ambetter. FROM superior healthplan

2026

Formulary

EFFECTIVE JANUARY 1, 2026

AmbetterHealth.com/en/tx
AmbetterHealth.com/es/tx

AMB25-TX-C-00023

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 Health Solutions Bronze 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Silver HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete VALUE Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with $0 Drug Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with $0 Drug Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Standard Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	4.64%
1a	20.64%
1b	68.14%
2	1.47%
3	1.87%
4	3.23%

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 TOAPPEAL

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 OFCOVERAGE

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. 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.
D/D+/C	Not applicable	Medications on the formulary with D/D+/C may take alternative copays for certain benefit designs. Please consult your benefit documents for more information.

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	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Bronze 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Silver HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
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Enhanced Diabetes Care Silver with $0 Drug Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with $0 Drug Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Standard Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	4.64%
1a	20.64%
1b	68.14%
2	1.47%
3	1.87%
4	3.23%

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 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	Plazo	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.
D/D+/C	No se aplica	Los medicamentos que aparecen en el Formulario con los símbolos D/D+/C pueden conllevar copagos alternativos para ciertos diseños de beneficio. Consulte sus documentos sobre los beneficios para obtener más información.

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, 10 MG	1B	QL(1 EA daily)
amphetamine-dextroamphetamine CP24 15 MG	1B	
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)
amphetamine-dextroamphetamine TABS 30 MG	1B	QL(2 EA daily)
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1B	QL(3 EA daily)
dextroamphetamine sulfate CP24 5 MG	1B	
dextroamphetamine sulfate CP24 10 MG, 15 MG	1B	QL(4 EA daily)
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)
Anorexiants Non-Amphetamine		
phendimetrazine tartrate TABS	1B	PA
phentermine hcl CAPS	1B	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.		
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 30 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24	1B	QL(1 EA daily)
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 10 MG, 20 MG	1B	QL(5 EA 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 TB24 18 MG, 27 MG	1B	QL(1 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 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 200 MG	1B	QL(2 EA daily); PA
modafinil 100 MG	1B	QL(1 EA daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	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	1B	
neomycin sulfate TABS	1B	
streptomycin sulfate SOLR	3	
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		
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		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA
Anti-TNF-alpha - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PED>/=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PED>/=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA
SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA
SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
SIMPONI ARIA SOLN	4	PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 EA daily); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
KEVZARA SOAJ	4	QL(0.082 ML daily); PA
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, 200 MG/10ML	1B	RX/OTC
ibuprofen TABS 400 MG, 600 MG	1A	
ibuprofen TABS 800 MG	1B	
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	
piroxicam CAPS	1B	
sulindac TABS	1B	
tolmetin sodium CAPS	1B	
tolmetin sodium TABS 600 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPK	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
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)
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)
hydrocodone bitartrate CP12	3	QL(2 EA daily); PA
hydrocodone bitartrate T24A	3	QL(2 EA daily); PA
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	

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl TABS	1B	New starts limited to 7 day supply; QL(8 EA daily)
hydromorphone hcl TB24 32 MG	1B	QL(1 EA daily); PA
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1B	QL(2 EA daily); PA
levorphanol tartrate TABS 2 MG	1B	New starts limited to 7 day supply
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1B	
meperidine hcl SOLN PO 50 MG/5ML	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
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 PO 5 MG/5ML	1B	QL(100 ML daily)
methadone hcl SOLN PO 10 MG/5ML	1B	QL(50 ML daily)
methadone hcl SOLN IJ 10 MG/ML	1B	
METHADONE HCL SOLN IJ *(methadone hcl)*	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 IJ 0.5 MG/ML, 1 MG/ML	1B	
morphine sulfate SOLN PO 10 MG/5ML	1B	New starts limited to 7 day supply; QL(100 ML daily)
morphine sulfate SOLN PO 20 MG/5ML	1B	New starts limited to 7 day supply; QL(50 ML daily)
morphine sulfate TABS	1B	New starts limited to 7 day supply; QL(6 EA daily)
morphine sulfate TBCR	1B	QL(2 EA daily)
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 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1B	QL(2 EA daily); PA
oxymorphone hcl TB12 40 MG	1B	QL(4 EA daily); PA
SUBSYS LIQD 800 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)
Opioid Combinations		
acetaminophen w/ codeine SOLN	1A	New starts limited to 7 day supply; QL(75 ML 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 15 MG-300 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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	3	New starts limited to 7 day supply; PA
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1B	New starts limited to 7 day supply
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 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-acetaminophen TABS 325 MG-2.5 MG	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-ibuprofen 7.5 MG-200 MG	1B	New starts limited to 7 day supply; QL(5 EA daily)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	1B	PA
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 NA 10 MG/ML	1B	QL(0.34 ML daily); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1B	
pentazocine w/ naloxone hcl	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA
danazol CAPS	1B	

Drug Name	Drug Tier	Requirements/ Limits
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	
Rectal Steroids		
hydrocortisone (rectal) EX	1B	
hydrocortisone acetate (rectal)	1B	
Vasodilating Agents		
nitroglycerin (intra-anal)	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1B	PA
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

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 1000 MG	1B	QL(2 EA daily)
ranolazine TB12 500 MG	1B	QL(3 EA daily)
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1B	
isosorbide mononitrate TABS	1B	
isosorbide mononitrate TB24	1A	
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 7.5 MG, 10 MG, 15 MG, 30 MG	1B	
buspirone hcl 5 MG	1A	
hydroxyzine hcl SOLN 50 MG/ML	1B	
hydroxyzine hcl SYRP	1B	
hydroxyzine hcl TABS	1B	
hydroxyzine pamoate CAPS	1B	
meprobamate	1B	
Benzodiazepines		
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	1A	QL(4 EA daily)
alprazolam TABS 2 MG	1B	QL(4 EA daily)
alprazolam TB24	1B	
alprazolam TBDP	1B	

Drug Name	Drug Tier	Requirements/ Limits
chlordiazepoxide hcl CAPS	1B	
clorazepate dipotassium TABS	1B	
diazepam CONC	1B	
diazepam SOLN PO 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		
flecainide acetate	1B	
propafenone hcl CP12	1B	
propafenone hcl TABS	1B	
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML	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
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1B	C; QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	C; QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	1B	C; QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)
tiotropium bromide CAPS IN 18 MCG	1B	QL(1 EA daily)
Leukotriene Modulators		
montelukast sodium CHEW	1B	C; QL(1 EA daily)
montelukast sodium PACK	1B	C; QL(1 EA daily)
montelukast sodium TABS	1B	C; QL(1 EA daily)
zafirlukast	1B	C; QL(2 EA daily)
zileuton TB12	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	1B	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA 100 MCG/ACT *(fluticasone furoate (inhalation))*	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
ARNUITY ELLIPTA 50 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))*	2	

Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP	1B	C; QL(4 ML daily); PA
fluticasone furoate (inhalation) 100 MCG/ACT	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone furoate (inhalation) 50 MCG/ACT, 200 MCG/ACT	1B	
fluticasone propionate (inhalation) AEPB	1B	C
fluticasone propionate hfa	1B	C; QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	C
QVAR REDIHALER	2	C
Sympathomimetics		
AIRDUO DIGIHALER	3	
AIRSUPRA	3	
albuterol sulfate AERS	1B	C
albuterol sulfate NEBU	1B	C
albuterol sulfate SYRP	1B	C
albuterol sulfate TABS	1B	C
arformoterol tartrate	1B	C; QL(4 ML daily)
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	C
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	2	
BREZTRI AEROSPHERE	2	C; QL(0.38 GM daily)
budesonide-formoterol fumarate dihydrate	1B	
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
DULERA	2	C
fluticasone furoate-vilanterol	1B	
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	1B	C
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1B	
fluticasone-salmeterol AERO	1B	C
formoterol fumarate NEBU	1B	C; QL(4 ML daily)
ipratropium-albuterol SOLN	1B	C; QL(18 ML daily)
levalbuterol hcl	1B	C
levalbuterol tartrate	1B	C; QL(0.5 GM daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	C
STIOLTO RESPIMAT	2	C
STRIVERDI RESPIMAT	2	C
terbutaline sulfate SOLN	1B	C
terbutaline sulfate TABS	1B	C
TRELEGY ELLIPTA	2	C; QL(2 EA daily)
umeclidinium-vilanterol	2	C; QL(2 EA daily)
Xanthines		
theophylline ELIX	1B	
theophylline SOLN	1B	C; QL(56 ML daily)
theophylline TB12	1B	C
theophylline TB24	1B	C
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1A	

Drug Name	Drug Tier	Requirements/ Limits
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE 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)
rivaroxaban SUSR 1 MG/ML	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
rivaroxaban TABS 2.5 MG	1B	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	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 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 30 MG/0.3ML	4	QL(0.6 ML daily); SP
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 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily)
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 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
fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1B	
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
perampanel TABS 6 MG	1B	QL(2 EA daily); PA
perampanel TABS 8 MG, 10 MG, 12 MG	1B	QL(1 EA daily); PA
perampanel TABS 2 MG	1B	QL(6 EA daily); PA
perampanel TABS 4 MG	1B	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	

Drug Name	Drug Tier	Requirements/ Limits
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 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	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.		
BANZEL TABS 400 MG *(rufinamide)*	2	QL(8 EA daily); PA
BANZEL TABS 200 MG *(rufinamide)*	2	QL(2 EA daily); PA
BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA
carbamazepine CHEW 100 MG	1B	
carbamazepine CP12 100 MG	1B	
carbamazepine CP12 200 MG	1B	QL(6 EA daily)
carbamazepine CP12 300 MG	1B	QL(4 EA daily)
carbamazepine SUSP	1B	
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 500 MG	4	QL(6 EA daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 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
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1B	QL(2 EA daily); ST
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 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1B	QL(3 EA daily); ST
pregabalin CAPS 225 MG, 300 MG	1B	QL(2 EA daily); ST
pregabalin SOLN	1B	QL(30 ML daily); ST

Drug Name	Drug Tier	Requirements/ Limits
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 200 MG	1B	QL(2 EA daily)
topiramate TABS 25 MG, 100 MG	1B	QL(4 EA daily)
topiramate TABS 50 MG	1B	QL(6 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	2	
DILANTIN *(phenytoin sodium extended)*	2	
DILANTIN INFATABS CHEW *(phenytoin)*	2	
DILANTIN-125 SUSP *(phenytoin)*	2	
DILANTIN 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		
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 PO 250 MG/5ML, 500 MG/10ML	1B	
valproic acid CAPS	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1B	
mirtazapine TBDP	1B	
Antidepressants - Misc.		
bupropion hcl TABS	1B	D+/C
bupropion hcl TB12	1B	D+/C
bupropion hcl TB24 150 MG, 300 MG	1B	
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		

Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide SOLN	1A	
citalopram hydrobromide TABS	1A	D/C
escitalopram oxalate SOLN	1B	
escitalopram oxalate TABS	1B	D+/C
fluoxetine hcl CAPS	1A	D/C
fluoxetine hcl CPDR	1A	
fluoxetine hcl SOLN	1B	
fluoxetine hcl TABS	1B	
fluvoxamine maleate TABS	1B	D+/C
paroxetine hcl SUSP	1B	
paroxetine hcl TABS	1B	D/C
paroxetine hcl TB24	1B	
sertraline hcl CONC	1B	
sertraline hcl TABS	1B	D/C
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	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	1B	
duloxetine hcl CPEP	1B	D/C
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
venlafaxine hcl CP24	1B	D+/C
venlafaxine hcl TABS	1B	D/C
venlafaxine hcl TB24	1B	
Tricyclic Agents		
amitriptyline hcl TABS	1A	D/C
amoxapine	1B	
clomipramine hcl	1B	
desipramine hcl TABS	1B	
doxepin hcl CAPS	1B	
doxepin hcl CONC	1B	
imipramine hcl TABS	1B	D+/C
imipramine pamoate	1B	
nortriptyline hcl CAPS	1B	
nortriptyline hcl SOLN	1B	
protriptyline hcl	1B	
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-10 MG	2	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1B	D+; QL(2 EA daily)
glipizide-metformin hcl 500 MG-5 MG	1B	D+; QL(4 EA daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	D+; QL(4 EA daily)
glyburide-metformin 250 MG-1.25 MG	1B	D+; QL(2 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
pioglitazone hcl-glimepiride	1B	QL(1 EA daily)
pioglitazone hcl-metformin hcl TABS	1B	QL(2 EA daily)
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 EA daily)
saxagliptin-metformin hcl 1000 MG-2.5 MG	1B	QL(2 EA daily)
SOLIQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(1 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)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
metformin hcl TABS 850 MG	0	QL(3 EA daily)
metformin hcl TABS 500 MG	1A	D+; QL(5 EA daily)
metformin hcl TABS 1000 MG	1A	D+; QL(2.5 EA daily)
metformin hcl TB24 500 MG	1B	D+; QL(4 EA daily)
metformin hcl TB24 750 MG	1B	D+; QL(3 EA daily)
Diabetic Other		
diazoxide	3	
glucagon SOLR IJ 1 MG	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		
liraglutide	1B	QL(0.3 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	2	QL(1 EA daily); PA
TRULICITY	2	QL(0.143 ML daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	D; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	D; QL(1.34 ML daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	D
INSULIN ASPART PROT & ASPART SUSP	1B	D
INSULIN GLARGINE-YFGN SOLN	2	D
INSULIN GLARGINE-YFGN SOPN	2	D
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	
INSULIN LISPRO SOLN IJ	1B	D
NOVOLIN 70/30 FLEXPEN SUPN	2	D
NOVOLIN 70/30 SUSP	2	D
NOVOLIN N FLEXPEN SUPN	2	D
NOVOLIN N SUSP	2	D
NOVOLIN R FLEXPEN SOPN IJ	2	D
NOVOLIN R SOLN IJ	2	D
NOVOLOG FLEXPEN SOPN	1B	D
NOVOLOG PENFILL SOCT	1B	D
NOVOLOG SOLN IJ	1B	D
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	D
SEMGLEE (YFGN) SOPN	2	D
TRESIBA FLEXTOUCH SOPN	2	D
TRESIBA SOLN	2	D
Insulin Sensitizing Agents		
pioglitazone hcl	1B	D+; 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)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
glimepiride 4 MG	1A	D+; QL(2 EA daily)
glimepiride 1 MG, 2 MG	1A	D+; QL(4 EA daily)
glipizide TABS 5 MG, 10 MG	1A	D+; QL(4 EA daily)
glipizide TB24	1A	D+; QL(2 EA daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1B	D+; QL(4 EA daily)
glyburide TABS	1A	D+; QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1B	
diphenoxylate w/ atropine TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
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
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 PO 4 MG/5ML	1B	QL(3.34 ML daily)
ondansetron hcl SOSY	1B	
ondansetron hcl TABS 4 MG	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
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 TBDP 4 MG	1B	QL(1 EA daily)
ondansetron TBDP 8 MG	1B	
palonosetron hcl SOLN	1B	
Antiemetics - Anticholinergic		
meclizine hcl TABS 25 MG	1B	RX/OTC
meclizine hcl TABS 12.5 MG	1A	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	
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)
VARUBI (180 MG DOSE) TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
amphotericin b IV	3	
flucytosine	1B	

Drug Name	Drug Tier	Requirements/ Limits
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	
posaconazole SUSP	3	QL(20 ML daily)
TOLSURA CAPS	4	PA
voriconazole TABS	1B	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
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)
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	
QUZYTTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
promethazine hcl SUPP 50 MG	1B	
promethazine hcl SUPP 12.5 MG, 25 MG	1B	QL(6 EA daily)
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	D+; 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)

Drug Name	Drug Tier	Requirements/ Limits
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	D+; QL(1 EA daily)
fenofibrate micronized 67 MG, 134 MG, 200 MG	1B	D+; QL(1 EA daily)
fenofibrate micronized 43 MG, 130 MG	1B	QL(1 EA daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1B	D+; QL(1 EA daily)
gemfibrozil TABS	1B	D+; QL(2 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1A	D+; QL(1 EA daily)
fluvastatin sodium CAPS 20 MG	1B	QL(1 EA daily)
fluvastatin sodium CAPS 40 MG	1B	QL(2 EA daily)
lovastatin TABS 10 MG, 20 MG	1A	D+; QL(1 EA daily); PV
lovastatin TABS 40 MG	1A	D+; QL(2 EA daily); PV
pravastatin sodium	1B	D+; QL(1 EA daily)
rosuvastatin calcium TABS	1B	QL(1 EA daily)
simvastatin TABS	1A	D+; QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1B	D+; 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		
ACE Inhibitors		
benazepril hcl	1A	D+
captopril 12.5 MG	1B	
captopril 25 MG, 50 MG, 100 MG	1B	QL(3 EA daily)
enalapril maleate TABS	1A	D+
fosinopril sodium	1B	D+
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1A	D+
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	D+
trandolapril 4 MG	1B	D+; QL(2 EA daily)
trandolapril 1 MG, 2 MG	1B	D+; QL(1 EA daily)
Agents for Pheochromocytoma		
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
EDARBI	3	QL(1 EA daily); ST
irbesartan	1B	D+; QL(1 EA daily)
losartan potassium	1A	D+; QL(1 EA daily)
olmesartan medoxomil	1B	D+; QL(1 EA daily)
telmisartan	1B	QL(1 EA daily)
valsartan TABS	1B	D+; QL(1 EA daily)
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1A	D+; QL(8 EA daily)
clonidine PTWK	1B	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	D+
lisinopril & hydrochlorothiazide	1A	D+
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	1A	D+; QL(1 EA daily)
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	1A	D+; 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)

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	3	
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	3	QL(1 EA daily)
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	D+
minoxidil 2.5 MG, 10 MG	1B	D+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	1B	
pentamidine isethionate IN	1B	
tinidazole	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	
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 PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1B	QL(300 ML per fill retail)
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		

Drug Name	Drug Tier	Requirements/ Limits
aztreonam 1 GM	1B	
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
linezolid SUSR	1B	
linezolid TABS	1B	QL(2 EA daily); PA
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

Drug Name	Drug Tier	Requirements/ Limits
Antimalarials		
chloroquine phosphate TABS 250 MG	1B	QL(3 EA daily)
chloroquine phosphate TABS 500 MG	1B	
hydroxychloroquine sulfate 200 MG	1B	QL(3 EA daily)
hydroxychloroquine sulfate 100 MG	1B	QL(4 EA daily)
hydroxychloroquine sulfate 400 MG	1B	QL(1 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		
neostigmine methylsulfate SOSY	3	PA
pyridostigmine bromide SOLN PO	1B	
pyridostigmine bromide TABS 60 MG	1B	
pyridostigmine bromide TBCR	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		

Drug Name	Drug Tier	Requirements/ Limits
Antimycobacterial Agents		
cycloserine	1B	QL(4 EA daily)
ethambutol hcl TABS	1B	
isoniazid SOLN	1B	
isoniazid SYRP	1B	
isoniazid TABS	1A	
PRIFTIN	3	
pyrazinamide	1B	
rifabutin	1B	PA
rifampin CAPS	1B	
rifampin SOLR	1B	
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
busulfan SOLN	4	SP; PA
carmustine	4	SP; PA
cisplatin SOLN 100 MG/100ML	4	SP; PA
cyclophosphamide CAPS	1B	PA
cyclophosphamide SOLR IJ	4	
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	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
Antimetabolites		
azacitidine SUSR	4	SP; PA
capecitabine	4	SP; PA
clofarabine	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 (12 MG 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

Drug Name	Drug Tier	Requirements/ Limits
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		
ARZERRA	4	SP; PA
LOQTORZI	4	PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	PA
OGIVRI	4	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
TAGRISSO 80 MG	4	QL(1 EA daily); PA
TAGRISSO 40 MG	4	QL(2 EA daily); PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	QL(1 EA daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 EA daily); SP; PA
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 80 MG	4	QL(0.143 EA daily); SP; PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 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	

Drug Name	Drug Tier	Requirements/ Limits
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
VABRINTY SC 22.5 MG, 30 MG, 45 MG	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 Antibiotics		
bleomycin sulfate 15 UNIT	4	SP; PA
dactinomycin	4	SP; PA
doxorubicin hcl SOLR 10 MG, 50 MG	4	SP; PA
idarubicin hcl 5 MG/5ML, 10 MG/10ML	4	SP; PA
idarubicin hcl 20 MG/20ML	4	PA
mitomycin SOLR IV 20 MG	4	SP; PA
mitoxantrone hcl 25 MG/12.5ML	4	SP; PA
valrubicin	4	SP; PA
Antineoplastic Combinations		
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	4	QL(8 EA daily); PA
bortezomib SOLR IJ	4	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
CABOMETYX TABS	4	QL(1 EA daily); PA
CAPRELSA	4	QL(1 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; 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 TABS	4	QL(2 EA daily); SP; PA
JAKAFI	4	QL(2 EA daily); SP; PA
KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
KYPROLIS	4	PA
lapatinib ditosylate	4	QL(6 EA daily); SP; PA
LORBRENA	4	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
LUMAKRAS 320 MG	3	QL(3 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA
MEKINIST SOLR	4	QL(40 ML daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA
pazopanib hcl	4	QL(4 EA daily); SP; PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA
romidepsin SOLR	4	SP; PA
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 EA daily); PA
sorafenib tosylate	4	QL(4 EA daily); SP; PA
STIVARGA	4	QL(4 EA daily); SP; PA
sunitinib malate 12.5 MG, 25 MG, 50 MG	4	QL(1 EA daily); SP; PA
sunitinib malate 37.5 MG	4	QL(1 EA daily); PA
TAFINLAR CAPS	4	QL(4 EA daily); PA
TAFINLAR TBSO	4	QL(30 EA daily); PA
TALZENNA	4	QL(1 EA daily); PA
TAZVERIK	4	PA
temsirolimus	4	QL(0.143 ML daily); SP; PA
TURALIO 125 MG	4	PA
VERZENIO	4	QL(2 EA daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
XALKORI CAPS	4	QL(2 EA daily); SP; PA
XOSPATA	4	PA
ZEJULA TABS	4	QL(1 EA daily); PA
ZELBORAF	4	QL(8 EA daily); SP; PA
ZOLINZA	4	QL(4 EA daily); SP; PA
ZYDELIG	4	QL(2 EA daily); PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
arsenic trioxide 10 MG/10ML	4	SP; PA
bexarotene	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 Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR	1B	
leucovorin calcium TABS	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
docetaxel CONC 20 MG/ML	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
IXEMPRA KIT 15 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
paclitaxel 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 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 8 MG, 12 MG	1B	QL(2 EA daily); ST
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 EA daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	1B	QL(1 EA daily); PA
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 100 MG	3	QL(2 EA daily); ST
EQUETRO 300 MG	3	QL(4 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST

Drug Name	Drug Tier	Requirements/ Limits
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1B	QL(1 EA daily)
lurasidone hcl 80 MG	1B	QL(2 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 A	2	PA
paliperidone	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
risperidone microspheres	1B	QL(0.072 EA daily); PA
risperidone SOLN	1B	
risperidone TABS	1B	
risperidone TBDP	1B	
Butyrophenones		
haloperidol decanoate	1B	QL(0.036 ML daily)
haloperidol lactate CONC	1B	
haloperidol lactate SOLN	1B	
haloperidol TABS	1B	
Dibenzapines		
asenapine maleate 5 MG, 10 MG	1B	QL(2 EA daily); PA
asenapine maleate 2.5 MG	1B	QL(4 EA daily); PA
clozapine TABS	1B	
clozapine TBDP 25 MG	1B	QL(3 EA daily)
clozapine TBDP 12.5 MG, 150 MG	1B	QL(6 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 20 MG	1B	QL(1 EA daily)
olanzapine TBDP 5 MG, 10 MG, 15 MG	1B	QL(2 EA daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1B	AL(At least 10 yrs old)
quetiapine fumarate TB24	1B	
Phenothiazines		
chlorpromazine hcl SOLN	3	
chlorpromazine hcl TABS	1B	
fluphenazine hcl CONC	1B	
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 PO	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)

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate TABS	1B	QL(2 EA daily)
APTIVUS CAPS	3	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 300 MG	1B	QL(1 EA daily)
atazanavir sulfate CAPS 200 MG	1B	QL(2 EA daily)
BIKTARVY	3	QL(1 EA daily)
CABENUVA	3	
CIMDUO	3	QL(1 EA daily); ST
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	3	QL(1 EA daily)
darunavir TABS	1B	
DELSTRIGO	3	QL(1 EA daily)
DESCOVY 200 MG-25 MG	3	
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-rilpivirine-tenofovir disoproxil fumarate	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)
KALETRA SOLN	2	QL(12.5 ML 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 150 MG	1B	QL(2 EA daily)
maraviroc TABS 300 MG	1B	QL(4 EA daily)
nevirapine SUSP	1B	QL(40 ML daily)
nevirapine TABS	1B	QL(2 EA daily)
nevirapine TB24 400 MG	1B	QL(1 EA daily)
NORVIR CAPS	2	QL(12 EA daily)
NORVIR PACK	3	QL(12 EA 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 75 MG, 150 MG	3	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SOLN	3	
ritonavir TABS	1B	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)
STRIBILD	3	QL(1 EA daily)
SYMTUZA	3	
tenofovir disoproxil fumarate TABS	1B	
TIVICAY PD TBSO	3	
TIVICAY TABS	3	QL(2 EA daily)
TRIUMEQ PD TBSO	3	
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
entecavir TABS	4	QL(1 EA daily); SP
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 200 MG	3	QL(1 EA daily); PA
SOVALDI TABS 400 MG	3	QL(1 EA daily); SP; 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 PO	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 500 MG	1B	QL(2 EA daily)
valacyclovir hcl 1 GM	1B	QL(4 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

Drug Name	Drug Tier	Requirements/ Limits
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	1A	D+
carvedilol phosphate	3	QL(1 EA daily)
labetalol hcl SOLN	1B	
labetalol hcl TABS 300 MG	1B	D+; QL(8 EA daily)
labetalol hcl TABS 100 MG, 200 MG	1B	D+
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1B	
atenolol TABS	1A	D+
betaxolol hcl	1B	
bisoprolol fumarate	1B	D+
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1B	D+
metoprolol succinate TB24 200 MG	1B	D+; QL(2 EA daily)
metoprolol tartrate SOLN IV 5 MG/5ML	1B	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	1A	D+
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 PO	4	QL(75 ML daily); PA
nadolol TABS 40 MG	1B	QL(6 EA daily)
nadolol TABS 80 MG	1B	
nadolol TABS 20 MG	1B	QL(3 EA daily)
pindolol TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
propranolol hcl CP24	1B	QL(2 EA daily)
propranolol hcl SOLN PO 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	D+
diltiazem hcl coated beads CP24 180 MG, 240 MG	1B	QL(2 EA daily)
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1B	
diltiazem hcl extended release beads 420 MG	1B	
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1B	D+
diltiazem hcl CP12	1B	QL(2 EA daily)
diltiazem hcl CP24	1B	D+
diltiazem hcl SOLN 50 MG/10ML	1B	
DILTIAZEM HCL SOLR	1B	
diltiazem hcl TABS	1B	D+
diltiazem hcl TB24	1B	
felodipine	1B	D+
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	

Drug Name	Drug Tier	Requirements/ Limits
nifedipine TB24 90 MG	1B	D+; QL(1 EA daily)
nifedipine TB24 60 MG	1B	D+; QL(2 EA daily)
nifedipine TB24 30 MG	1B	D+
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 TABS	1B	D+
verapamil hcl TBCR	1B	D+
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1B	
digoxin TABS 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	
sacubitril-valsartan TABS	1B	QL(2 EA daily)
Impotence Agents		
avanafil	1B	QL(0.134 EA daily)
sildenafil citrate	1B	QL(0.1334 EA daily); PA
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 125 MG	4	QL(2 EA daily); SP; PA
bosentan TABS 62.5 MG	4	QL(2 EA daily); PA
bosentan TBSO 32 MG	4	QL(2 EA daily); SP; PA
TRACLEER TBSO 32 MG *(bosentan)*	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
sildenafil citrate (pulmonary hypertension) SOLN	4	QL(37.5 ML daily); SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
ivabradine hcl TABS	3	QL(2 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 250 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	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
cefdinir CAPS	1B	
cefdinir SUSR	1B	
cefixime CAPS	1B	
cefixime SUSR	1B	ST
cefpodoxime proxetil SUSR	1B	
cefpodoxime proxetil TABS	1B	
ceftazidime IJ 1 GM, 6 GM	1B	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IV 2 GM	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	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	

Drug Name	Drug Tier	Requirements/ Limits
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		
MIUDELLA INTRAUTERINE COPPER	0	
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	
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 (52 MG)	0	
MIRENA (52 MG)	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		

Drug Name	Drug Tier	Requirements/ Limits
Glucocorticosteroids		
budesonide CPEP	1B	QL(3 EA daily)
deflazacort TABS	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
dexamethasone ELIX	1B	
dexamethasone SOLN	1B	
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A	
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, 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 250 MG	3	
SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
triamcinolone acetonide SUSP 40 MG/ML	1B	
Mineralocorticoids		
fludrocortisone acetate TABS	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	1B	QL(3 EA daily)
benzonatate 100 MG	1B	QL(6 EA daily)
benzonatate 150 MG	1B	QL(4 EA daily)
Cough/Cold/Allergy Combinations		
hydrocodone polistirex-chlorpheniramine polistirex SUER	1B	
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)
adapalene GEL	1B	AL(At least 12 yrs old); RX/OTC
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 10 %	1B	AL(At least 12 yrs old)
benzoyl peroxide GEL 5 %	1B	QL(3 GM daily); AL(At least 12 yrs old)
benzoyl peroxide LIQD 4 %, 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 ML 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
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)
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)
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)
tretinoin GEL 0.01 %, 0.025 %	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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		

Drug Name	Drug Tier	Requirements/ Limits
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 (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
methoxsalen rapid	1B	QL(4 EA daily)
PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA
PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
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); PA
STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
tazarotene CREA 0.1 %	1B	QL(1 GM daily)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 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)

Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLON CREA	3	
Corticosteroids - Topical		
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)

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene-betamethasone dipropionate OINT	1B	ST
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 0.01 %	1B	
fluocinolone acetonide CREA 0.025 %	1B	QL(4 GM daily)
fluocinolone acetonide OIL	1B	QL(8 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
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 GM 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	
mometasone furoate CREA	1B	QL(3 GM daily)
mometasone furoate OINT	1B	QL(4 GM daily)
mometasone furoate SOLN	1B	QL(5 ML daily)
triamcinolone acetonide (topical) CREA 0.1 %	1B	QL(3.34 GM daily)
triamcinolone acetonide (topical) CREA 0.025 %	1B	QL(15.15 GM daily)
triamcinolone acetonide (topical) CREA 0.5 %	1B	QL(5 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 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 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		

Drug Name	Drug Tier	Requirements/ Limits
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
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	
Scabicides & Pediculicides		
crotamiton LOTN	1B	PA
ivermectin (pediculicide)	1B	PA
malathion	1B	
permethrin CREA	1B	
permethrin LIQD EX	1B	
spinosad	1B	PA
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	D
FORA GTEL BLOOD KETONE TEST	1B	D
FORA TEST N'GO ADV-VOICE-6 CON	1B	D
GOJJI BLOOD KETONE TEST	1B	D
KETONE TEST STRP	1B	D
KETOSTIX STRP	1B	D
NOVA MAX PLUS KETONE TEST	1B	D
PRECISION XTRA KETONE	1B	D
RELION KETONE TEST STRP	1B	D
RELION TRUE METRIX TEST STRIPS STRP	1B	D; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	D; 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

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
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)
methazolamide TABS	1B	QL(6 EA daily)
Diuretic Combinations		
amiloride & hydrochlorothiazide	1B	
spironolactone & hydrochlorothiazide	1B	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1A	
triamterene & hydrochlorothiazide TABS	1A	
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 PO 8 MG/ML, 10 MG/ML	1B	
furosemide TABS	1A	
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	1A	
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 1.25 MG	1A	QL(1 EA daily)
indapamide TABS 2.5 MG	1A	QL(2 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	1A	QL(0.143 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1A	QL(1 EA daily)
calcitonin (salmon) NA	1B	QL(0.14 ML daily)
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 5 MG, 30 MG	1B	QL(1 EA daily); PA
risedronate sodium TABS 35 MG	1B	QL(0.143 EA daily); PA
risedronate sodium TBEC	1B	PA
teriparatide SOPN	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
zoledronic acid SOLN 5 MG/100ML	4	SP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
clomiphene citrate TABS	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
ganirelix acetate	4	PA
ORILISSA	2	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; 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 (6 MONTH) SC	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
betaine	4	SP; PA
calcitriol CAPS	1B	
calcitriol SOLN IV	1B	
cinacalcet hcl	1B	QL(4 EA daily); SP; PA
doxercalciferol CAPS	1B	
doxercalciferol SOLN	1B	
ELAPRASE	4	SP; PA
MYALEPT	4	PA
nitisinone CAPS	4	PA
paricalcitol CAPS	1B	
paricalcitol SOLN	1B	
sodium phenylbutyrate POWD	1B	PA
sodium phenylbutyrate TABS	1B	PA
Posterior Pituitary Hormones		
desmopressin acetate spray	1B	
desmopressin acetate spray refrigerated 0.01 %	1B	

Drug Name	Drug Tier	Requirements/ Limits
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 SOLN	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
tolvaptan TABS	4	QL(2 EA daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
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	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
estradiol valerate	1B	
estradiol GEL	1B	
estradiol GEL	3	
estradiol PTTW	1B	QL(0.572 EA daily)
estradiol PTWK	1B	
estradiol TABS	1B	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(estrogens, conjugated)*	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 200 MG/100ML	3	
levofloxacin in d5w 500 MG/100ML	1B	
levofloxacin SOLN PO	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		

Drug Name	Drug Tier	Requirements/ Limits
5-HT4 Receptor Agonists		
prucalopride succinate	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
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 IJ 5 MG/ML	1B	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1B	QL(60 ML daily)
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)
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
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
STEQEYMA	4	QL(3.47 ML daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1B	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1B	QL(2 EA daily)
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	
sevelamer carbonate PACK	1B	
sevelamer carbonate TABS	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

Drug Name	Drug Tier	Requirements/ Limits
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 2.7 GM/100ML-0.54 GM/100ML	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	1B	PA
finasteride	1B	5 mg only
silodosin	1B	
tamsulosin hcl	1B	
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1B	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1B	
Gout Agents		
allopurinol 100 MG, 300 MG	1A	
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		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
Bradykinin B2 Receptor Antagonists		
icatibant acetate SOSY	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	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
cilostazol	1B	
clopidogrel bisulfate 300 MG	1B	
clopidogrel bisulfate 75 MG	1A	QL(1 EA daily)
dipyridamole	1B	
eptifibatide 200 MG/100ML	4	PA
prasugrel hcl	1B	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
miglustat	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
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 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOLN 25 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
eltrombopag olamine PACK 12.5 MG, 25 MG	3	QL(1 EA daily); PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	3	QL(1 EA daily); PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
NYVEPRIA	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	0	AL(Up to 1 yrs old)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	0	
ferrous sulfate TBEC 325 MG	0	
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	

Drug Name	Drug Tier	Requirements/ Limits
zaleplon 5 MG	1B	QL(1 EA daily); AL(At least 18 yrs old)
zaleplon 10 MG	1B	QL(2 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		
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 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	
Stimulant Laxatives		
bisacodyl SUPP	1A	
bisacodyl TBEC	1A	
Surfactant Laxatives		
docusate calcium	1A	QL(1 EA daily)
docusate sodium CAPS 100 MG	1A	QL(4 EA daily)
docusate sodium CAPS 250 MG	1A	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1B	
azithromycin SUSR	1B	
azithromycin TABS 500 MG	1B	QL(4 EA per fill retail; 4 per fill mail)
azithromycin TABS 250 MG	1B	QL(6 EA per fill retail; 6 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 200 MG *(fidaxomicin)*	2	
fidaxomicin TABS 200 MG	1B	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
DUREX EXTRA SENSITIVE THIN DEVI	0	
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 MAXX-LARGE FLARE MISC	0	
KIMONO MICRO THIN PLUS MISC	0	
KIMONO PLUS MISC	0	
KIMONO PS PLUS MISC	0	
KIMONO PS MISC	0	
KIMONO SENSATION PLUS MISC	0	
KIMONO SENSATION MISC	0	
KIMONO SPECIAL DEVI	0	
KIMONO MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
K-Y ME & YOU INTENSE DEVI	0	
MAXX PLUS MISC	0	
MAXX MISC	0	
OMNIFLEX DIAPHRAGM	0	

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX CONDOMS MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN BARESKIN DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0	
TROJAN ULTRA THIN MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ/SPERMICIDAL MISC	0	
TRUE COVER DEVI	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	
TRUSTEX LUB/RIBBED/STUDDED MISC	0	
TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
TRUSTEX LUB/SPERMICIDE XL MISC	0	
TRUSTEX LUBRICATED EX LARGE MISC	0	
TRUSTEX LUBRICATED EXTRA ST MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
TRUSTEX RIA LUB/SPERMICIDE MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX RIA LUBRICATED MISC	0	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	3	PA
ONETOUCH DELICA SAFETY LANCING	1B	D; RX/OTC
RELION LANCET DEVICES 30G	1B	D; RX/OTC
RELION LANCETS	1B	D; RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day
TRUE METRIX LEVEL 3 SOLN	1B	D
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	D; QL(5 EA daily)
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 (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY 50 MG	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST
UBRELVY 100 MG	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST

Drug Name	Drug Tier	Requirements/ Limits
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 IJ 1 MG/ML	1B	
dihydroergotamine mesylate SOLN NA 4 MG/ML	1B	QL(0.267 ML daily)
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 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)
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)
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		
electrolyte-148	1B	

Drug Name	Drug Tier	Requirements/ Limits
electrolyte-a	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % *(potassium chloride in dextrose & sodium chloride)*	1B	
KCL-LACTATED RINGERS-D5W	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B	
PLASMA-LYTE A *(electrolyte-a)*	1B	
potassium chloride in dextrose 20 MEQ/L	1B	
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 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	
ringer's	1B	
Fluoride		
sodium fluoride CHEW	0	QL(1 EA daily)
Phosphate		
potassium phosphates 45 MMOLE/15ML	1B	
Potassium		
potassium acetate SOLN 2 MEQ/ML	1B	
potassium bicarbonate TBEF	1B	
potassium chloride microencapsulated crystals er	1B	
potassium chloride CPCR	1B	
potassium chloride PACK PO 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	
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 SODIUM	1B	
azathioprine TABS	1B	
cyclosporine modified (for microemulsion) CAPS	1B	
cyclosporine modified (for microemulsion) SOLN	1B	
cyclosporine CAPS	1B	

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine SOLN IV 50 MG/ML	1B	
everolimus (immunosuppressant) 1 MG	4	QL(10 EA daily); PA
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	4	QL(20 EA daily); SP; PA
mycophenolate mofetil CAPS	1B	
mycophenolate mofetil TABS	1B	
mycophenolate sodium	1B	
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	
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	
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)
FT PRENATAL TABS	2	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)
GNP PRENATAL TABS	2	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 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 PLUS TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS TABS	2	QL(1 EA daily)
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
PRENATAL 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)
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 WITH 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 750 MG	1B	QL(4 EA daily)
chlorzoxazone TABS 500 MG	1B	QL(6 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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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)	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); RX/OTC
triamcinolone acetonide (nasal) AERO	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	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 0.5 %	1B	QL(2.5 ML daily)
tropicamide SOLN 1 %	1B	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1B	
Ophthalmic Adrenergic Agents		
brimonidine tartrate 0.15 %, 0.2 %	1B	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	3	
BESIVANCE	3	PA
ciprofloxacin hcl (ophth) SOLN	1B	
erythromycin (ophth)	1B	
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
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
Ophthalmic Local Anesthetics		
proparacaine hcl	1B	
Ophthalmic Steroids		
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ML daily)
difluprednate	1B	PA
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	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 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1B	
neomycin-polymyxin-hc (ophth)	1B	QL(2.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
PRED MILD	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 0.1 %	1B	QL(0.34 ML daily)
olopatadine hcl 0.2 %	1B	RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
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	
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		
Monoclonal Antibodies		
BEYFORTUS	0	
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 IV 10 GM	1B	
ampicillin CAPS 500 MG	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
penicillin g potassium 5000000 UNIT	1B	
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	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1B	
nafcillin sodium IV 10 GM	1B	
oxacillin sodium IV 10 GM	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate 2.5 MG, 5 MG	1B	
medroxyprogesterone acetate 10 MG	1A	
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
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	
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 TABS	4	QL(4 EA daily); PA
tetrabenazine	4	QL(3 EA daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
BETASERON KIT	4	QL(0.5 EA daily); SP; PA
dalfampridine	4	QL(2 EA daily); SP; PA
dimethyl fumarate CDPK	1B	QL(2 EA daily)
dimethyl fumarate CPDR	1B	QL(2 EA daily)
fingolimod hcl	3	QL(1 EA daily); PA
glatiramer acetate SOSY 20 MG/ML	4	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	4	QL(0.43 ML daily)
LEMTRADA	4	QL(1.2 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 TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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	3	QL(1 EA daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
pregabalin (once-daily) 82.5 MG, 165 MG	3	QL(1 EA daily); PA
pregabalin (once-daily) 330 MG	3	QL(2 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	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	0	QL(2 EA daily)
nicotine polacrilex GUM	0	
nicotine polacrilex LOZG	0	
NICOTINE KIT	0	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
varenicline tartrate TABS	0	QL(2 EA daily)
varenicline tartrate TBPK	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	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
pirfenidone TABS 267 MG, 801 MG	4	QL(1 EA daily); PA
pirfenidone TABS 534 MG	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
demeclocycline hcl TABS	1B	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1B	QL(2 EA daily)
doxycycline (monohydrate) CAPS 75 MG	1B	
doxycycline (monohydrate) TABS 50 MG, 75 MG	1B	
doxycycline (monohydrate) TABS 100 MG	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate CAPS	1B	QL(2 EA daily)
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)
EVEXITHROID TABS 180 MG	2	QL(1 EA daily)
levothyroxine sodium TABS	1A	
liothyronine sodium SOLN	1B	
liothyronine sodium TABS	1B	
NP THYROID TABS	1B	QL(1 EA daily)
SYNTHROID TABS *(levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC SUSP 2 LFU-5 LFU	0	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate SOSY IJ 0.25 MG/5ML	1B	
chlordiazepoxide hcl-clidinium bromide	1B	
dicyclomine hcl CAPS	1B	
dicyclomine hcl SOLN PO	1B	
dicyclomine hcl TABS	1B	
glycopyrrolate SOLN IJ 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 SUSR	1B	QL(10 ML daily)
famotidine TABS 20 MG, 40 MG	1B	RX/OTC
nizatidine CAPS	1B	
Misc. Anti-Ulcer		
sucralfate SUSP	1B	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
sucralfate TABS	1B	QL(4 EA daily)
Proton Pump Inhibitors		
dexlansoprazole	3	QL(1 EA daily)
esomeprazole magnesium CPDR 20 MG	1B	QL(2 EA daily); RX/OTC
esomeprazole magnesium CPDR 40 MG	3	QL(1 EA daily)
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 20 MG	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 40 MG	1B	
pantoprazole sodium TBEC 20 MG	1B	QL(1 EA daily)
rabeprazole sodium TBEC	1B	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)		
darifenacin hydrobromide	1B	QL(1 EA daily)
fesoterodine fumarate	1B	QL(1 EA daily)
oxybutynin chloride SOLN	1B	
oxybutynin chloride TABS 5 MG	1B	
oxybutynin chloride TB24	1B	
solifenacin succinate TABS	1B	QL(1 EA daily)
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 - Beta-3 Adrenergic Agonists		
mirabegron TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 25 MG	1B	
bethanechol chloride 5 MG, 10 MG, 50 MG	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA 0.5 ML	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	
AUDENZ PRSY	0	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	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

Drug Name	Drug Tier	Requirements/ Limits
FLUAD	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUMIST	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
IPOL IJ	0	
JYNNEOS	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
MNEXSPIKE SUSY 10 MCG/0.2ML	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC 6M-11Y SUSP	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0	
MODERNA COVID-19 VACCINE SUSP	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE SUSP	0	
NOVAVAX COVID-19 VACCINE SUSY	0	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
PFIZER-BIONTECH COVID-19 VACC SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
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	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	

Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	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 7.5 MCG/24HR	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	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	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS	1A	
cholecalciferol TABS 10 MCG, 400 UNIT	0	
ergocalciferol CAPS	0	
ergocalciferol SOLN PO 200 MCG/ML	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 ER 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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