



FROM



coordinated care.

2024 Formulary *(Cascade Select)*

Effective January 1, 2024



Ambetter.CoordinatedCareHealth.com

Formulary Introduction

FORMULARY

The Ambetter from Coordinated Care Corporation (Cascade Select) Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

Tier 1 - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage

Tier 4 - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SP	Specialty Drug	These products are Specialty Drugs that may have special fill requirements.
SF	Split Fill	Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply.

Opioid Medications:

Medications identified on the formulary by "**New starts limited to 7 day supply**" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter from Coordinated Care Corporation (Cascade Select), o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

Es posible que determinados diseños de planes de beneficios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que figuren en este documento. Revise sus beneficios para conocer las limitaciones de la cobertura y la parte que le corresponde pagar por sus medicamentos.

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas.

Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios responderán por fax o teléfono en un plazo de 24 horas a partir de la recepción de toda la información necesaria para las solicitudes urgentes, y en un plazo de 72 horas en caso de solicitudes no urgentes, a menos que la legislación estatal exija una respuesta más rápida. Si la solicitud es denegada, el aviso de la denegación incluirá una explicación clara de los motivos específicos para denegar la solicitud de autorización previa o, si la autorización estaba incompleta, la explicación identificará la información material faltante necesaria para completar la solicitud.

Abreviaturas del Formulario:

Abreviatura	Término	Significado
AL	Límite de edad	Algunos medicamentos solo están cubiertos para determinadas edades.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para determinadas cantidades.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.
ST	Terapia escalonada	En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A.
NF	No incluido en el Formulario	Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.
RX/OTC	Medicamentos recetados y OTC	Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).
SP	Medicamento de especialidad	Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.

Medicamentos opioides:

Los medicamentos identificados en el Formulario como “**Nuevos pedidos limitados a suministro de 7 días**” permiten hasta dos surtidos de 7 días durante cualquier periodo de 28 días y hasta un total de 28 días no consecutivos en un periodo de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides surtidos. Para surtidos que superen estos límites, sus proveedores pueden presentar una solicitud de autorización previa.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1	
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1	QL(4 ea daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily); ST
<i>methamphetamine hcl</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily); ST
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1	PA
<i>phentermine hcl CAPS</i>	1	PA
Anti-Obesity Agents		
CONTRACE	3	QL(4 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1	
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI 75 MG	3	QL(2 ea daily); PA
SUNOSI 150 MG	3	QL(1 ea daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1	QL(1 ea daily); AL(At least 17 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 5 MG</i>	1	QL(6 ea daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1	QL(5 ea daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1	
<i>methylphenidate hcl CP24 30 MG</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate PTCH</i>	1	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1	QL(2 ea daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA
CYLTEZO AJKT	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
HUMIRA PEN-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily); SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOSY	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	1	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen SUSP 100 MG/5ML</i>	1	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPR</i>	1	
<i>ketoprofen CAPS 50 MG</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1	QL(1 ea daily)
<i>nabumetone</i>	1	
<i>naproxen sodium TABS 550 MG</i>	1	
<i>naproxen SUSP</i>	1	PA
<i>naproxen TABS</i>	1	
<i>naproxen TBEC 500 MG</i>	1	QL(3 ea daily)
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulindac TABS</i>	1	
<i>tolmetin sodium CAPS</i>	1	
<i>tolmetin sodium TABS 600 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	QL(6 ea daily)	<i>hydromorphone hcl TB24 32 MG</i>	1	QL(1 ea daily); PA
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily)	<i>levorphanol tartrate TABS 2 MG</i>	1	New starts limited to 7 day supply
Salicylates			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1	
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl CONC</i>	1	QL(10 ml daily)
<i>aspirin TBEC 325 MG</i>	1		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1	
<i>diflunisal TABS</i>	1		<i>methadone hcl SOLN OR 5 MG/5ML</i>	1	QL(100 ml daily)
<i>salsalate</i>	1		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1	QL(50 ml daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>METHADONE HCL SOLN IJ</i>	1	
Opioid Agonists			<i>methadone hcl TABS 5 MG</i>	1	QL(4 ea daily)
<i>codeine sulfate TABS 30 MG</i>	1	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily)
<i>CODEINE SULFATE TABS</i>	1	New starts limited to 7 day supply	<i>methadone hcl TBSO</i>	1	QL(2 ea daily)
<i>fentanyl citrate LPOP</i>	1	QL(4 ea daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(0.34 ea daily)	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl LIQD</i>	1	New starts limited to 7 day supply	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1	
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1		<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TABS</i>	1	New starts limited to 7 day supply; QL(8 ea daily)			
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(2 ea daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate TABS</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(2 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily); PA
NUCYNTA TABS	2	QL(6 ea daily); PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA
<i>oxycodone hcl TABS</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxymorphone hcl TABS</i>	1	QL(12 ea daily); PA
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1	QL(2 ea daily); PA
<i>oxymorphone hcl TB12 40 MG</i>	1	QL(4 ea daily); PA
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA
<i>tramadol hcl TABS 50 MG</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl TB24</i>	1	QL(1 ea daily)
XTAMPZA ER	2	QL(2 ea daily); PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-cafeine w/cod</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen</i> 7.5 MG-200 MG	1	New starts limited to 7 day supply; QL(5 ea daily)
<i>oxycodone w/ acetaminophen</i> TABS 325 MG-2.5 MG	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>oxycodone w/ acetaminophen</i> TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 3 MG-12 MG	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL	1	QL(3 ea daily)
<i>buprenorphine hcl</i> SOLN	1	
<i>buprenorphine hcl</i> SUBL	1	QL(3 ea daily)
<i>buprenorphine</i> PTWK	1	QL(0.143 ea daily); PA
<i>butorphanol tartrate</i> NA 10 MG/ML	1	QL(0.34 ml daily); PA
<i>butorphanol tartrate</i> IJ 1 MG/ML, 2 MG/ML	1	
<i>nalbuphine hcl</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol</i> CAPS	1	
<i>methyltestosterone</i> TABS	1	
<i>testosterone cypionate</i> SOLN IM	1	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone enanthate</i> SOLN IM	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1	
UCERIS (<i>budesonide (intrarectal)</i>)	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal)</i> EX	1	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	QL(2 gm daily)
RECTIV (<i>nitroglycerin (intra-anal)</i>)	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(3 ea daily)
<i>ranolazine TB12 1000 MG</i>	1	QL(2 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1	
NITROGLYCERIN SOLN IV	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
<i>meprobamate</i>	1	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS</i>	1	QL(4 ea daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)
<i>oxazepam CAPS</i>	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
<i>procainamide hcl SOLN 500 MG/ML</i>	1	
<i>quinidine sulfate TABS</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS</i>	1	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl SOLN 50 MG/ML</i>	1		SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<i>amiodarone hcl TABS</i>	1		<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
<i>dofetilide</i>	1		Leukotriene Modulators		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
Antiasthmatic - Monoclonal Antibodies			<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA	<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA	<i>zafirlukast</i>	1	QL(2 ea daily)
NUCALA SOAJ	4	QL(0.1073 ml daily); PA	<i>zileuton TB12</i>	1	QL(4 ea daily)
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	<i>roflumilast</i>	3	QL(1 ea daily)
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	Steroid Inhalants		
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	ALVESCO	3	PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA	ARNUITY ELLIPTA	2	
XOLAIR SOLR	4	QL(0.286 ea daily); PA	<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1	
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA	<i>fluticasone propionate hfa</i>	1	QL(0.8 gm daily)
Anti-Inflammatory Agents			PULMICORT FLEXHALER AEPB	2	
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)	QVAR REDIHALER	2	
Bronchodilators - Anticholinergics			Sympathomimetics		
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 113/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)	AIRDUO DIGIHALER 232/14	3	
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)	AIRDUO DIGIHALER 55/14	3	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)	AIRSUPRA	3	
			<i>albuterol sulfate AERS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1	QL(4 ml daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol AEPB</i>	1	
<i>fluticasone-salmeterol AERO</i>	1	
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1	QL(18 ml daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
Xanthines		

Drug Name	Drug Tier	Requirements/ Limits
<i>aminophylline SOLN</i>	1	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	QL(56 ml daily)
<i>theophylline TB12</i>	1	
<i>theophylline TB24</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPk	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPk	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP	<i>clobazam TABS</i>	1	QL(2 ea daily); PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>clonazepam TABS</i>	1	
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1		VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
Thrombin Inhibitors			VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<i>dabigatran etexilate mesylate CAPS</i>	1		Anticonvulsants - Misc.		
ANTICONVULSANTS - Drugs to Treat Seizures			APTOM	3	QL(2 ea daily); ST
AMPA Glutamate Receptor Antagonists			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CHEW 100 MG</i>	1	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 200 MG</i>	1	QL(6 ea daily)
<i>clobazam SUSP</i>	1	QL(16 ml daily); PA	<i>carbamazepine CP12 100 MG</i>	1	
			<i>carbamazepine CP12 300 MG</i>	1	QL(4 ea daily)
			<i>carbamazepine SUSP</i>	1	
			<i>carbamazepine TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine TB12 200 MG</i>	1	QL(6 ea daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>carbamazepine TB12 100 MG, 400 MG</i>	1	QL(4 ea daily)	<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1	
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>rufinamide SUSP</i>	1	QL(80 ml daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>rufinamide TABS 200 MG</i>	1	QL(2 ea daily); PA
EPIDIOLEX	3	PA	TEGRETOL SUSP (<i>carbamazepine</i>)	2	
<i>gabapentin CAPS</i>	1		TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>gabapentin SOLN</i>	1	QL(60 ml daily)	<i>topiramate CPSP 25 MG</i>	1	QL(8 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>topiramate CPSP 15 MG</i>	1	QL(6 ea daily)
<i>lacosamide SOLN IV 200 MG/20ML</i>	1	QL(40 ml daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1	QL(2 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1	QL(4 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1	QL(100 ea daily)	<i>topiramate TABS 50 MG</i>	1	QL(6 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1	QL(20 ea daily)	<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>lamotrigine TABS</i>	1		<i>zonisamide CAPS</i>	1	QL(6 ea daily)
<i>lamotrigine TBDP</i>	1	QL(1 ea daily)	Carbamates		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	QL(30 ml daily)	<i>felbamate SUSP</i>	1	QL(30 ml daily)
<i>levetiracetam TABS 500 MG</i>	1	QL(6 ea daily)	<i>felbamate TABS 600 MG</i>	1	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	<i>felbamate TABS 400 MG</i>	1	QL(9 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1	QL(4 ea daily)	GABA Modulators		
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	<i>tiagabine hcl</i>	1	
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1	QL(3 ea daily)	Hydantoins		
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	DILANTIN	2	
			DILANTIN (<i>phenytoin sodium extended</i>)	2	
			DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP (phenytoin)	2		bupropion hcl TB12 100 MG	1	QL(4 ea daily)
fosphenytoin sodium	1		bupropion hcl TB12 200 MG	1	QL(2 ea daily)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1		bupropion hcl TB12 150 MG	1	QL(3 ea daily)
phenytoin sodium SOLN	1		bupropion hcl TB24 300 MG	1	QL(1 ea daily)
phenytoin CHEW	1		bupropion hcl TB24 150 MG	1	QL(3 ea daily)
phenytoin SUSP	1				
Succinimides			Monoamine Oxidase Inhibitors (MAOIs)		
CELONTIN (methsuximide)	3	QL(4 ea daily)	EMSAM	3	QL(1 ea daily)
ethosuximide CAPS	1	QL(6 ea daily)	MARPLAN	2	QL(6 ea daily)
ethosuximide SOLN	1	QL(30 ml daily)	phenelzine sulfate	1	
methsuximide	1	QL(4 ea daily)	tranylcypromine sulfate	1	
ZARONTIN CAPS (ethosuximide)	2	QL(6 ea daily)	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
Valproic Acid			SPRAVATO 56MG DOSE	4	PA
divalproex sodium TB24	1		SPRAVATO 84MG DOSE	4	PA
divalproex sodium TBEC	1		Selective Serotonin Reuptake Inhibitors (SSRIs)		
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	1		citalopram hydrobromide SOLN	1	QL(20 ml daily)
valproic acid CAPS	1		citalopram hydrobromide TABS 20 MG	1	QL(2 ea daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			citalopram hydrobromide TABS 40 MG	1	QL(1 ea daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			citalopram hydrobromide TABS 10 MG	1	QL(4 ea daily)
mirtazapine TABS 7.5 MG, 45 MG	1	QL(1 ea daily)	escitalopram oxalate SOLN	1	QL(20 ml daily)
mirtazapine TABS 15 MG	1	QL(3 ea daily)	escitalopram oxalate TABS 5 MG	1	QL(4 ea daily)
mirtazapine TABS 30 MG	1	QL(1.5 ea daily)	escitalopram oxalate TABS 10 MG	1	QL(2 ea daily)
mirtazapine TBDP 30 MG	1	QL(1.5 ea daily)	escitalopram oxalate TABS 20 MG	1	QL(1 ea daily)
mirtazapine TBDP 15 MG	1	QL(3 ea daily)	fluoxetine hcl CAPS 10 MG	1	QL(1 ea daily)
mirtazapine TBDP 45 MG	1	QL(1 ea daily)			
Antidepressants - Misc.					
bupropion hcl TABS	1	QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(3 ea daily)
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1	QL(30 ml daily)
<i>paroxetine hcl TABS 40 MG</i>	1	QL(1 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1	QL(6 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1	QL(10 ml daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1	QL(4 ea daily)
<i>sertraline hcl TABS 100 MG</i>	1	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
<i>vilazodone hcl TABS</i>	1	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1	
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1	QL(3 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1	QL(1 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1	QL(2 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	QL(3 ea daily)
<i>miglitol</i>	1	QL(3 ea daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1	QL(1 ea daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1	QL(4 ea daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1	QL(4 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1	QL(2 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1	QL(1 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1	QL(2 ea daily)
SOLQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 ea daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
<i>metformin hcl TABS 500 MG</i>	1	QL(5 ea daily)
<i>metformin hcl TABS 1000 MG</i>	1	QL(2.5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TB24 750 MG</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TB24 500 MG</i>	1	QL(4 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1	QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1	
INSULIN ASPART PENFILL SOCT	1	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	
INSULIN ASPART SOLN IJ	1	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA
LEVEMIR FLEXTOUCH SOPN	3	PA
LEVEMIR SOLN	3	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride 4 MG</i>	1	QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1	QL(4 ea daily)
<i>glipizide TB24</i>	1	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	QL(4 ea daily)
<i>glyburide TABS</i>	1	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

Drug Name	Drug Tier	Requirements/ Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1	
<i>granisetron hcl TABS</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1	
<i>ondansetron hcl SOSY</i>	1	
<i>ondansetron hcl TABS 8 MG</i>	1	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1	
<i>ondansetron TBDP 4 MG</i>	1	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>scopolamine</i>	1	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor		

Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1	PA
<i>aprepitant CAPS 80 MG</i>	1	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1	PA
VARUBI TBPB	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1	
ERAXIS	3	
<i>micafungin sodium</i>	1	PA
Antifungals		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1	QL(20 ml daily); PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl CAPS 50 MG</i>	1	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
<i>desloratadine TABS</i>	1	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	
<i>loratadine TABS</i>	1	
<i>loratadine TBDP</i>	1	
QUZYTIR SOLN IV	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1	
<i>promethazine hcl TABS</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1	QL(24 gm daily)
<i>cholestyramine PACK</i>	1	QL(6 ea daily)
<i>cholestyramine POWD</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1	QL(2 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1	QL(1 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl</i>	1	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1	QL(3 ea daily)
<i>captopril 12.5 MG</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>moexipril hcl</i>	1	QL(2 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1	
<i>quinapril hcl 5 MG, 10 MG</i>	1	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1	
<i>ramipril CAPS</i>	1	
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily)
<i>trandolapril 4 MG</i>	1	QL(2 ea daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1	QL(1 ea daily)
<i>losartan potassium</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1	QL(1 ea daily)
<i>telmisartan</i>	1	QL(1 ea daily)
<i>valsartan TABS</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1	QL(8 ea daily)
<i>clonidine PTWK</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyl dopa TABS</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin hcl CAPS</i>	1	QL(4 ea daily)
<i>terazosin hcl</i>	1	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i>	1	ST
<i>amlodipine besylate-valsartan</i>	1	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1	QL(2 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>telmisartan-amlodipine</i>	1	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMEYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydralazine hcl SOLN</i>	1	
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1	
<i>nitazoxanide TABS</i>	1	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1	
<i>imipenem-cilastatin IV</i>	1	
<i>meropenem</i>	1	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1	
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1	
<i>lincomycin hcl</i>	1	
Monobactams		
<i>aztreonam 1 GM</i>	1	
CAYSTON	4	QL(3 ml daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	
<i>linezolid TABS</i>	1	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1	
<i>chloroquine phosphate TABS 250 MG</i>	1	QL(3 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1	QL(4 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1	
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SOLN</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rifabutin</i>	1	PA
<i>rifampin CAPS</i>	1	
<i>rifampin SOLR</i>	1	
SIRTURO	3	PA
TRECATOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1	
<i>melphalan hcl IV</i>	1	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clofarabine</i>	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>cytarabine SOLN</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>decitabine</i>	4	SP; PA	MVASI	4	PA
<i>floxuridine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	ZIRABEV	4	PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	Antineoplastic - Antibodies		
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>mercaptopurine TABS</i>	1		RUXIENCE	4	PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1		TRUXIMA	4	PA
<i>methotrexate sodium SOLR</i>	1	SP	YERVOY	4	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	SP	Antineoplastic - Anti-HER2 Agents		
<i>nelarabine</i>	4	SP; PA	KANJINTI	4	PA
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	OGIVRI	4	PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	PERJETA	4	SP; PA
TABLOID	4	SP; PA	TRAZIMERA	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	TUKYSA	4	PA
Antineoplastic - Angiogenesis Inhibitors			Antineoplastic - EGFR Inhibitors		
INLYTA	4	QL(2 ea daily); SP; PA	ERBITUX	4	SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA	<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA	<i>gefitinib</i>	4	QL(2 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA	GILOTRIF	4	QL(1 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA	IRESSA (<i>gefitinib</i>)	4	QL(2 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA	TAGRISSO 80 MG	4	QL(1 ea daily); PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA	TAGRISSO 40 MG	4	QL(2 ea daily); PA
			VECTIBIX 100 MG/5ML	4	SP; PA
			VIZIMPRO	4	QL(1 ea daily); PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA
			ERIVEDGE	4	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ODOMZO	4	QL(1 ea daily); PA	NUBEQA	4	QL(4 ea daily); PA
Antineoplastic - Hormonal and Related Agents			ORGOVYX	4	PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	<i>tamoxifen citrate TABS</i>	0	
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	<i>toremifene citrate</i>	1	
<i>anastrozole</i>	1	QL(1 ea daily)	TRELSTAR MIXJECT	4	SP; PA
<i>bicalutamide</i>	1	QL(1 ea daily); SP	XTANDI CAPS	4	QL(4 ea daily); SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
EMCYT	4	SP; PA	YONSA	4	QL(4 ea daily); PA
ERLEADA 60 MG	4	QL(4 ea daily); PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
<i>exemestane</i>	4	QL(1 ea daily); SP	Antineoplastic - Immunomodulators		
FIRMAGON	4	QL(0.143 ea daily); SP; PA	POMALYST	4	QL(1 ea daily); PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	Antineoplastic - PDGFR-alpha Inhibitors		
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>letrozole</i>	1		Antineoplastic - XPO1 Inhibitors		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA	XPOVIO 60 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA	Antineoplastic Antibiotics		
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
LYSODREN	4	SP; PA	<i>dactinomycin</i>	4	SP; PA
<i>megestrol acetate SUSP</i>	1		<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA
<i>megestrol acetate TABS</i>	1		<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>nilutamide</i>	1	QL(2 ea daily)	<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
			<i>idarubicin hcl 20 MG/20ML</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(4 ea daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 ea daily); SP; PA
<i>valrubicin</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
Antineoplastic Combinations			IBRANCE CAPS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	PA	IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	4	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
BALVERSA	4	PA	INREBIC	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	JAKAFI	4	QL(2 ea daily); SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KOSELUGO	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KYPROLIS	4	PA
BRAFTOVI 75 MG	4	SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BRUKINSA	4	PA	LORBRENA	4	QL(1 ea daily); PA
CABOMETYX TABS	4	QL(1 ea daily); PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST SOLR	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST TABS	4	PA
CAPRELSA	4	QL(1 ea daily); SP; PA	MEKTOVI	4	SP; PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
			PEMAZYRE	4	QL(1 ea daily); PA
			PIQRAY 200MG DAILY DOSE	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 250MG DAILY DOSE	4	PA	VOTRIENT (<i>pazopanib hcl</i>)	4	QL(4 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZELBORAF	4	SP; PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA	Antineoplastic Enzymes		
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	ONCASPAR	4	SP; PA
SPRYCEL (<i>dasatinib</i>)	4	QL(1 ea daily); SP; PA	Antineoplastics Misc.		
STIVARGA	4	QL(4 ea daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA	<i>bexarotene</i>	4	SP; PA
TABRECTA	4	PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TAFINLAR CAPS	4	PA	<i>hydroxyurea</i>	1	
TAFINLAR TBSO	4	PA	MATULANE	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA	PHOTOFRIN	4	SP; PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	PROLEUKIN	4	SP; PA
TAZVERIK	4	PA	SYNRIBO	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA	<i>tretinoin (chemotherapy)</i>	1	
TIBSOVO	4	PA	UVADEX	4	SP; PA
TURALIO	4	PA	Chemotherapy Adjuncts		
VERZENIO	4	PA	KEPIVANCE 6.25 MG	4	SP; PA
VITRAKVI CAPS	4	PA	Chemotherapy Rescue/Antidote/Protective Agents		
VITRAKVI SOLN	4	PA	<i>leucovorin calcium SOLR</i>	1	
			<i>leucovorin calcium TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN (<i>eribulin mesylate</i>)	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	QL(8 ea daily)
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl SOLN</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR</i>	1	
<i>carbidopa-levodopa TBDP</i>	1	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1	QL(2 ea daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1	QL(1 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl CAPS</i>	1	
<i>selegiline hcl TABS</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 200 MG	3	QL(8 ea daily); ST
EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1	QL(1 ea daily)
<i>lurasidone hcl 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 6 MG</i>	1	QL(2 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1	QL(8 ml daily)
<i>risperidone TABS</i>	1	QL(4 ea daily)
<i>risperidone TBDP</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones		
<i>haloperidol decanoate</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1	QL(2 ea daily); PA
<i>asenapine maleate 2.5 MG</i>	1	QL(4 ea daily); PA
<i>clozapine TABS</i>	1	
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1	QL(6 ea daily)
<i>clozapine TBDP 100 MG</i>	1	QL(9 ea daily)
<i>clozapine TBDP 25 MG</i>	1	QL(3 ea daily)
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	QL(0.215 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1	QL(4 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1	QL(2 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl ELIX</i>	1		<i>efavirenz CAPS 200 MG</i>	1	QL(2 ea daily)
<i>fluphenazine hcl SOLN</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>fluphenazine hcl TABS</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>perphenazine TABS</i>	1		<i>efavirenz TABS</i>	1	QL(1 ea daily)
<i>prochlorperazine</i>	1		<i>emtricitabine CAPS</i>	1	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>thioridazine hcl</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1		EMTRIVA SOLN	3	QL(24 ml daily)
Quinolinone Derivatives			<i>etravirine 100 MG</i>	1	QL(4 ea daily)
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily); AL(At least 6 yrs old)	EVOTAZ	3	QL(1 ea daily)
REXULTI	3	PA	<i>fosamprenavir calcium TABS</i>	1	QL(4 ea daily)
Thioxanthenes			FUZEON SOLR	4	SP; PA
<i>thiothixene</i>	1		GENVOYA	3	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			INTELENCE 25 MG	3	QL(8 ea daily)
Antiretrovirals			ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate SOLN</i>	1	QL(32 ml daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	1	QL(2 ea daily)	JULUCA	3	QL(1 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	<i>lamivudine SOLN</i>	1	QL(30 ml daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1	QL(1 ea daily)	<i>lamivudine TABS 300 MG</i>	1	QL(1 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1	QL(2 ea daily)	<i>lamivudine TABS 150 MG</i>	1	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	LEXIVA SUSP	3	QL(56 ml daily)
COMPLERA	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1	QL(12.5 ml daily)
<i>darunavir TABS</i>	1		<i>lopinavir-ritonavir TABS</i>	1	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1	QL(2 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1	QL(4 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1	QL(40 ml daily)
<i>efavirenz CAPS 50 MG</i>	1	QL(3 ea daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine TABS</i>	1	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	1	QL(1 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS (<i>darunavir</i>)	3	
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir TABS</i>	1	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine CAPS</i>	1	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
<i>tenofovir disoproxil fumarate TABS</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine CAPS</i>	1	QL(6 ea daily)
<i>zidovudine SYRP</i>	1	QL(60 ml daily)
<i>zidovudine TABS</i>	1	QL(2 ea daily)
CMV Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1	
<i>valganciclovir hcl TABS</i>	1	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
VOSEVI	4	QL(1 ea daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1	QL(5 ea daily)
<i>famciclovir 500 MG</i>	1	QL(4 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1	QL(3 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl 500 MG</i>	1	QL(2 ea daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1	
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
Beta Blockers Non-Selective		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1	QL(6 ea daily)
<i>nadolol TABS 80 MG</i>	1	
<i>nadolol TABS 20 MG</i>	1	QL(3 ea daily)
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1	
<i>timolol maleate TABS</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DILTIAZEM HCL SOLR	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nicardipine hcl SOLN</i>	1	
<i>nifedipine CAPS 20 MG</i>	1	QL(9 ea daily)
<i>nifedipine CAPS 10 MG</i>	1	
<i>nifedipine TB24 90 MG</i>	1	QL(1 ea daily)
<i>nifedipine TB24</i>	1	
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily)
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
<i>LANOXIN SOLN IJ (digoxin)</i>	2	
<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
<i>avanafil</i>	1	QL(0.134 ea daily)
<i>sildenafil citrate</i>	1	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS (<i>ivabradine hcl</i>)	3	QL(2 ea daily); PA
<i>ivabradine hcl</i> TABS	1	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil</i> TABS	1	
<i>cefazolin sodium</i> SOLR IJ 1 GM, 10 GM, 500 MG	1	
<i>cephalexin</i> CAPS	1	
<i>cephalexin</i> SUSR	1	
Cephalosporins - 2nd Generation		
<i>cefaclor</i> CAPS	1	
<i>cefaclor</i> SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
<i>cefotetan disodium</i> IJ 1 GM, 2 GM	1	
<i>cefoxitin sodium</i> IV 1 GM, 2 GM	1	
<i>cefprozil</i> SUSR	1	
<i>cefprozil</i> TABS	1	
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> IJ 750 MG	1	
Cephalosporins - 3rd Generation		
<i>cefdinir</i> CAPS	1	
<i>cefdinir</i> SUSR	1	
<i>cefixime</i> CAPS	1	
<i>cefixime</i> SUSR	1	ST
<i>cefotaxime sodium</i> IJ 1 GM, 2 GM	1	
<i>cefpodoxime proxetil</i> SUSR	1	
<i>cefpodoxime proxetil</i> TABS	1	
<i>ceftazidime</i> IJ 1 GM, 6 GM	1	
<i>ceftriaxone sodium</i> IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
Cephalosporins - 4th Generation		
<i>cefepime hcl</i> SOLR IV 2 GM	1	
Cephalosporins - 5th Generation		

Drug Name	Drug Tier	Requirements/ Limits
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	0	
desogestrel & ethinyl estradiol	0	
desogestrel-ethinyl estradiol (biphasic)	0	
desogestrel-ethinyl estradiol (triphasic)	0	
drospirenone-ethinyl estradiol	0	
drospirenone-ethinyl estradiol-levomefolate calcium	0	
ethynodiol diacet & eth estrad	0	
FEMLYV TBDP	0	
levonorgestrel & eth estradiol TABS	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levonorgestrel-ethinyl estradiol-iron	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
norethin acet & estrad-fe CAPS	0	
norethin acet & estrad-fe CHEW	0	

Drug Name	Drug Tier	Requirements/ Limits
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	
norethindrone & eth estradiol	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra TABS	0	
norethindrone acetate- ethinyl estradiol-fe	0	
norethindrone-eth estradiol (triphasic)	0	
norgestimate-ethinyl estradiol	0	
norgestimate-ethinyl estradiol (triphasic)	0	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	
etonogestrel-ethinyl estradiol	0	QL(0.05 ea daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Implants			<i>dexamethasone SOLN</i>	1	
NEXPLANON	0		<i>dexamethasone TABS</i>	1	
Progestin Contraceptives - Injectable			EMFLAZA SUSP (<i>deflazacort</i>)	4	PA
DEPO-SUBQ PROVERA 104 SUSY SC	0		EMFLAZA TABS (<i>deflazacort</i>)	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)	<i>hydrocortisone sod succinate 100 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)	<i>hydrocortisone TABS</i>	1	
Progestin Contraceptives - IUD			MEDROL TABS	3	
KYLEENA	0		<i>methylprednisolone acetate SUSP</i>	1	
LILETTA 20.1 MCG/DAY	0		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1	
MIRENA	0		<i>methylprednisolone TABS</i>	1	
SKYLA	0		<i>methylprednisolone TBPk</i>	1	
Progestin Contraceptives - Oral			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1	
<i>norethindrone (contraceptive)</i>	0		<i>prednisolone sodium phosphate TBPk</i>	3	
OPIII	0		<i>prednisolone SOLN</i>	1	
SLYND	0	QL(1 ea daily)	<i>prednisolone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisone SOLN</i>	1	
Glucocorticosteroids			<i>prednisone TABS</i>	1	
<i>budesonide CPEP</i>	1	QL(3 ea daily)	<i>prednisone TBPk</i>	1	
<i>deflazacort SUSP</i>	4	PA	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
<i>deflazacort TABS</i>	4	PA	SOLU-CORTEF 250 MG	3	
DEPO-MEDROL SUSP	3		SOLU-MEDROL 2 GM	3	
DEXAMETHASONE INTENSOL CONC	1		<i>triamcinolone acetate SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1		Mineralocorticoids		
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1		<i>fludrocortisone acetate TABS</i>	1	
<i>dexamethasone ELIX</i>	1		COUGH/COLD/ALLERGY - Drugs to Treat Cough,		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cold and Allergy Symptoms			<i>benzoyl peroxide-erythromycin GEL</i>	1	AL(At least 12 yrs old); PA
Antitussives			<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzonatate 100 MG</i>	1	QL(6 ea daily)	<i>benzoyl peroxide GEL 5 %</i>	1	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzonatate 200 MG</i>	1	QL(3 ea daily)	<i>benzoyl peroxide GEL 10 %</i>	1	AL(At least 12 yrs old)
<i>benzonatate 150 MG</i>	1	QL(4 ea daily)	<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)
Cough/Cold/Allergy Combinations			<i>clindamycin phosphate (topical) FOAM</i>	1	AL(At least 12 yrs old); PA
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		<i>clindamycin phosphate (topical) GEL</i>	1	QL(8 gm daily)
TUZISTRA XR	2	PA	<i>clindamycin phosphate (topical) LOTN</i>	1	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1	QL(4 ml daily); AL(At least 12 yrs old)
HYPERSAL NEBU	1		<i>clindamycin phosphate (topical) SWAB</i>	1	AL(At least 12 yrs old)
NEBUSAL NEBU	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	AL(At least 12 yrs old); PA
<i>sodium chloride (inhalant) NEBU 7 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	AL(At least 12 yrs old); PA
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1	AL(At least 12 yrs old); ST
<i>acetylcysteine SOLN</i>	1		DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>erythromycin (acne aid) PADS</i>	1	AL(At least 12 yrs old)
Acne Products			<i>erythromycin (acne aid) SOLN</i>	1	AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	AL(At least 12 yrs old); ST	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>adapalene CREA</i>	1	AL(At least 12 yrs old); ST	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>adapalene GEL</i>	1	AL(At least 12 yrs old); ST; RX/OTC	<i>sulfacetamide sodium (acne)</i>	1	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST			
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC			
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC			

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<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1	AL(At least 12 yrs old)	<i>ciclopirox GEL</i>	1	QL(3.35 gm daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1	AL(At least 12 yrs old); ST	<i>ciclopirox SHAM</i>	1	QL(10 ml daily)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1	AL(At least 12 yrs old)	<i>ciclopirox SOLN</i>	1	QL(0.22 ml daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole (topical) CREA</i>	1	QL(4.5 gm daily); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole (topical) SOLN</i>	1	QL(10 ml daily); RX/OTC
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole w/ betamethasone CREA</i>	1	QL(8 gm daily)
Agents for External Genital and Perianal Warts			<i>clotrimazole w/ betamethasone LOTN</i>	1	
VEREGEN	3	QL(1 gm daily)	<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail; 85 per fill mail)
Antibiotics - Topical			ERTACZO	3	QL(2.15 gm daily)
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)	<i>ketoconazole (topical) CREA</i>	1	QL(10 gm daily)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(1 gm daily)	<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(20 ml daily)
<i>gentamicin sulfate (topical) OINT</i>	1		<i>luliconazole</i>	1	PA
<i>mupirocin OINT</i>	1	QL(6 gm daily)	<i>naftifine hcl CREA 2 %</i>	1	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA	<i>naftifine hcl CREA 1 %</i>	1	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antifungals - Topical			<i>nystatin (topical) CREA</i>	1	QL(10 gm daily)
<i>butenafine hcl</i>	1	QL(6 gm daily); RX/OTC	<i>nystatin (topical) OINT</i>	1	QL(6 gm daily)
<i>ciclopirox olamine CREA</i>	1	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail	<i>nystatin (topical) POWD EX</i>	1	QL(10 gm daily)
			<i>nystatin-triamcinolone CREA</i>	1	QL(10 gm daily)
			<i>nystatin-triamcinolone OINT</i>	1	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	1	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antipsoriatics		
<i>sulconazole nitrate CREA</i>	1		<i>acitretin 10 MG, 17.5 MG</i>	1	QL(1 ea daily)
<i>sulconazole nitrate SOLN</i>	1	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>acitretin 25 MG</i>	1	QL(2 ea daily)
<i>tavaborole</i>	1	PA	<i>calcipotriene CREA</i>	1	QL(4 gm daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene OINT</i>	1	QL(4 gm daily); PA
<i>diclofenac epolamine PTCH EX</i>	1	QL(2 ea daily); PA	<i>calcipotriene SOLN</i>	1	QL(4 ml daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(3.34 gm daily); RX/OTC	<i>calcitriol (topical)</i>	1	QL(3.34 gm daily)
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	QL(3.34 gm daily); PA	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(4 gm daily)	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
<i>fluorouracil (topical) SOLN</i>	1	QL(2 ml daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	<i>methoxsalen rapid</i>	1	QL(4 ea daily)
Antipruritics - Topical			SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
			SKYRIZI SOSY	4	QL(0.025 ml daily); PA
			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
			STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
			<i>tazarotene CREA 0.1 %</i>	1	QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1	QL(3 gm daily)
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
TREMFYA SOLN	4	QL(0.72 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1	QL(3 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1	QL(3.5 gm daily)
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate augmented LOTN</i>	1	QL(5 ml daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented OINT</i>	1	QL(3.5 gm daily)
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone valerate CREA</i>	1	QL(2.5 gm daily)
Antivirals - Topical			<i>betamethasone valerate FOAM</i>	1	QL(1.67 gm daily)
<i>acyclovir topical CREA</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1	QL(5 ml daily)
<i>acyclovir topical OINT</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate OINT</i>	1	QL(3 gm daily)
<i>penciclovir</i>	3	QL(0.18 gm daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1	ST
Burn Products			<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	ST
<i>mafenide acetate PACK</i>	3		<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(1 gm daily); PA
<i>silver sulfadiazine</i>	1	QL(20 gm daily)	<i>clobetasol propionate CREA 0.05 %</i>	1	QL(3 gm daily); PA
SULFAMYLON CREA	3		<i>clobetasol propionate FOAM</i>	1	QL(3 gm daily); ST
Corticosteroids - Topical			<i>clobetasol propionate GEL 0.05 %</i>	1	QL(2 gm daily); ST
<i>alclometasone dipropionate CREA</i>	1	QL(2 gm daily)	<i>clobetasol propionate OINT 0.05 %</i>	1	QL(1 gm daily); PA
<i>alclometasone dipropionate OINT</i>	1	QL(3 gm daily)	<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(3.34 ml daily); PA
<i>amcinonide CREA</i>	1	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail			
<i>amcinonide LOTN</i>	3				
<i>amcinonide OINT</i>	3				

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<i>clocortolone pivalate</i>	3	QL(3 gm daily)	<i>fluticasone propionate LOTN</i>	1	QL(6 ml daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone propionate OINT</i>	1	QL(4 gm daily)
<i>desonide CREA</i>	1	QL(4 gm daily)	<i>halcinonide CREA</i>	1	PA
<i>desonide LOTN</i>	1	QL(4 ml daily)	<i>halobetasol propionate CREA</i>	1	QL(3.5 gm daily)
<i>desonide OINT</i>	1	QL(3 gm daily)	<i>halobetasol propionate OINT</i>	1	QL(3.5 gm daily)
<i>desoximetasone CREA 0.25 %</i>	1	QL(4 gm daily)	HALOG OINT	3	PA
<i>desoximetasone GEL</i>	1	QL(3 gm daily)	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1	QL(15.15 ea daily); RX/OTC
<i>desoximetasone OINT 0.25 %</i>	1	QL(4 gm daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>diflorasone diacetate CREA</i>	1	PA	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1	QL(15.15 gm daily); RX/OTC
<i>diflorasone diacetate OINT</i>	1	PA	<i>hydrocortisone butyrate CREA</i>	1	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.025 %</i>	1	QL(4 gm daily)	<i>hydrocortisone butyrate OINT</i>	1	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.01 %</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	QL(5 ml daily)
<i>fluocinolone acetonide OIL</i>	1	QL(8 ml daily)	<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1	QL(4 gm daily)	<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1	QL(4 ml daily)	<i>mometasone furoate CREA</i>	1	QL(3 gm daily)
<i>fluocinonide emulsified base</i>	1	QL(2 gm daily)	<i>mometasone furoate OINT</i>	1	QL(4 gm daily)
<i>fluocinonide CREA 0.1 %</i>	1	QL(4 gm daily)	<i>mometasone furoate SOLN</i>	1	QL(5 ml daily)
<i>fluocinonide CREA 0.05 %</i>	1	QL(2 gm daily)	<i>prednicarbate OINT</i>	1	
<i>fluocinonide GEL</i>	1		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(15.15 gm daily)
<i>fluocinonide OINT</i>	1	QL(2 gm daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(5 gm daily)
<i>fluocinonide SOLN</i>	1	QL(2 ml daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(3.34 gm daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1	QL(6 ml daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)			
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(4 gm daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(15.15 gm daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl PRSY</i>	1	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1	QL(5 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1	PA
<i>ivermectin (pediculicide)</i>	1	PA
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	
<i>permethrin LIQD EX</i>	1	
<i>spinosad</i>	1	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS	1	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1	
GOJJI BLOOD KETONE TEST STRIPS	1	
KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS	1	
PRECISION XTRA	1	
RELION KETONE TEST STRIPS STRP	1	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		

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CREON CPEP	2	Non-FDA approved uses require Prior Authorization
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	QL(8 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1	QL(6 ea daily)
Diuretic Combinations		

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<i>amiloride & hydrochlorothiazide</i>	1		<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1		<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.143 ea daily)
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>calcitonin (salmon) NA</i>	1	QL(0.14 ml daily)
<i>triamterene & hydrochlorothiazide TABS</i>	1		FORTEO SOPN (teriparatide)	4	QL(0.09 ml daily); SP; PA
Loop Diuretics			FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>bumetanide SOLN 0.25 MG/ML</i>	1		<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>bumetanide TABS</i>	1	QL(5 ea daily)	<i>ibandronate sodium TABS</i>	1	QL(0.036 ea daily)
<i>ethacrynic acid</i>	1	QL(16 ea daily)	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1		PAMIDRONATE DISODIUM SOLN	4	SP; PA
<i>furosemide TABS</i>	1		PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>torseamide TABS</i>	1		<i>risedronate sodium TABS 150 MG</i>	1	QL(0.036 ea daily); PA
Potassium Sparing Diuretics			<i>risedronate sodium TABS 35 MG</i>	1	QL(0.143 ea daily); PA
<i>amiloride hcl TABS</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily); PA
<i>spironolactone TABS</i>	1		<i>risedronate sodium TBEC</i>	1	PA
<i>triamterene CAPS</i>	1	QL(3 ea daily)	<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
Thiazides and Thiazide-Like Diuretics			TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
<i>chlorthalidone 25 MG, 50 MG</i>	1		TYMLOS	4	PA
DIURIL SUSP	2	QL(20 ml daily)	XGEVA SOLN	4	SP; PA
<i>hydrochlorothiazide CAPS</i>	1	QL(2 ea daily)	<i>zoledronic acid CONC</i>	4	SP; PA
<i>hydrochlorothiazide TABS</i>	1	QL(2 ea daily)	<i>zoledronic acid SOLN</i>	4	SP; PA
<i>indapamide TABS 1.25 MG</i>	1	QL(1 ea daily)	Corticotropin		
<i>indapamide TABS 2.5 MG</i>	1	QL(2 ea daily)	ACTHAR GEL	3	PA
<i>metolazone</i>	1	QL(2 ea daily)	Fertility Regulators		
ENDOCRINE AND METABOLIC AGENTS - MISC.			CHORIONIC GONADOTROPIN IM	4	PA
- Drugs to Treat Bone Disease and Regulate Hormones					
Bone Density Regulators					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clomiphene citrate TABS</i>	3	PA	Metabolic Modifiers		
GnRH/LHRH Antagonists			ALDURAZYME	4	SP; PA
<i>ganirelix acetate</i>	4	PA	<i>betaine</i>	4	SP; PA
ORILISSA	2	PA	<i>calcitriol CAPS</i>	1	
Growth Hormone Receptor Antagonists			<i>calcitriol SOLN IV</i>	1	
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA	<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
Growth Hormone Releasing Hormones (GHRH)			<i>doxercalciferol CAPS</i>	1	
EGRIFTA 2 MG	4	PA	<i>doxercalciferol SOLN</i>	1	
EGRIFTA SV	4	PA	ELAPRASE	4	SP; PA
Growth Hormones			GALAFOLD	4	QL(0.5 ea daily); PA
GENOTROPIN MINIQUICK PRSY	4	PA	LUMIZYME	4	SP; PA
GENOTROPIN CART SC	4	PA	MYALEPT	4	PA
HUMATROPE CART IJ	4	SP; PA	NAGLAZYME	4	SP; PA
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA	<i>nitisinone CAPS</i>	4	PA
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA	<i>paricalcitol CAPS</i>	1	
ZORBTIVE SC	4	SP; PA	<i>paricalcitol SOLN</i>	1	
Hormone Receptor Modulators			PHEBURANE PLLT	4	PA
OSPHENA	3	PA	<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)	<i>sapropterin dihydrochloride TABS</i>	4	PA
Insulin-Like Growth Factors (Somatomedins)			<i>sodium phenylbutyrate POWD</i>	1	PA
INCRELEX	4	SP; PA	<i>sodium phenylbutyrate TABS</i>	1	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			STRENSIQ	4	PA
FENSOLVI SC	4	SP; PA	Posterior Pituitary Hormones		
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA	<i>desmopressin acetate spray</i>	1	
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA	<i>desmopressin acetate spray refrigerated</i>	1	
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA	<i>desmopressin acetate SOLN IJ</i>	1	PA
SYNAREL	4	SP; PA	DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
			<i>desmopressin acetate TABS 0.1 MG</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(8 ea daily)
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate KIT</i>	4	PA
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>octreotide acetate</i>)	4	PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens & methyltestosterone</i>	3	
<i>estradiol & norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
DELESTROGEN 10 MG/ML (<i>estradiol valerate</i>)	1	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1	
<i>estradiol TABS</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1	QL(3 ea daily)
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	QL(60 ml daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	QL(6 ea daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1	
<i>mesalamine CPDR</i>	1	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
<i>sulfasalazine TABS</i>	1	
<i>sulfasalazine TBEC</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
SORBITOL 3 %	1	
SORBITOL/MANNITOL IRRIGATION	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
<i>dutasteride</i>	1	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1	5 mg only
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 100 MG, 300 MG</i>	1	
<i>colchicine TABS</i>	1	QL(1 ea daily)
<i>febuxostat</i>	1	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>pentoxifylline</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
<i>MOZOBIL (plerixafor)</i>	4	SP; PA
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	
<i>tranexamic acid TABS</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1	PA
<i>temazepam</i>	1	QL(1 ea daily)
<i>triazolam</i>	1	
<i>zaleplon 5 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon 10 MG</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBEC</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	
<i>bisacodyl TBEC</i>	1	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
<i>docusate calcium</i>	1	QL(1 ea daily)
<i>docusate sodium CAPS 100 MG</i>	1	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SOLR</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(4 ea per fill retail; 4 per fill mail)
<i>azithromycin TABS 600 MG</i>	1	QL(0.286 ea daily)
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail; 6 per fill mail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	
Erythromycins		
<i>erythromycin base CPEP</i>	3	
<i>erythromycin base TABS</i>	3	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	3	
Fidaxomicin		
<i>DIFICID TABS</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICI DE MISC	0	
FANTASY LUBRICATED MISC	0	
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FEMCAP DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX LUBRICATED MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
MAXX LUBRICATED MISC	0		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
OMNIFLEX DIAPHRAGM	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0		TRUSTEX/RIA LUBRICATED MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
TROJAN ULTRA THIN LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TROJAN-ENZ LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0				
TRUE COVER DEVI	0				
TRUSTEX COLOR CONDOMS + LUBE MISC	0				
TRUSTEX LUBRICATED EXTRALARGE MISC	0				
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0		RELION 2-IN-1 LANCING DEVICE 25G	1	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0		RELION 2-IN-1 LANCING DEVICE 30G	1	RX/OTC
Diabetic Supplies			SELECT LANCETS	1B	6.66/day
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA	SELECT LANCETS	1	6.66/day
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM	3	QL(0.072 ea daily); PA	Parenteral Therapy Supplies		
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA	SELECT INSULIN SYRINGES	1B	5/day; #
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA	SELECT INSULIN SYRINGES	1	5/day
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA	AIMOVIG	2	QL(0.04 ml daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA	EMGALITY SOAJ	2	QL(0.07 ml daily); PA
ONETOUCH DELICA SAFETY LANCING DEVICE	1	RX/OTC	EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1	RX/OTC	EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA
RELION 2-IN-1 LANCET DEVICES 30G	1	RX/OTC	UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
			Migraine Combinations		
			<i>ergotamine w/ caffeine TABS</i>	1	QL(1.5 ea daily)
			<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
			Migraine Products		
			<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1	QL(0.4 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1	QL(0.4 ea daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOCT</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1	QL(0.2 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1	QL(0.3 ea daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers</i>	1	
<i>electrolyte-148</i>	1	
<i>electrolyte-a</i>	1	
IONOSOL-MB/DEXTROSE 5%	1	
ISOLYTE-P/DEXTROSE 5%	1	
ISOLYTE-S	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1		<i>magnesium sulfate IJ 50 %</i>	1	
<i>lactated ringer's</i>	1		Phosphate		
NORMOSOL-M/D5W	1		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1	
NORMOSOL-R	1		Potassium		
PLASMA-LYTE A (<i>electrolyte-a</i>)	1		<i>potassium acetate SOLN 2 MEQ/ML</i>	1	
PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1		<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1		<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1		<i>potassium chloride CPCR</i>	1	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1		<i>potassium chloride PACK OR 20 MEQ</i>	1	PA
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1	
<i>ringer's</i>	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Fluoride			Sodium		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)	<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1	
Magnesium			MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			<i>penicillamine CAPS</i>	1	PA
			<i>penicillamine TABS</i>	1	QL(8 ea daily)
			<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
			Immunomodulators		
			<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	<i>lactated ringer's (irrigation)</i>	1	
THALOMID	4	QL(3 ea daily); SP; PA	<i>ringer's irrigation</i>	1	
Immunosuppressive Agents			<i>water for irrigation, sterile</i>	1	
ATGAM	4	SP; PA	Potassium Removing Agents		
AZATHIOPRINE	1		LOKELMA	3	QL(1 ea daily); PA
<i>azathioprine TABS</i>	1		<i>sodium polystyrene sulfonate POWD</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		MOUTH/THROAT/DENTAL AGENTS		
<i>cyclosporine CAPS</i>	1		Anesthetics Topical Oral		
<i>cyclosporine SOLN IV 50 MG/ML</i>	1		<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(4 ml daily)
ENSPRYNG	4	PA	<i>lidocaine hcl (mouth-throat) 4 %</i>	1	
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA	Anti-infectives - Throat		
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA	<i>clotrimazole</i>	1	
<i>mycophenolate mofetil CAPS</i>	1		<i>nystatin (mouth-throat)</i>	1	
<i>mycophenolate mofetil TABS</i>	1		Antiseptics - Mouth/Throat		
<i>mycophenolate sodium</i>	1		<i>chlorhexidine gluconate (mouth-throat)</i>	1	
NULOJIX	4	SP; PA	DEBACTEROL	2	
PROGRAF PACK	2	PA	Dental Products		
PROGRAF SOLN	2		<i>stannous fluoride CONC</i>	0	RX/OTC
SIMULECT	3		Steroids - Mouth/Throat/Dental		
<i>sirolimus TABS</i>	1		<i>triamcinolone acetonide (mouth)</i>	1	
<i>tacrolimus CAPS</i>	1		Throat Products - Misc.		
THYMOGLOBULIN	4	SP; PA	<i>cevimeline hcl</i>	1	
Irrigation Solutions			<i>pilocarpine hcl (oral)</i>	1	
<i>irrigation solutions, physiological</i>	1		MULTIVITAMINS		
			Ped MV w/ Fluoride		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl CHEW</i>	1	RX/OTC	PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
Prenatal Vitamins			PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
CLASSIC PRENATAL TABS	2	QL(1 ea daily)	PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 ea daily)	PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)	PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)	PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
MASONATAL TABS	2	QL(1 ea daily)		2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC		2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)		2	QL(1 ea daily); RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 ea daily); RX/OTC		2	QL(1 ea daily)
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC		2	QL(1 ea daily)
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)		2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)		2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC		2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC		2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)	QC PRENATAL TABS	2	QL(1 ea daily)
			RA PRENATAL FORMULA/FOLIC ACID TABS	2	QL(1 ea daily)
			RA PRENATAL TABS	2	QL(1 ea daily)
			SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
			THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
			TRICARE TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 750 MG</i>	1	QL(4 ea daily)
<i>chlorzoxazone TABS 500 MG</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1	RX/OTC
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1	
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(1 ml daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1	
<i>flunisolide (nasal) 0.025 %</i>	1	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>levobunolol hcl 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) SOLG</i>	1		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1		<i>ofloxacin (ophth)</i>	1	
Cycloplegic Mydriatics			<i>polymyxin b-trimethoprim</i>	1	
<i>tropicamide SOLN 0.5 %</i>	1	QL(2.5 ml daily)	<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tropicamide SOLN 1 %</i>	1		<i>tobramycin (ophth) SOLN</i>	1	
Miotics			<i>trifluridine</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		ZIRGAN GEL	2	
Ophthalmic Adrenergic Agents			Ophthalmic Immunomodulators		
<i>apraclonidine hcl</i>	1		<i>cyclosporine (ophth) EMUL</i>	3	PA
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1		Ophthalmic Local Anesthetics		
IOPIDINE	3		<i>proparacaine hcl</i>	1	
Ophthalmic Anti-infectives			Ophthalmic Steroids		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)	ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA
<i>bacitracin (ophthalmic)</i>	3		<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(0.4 ml daily)
BESIVANCE	3	PA	<i>difluprednate</i>	1	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
<i>erythromycin (ophth)</i>	1		FML FORTE SUSP	3	PA
<i>gatifloxacin (ophth)</i>	1		FML OINT	3	PA
<i>gentamicin sulfate (ophth) OINT</i>	1		LOTEMAX OINT	3	PA
<i>gentamicin sulfate (ophth) SOLN</i>	1		<i>loteprednol etabonate GEL</i>	1	PA
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)	<i>loteprednol etabonate SUSP</i>	1	PA
<i>levofloxacin (ophth) 0.5 %</i>	1		MAXIDEX SUSP OP	3	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
NATACYN	2		<i>neomycin-polymy-dexameth SUSP</i>	1	
			<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(2.5 ml daily)
			PRED MILD	3	PA
			PRED-G SUSP	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1	
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	2	QL(2.143 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	
LASTACRAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.2 %</i>	1	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tafluprost</i>	1	
<i>travoprost SOLN</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafticillin sodium IV 10 GM</i>	1	
<i>oxacillin sodium IV 10 GM</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	QL(224 ea per 14 day(s) retail); PA
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 ea per 14 day(s) retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 10 MG</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride TBDP 10 MG</i>	1	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS</i>	1	QL(2 ea daily)
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlorthalidone-amitriptyline</i>	1	
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBP	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR PATIENT TITRATION KIT TEP	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<i>dimethyl fumarate CDPK</i>	1	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPk</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPk	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate SOLR</i>	1	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1	
<i>liothyronine sodium SOLN</i>	1	
<i>liothyronine sodium TABS</i>	1	
NP THYROID 120 TABS	1	QL(1 ea daily)
NP THYROID 15 TABS	1	QL(1 ea daily)
NP THYROID 30 TABS	1	QL(1 ea daily)
NP THYROID 60 TABS	1	QL(1 ea daily)
NP THYROID 90 TABS	1	QL(1 ea daily)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN OR</i>	1	
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1	
<i>glycopyrrolate TABS 2 MG</i>	1	QL(6 ea daily)
<i>glycopyrrolate TABS 1 MG</i>	1	
<i>methscopolamine bromide</i>	1	
H-2 Antagonists		
<i>cimetidine TABS</i>	1	RX/OTC
<i>famotidine in nacl SOLN</i>	1	
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	1	
<i>famotidine SUSR</i>	1	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>nizatidine CAPS</i>	1	
<i>ranitidine hcl TABS 150 MG</i>	1	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	QL(40 ml daily)
<i>sucralfate TABS</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium TBEC</i>	1	QL(2 ea daily)
<i>lansoprazole CPDR 30 MG</i>	1	
<i>lansoprazole CPDR 15 MG</i>	1	QL(2 ea daily); RX/OTC
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1	QL(4 ea daily)
<i>omeprazole CPDR</i>	1	QL(2 ea daily)
<i>omeprazole TBEC</i>	1	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1	QL(1 ea daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 5 MG</i>	1	
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS</i>	1	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	
<i>trospium chloride CP24</i>	1	QL(1 ea daily)
<i>trospium chloride TABS</i>	1	QL(3 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE SOLN	0		ENERGIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
PNEUMOVAX 23 SOSY	0				
PREVNAR 13	0		ENERGIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail			
TRUMENBA	0		FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail			
Viral Vaccines			FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
ABRYSVO	0		FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AREXVY	0				
COMIRNATY 2023-24 SUSP	0		FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	0				
COMIRNATY 2024-25 SUSY	0		FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	0		FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	HAVRIX	0	
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
			IPOL INACTIVATED IPV	0	
			JANSSEN COVID-19 VACCINE	0	
			M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0		PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0		PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE SUSP	0		RECOMBIVAX HB SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0		RECOMBIVAX HB SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0		ROTARIX SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0		ROTARIX SUSR	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0		ROTATEQ SOLN	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0		SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0		SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	
			SPIKEVAX COVID-19 VACCINE SUSP	0	
			TWINRIX SUSY	0	
			VAQTA	0	
			VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS					

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>clotrimazole vaginal CREA 1 %</i>	1	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 gm daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1	
<i>niacinamide TABS</i>	1	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS</i>	1	
<i>niacin TBCR</i>	1	

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acitretin 10 MG, 17.5 MG	39	AFLURIA QUADRIVALENT 2022-2023 SUSY	66	almotriptan malate 12.5 MG	54
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ACTHAR GEL	44			ALOCRIIL	60
ACTHIB SOLR IM	65	AFLURIA QUADRIVALENT 2023-2024 SUSY	66	alogliptin benzoate	16
ACTIMMUNE 100 MCG/0.5ML	27	AFSTYLA	48	alogliptin-metformin hcl	15

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	15	amiodarone hcl SOLN 50 MG/ML ...	9	CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG	1
alogliptin-pioglitazone 30 MG-12.5 MG	15	amiodarone hcl TABS	9	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALOMIDE	60	amlodipine besylate TABS	32	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG	1
alosetron hcl	47	amlodipine besylate-atorvastatin calcium	33	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alprazolam TABS	8	amlodipine besylate-benazepril hcl 20	20	amphotericin b IV	18
alprazolam TB24	8	amlodipine besylate-olmesartan medoxomil	20	amphotericin b liposome	18
alprazolam TBDP	8	amlodipine besylate-valsartan	20	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	61
ALPROLIX	48	amlodipine-valsartan-hydrochlorothiazide	20	ampicillin CAPS 500 MG	61
ALREX SUSP (lorteprednol etabonate)	59	amoxapine	14	ampicillin sodium IJ 1 GM	61
ALTABAX	38	amoxicillin & pot clavulanate CHEW . 61	61	anagrelide hcl	49
ALTUVIIIIO	48	amoxicillin & pot clavulanate SUSR 61	61	anastrozole	25
ALUNBRIG TABS	26	amoxicillin & pot clavulanate TABS 61	61	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ALUNBRIG TBPk	26	amoxicillin CAPS	61	ANGELIQ	46
ALVESCO	9	amoxicillin CHEW 125 MG, 250 MG . 61	61	ANNOVERA	35
alvimopan	47	amoxicillin SUSR	61	ANORO ELLIPTA	10
amantadine hcl CAPS	28	amoxicillin TABS	61	ANZEMET TABS 50 MG	17
amantadine hcl SOLN	28	amoxicillin-clarithromycin w/ lansoprazole THPK	65	APIDRA SOLN	16
amantadine hcl TABS	28	amphetamine sulfate TABS	1	APIDRA SOLOSTAR SOPN	16
ambrisentan	33	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG	1	apomorphine hydrochloride SOCT 28	28
amcinonide CREA	40			apraclonidine hcl	59
amcinonide LOTN	40				
amcinonide OINT	40				
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2				
amiloride & hydrochlorothiazide ..	44				
amiloride hcl TABS	44				
aminocaproic acid TABS	50				
aminophylline SOLN	10				

aprepitant CAPS 40 MG, 125 MG .	18	aspirin-dipyridamole	49	AZATHIOPRINE	56
aprepitant CAPS 80 MG	18	atazanavir sulfate CAPS 150 MG,		azathioprine TABS	56
aprepitant CAPS	18	300 MG	30	azelaic acid GEL	42
aprepitant MISC	18	atazanavir sulfate CAPS 200 MG .	30	azelastine hcl (ophth)	60
APTIOM	11	atenolol & chlorthalidone	20	azelastine hcl	58
APTIVUS CAPS	30	atenolol TABS	32	AZELEX	37
ARANESP ALBUMIN FREE SOLN		ATGAM	56	azithromycin PACK	51
25 MCG/ML	49	atomoxetine hcl 10 MG, 18 MG, 25		azithromycin SOLR	51
ARANESP ALBUMIN FREE SOLN		MG, 40 MG	1	azithromycin SUSR	51
40 MCG/ML, 60 MCG/ML, 100		atomoxetine hcl 60 MG, 80 MG, 100		azithromycin TABS 250 MG	51
MCG/ML	49	MG	1	azithromycin TABS 500 MG	51
ARANESP ALBUMIN FREE SOSY		atorvastatin calcium TABS	19	azithromycin TABS 600 MG	51
150 MCG/0.3ML, 200 MCG/0.4ML,		atovaquone	21	aztreonam 1 GM	22
300 MCG/0.6ML, 500 MCG/ML ...	49	atovaquone-proguanil hcl	22	bacitracin (ophthalmic)	59
ARCALYST	3	atracurium besylate 100 MG/10ML		bacitracin	21
AREXVY	66	58		baclofen TABS	58
arformoterol tartrate	10	atropine sulfate SOLN IJ 0.4 MG/ML,		BALCOLTRA (levonorgestrel-ethinyl	
ARIKAYCE	2	1 MG/ML	64	estradiol-iron)	35
aripiprazole SOLN OR	30	atropine sulfate SOSY IJ 0.25		balsalazide disodium CAPS	47
aripiprazole TABS	30	MG/5ML	64	BALVERSA	26
armodafinil	1	ATROVENT HFA	9	BANZEL TABS 200 MG (rufinamide)	
ARMOUR THYROID TABS	64	AUSTEDO PATIENT TITRATION		11	
ARNUITY ELLIPTA	9	KIT TBPk	62	BANZEL TABS 400 MG (rufinamide)	
arsenic trioxide 10 MG/10ML	27	AUSTEDO TABS	62	11	
ARZERRA	24	AUSTEDO XR PATIENT TITRATION		BARACLUDE SOLN	31
ascorbic acid SOLN IJ	69	KIT TEPK	62	BASAGLAR KWIKPEN SOPN	16
asenapine maleate 2.5 MG	29	AUSTEDO XR TB24	62	BAXDELA SOLR	46
asenapine maleate 5 MG, 10 MG .	29	avanafil	33	BAXDELA TABS	46
aspirin CHEW	5	AVONEX PEN AJKT	62	BELSOMRA	50
aspirin TABS 325 MG	5	AVONEX PSKT	62	benazepril & hydrochlorothiazide	
aspirin TBEC 325 MG	5	AYVAKIT	25	12.5 MG-10 MG, 25 MG-20 MG ...	20
aspirin TBEC 81 MG	5	azacitidine SUSR	23		
		AZASITE	59		

benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG .. 20	augmented LOTN40	BOSULIF TABS 100 MG, 500 MG 26
benazepril hcl20	betamethasone dipropionate augmented OINT40	BOSULIF TABS 400 MG 26
bendamustine hcl SOLR23	betamethasone valerate CREA ...40	BRAFTOVI 75 MG26
BENEFIX KIT 48	betamethasone valerate FOAM ... 40	BREO ELLIPTA (fluticasone furoate- vilanterol)10
BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate LOTN ...40	BREO ELLIPTA 10
BENZEPRO FOAM 5.3 % 37	betamethasone valerate OINT40	BREZTRI AEROSPHERE10
benzonatate 100 MG37	BETASERON KIT62	BRILINTA 49
benzonatate 150 MG37	betaxolol hcl (ophth) SOLN 58	brimonidine tartrate (topical) 42
benzonatate 200 MG37	betaxolol hcl32	brimonidine tartrate 0.15 %, 0.2 % 59
benzoyl peroxide FOAM 5.3 %, 9.8 %37	bethanechol chloride 25 MG65	brimonidine tartrate-timolol maleate . 58
benzoyl peroxide GEL 10 %37	bethanechol chloride 5 MG, 10 MG, 50 MG65	brinzolamide60
benzoyl peroxide GEL 5 % 37	bexarotene (topical)39	BRIVIACT SOLN OR 10 MG/ML .. 11
benzoyl peroxide LIQD 4 %, 7 %, 10 %37	bexarotene 27	BRIVIACT TABS11
benzoyl peroxide-erythromycin GEL . 37	BEXSERO65	bromfenac sodium (ophth)60
benztropine mesylate SOLN28	bicalutamide25	bromocriptine mesylate CAPS28
benztropine mesylate TABS28	BIJUVA46	bromocriptine mesylate TABS 2.5 MG 28
bepotastine besilate60	BIKTARVY30	BRUKINSA26
BESIVANCE59	bimatoprost SOLN60	budesonide (inhalation) SUSP9
betaine45	bisacodyl SUPP50	budesonide (intrarectal) 7
betamethasone dipropionate (topical) CREA40	bisacodyl TBEC50	budesonide (nasal)58
betamethasone dipropionate (topical) LOTN40	bisoprolol & hydrochlorothiazide ..20	budesonide CPEP 36
betamethasone dipropionate (topical) OINT40	bisoprolol fumarate32	budesonide-formoterol fumarate dihydrate10
betamethasone dipropionate augmented CREA40	bleomycin sulfate 15 UNIT25	bumetanide SOLN 0.25 MG/ML ...44
betamethasone dipropionate	BOOSTRIX SUSP 64	bumetanide TABS 44
	BOOSTRIX SUSY 64	buprenorphine hcl SOLN7
	bortezomib SOLR IJ 26	buprenorphine hcl SUBL7
	BORTEZOMIB SOLR IV 3.5 MG ..26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1
	bosentan TABS 125 MG33	
	bosentan TABS 62.5 MG 33	

MG-4 MG, 2 MG-8 MG7	butorphanol tartrate NA 10 MG/ML . 7	carbamazepine CP12 300 MG11
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7	cabergoline46	carbamazepine SUSP 11
buprenorphine hcl-naloxone hcl dihydrate SUBL7	CABLIVI 49	carbamazepine TABS11
buprenorphine PTWK7	CABOMETYX TABS26	carbamazepine TB12 100 MG, 400 MG 12
bupropion hcl (smoking deterrent) 63	calcipotriene CREA39	carbamazepine TB12 200 MG12
bupropion hcl TABS13	calcipotriene OINT39	carbidopa28
bupropion hcl TB12 100 MG13	calcipotriene SOLN39	carbidopa-levodopa TABS28
bupropion hcl TB12 150 MG13	calcipotriene-betamethasone dipropionate OINT 40	carbidopa-levodopa TBCR 28
bupropion hcl TB12 200 MG13	calcipotriene-betamethasone dipropionate SUSP40	carbidopa-levodopa TBDP28
bupropion hcl TB24 150 MG13	calcitonin (salmon) NA44	carbidopa-levodopa-entacapone .28
bupropion hcl TB24 300 MG13	calcitriol (topical)39	carbinoxamine maleate SOLN18
buspirone hcl8	calcitriol CAPS45	carbinoxamine maleate TABS 4 MG . 18
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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 4	calcium acetate (phosphate binder) TABs47	carmustine23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 4	calcium chloride (dihydrate) SOLN 54	carteolol hcl (ophth)58
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butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG6	CALQUENCE26	carvedilol phosphate32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG6	candesartan cilexetil20	caspofungin acetate18
butalbital-aspirin-caffeine CAPS5	candesartan cilexetil- hydrochlorothiazide20	CAYA DPRH51
butalbital-aspirin-caffeine w/cod6	capecitabine23	CAYSTON22
butenafine hcl38	CAPRELSA26	cefaclor CAPS34
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML7	captopril 12.5 MG20	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML34
	captopril 25 MG, 50 MG, 100 MG .20	cefadroxil CAPS34
	carbamazepine CHEW 100 MG ...11	cefadroxil SUSR34
	carbamazepine CP12 100 MG11	cefadroxil TABS34
	carbamazepine CP12 200 MG11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG34

cefdinir CAPS	34	bromide	64	cilostazol	49
cefdinir SUSR	34	chlordiazepoxide-amitriptyline	62	CIMDUO	30
cefepime hcl SOLR IV 2 GM	34	chlorhexidine gluconate (mouth-throat)	56	cimetidine TABS	64
cefixime CAPS	34	chloroquine phosphate TABS 250 MG	22	cinacalcet hcl	45
cefixime SUSR	34	chloroquine phosphate TABS 500 MG	22	CIPRO SUSR	46
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN	29	ciprofloxacin hcl (ophth) SOLN	59
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS	29	ciprofloxacin hcl (otic)	60
cefoxitin sodium IV 1 GM, 2 GM	34	chlorthalidone 25 MG, 50 MG	44	ciprofloxacin hcl TABS	46
cefpodoxime proxetil SUSR	34	chlorzoxazone TABS 500 MG	58	ciprofloxacin in d5w 5 %-200 MG/100ML	46
cefpodoxime proxetil TABS	34	chlorzoxazone TABS 750 MG	58	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	46
cefprozil SUSR	34	CHOLBAM	47	ciprofloxacin-dexamethasone	60
cefprozil TABS	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	69	ciprofloxacin-fluocinolone acetonide	60
ceftazidime IJ 1 GM, 6 GM	34	cholecalciferol TABS 10 MCG, 400 UNIT	69	cisplatin SOLN 100 MG/100ML	23
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	34	cholestyramine light PACK	19	citalopram hydrobromide SOLN	13
cefuroxime axetil TABS	34	cholestyramine light POWD	19	citalopram hydrobromide TABS 10 MG	13
cefuroxime sodium IJ 750 MG	34	cholestyramine PACK	19	citalopram hydrobromide TABS 20 MG	13
celecoxib	4	cholestyramine POWD	19	citalopram hydrobromide TABS 40 MG	13
CELONTIN (methsuximide)	13	choline fenofibrate	19	clarithromycin SUSR	51
cephalexin CAPS	34	CHORIONIC GONADOTROPIN IM 44	44	clarithromycin TABS	51
cephalexin SUSR	34	ciclopirox GEL	38	clarithromycin TB24	51
CERDELGA	49	ciclopirox olamine CREA	38	CLASSIC PRENATAL TABS	57
CEREZYME 400 UNIT	49	ciclopirox olamine SUSP	38	clemastine fumarate SYRP	18
cetirizine hcl TABS	18	ciclopirox SHAM	38	clemastine fumarate TABS 2.68 MG	18
cevimeline hcl	56	ciclopirox SOLN	38	CLIMARA PRO	46
CHEMET	17	cidofovir	31	clindamycin hcl	22
CHEMSTRIP-K STRP	43				
chloramphenicol sodium succinate 21	21				
chlordiazepoxide hcl CAPS	8				
chlordiazepoxide hcl-clidinium					

clindamycin palmitate hydrochloride . 22	clobetasol propionate GEL 0.05 % 40	colchicine TABS 48
clindamycin phosphate (topical) FOAM 37	clobetasol propionate OINT 0.05 % 40	colchicine w/ probenecid 48
clindamycin phosphate (topical) GEL 37	clobetasol propionate SOLN 0.05 % . 40	colesevelam hcl PACK 19
clindamycin phosphate (topical) LOTN 37	clocortolone pivalate 41	colesevelam hcl TABS 19
clindamycin phosphate (topical) SOLN 37	clofarabine 24	colestipol hcl GRAN 19
clindamycin phosphate (topical) SWAB 37	clomiphene citrate TABS 45	colestipol hcl PACK 19
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML 22	clomipramine hcl 14	colestipol hcl TABS 19
clindamycin phosphate vaginal CREA 69	clonazepam TABS 11	COMBIPATCH PTTW 46
clindamycin phosphate-benzoyl peroxide (refrigerate) 37	clonidine hcl (adhd) TB12 1	COMETRIQ KIT 26
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 37	clonidine hcl TABS 20	COMIRNATY 2023-24 SUSP 66
clindamycin phosphate-tretinoin .. 37	clonidine PTWK 20	COMIRNATY 2023-24 SUSY 66
CLINIMIX 4.25%/DEXTROSE 10% 58	clopidogrel bisulfate 300 MG 49	COMIRNATY 2024-25 SUSY 66
CLINIMIX 4.25%/DEXTROSE 5% 58	clopidogrel bisulfate 75 MG 49	COMIRNATY SUSP 66
CLINIMIX E 5%/DEXTROSE 20% 58	clorazepate dipotassium TABS 8	COMPLERA 30
clobazam SUSP 11	clotrimazole (topical) CREA 38	CONTRACE 1
clobazam TABS 11	clotrimazole (topical) SOLN 38	COPIKTRA 26
clobetasol propionate CREA 0.05 % . 40	clotrimazole 56	CORDRAN TAPE 41
clobetasol propionate emollient base 0.05 % 40	clotrimazole vaginal CREA 1 % ... 69	CORLANOR SOLN 34
clobetasol propionate FOAM 40	clotrimazole w/ betamethasone CREA 38	CORLANOR TABS (ivabradine hcl) 34
	clotrimazole w/ betamethasone LOTN 38	CORTISPORIN-TC 60
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	clozapine TBDP 100 MG 29	COSENTYX SOSY 150 MG/ML ... 39
	clozapine TBDP 12.5 MG, 150 MG 29	COSENTYX SOSY 75 MG/0.5ML . 39
	clozapine TBDP 25 MG 29	COSENTYX UNOREADY SOAJ .. 39
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	CODEINE SULFATE TABS 5	cromolyn sodium (ophth) 60
		cromolyn sodium NEBU 9
		crotamiton LOTN 42

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cyanocobalamin SOLN IJ 1000 MCG/ML49	dabigatran etexilate mesylate CAPS . 11	DEPO-ESTRADIOL46
cyclobenzaprine hcl TABS 5 MG, 10 MG58	dacarbazine SOLR 200 MG27	DEPO-MEDROL SUSP36
cyclophosphamide CAPS23	dactinomycin25	DEPO-SUBQ PROVERA 104 SUSY SC36
cyclophosphamide SOLR IJ23	dalfampridine62	desipramine hcl TABS14
cycloserine23	danazol CAPS7	desloratadine TABS18
cyclosporine (ophth) EMUL59	dantrolene sodium CAPS58	desloratadine TBDP 2.5 MG18
cyclosporine CAPS56	dapagliflozin propanediol16	desmopressin acetate SOLN IJ ...45
cyclosporine modified (for microemulsion) CAPS56	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG15	DESMOPRESSIN ACETATE SOLN NA45
cyclosporine modified (for microemulsion) SOLN56	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG15	desmopressin acetate spray45
cyclosporine SOLN IV 50 MG/ML .56	dapsone22	desmopressin acetate spray refrigerated45
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CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML3	daptomycin 500 MG22	desmopressin acetate TABS 0.2 MG 46
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML3	darifenacin hydrobromide65	desogestrel & ethinyl estradiol35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT3	darunavir TABS30	desogestrel-ethinyl estradiol (biphasic)35
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT3	dasatinib26	desogestrel-ethinyl estradiol (triphasic)35
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cyproheptadine hcl SYRP19	DEBACTEROL56	desonide LOTN41
cyproheptadine hcl TABS19	decitabine24	desonide OINT41
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CYSTARAN60	deferasirox TABS17	desoximetasone GEL41
	deferasirox TBSO17	desoximetasone OINT 0.25 %41
	deferiprone TABS 500 MG17	desvenlafaxine succinate 100 MG .14
	deflazacort SUSP36	desvenlafaxine succinate 25 MG, 50 MG14
	deflazacort TABS36	dexamethasone ELIX36
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dexamethasone sodium phosphate (ophth)	59	dichlorphenamide	43	DILANTIN INFATABS CHEW (phenytoin)	12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36	diclofenac epolamine PTCH EX ...	39	DILANTIN-125 SUSP (phenytoin) .	13
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36	diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32
dexamethasone SOLN	36	diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl coated beads CP24 180 MG, 240 MG	32
dexamethasone TABS	36	diclofenac sodium (ophth)	60	diltiazem hcl CP12	32
dexchlorpheniramine maleate SOLN .	18	diclofenac sodium (topical) GEL EX	39	diltiazem hcl CP24	32
dexlansoprazole	65	diclofenac sodium TB24	4	diltiazem hcl extended release beads	32
dexmethylphenidate hcl CP24	2	diclofenac sodium TBEC	4	diltiazem hcl SOLN 50 MG/10ML ..	32
dexmethylphenidate hcl TABS	2	diclofenac w/ misoprostol TBEC	4	DILTIAZEM HCL SOLR	33
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dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl CAPS	64	diltiazem hcl TB24	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	dicyclomine hcl SOLN OR	64	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl TABS	64	dimethyl fumarate CPDR	62
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DIACOMIT CAPS 250 MG	12	DIFICID TABS	51	diphenhydramine hcl CAPS 50 MG	18
DIACOMIT CAPS 500 MG	12	diflorasone diacetate CREA	41	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT PACK 250 MG	12	diflorasone diacetate OINT	41	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT PACK 500 MG	12	diflunisal TABS	5	diphenhydramine hcl SOLN 50 MG/ML	18
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diazepam SOLN OR 5 MG/5ML	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	64
diazepam TABS	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53	dipyridamole	49
		dihydroergotamine mesylate SOLN NA 4 MG/ML	54		
		DILANTIN (phenytoin sodium extended)	12		

disopyramide phosphate CAPS8	doxorubicin hcl SOLN25	DUREX EXTRA SENSITIVE THIN DEVI51
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divalproex sodium TB2413	doxycycline (monohydrate) CAPS 75 MG63	dutasteride48
divalproex sodium TBEC13	doxycycline (monohydrate) TABS 100 MG63	dutasteride-tamsulosin hcl48
docetaxel CONC 20 MG/ML28	doxycycline (monohydrate) TABS 50 MG, 75 MG63	econazole nitrate CREA38
docetaxel SOLN 20 MG/2ML28	doxycycline (monohydrate) TABS 50 MG, 75 MG63	EDARBI20
docusate calcium51	doxycycline hyclate CAPS63	EDURANT30
docusate sodium CAPS 100 MG . .51	doxycycline hyclate SOLR64	efavirenz CAPS 200 MG30
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glimepiride 4 MG	17	guanfacine hcl (adhd)	1	HUMIRA PEN-PS/UV STARTER AJKT	3
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		haloperidol lactate CONC	29		
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hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	idarubicin hcl 5 MG/5ML, 10 MG/10ML 26
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hydrocortisone (intrarectal) 7	hydroxychloroquine sulfate 200 MG 22	IMBRUVICA CAPS 140 MG 26
hydrocortisone (rectal) EX 7	hydroxychloroquine sulfate 400 MG 22	IMBRUVICA CAPS 70 MG 26
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KLARITY-A59	lamivudine TABS 150 MG30	leucovorin calcium TABS27
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PRED-G SUSP	59	PREMPRO	46	23
prednicarbate OINT	41	PRENATAL MULTIVITAMIN TABS 57	PRIORIX SUSR	12
prednisolone acetate (ophth)	60	PRENATAL ONE DAILY TABS ...	68	12
PREDNISOLONE SODIUM PHOSPHATE	60	57	PROAIR DIGIHALER	10
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36		PRENATAL PLUS TABS	10	
prednisolone sodium phosphate TBDP	36	57	probenecid	48
prednisolone SOLN	36	PRENATAL PLUS VITAMIN ANDMINERAL TABS	8	
prednisolone TABS	36	57	prochlorperazine	30
prednisone SOLN	36	PRENATAL TABS	30	
prednisone TABS	36	57	prochlorperazine maleate TABS ...	30
prednisone TBPk	36	PRENATAL VITAMIN & MINERAL TABS	49	
PREFEST	46	57	49	
pregabalin (once-daily) 330 MG ...	63	PRENATAL VITAMIN TABS	49	
pregabalin (once-daily) 82.5 MG, 165 MG	62	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49
		PRENATAL VITAMIN/IRON TABS	49	
		57	progesterone CAPS	61
		PRENATAL VITAMINS PLUS LOW IRON TABS	56	
		57	PROGRAF PACK	56
		PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG- 4000 UNIT-30 UNIT	63	
		57	PROLASTIN-C SOLN	63
		PRENATRIX TABS	27	
		57	PROLEUKIN	27
		PRENATRYL TABS	44	
		57	PROLIA SOSY	44
			PROMACTA PACK	49
			PROMACTA TABS	49
			promethazine hcl SOLN OR 6.25 MG/5ML	19

promethazine hcl SUPP 12.5 MG, 25 MG	19	400 MG	29	52	
promethazine hcl SUPP 50 MG ...	19	quetiapine fumarate TB24 300 MG, 400 MG	29	REBIF REBIDOSE SOAJ	62
promethazine hcl TABS	19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG	29	REBIF REBIDOSE TITRATIONPACK SOAJ	62
propafenone hcl CP12	8	quinapril hcl 20 MG, 40 MG	20	REBIF SOSY	62
propafenone hcl TABS	8	quinapril hcl 5 MG, 10 MG	20	REBIF TITRATION PACK SOSY ..	62
proparacaine hcl	59	quinapril-hydrochlorothiazide 12.5 MG-10 MG	21	RECOMBIVAX HB SUSP	68
propranolol hcl CP24	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG	21	RECOMBIVAX HB SUSY	68
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	32	quinapril-hydrochlorothiazide 25 MG-20 MG	21	RECTIV (nitroglycerin (intra-anal)) .	7
propranolol hcl TABS	32	quinidine sulfate TABS	8	REGRANEX	42
propylthiouracil	64	quinine sulfate CAPS 324 MG	23	RELENZA DISKHALER	32
PROQUAD SUSR	68	QUZYTIR SOLN IV	18	RELION 2-IN-1 LANCET DEVICES 30G	53
protriptyline hcl	14	QVAR REDHALER	9	RELION 2-IN-1 LANCING DEVICE 25G	53
PROVISC SOSY	60	RA PRENATAL FORMULA/FOLICACID TABS	57	RELION 2-IN-1 LANCING DEVICE 30G	53
PULMICORT FLEXHALER AEPB ..	9	RA PRENATAL TABS	57	RELION KETONE TEST STRIPS STRP	43
PULMOZYME	63	rabeprazole sodium TBEC	65	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	43
PX PRENATAL MULTIVITAMINS TABS	57	raloxifene hcl	45	RENFLEXIS	47
pyrazinamide	23	ramelteon	50	repaglinide 0.5 MG, 1 MG	16
pyridostigmine bromide SOLN OR	23	ramipril CAPS	20	repaglinide 2 MG	16
pyridostigmine bromide TABS 60 MG	23	ranitidine hcl TABS 150 MG	65	REPATHA PUSHTRONEX SYSTEM SOCT	19
pyridostigmine bromide TBCR	23	ranolazine TB12 1000 MG	8	REPATHA SOSY	19
pyrimethamine	23	ranolazine TB12 500 MG	8	REPATHA SURECLICK SOAJ	19
QC PRENATAL TABS	57	rasagiline mesylate	28	RETACRIT	49
QINLOCK	27	REALITY LATEX CONDOMS/LUBRICATED MISC ..	52	RETEVMO CAPS	27
QUADRACEL SUSP	64	REALITY LATEX/ULTRA TEXTURED DEVI	52	RETROVIR IV INFUSION SOLN ..	31
QUADRACEL SUSY	64	REALITY LATEX/ULTRA THIN DEVI		REXULTI	30
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	29				
quetiapine fumarate TABS 300 MG,					

ribavirin (hepatitis c) CAPS	31	romidepsin SOLR	27	MG, 500 MG-5 MG	15
ribavirin (hepatitis c) TABS 200 MG		ropinirole hydrochloride TABS	28	SCEMBLIX 100 MG	27
31		ropinirole hydrochloride TB24 2 MG,		SCEMBLIX 20 MG	27
RIDAURA	3	4 MG, 6 MG	28	SCEMBLIX 40 MG	27
rifabutin	23	ropinirole hydrochloride TB24 8 MG,		scopolamine	17
rifampin CAPS	23	12 MG	28	SELECT INSULIN SYRINGES ...	53
rifampin SOLR	23	rosuvastatin calcium TABS	19	SELECT LANCETS	53
riluzole TABS	58	ROTARIX SUSP	68	selegiline hcl CAPS	29
rimantadine hydrochloride TABS ..	32	ROTARIX SUSR	68	selegiline hcl TABS	29
ringer's	55	ROTATEQ SOLN	68	selenium sulfide LOTN 2.5 %	40
ringer's irrigation	56	ROZLYTREK CAPS	27	SELZENTRY SOLN	31
RINVOQ LQ SOLN	2	RUBRACA	27	SELZENTRY TABS 25 MG, 75 MG	
RINVOQ TB24	3	rufinamide SUSP	12	31	
risedronate sodium TABS 150 MG	44	rufinamide TABS 200 MG	12	SEREVENT DISKUS	10
risedronate sodium TABS 35 MG ..	44	rufinamide TABS 400 MG	12	sertraline hcl CONC	14
risedronate sodium TABS 5 MG, 30		RUKOBIA	31	sertraline hcl TABS 100 MG	14
MG	44	RUXIENCE	24	sertraline hcl TABS 25 MG, 50 MG	
risedronate sodium TBEC	44	RYBELSUS TABS	16	14	
RISPERDAL CONSTA (risperidone		salsalate	5	sevelamer carbonate PACK	47
microspheres)	29	SANDOSTATIN LAR DEPOT KIT		sevelamer carbonate TABS	47
risperidone microspheres	29	(octreotide acetate)	46	SHINGRIX	68
risperidone SOLN	29	SANDOSTATIN LAR DEPOT KIT ..	46	SIGNIFOR	46
risperidone TABS	29	SANTYL OINT	42	sildenafil citrate (pulmonary	
risperidone TBDP	29	sapropterin dihydrochloride PACK ..	45	hypertension) SOLN	33
ritonavir TABS	31	sapropterin dihydrochloride TABS ..	45	sildenafil citrate (pulmonary	
rivastigmine tartrate CAPS	62	SAVELLA TABS	62	hypertension) SUSR	34
rizatriptan benzoate TABS 10 MG ..	54	SAVELLA TITRATION PACK MISC		sildenafil citrate (pulmonary	
rizatriptan benzoate TABS 5 MG ..	54	62		hypertension) TABS	34
rizatriptan benzoate TBDP 10 MG ..	54	saxagliptin hcl	16	sildenafil citrate	33
rizatriptan benzoate TBDP 5 MG ..	54	saxagliptin-metformin hcl 1000 MG-		silodosin	48
roflumilast	9	2.5 MG	15	silver sulfadiazine	40
		saxagliptin-metformin hcl 1000 MG-5		SIMPONI ARIA SOLN	3

SIMULECT	56	solifenacin succinate TABS	65	spironolactone TABS	44
simvastatin TABS	19	SOLQUA 100/33	15	SPRAVATO 56MG DOSE	13
sirolimus TABS	56	SOLOSEC	2	SPRAVATO 84MG DOSE	13
SIRTURO	23	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	36	SPRYCEL (dasatinib)	27
SIVEXTRO TABS	22	SOLU-CORTEF 250 MG	36	stannous fluoride CONC	56
SKYLA	36	SOLU-MEDROL 2 GM	36	stavudine CAPS	31
SKYRIZI PEN SOAJ	39	SOMAVERT 10 MG, 15 MG, 20 MG . 45	27	STELARA 130 MG/26ML	47
SKYRIZI SOCT	47	sorafenib tosylate	27	STELARA SOLN 45 MG/0.5ML ...	39
SKYRIZI SOLN	47	SORBITOL 3 %	48	STELARA SOSY 45 MG/0.5ML ...	39
SKYRIZI SOSY	39	SORBITOL/MANNITOL IRRIGATION	48	STELARA SOSY 90 MG/ML	39
SLYND	36	STENDRA	33	STIOLTO RESPIMAT	10
SM PRENATAL VITAMINS TABS .	57	sotalol hcl (afib/afi)	32	STIVARGA	27
SODIUM ACETATE SOLN (sodium acetate)	54	sotalol hcl TABS 240 MG	32	STRENSIQ	45
sodium acetate SOLN	54	sotalol hcl TABS 80 MG, 120 MG, 160 MG	32	streptomycin sulfate SOLR	2
sodium chloride (gu irrigant) 0.9 %	48	SOVALDI TABS 200 MG	31	STRIBILD	31
sodium chloride (inhalant) NEBU 7 %	37	SOVALDI TABS 400 MG	31	STRIVERDI RESPIMAT	10
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55	SPIKEVAX COVID-19 VACCINE SUSP	68	SUBSYS LIQD 100 MCG	6
sodium citrate & citric acid	47	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	68	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	55	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	68	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6
sodium phenylbutyrate POWD	45	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	68	sucralfate SUSP	65
sodium phenylbutyrate TABS	45	spinosad	42	sucralfate TABS	65
sodium polystyrene sulfonate POWD 56	56	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9	sulconazole nitrate CREA	39
sodium sulfate-potassium sulfate- magnesium sulfate	50	SPIRIVA RESPIMAT AERS	9	sulconazole nitrate SOLN	39
SOFOSBUVIR/VELPATASVIR TABS	31	spironolactone & hydrochlorothiazide	44	sulfacetamide sodium (acne)	37
				sulfacetamide sodium (ophth) SOLN . 59	59
				sulfacetamide sodium w/ sulfur CREA 10 %-5 %	38

sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38	SYNJARDY TABS	15	TDVAX SUSP	64
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TEFLARO	35
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38	SYNJARDY XR TB24 1000 MG-25 MG	15	TEGRETOL SUSP (carbamazepine)	12
sulfacetamide sod-prednisolone SOLN	60	SYNRIBO	27	TEGRETOL TABS (carbamazepine)	12
sulfadiazine TABS	63	SYNTHROID TABS (levothyroxine sodium)	64	TEGSEDI	63
sulfamethoxazole-trimethoprim SOLN	21	TABLOID	24	telmisartan	20
sulfamethoxazole-trimethoprim SUSP	21	TABRECTA	27	telmisartan-amlodipine	21
sulfamethoxazole-trimethoprim TABS	21	tacrolimus (topical) OINT	42	telmisartan-hydrochlorothiazide	21
SULFAMYLON CREA	40	tacrolimus CAPS	56	temazepam	50
sulfasalazine TABS	47	tadalafil (pulmonary hypertension) TABS	34	TEMODAR SOLR	23
sulfasalazine TBEC	47	tadalafil 5 MG	33	temozolomide CAPS	23
sulindac TABS	4	TAFINLAR CAPS	27	temsirolimus	27
sumatriptan	54	TAFINLAR TBSO	27	TENIVAC INJ	64
sumatriptan succinate SOAJ	54	tafluprost	60	tenofovir disoproxil fumarate TABS	31
sumatriptan succinate SOCT	54	TAGRISSO 40 MG	24	terazosin hcl	20
sumatriptan succinate SOLN 6 MG/0.5ML	54	TAGRISSO 80 MG	24	terbinafine hcl TABS	18
sumatriptan succinate TABS	54	TAKHZYRO SOLN	49	terbutaline sulfate SOLN	10
sumatriptan-naproxen sodium	53	TAKHZYRO SOSY	49	terbutaline sulfate TABS	10
sunitinib malate 12.5 MG, 25 MG, 50 MG	27	TALZENNA	27	terconazole vaginal CREA	69
sunitinib malate 37.5 MG	27	tamoxifen citrate TABS	25	terconazole vaginal SUPP	69
SUNOSI 150 MG	1	tamsulosin hcl	48	teriflunomide	62
SUNOSI 75 MG	1	TASIGNA 150 MG, 200 MG	27	teriparatide SOPN	44
SYNAREL	45	TASIGNA 50 MG	27	TERIPARATIDE SOPN	44
SYNERA PTCH	42	tavaborole	39	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7
		TAVALISSE	48	testosterone cypionate SOLN IM	7
		tazarotene CREA 0.1 %	39	testosterone enanthate SOLN IM	7
		TAZVERIK	27	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	64

tetrabenazine	62	tobramycin (ophth) SOLN	59	MG, 240 MG-1 MG	21
tetracycline hcl CAPS	64	tobramycin NEBU	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21
THALOMID	56	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2	tranexamic acid SOLN 1000 MG/10ML	50
theophylline ELIX	10	tobramycin-dexamethasone SUSP 60		tranexamic acid TABS	50
theophylline SOLN	10	TODAY SPONGE MISC	69	tranylcypromine sulfate	13
theophylline TB12	10	tolcapone	28	travoprost SOLN	60
theophylline TB24	10	tolmetin sodium CAPS	4	TRAZIMERA	24
THERANATAL CORE NUTRITION TABS	57	tolmetin sodium TABS 600 MG	4	trazodone hcl TABS	14
THIOLA EC TBEC 100 MG (tiopronin)	48	TOLSURA CAPS	18	TRECATOR	23
THIOLA EC TBEC 300 MG (tiopronin)	48	tolterodine tartrate CP24	65	TRELEGY ELLIPTA	10
thioridazine hcl	30	tolterodine tartrate TABS	65	TRELSTAR MIXJECT	25
thiotepa 15 MG	23	tolvaptan TABS	46	TREMFYA SOAJ 100 MG/ML	40
thiothixene	30	topiramate CPSP 15 MG	12	TREMFYA SOAJ 200 MG/2ML ...	40
THYMOGLOBULIN	56	topiramate CPSP 25 MG	12	TREMFYA SOLN	40
THYROGEN 0.9 MG	43	topiramate CS24	12	TREMFYA SOSY 100 MG/ML	40
tiagabine hcl	12	topiramate TABS 200 MG	12	TREMFYA SOSY 200 MG/2ML ...	40
TIBSOVO	27	topiramate TABS 25 MG, 100 MG .	12	treprostinil SOLN IJ	33
tigecycline	63	topiramate TABS 50 MG	12	tretinoin (chemotherapy)	27
timolol maleate (ophth) SOLG	59	topotecan hcl SOLN	28	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38
timolol maleate (ophth) SOLN	59	topotecan hcl SOLR	28	tretinoin GEL 0.01 %, 0.025 %	38
timolol maleate TABS	32	toremifene citrate	25	tretinoin microsphere 0.1 %	38
tiopronin TBEC 100 MG	48	torsemide TABS	44	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24
tiopronin TBEC 300 MG	48	TRACLEER TBSO	33	triamcinolone acetonide (mouth) ..	56
tiotropium bromide monohydrate CAPS	9	tramadol hcl TABS 50 MG	6	triamcinolone acetonide (nasal) AERO	58
TIVICAY TABS	31	tramadol hcl TB24	6	triamcinolone acetonide (topical) CREA 0.025 %	41
tizanidine hcl CAPS	58	tramadol-acetaminophen	7	triamcinolone acetonide (topical)	
tizanidine hcl TABS	58	trandolapril 1 MG, 2 MG	20		
		trandolapril 4 MG	20		
		trandolapril-verapamil hcl 180 MG-2			

CREA 0.1 %41	TRINTELLIX14	TRUSTEX LUBRICATED MISC ...52
triamcinolone acetonide (topical) CREA 0.5 %41	TRIUMEQ TABS31	TRUSTEX LUBRICATED/RIBBED/STUDED MISC52
triamcinolone acetonide (topical) LOTN 0.025 %42	TRIZIVIR31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC52
triamcinolone acetonide (topical) LOTN 0.1 %41	TROJAN MAGNUM MISC52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %42	TROJAN ULTRA THIN LUBRICATED MISC52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC52
triamcinolone acetonide (topical) OINT 0.5 %42	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC52	TRUSTEX LUBRICATED/SPERMICIDE MISC 52
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML36	TROJAN-ENZ LUBRICATED MISC 52	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC52
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG44	TROJAN-ENZ W/SPERMICIDAL MISC52	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC52
triamterene & hydrochlorothiazide TABS44	tropicamide SOLN 0.5 %59	TRUSTEX/RIA LUBRICATED MISC . 52
triamterene CAPS44	tropicamide SOLN 1 %59	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC52
triazolam50	trospium chloride CP2465	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 52
TRICARE TABS57	trospium chloride TABS65	TRUXIMA24
trientine hcl 250 MG55	TRUE COVER DEVI52	TUKYSA24
trifluoperazine hcl TABS30	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..43	TURALIO27
trifluridine59	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN53	TUZISTRA XR37
trihexyphenidyl hcl SOLN28	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP 43	TWINRIX SUSY68
trihexyphenidyl hcl TABS28	TRUETRACK TEST STRP43	TWIRLA35
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .15	TRULICITY16	TYBLUME CHEW35
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG15	TRUMENBA66	TYBOST31
TRIKAFTA TBPK63	TRUSTEX COLOR CONDOMS + LUBE MISC52	TYMLOS44
trimethobenzamide hcl CAPS17	TRUSTEX LUBRICATED EXTRALARGE MISC52	TYVASO REFILL KIT SOLN IN ...33
trimethoprim TABS21	TRUSTEX LUBRICATED EXTRASTRENGTH MISC52	TYVASO SOLN IN33
trimipramine maleate CAPS15		

TYVASO STARTER KIT SOLN IN	33	MG/ML, 50 MG/ML, 250 MG/5ML	22	vincristine sulfate	28
UBRELVY	53	VAQTA	68	vinorelbine tartrate 10 MG/ML	28
UCERIS (budesonide (intrarectal))	7	varenicline tartrate TABS	63	VIRACEPT TABS 250 MG	31
UDENYCA ONBODY SOSY	49	varenicline tartrate TBPK	63	VIRACEPT TABS 625 MG	31
UDENYCA SOAJ	49	VARIVAX SUSR	68	VIREAD POWD	31
UDENYCA SOSY	49	VARUBI TBPK	18	VIREAD TABS 150 MG, 200 MG, 250 MG	31
UPTRAVI TABS 200 MCG	34	VAXNEUVANCE	66	VISTOGARD	17
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	34	VECAMEYL	21	VITAMIN D2 TABS 400 UNIT	69
UPTRAVI TITRATION PACK TBPK 34		VECTIBIX 100 MG/5ML	24	VITATHELY/GINGER TABS	58
ursodiol CAPS	47	VELPHORO	47	VITRAKVI CAPS	27
ursodiol TABS	47	venlafaxine hcl CP24 150 MG	14	VITRAKVI SOLN	27
UVADEX	27	venlafaxine hcl CP24 37.5 MG	14	VIZIMPRO	24
valacyclovir hcl 1 GM, 1000 MG	31	venlafaxine hcl CP24 75 MG	14	VORAXAZE	28
valacyclovir hcl 500 MG	32	venlafaxine hcl TABS	14	voriconazole TABS	18
valganciclovir hcl TABS	31	venlafaxine hcl TB24 150 MG	14	VOSEVI	31
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	13	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	14	VOTRIENT (pazopanib hcl)	27
valproic acid CAPS	13	verapamil hcl CP24 100 MG, 200 MG, 300 MG	33	VYNDAMAX	34
valrubicin	26	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	33	VYNDAQEL	34
valsartan TABS	20	verapamil hcl SOLN 2.5 MG/ML	33	VYVANSE CAPS	1
valsartan-hydrochlorothiazide	21	verapamil hcl TABS	33	warfarin sodium TABS	10
VALTOCO 10 MG DOSE LIQD	11	verapamil hcl TBCR	33	water for irrigation, sterile	56
VALTOCO 15 MG DOSE LQPK	11	VEREGEN	38	WESTAB PLUS TABS	58
VALTOCO 20 MG DOSE LQPK	11	VERZENIO	27	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	52
VALTOCO 5 MG DOSE LIQD	11	VICTOZA (liraglutide)	16	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	52
vancomycin hcl CAPS	22	vigabatrin PACK	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG	22	vigabatrin TABS	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	52
vancomycin hcl SOLR OR 25		VIIBRYD STARTER PACK KIT	14	WIDE-SEAL SILICONE	
		vilazodone hcl TABS	14		

DIAPHRAGM KIT 80	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	43
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	52	XOLAIR SOSY 75 MG/0.5ML	9		
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	53	XOSPATA	27		
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	53	XPOVIO	25	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	43
XALKORI CAPS	27	XPOVIO 60 MG TWICE WEEKLY 25		zidovudine CAPS	31
XARELTO STARTER PACK TBP 10		XPOVIO 80 MG TWICE WEEKLY 25		zidovudine SYRP	31
XARELTO SUSR	10	XTAMPZA ER	6	zidovudine TABS	31
XARELTO TABS 10 MG, 20 MG ..	10	XTANDI CAPS	25	ZIEXTENZO	49
XARELTO TABS 2.5 MG, 15 MG ..	10	XTANDI TABS 40 MG	25	zileuton TB12	9
XELJANZ SOLN	3	XTANDI TABS 80 MG	25	ziprasidone hcl	29
XELJANZ TABS 10 MG	3	XULTOPHY 100/3.6	15	ZIRABEV	24
XELJANZ TABS 5 MG	3	XYNTHA	48	ZIRGAN GEL	59
XELJANZ XR TB24	3	XYNTHA SOLOFUSE	48	ZOLADEX 10.8 MG	25
XEOMIN	58	YERVOY	24	ZOLADEX 3.6 MG	25
XERAFA	63	YONSA	25	zoledronic acid CONC	44
XGEVA SOLN	44	zafirlukast	9	zoledronic acid SOLN	44
XHANCE EXHU	58	zaleplon 10 MG	50	ZOLINZA	27
XIFAXAN 200 MG	21	zaleplon 5 MG	50	zolmitriptan SOLN	54
XIFAXAN 550 MG	21	ZALTRAP 100 MG/4ML	24	zolmitriptan TABS	54
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	ZANOSAR	23	zolmitriptan TBDP	54
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS	50
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	ZARXIO	49	zolpidem tartrate TBCR	50
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	ZEJULA CAPS	27	zonisamide CAPS	12
XOLAIR SOAJ 75 MG/0.5ML	9	ZEJULA TABS 100 MG	27	ZONTIVITY	49
XOLAIR SOLR	9	ZEJULA TABS 200 MG, 300 MG ..	27	ZORBTIVE SC	45
		ZELBORAF	27	ZYDELIG	27
		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000		ZYLET	60

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