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2024 Formulary

Effective January 1, 2024

Ambetter.SuperiorHealthPlan.com

Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit https://ambetter.superiorhealthplan.com/resources/pharmacy- resources.html. In the Drug Cost tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier, you will be responsible only for the lesser off amount.

FORMULARY BY HEALTH BENEFIT PLAN

Plan	**Formulary**	**Summary of Benefits and Coverage**
Ambetter Virtual Access Gold (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Gold $0 Deductible (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Silver (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
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Plan	Formulary	Summary of Benefits and Coverage
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DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	5.68%
1a	4.89%
1b	77.32%
2	1.26%
3	3.58%
4	7.27%

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members have access to appropriate drugs, we review and update our formulary monthly.

B. RIGHT TO APPEAL

If we deny your request for Prior Authorization, you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C. CONTINUATION OF COVERAGE

Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring continuation of coverage, you would have the right to continue receiving drug at the coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan is renewed.

D. OFF-LABEL DRUG USE

We provide coverage for off-label drugs use. Off-label use indicates medications use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:

a. Use must be diagnosis specific as defined by ICD-10 code AND
b. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

E. COSTSHARING

Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescriber, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow steps below:

a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
b. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
d. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30-day supply of medication. Two co-pays will be charged for 2-month supply and three co-pays for 3-month supply of your medication, respectively.
e. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.

Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day's supply retail network will be calculated based on the day supply that you obtain. For up to 30-day supply you will be charged one (1) copay or co-insurance, 31-60 days supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

D. MEDICAL MANAGEMENT REQUIREMENTS

Prior Authorization (PA) – Drugs that have PA indication on the formulary require Prior Authorization. You or your provider must request an authorization from us to use this drug/product prior to filling a prescription for the drug/product.

Step Therapy (ST) - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you provider does not feel that trying another product is appropriate your provider or you can submit a

regular Prior Authorization to obtain the Step Therapy drug/product.

Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exception will be processed under our Off-Label policy.

Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

Introducción al Formulario

RESUMEN DE BENEFICIOS DEL FORMULARIO

La información de este documento está diseñada para ayudarlo a comprender los beneficios de medicamentos recetados que ofrece este plan y a comparar esos beneficios con los que ofrecen otros planes. La información contenida en este resumen está diseñada para ayudarlo a comparar tanto el valor como el alcance de los beneficios del Formulario.

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para encontrar el costo de su medicamento recetado, ingrese a https://ambetter.superiorhealthplan.com/resources/pharmacy- resources.html. En la herramienta de Costo del medicamento, seleccione el plan del cual participa (o tiene previsto participar) e introduzca los medicamentos que está tomando. La herramienta le brindará un costo aproximado de sus medicamentos recetados y el costo real permitido para los productos de marca. Si el costo total del medicamento es inferior al copago que le correspondería pagar en ese nivel, sólo será responsable del monto inferior.

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

Plan	**Formulario**	**Resumen de beneficios y cobertura**
Ambetter Virtual Access Gold (2024)	Formulario estándar	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Gold $0 Deducible (2024)	Formulario estándar	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Silver (2024)	Formulario estándar	https://ambetter.superiorhealthplan.com/2024-brochures.html
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MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	5.68 %
1a	4.89 %
1b	77.32 %
2	1.26 %
3	3.58 %
4	7.27 %

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

El Formulario de Ambetter se guía por los principios de ofrecer el mayor acceso posible a medicamentos al costo más bajo. Con esto en mente, comenzamos con el punto de referencia obligatorio de la Ley de Cuidado de Salud Asequible. Luego revisamos el Formulario para agregar otros medicamentos clínicamente necesarios y adecuados. El Formulario de Ambetter se considera un formulario cerrado. Esto significa que cualquier medicamento que no esté en el Formulario requiere una autorización previa. Para asegurarnos de que nuestros miembros tengan acceso a medicamentos apropiados, revisamos y actualizamos nuestro Formulario mensualmente.

B. DERECHO A APELAR

Si denegamos su solicitud de autorización previa, usted cuenta con 180 días a partir de que hayamos denegado la cobertura de un medicamento para presentar una apelación, y su apelación se resolverá en un plazo de 30 días. En caso de que su apelación prospere, los medicamentos no especializados y no incluidos en el Formulario se cubrirán al costo compartido de su nivel 3 (copago o coseguro) y los medicamentos de especialidad no incluidos en el Formulario se cubrirán al costo compartido de su nivel 4 (copago o coseguro). Consulte su Resumen de beneficios y cobertura individual para obtener información adicional sobre su costo compartido. Todas las otras disposiciones de su beneficio, como los deducibles y los gastos de bolsillo máximos, se aplican a los medicamentos del Formulario y no incluidos en el Formulario que hayan sido brindados a través de una apelación.

C. CONTINUACIÓN DE COBERTURA

Ambetter no hace cambios en su Formulario que requieran una continuación de cobertura. Sin embargo, si se hace un cambio en el Formulario que requiera una continuación de cobertura, usted tendrá derecho a continuar recibiendo el medicamento al nivel o grado de cobertura en el que estaba cubierto al comienzo del año del plan, hasta que su plan se renueve.

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

Brindamos cobertura para el uso de medicamentos fuera de lo indicado. Uso fuera de lo indicado es el uso de medicamentos que no han sido aprobados por la FDA para esa condición. La cobertura de un producto bajo la política de uso fuera de lo indicado requiere que se cumplan los siguientes requisitos:

a. El uso debe ser específico para el diagnóstico según lo definido por el código ICD-10.
b. El uso fuera de lo indicado debe estar respaldado por un estudio multicéntrico importante o tres estudios más pequeños publicados en una revista médica acreditada, una revista médica especializada revisada por pares o citada en compendios prestigiosos.

E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado: qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario. Para determinar su costo compartido, siga los siguientes pasos:

a. Consulte el Formulario para determinar el nivel en el que figura el medicamento o producto que está surtiendo.
b. Una vez que haya determinado el nivel, utilice el Resumen de beneficios y cobertura (SBC) para determinar qué costo compartido se aplicará a su medicamento o producto seleccionado.
c. Si no ha alcanzado su deducible, será responsable del costo total del medicamento hasta que alcance el deducible.
d. Si ha alcanzado su deducible pero no su gasto de bolsillo máximo, le cobrarán un copago por medicamentos que tengan un copago asignado según su SBC y un coseguro por medicamentos que tengan un coseguro asignado en 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 sus medicamentos respectivamente.
e. Para determinar el costo de medicamentos o productos de coseguro, utilice nuestra herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.

Tenga presente que los reclamos de farmacia solo se procesarán si presenta su receta en una farmacia de la red. Los reclamos fuera de la red no estarán cubiertos. Para encontrar una farmacia de la red cercana a usted, consulte nuestra herramienta Find a Provider (Encuentre un proveedor) disponible en nuestro sitio web bajo Recursos de farmacia.

Su costo compartido de los medicamentos de mantenimiento obtenidos a través de pedidos por correo o en las farmacias minoristas que participan en nuestra red de suministro de día extendido se calculará basado en el suministro diario que obtenga. Por un suministro de hasta 30 días le cobrarán un (1) copago o coseguro; por un suministro de 31-60 días usted será responsable de hacer dos (2) copagos o coseguros, y por un suministro de más de 60 días pero menos de 91 le cobrarán tres (3) copagos o coseguros. Algunos diseños de beneficios pueden ofrecer copagos o coaseguros más bajos para el suministro de 61 días pero menos de 91 en la venta por correo. Consulte su Resumen de beneficios y cobertura (SBC) para conocer más detalles.

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

Autorización previa (PA): Los medicamentos que tienen una indicación PA en el Formulario requieren autorización previa. Usted o su proveedor deben solicitarnos una autorización para usar este medicamento o producto antes de surtir una receta para el producto o medicamento.

Terapia escalonada (ST): Los medicamentos que tienen una indicación ST en el Formulario requieren que usted pruebe y fracase con otros productos del Formulario antes de poder obtener el medicamento o producto. Cuando su proveedor considera que no es adecuado para usted probar otro producto, su proveedor o usted pueden presentar una autorización previa regular para obtener el medicamento o producto de terapia escalonada.

Límite de cantidad (QL): Los medicamentos que tienen una indicación QL en el Formulario están limitados a la cantidad indicada. Esos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea solicitar una excepción a esos límites, puede presentar una solicitud de autorización previa. Todas las solicitudes de excepción de límite de cantidad se procesarán bajo nuestra política de medicamentos fuera de lo indicado.

Medicamentos fuera del Formulario: Los medicamentos que no figuran en este Formulario se consideran medicamentos fuera del Formulario. Para obtener estos medicamentos, su proveedor debe presentar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos fuera del Formulario serán revisadas bajo nuestra política de solicitud de medicamentos fuera del Formulario.

FORMULARIO ESTÁNDAR

El Formulario de Ambetter from Superior HealthPlan, 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 que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

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

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

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas.
Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Pueden aplicarse ciertos límites de edad.

Nivel 1A - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1B - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles, o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
amphetamine sulfate TABS	3	PA
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	1B	QL(2 ea daily)
amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG	1B	
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	1B	QL(1 ea daily)
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	1B	QL(3 ea daily)
amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1B	QL(2 ea daily)
dextroamphetamine sulfate CP24 10 MG, 15 MG	1B	QL(4 ea daily)
dextroamphetamine sulfate CP24 5 MG	1B	
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1B	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1B	QL(4 ea daily)
lisdexamfetamine dimesylate CAPS	1B	QL(1 ea daily); ST
lisdexamfetamine dimesylate CHEW	1B	QL(1 ea daily); ST
methamphetamine hcl	1B	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily); ST
Anorexiants Non-Amphetamine		
phendimetrazine tartrate TABS	1B	PA
phentermine hcl CAPS	1B	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1B	QL(2 ea daily); AL(At least 6 yrs old)
atomoxetine hcl 60 MG, 80 MG, 100 MG	1B	QL(1 ea daily); AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	1B	
guanfacine hcl (adhd)	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.		

Drug Name	Drug Tier	Requirements/ Limits
armodafinil	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
dexmethylphenidate hcl CP24	1B	QL(1 ea daily)
dexmethylphenidate hcl TABS	1B	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW 5 MG	1B	QL(6 ea daily)
methylphenidate hcl CHEW 2.5 MG	1B	QL(2 ea daily)
methylphenidate hcl CHEW 10 MG	1B	QL(5 ea daily)
methylphenidate hcl CP24	1B	
methylphenidate hcl CP24 20 MG, 40 MG	1B	AL(At least 6 yrs old)
methylphenidate hcl CP24 10 MG, 60 MG	1B	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl CP24 30 MG	1B	QL(3 ea daily); AL(At least 6 yrs old)
methylphenidate hcl CPCR	1B	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	1B	QL(30 ml daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	1B	QL(6 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	1B	QL(5 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 36 MG, 54 MG	1B	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG	1B	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG	1B	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1B	QL(3 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 36 MG, 54 MG	1B	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate PTCH	1B	QL(1 ea daily); PA
modafinil 100 MG	1B	QL(1 ea daily); PA
modafinil 200 MG	1B	QL(2 ea daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1B	
ARIKAYCE	4	PA
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 %	1B	
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	1B	
neomycin sulfate TABS	1B	
streptomycin sulfate SOLR	3	
tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML	1B	
tobramycin NEBU	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ SOLN	4	QL(12 ml daily); PA
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA
CYLTEZO AJKT	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily); SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate TABS	1B	New starts limited to 7 day supply; QL(6 ea daily)
morphine sulfate TBCR	1B	QL(2 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily); PA
NUCYNTA TABS	2	QL(6 ea daily); PA
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	3	QL(2 ea daily); PA
oxycodone hcl TABS	1B	New starts limited to 7 day supply; QL(12 ea daily)
oxymorphone hcl TABS	1B	QL(12 ea daily); PA
oxymorphone hcl TB12 40 MG	1B	QL(4 ea daily); PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1B	QL(2 ea daily); PA
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
tramadol hcl TABS 50 MG	1A	New starts limited to 7 day supply; QL(8 ea daily)
tramadol hcl TB24	1B	QL(1 ea daily)
XTAMPZA ER	2	QL(2 ea daily); PA
Opioid Combinations		
acetaminophen w/ codeine SOLN	1A	New starts limited to 7 day supply; QL(75 ml daily)
acetaminophen w/ codeine TABS 15 MG-300 MG	1B	New starts limited to 7 day supply; QL(13 ea daily)
acetaminophen w/ codeine TABS 30 MG-300 MG	1A	New starts limited to 7 day supply; QL(12 ea daily)
acetaminophen w/ codeine TABS 60 MG-300 MG	1B	New starts limited to 7 day supply; QL(6 ea daily)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1B	New starts limited to 7 day supply
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	3	New starts limited to 7 day supply; PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1B	New starts limited to 7 day supply; QL(6 ea daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1B	New starts limited to 7 day supply
butalbital-aspirin-caffeine w/cod	1B	New starts limited to 7 day supply; QL(6 ea daily)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1B	New starts limited to 7 day supply; QL(180 ml daily)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	1B	New starts limited to 7 day supply
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(13 ea daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(12 ea daily)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	1B	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
ivermectin	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
praziquantel	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1B	QL(3 ea daily)
ranolazine TB12 1000 MG	1B	QL(2 ea daily)
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1B	
isosorbide mononitrate TABS	1B	
isosorbide mononitrate TB24	1B	
NITRO-BID OINT	3	
nitroglycerin CPCR	1B	QL(4 ea daily)
nitroglycerin PT24	1B	
NITROGLYCERIN SOLN IV	1B	
nitroglycerin SUBL	1B	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 5 MG	1A	
buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
flecainide acetate	1B	
propafenone hcl CP12	1B	
propafenone hcl TABS	1B	
Antiarrhythmics Type III		
amiodarone hcl SOLN 50 MG/ML	1B	
amiodarone hcl TABS	1B	
dofetilide	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 30 MG/ML	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 SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
ipratropium bromide SOLN 0.02 %	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
tiotropium bromide monohydrate CAPS	1B	QL(1 ea daily)
Leukotriene Modulators		
montelukast sodium CHEW	1B	QL(1 ea daily)
montelukast sodium PACK	1B	QL(1 ea daily)
montelukast sodium TABS	1B	QL(1 ea daily)
zafirlukast	1B	QL(2 ea daily)
zileuton TB12	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
budesonide (inhalation) SUSP	1B	QL(4 ml daily); PA
fluticasone propionate (inhalation) AEPB	1B	
fluticasone propionate hfa	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	
AIRDUO DIGIHALER 55/14	3	

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

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

Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ml daily; 30 Day(s) limit); SP
fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP
fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
fondaparinux sodium 10 MG/0.8ML	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1B	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1B	QL(16 ml daily); PA
clobazam TABS	1B	QL(2 ea daily); PA
clonazepam TABS	1A	
diazepam (anticonvulsant) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 ea daily); ST
BANZEL TABS 400 MG *(rufinamide)*	2	QL(8 ea daily); PA
BANZEL TABS 200 MG *(rufinamide)*	2	QL(2 ea daily); PA
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
BRIVIACT TABS	3	QL(2 ea daily); PA
carbamazepine CHEW 100 MG	1B	
carbamazepine CP12 100 MG	1B	
carbamazepine CP12 300 MG	1B	QL(4 ea daily)
carbamazepine CP12 200 MG	1B	QL(6 ea daily)
carbamazepine SUSP	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP *(phenytoin)*	2	
fosphenytoin sodium	1B	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B	
phenytoin sodium SOLN	1B	
phenytoin CHEW	1B	
phenytoin SUSP	1B	
Succinimides		
CELONTIN *(methsuximide)*	3	QL(4 ea daily)
ethosuximide CAPS	1B	QL(6 ea daily)
ethosuximide SOLN	1B	QL(30 ml daily)
methsuximide	1B	QL(4 ea daily)
ZARONTIN CAPS *(ethosuximide)*	2	QL(6 ea daily)
Valproic Acid		
divalproex sodium TB24	1B	
divalproex sodium TBEC	1B	
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	1B	
valproic acid CAPS	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS 15 MG	1B	QL(3 ea daily)
mirtazapine TABS 7.5 MG, 45 MG	1B	QL(1 ea daily)
mirtazapine TABS 30 MG	1B	QL(1.5 ea daily)
mirtazapine TBDP 30 MG	1B	QL(1.5 ea daily)
mirtazapine TBDP 15 MG	1B	QL(3 ea daily)
mirtazapine TBDP 45 MG	1B	QL(1 ea daily)
Antidepressants - Misc.		
bupropion hcl TABS	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12 200 MG	1B	QL(2 ea daily)
bupropion hcl TB12 100 MG	1B	QL(4 ea daily)
bupropion hcl TB12 150 MG	1B	QL(3 ea daily)
bupropion hcl TB24 300 MG	1B	QL(1 ea daily)
bupropion hcl TB24 150 MG	1B	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
phenelzine sulfate	1B	
tranylcypromine sulfate	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide SOLN	1B	QL(20 ml daily)
citalopram hydrobromide TABS 40 MG	1B	QL(1 ea daily)
citalopram hydrobromide TABS 20 MG	1B	QL(2 ea daily)
citalopram hydrobromide TABS 10 MG	1B	QL(4 ea daily)
escitalopram oxalate SOLN	1B	QL(20 ml daily)
escitalopram oxalate TABS 20 MG	1B	QL(1 ea daily)
escitalopram oxalate TABS 5 MG	1B	QL(4 ea daily)
escitalopram oxalate TABS 10 MG	1B	QL(2 ea daily)
fluoxetine hcl CAPS 20 MG	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl CAPS 10 MG	1A	QL(1 ea daily)
fluoxetine hcl CAPS 40 MG	1B	QL(2 ea daily)
fluoxetine hcl CPDR	1B	
fluoxetine hcl SOLN	1B	QL(20 ml daily)
fluoxetine hcl TABS 10 MG, 60 MG	1B	QL(1 ea daily)
fluoxetine hcl TABS 20 MG	1B	QL(3 ea daily)
fluvoxamine maleate TABS 100 MG	1B	QL(3 ea daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1B	QL(2 ea daily)
paroxetine hcl SUSP	1B	QL(30 ml daily)
paroxetine hcl TABS 10 MG	1B	QL(6 ea daily)
paroxetine hcl TABS 20 MG	1B	QL(3 ea daily)
paroxetine hcl TABS 30 MG	1B	QL(2 ea daily)
paroxetine hcl TABS 40 MG	1B	QL(1 ea daily)
paroxetine hcl TB24 25 MG, 37.5 MG	1B	QL(2 ea daily)
paroxetine hcl TB24 12.5 MG	1B	QL(1 ea daily)
sertraline hcl CONC	1B	QL(10 ml daily)
sertraline hcl TABS 100 MG	1B	QL(2 ea daily)
sertraline hcl TABS 25 MG, 50 MG	1B	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl	1B	
trazodone hcl TABS	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
vilazodone hcl TABS	1B	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate 100 MG	1B	QL(4 ea daily)
desvenlafaxine succinate 25 MG, 50 MG	1B	QL(1 ea daily)
duloxetine hcl CPEP 40 MG	1B	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1B	QL(2 ea daily)
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
venlafaxine hcl CP24 75 MG	1B	QL(5 ea daily)
venlafaxine hcl CP24 37.5 MG	1B	QL(4 ea daily)
venlafaxine hcl CP24 150 MG	1B	QL(2 ea daily)
venlafaxine hcl TABS	1B	QL(3 ea daily)
venlafaxine hcl TB24 150 MG	1B	QL(2 ea daily)
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	1B	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl TABS	1B	
amoxapine	1B	
clomipramine hcl	1B	
desipramine hcl TABS	1B	
doxepin hcl CAPS	1B	
doxepin hcl CONC	1B	
imipramine hcl TABS	1B	
imipramine pamoate	1B	
nortriptyline hcl CAPS	1B	
nortriptyline hcl SOLN	1B	
protriptyline hcl	1B	

Drug Name	Drug Tier	Requirements/ Limits
trimipramine maleate CAPS	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1B	QL(3 ea daily)
miglitol	1B	QL(3 ea daily)
Antidiabetic Combinations		
alogliptin-metformin hcl	1B	QL(2 ea daily); PA
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	1B	QL(1 ea daily); PA
alogliptin-pioglitazone 30 MG-12.5 MG	1B	QL(2 ea daily); PA
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	2	QL(2 ea daily)
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	2	QL(1 ea daily)
glipizide-metformin hcl 500 MG-5 MG	1B	QL(4 ea daily)
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1B	QL(2 ea daily)
glyburide-metformin 250 MG-1.25 MG	1B	QL(2 ea daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	QL(4 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET TABS	2	QL(2 ea daily)
pioglitazone hcl-glimepiride	1B	QL(1 ea daily)
pioglitazone hcl-metformin hcl TABS	1B	QL(2 ea daily)
saxagliptin-metformin hcl 1000 MG-2.5 MG	1B	QL(2 ea daily)
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 ea daily)
SOLIQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(2 ea daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
metformin hcl TABS 1000 MG	1B	QL(2.5 ea daily)
metformin hcl TABS 850 MG	0	QL(3 ea daily)
metformin hcl TABS 500 MG	1B	QL(5 ea daily)
metformin hcl TB24 500 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl TB24 750 MG	1B	QL(3 ea daily)
Diabetic Other		
diazoxide	3	
glucagon (rdna)	1B	QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
saxagliptin hcl	1B	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA *(liraglutide)*	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART PENFILL SOCT	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA
LEVEMIR FLEXTOUCH SOPN	3	PA
LEVEMIR SOLN	3	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
pioglitazone hcl	1B	QL(1 ea daily)
Meglitinide Analogues		
nateglinide	1B	QL(3 ea daily)
repaglinide 0.5 MG, 1 MG	1B	QL(4 ea daily)
repaglinide 2 MG	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	2	QL(1 ea daily)
FARXIGA *(dapagliflozin propanediol)*	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
glimepiride 1 MG, 2 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
glimepiride 4 MG	1B	QL(2 ea daily)
glipizide TABS 5 MG, 10 MG	1B	QL(4 ea daily)
glipizide TB24	1B	QL(2 ea daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1B	QL(4 ea daily)
glyburide TABS	1B	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1B	
diphenoxylate w/ atropine TABS	1B	
loperamide hcl CAPS	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	PA
deferasirox TABS	4	SP; PA
deferasirox TBSO	4	SP; PA
deferiprone TABS 500 MG	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
naloxone hcl LIQD	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1B	
naltrexone hcl	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
granisetron hcl SOLN IV 1 MG/ML	1B	
granisetron hcl TABS	1B	QL(0.34 ea daily)
ondansetron hcl SOLN IJ 4 MG/2ML	1B	
ondansetron hcl SOLN OR 4 MG/5ML	1B	QL(3.34 ml daily)
ondansetron hcl SOSY	1B	
ondansetron hcl TABS 8 MG	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
ondansetron hcl TABS 24 MG	1B	QL(0.143 ea daily)
ondansetron hcl TABS 4 MG	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
ondansetron TBDP 4 MG	1B	QL(1 ea daily)
ondansetron TBDP 8 MG	1B	
palonosetron hcl SOLN	1B	
Antiemetics - Anticholinergic		
meclizine hcl TABS 12.5 MG	1A	RX/OTC
meclizine hcl TABS 25 MG	1B	RX/OTC
scopolamine	1B	QL(0.34 ea daily)
trimethobenzamide hcl CAPS	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
doxylamine-pyridoxine TBEC	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
dronabinol CAPS	1B	

Drug Name	Drug Tier	Requirements/ Limits
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	1B	PA
aprepitant CAPS 80 MG	1B	QL(0.134 ea daily)
aprepitant CAPS 40 MG, 125 MG	1B	QL(0.067 ea daily)
aprepitant MISC	1B	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
caspofungin acetate	1B	
ERAXIS	3	
micafungin sodium	1B	PA
Antifungals		
ABELCET	3	
amphotericin b IV	3	
amphotericin b liposome	3	
flucytosine	1B	
griseofulvin microsize SUSP	1B	AL(At least 2 yrs old)
griseofulvin microsize TABS	1B	
griseofulvin ultramicrosize	1B	
nystatin TABS	1B	
terbinafine hcl TABS	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
fluconazole SUSR	1B	
fluconazole TABS	1B	
itraconazole CAPS	1B	QL(4 ea daily); PA
itraconazole SOLN	1B	QL(20 ml daily); PA
ketoconazole	1B	
NOXAFIL SUSP *(posaconazole)*	3	QL(20 ml daily)
posaconazole SUSP	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
voriconazole TABS	1B	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
dexchlorpheniramine maleate SOLN	1B	
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1B	
carbinoxamine maleate TABS 4 MG	1B	
clemastine fumarate SYRP	1B	
clemastine fumarate TABS 2.68 MG	1B	
diphenhydramine hcl CAPS 50 MG	1A	
diphenhydramine hcl ELIX 12.5 MG/5ML	1B	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1B	QL(20 ml daily)
diphenhydramine hcl SOLN 50 MG/ML	1B	
Antihistamines - Non-Sedating		
cetirizine hcl TABS	1A	QL(1 ea daily)
desloratadine TABS	1B	QL(1 ea daily)
desloratadine TBDP 2.5 MG	1B	QL(1 ea daily)
levocetirizine dihydrochloride SOLN	1B	QL(10 ml daily); RX/OTC
levocetirizine dihydrochloride TABS	1B	QL(1 ea daily); RX/OTC
loratadine CAPS	1B	
loratadine CHEW	1B	
loratadine SOLN	1B	
loratadine TABS	1A	
loratadine TBDP	1B	

Drug Name	Drug Tier	Requirements/ Limits
QUZYTTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
promethazine hcl SOLN OR 6.25 MG/5ML	1B	
promethazine hcl SUPP 12.5 MG, 25 MG	1B	QL(6 ea daily)
promethazine hcl SUPP 50 MG	1B	
promethazine hcl TABS	1B	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1B	
cyproheptadine hcl TABS	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	1B	QL(4 ea daily); PA
omega-3-acid ethyl esters	1B	QL(4 ea daily)
Bile Acid Sequestrants		
cholestyramine light PACK	1B	QL(6 ea daily)
cholestyramine light POWD	1B	QL(24 gm daily)
cholestyramine PACK	1B	QL(6 ea daily)
cholestyramine POWD	1B	QL(25.2 gm daily)
colesevelam hcl PACK	1B	QL(1 ea daily); PA
colesevelam hcl TABS	1B	QL(7 ea daily)
colestipol hcl GRAN	1B	QL(6 gm daily)
colestipol hcl PACK	1B	QL(6 ea daily)
colestipol hcl TABS	1B	QL(16 ea daily)
Fibric Acid Derivatives		
choline fenofibrate	1B	QL(1 ea daily)
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	1B	QL(1 ea daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1B	QL(1 ea daily)
gemfibrozil TABS	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1B	QL(1 ea daily)
fluvastatin sodium CAPS 40 MG	1B	QL(2 ea daily)
fluvastatin sodium CAPS 20 MG	1B	QL(1 ea daily)
lovastatin TABS 10 MG, 20 MG	1B	$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
lovastatin TABS 40 MG	1B	$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
pravastatin sodium	1B	QL(1 ea daily)
rosuvastatin calcium TABS	3	QL(1 ea daily)
simvastatin TABS	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	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		

Drug Name	Drug Tier	Requirements/ Limits
ACE Inhibitors		
benazepril hcl	1B	
captopril 12.5 MG	1B	
captopril 25 MG, 50 MG, 100 MG	1B	QL(3 ea daily)
enalapril maleate TABS	1B	
fosinopril sodium	1B	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1B	
moexipril hcl	1B	QL(2 ea daily)
perindopril erbumine 4 MG	1B	
perindopril erbumine 2 MG, 8 MG	1B	QL(2 ea daily)
quinapril hcl 20 MG, 40 MG	1B	
quinapril hcl 5 MG, 10 MG	1B	QL(2 ea daily)
ramipril CAPS	1B	
trandolapril 4 MG	1B	QL(2 ea daily)
trandolapril 1 MG, 2 MG	1B	QL(1 ea daily)
Agents for Pheochromocytoma		
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
irbesartan	1B	QL(1 ea daily)
losartan potassium	1B	QL(1 ea daily)
olmesartan medoxomil	1B	QL(1 ea daily)
telmisartan	1B	QL(1 ea daily)
valsartan TABS	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1B	QL(8 ea daily)
clonidine PTWK	3	QL(0.15 ea daily)
doxazosin mesylate	1B	
guanfacine hcl	1B	
methyldopa TABS	1B	QL(6 ea daily)
prazosin hcl CAPS	1B	QL(4 ea daily)
terazosin hcl	1B	
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl	1B	
amlodipine besylate-olmesartan medoxomil	1B	ST
amlodipine besylate-valsartan	1B	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	3	
atenolol & chlorthalidone	1B	
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1B	QL(1 ea daily)
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1B	
bisoprolol & hydrochlorothiazide	1B	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide	1B	
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1B	
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	1B	QL(2 ea daily)
fosinopril sodium & hydrochlorothiazide	1B	QL(1 ea daily)
irbesartan-hydrochlorothiazide	1B	
lisinopril & hydrochlorothiazide	1B	
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	1B	QL(2 ea daily)
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	1B	
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1B	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1B	ST
olmesartan medoxomil-hydrochlorothiazide	1B	
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1B	QL(4 ea daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	1B	QL(2 ea daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1B	QL(3 ea daily)
telmisartan-amlodipine	1B	QL(1 ea daily)
telmisartan-hydrochlorothiazide	1B	QL(1 ea daily)
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	3	QL(1 ea daily)
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	3	
valsartan-hydrochlorothiazide	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
aliskiren fumarate	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1B	
Vasodilators		
hydralazine hcl SOLN	1B	
hydralazine hcl TABS	1B	
minoxidil 2.5 MG, 10 MG	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
bacitracin	3	
IMPAVIDO	3	QL(3 ea daily); PA
metronidazole TABS	1B	
trimethoprim TABS	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
sulfamethoxazole-trimethoprim SOLN	1B	
sulfamethoxazole-trimethoprim SUSP	1B	
sulfamethoxazole-trimethoprim TABS	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
atovaquone	1B	
nitazoxanide TABS	1B	PA
Carbapenems		
ertapenem sodium IJ	1B	
imipenem-cilastatin IV	1B	
meropenem	1B	

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

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

Drug Name	Drug Tier	Requirements/ Limits
hydroxychloroquine sulfate 100 MG	1B	QL(4 ea daily)
hydroxychloroquine sulfate 200 MG	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
mefloquine hcl	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
primaquine phosphate TABS	3	
pyrimethamine	1B	QL(3 ea daily); PA
quinine sulfate CAPS 324 MG	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
neostigmine methylsulfate SOSY	3	PA
pyridostigmine bromide SOLN OR	1B	
pyridostigmine bromide TABS 60 MG	1B	
pyridostigmine bromide TBCR	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1B	QL(4 ea daily)
ethambutol hcl TABS	1B	
isoniazid SOLN	1B	
isoniazid SYRP	1B	
isoniazid TABS	1B	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
leucovorin calcium TABS	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
docetaxel CONC 20 MG/ML	4	SP; PA
docetaxel SOLN 20 MG/2ML	4	SP; PA
eribulin mesylate	4	SP; PA
ETOPOPHOS	4	SP; PA
etoposide CAPS	4	SP; PA
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	4	PA
HALAVEN *(eribulin mesylate)*	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	4	SP; PA
paclitaxel protein-bound particles	4	SP; PA
vincristine sulfate	4	SP; PA
vinorelbine tartrate 10 MG/ML	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	SP; PA
topotecan hcl SOLN	4	
topotecan hcl SOLR	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1B	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1B	
benztropine mesylate TABS	1B	
trihexyphenidyl hcl SOLN	1B	
trihexyphenidyl hcl TABS	1B	
Antiparkinson COMT Inhibitors		
entacapone	1B	QL(8 ea daily)
tolcapone	1B	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1B	
amantadine hcl SOLN	1B	
amantadine hcl TABS	1B	
apomorphine hydrochloride SOCT	4	PA
bromocriptine mesylate CAPS	1B	
bromocriptine mesylate TABS 2.5 MG	1B	
carbidopa-levodopa-entacapone	1B	
carbidopa-levodopa TABS	1B	
carbidopa-levodopa TBCR	1B	
carbidopa-levodopa TBDP	1B	
NEUPRO	2	
pramipexole dihydrochloride TABS 0.125 MG	1B	QL(4 ea daily)
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1B	
ropinirole hydrochloride TABS	1B	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 ea daily); ST
ropinirole hydrochloride TB24 8 MG, 12 MG	1B	QL(2 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	1B	QL(1 ea daily); PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
nevirapine TABS	1B	QL(2 ea daily)
nevirapine TB24 400 MG	1B	QL(1 ea daily)
nevirapine TB24 100 MG	1B	QL(3 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS *(darunavir)*	3	
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
ritonavir TABS	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
stavudine CAPS	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
tenofovir disoproxil fumarate TABS	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
zidovudine CAPS	1B	QL(6 ea daily)
zidovudine SYRP	1B	QL(60 ml daily)
zidovudine TABS	1B	QL(2 ea daily)
CMV Agents		
cidofovir	3	
ganciclovir sodium SOLR	1B	
valganciclovir hcl TABS	1B	QL(4 ea daily); PA
Hepatitis Agents		
adefovir dipivoxil	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
entecavir TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
lamivudine (hbv) TABS	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
ribavirin (hepatitis c) CAPS	1B	QL(7 ea daily)
ribavirin (hepatitis c) TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATASVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
VOSEVI	4	QL(1 ea daily); PA
Herpes Agents		
acyclovir CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
acyclovir SUSP	1B	QL(13.34 ml daily)
acyclovir TABS OR	1B	QL(5 ea daily)
famciclovir 125 MG, 250 MG	1B	QL(3 ea daily)
famciclovir 500 MG	1B	QL(4 ea daily)
valacyclovir hcl 1 GM, 1000 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
valacyclovir hcl 500 MG	1B	QL(2 ea daily)
Influenza Agents		
oseltamivir phosphate CAPS	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
oseltamivir phosphate SUSR	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
rimantadine hydrochloride TABS	1B	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	1B	
carvedilol phosphate	3	QL(1 ea daily)
labetalol hcl SOLN	1B	
labetalol hcl TABS 100 MG, 200 MG	1B	
labetalol hcl TABS 300 MG	1B	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1B	
atenolol TABS	1B	
betaxolol hcl	1B	
bisoprolol fumarate	1B	
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1B	
metoprolol succinate TB24 200 MG	1B	QL(2 ea daily)
metoprolol tartrate SOLN IV 5 MG/5ML	1B	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	1B	
nebivolol hcl 20 MG	3	QL(2 ea daily)
nebivolol hcl 2.5 MG, 5 MG, 10 MG	3	QL(1 ea daily)
Beta Blockers Non-Selective		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
nadolol TABS 40 MG	1B	QL(6 ea daily)
nadolol TABS 20 MG	1B	QL(3 ea daily)
nadolol TABS 80 MG	1B	
pindolol TABS	1B	
propranolol hcl CP24	1B	QL(2 ea daily)
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1B	
propranolol hcl TABS	1B	
sotalol hcl (afib/afl)	1B	
sotalol hcl TABS 240 MG	1B	
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1B	QL(2 ea daily)
timolol maleate TABS	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	1B	
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1B	
diltiazem hcl coated beads CP24 180 MG, 240 MG	1B	QL(2 ea daily)
diltiazem hcl extended release beads	1B	
diltiazem hcl CP12	1B	QL(2 ea daily)
diltiazem hcl CP24	1B	
diltiazem hcl SOLN 50 MG/10ML	1B	

Drug Name	Drug Tier	Requirements/ Limits
DILTIAZEM HCL SOLR	1B	
diltiazem hcl TABS	1B	
diltiazem hcl TB24	1B	
felodipine	1B	
isradipine CAPS	1B	
nicardipine hcl CAPS	1B	
nicardipine hcl SOLN	1B	
nifedipine CAPS 10 MG	1B	
nifedipine CAPS 20 MG	1B	QL(9 ea daily)
nifedipine TB24	1B	
nifedipine TB24 90 MG	1B	QL(1 ea daily)
nifedipine TB24 60 MG	1B	QL(2 ea daily)
nimodipine CAPS	1B	
nisoldipine	1B	
verapamil hcl CP24 100 MG, 200 MG, 300 MG	1B	
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	1B	QL(1 ea daily)
verapamil hcl SOLN 2.5 MG/ML	1B	
verapamil hcl TABS	1B	
verapamil hcl TBCR	1B	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	1B	
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	1B	
LANOXIN SOLN IJ *(digoxin)*	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)*	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1B	QL(1 ea daily)
isosorbide dinitrate-hydralazine hcl	1B	
Impotence Agents		
avanafil	1B	QL(0.134 ea daily)
sildenafil citrate	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
tadalafil 5 MG	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
epoprostenol sodium	4	PA
ORENITRAM TBCR	4	PA
treprostinil SOLN IJ	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	QL(1 ea daily); SP; PA
bosentan TABS 62.5 MG	4	QL(2 ea daily); PA
bosentan TABS 125 MG	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
sildenafil citrate (pulmonary hypertension) SOLN	4	QL(37.5 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(6 ml daily); PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL(3 ea daily); SP; PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS *(ivabradine hcl)*	3	QL(2 ea daily); PA
ivabradine hcl TABS	1B	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1B	
cefadroxil SUSR	1B	
cefadroxil TABS	1B	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	1B	
cephalexin CAPS	1B	
cephalexin SUSR	1B	
Cephalosporins - 2nd Generation		
cefaclor CAPS	1B	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1B	
cefotetan disodium IJ 1 GM, 2 GM	1B	
cefoxitin sodium IV 1 GM, 2 GM	1B	
cefprozil SUSR	1B	
cefprozil TABS	1B	
cefuroxime axetil TABS	1B	
cefuroxime sodium IJ 750 MG	1B	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1B	
cefdinir SUSR	1B	
cefixime CAPS	1B	
cefixime SUSR	1B	ST
cefotaxime sodium IJ 1 GM, 2 GM	1B	
cefpodoxime proxetil SUSR	1B	
cefpodoxime proxetil TABS	1B	
ceftazidime IJ 1 GM, 6 GM	1B	
ceftriaxone sodium IJ 250 MG	1A	
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG	1B	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IV 2 GM	1B	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	0	
desogestrel & ethinyl estradiol	0	
desogestrel-ethinyl estradiol (biphasic)	0	
desogestrel-ethinyl estradiol (triphasic)	0	
drospirenone-ethinyl estradiol	0	
drospirenone-ethinyl estradiol-levomefolate calcium	0	
ethynodiol diacet & eth estrad	0	
FEMLYV TBDP	0	
levonorgestrel & eth estradiol TABS	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levonorgestrel-ethinyl estradiol-iron	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
norethin acet & estrad-fe CAPS	0	
norethin acet & estrad-fe CHEW	0	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	
norethindrone & eth estradiol	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra TABS	0	
norethindrone acetate-ethinyl estradiol-fe	0	
norethindrone-eth estradiol (triphasic)	0	
norgestimate-ethinyl estradiol	0	
norgestimate-ethinyl estradiol (triphasic)	0	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	
etonogestrel-ethinyl estradiol	0	QL(0.05 ea daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
medroxyprogesterone acetate (contraceptive) SUSP IM	0	QL(1 ml per 90 day(s) retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	1B	QL(3 ea daily)
deflazacort SUSP	4	PA
deflazacort TABS	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1B	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	1B	
dexamethasone ELIX	1B	
dexamethasone SOLN	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A	
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
EMFLAZA SUSP *(deflazacort)*	4	PA
EMFLAZA TABS *(deflazacort)*	4	PA
hydrocortisone sod succinate 100 MG	1B	2 max fill(s) per 30 day(s) retail
hydrocortisone TABS	1B	
MEDROL TABS	3	
methylprednisolone acetate SUSP	1B	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
methylprednisolone TABS	1B	
methylprednisolone TBPK	1B	
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
prednisolone sodium phosphate TBDP	3	
prednisolone SOLN	1B	
prednisolone TABS	1B	
prednisone SOLN	1B	
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	
prednisone TABS 1 MG, 5 MG	1B	
prednisone TBPK	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	1B	
Mineralocorticoids		
fludrocortisone acetate TABS	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 150 MG	1B	QL(4 ea daily)
benzonatate 100 MG	1B	QL(6 ea daily)
benzonatate 200 MG	1B	QL(3 ea daily)
Cough/Cold/Allergy Combinations		
hydrocodone polistirex-chlorpheniramine polistirex SUER	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
sodium chloride (inhalant) NEBU 7 %	1B	
Mucolytics		
acetylcysteine SOLN	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1B	AL(At least 12 yrs old); ST
adapalene CREA	1B	AL(At least 12 yrs old); ST
adapalene GEL	1B	AL(At least 12 yrs old); ST; RX/OTC
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide-erythromycin GEL	1B	AL(At least 12 yrs old); PA
benzoyl peroxide FOAM 5.3 %, 9.8 %	1B	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide GEL 5 %	1B	QL(3 gm daily); AL(At least 12 yrs old)
benzoyl peroxide GEL 10 %	1B	AL(At least 12 yrs old)
benzoyl peroxide LIQD 4 %, 7 %, 10 %	1B	AL(At least 12 yrs old)
clindamycin phosphate (topical) FOAM	1B	AL(At least 12 yrs old); PA
clindamycin phosphate (topical) GEL	1B	QL(8 gm daily)
clindamycin phosphate (topical) LOTN	1B	AL(At least 12 yrs old)
clindamycin phosphate (topical) SOLN	1B	QL(4 ml daily); AL(At least 12 yrs old)
clindamycin phosphate (topical) SWAB	1B	AL(At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	1B	AL(At least 12 yrs old); PA
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1B	AL(At least 12 yrs old); PA
clindamycin phosphate-tretinoin	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (acne aid) PADS	1B	AL(At least 12 yrs old)
erythromycin (acne aid) SOLN	1B	AL(At least 12 yrs old)
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
sulfacetamide sodium (acne)	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	1B	AL(At least 12 yrs old); ST
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	1B	AL(At least 12 yrs old)
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	1B	AL(At least 12 yrs old)
tretinoin microsphere 0.1 %	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
tretinoin GEL 0.01 %, 0.025 %	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 gm daily)
Antibiotics - Topical		
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
gentamicin sulfate (topical) CREA	1B	QL(1 gm daily)
gentamicin sulfate (topical) OINT	1B	
mupirocin OINT	1B	QL(6 gm daily)
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
Antifungals - Topical		
butenafine hcl	1B	QL(6 gm daily); RX/OTC
ciclopirox olamine CREA	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
ciclopirox olamine SUSP	1B	
ciclopirox GEL	1B	QL(3.35 gm daily)
ciclopirox SHAM	1B	QL(10 ml daily)
ciclopirox SOLN	1B	QL(0.22 ml daily)
clotrimazole (topical) CREA	1B	QL(4.5 gm daily); RX/OTC
clotrimazole (topical) SOLN	1B	QL(10 ml daily); RX/OTC
clotrimazole w/ betamethasone CREA	1B	QL(8 gm daily)
clotrimazole w/ betamethasone LOTN	1B	
econazole nitrate CREA	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
ketoconazole (topical) CREA	1B	QL(10 gm daily)
ketoconazole (topical) SHAM 2 %	1B	QL(20 ml daily)
luliconazole	1B	PA
naftifine hcl CREA 2 %	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
naftifine hcl CREA 1 %	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
nystatin (topical) CREA	1B	QL(10 gm daily)
nystatin (topical) OINT	1B	QL(6 gm daily)
nystatin (topical) POWD EX	1B	QL(10 gm daily)
nystatin-triamcinolone CREA	1B	QL(10 gm daily)
nystatin-triamcinolone OINT	1B	QL(4 gm daily)
oxiconazole nitrate CREA	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
sulconazole nitrate CREA	1B	
sulconazole nitrate SOLN	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
tavaborole	1B	PA
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	1B	QL(2 ea daily); PA
diclofenac sodium (topical) GEL EX	1B	QL(3.34 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	SP; PA
diclofenac sodium (actinic keratoses) EX	1B	QL(3.34 gm daily); PA
fluorouracil (topical) CREA 5 %	1B	QL(4 gm daily)
fluorouracil (topical) SOLN	1B	QL(2 ml daily)
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		
acitretin 25 MG	1B	QL(2 ea daily)
acitretin 10 MG, 17.5 MG	1B	QL(1 ea daily)
calcipotriene CREA	1B	QL(4 gm daily); PA
calcipotriene OINT	1B	QL(4 gm daily); PA
calcipotriene SOLN	1B	QL(4 ml daily); PA
calcitriol (topical)	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(0.072 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
methoxsalen rapid	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
SKYRIZI SOSY	4	QL(0.025 ml daily); PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
tazarotene CREA 0.1 %	1B	QL(1 gm daily)
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA
TREMFYA SOLN	4	QL(0.72 ml daily); PA
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1B	
Antivirals - Topical		
acyclovir topical CREA	1B	1 package(s) per fill retail; 1 package(s) per fill mail
acyclovir topical OINT	1B	1 package(s) per fill retail; 1 package(s) per fill mail
penciclovir	3	QL(0.18 gm daily)
Burn Products		
mafenide acetate PACK	3	
silver sulfadiazine	1B	QL(20 gm daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate CREA	1B	QL(2 gm daily)
alclometasone dipropionate OINT	1B	QL(3 gm daily)
amcinonide CREA	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
amcinonide LOTN	3	
amcinonide OINT	3	
betamethasone dipropionate (topical) CREA	1B	QL(3 gm daily)
betamethasone dipropionate (topical) LOTN	1B	
betamethasone dipropionate (topical) OINT	1B	QL(3 gm daily)
betamethasone dipropionate augmented CREA	1B	QL(3.5 gm daily)
betamethasone dipropionate augmented LOTN	1B	QL(5 ml daily)
betamethasone dipropionate augmented OINT	1B	QL(3.5 gm daily)
betamethasone valerate CREA	1B	QL(2.5 gm daily)
betamethasone valerate FOAM	1B	QL(1.67 gm daily)
betamethasone valerate LOTN	1B	QL(5 ml daily)
betamethasone valerate OINT	1B	QL(3 gm daily)
calcipotriene-betamethasone dipropionate OINT	1B	ST

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene-betamethasone dipropionate SUSP	1B	ST
clobetasol propionate emollient base 0.05 %	1B	QL(1 gm daily); PA
clobetasol propionate CREA 0.05 %	1B	QL(3 gm daily); PA
clobetasol propionate FOAM	1B	QL(3 gm daily); ST
clobetasol propionate GEL 0.05 %	1B	QL(2 gm daily); ST
clobetasol propionate OINT 0.05 %	1B	QL(1 gm daily); PA
clobetasol propionate SOLN 0.05 %	1B	QL(3.34 ml daily); PA
clocortolone pivalate	3	QL(3 gm daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
desonide CREA	1B	QL(4 gm daily)
desonide LOTN	1B	QL(4 ml daily)
desonide OINT	1B	QL(3 gm daily)
desoximetasone CREA 0.25 %	1B	QL(4 gm daily)
desoximetasone GEL	1B	QL(3 gm daily)
desoximetasone OINT 0.25 %	1B	QL(4 gm daily)
diflorasone diacetate CREA	1B	PA
diflorasone diacetate OINT	1B	PA
fluocinolone acetonide CREA 0.025 %	1B	QL(4 gm daily)
fluocinolone acetonide CREA 0.01 %	1B	
fluocinolone acetonide OIL	1B	QL(8 ml daily)
fluocinolone acetonide OINT	1B	QL(4 gm daily)
fluocinolone acetonide SOLN	1B	QL(4 ml daily)
fluocinonide emulsified base	1B	QL(2 gm daily)
fluocinonide CREA 0.1 %	1B	QL(4 gm daily)
fluocinonide CREA 0.05 %	1B	QL(2 gm daily)
fluocinonide GEL	1B	
fluocinonide OINT	1B	QL(2 gm daily)
fluocinonide SOLN	1B	QL(2 ml daily)
flurandrenolide CREA	2	QL(2 gm daily)
flurandrenolide LOTN	2	QL(2 ml daily)
fluticasone propionate CREA 0.05 %	1B	QL(4 gm daily)
fluticasone propionate LOTN	1B	QL(6 ml daily)
fluticasone propionate OINT	1B	QL(4 gm daily)
halcinonide CREA	1B	PA
halobetasol propionate CREA	1B	QL(3.5 gm daily)
halobetasol propionate OINT	1B	QL(3.5 gm daily)
HALOG OINT	3	PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1B	QL(15.15 ea daily); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1B	
hydrocortisone (topical) OINT 1 %, 2.5 %	1B	QL(15.15 gm daily); RX/OTC
hydrocortisone butyrate CREA	1B	QL(3 gm daily)
hydrocortisone butyrate OINT	1B	QL(3 gm daily)
hydrocortisone butyrate SOLN	1B	QL(5 ml daily)
hydrocortisone valerate CREA	1B	
hydrocortisone valerate OINT	1B	

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate CREA	1B	QL(3 gm daily)
mometasone furoate OINT	1B	QL(4 gm daily)
mometasone furoate SOLN	1B	QL(5 ml daily)
prednicarbate OINT	1B	
triamcinolone acetonide (topical) CREA 0.5 %	1B	QL(5 gm daily)
triamcinolone acetonide (topical) CREA 0.025 %	1B	QL(15.15 gm daily)
triamcinolone acetonide (topical) CREA 0.1 %	1B	QL(3.34 gm daily)
triamcinolone acetonide (topical) LOTN 0.025 %	1B	
triamcinolone acetonide (topical) LOTN 0.1 %	1B	QL(6 ml daily)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1B	QL(15.15 gm daily)
triamcinolone acetonide (topical) OINT 0.5 %	1B	QL(6 gm daily)
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
Emollients		
lactic acid (ammonium lactate) CREA	1B	QL(12.9 gm daily); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
pimecrolimus	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	1B	
Local Anesthetics - Topical		
lidocaine hcl GEL 2 %	1B	QL(4 ml daily)
lidocaine hcl PRSY	1B	QL(4 ml daily)
lidocaine hcl SOLN	1B	QL(10 ml daily)
lidocaine-prilocaine CREA	1B	QL(1 gm daily)
lidocaine PTCH 5 %	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
azelaic acid GEL	1B	QL(1.67 gm daily)
brimonidine tartrate (topical)	3	QL(1 gm daily); PA
metronidazole (topical) CREA	1B	QL(3 gm daily)
metronidazole (topical) GEL 1 %	1B	QL(5 gm daily)
metronidazole (topical) GEL 0.75 %	1B	QL(3 gm daily)
metronidazole (topical) LOTN	1B	

Drug Name	Drug Tier	Requirements/ Limits
Scabicides & Pediculicides		
crotamiton LOTN	1B	PA
ivermectin (pediculicide)	1B	PA
malathion	1B	
permethrin CREA	1B	
permethrin LIQD EX	1B	
spinosad	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 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	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 GLUCOSETEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	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
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

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		
acetazolamide sodium	1B	
acetazolamide CP12	1B	QL(2 ea daily)
acetazolamide TABS 250 MG	1B	QL(4 ea daily)
acetazolamide TABS 125 MG	1B	QL(8 ea daily)
dichlorphenamide	4	QL(4 ea daily); PA
methazolamide TABS	1B	QL(6 ea daily)
Diuretic Combinations		
amiloride & hydrochlorothiazide	1B	
spironolactone & hydrochlorothiazide	1B	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1B	
triamterene & hydrochlorothiazide TABS	1B	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1B	
bumetanide TABS	1B	QL(5 ea daily)
ethacrynic acid	1B	QL(16 ea daily)
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	1B	
furosemide TABS	1B	
torsemide TABS	1B	
Potassium Sparing Diuretics		
amiloride hcl TABS	1B	
spironolactone TABS	1B	
triamterene CAPS	1B	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1B	
DIURIL SUSP	2	QL(20 ml daily)
hydrochlorothiazide CAPS	1B	QL(2 ea daily)
hydrochlorothiazide TABS 25 MG, 50 MG	1A	QL(2 ea daily)
hydrochlorothiazide TABS 12.5 MG	1B	QL(2 ea daily)
indapamide TABS 2.5 MG	1B	QL(2 ea daily)
indapamide TABS 1.25 MG	1B	QL(1 ea daily)
metolazone	1B	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium TABS 35 MG, 70 MG	1B	QL(0.143 ea daily)
alendronate sodium TABS 5 MG, 10 MG	1B	QL(1 ea daily)
calcitonin (salmon) NA	1B	QL(0.14 ml daily)
FORTEO SOPN *(teriparatide)*	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
ibandronate sodium SOLN	4	SP; PA
ibandronate sodium TABS	1B	QL(0.036 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
risedronate sodium TABS 150 MG	1B	QL(0.036 ea daily); PA
risedronate sodium TABS 35 MG	1B	QL(0.143 ea daily); PA
risedronate sodium TABS 5 MG, 30 MG	1B	QL(1 ea daily); PA
risedronate sodium TBEC	1B	PA
teriparatide SOPN	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
zoledronic acid CONC	4	SP; PA
zoledronic acid SOLN	4	SP; PA
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
clomiphene citrate TABS	3	PA
GnRH/LHRH Antagonists		
ganirelix acetate	4	PA
ORILISSA	2	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
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
raloxifene hcl	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) 30 MG	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
betaine	4	SP; PA
calcitriol CAPS	1B	
calcitriol SOLN IV	1B	
cinacalcet hcl	4	QL(4 ea daily); SP; PA
doxercalciferol CAPS	1B	
doxercalciferol SOLN	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
nitisinone CAPS	4	PA
paricalcitol CAPS	1B	
paricalcitol SOLN	1B	
PHEBURANE PLLT	4	PA
sapropterin dihydrochloride PACK	4	PA
sapropterin dihydrochloride TABS	4	PA
sodium phenylbutyrate POWD	1B	PA
sodium phenylbutyrate TABS	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
desmopressin acetate spray	1B	
desmopressin acetate spray refrigerated	1B	
desmopressin acetate SOLN IJ	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
desmopressin acetate TABS 0.2 MG	1B	QL(8 ea daily)
desmopressin acetate TABS 0.1 MG	1B	QL(6 ea daily)
Prolactin Inhibitors		
cabergoline	1B	
Somatostatic Agents		
octreotide acetate KIT	4	PA
octreotide acetate SOLN	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
tolvaptan TABS	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
esterified estrogens & methyltestosterone	3	
estradiol & norethindrone acetate TABS	3	
norethindrone acetate-ethinyl estradiol	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML *(estradiol valerate)*	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
estradiol valerate	1B	
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	1B	
estradiol GEL 0.06 %	3	
estradiol PTTW	1B	QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
estradiol PTWK	1B	
estradiol TABS	1B	
ESTROGEL GEL *(estradiol)*	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
ciprofloxacin hcl TABS	1B	
ciprofloxacin in d5w 5 %-200 MG/100ML	3	
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	1B	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
levofloxacin in d5w 5 %-500 MG/100ML	1B	
levofloxacin SOLN OR	1B	
levofloxacin TABS 250 MG, 750 MG	1B	
levofloxacin TABS 500 MG	1A	
moxifloxacin hcl in sodium chloride	1B	
moxifloxacin hcl TABS	1B	
ofloxacin 300 MG, 400 MG	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
ursodiol CAPS	1B	QL(3 ea daily)
ursodiol TABS	1B	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1B	QL(2 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	1B	QL(60 ml daily)
metoclopramide hcl SOLN IJ 5 MG/ML	1B	
metoclopramide hcl TABS	1A	QL(6 ea daily)
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
mesalamine CP24	1B	
mesalamine CPDR	1B	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 1.2 GM	3	
mesalamine TBEC 800 MG	3	QL(6 ea daily)
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
Intestinal Acidifiers		
lactulose (encephalopathy)	1B	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
alvimopan	1B	
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	1B	
calcium acetate (phosphate binder) TABS	1B	RX/OTC
lanthanum carbonate CHEW	1B	
PHOSLYRA SOLN	2	
sevelamer carbonate PACK	1B	
sevelamer carbonate TABS	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	1B	
sodium citrate & citric acid	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1B	
glycine (gu irrigant) SOLN 1.5 %	1B	
sodium chloride (gu irrigant) 0.9 %	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1B	QL(1 ea daily)
dutasteride	1B	QL(1 ea daily)
dutasteride-tamsulosin hcl	3	PA
finasteride	1B	5 mg only
silodosin	1B	
tamsulosin hcl	1B	
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG *(tiopronin)*	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG *(tiopronin)*	3	QL(3 ea daily); PA
tiopronin TBEC 100 MG	3	QL(3 ea daily); PA
tiopronin TBEC 300 MG	3	QL(10 ea daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1B	
Gout Agents		
allopurinol 100 MG, 300 MG	1B	
colchicine TABS	1B	QL(1 ea daily)
febuxostat	1B	QL(1 ea daily); PA
Uricosurics		
probenecid	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA

Drug Name	Drug Tier	Requirements/ Limits
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
icatibant acetate SOLN	4	QL(9 ml daily); PA
icatibant acetate SOSY	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
pentoxifylline	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
anagrelide hcl	1B	
aspirin-dipyridamole	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
cilostazol	1B	
clopidogrel bisulfate 300 MG	1B	
clopidogrel bisulfate 75 MG	1B	QL(1 ea daily)
dipyridamole	1B	
prasugrel hcl	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
miglustat	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1B	QL(1 ml daily)
Folic Acid/Folates		
folic acid TABS	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
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

Drug Name	Drug Tier	Requirements/ Limits
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
ferrous fumarate-folic acid	1B	QL(1 ea daily)
Iron		
ferrous sulfate SOLN 15 MG/ML	0	AL(Up to 1 yrs old)
ferrous sulfate TABS 65 MG, 325 MG	0	
ferrous sulfate TBEC 325 MG	0	
Stem Cell Mobilizers		
MOZOBIL *(plerixafor)*	4	SP; PA
plerixafor	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS	1B	PA
tranexamic acid SOLN 1000 MG/10ML	1B	
tranexamic acid TABS	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1B	
phenobarbital TABS	1B	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
estazolam	1B	
eszopiclone	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
flurazepam hcl	1B	PA
temazepam 7.5 MG, 22.5 MG	1B	QL(1 ea daily)
temazepam 15 MG, 30 MG	1A	QL(1 ea daily)
triazolam	1B	
zaleplon 10 MG	1B	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon 5 MG	1B	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	1A	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits
ramelteon	1B	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1B	
Laxative Combinations		
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	1B	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	0	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1B	PA
sodium sulfate-potassium sulfate-magnesium sulfate	1B	
Laxatives - Miscellaneous		
lactulose SOLN	1B	
Saline Laxatives		
OSMOPREP	3	PA
Stimulant Laxatives		
bisacodyl SUPP	1A	
bisacodyl TBEC	1A	
Surfactant Laxatives		
docusate calcium	1A	QL(1 ea daily)
docusate sodium CAPS 250 MG	1A	
docusate sodium CAPS 100 MG	1A	QL(4 ea daily)
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1B	
azithromycin SOLR	1B	
azithromycin SUSR	1B	
azithromycin TABS 250 MG	1B	QL(6 ea per fill retail; 6 per fill mail)
azithromycin TABS 500 MG	1B	QL(4 ea per fill retail; 4 per fill mail)
azithromycin TABS 600 MG	1B	QL(0.286 ea daily)
Clarithromycin		
clarithromycin SUSR	1B	
clarithromycin TABS	1B	
clarithromycin TB24	1B	
Erythromycins		
erythromycin base CPEP	3	
erythromycin base TABS	3	
erythromycin base TBEC	1B	
erythromycin ethylsuccinate SUSR	1B	
erythromycin ethylsuccinate TABS	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0	
FANTASY LUBRICATED MISC	0	
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FEMCAP DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO SPECIAL DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
K-Y ME & YOU INTENSE DEVI	0	
MAXX LUBRICATED MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
OMNIFLEX DIAPHRAGM	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN ULTRA THIN LUBRICATED MISC	0	
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0	
TRUE COVER DEVI	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day; #
SELECT INSULIN SYRINGES	1	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ml daily); PA
EMGALITY SOAJ	2	QL(0.07 ml daily); PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
UBRELVY	3	ST
Migraine Combinations		
ergotamine w/ caffeine TABS	1B	QL(1.5 ea daily)
sumatriptan-naproxen sodium	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	1B	QL(0.267 ml daily)
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
Serotonin Agonists		
almotriptan malate 12.5 MG	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
almotriptan malate 6.25 MG	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
eletriptan hydrobromide	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
frovatriptan succinate	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
naratriptan hcl	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
rizatriptan benzoate TABS 5 MG	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate TABS 10 MG	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP 5 MG	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP 10 MG	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
sumatriptan	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
sumatriptan succinate SOAJ	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
sumatriptan succinate SOCT	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	1B	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate TABS	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
zolmitriptan SOLN	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
zolmitriptan TABS	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
zolmitriptan TBDP	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1B	
SODIUM ACETATE SOLN *(sodium acetate)*	1B	
Calcium		
calcium chloride (dihydrate) SOLN	1B	
Electrolyte Mixtures		
dextrose in lactated ringers	1B	
electrolyte-148	1B	
electrolyte-a	1B	
IONOSOL-MB/DEXTROSE 5%	1B	
ISOLYTE-P/DEXTROSE 5%	1B	
ISOLYTE-S	1B	
KCL 0.3%/D5W/NACL 0.9% *(potassium chloride in dextrose & sodium chloride)*	1B	
lactated ringer's	1B	
NORMOSOL-M/D5W	1B	
NORMOSOL-R	1B	
PLASMA-LYTE A *(electrolyte-a)*	1B	
PLASMA-LYTE-148 *(electrolyte-148)*	1B	
potassium chloride in dextrose 5 %-20 MEQ/L	1B	
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 %	1B	
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % *(potassium chloride in nacl)*	1B	
ringer's	1B	
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	0	QL(1 ea daily)
Magnesium		
magnesium sulfate IJ 50 %	1B	
Phosphate		
potassium phosphates 236 MG/ML-224 MG/ML	1B	
Potassium		

Drug Name	Drug Tier	Requirements/ Limits
potassium acetate SOLN 2 MEQ/ML	1B	
potassium bicarbonate TBEF	1B	
potassium chloride microencapsulated crystals er	1B	
potassium chloride CPCR	1B	
potassium chloride PACK OR 20 MEQ	1B	PA
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(potassium chloride)*	1B	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1B	
Sodium		
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine CAPS	1B	PA
penicillamine TABS	1B	QL(8 ea daily)
trientine hcl 250 MG	4	QL(8 ea daily); SP; PA
Immunomodulators		
lenalidomide 20 MG	4	QL(1 ea daily); PA
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	4	QL(1 ea daily); SP; PA
THALOMID	4	QL(3 ea daily); SP; PA
Immunosuppressive Agents		
ATGAM	4	SP; PA
AZATHIOPRINE	1B	
azathioprine TABS	1B	
cyclosporine modified (for microemulsion) CAPS	1B	
cyclosporine modified (for microemulsion) SOLN	1B	
cyclosporine CAPS	1B	
cyclosporine SOLN IV 50 MG/ML	1B	
ENSPRYNG	4	PA
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	4	QL(20 ea daily); SP; PA
everolimus (immunosuppressant) 1 MG	4	QL(10 ea daily); PA
mycophenolate mofetil CAPS	1B	
mycophenolate mofetil TABS	1B	
mycophenolate sodium	1B	
NULOJIX	4	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
sirolimus TABS	1B	
tacrolimus CAPS	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		
irrigation solutions, physiological	1B	
lactated ringer's (irrigation)	1B	
ringer's irrigation	1B	
water for irrigation, sterile	1B	
Potassium Removing Agents		
LOKELMA	3	QL(1 ea daily); PA
sodium polystyrene sulfonate POWD	1B	

Drug Name	Drug Tier	Requirements/ Limits
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1B	QL(4 ml daily)
lidocaine hcl (mouth-throat) 4 %	1B	
Anti-infectives - Throat		
clotrimazole	1B	
nystatin (mouth-throat)	1B	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1B	
DEBACTEROL	2	
Dental Products		
stannous fluoride CONC	0	RX/OTC
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1B	
Throat Products - Misc.		
cevimeline hcl	1B	
pilocarpine hcl (oral)	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		
pediatric multivitamins w/fl CHEW	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
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)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
MASONATAL TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
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
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL 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)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
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
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID 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
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen TABS	1B	
carisoprodol TABS	1B	
chlorzoxazone TABS 500 MG	1B	QL(6 ea daily)
chlorzoxazone TABS 750 MG	1B	QL(4 ea daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	1A	QL(3 ea daily)
metaxalone 800 MG	1B	QL(4 ea daily)
methocarbamol TABS 500 MG, 750 MG	1B	
orphenadrine citrate TB12	1B	QL(2 ea daily)
tizanidine hcl CAPS	1B	
tizanidine hcl TABS	1B	
Direct Muscle Relaxants		
dantrolene sodium CAPS	1B	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
azelastine hcl	1B	RX/OTC
olopatadine hcl (nasal)	1B	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	1B	QL(1 ml daily)
ipratropium bromide (nasal) 0.06 %	1B	
Nasal Steroids		
budesonide (nasal)	1B	
flunisolide (nasal) 0.025 %	1B	1 package(s) per fill retail
fluticasone propionate (nasal) SUSP	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
mometasone furoate (nasal) SUSP	1B	QL(1.14 gm daily); PA; RX/OTC
triamcinolone acetonide (nasal) AERO	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
atracurium besylate 100 MG/10ML	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	1B	
brimonidine tartrate-timolol maleate	1B	
carteolol hcl (ophth)	1B	
dorzolamide hcl-timolol maleate	1B	
levobunolol hcl 0.5 %	1B	
timolol maleate (ophth) SOLG	1B	
timolol maleate (ophth) SOLN	1B	
Cycloplegic Mydriatics		
tropicamide SOLN 1 %	1B	
tropicamide SOLN 0.5 %	1B	QL(2.5 ml daily)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1B	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Adrenergic Agents		
apraclonidine hcl	1B	
brimonidine tartrate 0.15 %, 0.2 %	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
bacitracin (ophthalmic)	3	
BESIVANCE	3	PA
ciprofloxacin hcl (ophth) SOLN	1B	
erythromycin (ophth)	1B	
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) OINT	1B	
gentamicin sulfate (ophth) SOLN	1B	
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
levofloxacin (ophth) 0.5 %	1B	
moxifloxacin hcl (ophth) SOLN OP	1B	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1B	
ofloxacin (ophth)	1B	
polymyxin b-trimethoprim	1B	
sulfacetamide sodium (ophth) SOLN	1B	
tobramycin (ophth) SOLN	1B	
trifluridine	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics		
proparacaine hcl	1B	
Ophthalmic Steroids		
ALREX SUSP *(loteprednol etabonate)*	3	PA
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ml daily)
difluprednate	1B	PA
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
loteprednol etabonate GEL	1B	PA
loteprednol etabonate SUSP	1B	PA
MAXIDEX SUSP OP	3	PA
neomycin-polymy-dexameth OINT	1B	
neomycin-polymy-dexameth SUSP	1B	
neomycin-polymyxin-hc (ophth)	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
prednisolone acetate (ophth)	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone SOLN	3	PA
tobramycin-dexamethasone SUSP	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
bepotastine besilate	3	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ml daily); PA
diclofenac sodium (ophth)	1B	
dorzolamide hcl	1B	
epinastine hcl (ophth)	1B	
flurbiprofen sodium	1B	
ketorolac tromethamine (ophth)	1B	
ketotifen fumarate (ophth) 0.035 %	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
olopatadine hcl 0.2 %	1B	RX/OTC
olopatadine hcl 0.1 %	1B	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	3	
latanoprost SOLN	1B	
tafluprost	1B	
travoprost SOLN	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1B	QL(0.5 ml daily)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	1B	
ofloxacin (otic)	1B	
Otic Combinations		
ciprofloxacin-dexamethasone	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin-fluocinolone acetonide	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1B	QL(2 ml daily)
neomycin-polymyxin-hc (otic) SUSP	1B	
Otic Steroids		
fluocinolone acetonide (otic)	1B	
hydrocortisone w/acetic acid	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1A	
amoxicillin CHEW 125 MG, 250 MG	1B	
amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	1B	
amoxicillin SUSR 125 MG/5ML	1A	
amoxicillin TABS	1B	
ampicillin sodium IJ 1 GM	1B	
ampicillin CAPS 500 MG	1B	
Natural Penicillins		
penicillin g potassium 5000000 UNIT	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
penicillin g sodium	3	
penicillin v potassium SOLR	1B	
penicillin v potassium TABS	1B	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1B	
amoxicillin & pot clavulanate SUSR	1B	
amoxicillin & pot clavulanate TABS	1B	
amoxicillin & pot clavulanate TB12	1B	
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	1B	
piperacillin sodium-tazobactam sodium	1B	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1B	
nafcillin sodium IV 10 GM	1B	
oxacillin sodium IV 10 GM	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Progestins		
medroxyprogesterone acetate 10 MG	1A	
medroxyprogesterone acetate 2.5 MG, 5 MG	1B	
megestrol acetate (appetite)	1B	PA
norethindrone acetate TABS	0	
progesterone CAPS	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1B	
disulfiram	1B	
lofexidine hcl	1B	QL(224 ea per 14 day(s) retail); PA
LUCEMYRA *(lofexidine hcl)*	3	QL(224 ea per 14 day(s) retail); PA
Antidementia Agents		
donepezil hydrochloride TABS 5 MG, 23 MG	1B	QL(1 ea daily)
donepezil hydrochloride TABS 10 MG	1B	QL(2 ea daily)
donepezil hydrochloride TBDP 5 MG	1B	QL(1 ea daily)
donepezil hydrochloride TBDP 10 MG	1B	QL(2 ea daily)
galantamine hydrobromide CP24	1B	QL(1 ea daily)
galantamine hydrobromide SOLN	1B	QL(6 ml daily)
galantamine hydrobromide TABS	1B	QL(2 ea daily)
memantine hcl TABS	1B	QL(2 ea daily)
memantine hcl TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
rivastigmine tartrate CAPS	1B	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1B	
perphenazine-amitriptyline	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 ea daily); PA
tetrabenazine	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
dalfampridine	4	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
dimethyl fumarate CDPK	1B	QL(2 ea daily)
dimethyl fumarate CPDR	1B	QL(2 ea daily)
fingolimod hcl	4	QL(1 ea daily)
glatiramer acetate SOSY 20 MG/ML	3	QL(1 ml daily)
glatiramer acetate SOSY 40 MG/ML	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
teriflunomide	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
pregabalin (once-daily) 330 MG	3	QL(2 ea daily); PA
pregabalin (once-daily) 82.5 MG, 165 MG	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1B	
pimozide	1B	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
bupropion hcl (smoking deterrent)	0	QL(2 ea daily)
nicotine polacrilex GUM	0	
nicotine polacrilex LOZG	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
nicotine MISC XX	0	QL(1 ea daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
varenicline tartrate TABS	0	QL(2 ea daily)
varenicline tartrate TBPK	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
pirfenidone CAPS	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone TABS 534 MG	4	QL(3 ea daily); PA
pirfenidone TABS 267 MG, 801 MG	4	QL(1 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
tigecycline	1B	
Tetracyclines		
demeclocycline hcl TABS	1B	
doxycycline (monohydrate) CAPS 75 MG	1B	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1B	QL(2 ea daily)
doxycycline (monohydrate) TABS 100 MG	1B	QL(2 ea daily)
doxycycline (monohydrate) TABS 50 MG, 75 MG	1B	
doxycycline hyclate CAPS	1B	QL(2 ea daily)
doxycycline hyclate SOLR	1B	
doxycycline hyclate TABS 20 MG, 100 MG	1B	QL(2 ea daily)
minocycline hcl CAPS	1B	QL(3 ea daily)
minocycline hcl TABS	1B	QL(3 ea daily)
tetracycline hcl CAPS	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1B	
propylthiouracil	1B	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
levothyroxine sodium TABS	1B	
liothyronine sodium SOLN	1B	
liothyronine sodium TABS	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS *(levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	

Drug Name	Drug Tier	Requirements/ Limits
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	1B	
atropine sulfate SOSY IJ 0.25 MG/5ML	1B	
chlordiazepoxide hcl-clidinium bromide	1B	
dicyclomine hcl CAPS	1B	
dicyclomine hcl SOLN OR	1B	
dicyclomine hcl TABS	1B	
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML	1B	
glycopyrrolate TABS 1 MG	1B	
glycopyrrolate TABS 2 MG	1B	QL(6 ea daily)
methscopolamine bromide	1B	
H-2 Antagonists		
cimetidine TABS	1B	RX/OTC
famotidine in nacl SOLN	1B	
famotidine SOLN 40 MG/4ML, 200 MG/20ML	1B	
famotidine SOLN 20 MG/2ML	1A	
famotidine SUSR	1B	QL(10 ml daily)
famotidine TABS 20 MG, 40 MG	1B	RX/OTC
nizatidine CAPS	1B	
ranitidine hcl TABS 150 MG	1B	
Misc. Anti-Ulcer		
sucralfate SUSP	1B	QL(40 ml daily)
sucralfate TABS	1B	QL(4 ea daily)
Proton Pump Inhibitors		
dexlansoprazole	3	QL(1 ea daily)
esomeprazole magnesium CPDR 40 MG	3	QL(1 ea daily)
esomeprazole magnesium CPDR 20 MG	1B	QL(2 ea daily); RX/OTC
esomeprazole magnesium TBEC	1B	QL(2 ea daily)
lansoprazole CPDR 15 MG	1B	QL(2 ea daily); RX/OTC
lansoprazole CPDR 30 MG	1B	
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 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
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)		

Drug Name	Drug Tier	Requirements/ Limits
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	
trospium chloride CP24	1B	QL(1 ea daily)
trospium chloride TABS	1B	QL(3 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 5 MG, 10 MG, 50 MG	1B	QL(4 ea daily)
bethanechol chloride 25 MG	1B	
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 SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23/1 DOSE SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
COMIRNATY 2023-24 SUSP	0	
COMIRNATY 2023-24 SUSY	0	
COMIRNATY 2024-25 SUSY	0	
COMIRNATY SUSP	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail
HAVRIX	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
IPOL INACTIVATED IPV	0	
JANSSEN COVID-19 VACCINE	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0	
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0	
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
NOVAVAX COVID-19 VACCINE SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; 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/2024-25 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
clindamycin phosphate vaginal CREA	1B	
clotrimazole vaginal CREA 1 %	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
metronidazole vaginal	1B	
miconazole nitrate vaginal SUPP 200 MG	1B	
terconazole vaginal CREA	1B	
terconazole vaginal CREA	1B	
terconazole vaginal SUPP	1B	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1B	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
estradiol vaginal CREA	1B	QL(2 gm daily)
estradiol vaginal TABS	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 gm daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
midodrine hcl	1B	

Drug Name	Drug Tier	Requirements/ Limits
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	1A	
cholecalciferol TABS 10 MCG, 400 UNIT	0	
ergocalciferol CAPS	0	
ergocalciferol SOLN OR	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
ascorbic acid SOLN IJ	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
niacinamide TABS 100 MG	1B	
niacinamide TABS 500 MG	1A	
niacin CPCR 250 MG, 500 MG	1A	
niacin TABS	1A	
niacin TBCR	1A	

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