)	Must meet the following requirement: Doxycycline Hyclate or Doxycycline Monohydrate in 120 days
• DORYX (150 MG) (TABLET DR)	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• DORYX (200 MG) (TABLET DR)	Must meet any of the following requirements: Doxycycline Hyclate or Doxycycline Monohydrate in 120 days
• DORYX (50 MG) (TABLET DR)	Must meet any of the following requirements: Doxycycline Hyclate or Doxycycline Monohydrate in 120 days
• DORYX (75 MG) (TABLET DR)	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• DORYX MPC	Must meet any of the following requirements: Doxycycline Hyclate or Doxycycline Monohydrate in 120 days
• DOVONEX	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• DRITHOCREME HP	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• DUETACT	Must meet any of the following requirements: Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• DUEXIS	Must meet the following requirement: Ibuprofen in 120 days
• DULOXETINE HCL (40 MG) (CAPSULE DR)	Must meet the following requirement: Duloxetine HCL in 120 days
• DUZALLO	Must meet the following requirement: Allopurinol or Uloric in 120 days
• DYANAVEL XR	Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days
• DYMISTA	Must meet any of the following requirements: Flunisolide or Fluticasone Propionate in 365 days
• EDARBI	Must meet any of the following requirements: Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in 120 days
• EDARBYCLOR	Must meet any of the following requirements: Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril,

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	Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in 120 days
• EDLUAR	Must meet any of the following requirements: Edluar or Zolpidem Tartrate in 180 days
• ELIDEL	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• EMADINE	Must meet 2 of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 365 days
• ENABLEX	Must meet the following requirement: Oxybutynin Chloride in 120 days
• ENSTILAR	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• EPANED	Must meet the following requirement: Enalapril Maleate in 120 days
• EPIDUO	Must meet the following requirement: Adapalene in 120 days
• EPIDUO FORTE	Must meet the following requirement: Adapalene in 120 days
• ESOMEPRAZOLE STRONTIUM	Must meet any of the following requirements: First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix in 120 days
• EUCRISA	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• EVZIO	Must meet the following requirement: Narcan in 120 days
• FANAPT (1 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (10 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (12 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (1-2-4-6MG) (TAB DS PK)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (2 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (4 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (6 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FANAPT (8 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FARXIGA	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• FAZACLO	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• FELBATOL (400 MG) (TABLET)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• FELBATOL (600 MG) (TABLET)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• FELBATOL (600 MG/5ML) (ORAL SUSP)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days

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• FETZIMA	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• FIASP	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• FIASP FLEXTOUCH	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• FLOWTUSS	Must meet the following requirement: Hydrocodone Bit/homatrop Me-br in 120 days
• FORFIVO XL	Must meet the following requirement: Bupropion HCL in 120 days
• FORTAMET	Must meet the following requirement: Metformin HCL in 120 days
• FROVA	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• FYCOMPA (0.5 MG/ML) (ORAL SUSP)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (10 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (12 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (2 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (4 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (6 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• FYCOMPA (8 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (12 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (16 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (2 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GABITRIL (4 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• GELNIQUE	Must meet the following requirement: Oxybutynin Chloride in 120 days
• GIAZO	Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
• GLUMETZA	Must meet the following requirement: Metformin HCL in 120 days
• GLYXAMBI	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide

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	micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• GONITRO	Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
• GRALISE (300 MG) (TAB ER 24H)	Must meet any of the following requirements: Gabapentin or Gralise in 120 days
• GRALISE (300-600 MG) (TAB ER 24H)	Must meet any of the following requirements: Gabapentin or Gralise in 120 days
• GRALISE (600 MG) (TAB ER 24H)	Must meet any of the following requirements: Gabapentin or Gralise in 120 days
• HEMANGEOL	Must meet the following requirement: Propranolol HCL in 120 days
• HORIZANT (300 MG) (TABLET ER)	Must meet any of the following requirements: Fanatrex, Gabapentin, Gralise, Pramipexole Di-HCL, or Ropinirole HCL in 120 days
• HORIZANT (600 MG) (TABLET ER)	Must meet any of the following requirements: Fanatrex, Gabapentin, Gralise, Pramipexole Di-HCL, or Ropinirole HCL in 120 days
• HYCOFENIX	Must meet any of the following requirements: Lortuss EX or Pseudoephed/codeine/guaifen in 120 days
• IMPOYZ	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• INCRUSE ELLIPTA	Must meet any of the following requirements: Spiriva Respimat or Spiriva in 120 days
• INDERAL XL	Must meet the following requirement: Propranolol HCL in 120 days
• INNOPRAN XL	Must meet the following requirement: Propranolol HCL in 120 days
• INTERMEZZO	Must meet the following requirement: Zolpidem Tartrate in 120 days
• INVEGA (1.5 MG) (TAB ER 24)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (3 MG) (TAB ER 24)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (6 MG) (TAB ER 24)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVEGA (9 MG) (TAB ER 24)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• INVOKAMET	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• INVOKAMET XR	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• INVOKANA	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• JALYN	Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL in 120 days
• JARDIANCE	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• KARBINAL ER	Must meet the following requirement: Carbinoxamine Maleate in 120 days
• KAZANO	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• KHEDEZLA	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine ER, Desvenlafaxine, Escitalopram Oxalate,

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	Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR)	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• KOMBIGLYZE XR (5 MG-500MG) (TBMP 24HR)	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• KOMBIGLYZE XR (5MG-1000MG) (TBMP 24HR)	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• KYTRIL	Must meet the following requirement: Ondansetron HCL or Ondansetron in 120 days
• LAMICTAL ODT (100 MG) (TAB RAPDIS)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (200 MG) (TAB RAPDIS)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (25 MG) (TAB RAPDIS)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (50 MG) (TAB RAPDIS)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (BLUE)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (GREEN)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL ODT (ORANGE)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (100 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (200 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (25 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (250 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (300 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (50 MG) (TAB ER 24)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (BLUE)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (GREEN)	Must meet the following requirement: Lamotrigine in 120 days
• LAMICTAL XR (ORANGE)	Must meet the following requirement: Lamotrigine in 120 days
• LASTACAFT	Must meet 2 of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 365 days
• LATUDA (120 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (20 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (40 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (60 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LATUDA (80 MG) (TABLET)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• LESCOL	Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days
• LESCOL XL	Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days
• LEVEMIR	Must meet any of the following requirements: Lantus Solostar, Lantus, or Toujeo Solostar in 120 days
• LEVEMIR FLEXTOUCH	Must meet any of the following requirements: Lantus Solostar, Lantus, or Toujeo Solostar in 120 days
• LIDOCAINE (5 %) (OINT. (G))	Must meet the following requirement: Lidocaine HCL in 120 days
• LO LOESTRIN FE	Must meet the following requirement: Two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in 365 days
• LORZONE	Must meet the following requirement: Chlorzoxazone in 120 days
• LUVOX CR	Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sarafem, or Sertraline Hcl in 120 days
• LUZU	Must meet the following requirement: Clotrimazole and Ketoconazole in 365 days

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• LYRICA CR (165 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Duloxetine HCL, Fanatrex, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Nortriptyline HCL, Stavzor, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days
• LYRICA CR (330 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Duloxetine HCL, Fanatrex, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Nortriptyline HCL, Stavzor, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days
• LYRICA CR (82.5 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Duloxetine HCL, Fanatrex, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Nortriptyline HCL, Stavzor, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days
• MARINOL	Must meet any of the following requirements: Anzemet, Aprepitant, Dexamethasone Intensol, Dexamethasone, Granisetron HCL, Maxidex, Medrol, Methylprednisolone, Ondansetron HCL, Ondansetron, Ozurdex, Sancuso, Sustol, or Zuplenz in 120 days
• METHADONE HCL (10 MG) (TABLET)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (10 MG/5 ML) (SOLUTION)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (10 MG/ML) (ORAL CONC)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (10 MG/ML) (VIAL)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (40 MG) (TABLET SOL)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (5 MG) (TABLET)	Must meet the following requirement: Extended-release opioid in 120 days
• METHADONE HCL (5 MG/5 ML) (SOLUTION)	Must meet the following requirement: Extended-release opioid in 120 days
• MIRAPEX ER	Must meet any of the following requirements: Pramipexole Di-HCL or Ropinirole HCL in 120 days
• MONDOXYNE NL (75 MG) (CAPSULE)	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• MONODOX (75 MG) (CAPSULE)	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• MORGIDOX	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• MOTOFEN	Must meet the following requirement: Diphenoxylate HCL/atropine in 120 days
• MYDAYIS	Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days
• MYRBETRIQ	Must meet the following requirement: Oxybutynin Chloride in 120 days
• MYTESI	Must meet the following requirement: Antiretrovirals in 120 days
• NAMZARIC (14MG-10MG) (CAP SPR 24)	Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (21 MG-10MG) (CAP SPR 24)	Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (28 MG-10MG) (CAP SPR 24)	Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (7 MG-10 MG) (CAP SPR 24)	Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NAMZARIC (7-10/14-10) (CAP24 DSPK)	Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days
• NATAZIA	Must meet the following requirement: Two generic oral contraceptives in 365 days
• NEO-SYNALAR	Must meet 2 of the following requirements: Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, or Retisert in 365 days
• NESINA	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• NEUPRO	Must meet any of the following requirements: Pramipexole Di-HCL or Ropinirole HCL in 120 days
• NEXIUM (10 MG) (SUSPDR PKT)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (2.5 MG) (SUSPDR PKT)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (20 MG) (SUSPDR PKT)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days

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• NEXIUM (40 MG) (SUSPDR PKT)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NEXIUM (5 MG) (SUSPDR PKT)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• NIASPAN	Must meet any of the following requirements: Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in 365 days
• NICOTROL	Must meet any of the following requirements: Nicotine Patch or Nicotine in 120 days
• NICOTROL NS	Must meet any of the following requirements: Nicotine Patch or Nicotine in 120 days
• NORITATE	Must meet the following requirement: Metronidazole in 120 days
• NOVOLIN 70-30	Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
• NOVOLIN N	Must meet the following requirement: Humulin N in 120 days
• NOVOLIN R	Must meet any of the following requirements: Humulin R or Humulin R U-500 in 120 days
• NOVOLOG (100/ML) (CARTRIDGE)	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• NOVOLOG (100/ML) (VIAL)	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• NOVOLOG FLEXPEN	Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-100, Humalog Kwikpen U-200, or Humalog in 120 days
• NOVOLOG MIX 70-30	Must meet any of the following requirements: Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen in 120 days
• NOVOLOG MIX 70-30 FLEXPEN	Must meet any of the following requirements: Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen in 120 days
• NUTRIARX	Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Scar Treatment, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days
• OBREDON	Must meet the following requirement: Hydrocodone Bit/homatrop Me-br in 120 days
• OMEPPI	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• OMNARIS	Must meet any of the following requirements: Flunisolide or Fluticasone Propionate in 120 days
• ONEXTON	Must meet the following requirement: Clindamycin Phos/benzoyl Perox in 120 days
• ONFI (10 MG) (TABLET)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ONFI (2.5 MG/ML) (ORAL SUSP)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ONFI (20 MG) (TABLET)	Must meet any of the following requirements: Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days
• ONGLYZA	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• ONZETRA XSAIL	Must meet the following requirement: Sumatriptan in 120 days
• ORACEA	Must meet the following requirement: Doxycycline Monohydrate in 120 days
• ORBIVAN CF	Must meet the following requirement: Butalbital/acetaminophen in 120 days
• OSENI	Must meet any of the following requirements: Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta in 120 days
• OTREXUP	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• OVACE PLUS (9.8 %) (LOTION)	Must meet any of the following requirements: Ciclopirox or Ketoconazole in 120 days
• OXTELLAR XR (150 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• OXTELLAR XR (300 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• OXTELLAR XR (600 MG) (TAB ER 24H)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine,

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	Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• OXYTROL	Must meet the following requirement: Oxybutynin Chloride in 120 days
• OZEMPIC (0.25 OR .5) (PEN INJCTR)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• OZEMPIC (1MG/0.75ML) (PEN INJCTR)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• PATANASE	Must meet the following requirement: Azelastine HCL in 120 days
• PAZEO	Must meet 2 of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 365 days
• PENNSAID (20MG/G(2%)) (SOL MD PMP)	Must meet the following requirement: Diclofenac Sodium or Pennsaid in 120 days
• PEXEVA	Must meet any of the following requirements: Paroxetine HCL or Paxil in 120 days
• PHENOBARB/HYOSCY/ATROPINE/SCOP	Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• PHENOHYTRO	Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days
• PRADAXA	Must meet the following requirements: Eliquis and Xarelto in 365 days
• PRESTALIA	Must meet 2 of the following requirements: Amlodipine Besylate, Amlodipine Besylate/benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Epaned, Fosinopril Sodium, Lisinopril, Moexipril HCL, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days
• PREVACID (15 MG) (TAB RAP DR)	Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
• PREVACID (30 MG) (TAB RAP DR)	Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
• PROTONIX	Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
• PRUDOXIN	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• PULMICORT FLEXHALER	Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days
• PURIXAN	Must meet the following requirement: Mercaptopurine in 120 days
• QBRELIS	Must meet the following requirement: Lisinopril in 120 days
• QNASL	Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, and Qnasl Children in 120 days
• QNASL CHILDREN	Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, and Qnasl in 120 days
• QTERN	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• QUDEXY XR (100 MG) (CAP SPR 24)	Must meet the following requirement: Topiramate in 120 days
• QUDEXY XR (150 MG) (CAP SPR 24)	Must meet the following requirement: Topiramate in 120 days
• QUDEXY XR (200 MG) (CAP SPR 24)	Must meet the following requirement: Topiramate in 120 days
• QUDEXY XR (25 MG) (CAP SPR 24)	Must meet the following requirement: Topiramate in 120 days
• QUDEXY XR (50 MG) (CAP SPR 24)	Must meet the following requirement: Topiramate in 120 days
• QUILLICHEW ER (20 MG) (TAB CBP24H)	Must meet the following requirement: Methylphenidate HCL in 120 days
• QUILLICHEW ER (30 MG) (TAB CBP24H)	Must meet the following requirement: Methylphenidate HCL in 120 days
• QUILLICHEW ER (40 MG) (TAB CBP24H)	Must meet the following requirement: Methylphenidate HCL in 120 days

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• QUILLIVANT XR (5 MG/ML) (SU ER RC24)	Must meet the following requirement: Methylphenidate HCL in 120 days
• RAPAFL0	Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL in 120 days
• RASUVO (10MG/0.2ML) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (12.5/0.25) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (15MG/0.3ML) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (17.5/0.35) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (20MG/0.4ML) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (22.5/0.45) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (25MG/0.5ML) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (30MG/0.6ML) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RASUVO (7.5MG/0.15) (AUTO INJCT)	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days
• RAYOS	Must meet any of the following requirements: Prednisone Intensol, Prednisone, or Rayos in 120 days
• RELPAX	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• REQUIP XL	Must meet any of the following requirements: Pramipexole Di-HCL or Ropinirole HCL in 120 days
• RETIN-A MICRO PUMP (0.06 %) (GEL W/PUMP)	Must meet the following requirements: Generic tretinoin microspheres 0.04% and 0.10% in 365 days
• RETIN-A MICRO PUMP (0.08 %) (GEL W/PUMP)	Must meet the following requirements: Generic tretinoin microspheres 0.04% and 0.10% in 365 days
• REXULTI	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
• RIBAVIRIN (200-400 MG) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (200-400(7)) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (400 MG) (TABLET)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (400-400 MG) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (400-400(7)) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (600 MG) (TABLET)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (600-400 MG) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (600-400(7)) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (600-600 MG) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• RIBAVIRIN (600-600(7)) (TAB DS PK)	Must meet the following requirement: Ribavirin 200mg capule or tablet in 120 days
• ROZEREM	Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
• RYTARY	Must meet the following requirement: Carbidopa/levodopa in 120 days
• RYVENT	Must meet 2 of the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days
• SAFYRAL	Must meet the following requirement: Two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in 365 days
• SANCTURA	Must meet the following requirement: Oxybutynin Chloride in 120 days
• SANCTURA XR	Must meet the following requirement: Oxybutynin Chloride in 120 days
• SANCUSO	Must meet any of the following requirements: Ondansetron HCL or Ondansetron in 120 days
• SAPHRIS	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days

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• SAVAYSA	Must meet the following requirements: Eliquis and Xarelto in 365 days
• SEEBRI NEOHALER	Must meet any of the following requirements: Spiriva Respimat or Spiriva in 120 days
• SEGLUROMET	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• SERNIVO	Must meet the following requirement: Triamcinolone Acetonide in 120 days
• SILENOR	Must meet any of the following requirements: Doxepin HCL, Eszopiclone, Silenor, Zaleplon, or Zolpidem Tartrate in 120 days
• SIVEXTRO	Must meet the following requirement: Linezolid in 120 days
• SOLIQUA 100-33	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza in 365 days
• SOLODYN (105 MG) (TAB ER 24H)	Must meet the following requirement: Minocycline Hcl in 120 days
• SOLODYN (115MG) (TAB ER 24H)	Must meet the following requirement: Minocycline Hcl in 120 days
• SOLODYN (55 MG) (TAB ER 24H)	Must meet the following requirement: Minocycline Hcl in 120 days
• SOLODYN (65 MG) (TAB ER 24H)	Must meet the following requirement: Minocycline Hcl in 120 days
• SOLODYN (80 MG) (TAB ER 24H)	Must meet the following requirement: Minocycline Hcl in 120 days
• SOLOSEC	Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole in 365 days
• SOOLANTRA	Must meet the following requirement: Finacea in 120 days
• SORILUX	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• SOTYLIZE (5 MG/ML) (SOLUTION)	Must meet the following requirement: Sotalol HCL in 120 days
• SPRITAM (1000 MG) (TAB SUSP)	Must meet the following requirement: Levetiracetam in 120 days
• SPRITAM (250 MG) (TAB SUSP)	Must meet the following requirement: Levetiracetam in 120 days
• SPRITAM (500 MG) (TAB SUSP)	Must meet the following requirement: Levetiracetam in 120 days
• SPRITAM (750 MG) (TAB SUSP)	Must meet the following requirement: Levetiracetam in 120 days
• SPRIX	Must meet the following requirement: Nsaids, Cyclooxygenase Inhibitor-type in 120 days
• STEGLATRO	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• STEGLUJAN	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• SUMAVEL DOSEPRO (4 MG/0.5ML) (NDL FR INJ)	Must meet any of the following requirements: Alsuma, Sumatriptan Succinate, or Sumatriptan in 180 days
• SUMAVEL DOSEPRO (6 MG/0.5ML) (NDL FR INJ)	Must meet any of the following requirements: Alsuma, Sumatriptan Succinate, or Sumatriptan in 180 days
• SURE RESULT TAC PAK	Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Scar Treatment, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days
• SYMPROIC	Must meet the following requirement: Movantik in 120 days
• SYNDROS	Must meet the following requirement: Dronabinol in 120 days
• SYNJARDY	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL,

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	Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (10-1000 MG) (TAB BP 24H)	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (12.5-1000) (TAB BP 24H)	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (25-1000 MG) (TAB BP 24H)	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• SYNJARDY XR (5MG-1000MG) (TAB BP 24H)	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• TACLONEX (0.005-.064) (OINT. (G))	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• TACLONEX (0.005-.064) (SUSPENSION)	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• TANZEUM	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza in 365 days
• TARGADOX	Must meet any of the following requirements: Doxycycline Hyclate or Doxycycline Monohydrate in 120 days
• TASMAR	Must meet the following requirement: Entacapone in 120 days
• TAYTULLA	Must meet the following requirement: Two generic oral contraceptives in 365 days
• TIMOPTIC OCUDOSE	Must meet any of the following requirements: Timolol Maleate or Timoptic Ocusose in 120 days
• TIVORBEX	Must meet the following requirement: Indomethacin in 120 days
• TOPICORT (0.25 %) (SPRAY)	Must meet any of the following requirements: Betamethasone Dipropionate, Desoximetasone, Fluocinonide, or Mometasone Furoate in 120 days
• TOVIAZ	Must meet the following requirement: Oxybutynin Chloride in 120 days
• TRESIBA FLEXTOUCH U-100	Must meet any of the following requirements: Lantus Solostar, Lantus, or Toujeo Solostar in 120 days
• TRESIBA FLEXTOUCH U-200	Must meet any of the following requirements: Lantus Solostar, Lantus, or Toujeo Solostar in 120 days
• TREXIMET (10 MG-60MG) (TABLET)	Must meet any of the following requirements: Almotriptan Malate, Alsuma, Eletriptan Hbr, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/Naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Treximet, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig in 180 days
• TREXIMET (85MG-500MG) (TABLET)	Must meet any of the following requirements: Almotriptan Malate, Alsuma, Eletriptan Hbr, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/Naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Treximet, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig in 180 days
• TREZIX	Must meet the following requirement: Acetaminophen with Codeine in 120 days
• TRIGLIDE	Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days
• TRINTELLIX	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days

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• TRI-SILA	Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Scar Treatment, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days
• TROKENDI XR (100 MG) (CAP ER 24H)	Must meet the following requirement: Topiramate in 120 days
• TROKENDI XR (200 MG) (CAP ER 24H)	Must meet the following requirement: Topiramate in 120 days
• TROKENDI XR (25 MG) (CAP ER 24H)	Must meet the following requirement: Topiramate in 120 days
• TROKENDI XR (50 MG) (CAP ER 24H)	Must meet the following requirement: Topiramate in 120 days
• TRULANCE	Must meet the following requirement: Linzess in 120 days
• TRULICITY	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• TUDORZA PRESSAIR	Must meet any of the following requirements: Spiriva Respimat or Spiriva in 120 days
• TUZISTRA XR	Must meet the following requirement: Promethazine HCL/codeine in 120 days
• UCERIS	Must meet any of the following requirements: Mesalamine w/cleansing Wipes or Mesalamine in 120 days
• UCERIS	Must meet the following requirement: Balsalazide Disodium in 120 days
• ULORIC	Must meet any of the following requirements: Allopurinol or Uloric in 120 days
• UTIBRON NEOHALER	Must meet the following requirement: Stiolto Respimat in 120 days
• VECTICAL	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• VELTIN	Must meet any of the following requirements: Clindamycin Phosphate or Tretinoin in 120 days
• VEMLIDY	Must meet the following requirement: Tenofovir Disoproxil Fumarate in 120 days
• VEREGEN	Must meet the following requirements: Imiquimod and Podofilox in 120 days
• VERSACLOZ	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VESICARE	Must meet the following requirement: Oxybutynin Chloride in 120 days
• VICTOZA 2-PAK	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• VICTOZA 3-PAK	Must meet any of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in 120 days
• VIIBRYD	Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in 365 days
• VIMOVO	Must meet any of the following requirements: Naprelan, Naproxen Sodium, or Naproxen in 120 days
• VIMPAT (10 MG/ML) (SOLUTION)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in 365 days
• VIMPAT (100 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIMPAT (150 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIMPAT (200 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days

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• VIMPAT (50 MG) (TABLET)	Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days
• VIVLODEX	Must meet the following requirement: Meloxicam in 120 days
• VRAYLAR (1.5 MG) (CAPSULE)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VRAYLAR (1.5 MG-3MG) (CAP DS PK)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VRAYLAR (3 MG) (CAPSULE)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VRAYLAR (4.5 MG) (CAPSULE)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VRAYLAR (6 MG) (CAPSULE)	Must meet 2 of the following requirements: Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL in 365 days
• VYTORIN (10 MG-80MG) (TABLET)	Must meet the following requirement: Simvastatin in 365 days
• VYVANSE	Must meet any of the following requirements: Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Sarafem, Sertraline HCL, Topiramate, or Trokendi XR in 120 days
• VYZULTA	Must meet 2 of the following requirements: Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z in 365 days
• XADAGO	Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days
• XATMEP	Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall in 120 days
• XERESE	Must meet any of the following requirements: Acyclovir, Famciclovir, Sitavig, Valacyclovir HCL, or Zovirax in 120 days
• XHANCE	Must meet 2 of the following requirements: Children's Flonase Sensimist, Flonase Sensimist, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Qnasl Children, or Qnasl in 365 days
• XIGDUO XR (10-1000 MG) (TAB BP 24H)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• XIGDUO XR (10MG-500MG) (TAB BP 24H)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• XIGDUO XR (2.5-1000MG) (TAB BP 24H)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• XIGDUO XR (5 MG-500MG) (TAB BP 24H)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• XIGDUO XR (5MG-1000MG) (TAB BP 24H)	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide

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	micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide in 365 days
• XIMINO	Must meet the following requirement: Minocycline Hcl in 120 days
• XULTOPHY 100-3.6	Must meet 2 of the following requirements: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza in 365 days
• XYZAL (2.5 MG/5ML) (SOLUTION)	Must meet the following requirement: Desloratadine or Levocetirizine Dihydrochloride in 120 days
• YASMIN 28	Must meet the following requirement: Two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in 365 days
• YAZ	Must meet the following requirement: Two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in 365 days
• ZEGERID (20-1680MG) (PACKET)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• ZEGERID (20MG-1.1G) (CAPSULE)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• ZEGERID (40-1680MG) (PACKET)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• ZEGERID (40MG-1.1G) (CAPSULE)	Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
• ZEMBRACE SYMTOUCH	Must meet any of the following requirements: Alsuma or Sumatriptan Succinate in 120 days
• ZENZEDI (2.5 MG) (TABLET)	Must meet the following requirement: Dextroamphetamine Sulfate in 120 days
• ZENZEDI (7.5 MG) (TABLET)	Must meet the following requirement: Dextroamphetamine Sulfate in 120 days
• ZETONNA	Must meet any of the following requirements: Flunisolide or Fluticasone Propionate in 120 days
• ZIOPTAN	Must meet 2 of the following requirements: Latanoprost, Lumigan, or Travatan Z in 365 days
• ZIPSOR	Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclozor, Dyloject, Pennsaid, or Vopac Mds in 120 days
• ZITHRANOL	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• ZOCOR (80 MG) (TABLET)	Must meet the following requirement: Ezetimibe/simvastatin in 365 days
• ZOLPIMIST	Must meet the following requirement: Zolpidem Tartrate in 120 days
• ZOMIG (2.5 MG) (SPRAY)	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZOMIG (2.5 MG) (TABLET)	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZOMIG (5 MG) (SPRAY)	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZOMIG (5 MG) (TABLET)	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZOMIG ZMT	Must meet any of the following requirements: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days
• ZONALON	Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
• ZORVOLEX	Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclozor, Dyloject, Pennsaid, or Vopac Mds in 120 days
• ZUPLENZ (4 MG) (FILM)	Must meet any of the following requirements: Ondansetron HCL or Ondansetron in 120 days
• ZUPLENZ (8 MG) (FILM)	Must meet any of the following requirements: Ondansetron HCL or Ondansetron in 120 days
• ZURAMPIC	Must meet any of the following requirements: Allopurinol or Uloric in 120 days
• ZYCLARA (2.5 %) (CRM MD PMP)	Must meet the following requirement: Imiquimod in 120 days

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• ZYCLARA (3.75 %) (CREAM PACK)	Must meet the following requirement: Imiquimod in 120 days
• ZYCLARA (3.75 %) (CRM MD PMP)	Must meet the following requirement: Imiquimod in 120 days
• ZYFLO	Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days
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