



Lista de medicamentos 2023

Vigente a partir del 1 de enero de 2023



Introducción a la lista de medicamentos

RESUMEN DE LOS BENEFICIOS DE LA LISTA DE MEDICAMENTOS

La información de este documento está diseñada para ayudarle a comprender los beneficios de medicamentos recetados que se ofrecen en virtud de este plan y para comparar estos beneficios con los que ofrecen otros planes. La información que contiene este resumen está diseñada para ayudarle a comparar tanto el valor como el alcance de los beneficios de la lista de medicamentos.

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para conocer el costo de su medicamento recetado, visite

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>.

En “Drug Cost Tool” (Herramienta de costos de medicamentos), seleccione el plan en el que participa (o planea participar) e ingrese los medicamentos que toma. La herramienta le proporcionará un costo aproximado de sus medicamentos recetados, sin incluir requisitos de deducibles ni gastos máximos de bolsillo. La herramienta utiliza la mediana del costo de los medicamentos recetados genéricos y el costo real permitido para productos de marca. Si el costo total del medicamento es menor que el copago que pagaría por ese nivel, usted solo será responsable del monto menor.

LISTA DE MEDICAMENTOS SEGÚN EL PLAN DE BENEFICIOS DE SALUD

Confirmación	Lista de medicamentos	Resumen de beneficios y cobertura
Ambetter Virtual Access Gold \$0 Deductible (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Ambetter Virtual Access Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Ambetter Virtual Access Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Value Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Gold Value (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Silver Value (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html

CMS Standard Virtual Access Basic Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Virtual Access Basic Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Value Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Everyday Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Everyday Value Gold (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Focused Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Focused Value Silver (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Gold 201 HSA (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Gold 202 (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver HSA 2021 (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 203 (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 224 (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 226 (2023)	Lista de medicamentos estándar	https://ambetter.superiorhealthplan.com/2023-brochures.html

MEDICAMENTO SEGÚN EL NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	5.81 %
1a	5.47 %
1b	76.8 %
2	1.29 %
3	3.68 %
4	6.95 %

CÓMO SE CUBREN LOS MEDICAMENTOS RECETADOS EN VIRTUD DEL PLAN

A) COMPOSICIÓN DE LA LISTA DE MEDICAMENTOS:

- a. La lista de medicamentos de Ambetter se rige por el principio de ofrecer el mayor acceso posible a los medicamentos por el costo más bajo. Teniendo esto en cuenta, comenzamos por el punto de referencia obligatorio, la Ley de Cuidado de la Salud a Bajo Precio. Luego revisamos la lista de medicamentos para agregar otros medicamentos clínicamente necesarios y adecuados. La lista de medicamentos de Ambetter se considera una lista de medicamentos cerrada. Esto significa que cualquier medicamento no incluido en la lista requiere autorización previa. Para garantizar que nuestros miembros tengan acceso a los medicamentos adecuados, revisamos y actualizamos nuestra lista de medicamentos mensualmente

B) DERECHO A APELAR

- a. Si rechazamos su solicitud de Autorización Previa, tiene 180 días a partir de la fecha en que se le deniegue la edad de cobertura de un medicamento para presentar una apelación y su apelación se resolverá en el transcurso de 30 días. En caso de que su apelación sea exitosa, los medicamentos no especializados que no estén incluidos en la lista de medicamentos se cubrirán en su costo compartido del Nivel 3 (copago o coseguro) y los medicamentos especializados no incluidos en la lista de medicamentos se cubrirán en su costo compartido del Nivel 4 (copago o coseguro). Consulte su Resumen de Beneficios y Cobertura individual para obtener información adicional sobre su costo compartido. Todas las demás disposiciones de su beneficio, como los deducibles y los gastos máximos del bolsillo, se aplican a los medicamentos incluidos y excluidos de la lista de medicamentos que se hayan proporcionado a través de una apelación.

C) CONTINUACIÓN DE LA COBERTURA

- a. Ambetter no hace cambios en nuestra lista de medicamentos que requieran la continuación de la cobertura. Sin embargo, si se hace un cambio en la lista que requiera la continuación de la cobertura, tendrá el derecho de continuar tomando el medicamento en el nivel de edad de cobertura o en el nivel en que el medicamento se cubrió al inicio del año del plan hasta que renueve su plan

D) USO NO APROBADO DE MEDICAMENTOS

- a. Proporcionamos cobertura para el uso no aprobado de medicamentos. El uso no aprobado se refiere al uso de medicamentos que no han sido aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) para esa afección. La cobertura de un producto conforme a la política de uso no aprobado requiere que lo siguiente sea verdadero:
 - i. El uso debe ser específico del diagnóstico según se define en el código ICD-10; Y
 - ii. El uso no aprobado debe estar respaldado por un estudio importante en múltiples centros o tres estudios menos importantes publicados en una revista médica de buena reputación, una revista médica especializada revisada por expertos o enumerados en compendios de buena reputación.

E) COSTO COMPARTIDO

- a. El costo compartido es su participación monetaria en su atención médica. Tendrá que conocer algunos puntos para determinar el costo compartido que es su responsabilidad. Conocer los siguientes puntos le ayudará a estimar el costo del que será responsable en cualquier momento: cuánto deducible ya pagó, cuánto deducible queda, qué medicamento le recetaron y sus gastos máximos de bolsillo permitidos. Todos estos puntos, a excepción del nivel, se pueden encontrar en el Resumen de Beneficios y Cobertura (consulte los enlaces anteriores). Para conocer el nivel de su medicamento, consulte la lista de medicamentos. Para determinar su costo compartido, siga estos pasos:
 - i. Consulte la lista de medicamentos para determinar el nivel en que está enumerado el medicamento o el producto que surtirá.
 - ii. Una vez que haya determinado el nivel, utilice el documento Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC) para determinar qué costo compartido se aplicará a su medicamento/producto seleccionado
 - iii. Si no ha alcanzado su deducible, será responsable del costo total del medicamento hasta que alcance su deducible
 - iv. Si ha alcanzado su deducible, pero no su gasto máximo de bolsillo, se le cobrará un copago por los medicamentos que tienen un copago asignado en virtud de su SBC y un coseguro por los

medicamentos que tienen un coseguro asignado en virtud de su SBC. Por lo general, pagará un (1) copago por cada suministro de medicamentos para 30 días. Se cobrarán dos copagos por el suministro para 2 meses y tres copagos por el suministro para 3 meses de su medicamento, respectivamente

- v. Para determinar el costo de los medicamentos/productos que tienen un coseguro, utilice la herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.
- b. Tenga en cuenta que los reclamos de farmacia solo se procesarán si presenta su receta en una farmacia dentro de la red. Los reclamos fuera de la red no se cubrirán. Para encontrar una farmacia dentro de la red cercana, consulte nuestra herramienta “Find a Provider” (Buscar un proveedor) disponible en nuestro sitio web, en “Pharmacy Resources” (Recursos de farmacia).
- c. Su costo compartido para los medicamentos de mantenimiento obtenidos a través de farmacias de pedidos por correo o minoristas que participan en nuestra red minorista de suministros para más días se calculará en función del suministro diario que obtenga. Por un suministro de hasta 30 días, se le cobrará un (1) copago o coseguro, por un suministro de 31 a 60 días, usted será responsable de dos (2) copagos o coseguros y por un suministro diario superior a 60 pero inferior a 91 días, se le cobrarán tres (3) copagos o coseguros.

F) REQUISITOS DE GESTIÓN MÉDICA

- a. Autorización previa (PA): los medicamentos que tienen la indicación “PA” en la lista de medicamentos requieren una autorización previa. Usted o su proveedor tienen que solicitarnos una autorización para usar este medicamento/producto antes de poder surtir una receta del medicamento/producto.
- b. Terapia escalonada (ST): los medicamentos que tienen la indicación “ST” en la lista de medicamentos requieren que pruebe otros medicamentos en la lista sin tener resultados antes de que pueda obtener el medicamento/producto. Si su proveedor no cree que probar otro producto sería apropiado, su proveedor o usted puede enviar una autorización previa regular para obtener el medicamento/producto de terapia escalonada.
- c. Límite de cantidad (QL): los medicamentos que tienen la indicación “QL” en la lista de medicamentos se limitan a la cantidad indicada. Estos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea solicitar una excepción a esos límites, puede enviar una solicitud de autorización previa. Todas las solicitudes de excepciones de límite de cantidad se procesarán según nuestra política de usos no aprobados.
- d. Medicamentos no incluidos en la lista de medicamentos: los medicamentos que no se encuentren en la lista se consideran no incluidos en la lista de medicamentos. Para obtener medicamentos no incluidos en la lista, su proveedor tendría que enviar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos no incluidos en la lista de medicamentos se revisarán en virtud de nuestra Política de Solicitud de Medicamentos no Incluidos en la Lista de Medicamentos.

LISTA DE MEDICAMENTOS ESTÁNDAR

La lista de medicamentos de Superior HealthPlan de Ambetter, o 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 cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos ingredientes activos que sus equivalentes de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros e igual de eficaces que los de marca. Si no hay un medicamento genérico disponible, puede haber más de un medicamento de marca para tratar una afección. Los medicamentos de marca preferidos se enumeran 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 de la lista no es adecuado para su afección.

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

Es posible que los diseños específicos de planes de beneficios de medicamentos recetados no cubran ciertos productos o categorías, independientemente de su mención en este documento. Consulte sus beneficios para conocer las limitaciones de cobertura y su parte del costo de sus medicamentos.

Guía de referencia sobre la lista de medicamentos:

Los medicamentos de marca se enumeran en mayúsculas y los medicamentos genéricos en minúsculas. Los medicamentos se cubren en virtud de diferentes niveles de copago según su beneficio:

Nivel 0: no se cobra un copago por los medicamentos que se utilizan para la prevención y son obligatorios según la Ley de Cuidado de la Salud a Bajo Precio. Algunos anticonceptivos orales, vitamina D, ácido fólico para mujeres en edad fértil, aspirina de venta libre (OTC) y productos para dejar de fumar pueden estar cubiertos por este nivel. Pueden aplicarse ciertos límites de edad.

Nivel 1A: copago más bajo para medicamentos selectos que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar afecciones similares. Algunos medicamentos de venta libre (OTC) pueden estar cubiertos por este nivel.

Nivel 1B: copago bajo para medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar afecciones similares. Algunos medicamentos de venta libre (OTC) pueden estar cubiertos por este nivel.

Nivel 2: el copago medio cubre los medicamentos de marca que generalmente son más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas afecciones.

Nivel 3: el copago alto cubre medicamentos genéricos no preferidos y de marca de mayor costo. Este nivel también puede cubrir medicamentos no especializados que no están en la lista de medicamentos recetados si se ha aprobado la cobertura.

Nivel 4: el copago más alto es para medicamentos “especializados” que se utilizan para tratar afecciones crónicas complejas que pueden requerir manipulación, almacenamiento o manejo clínico especiales. Los medicamentos recetados cubiertos por el nivel de especialidad pueden requerir el surtido en una farmacia que participe en las redes de “especialidad” o “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, consulte la sección de información sobre farmacias en el sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en la lista de medicamentos

Para obtener autorización previa para un medicamento no incluido en la lista de medicamentos, su proveedor debe completar el formulario de autorización previa. Los Servicios de Farmacia responderán por fax o por teléfono en un plazo de 24 horas desde la recepción de toda la información necesaria para solicitudes urgentes, y en un plazo de 72 horas para solicitudes no urgentes, a menos que la ley estatal exija una respuesta más rápida. Si se rechaza la solicitud, la notificación de desaprobación contendrá una explicación clara de los motivos específicos para rechazar la solicitud de autorización previa, o si la solicitud estaba incompleta, la explicación identificará la información sustancial faltante que es necesaria para completar la solicitud.

Abreviaturas de la lista de medicamentos:

Abreviatura	Término	Qué significa
AL	Límite de Edad	Algunos medicamentos solo se cubren para ciertas edades.
QL	Límite de Cantidad	Algunos medicamentos solo se cubren para cierta cantidad.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que se cubran algunos medicamentos.
ST	Terapia escalonada	En algunos casos, primero debe probar algunos medicamentos antes de que Ambetter cubra otro medicamento para su afección médica. Por ejemplo, si ambos, el medicamento A y el medicamento B, sirven para tratar su afección médica, es posible que Ambetter no cubra el medicamento B a menos que primero pruebe el medicamento A.
NF	No incluido en la lista de medicamentos	Este producto no se cubre a menos que usted o su proveedor soliciten una excepción. Los medicamentos alternativos se enumeran junto al producto no cubierto
RX/OTC	Receta y venta libre (OTC)	Estos medicamentos se producen para la venta bajo receta y la venta libre (OTC).
SP	Medicamento especializado	Estos productos son medicamentos especializados que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Inicialmente, es posible que ciertos medicamentos solo estén disponibles en incrementos de suministros para 15 días hasta que se estabilice con el medicamento. Después de haber estado tomando el medicamento durante 90 días, es posible que esta restricción ya no se aplique.

Medicamentos opioides:

Los medicamentos identificados en la lista como “**Nuevos pacientes, límite de un suministro para 7 días**” permiten hasta dos surtidos para 7 días durante cualquier período de 28 días y un suministro no consecutivo de hasta 28 días en total en cualquier período de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides que se hayan surtido. Para los surtidos que superen estos límites, sus proveedores pueden enviar 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 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>	1B	QL(2 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<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>	1B	QL(1 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>	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>methamphetamine hcl</i>	1B	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>	1B	PA
<i>phentermine hcl CAPS</i>	1B	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>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
DAYTRANA PTCH (methylphenidate)	3	QL(1 ea daily); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
RELEXXII TBCR 27 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG, 54 MG	2	QL(2 ea daily); AL(At least 6 yrs old)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Drug Name	Drug Tier	Requirements/Limits
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>	1B	
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>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	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		

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Drug Name	Drug Tier	Requirements/ Limits
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
AMJEVITA SOAJ 40 MG/0.8ML	4	QL(0.172 ml daily); PA
AMJEVITA SOSY 20 MG/0.4ML	4	QL(0.029 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
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 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	QL(0.143 ea daily); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	4	QL(0.143 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PSKT	4	QL(0.143 ea daily); 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
KEVZARA SOSY	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1B	QL(2 ea daily); ST
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG, 75 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPk	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.15 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOLR	4	QL(0.286 ea daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ml daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	
<i>butalbital-aspirin-caffeine CAPS</i>	1B	
Salicylates		
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B		NUCYNTA ER TB12	2	QL(2 ea daily); PA
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)	NUCYNTA TABS	2	QL(6 ea daily); PA
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)	<i>oxycodone hcl T12A</i>	3	QL(2 ea daily); PA
<i>methadone hcl CONC</i>	1B	QL(10 ml daily)	<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B		<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA
<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)	<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA
<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)	<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA
METHADONE HCL SOLN IJ	1B		SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	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

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)
XTAMPZA ER	2	QL(2 ea daily); PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	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-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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>	1B	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>	1B	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>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
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>	1B	
UCERIS (<i>budesonide (intrarectal)</i>)	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		

Drug Name	Drug Tier	Requirements/ Limits
RECTIV	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	1 rtl MAX fill; 60 rtl day(s) supply; 1 mail MAX fill; QL(2 ea daily; 6 ea per fill retail; 6 per fill mail)
<i>ivermectin</i>	1B	1 rtl MAX fill; 75 rtl day(s) supply; 1 mail MAX fill; QL(9 ea per fill retail; 9 per fill mail)
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		

Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 150 MG/ML	4	QL(0.286 ml daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)	ARNUITY ELLIPTA 50 MCG/ACT	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)			
<i>tiotropium bromide monohydrate</i> CAPS	1B	QL(1 ea daily)	ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
Leukotriene Modulators					
<i>montelukast sodium</i> CHEW	1B	QL(1 ea daily)	<i>budesonide (inhalation)</i> SUSP	1B	QL(4 ml daily); PA
<i>montelukast sodium</i> PACK	1B	QL(1 ea daily)	FLOVENT DISKUS AEPB 50 MCG/BLIST	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
<i>montelukast sodium</i> TABS	1B	QL(1 ea daily)			
<i>zafirlukast</i>	1B	QL(2 ea daily)	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	2	4 rtl pack lmt amt; 30 rtl pack lmt day(s); 4 mail pack lmt amt; 30 mail pack lmt day(s)
<i>zileuton</i> TB12	1B	QL(4 ea daily)	FLOVENT HFA	2	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>fluticasone propionate (inhalation)</i> AEPB 50 MCG/ACT	1B	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
DALIRESP 500 MCG (<i>roflumilast</i>)	3	QL(1 ea daily)	<i>fluticasone propionate (inhalation)</i> AEPB 100 MCG/ACT, 250 MCG/ACT	1B	4 rtl pack lmt amt; 30 rtl pack lmt day(s); 4 mail pack lmt amt; 30 mail pack lmt day(s)
DALIRESP 250 MCG (<i>roflumilast</i>)	3	30 rtl MAX day(s) supply; 180 rtl lmt day(s); 30 mail MAX day(s) supply; 180 mail lmt day(s); QL(1 ea daily)			
<i>roflumilast</i> 500 MCG	1B	QL(1 ea daily)	PULMICORT FLEXHALER AEPB	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
<i>roflumilast</i> 250 MCG	1B	30 rtl MAX day(s) supply; 180 rtl lmt day(s); 30 mail MAX day(s) supply; 180 mail lmt day(s); QL(1 ea daily)			
Steroid Inhalants					
ALVESCO	3	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QVAR REDHALER	2	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)	<i>fluticasone furoate-vilanterol</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
Sympathomimetics			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
ADVAIR HFA AERO	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>fluticasone-salmeterol AERO</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>albuterol sulfate AERS</i>	1B	Limit 2 Inhalers per month; 1 rtl pack lmt per fill; 2 rtl MAX fill; 30 rtl day(s) supply	<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1B		<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)	<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B		<i>levalbuterol hcl</i>	1B	QL(12 ml daily)
<i>albuterol sulfate TABS</i>	1B		<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
ANORO ELLIPTA	2	QL(2 ea daily)	SEREVENT DISKUS	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)	STRIVERDI RESPIMAT	2	
BEVESPI AEROSPHERE	2	QL(0.36 gm daily)	<i>terbutaline sulfate SOLN</i>	1B	
BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>terbutaline sulfate TABS</i>	1B	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	Xanthines		
			<i>aminophylline SOLN</i>	1B	
			<i>theophylline ELIX</i>	1B	
			<i>theophylline SOLN</i>	1B	QL(56 ml daily)
			<i>theophylline TB12</i>	1B	
			<i>theophylline TB24</i>	1B	
ANTICOAGULANTS - Blood Thinners					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Coumarin Anticoagulants			<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail; 5 ml per 180 days mail); SP
<i>warfarin sodium TABS</i>	1B		<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 days retail; 4 ml per 180 days mail); SP
Direct Factor Xa Inhibitors			FRAGMIN SOSY	4	SP; PA
ELIQUIS STARTER PACK TBPB	2	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.47 ea daily)	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
ELIQUIS TABS	2	QL(2 ea daily)	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
XARELTO STARTER PACK TBPB	2	1 rtl MAX fill; 365 rtl day(s) supply	Thrombin Inhibitors		
XARELTO SUSR	2	QL(900 ml per 30 days retail; 900 ml per 30 days mail)	<i>dabigatran etexilate mesylate CAPS</i>	1B	
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)	ANTICONVULSANTS - Drugs to Treat Seizures		
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)	AMPA Glutamate Receptor Antagonists		
Heparins And Heparinoid-Like Agents			FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)	FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP	FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP	FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)	Anticonvulsants - Benzodiazepines		
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)	<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP	<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail; 7 ml per 180 days mail); SP	<i>clonazepam TABS</i>	1A	
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail; 4 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	
			NAYZILAM	3	QL(10 ea per 30 days retail); PA
			VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>lacosamide TABS</i>	1B	QL(2 ea daily)
Anticonvulsants - Misc.			<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
APTIOM	3	QL(2 ea daily); ST	<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA	<i>lamotrigine TABS</i>	1B	
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA	<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
BRIVIACT TABS	3	QL(2 ea daily); PA	<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine CHEW</i>	1B		<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)	<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)	<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 100 MG</i>	1B		<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>carbamazepine SUSP</i>	1B		<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine TABS</i>	1B		<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
EPIDIOLEX	3	PA	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>gabapentin CAPS</i>	1B		TEGRETOL SUSP (<i>carbamazepine</i>)	2	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	TEGRETOL TABS (<i>carbamazepine</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
Succinimides		
CELONTIN (<i>methsuximide</i>)	3	QL(4 ea daily)
<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>methsuximide</i>	1B	QL(4 ea daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 ea daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor		

Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	PA
<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1B	
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily); PA
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily); PA
Antidiabetic Combinations		
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
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-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	3	QL(2 ea daily); PA
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	3	QL(1 ea daily); PA
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)	LEVEMIR FLEXPEN SOPN	2	
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)	LEVEMIR FLEXTOUCH SOPN	2	
Diabetic Other			LEVEMIR SOLN	2	
<i>diazoxide</i>	3		NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			NOVOLIN 70/30 RELION SUSP	2	
<i>alogliptin benzoate 6.25 MG, 25 MG</i>	1B		NOVOLIN 70/30 SUSP	2	
<i>alogliptin benzoate 12.5 MG</i>	1B	QL(1 ea daily)	NOVOLIN N FLEXPEN RELION SUPN	2	
JANUVIA	2	QL(1 ea daily)	NOVOLIN N FLEXPEN SUPN	2	
Incretin Mimetic Agents			NOVOLIN N RELION SUSP	2	
OZEMPIC SOPN	2	QL(0.108 ml daily); PA	NOVOLIN N SUSP	2	
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA	NOVOLIN R FLEXPEN RELION SOPN IJ	2	
TRULICITY	2	QL(0.143 ml daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
VICTOZA	2	QL(0.3 ml daily); PA	NOVOLIN R RELION SOLN IJ	2	
Insulin			NOVOLIN R SOLN IJ	2	
APIDRA SOLOSTAR SOPN	3	PA	NOVOLOG FLEXPEN RELION SOPN	2	
APIDRA SOLN	3	PA	NOVOLOG FLEXPEN SOPN	2	
BASAGLAR KWIKPEN SOPN	2		NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	
FIASP FLEXTOUCH SOPN	2		NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
FIASP PENFILL SOCT	2		NOVOLOG MIX 70/30 SUSP	2	
FIASP PUMPCART SOCT	2		NOVOLOG PENFILL SOCT	2	
FIASP SOLN	2		NOVOLOG SOLN IJ	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)			

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	3	QL(1 ea daily); PA
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	2 rtl MAX fill; 30 rtl day(s) supply; QL(2 ea per fill retail); RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	3 rti MAX fill; 365 rti day(s) supply; 3 mail MAX fill; QL(4 ea daily); PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
ABELCET	3	
AMBISOME (<i>amphotericin b liposome</i>)	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B		Antihyperlipidemics - Misc.		
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)	<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B		<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Antihistamines - Non-Sedating			Bile Acid Sequestrants		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)	<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)	<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)	<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC	<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC	<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>loratadine CAPS</i>	1B		<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>loratadine CHEW</i>	1B		<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>loratadine SOLN</i>	1B		<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>loratadine TABS</i>	1A		<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
<i>loratadine TBDP</i>	1B		Fibric Acid Derivatives		
<i>QUZYTIR SOLN IV</i>	3	PA	<i>choline fenofibrate</i>	1B	QL(1 ea daily)
Antihistamines - Phenothiazines			<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>promethazine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1B		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)	<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B		HMG CoA Reductase Inhibitors		
<i>promethazine hcl SYRP</i>	1B		<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>promethazine hcl TABS</i>	1B		<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
Antihistamines - Piperidines			<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>cyproheptadine hcl SYRP</i>	1B		<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>cyproheptadine hcl TABS</i>	1B		<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol					
Antihyperlipidemics - Combinations					
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	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		
<i>benazepril hcl</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl TABS</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 ea daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 ea daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B		<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B		<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)	<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B		<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide</i>	1B		Antihypertensives - Misc.		
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)	VECAMYL	3	PA
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)	Direct Renin Inhibitors		
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B		<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST	<i>eplerenone</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B		Vasodilators		
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)	<i>hydralazine hcl SOLN</i>	1B	
			<i>hydralazine hcl TABS</i>	1B	
			<i>minoxidil 2.5 MG, 10 MG</i>	1B	
			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>	1B	
			<i>trimethoprim TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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 days retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
Leprostatics		

Drug Name	Drug Tier	Requirements/ Limits
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(24 ea per fill retail; 24 per fill mail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(5 ea daily)
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
RUZURGI	4	QL(10 ea daily); PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA	<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA	FOLOTYN	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA	<i>mercaptopurine TABS</i>	1B	
<i>cyclophosphamide SOLR IJ</i>	4		<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
GLEOSTINE 10 MG	4	SP; PA	<i>methotrexate sodium SOLR</i>	1B	SP
GLEOSTINE 40 MG, 100 MG	4	PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	<i>nelarabine</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
LEUKERAN	4	SP; PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
<i>melphalan</i>	1B		TABLOID	4	SP; PA
<i>melphalan hcl</i>	1B		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
MYLERAN TABS	4	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA	INLYTA	4	QL(2 ea daily); SP; PA
TEMODAR SOLR	4		LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>temozolomide CAPS</i>	4	SP; PA	LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
<i>thiotepa 15 MG</i>	4	SP; PA	LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
TREANDA SOLR (<i>bendamustine hcl</i>)	4	SP; PA	LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
ZANOSAR	4	SP; PA	LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
Antimetabolites			LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
ALIMTA SOLR 500 MG (<i>pemetrexed disodium</i>)	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>capecitabine</i>	4	SP; PA	MVASI	4	PA
<i>clofarabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA	ZIRABEV	4	PA
<i>decitabine</i>	4	SP; PA			
<i>floxuridine</i>	4	SP; PA			
<i>fludarabine phosphate SOLN</i>	4	SP; PA			
<i>fludarabine phosphate SOLR</i>	4	SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Antibodies			ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ADCETRIS	4	SP; PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
ARZERRA	4	SP; PA	EMCYT	4	SP; PA
RUXIENCE	4	PA	ERLEADA 60 MG	4	QL(4 ea daily); PA
TRUXIMA	4	PA	ERLEADA 240 MG	4	QL(1 ea daily); PA
YERVOY	4	SP; PA	<i>exemestane</i>	4	QL(1 ea daily); SP
Antineoplastic - Anti-HER2 Agents			FIRMAGON	4	QL(0.143 ea daily); SP; PA
KANJINTI	4	PA	<i>flutamide</i>	4	QL(6 ea daily); SP; PA
OGIVRI	4	PA	<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
PERJETA	4	SP; PA	<i>letrozole</i>	1B	
TRAZIMERA	4	PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
TUKYSA	4	PA	LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily); SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
ERBITUX	4	SP; PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
<i>gefitinib</i>	4	PA	LYSODREN	4	SP; PA
GILOTRIF	4	QL(1 ea daily); PA	<i>megestrol acetate SUSP</i>	1B	
IRESSA (<i>gefitinib</i>)	4	PA	<i>megestrol acetate TABS</i>	1B	
TAGRISO	4	PA	<i>nilutamide</i>	1B	QL(2 ea daily)
VECTIBIX 100 MG/5ML	4	SP; PA	NUBEQA	4	QL(4 ea daily); PA
VIZIMPRO	4	PA	<i>tamoxifen citrate TABS</i>	0	
Antineoplastic - Hedgehog Pathway Inhibitors			<i>tamoxifen citrate TABS</i>	0	
DAURISMO	4	PA	<i>toremifene citrate</i>	1B	
ERIVEDGE	4	QL(1 ea daily); SP; PA	TRELSTAR MIXJECT	4	SP; PA
ODOMZO	4	QL(1 ea daily); PA	XTANDI CAPS	4	QL(4 ea daily); SP; PA
Antineoplastic - Hormonal and Related Agents			XTANDI TABS 80 MG	4	QL(2 ea daily); PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA			
<i>anastrozole</i>	1B	QL(1 ea daily)			
<i>bicalutamide</i>	4	QL(1 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
YONSA	4	QL(4 ea daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 ea daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 ea daily); PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>epirubicin hcl SOLN 50 MG/25ML</i>	4	SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>valrubicin</i>	4	SP; PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE	3	PA
KISQALI FEMARA 400 DOSE	3	PA
KISQALI FEMARA 600 DOSE	3	PA
Antineoplastic Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ALECENSA	4	QL(4 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA
ALUNBRIG TBPk	4	QL(1 ea daily); PA
BALVERSA	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF 100 MG, 500 MG	4	QL(1 ea daily); SP; PA
BOSULIF 400 MG	4	QL(1 ea daily); PA
BRAFTOVI 75 MG	4	SP; PA
BRUKINSA	4	PA
CABOMETYX TABS	4	QL(1 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA
COPIKTRA	4	PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG	4	QL(1 ea daily); PA
<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
IMBRUVICA SUSP	4	QL(8 ml daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS	4	QL(1 ea daily); PA	SPRYCEL	4	QL(1 ea daily); SP; PA
INREBIC	4	PA	STIVARGA	4	QL(4 ea daily); SP; PA
ISTODAX SOLR (<i>romidepsin</i>)	4	SP; PA	<i>sunitinib malate</i> 12.5 MG, 25 MG, 50 MG	4	QL(1 ea daily); SP; PA
JAKAFI	4	QL(2 ea daily); SP; PA	TABRECTA	4	PA
KISQALI	3	PA	TAFINLAR CAPS	4	QL(4 ea daily); PA
KOSELUGO	4	PA	TAFINLAR TBSO	4	PA
KYPROLIS	4	PA	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	QL(1 ea daily); PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA	TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
LORBRENA	4	QL(1 ea daily); PA	TASIGNA 50 MG	4	QL(4 ea daily); PA
LYNPARZA TABS	4	QL(4 ea daily); PA	TAZVERIK	4	PA
MEKINIST SOLR	4	PA	<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA	TIBSOVO	4	PA
MEKINIST TABS 2 MG	4	QL(1 ea daily); PA	TURALIO	4	PA
MEKTOVI	4	SP; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	4	SP; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	QL(4 ea daily); SP; PA	VERZENIO	4	PA
NINLARO	4	QL(0.143 ea daily); PA	VITRAKVI CAPS	4	PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	VITRAKVI SOLN	4	PA
PEMAZYRE	4	QL(1 ea daily); PA	VOTRIENT (<i>pazopanib hcl</i>)	4	QL(4 ea daily); SP; PA
PIQRAY 200MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
PIQRAY 250MG DAILY DOSE	4	PA	XOSPATA	4	PA
PIQRAY 300MG DAILY DOSE	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
QINLOCK	4	PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
RETEVMO	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZELBORAF	4	SP; PA
ROZLYTREK CAPS	4	PA	ZOLINZA	4	QL(4 ea daily); SP; PA
RUBRACA	4	QL(4 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	Antineoplastic Enzymes		

Drug Name	Drug Tier	Requirements/ Limits
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
ABRAXANE	4	SP; PA
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</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	
HALAVEN	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
PACLITAXEL PROTEIN-BOUND PARTICLES	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN 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>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
APOKYN SOCT	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>apomorphine hydrochloride SOCT</i>	4	PA	EQUETRO 300 MG	3	QL(4 ea daily); ST
<i>bromocriptine mesylate CAPS</i>	1B		EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B		EQUETRO 200 MG	3	QL(8 ea daily); ST
<i>carbidopa-levodopa-entacapone</i>	1B		LATUDA 20 MG, 40 MG, 60 MG, 120 MG (<i>lurasidone hcl</i>)	3	QL(1 ea daily)
<i>carbidopa-levodopa TABS</i>	1B		LATUDA 80 MG (<i>lurasidone hcl</i>)	3	QL(2 ea daily)
<i>carbidopa-levodopa TBCR</i>	1B		<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>carbidopa-levodopa TBDP</i>	1B		<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
NEUPRO	2		<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B		Benzisoxazoles		
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)	FANAPT	2	QL(2 ea daily); PA
<i>ropinirole hydrochloride TABS</i>	1B		FANAPT TITRATION PACK	2	PA
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST	<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST	<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
Antiparkinson Monoamine Oxidase Inhibitors			PERSERIS PRSY	2	QL(0.072 ea daily); PA
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA	RISPERDAL CONSTA	2	QL(0.072 ea daily); PA
<i>selegiline hcl CAPS</i>	1B		<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>selegiline hcl TABS</i>	1B		<i>risperidone TABS</i>	1B	QL(4 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>risperidone TBDP</i>	1B	QL(4 ea daily)
Antimanic Agents			Butyrophenones		
LITHIUM	1B		<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>lithium carbonate CAPS</i>	1B		<i>haloperidol lactate CONC</i>	1B	
<i>lithium carbonate TABS</i>	1B		<i>haloperidol lactate SOLN</i>	1B	
<i>lithium carbonate TBCR</i>	1B		<i>haloperidol TABS</i>	1B	
Antipsychotics - Misc.			Dibenzapines		
			<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA

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

Drug Name	Drug Tier	Requirements/ Limits
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	2	QL(4 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	2	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	1B	QL(2 ea daily)
<i>darunavir TABS 800 MG</i>	1B	QL(1 ea daily)
DELSTRIGO	3	QL(1 ea daily)
DOVATO	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)	PIFELTRO	2	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)	PREZCOBIX	2	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)	PREZISTA SUSP	2	QL(12 ml daily)
EMTRIVA SOLN	2	QL(24 ml daily)	PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)	PREZISTA TABS 800 MG (<i>darunavir</i>)	2	QL(1 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)	PREZISTA TABS (<i>darunavir</i>)	2	QL(2 ea daily)
EVOTAZ	3	QL(1 ea daily)	RETROVIR IV INFUSION SOLN	1B	
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)	<i>ritonavir TABS</i>	1B	QL(12 ea daily)
FUZEON SOLR	4	SP; PA	RUKOBIA	4	PA
GENVOYA	3	QL(1 ea daily)	SELZENTRY SOLN	2	QL(30 ml daily)
INTELENCE 25 MG	2	QL(8 ea daily)	SELZENTRY TABS 300 MG (<i>maraviroc</i>)	2	QL(4 ea daily)
INVIRASE TABS	2	QL(4 ea daily)	SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)	SELZENTRY TABS (<i>maraviroc</i>)	2	QL(2 ea daily)
ISENTRESS CHEW	2	QL(6 ea daily)	<i>stavudine CAPS</i>	1B	QL(2 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)	STRIBILD	3	QL(1 ea daily)
JULUCA	3	QL(1 ea daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)	TIVICAY TABS	3	QL(2 ea daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)	TRIUMEQ TABS	3	QL(1 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)	TRIZIVIR	2	QL(2 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)	TYBOST	2	QL(1 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)	VIRACEPT TABS 250 MG	2	QL(10 ea daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)	VIRACEPT TABS 625 MG	2	QL(4 ea daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)	VIREAD POWD	2	QL(7.5 gm daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)	<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)	<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	CMV Agents		
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	<i>cidofovir</i>	3	
NORVIR PACK	2	QL(12 ea daily)			
NORVIR SOLN	2	QL(15 ml daily)			
ODEFSEY	3	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP; PA
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPCLUSA PACK	4	QL(1 ea daily); PA
EPCLUSA TABS	4	QL(1 ea daily); PA
EPCLUSA TABS	4	QL(1 ea daily); PA
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1B	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>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
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>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B		<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B		<i>diltiazem hcl CP24</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B		<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)	DILTIAZEM HCL SOLR	1B	
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)	<i>diltiazem hcl TABS</i>	1B	
Beta Blockers Non-Selective			<i>diltiazem hcl TB24</i>	1B	
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA	<i>felodipine</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)	<i>isradipine CAPS</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)	<i>nicardipine hcl CAPS</i>	1B	
<i>nadolol TABS 80 MG</i>	1B		<i>nicardipine hcl SOLN</i>	1B	
<i>pindolol TABS</i>	1B		<i>nifedipine CAPS 10 MG</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)	<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B		<i>nifedipine TB24</i>	1B	
<i>propranolol hcl TABS</i>	1B		<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl (afib/afl)</i>	1B		<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B		<i>nimodipine CAPS</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)	<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
<i>timolol maleate TABS</i>	1B		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
Calcium Channel Blockers			<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>amlodipine besylate TABS</i>	1B		<i>verapamil hcl TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B		<i>verapamil hcl TBCR</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B		Cardiac Glycosides		
			<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
			<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANOXIN SOLN IJ (<i>digoxin</i>)	2		OPSUMIT	4	QL(1 ea daily); PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2		TRACLEER TBSO	4	QL(2 ea daily); SP; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			Pulmonary Hypertension - Phosphodiesterase Inhibitors		
Cardiovascular Agents Misc. - Combinations			<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SOLN	4	QL(37.5 ml daily); SP; PA
<i>amlodipine besylate- atorvastatin calcium</i>	1B	QL(1 ea daily)	<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SUSR	4	QL(6 ml daily); PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	2		<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) TABS	4	QL(3 ea daily); SP; PA
ENTRESTO	3	QL(2 ea daily); PA	<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
<i>isosorbide dinitrate- hydralazine hcl</i>	1B		Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Impotence Agents			UPTRAVI TITRATION PACK TBPk	4	1 rtl MAX fill; 180 rtl day(s) supply; PA
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
STENDRA	3	QL(0.134 ea daily)	UPTRAVI TABS 200 MCG	4	PA
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
Prostaglandin Vasodilators			ADEMPAS	4	QL(3 ea daily); PA
<i>epoprostenol sodium</i>	4	PA	Sinus Node Inhibitors		
ORENITRAM TBCR	4	PA	CORLANOR SOLN	3	QL(15 ml daily); PA
<i>treprostinil SOLN IJ</i>	4	SP; PA	CORLANOR TABS	3	QL(2 ea daily); PA
TYVASO REFILL SOLN IN	4	PA	Transthyretin Stabilizers		
TYVASO STARTER SOLN IN	4	PA	VYNDAMAX	4	QL(1 ea daily); PA
TYVASO SOLN IN	4	PA	VYNDAQEL	4	QL(4 ea daily); 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			

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Drug Name	Drug Tier	Requirements/ Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
<i>cephalexin TABS</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	
<i>cefprozil TABS</i>	1B	
<i>cefuroxime axetil TABS</i>	1B	
<i>cefuroxime sodium IJ 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1B	
<i>cefdinir SUSR</i>	1B	
<i>cefixime CAPS</i>	1B	
<i>cefixime SUSR</i>	1B	ST
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	1B	
CEFOTAXIME SODIUM IJ 1 GM	2	
<i>cefpodoxime proxetil SUSR</i>	1B	
<i>cefpodoxime proxetil TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium IJ 250 MG</i>	1A	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	0	
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATAZIA	0		Progestin Contraceptives - Injectable		
NEXTSTELLIS	0	QL(1 ea daily)	DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>norethin acet & estrad-fe CAPS</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	90 rtl day(s) supply; 90 rtl lmt day(s); QL(1 ml per 90 days retail)
<i>norethin acet & estrad-fe CHEW</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 days retail)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		Progestin Contraceptives - Oral		
<i>norethindrone & eth estradiol</i>	0		<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0		SLYND	0	QL(1 ea daily)
<i>norethindrone acet & eth estra</i>	0		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0		Glucocorticosteroids		
<i>norethindrone-eth estradiol (triphasic)</i>	0		<i>budesonide CPEP</i>	1B	QL(3 ea daily)
<i>norgestimate-ethinyl estradiol</i>	0		DEPO-MEDROL SUSP	3	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0		DEXAMETHASONE INTENSOL CONC	1B	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0		<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
TYBLUME CHEW	0		<i>dexamethasone ELIX</i>	1B	
Combination Contraceptives - Transdermal			<i>dexamethasone SOLN</i>	1B	
<i>norelgestromin-ethinyl estradiol</i>	0		<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
TWIRLA	0	QL(3 ea per 28 days retail)	<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
Combination Contraceptives - Vaginal			EMFLAZA SUSP	4	PA
ANNOVERA	0	PA	EMFLAZA TABS	4	PA
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)	<i>hydrocortisone TABS</i>	1B	
Emergency Contraceptives			MEDROL TABS	3	
ELLA	0		<i>methylprednisolone acetate SUSP</i>	1B	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0				

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPk</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TBPk</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill; 30 rtl day(s) supply
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetanide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
Cough/Cold/Allergy Combinations		
<i>cetirizine-pseudoephedrine</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine-pseudoephedrine TB12</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine TB24</i>	1B	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1B	
<i>loratadine & pseudoephedrine TB12</i>	1B	QL(2 ea daily)
<i>loratadine & pseudoephedrine TB24</i>	1B	QL(1 ea daily)
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); PA
<i>adapalene GEL 0.1 %</i>	1B	AL(At least 12 yrs old); PA; RX/OTC
<i>adapalene GEL 0.3 %</i>	1B	AL(At least 12 yrs old); ST
AZELEX	3	AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	Antibiotics - Topical		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	ALTABAX	2	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) OINT</i>	1B	
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	<i>mupirocin OINT</i>	1B	QL(6 gm daily)
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	NEO-SYNALAR	3	PA
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	Antifungals - Topical		
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>ciclopirox olamine CREA</i>	1B	1 rti MAX fill; 30 rti day(s) supply; QL(90 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
			<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
			<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
JUBLIA	3	PA
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 1 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
<i>naftifine hcl CREA 2 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 gm daily)
<i>naftifine hcl GEL 1 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
OXISTAT LOTN	2	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 ml daily)
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
PANRETIN	3	
TARGRETIN (<i>bexarotene (topical)</i>)	4	SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(45 gm per fill retail; 45 per fill mail); PA

Drug Name	Drug Tier	Requirements/ Limits
Antipsoriatics		
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
SKYRIZI PSKT	4	QL(0.025 ea daily); PA
SKYRIZI SOSY	4	QL(0.025 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</i>	1B	QL(1 gm daily)
TREMFYA SOPN	4	QL(0.018 ml daily); PA
TREMFYA SOSY	4	QL(0.018 ml daily); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
Antivirals - Topical		

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir topical CREA</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill
<i>acyclovir topical OINT</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill
DENAVIR (<i>penciclovir</i>)	3	QL(0.18 gm daily)
<i>penciclovir</i>	1B	QL(0.18 gm daily)
Burn Products		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
SULFAMYLLON CREA	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
<i>amcinonide CREA</i>	1B	1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(60 gm per fill retail; 60 per fill mail)
<i>amcinonide LOTN</i>	3	
<i>amcinonide OINT</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B	
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)	<i>diflorasone diacetate CREA</i>	1B	PA
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)	<i>diflorasone diacetate OINT</i>	1B	PA
<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA	<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST	<i>fluocinonide GEL</i>	1B	
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA	<i>fluocinonide OINT</i>	1B	QL(2 gm daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA	<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)
<i>clocortolone pivalate</i>	3	QL(3 gm daily)	<i>flurandrenolide CREA</i>	2	QL(2 gm daily)
CORDRAN TAPE	3	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>flurandrenolide CREA</i>	2	
<i>desonide CREA</i>	1B	QL(4 gm daily)	<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)
<i>desonide LOTN</i>	1B	QL(4 ml daily)	<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)
<i>desonide OINT</i>	1B	QL(3 gm daily)	<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)	<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)
<i>desoximetasone GEL</i>	1B	QL(3 gm daily)	<i>halcinonide CREA</i>	1B	PA
			<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)
			<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)
			HALOG OINT	3	PA
			<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>hydrocortisone valerate CREA</i>	1B	
<i>hydrocortisone valerate OINT</i>	1B	
<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1B	PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
<i>MIRVASO (brimonidine tartrate (topical))</i>	3	QL(1 gm daily); PA
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily); RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	

Drug Name	Drug Tier	Requirements/ Limits
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
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-4200 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

Drug Name	Drug Tier	Requirements/ Limits
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

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
KEVEYIS (<i>dichlorphenamide</i>)	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)

Diuretic Combinations

<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & hydrochlorothiazide TABS</i>	1B	

Loop Diuretics

<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)

<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torsemide TABS</i>	1B	

Potassium Sparing Diuretics

<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 ea daily)

Thiazides and Thiazide-Like Diuretics

<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators

<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ml daily)
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 rtl MAX fill; 180 rtl day(s) supply; SP; PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	30 rtl day(s) supply; PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	30 rtl day(s) supply; PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
CYSTADANE (<i>betaine</i>)	4	SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
LUMIZYME	4	SP; PA
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	4	SP; PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
STIMATE SOLN NA	4	SP; PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily); SP; PA
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily); SP; PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily); SP; PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily); SP; PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML (<i>estradiol valerate</i>)	1B	
DEPO-ESTRADIOL	3	
DIVIGEL GEL (<i>estradiol</i>)	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Infections			<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
Fluoroquinolones			<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
BAXDELA SOLR	3	PA	Inflammatory Bowel Agents		
BAXDELA TABS	3	PA	AVSOLA	4	PA
<i>ciprofloxacin hcl TABS</i>	1B		<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3		DIPENTUM	2	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 rtl MAX fill; 30 rtl day(s) supply	INFLECTRA	4	PA
CIPRO SUSR	2	2 rtl MAX fill; 30 rtl day(s) supply	<i>mesalamine CP24</i>	1B	
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B		<i>mesalamine CPDR</i>	1B	
<i>levofloxacin SOLN OR</i>	1B		<i>mesalamine ENEM</i>	3	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B		<i>mesalamine SUPP</i>	3	
<i>levofloxacin TABS 500 MG</i>	1A		<i>mesalamine TBEC 1.2 GM</i>	3	
<i>moxifloxacin hcl in sodium chloride</i>	1B		<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>moxifloxacin hcl TABS</i>	1B		RENFLEXIS	4	PA
<i>ofloxacin 300 MG, 400 MG</i>	1B		SKYRIZI SOCT	4	QL(0.043 ml daily); PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			STELARA 130 MG/26ML	4	PA
Bile Acid Synthesis Disorder Agents			<i>sulfasalazine TABS</i>	1B	
CHOLBAM	4	SP; PA	<i>sulfasalazine TBEC</i>	1B	
Gallstone Solubilizing Agents			Intestinal Acidifiers		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)	<i>lactulose (encephalopathy)</i>	1B	
<i>ursodiol TABS</i>	1B		Irritable Bowel Syndrome (IBS) Agents		
Gastrointestinal Chloride Channel Activators			<i>alosetron hcl</i>	1B	QL(2 ea daily)
<i>lubiprostone</i>	1B	QL(2 ea daily)	LINZESS	2	QL(1 ea daily); PA
Gastrointestinal Stimulants			Peripheral Opioid Receptor Antagonists		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B		<i>alvimopan</i>	1B	
			MOVANTIK	3	QL(1 ea daily); PA
			RELISTOR SOLN	3	PA
			Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG	3	QL(3 ea daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
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
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	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</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
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

Drug Name	Drug Tier	Requirements/ Limits
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 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	4	PA
MULPLETA	4	QL(1 ea daily); 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
RETACRIT	4	PA
RETACRIT	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
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</i>	0	
Stem Cell Mobilizers		
MOZOBIL (<i>plerixafor</i>)	4	SP; PA
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<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>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
<i>SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)</i>	3	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Numbing			DUREX EXTRA SENSITIVE THIN DEVI	0	QL(2 ea daily)
Local Anesthetics - Amides			FANTASY LUBRICATED/SPERMICI DE MISC	0	QL(2 ea daily)
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B		FANTASY LUBRICATED MISC	0	QL(2 ea daily)
MACROLIDES - Drugs to Treat Bacterial Infections			FC2 FEMALE CONDOM	0	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)
Azithromycin			FEMCAP DEVI	0	
<i>azithromycin PACK</i>	1B		KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin SOLR</i>	1B		KIMONO COLORS DEVI	0	QL(2 ea daily)
<i>azithromycin SUSR</i>	1B		KIMONO LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)	KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
Clarithromycin			KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin SUSR</i>	1B		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TABS</i>	1B		KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TB24</i>	1B		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
Erythromycins			KIMONO SPECIAL DEVI	0	QL(2 ea daily)
<i>erythromycin base CPEP</i>	3		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
<i>erythromycin base TABS</i>	3		K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
<i>erythromycin base TBEC</i>	1B				
<i>erythromycin ethylsuccinate SUSR</i>	1B				
<i>erythromycin ethylsuccinate TABS</i>	3				
Fidaxomicin					
DIFICID TABS	2				
MEDICAL DEVICES AND SUPPLIES					
Contraceptives					
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)			
CAYA DPRH	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXX LUBRICATED MISC	0	QL(2 ea daily)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM	0		TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)	Diabetic Supplies		
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA	<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 days retail; 10 ea per 30 days mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1B	QL(6.6667 ea daily); RX/OTC	Migraine Products		
SELECT LANCETS	1B	6.66/day	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
SELECT LANCETS	1	6.66/day	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B		ERGOMAR SUBL	3	QL(0.667 ea daily)
Parenteral Therapy Supplies			Serotonin Agonists		
SELECT INSULIN SYRINGES	1B	5/day	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily); RX/OTC	<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily); PA			
UBRELVY	3	QL(10 ea per 30 days retail); ST			
Migraine Combinations					
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)	IONOSOL-MB/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-P/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-S	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	<i>lactated ringer's</i>	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-M/D5W	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-R	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
MINERALS & ELECTROLYTES			PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1B	
Bicarbonates			<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
<i>sodium acetate SOLN</i>	1B		<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>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
Calcium			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
Electrolyte Mixtures			<i>ringer's</i>	1B	
<i>dextrose in lactated ringers</i>	1B		Fluoride		
<i>electrolyte-148</i>	1B				
<i>electrolyte-a</i>	1B				

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Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate IJ 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
Potassium		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B	
<i>potassium chloride CPCR</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)</i>	1B	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1B	
Sodium		
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine CAPS</i>	1B	PA
<i>penicillamine TABS</i>	1B	QL(8 ea daily)
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
Immunomodulators		

Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide 20 MG</i>	4	PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
<i>REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
<i>REVLIMID 20 MG</i>	4	PA
<i>THALOMID</i>	4	QL(3 ea daily); SP; PA
Immunosuppressive Agents		
<i>ATGAM</i>	4	SP; PA
<i>AZATHIOPRINE</i>	1B	
<i>azathioprine TABS</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>ENSPRYNG</i>	4	PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
<i>NULOJIX</i>	4	SP; PA
<i>PROGRAF PACK</i>	2	PA
<i>PROGRAF SOLN</i>	2	
<i>SIMULECT</i>	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
<i>THYMOGLOBULIN</i>	4	SP; PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactated ringer's (irrigation)</i>	1B		<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
<i>ringer's irrigation</i>	1B		Prenatal Vitamins		
<i>water for irrigation, sterile</i>	1B		CLASSIC PRENATAL TABS	2	QL(1 ea daily)
Potassium Removing Agents			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)
LOKELMA	3	QL(1 ea daily); PA	EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
<i>sodium polystyrene sulfonate POWD</i>	1B		GNP PRENATAL TABS	2	QL(1 ea daily)
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1B		KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
MOUTH/THROAT/DENTAL AGENTS			MASONATAL TABS	2	QL(1 ea daily)
Anesthetics Topical Oral			M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)	MULTI PRENATAL TABS	2	QL(1 ea daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		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
Anti-infectives - Throat			NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>clotrimazole</i>	1B		NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
<i>nystatin (mouth-throat)</i>	1B		NEONATAL VITAMIN TABS	2	QL(1 ea daily)
Antiseptics - Mouth/Throat			NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
DEBACTEROL	2		ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)
Dental Products			PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
<i>stannous fluoride CONC</i>	0	RX/OTC			
Steroids - Mouth/Throat/Dental					
<i>triamcinolone acetonide (mouth)</i>	1B				
Throat Products - Misc.					
<i>cevimeline hcl</i>	1B				
<i>pilocarpine hcl (oral)</i>	1B				
MULTIVITAMINS					
Ped MV w/ Fluoride					

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 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)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS 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
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 rtl pack lmt per fill

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC	<i>carteolol hcl (ophth)</i>	1B	
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC	<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>triamcinolone acetonide (nasal) AERO</i>	1B		<i>levobunolol hcl 0.5 %</i>	1B	
XHANCE EXHU	3	PA	<i>timolol maleate (ophth) SOLG</i>	1B	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			<i>timolol maleate (ophth) SOLN</i>	1B	
ALS Agents			Cycloplegic Mydriatics		
<i>riluzole TABS</i>	3		<i>tropicamide SOLN 1 %</i>	1B	
Neuromuscular Blocking Agent - Neurotoxins			<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
BOTOX IJ	3	PA	Miotics		
DYSPOORT	3	PA	PHOSPHOLINE IODIDE	3	
XEOMIN	3	PA	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Nondepolarizing Muscle Relaxants			Ophthalmic Adrenergic Agents		
<i>atracurium besylate 100 MG/10ML</i>	3	PA	<i>apraclonidine hcl</i>	1B	
NUTRIENTS			<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
Proteins			IOPIDINE	3	
CLINIMIX 4.25%/DEXTROSE 10%	3		Ophthalmic Anti-infectives		
CLINIMIX 4.25%/DEXTROSE 5%	3		AZASITE	3	
CLINIMIX E 5%/DEXTROSE 20%	3		<i>bacitracin (ophthalmic)</i>	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			BESIVANCE	3	PA
Artificial Tears and Lubricants			<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
LACRISERT	3		<i>erythromycin (ophth)</i>	1B	
Beta-blockers - Ophthalmic			<i>gatifloxacin (ophth)</i>	1B	
<i>betaxolol hcl (ophth) SOLN</i>	1B		<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B		<i>gentamicin sulfate (ophth) SOLN</i>	1B	
			KLARITY-A	3	
			<i>levofloxacin (ophth) 0.5 %</i>	1B	
			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
			NATACYN	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin zn-polymyxin</i>	1B		<i>prednisolone acetate (ophth)</i>	1B	
<i>ofloxacin (ophth)</i>	1B		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>polymyxin b-trimethoprim</i>	1B		<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1B		<i>tobramycin-dexamethasone SUSP</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B		ZYLET	3	PA
<i>trifluridine</i>	1B		Ophthalmic Surgical Aids		
ZIRGAN GEL	2		HEALON PRO SOSY	3	PA
Ophthalmic Immunomodulators			PROVISC SOSY	3	PA
<i>cyclosporine (ophth) EMUL</i>	3	PA	Ophthalmics - Misc.		
Ophthalmic Local Anesthetics			ALOCRIAL	3	PA
<i>proparacaine hcl</i>	1B		ALOMIDE	3	PA
Ophthalmic Steroids			<i>azelastine hcl (ophth)</i>	1B	
ALREX SUSP	3	PA	<i>bepotastine besilate</i>	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)	<i>brinzolamide</i>	1B	
<i>difluprednate</i>	1B	PA	<i>bromfenac sodium (ophth)</i>	1B	
<i>fluorometholone (ophth) SUSP</i>	1B		<i>cromolyn sodium (ophth)</i>	1B	
FML FORTE SUSP	3	PA	CYSTARAN	2	QL(2.143 ml daily); PA
FML OINT	3	PA	<i>diclofenac sodium (ophth)</i>	1B	
LOTEMAX OINT	3	PA	<i>dorzolamide hcl</i>	1B	
<i>loteprednol etabonate GEL</i>	1B	PA	<i>epinastine hcl (ophth)</i>	1B	
<i>loteprednol etabonate SUSP</i>	1B	PA	<i>flurbiprofen sodium</i>	1B	
MAXIDEX SUSP OP	3	PA	ILEVRO	3	QL(0.2 ml daily); ST
<i>neomycin-polymy-dexameth OINT</i>	1B		<i>ketorolac tromethamine (ophth)</i>	1B	
<i>neomycin-polymy-dexameth SUSP</i>	1B		<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)	LASTACRAFT	3	PA; RX/OTC
PRED MILD	3	PA	NEVANAC	3	QL(0.2 ml daily); ST
PRED-G SUSP	3	PA	<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
			<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
			ZERVIAE	3	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Prostaglandins - Ophthalmic			GAMMAGARD LIQUID 30 GM/300ML	4	PA
<i>bimatoprost SOLN</i>	3		GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
<i>latanoprost SOLN</i>	1B		GAMMAKED 1 GM/10ML	4	SP; PA
<i>tafluprost</i>	1B		GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
<i>travoprost</i>	1B		GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP; PA
ZIOPTAN (<i>tafluprost</i>)	2		GAMUNEX-C 1 GM/10ML	4	SP; PA
OTIC AGENTS - Drugs to Treat the Ear			Passive Immunizing Agents - Combinations		
Otic Agents - Miscellaneous			HYQVIA	4	PA
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)	PENICILLINS - Drugs to Treat Bacterial Infections		
Otic Anti-infectives			Aminopenicillins		
<i>ciprofloxacin hcl (otic)</i>	1B		<i>amoxicillin CAPS</i>	1A	
<i>ofloxacin (otic)</i>	1B		<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
Otic Combinations			<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>ciprofloxacin-dexamethasone</i>	1B	PA	<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily); PA	<i>amoxicillin TABS</i>	1B	
CORTISPORIN-TC	3		<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)	<i>ampicillin CAPS 500 MG</i>	1B	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B		Natural Penicillins		
Otic Steroids			<i>penicillin g potassium 5000000 UNIT</i>	1B	
<i>fluocinolone acetonide (otic)</i>	1B		PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>hydrocortisone w/acetic acid</i>	1B		PENICILLIN G PROCAINE	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			<i>penicillin g sodium</i>	3	
Immune Serums					
GAMMAGARD LIQUID 1 GM/10ML	4	SP; PA			
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

Drug Name	Drug Tier	Requirements/ Limits
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 rtl MAX fill; 365 rtl day(s) supply; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INGREZZA CPPK	4	1 rtl MAX fill; 180 rtl day(s) supply; PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA	REBIF TITRATION PACK SOSY	4	1 rtl MAX fill; 365 rtl day(s) supply; SP; PA
Multiple Sclerosis Agents			REBIF SOSY	4	QL(0.214 ml daily); SP; PA
AUBAGIO (<i>teriflunomide</i>)	4	QL(1 ea daily); PA	<i>teriflunomide</i>	4	QL(1 ea daily); PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA	<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA	<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	3	QL(1 ml daily)	Pseudobulbar Affect (PBA) Agents		
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	3	QL(0.43 ml daily)	NUDEXTA	3	PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
<i>dimethyl fumarate CDPK</i>	4	QL(2 ea daily); PA	<i>ergoloid mesylates TABS</i>	1B	
<i>dimethyl fumarate CPDR</i>	4	QL(2 ea daily); PA	<i>pimozide</i>	1B	
<i> fingolimod hcl</i>	4	QL(1 ea daily); PA	Restless Leg Syndrome (RLS) Agents		
GILENYA	4	QL(1 ea daily); PA	HORIZANT	3	QL(2 ea daily); PA
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)	Smoking Deterrents		
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)	APO-VARENICLINE TABS	0	QL(2 ea daily)
KESIMPTA	4	QL(0.0144 ml daily); PA	<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA	<i>nicotine polacrilex GUM</i>	0	
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA	<i>nicotine polacrilex LOZG</i>	0	
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA	NICOTINE TRANSDERMAL SYSTEM KIT	0	
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA	<i>nicotine MISC XX</i>	0	QL(1 ea daily)
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 rtl MAX fill; 365 rtl day(s) supply; SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
			NICOTROL INHALER INHA	0	

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Drug Name	Drug Tier	Requirements/ Limits
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
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPk 100 MG-50 MG	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	4	QL(1 ea daily); PA
ESBRIET TABS (<i>pirfenidone</i>)	4	QL(1 ea daily); PA
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>	1B	
TETRACYCLINES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits
Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 50 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium SOLN</i>	1B		<i>dicyclomine hcl CAPS</i>	1B	
<i>liothyronine sodium TABS</i>	1B		<i>dicyclomine hcl SOLN OR</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)	<i>dicyclomine hcl TABS</i>	1B	
NP THYROID 15 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
NP THYROID 30 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate TABS 1 MG</i>	1B	
NP THYROID 90 TABS	1B	QL(1 ea daily)	<i>methscopolamine bromide</i>	1B	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2		H-2 Antagonists		
TOXOIDS			<i>cimetidine TABS</i>	1B	RX/OTC
Toxoid Combinations			<i>famotidine in nacl SOLN</i>	1B	
ADACEL SUSP	0		<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
BOOSTRIX SUSP	0		<i>famotidine SOLN 20 MG/2ML</i>	1A	
BOOSTRIX SUSY	0		<i>famotidine SUSR</i>	1B	QL(10 ml daily)
DAPTACEL	0		<i>famotidine TABS 20 MG, 40 MG</i>	1B	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0		<i>nizatidine CAPS</i>	1B	
INFANRIX	0		<i>nizatidine SOLN</i>	1B	QL(20 ml daily)
KINRIX SUSY	0		<i>ranitidine hcl TABS 150 MG</i>	1B	
PEDIARIX SUSY	0		Misc. Anti-Ulcer		
PENTACEL	0		<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
QUADRACEL SUSP	0		<i>sucralfate TABS</i>	1B	QL(4 ea daily)
QUADRACEL SUSY	0		Proton Pump Inhibitors		
TDVAX SUSP	0		<i>dexlansoprazole</i>	3	QL(1 ea daily)
TENIVAC INJ	0		<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0		<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
Antispasmodics			<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B		<i>lansoprazole CPDR 30 MG</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B				

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Drug Name	Drug Tier	Requirements/ Limits
NEXIUM 24HR TBEC (esomeprazole magnesium)	1B	QL(2 ea daily)
omeprazole magnesium CPDR	1B	QL(4 ea daily)
omeprazole CPDR	1B	QL(2 ea daily)
omeprazole TBEC	1B	QL(2 ea daily)
pantoprazole sodium TBEC 20 MG	1B	QL(1 ea daily)
pantoprazole sodium TBEC 40 MG	1B	
rabeprazole sodium TBEC	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
misoprostol	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1B	14 rti MAX day(s) supply; 365 rti lmt day(s); 14 mail MAX day(s) supply; 365 mail lmt day(s)
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	1B	QL(1 ea daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1B	QL(1 ea daily)
fesoterodine fumarate	1B	QL(1 ea daily); PA
oxybutynin chloride SOLN	1B	
oxybutynin chloride TABS 5 MG	1B	
oxybutynin chloride TB24	1B	
solifenacin succinate TABS	1B	QL(1 ea daily); PA
tolterodine tartrate CP24	1B	QL(1 ea daily)
tolterodine tartrate TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ (fesoterodine fumarate)	3	QL(1 ea daily); PA
trosipium chloride CP24	1B	QL(1 ea daily)
trosipium chloride TABS	1B	QL(3 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 25 MG	1B	
bethanechol chloride 5 MG, 10 MG, 50 MG	1B	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	1 rti MAX fill; 999 rti day(s) supply
TRUMENBA	0	
VAXNEUVANCE	0	4 rti MAX fill; 999 rti day(s) supply
Viral Vaccines		
ABRYSVO	0	AL(At least 60 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rti MAX fill; 180 rti day(s) supply

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUBLOK QUADRIVALENT 2021-2022	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AREXVY	0	AL (At least 60 yrs old)	FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY 2023-24 SUSP	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY 2023-24 SUSY	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY SUSP	0		FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
ENGERIX-B SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply			
FLUAD QUADRIVALENT 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply			
FLUAD QUADRIVALENT 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	GARDASIL 9 SUSP	0	3 rtl MAX fill; 365 rtl day(s) supply
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	GARDASIL 9 SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply
FLUZONE HIGH-DOSE PF 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply	HAVRIX	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply	HEPLISAV-B SOSY	0	2 rtl MAX fill; 292 rtl day(s) supply; 2 mail MAX fill
FLUZONE HIGH-DOSE PF 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply	IPOL INACTIVATED IPV	0	
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	M-M-R II SOLR	0	2 rtl MAX fill; 365 rtl day(s) supply
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
			MODERNA COVID-19 VACCINE6-11Y SUSP	0	
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
			MODERNA COVID-19 VACCINE SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
PREHEVBRIO	0	3 rtl MAX fill; 365 rtl day(s) supply
PRIORIX SUSR	0	3 rtl MAX fill; 365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX INJ	0	2 rtl MAX fill; 365 rtl day(s) supply
VAGINAL AND RELATED PRODUCTS		

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Vaginal Products		
INTRAROSA	3	PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK SOAJ (<i>epinephrine</i> (<i>anaphylaxis</i>))	2	
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
NIACIN TR TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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ENBREL MINI SOCT	4	epirubicin hcl SOLN 50 MG/25ML	26	erythromycin base TBEC	51
ENBREL SOLN	4	EPIVIR HBV SOLN	32	erythromycin ethylsuccinate SUSR	51
ENBREL SOLR	4	eplerenone	21	erythromycin ethylsuccinate TABS	51
ENBREL SOSY 25 MG/0.5ML	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	ESBRIET CAPS (pirfenidone)	63
ENBREL SOSY 50 MG/ML	4	epoprostenol sodium	34	ESBRIET TABS (pirfenidone)	63
ENBREL SURECLICK SOAJ	4	EQL PRENATAL FORMULA TABS	56	escitalopram oxalate SOLN	14
ENERGIX-B SUSP 20 MCG/ML	66	EQUETRO 100 MG	29	escitalopram oxalate TABS 10 MG	14
ENERGIX-B SUSY	66	EQUETRO 200 MG	29	escitalopram oxalate TABS 20 MG	14
enoxaparin sodium SOLN IJ 300 MG/3ML	11	EQUETRO 300 MG	29	escitalopram oxalate TABS 5 MG	14
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	ERAXIS	18	esomeprazole magnesium CPDR 20 MG	64
enoxaparin sodium SOSY 30 MG/0.3ML	11	ERBITUX	25	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOSY 40 MG/0.4ML	11	ergocalciferol CAPS	69	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 60 MG/0.6ML	11	ergocalciferol SOLN OR	69	estazolam	50
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11	ergoloid mesylates TABS	62	estradiol GEL	46
ENSPRYNG	55	ERGOMAR SUBL	53	estradiol PTTW	46
entacapone	28	ergotamine w/ caffeine TABS	53	estradiol PTWK	46
entecavir TABS	32	ERIVEDGE	25	estradiol TABS	46
ENTRESTO	34	ERLEADA 240 MG	25	estradiol vaginal CREA	68
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EPCLUSA TABS	32	erlotinib hcl	25	estradiol valerate	46
EPIDIOLEX	12	ERTACZO	39	ESTROGEL GEL	46
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epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (acne aid) PADS	38	ethacrynic acid	44
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin (acne aid) SOLN	38	ethambutol hcl TABS	23
		erythromycin (ophth)	58	ethosuximide CAPS	13
		erythromycin base CPEP	51	ethosuximide SOLN	13

ethynodiol diacet & eth estrad	35	LUBRICATED/SPERMICIDE MISC	51	fexofenadine-pseudoephedrine TB12	37
etodolac CAPS	3	FARXIGA	17	fexofenadine-pseudoephedrine TB24	37
etodolac TABS	3	FASENRA PEN SOAJ	8	FIASP FLEXTOUCH SOPN	16
etonogestrel-ethinyl estradiol	36	FASENRA SOSY	8	FIASP PENFILL SOCT	16
ETOPOPHOS	28	FC2 FEMALE CONDOM	51	FIASP PUMPCART SOCT	16
etoposide CAPS	28	febuxostat	48	FIASP SOLN	16
etoposide SOLN 1 GM/50ML, 100		felbamate SUSP	13	finasteride	48
MG/5ML, 500 MG/25ML	28	felbamate TABS 400 MG	13	fingolimod hcl	62
etravirine 100 MG	31	felbamate TABS 600 MG	13	FIRDAPSE	23
etravirine 200 MG	31	felodipine	33	FIRMAGON	25
EUCRISA	42	FEMCAP DEVI	51	flavoxate hcl	65
EVAMIST SOLN	46	FEMRING	68	flecainide acetate	8
everolimus (immunosuppressant)		fenofibrate micronized 67 MG, 134		FLOVENT DISKUS AEPB 100	
0.25 MG, 0.5 MG, 0.75 MG	55	MG, 200 MG	19	MCG/BLIST, 250 MCG/BLIST	9
everolimus TABS	26	fenofibrate TABS 48 MG, 54 MG, 145		FLOVENT DISKUS AEPB 50	
EVOTAZ	31	MG, 160 MG	19	MCG/BLIST	9
exemestane	25	fenoprofen calcium TABS	3	FLOVENT HFA	9
ezetimibe	20	FENSOLVI SC	45	floxuridine	24
ezetimibe-simvastatin	19	fentanyl citrate LPOP	5	FLUAD QUADRIVALENT 2021-2022	
famciclovir 125 MG, 250 MG	32	fentanyl PT72 12 MCG/HR, 25			66
famciclovir 500 MG	32	MCG/HR, 50 MCG/HR, 75 MCG/HR,		FLUAD QUADRIVALENT 2022-2023	
famotidine in nacl SOLN	64	100 MCG/HR	5		66
famotidine SOLN 20 MG/2ML	64	ferrous fumarate-folic acid	49	FLUAD QUADRIVALENT 2023-2024	
famotidine SOLN 40 MG/4ML, 200		ferrous sulfate SOLN 15 MG/ML	49		66
MG/20ML	64	ferrous sulfate TABS 65 MG, 325 MG		FLUARIX QUADRIVALENT 2021-	
famotidine SUSR	64		49	2022 SUSY	66
famotidine TABS 20 MG, 40 MG	64	ferrous sulfate TBEC	49	FLUARIX QUADRIVALENT 2022-	
FANAPT	29	fesoterodine fumarate	65	2023 SUSY	66
FANAPT TITRATION PACK	29	FETZIMA CP24	14	FLUARIX QUADRIVALENT 2023-	
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FLUBLOK QUADRIVALENT 2023-2024		66	fluticasone furoate-vilanterol	10
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	fluocinolone acetonide OIL	41	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	9
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	fluocinolone acetonide OINT	41	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	fluocinolone acetonide SOLN	41	fluticasone propionate (nasal) SUSP	58
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	fluocinonide CREA 0.05 %	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	fluocinonide emulsified base	41	fluticasone propionate LOTN	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	fluocinonide GEL	41	fluticasone propionate OINT	41
fluconazole SUSR	fluocinonide OINT	41	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10
fluconazole TABS	fluocinonide SOLN	41	fluticasone-salmeterol AERO	10
flucytosine	fluorometholone (ophth) SUSP	59	fluvastatin sodium CAPS 20 MG	19
fludarabine phosphate SOLN	fluorouracil (topical) CREA 5 %	39	fluvastatin sodium CAPS 40 MG	19
fludarabine phosphate SOLR	fluorouracil (topical) SOLN	39	fluvoxamine maleate TABS 100 MG	14
fludrocortisone acetate TABS	fluorouracil 500 MG/10ML	24	fluvoxamine maleate TABS 25 MG, 50 MG	14
FLULAVAL QUADRIVALENT 2021-2022 SUSY	fluoxetine hcl CAPS 10 MG	14	FLUZONE HIGH-DOSE PF 2021-2022	67
FLULAVAL QUADRIVALENT 2022-2023 SUSY	fluoxetine hcl CAPS 20 MG	14	FLUZONE HIGH-DOSE PF 2022-2023	67
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FLUMIST QUADRIVALENT	fluoxetine hcl CPDR	14	FLUZONE QUADRIVALENT 2021-2022 SUSP	67
flunisolide (nasal) 0.025 %	fluoxetine hcl SOLN	14	FLUZONE QUADRIVALENT 2021-2022 SUSY	67
fluocinolone acetonide (otic)	fluoxetine hcl TABS 10 MG, 60 MG	14	FLUZONE QUADRIVALENT 2022-	
fluocinolone acetonide CREA 0.01 %	fluoxetine hcl TABS 20 MG	14		
fluocinolone acetonide CREA 0.025	fluphenazine hcl CONC	30		
	fluphenazine hcl ELIX	30		
	fluphenazine hcl SOLN	30		
	fluphenazine hcl TABS	30		
	flurandrenolide CREA	41		
	flurandrenolide LOTN	41		
	flurazepam hcl	50		
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FLUZONE QUADRIVALENT 2023-2024 SUSY67	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM52	GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 60
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fondaparinux sodium 2.5 MG/0.5ML . 11	furosemide SOLN OR 10 MG/ML, 40 MG/5ML44	GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML 60
fondaparinux sodium 5 MG/0.4ML .11	furosemide TABS44	ganciclovir sodium SOLR32
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fosamprenavir calcium TABS31	gabapentin SOLN12	gemfibrozil TABS19
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GENVOYA	31	GNP PRENATAL TABS	56	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
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GLEOSTINE 40 MG, 100 MG	24	griseofulvin microsize SUSP	18	HUMIRA PEN PNKT 80 MG/0.8ML .3	
glimepiride 1 MG, 2 MG	17	griseofulvin microsize TABS	18	HUMIRA PEN PNKT	3
glimepiride 4 MG	17	griseofulvin ultramicrosize	18	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3
glipizide TABS 5 MG, 10 MG	17	guanfacine hcl (adhd)	1	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3
glipizide TB24	17	guanfacine hcl	20	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	15	GYNAZOLE-1	68	HUMIRA PEN-PS/UV STARTER PNKT	3
glipizide-metformin hcl 500 MG-5 MG	15	HADLIMA PUSHTOUCH SOAJ	3	HUMIRA PSKT	3
GLUCAGEN DIAGNOSTIC	43	HADLIMA SOSY	3	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16
glucagon (rdna)	16	HAEGARDA SOLR SC	48	HUMULIN R U-500 KWIKPEN SOPN SC	16
glyburide micronized 1.5 MG, 3 MG, 6 MG	17	HALAVEN	28	HYCANTIN CAPS	28
glyburide TABS	17	halcinonide CREA	41	hydralazine hcl SOLN	21
glyburide-metformin 250 MG-1.25 MG	15	halobetasol propionate CREA	41	hydralazine hcl TABS	21
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15	halobetasol propionate OINT	41	hydrochlorothiazide CAPS	44
glycine (gu irrigant) SOLN 1.5 % ..	48	HALOG OINT	41	hydrochlorothiazide TABS 12.5 MG 44	
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML	64	haloperidol decanoate	29	hydrochlorothiazide TABS 25 MG, 50	
glycopyrrolate TABS 1 MG	64	haloperidol lactate CONC	29		
glycopyrrolate TABS 2 MG	64	haloperidol lactate SOLN	29		
		haloperidol TABS	29		
		HAVRIX	67		
		HEALON PRO SOSY	59		
		HEMANGEOL SOLN OR	33		
		heparin sodium (porcine) SOLN IJ			

MG 44	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	ILEVRO 59
hydrocodone polistirex- chlorpheniramine polistirex SUER .37	hydromorphone hcl TABS 5	imatinib mesylate 26
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 6	hydromorphone hcl TB24 32 MG ... 5	IMBRUVICA CAPS 140 MG 26
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 6	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 5	IMBRUVICA CAPS 70 MG 26
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 6	hydroxychloroquine sulfate 200 MG 23	IMBRUVICA SUSP 26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG 6	hydroxyurea 28	IMBRUVICA TABS 27
hydrocodone-ibuprofen 7.5 MG-200 MG 6	hydroxyzine hcl SOLN 50 MG/ML ... 8	imipenem-cilastatin IV 22
hydrocortisone (intrarectal) 7	hydroxyzine hcl SYRP 8	imipramine hcl TABS 15
hydrocortisone (rectal) EX 7	hydroxyzine hcl TABS 8	imipramine pamoate 15
hydrocortisone (topical) CREA 1 %, 2.5 % 41	hydroxyzine pamoate CAPS 8	imiquimod 5 % 42
hydrocortisone (topical) LOTN 2.5 % . 42	HYPERSAL NEBU 37	IMPAVIDO 21
hydrocortisone (topical) OINT 1 %, 2.5 % 42	HYQVIA 60	INCRELEX 45
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hydrocortisone butyrate OINT 42	IBRANCE CAPS 26	indapamide TABS 2.5 MG 44
hydrocortisone butyrate SOLN 42	IBRANCE TABS 26	indomethacin CAPS 25 MG, 50 MG 4
hydrocortisone TABS 36	ibuprofen SUSP 100 MG/5ML 3	indomethacin CPCR 4
hydrocortisone valerate CREA 42	ibuprofen TABS 400 MG, 600 MG ... 3	INFANRIX 64
hydrocortisone valerate OINT 42	ibuprofen TABS 800 MG 3	INFLECTRA 47
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	icosapent ethyl 1 GM 19	INREBIC 27
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	idarubicin hcl 5 MG/5ML, 10 MG/10ML 26	INTRAROSA 68
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	ifosfamide SOLR 24	INVIRASE TABS 31
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ipratropium bromide (nasal) 0.06 % 57	ivermectin 7	KEVEYIS (dichlorphenamide) 44
ipratropium bromide SOLN 0.02 % . 8	IXEMPRA KIT 15 MG 28	KEVZARA SOAJ 3
ipratropium-albuterol SOLN 10	JAKAFI 27	KEVZARA SOSY 3
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irbesartan-hydrochlorothiazide 21	JANUMET XR TB24 1000 MG-100 MG 15	KIMONO LUBRICATED MISC 51
IRESSA (gefitinib) 25	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 51
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ISENTRESS HD TABS 31	JUBLIA 39	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 51
ISENTRESS TABS 31	JULUCA 31	KIMONO SENSATION LUBRICATED MISC 51
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isoniazid SYRP 23	KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride) 54	KISQALI 27
isoniazid TABS 23	KEPIVANCE 6.25 MG 28	KISQALI FEMARA 200 DOSE 26
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 7	KESIMPTA 62	KISQALI FEMARA 400 DOSE 26
isosorbide dinitrate-hydralazine hcl 34	ketoconazole (topical) CREA 39	KISQALI FEMARA 600 DOSE 26
isosorbide mononitrate TABS 7	ketoconazole (topical) SHAM 2 % .39	KLARITY-A 58
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K-Y ME & YOU EXTRA LUBRICATED DEVI	51	LANREOTIDE ACETATE	46	levalbuterol tartrate	10
K-Y ME & YOU INTENSE DEVI ...	51	lansoprazole CPDR 15 MG	64	LEVEMIR FLEXPEN SOPN	16
KYPROLIS	27	lansoprazole CPDR 30 MG	64	LEVEMIR FLEXTOUCH SOPN	16
labetalol hcl SOLN	32	lanthanum carbonate CHEW	48	LEVEMIR SOLN	16
labetalol hcl TABS 100 MG, 200 MG . 32		lapatinib ditosylate	27	levetiracetam SOLN IV 500 MG/5ML 12	
labetalol hcl TABS 300 MG	32	LASTACFT	59	levetiracetam TABS 1000 MG	12
lacosamide SOLN IV 200 MG/20ML . 12		latanoprost SOLN	60	levetiracetam TABS 250 MG, 750 MG	12
lacosamide TABS	12	LATUDA 20 MG, 40 MG, 60 MG, 120 MG (lurasidone hcl)	29	levetiracetam TABS 500 MG	12
LACRISERT	58	LATUDA 80 MG (lurasidone hcl) ..	29	levetiracetam TB24	12
lactated ringer's (irrigation)	56	leflunomide	4	levobunolol hcl 0.5 %	58
lactated ringer's	54	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levocetirizine dihydrochloride SOLN 19	
lactic acid (ammonium lactate) CREA	42	lenalidomide 20 MG	55	levocetirizine dihydrochloride TABS 19	
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lactulose (encephalopathy)	47	LENVIMA 12MG DAILY DOSE	24	levofloxacin in d5w 5 %-500 MG/100ML	47
lactulose SOLN	50	LENVIMA 14 MG DAILY DOSE ..	24	levofloxacin SOLN OR	47
lamivudine (hbv) TABS	32	LENVIMA 18 MG DAILY DOSE ..	24	levofloxacin TABS 250 MG, 750 MG . 47	
lamivudine SOLN	31	LENVIMA 20 MG DAILY DOSE ..	24	levofloxacin TABS 500 MG	47
lamivudine TABS 150 MG	31	LENVIMA 24 MG DAILY DOSE ..	24	levonorgestrel & eth estradiol TABS 35	
lamivudine TABS 300 MG	31	LENVIMA 4 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5 MG	36
lamivudine-zidovudine	31	LENVIMA 8 MG DAILY DOSE	24	levonorgestrel-eth estradiol (triphasic)	35
lamotrigine CHEW 25 MG	12	letrozole	25	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	35
lamotrigine CHEW 5 MG	12	leucovorin calcium SOLR	28	levonorgestrel-ethinyl estradiol (continuous)	35
lamotrigine TABS	12	leucovorin calcium TABS	28		
lamotrigine TBDP	12	LEUKERAN	24		
LANOXIN SOLN IJ (digoxin)	34	LEUKINE SOLR IJ	49		
LANOXIN TABS 62.5 MCG, 125		leuprolide acetate KIT IJ 1 MG/0.2ML	25		
		levalbuterol hcl	10		

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levorphanol tartrate TABS 2 MG5	lopinavir-ritonavir TABS31	LUPRON DEPOT (3-MONTH) KIT IM25
levothyroxine sodium TABS 63	loratadine & pseudoephedrine TB12 . 37	LUPRON DEPOT (4-MONTH) IM . 25
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lidocaine hcl PRSY 42	loratadine TBDP 19	
lidocaine hcl SOLN 42	lorazepam CONC 8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 29
lidocaine PTCH 5 % 42	lorazepam TABS 0.5 MG, 2 MG 8	lurasidone hcl 80 MG 29
lidocaine-prilocaine CREA42	lorazepam TABS 1 MG 8	LYNPARZA TABS 27
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LO LOESTRIN FE TABS 35	LUMIZYME46	meclizine hcl TABS 25 MG 18
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loperamide hcl CAPS 17		

MEDROL TABS	36	meprobamate	8	METHOTREXATE	3
medroxyprogesterone acetate (contraceptive) SUSP IM	36	mercaptopurine TABS	24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	24
medroxyprogesterone acetate (contraceptive) SUSY IM	36	meropenem	22	methotrexate sodium SOLR	24
medroxyprogesterone acetate 10 MG	61	mesalamine CP24	47	methotrexate sodium TABS 2.5 MG 24	
medroxyprogesterone acetate 2.5 MG, 5 MG	61	mesalamine CPDR	47	methoxsalen rapid	40
mefenamic acid CAPS	4	mesalamine ENEM	47	methscopolamine bromide	64
mefloquine hcl	23	mesalamine SUPP	47	methsuximide	13
megestrol acetate (appetite)	61	mesalamine TBEC 1.2 GM	47	methyldopa TABS	20
megestrol acetate SUSP	25	mesalamine TBEC 800 MG	47	methylphenidate hcl CP24 20 MG, 40 MG	2
megestrol acetate TABS	25	metaxalone 800 MG	57	methylphenidate hcl CP24 30 MG ..	2
MEKINIST SOLR	27	metformin hcl TABS 1000 MG	15	methylphenidate hcl CP24	2
MEKINIST TABS 0.5 MG	27	metformin hcl TABS 500 MG	15	methylphenidate hcl CP24	2
MEKINIST TABS 2 MG	27	metformin hcl TABS 850 MG	15	methylphenidate hcl CPCR	2
MEKTOVI	27	metformin hcl TB24 500 MG	16	methylphenidate hcl SOLN	2
meloxicam TABS	4	metformin hcl TB24 750 MG	16	methylphenidate hcl TABS 10 MG, 20 MG	2
melphalan	24	methadone hcl CONC	5	methylphenidate hcl TABS 5 MG ...	2
melphalan hcl	24	methadone hcl SOLN IJ 10 MG/ML	5	methylphenidate hcl TABS 5 MG ...	2
memantine hcl TABS	61	METHADONE HCL SOLN IJ	5	methylphenidate hcl TB24 27 MG ..	2
MENACTRA	65	methadone hcl SOLN OR 10 MG/5ML	5	methylphenidate hcl TB24 36 MG, 54 MG	2
MENEST	46	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TBCR 10 MG, 20 MG	2
MENOSTAR PTWK	46	methadone hcl TABS 10 MG	5	methylphenidate hcl TBCR 18 MG, 27 MG	2
MENQUADFI	65	methadone hcl TABS 5 MG	5	methylphenidate hcl TBCR 36 MG, 54 MG	2
MENVEO SOLR	65	methadone hcl TBSO	5	methylphenidate PTCH	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methamphetamine hcl	1	methylprednisolone acetate SUSP	36
meperidine hcl SOLN OR 50 MG/5ML	5	methazolamide TABS	44	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	37
meperidine hcl TABS 50 MG	5	methenamine hippurate	22	methylprednisolone TABS	37
		methimazole TABS	63		
		METHITEST TABS	7		
		methocarbamol TABS	57		

methylprednisolone TBPK37	minocycline hcl CAPS 63	58
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metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML47	minoxidil 2.5 MG, 10 MG 21	mometasone furoate OINT 42
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metoprolol succinate TB24 25 MG, 50 MG, 100 MG33	mirtazapine TBDP 30 MG13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML 5
metoprolol tartrate SOLN IV 5 MG/5ML33	mirtazapine TBDP 45 MG13	morphine sulfate SOLN OR 10 MG/5ML 5
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG 33	MIRVASO (brimonidine tartrate (topical))43	morphine sulfate SOLN OR 20 MG/5ML 5
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nabumetone	4	neomycin-polymy-dexameth OINT	59	niacin TABS	69
nadolol TABS 20 MG	33	neomycin-polymy-dexameth SUSP	59	niacin TBCR	69
nadolol TABS 40 MG	33			NIACIN TR TBCR	69
nadolol TABS 80 MG	33	neomycin-polymyxin-hc (ophth)	59	niacinamide TABS 100 MG	69
nafticillin sodium IV 10 GM	61	neomycin-polymyxin-hc (otic) SOLN	60	niacinamide TABS 500 MG	69
naftifine hcl CREA 1 %	39	neomycin-polymyxin-hc (otic) SUSP	60	nicardipine hcl CAPS	33
naftifine hcl CREA 2 %	39			nicardipine hcl SOLN	33
naftifine hcl GEL 1 %	39	NEONATAL COMPLETE TABS 120		nicotine MISC XX	62
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naloxone hcl LIQD	17	27 MG-200 MG-1.84 MG-25 MG-2		nicotine PT24 TD 7 MG/24HR, 14	
naloxone hcl SOLN 0.4 MG/ML, 4		MG-1200 MCG-2 MG-0.2 MG	56	MG/24HR, 21 MG/24HR	62
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naltrexone hcl	17	NEONATAL PRENATAL VITAMIN		SYSTEM KIT	62
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naproxen SUSP	4	NEONATAL VITAMIN TABS	56	NICOTROL NS SOLN	63
naproxen TABS	4	NEOSTIGMINE METHYLSULFATE		nifedipine CAPS 10 MG	33
naproxen TBEC 500 MG	4	SOSY 3 MG/3ML	23	nifedipine CAPS 20 MG	33
naratriptan hcl	53	neostigmine methysulfate SOSY	23	nifedipine TB24 60 MG	33
NATACYN	58	NEO-SYNALAR	38	nifedipine TB24 90 MG	33
NATAZIA	36	NEUPRO	29	nifedipine TB24	33
nateglinide	17	NEVANAC	59	nilutamide	25
NAYZILAM	11	nevirapine SUSP	31	nimodipine CAPS	33
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nebivolol hcl 20 MG	33	nevirapine TB24 100 MG	31	NIPENT	28
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nefazodone hcl	14	NEXAVAR (sorafenib tosylate)	27	30 MG, 34 MG, 40 MG	33
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		magnesium)	65	nitisinone CAPS 2 MG, 5 MG, 10 MG	
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		nystatin (topical) POWD EX 39
		nystatin TABS18
		nystatin-triamcinolone CREA39

nystatin-triamcinolone OINT	39	ondansetron hcl SOLN IJ 4 MG/2ML	17	OXBRYTA TABS 500 MG	49
octreotide acetate SOLN	46	ondansetron hcl SOLN OR 4 MG/5ML	17	oxcarbazepine SUSP	12
ODEFSEY	31	ondansetron hcl SOSY	17	oxcarbazepine TABS 150 MG, 300 MG	12
ODOMZO	25	ondansetron hcl TABS 24 MG	17	oxcarbazepine TABS 600 MG	12
OFEV	63	ondansetron hcl TABS 4 MG	17	oxiconazole nitrate CREA	39
ofloxacin (ophth)	59	ondansetron hcl TABS 8 MG	17	OXISTAT LOTN	39
ofloxacin (otic)	60	ondansetron TBDP 4 MG	17	oxybutynin chloride SOLN	65
ofloxacin 300 MG, 400 MG	47	ondansetron TBDP 8 MG	17	oxybutynin chloride TABS 5 MG	65
OGIVRI	25	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxybutynin chloride TB24	65
olanzapine SOLR	30	ONE VITE WOMENS PRENATALVITAMIN TABS	56	oxycodone hcl T12A	5
olanzapine TABS 2.5 MG, 5 MG	30	OPSUMIT	34	oxycodone hcl TABS	5
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	30	ORENITRAM TBCR	34	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
olanzapine TBDP 20 MG	30	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	63	oxymorphone hcl TABS	5
olanzapine TBDP 5 MG, 10 MG, 15 MG	30	ORKAMBI TABS	63	oxymorphone hcl TB12 40 MG	5
olmesartan medoxomil	20	orphenadrine citrate TB12	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	5
olmesartan medoxomil-amlodipine-hydrochlorothiazide	21	oseltamivir phosphate CAPS	32	OZEMPIC SOPN 2 MG/1.5ML	16
olmesartan medoxomil-hydrochlorothiazide	21	oseltamivir phosphate SUSR	32	OZEMPIC SOPN	16
olopatadine hcl (nasal)	57	OSMOPREP	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	28
olopatadine hcl 0.1 %	59	OSPHENA	45	paclitaxel protein-bound particles	28
olopatadine hcl 0.2 %	59	OTEZLA TABS	4	PACLITAXEL PROTEIN-BOUND PARTICLES	28
omega-3-acid ethyl esters	19	OTEZLA TBPk	4	paliperidone 1.5 MG, 3 MG, 9 MG	29
omeprazole CPDR	65	oxacillin sodium IV 10 GM	61	paliperidone 6 MG	29
omeprazole magnesium CPDR	65	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	24	palonosetron hcl SOLN	18
omeprazole TBEC	65	oxandrolone	7	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	45
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	65	oxaprozin	4	PAMIDRONATE DISODIUM SOLN	45
OMNIFLEX DIAPHRAGM	52	oxazepam CAPS	8		
ONCASPAR	28				

PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	43	bicarbonate-sod chloride	50	19VACCINE/5-11Y SUSP	68
PANRETIN	39	PEGASYS SOLN	32	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	67
pantoprazole sodium TBEC 20 MG 65		PEGASYS SOSY	32	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	68
pantoprazole sodium TBEC 40 MG 65		PEMAZYRE	27	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	68
paricalcitol CAPS	46	pemetrexed disodium SOLR 500 MG 24		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	68
paricalcitol SOLN	46	peniclovir	40	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	53
paroxetine hcl SUSP	14	penicillamine CAPS	55	PHEBURANE PLLT	46
paroxetine hcl TABS 10 MG	14	penicillamine TABS	55	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	48
paroxetine hcl TABS 20 MG	14	penicillin g potassium 5000000 UNIT 60		phendimetrazine tartrate TABS	1
paroxetine hcl TABS 30 MG	14	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	60	phenelzine sulfate	13
paroxetine hcl TABS 40 MG	14	PENICILLIN G PROCAINE	60	phenobarbital ELIX	50
paroxetine hcl TB24 12.5 MG	14	penicillin g sodium	60	phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG	50
paroxetine hcl TB24 25 MG, 37.5 MG	14	penicillin v potassium SOLR	61	phenoxybenzamine hcl	20
PASER PACK	23	penicillin v potassium TABS	61	phentermine hcl CAPS	1
pazopanib hcl	27	PENTACEL	64	phenytoin CHEW	13
PEDIARIX SUSY	64	pentazocine w/ naloxone hcl	7	phenytoin sodium extended 100 MG, 200 MG, 300 MG	13
pediatric multivitamins w/fl CHEW ..	56	pentoxifylline	48	phenytoin sodium SOLN	13
PEDVAX HIB SUSP	65	perindopril erbumine 2 MG, 8 MG ..	20	phenytoin SUSP	13
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	50	perindopril erbumine 4 MG	20	PHEXXI	68
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	50	PERJETA	25	PHOSLYRA SOLN	48
peg 3350-potassium chloride-sod		permethrin CREA	43	PHOSPHOLINE IODIDE	58
		permethrin LIQD EX	43	PHOTOFRIN	28
		perphenazine TABS	30	PIFELTRO	31
		perphenazine-amitriptyline	61		
		PERSERIS PRSY	29		
		PFIZER-BIONTECH COVID-19VACCINE SUSP	68		
		PFIZER-BIONTECH COVID-			

pilocarpine hcl (oral)	56	podofilox SOLN	42	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	54
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58		polymyxin b sulfate SOLR	22	potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG	48
pimecrolimus	42	polymyxin b-trimethoprim	59	potassium phosphates 236 MG/ML- 224 MG/ML	55
pimozide	62	POMALYST	26	PR BENZOYL PEROXIDE WASH LIQD	38
pindolol TABS	33	posaconazole SUSP	18	pralatrexate 20 MG/ML	24
pioglitazone hcl	17	potassium acetate SOLN 2 MEQ/ML . 55		pramipexole dihydrochloride TABS 0.125 MG	29
pioglitazone hcl-glimepiride	15	potassium bicarbonate TBEF	55	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	29
pioglitazone hcl-metformin hcl TABS . 15		potassium chloride CPCR	55	prasugrel hcl	49
piperacillin sodium-tazobactam sodium	61	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 %	54	pravastatin sodium	20
PIQRAY 200MG DAILY DOSE ...	27	potassium chloride in dextrose 5 %- 20 MEQ/L	54	praziquantel	7
PIQRAY 250MG DAILY DOSE ...	27	potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 %	54	prazosin hcl CAPS	20
PIQRAY 300MG DAILY DOSE ...	27	potassium chloride microencapsulated crystals er	55	PRECISION XTRA	43
pirfenidone CAPS	63	potassium chloride PACK OR 20 MEQ	55	PRED MILD	59
pirfenidone TABS 267 MG, 801 MG 63		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		PRED-G SUSP	59
pirfenidone TABS 534 MG	63	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	55	prednicarbate OINT	42
piroxicam CAPS	4	potassium chloride TBCR 8 MEQ, 10 MEQ	55	prednisolone acetate (ophth)	59
PLASMA-LYTE A (electrolyte-a) ..	54	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	54	PREDNISOLONE SODIUM PHOSPHATE	59
PLASMA-LYTE-148 (electrolyte-148)	54			prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 37	
PLEGRIDY SOPN	62			prednisolone sodium phosphate TBDP	37
PLEGRIDY SOSY SC	62			prednisolone SOLN	37
PLEGRIDY STARTER PACK SOPN . 62				prednisolone TABS	37
PLEGRIDY STARTER PACK SOSY SC	62				
plerixafor	49				
PNEUMOVAX 23	65				
PNEUMOVAX 23/1 DOSE	65				

prednisone SOLN37	IRON TABS57	PROGRAF SOLN55
prednisone TABS 1 MG, 5 MG37	PRENATAL VITAMINS TABS 120	PROLASTIN-C SOLN63
prednisone TABS 2.5 MG, 10 MG, 20	MG-2.6 MG-800 MCG-400 UNIT-8	PROLASTIN-C SOLR63
MG, 50 MG37	MCG-1.7 MG-20 MG-28 MG-200	PROLEUKIN28
prednisone TBPk37	MG-1.8 MG-25 MG-4000 UNIT-30	PROLIA SOSY45
pregabalin (once-daily) 330 MG ...62	UNIT57	promethazine hcl SOLN 25 MG/ML,
pregabalin (once-daily) 82.5 MG, 165	PRENATRIX TABS57	50 MG/ML19
MG62	PRENATRYL TABS57	promethazine hcl SUPP 12.5 MG, 25
pregabalin CAPS 225 MG, 300 MG	PREPLUS TABS57	MG19
12	PREVNAR 1365	promethazine hcl SUPP 50 MG ...19
pregabalin CAPS 25 MG, 50 MG, 75	PREVNAR 2065	promethazine hcl SYRP19
MG, 100 MG, 150 MG, 200 MG ...12	PREZCOBIX31	promethazine hcl TABS19
pregabalin SOLN12	PREZISTA SUSP31	propafenone hcl CP128
PREHEVBRI068	PREZISTA TABS (darunavir)31	propafenone hcl TABS8
PREMARIN68	PREZISTA TABS 75 MG, 150 MG,	proparacaine hcl59
PREMARIN SOLR46	600 MG31	propranolol hcl CP2433
PREMARIN TABS46	PREZISTA TABS 800 MG	propranolol hcl SOLN OR 20
PREMIUM CONDOMS	(darunavir)31	MG/5ML, 40 MG/5ML33
LUBRICATED MISC52	PRIFTIN23	propranolol hcl TABS33
PREMPHASE46	primaquine phosphate TABS23	propylthiouracil63
PREMPRO46	primidone 50 MG, 250 MG12	protriptyline hcl15
PRENATAL MULTIVITAMIN TABS	PRIORIX SUSR68	PROVISC SOSY59
56	probenecid48	PTS PANELS KETONE TEST43
PRENATAL ONE DAILY TABS57	procainamide hcl SOLN 500 MG/ML .	PULMICORT FLEXHALER AEPB ..9
PRENATAL PLUS TABS57	8	PULMOZYME63
PRENATAL PLUS VITAMIN	prochlorperazine30	PX PRENATAL MULTIVITAMINS
ANDMINERAL TABS57	prochlorperazine maleate TABS ...30	TABS57
PRENATAL TABS57	PROCRIT 2000 UNIT/ML, 3000	pyrazinamide23
PRENATAL VITAMIN & MINERAL	UNIT/ML, 4000 UNIT/ML, 10000	pyridostigmine bromide SOLN OR 23
TABS57	UNIT/ML, 20000 UNIT/ML49	pyridostigmine bromide TABS 60 MG
PRENATAL VITAMIN TABS57	PROCRIT 40000 UNIT/ML49	23
PRENATAL VITAMIN/IRON TABS 57	progesterone CAPS61	pyridostigmine bromide TBCR23
PRENATAL VITAMINS PLUS LOW	PROGRAF PACK55	

pyrimethamine	23	ranolazine TB12 1000 MG	7	REPATHA SURECLICK SOAJ	20
QC PRENATAL TABS	57	ranolazine TB12 500 MG	7	RETACRIT	49
QINLOCK	27	rasagiline mesylate	29	RETEVMO	27
QUADRACEL SUSP	64	REALITY LATEX CONDOMS/LUBRICATED MISC ..	52	RETROVIR IV INFUSION SOLN ..	31
QUADRACEL SUSY	64	REALITY LATEX/ULTRA TEXTURED DEVI	52	REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	30	REALITY LATEX/ULTRA THIN DEVI 52		REVLIMID 20 MG	55
quetiapine fumarate TABS 300 MG, 400 MG	30	REBIF REBIDOSE SOAJ	62	REXULTI	30
quetiapine fumarate TB24 300 MG, 400 MG	30	REBIF REBIDOSE TITRATIONPACK SOAJ	62	ribavirin (hepatitis c) CAPS	32
quetiapine fumarate TB24 50 MG, 150 MG, 200 MG	30	REBIF SOSY	62	ribavirin (hepatitis c) TABS 200 MG 32	
quinapril hcl 20 MG, 40 MG	20	REBIF TITRATION PACK SOSY ..	62	RIDAURA	3
quinapril hcl 5 MG, 10 MG	20	RECOMBIVAX HB SUSP	68	rifabutin	23
quinapril-hydrochlorothiazide 12.5 MG-10 MG	21	RECOMBIVAX HB SUSY	68	rifampin CAPS	23
quinapril-hydrochlorothiazide 12.5 MG-20 MG	21	RECTIV	7	rifampin SOLR	23
quinapril-hydrochlorothiazide 25 MG- 20 MG	21	REGRANEX	43	riluzole TABS	58
quinidine sulfate TABS	8	RELENZA DISKHALER	32	rimantadine hydrochloride TABS ..	32
quinine sulfate CAPS 324 MG	23	RELEXXII TBCR 27 MG	2	ringer's	54
QUZYTIR SOLN IV	19	RELEXXII TBCR 36 MG, 54 MG ...	2	ringer's irrigation	56
QVAR REDIHALER	10	RELION KETONE TEST STRIPS STRP	43	RINVOQ	2
RA PRENATAL FORMULA/FOLICACID TABS	57	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	43	risedronate sodium TABS 150 MG	45
RA PRENATAL TABS	57	RELISTOR SOLN	47	risedronate sodium TABS 35 MG ..	45
rabeprazole sodium TBEC	65	RENFLEXIS	47	risedronate sodium TABS 5 MG, 30 MG	45
raloxifene hcl	45	repaglinide 0.5 MG, 1 MG	17	risedronate sodium TBEC	45
ramelteon	50	repaglinide 2 MG	17	RISPERDAL CONSTA	29
ramipril CAPS	20	REPATHA PUSHTRONEX SYSTEM SOCT	20	risperidone SOLN	29
ranitidine hcl TABS 150 MG	64	REPATHA SOSY	20	risperidone TABS	29
				risperidone TBDP	29
				ritonavir TABS	31
				rivastigmine tartrate CAPS	61

rizatriptan benzoate TABS 10 MG .53	61	simvastatin TABS	20		
rizatriptan benzoate TABS 5 MG ..53	scopolamine	18	sirolimus TABS	55	
rizatriptan benzoate TBDP 10 MG .53	SELECT INSULIN SYRINGES	53	SIRTURO	23	
rizatriptan benzoate TBDP 5 MG ..53	SELECT LANCETS	53	SIVEXTRO TABS	22	
roflumilast 250 MCG	9	selegiline hcl CAPS	29	SKYRIZI PEN SOAJ	40
roflumilast 500 MCG	9	selegiline hcl TABS	29	SKYRIZI PSKT	40
romidepsin SOLR	27	selenium sulfide LOTN 2.5 %	40	SKYRIZI SOCT	47
ropinirole hydrochloride TABS	29	SELZENTRY SOLN	31	SKYRIZI SOSY	40
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	29	SELZENTRY TABS (maraviroc) ...	31	SLYND	36
ropinirole hydrochloride TB24 8 MG, 12 MG	29	SELZENTRY TABS 25 MG, 75 MG, 150 MG	31	SM PRENATAL VITAMINS TABS .57	
rosuvastatin calcium TABS	20	SELZENTRY TABS 300 MG (maraviroc)	31	SODIUM ACETATE SOLN (sodium acetate)	54
ROTARIX SUSP	68	SEREVENT DISKUS	10	sodium acetate SOLN	54
ROTARIX SUSR	68	sertraline hcl CONC	14	sodium chloride (gu irrigant) 0.9 %	48
ROTATEQ SOLN	68	sertraline hcl TABS 100 MG	14	sodium chloride (inhalant) NEBU 7 %	37
ROZLYTREK CAPS	27	sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55
RUBRACA	27	sevelamer carbonate PACK	48	sodium citrate & citric acid	48
rufinamide SUSP	12	sevelamer carbonate TABS	48	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	55
rufinamide TABS 200 MG	12	SHINGRIX	68	sodium phenylbutyrate POWD	46
rufinamide TABS 400 MG	12	SIGNIFOR	46	sodium phenylbutyrate TABS	46
RUKOBIA	31	sildenafil citrate (pulmonary hypertension) SOLN	34	sodium polystyrene sulfonate POWD 56	
RUXIENCE	25	sildenafil citrate (pulmonary hypertension) SUSR	34	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	56
RUZURGI	23	sildenafil citrate (pulmonary hypertension) TABS	34	sodium sulfate-potassium sulfate-magnesium sulfate	50
salsalate	4	sildenafil citrate	34	solifenacin succinate TABS	65
SANDOSTATIN LAR DEPOT KIT .46		silodosin	48	SOLOSEC	2
SANTYL OINT	42	silver sulfadiazine	40	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	37
sapropterin dihydrochloride PACK .46		SIMULECT	55		
sapropterin dihydrochloride TABS .46					
SAVELLA TABS	61				
SAVELLA TITRATION PACK MISC					

SOLU-CORTEF 250 MG37	SPRAVATO 84MG DOSE 14	vehicle EMUL 10 %-10 %-4 %38
SOLU-MEDROL 2 GM37	SPRYCEL 27	sulfacetamide sod-prednisolone SOLN59
SOMATULINE DEPOT 120 MG/0.5ML46	stannous fluoride CONC56	sulfadiazine TABS 63
SOMATULINE DEPOT 60 MG/0.2ML46	stavudine CAPS31	sulfamethoxazole-trimethoprim SOLN22
SOMATULINE DEPOT 90 MG/0.3ML46	STELARA 130 MG/26ML47	sulfamethoxazole-trimethoprim SUSP22
SOMAVERT 10 MG, 15 MG, 20 MG . 45	STELARA SOSY 45 MG/0.5ML ... 40	sulfamethoxazole-trimethoprim TABS22
sorafenib tosylate 27	STENDRA34	SULFAMYLON CREA 40
SORBITOL 3 %48	STIMATE SOLN NA 46	sulfasalazine TABS47
SORBITOL/MANNITOL IRRIGATION48	STIVARGA 27	sulfasalazine TBEC47
sotalol hcl (afib/afI) 33	streptomycin sulfate SOLR2	sulindac TABS 4
sotalol hcl TABS 240 MG33	STRIBILD31	sumatriptan54
sotalol hcl TABS 80 MG, 120 MG, 160 MG33	STRIVERDI RESPIMAT10	sumatriptan succinate SOAJ 54
SOVALDI TABS 200 MG 32	SUBSYS LIQD 100 MCG 5	sumatriptan succinate SOCT54
SOVALDI TABS 400 MG 32	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG 5	sumatriptan succinate SOLN 6 MG/0.5ML54
SPIKEVAX COVID-19 VACCINE SUSP68	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG5	sumatriptan succinate TABS 54
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP68	sucalfate SUSP 64	sumatriptan-naproxen sodium 53
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY68	sucalfate TABS64	sunitinib malate 12.5 MG, 25 MG, 50 MG 27
spinosad43	sulconazole nitrate CREA39	SUNOSI 150 MG1
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..9	sulconazole nitrate SOLN39	SUNOSI 75 MG 1
SPIRIVA RESPIMAT AERS9	sulfacetamide sodium (acne) 38	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)50
spironolactone & hydrochlorothiazide44	sulfacetamide sodium (ophth) SOLN . 59	SYMLINPEN 120 SOPN15
spironolactone TABS 44	sulfacetamide sodium w/ sulfur CREA 10 %-5 % 38	SYMLINPEN 60 SOPN 15
SPRAVATO 56MG DOSE 14	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %38	SYNAREL 45
	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %38	SYNERA PTCH42
	sulfacetamide sodium-sulfur in urea	SYNJARDY TABS 15

SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TEGRETOL SUSP (carbamazepine) . 12	tetracycline hcl CAPS	63	
SYNJARDY XR TB24 1000 MG-25 MG	15	TEGRETOL TABS (carbamazepine) . 12	THALOMID	55	
SYNRIBO	28	TEGSEDI	63	theophylline ELIX	10
SYNTHROID TABS (levothyroxine sodium)	64	telmisartan	20	theophylline SOLN	10
TABLOID	24	telmisartan	20	theophylline TB12	10
TABRECTA	27	telmisartan-amlodipine	21	theophylline TB24	10
tacrolimus (topical) OINT	42	telmisartan-hydrochlorothiazide ..	21	THERANATAL CORE NUTRITION TABS	57
tacrolimus CAPS	55	temazepam 15 MG, 30 MG	50	THIOLA EC TBEC 100 MG	48
tadalafil (pulmonary hypertension) TABS	34	temazepam 7.5 MG, 22.5 MG	50	THIOLA EC TBEC 300 MG	48
tadalafil 5 MG	34	TEMODAR SOLR	24	thioridazine hcl	30
TAFINLAR CAPS	27	temozolomide CAPS	24	thiotepa 15 MG	24
TAFINLAR TBSO	27	temsirolimus	27	thiothixene	30
tafluprost	60	TENIVAC INJ	64	THYMOGLOBULIN	55
TAGRISSO	25	tenofovir disoproxil fumarate TABS 31		THYROGEN 0.9 MG	43
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	27	terazosin hcl	20	tiagabine hcl	13
tamoxifen citrate TABS	25	terbinafine hcl TABS	18	TIBSOVO	27
tamsulosin hcl	48	terbutaline sulfate SOLN	10	tigecycline	63
TARGRETIN (bexarotene (topical)) 39		terbutaline sulfate TABS	10	timolol maleate (ophth) SOLG	58
TASIGNA 150 MG, 200 MG	27	terconazole vaginal CREA	68	timolol maleate (ophth) SOLN	58
TASIGNA 50 MG	27	terconazole vaginal SUPP	68	timolol maleate TABS	33
tavaborole	39	teriflunomide	62	tiotropium bromide monohydrate CAPS	9
tazarotene CREA	40	teriparatide (recombinant) SOPN ..	45	TIVICAY TABS	31
TAZVERIK	27	TERIPARATIDE SOPN	45	tizanidine hcl CAPS	57
TDVAX SUSP	64	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7	tizanidine hcl TABS	57
TEFLARO	35	testosterone cypionate SOLN IM ...	7	tobramycin (ophth) SOLN	59
		testosterone enanthate SOLN IM ...	7	tobramycin NEBU	2
		TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	64	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML	2
		tetrabenazine	62	tobramycin-dexamethasone SUSP	

59	MG/10ML	50	triamcinolone acetonide (topical) LOTN 0.025 %	42
TODAY SPONGE MISC	68	tranexamic acid TABS	50	
tolcapone	28	tranylcypromine sulfate	13	triamcinolone acetonide (topical) LOTN 0.1 %
tolmetin sodium CAPS	4	travoprost	60	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %
tolmetin sodium TABS 600 MG	4	TRAZIMERA	25	triamcinolone acetonide (topical) OINT 0.5 %
TOLSURA CAPS	18	trazodone hcl TABS	14	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML
tolterodine tartrate CP24	65	TREANDA SOLR (bendamustine hcl)	24	37
tolterodine tartrate TABS	65	TRECATOR	23	
tolvaptan TABS	46	TRELEGY ELLIPTA	10	triamcinolone acetonide-dimethicone- silicone
topiramate CPSP 15 MG	13	TRELSTAR MIXJECT	25	42
topiramate CPSP 25 MG	13	TREMFYA SOPN	40	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG
topiramate CS24	13	TREMFYA SOSY	40	44
topiramate TABS 200 MG	13	treprostinil SOLN IJ	34	triamterene & hydrochlorothiazide TABS
topiramate TABS 25 MG, 100 MG	13	TRESIBA FLEXTOUCH SOPN	17	44
topiramate TABS 50 MG	13	TRESIBA SOLN	17	triamterene CAPS
topotecan hcl SOLN	28	tretinoin (chemotherapy)	28	44
topotecan hcl SOLR	28	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38	triazolam
toremifene citrate	25	tretinoin GEL 0.01 %, 0.025 %	38	50
torsemide TABS	44	tretinoin microsphere 0.1 %	38	TRICARE TABS
TOVIAZ (fesoterodine fumarate)	65	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	57
TRACLEER TBSO	34	triamcinolone acetonide (mouth)	56	trientine hcl 250 MG
tramadol hcl TABS 50 MG	6	triamcinolone acetonide (nasal) AERO	58	55
tramadol hcl TB24	6	triamcinolone acetonide (topical) CREA 0.025 %	42	trifluoperazine hcl TABS
tramadol-acetaminophen	6	triamcinolone acetonide (topical) CREA 0.1 %	42	30
trandolapril 1 MG, 2 MG	20	triamcinolone acetonide (topical) CREA 0.5 %	42	trifluridine
trandolapril 4 MG	20			59
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21			trihexyphenidyl hcl SOLN
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21			28
tranexamic acid SOLN 1000				trihexyphenidyl hcl TABS
				28
				TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG
				15
				TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG
				15
				TRIKAFTA TBPK 100 MG-50 MG
				63
				trimethobenzamide hcl CAPS
				18
				trimethoprim TABS
				21
				trimipramine maleate CAPS
				15
				TRINTELLIX
				14

TRIUMEQ TABS	31	+LUBE/LUBRICATED MISC	52	UPTRAVI TITRATION PACK TBPK	34
TRIZIVIR	31	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	52	ursodiol CAPS	47
tropicamide SOLN 0.5 %	58	TRUSTEX/RIA LUBRICATED MISC	52	ursodiol TABS	47
tropicamide SOLN 1 %	58	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	52	UVADEX	28
tropium chloride CP24	65	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	52	valacyclovir hcl 1 GM, 1000 MG ...	32
tropium chloride TABS	65	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	52	valacyclovir hcl 500 MG	32
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	52	valganciclovir hcl TABS	32
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	53	TRUXIMA	25	valproate sodium SOLN OR 250 MG/5ML	13
TRUEPLUS PEN NEEDLES 31GX5MM	53	TUKYSA	25	valproic acid CAPS	13
TRUETRACK TEST STRP	43	TURALIO	27	valrubicin	26
TRULICITY	16	TUZISTRA XR	37	valsartan TABS	20
TRUMENBA	65	TWINRIX SUSY	68	valsartan-hydrochlorothiazide	21
TRUSTEX COLOR CONDOMS + LUBE MISC	52	TWIRLA	36	VALTOCO 10 MG DOSE LIQD	11
TRUSTEX LUBRICATED EXTRALARGE MISC	52	TYBLUME CHEW	36	VALTOCO 15 MG DOSE LQPK ...	12
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	52	TYBOST	31	VALTOCO 20 MG DOSE LQPK ...	12
TRUSTEX LUBRICATED MISC ...	52	TYMLOS	45	VALTOCO 5 MG DOSE LIQD	12
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	52	TYVASO REFILL SOLN IN	34	vancomycin hcl CAPS	22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	TYVASO SOLN IN	34	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG	22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	TYVASO STARTER SOLN IN	34	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML ..	22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	UBRELVY	53	VAQTA	68
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	UCERIS (budesonide (intrarectal)) ..	7	varenicline tartrate TABS	63
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	UDENYCA SOAJ	49	varenicline tartrate TBPK	63
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	UDENYCA SOSY	49	VARIVAX INJ	68
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	52	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	53	VARUBI TBPK	18
TRUSTEX LUBRICATED/SPERMICIDE MISC	52	UPTRAVI TABS 200 MCG	34	VAXNEUVANCE	65
TRUSTEX LUBRICATED/SPERMICIDE MISC	52	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	34	VECAMEYL	21
TRUSTEX NATURAL CONDOMS				VECTIBIX 100 MG/5ML	25

VELCADE SOLR IJ (bortezomib) ..27	VITAMIN D2 TABS 400 UNIT69	11
VELPHORO48	VITATHELY/GINGER TABS57	XARELTO SUSR11
venlafaxine hcl CP24 150 MG 15	VITRAKVI CAPS27	XARELTO TABS 10 MG, 20 MG .. 11
venlafaxine hcl CP24 37.5 MG 14	VITRAKVI SOLN27	XARELTO TABS 2.5 MG, 15 MG ..11
venlafaxine hcl CP24 75 MG 14	VIZIMPRO25	XELJANZ SOLN2
venlafaxine hcl TABS 15	VORAXAZE 28	XELJANZ TABS 10 MG2
venlafaxine hcl TB24 150 MG 15	voriconazole TABS18	XELJANZ TABS 5 MG2
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG 15	VOSEVI32	XELJANZ XR TB24 2
verapamil hcl CP24 100 MG, 200 MG, 300 MG 33	VOTRIENT (pazopanib hcl)27	XEOMIN58
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 33	VYNDAMAX34	XERAVA63
verapamil hcl SOLN 2.5 MG/ML ...33	VYNDAQEL 34	XGEVA SOLN45
verapamil hcl TABS33	VYVANSE CAPS1	XHANCE EXHU58
verapamil hcl TBCR33	warfarin sodium TABS 11	XIFAXAN 200 MG 22
VEREGEN38	water for irrigation, sterile 56	XIFAXAN 550 MG 22
VERZENIO27	WESTAB PLUS TABS57	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG 15
VICTOZA16	WIDE-SEAL SILICONE DIAPHRAGM KIT 6052	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG15
vigabatrin PACK 13	WIDE-SEAL SILICONE DIAPHRAGM KIT 6552	XOLAIR SOLR 8
vigabatrin TABS13	WIDE-SEAL SILICONE DIAPHRAGM KIT 7052	XOLAIR SOSY 150 MG/ML8
VIIBRYD STARTER PACK KIT14	WIDE-SEAL SILICONE DIAPHRAGM KIT 7552	XOLAIR SOSY 75 MG/0.5ML8
vilazodone hcl TABS14	WIDE-SEAL SILICONE DIAPHRAGM KIT 8052	XOSPATA27
vincristine sulfate28	WIDE-SEAL SILICONE DIAPHRAGM KIT 8552	XPOVIO 80 MG TWICE WEEKLY 26
vinorelbine tartrate 10 MG/ML28	WIDE-SEAL SILICONE DIAPHRAGM KIT 9052	XTAMPZA ER 6
VIRACEPT TABS 250 MG31	WIDE-SEAL SILICONE DIAPHRAGM KIT 9552	XTANDI CAPS25
VIRACEPT TABS 625 MG31	XALKORI CAPS 27	XTANDI TABS 40 MG 25
VIREAD POWD31	XARELTO STARTER PACK TBPK	XTANDI TABS 80 MG 25
VIREAD TABS 150 MG, 200 MG, 250 MG31		XULTOPHY 100/3.615
VISTOGARD 17		YERVOY 25
		YONSA26

zafirlukast	9	zoledronic acid SOLN	45
zaleplon 10 MG	50	ZOLINZA	27
zaleplon 5 MG	50	zolmitriptan SOLN	54
ZALTRAP 100 MG/4ML	24	zolmitriptan TABS	54
ZANOSAR	24	zolmitriptan TBDP	54
ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS	50
ZARXIO	49	zolpidem tartrate TBCR	50
ZEJULA CAPS	27	zonisamide CAPS	13
ZEJULA TABS 100 MG	27	ZONTIVITY	49
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 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	44	ZYLET	59
ZERVIAE	59		
zidovudine CAPS	31		
zidovudine SYRP	31		
zidovudine TABS	31		
ZIEXTENZO	49		
zileuton TB12	9		
ZIOPTAN (tafluprost)	60		
ziprasidone hcl	29		
ZIRABEV	24		
ZIRGAN GEL	59		
ZOLADEX 10.8 MG	26		
ZOLADEX 3.6 MG	26		
zoledronic acid CONC	45		

