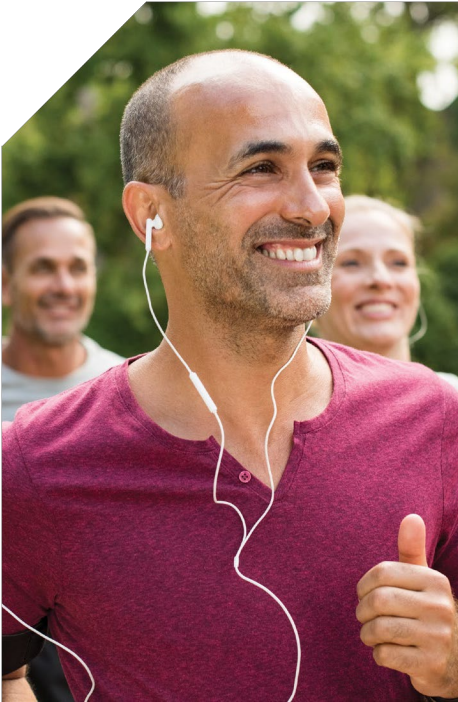




FROM |



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Ambetter.WellCareKy.com

Formulary Introduction

FORMULARY

The Ambetter 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.

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1_A** - 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 1_B** - 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	Término	Significado
AL	Límite de edad	Algunos medicamentos solo están cubiertos para determinadas edades.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para determinadas cantidades.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.
ST	Terapia escalonada	En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A.
NF	No incluido en el Formulario	Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.
RX/OTC	Medicamentos recetados y OTC	Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).
SP	Medicamento de especialidad	Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 EA daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	Aminoglycosides		
<i>methylphenidate hcl CPCR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	ARIKAYCE	4	PA
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 EA daily); AL(At least 6 yrs old)	<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)	<i>gentamicin sulfate IJ 40 MG/ML</i>	1B	
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>neomycin sulfate TABS</i>	1B	
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)	<i>streptomycin sulfate SOLR</i>	3	
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)	<i>tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1B	
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)	<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA	Antirheumatic - Enzyme Inhibitors		
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA	RINVOQ LQ SOLN	4	QL(12 ML daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA	RINVOQ TB24	4	QL(1 EA daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC			XELJANZ XR TB24	4	QL(1 EA daily); PA
Allergenic Extracts			XELJANZ SOLN	4	QL(20 ML daily); PA
GRASTEK SUBL	3	PA	XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
AMEBICIDES			XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
Amebicides			Anti-TNF-alpha - Monoclonal Antibodies		
SOLOSEC	3	PA	CYLTEZO (2 PEN) AJKT	4	QL(0.072 EA daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			CYLTEZO (2 PEN) AJKT	4	QL(0.215 EA daily); PA
			CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 EA daily); 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
CYLTEZO-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(0.215 EA daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 EA daily)
HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-1 Blockers		
HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ARCALYST	4	QL(0.286 EA daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	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	SP; PA
			ACTEMRA SOSY	4	SP; PA
			KEVZARA SOAJ	4	QL(0.082 ML daily); PA
			KEVZARA SOSY	4	QL(0.082 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1B	QL(2 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1A	QL(1 EA daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
<i>OTEZLA XR TB24 PO 75 MG</i>	4	QL(1 EA daily); PA
<i>OTEZLA/OTEZLA XR INITIATION PK TBPK</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>OTEZLA TABS</i>	4	QL(2 EA daily); PA
<i>OTEZLA TBPK</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>OTEZLA TBPK</i>	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
<i>ENBREL MINI SOCT</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOLN</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.286 ML daily); SP; PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ML daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)
Salicylates		
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>meperidine hcl TABS 50 MG</i>	1B	QL(6 EA daily)
<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
METHADONE HCL SOLN IJ (<i>methadone hcl</i>)	1B	
<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ML daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply
<i>SUBSYS LIQD 800 MCG</i>	3	QL(8 EA daily); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)			
<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)	<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA	<i>nalbuphine hcl</i>	1B	QL(8 ML daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)	<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	SUBLOCADE SOSY 300 MG/1.5ML	3	QL(0.06 ML daily); 1 max fill(s) per 26 day(s) retail
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)	SUBLOCADE SOSY 100 MG/0.5ML	3	QL(0.02 ML daily); 1 max fill(s) per 26 day(s) retail
Opioid Partial Agonists			ZUBSOLV SUBL 0.71 MG-2.9 MG	3	QL(3 EA daily)
BRIXADI (WEEKLY) SOSY	3		ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 1.4 MG-5.7 MG, 2.1 MG-8.6 MG, 2.9 MG-11.4 MG	3	QL(1 EA daily)
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	3		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)	Androgens		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 EA daily)	<i>danazol CAPS</i>	1B	
<i>buprenorphine hcl SOLN</i>	1B		<i>methyltestosterone TABS</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)	<i>testosterone cypionate SOLN IM</i>	1B	
<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
			<i>testosterone enanthate SOLN IM</i>	1B	
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		
			<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	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
<i>ivermectin</i>	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
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	
Benzodiazepines		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
NUCALA SOAJ	4	QL(0.1073 ML daily); PA
NUCALA SOLR	4	QL(0.1073 EA daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOLR	4	QL(0.286 EA daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
<i>zafirlukast</i>	1B	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA	BREZTRI AEROSPHERE	2	QL(0.38 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail
<i>fluticasone propionate (inhalation) AEPB</i>	1B		COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)	DULERA	2	
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone furoate-vilanterol</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
QVAR REDHALER	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
Sympathomimetics			<i>fluticasone-salmeterol AERO</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>albuterol sulfate AERS</i>	1B		<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)
<i>albuterol sulfate NEBU</i>	1B	QL(15 ML daily)	<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)
<i>albuterol sulfate NEBU</i>	1B		<i>levalbuterol hcl</i>	1B	QL(12 ML daily)
<i>albuterol sulfate SYRP</i>	1B		<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>albuterol sulfate TABS</i>	1B		<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	QL(2 EA daily)			
<i>arformoterol tartrate</i>	1B	QL(4 ML daily)			
BREO ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail			

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
STIOLTO RESPIMAT	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
Xanthines		
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ML daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1B	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
<i>rivaroxaban TABS 2.5 MG</i>	1B	QL(2 EA daily)
XARELTO STARTER PACK TBPB	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG (<i>rivaroxaban</i>)	2	QL(2 EA daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP
<i>fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	4	SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 4 MG (<i>perampanel</i>)	3	QL(3 EA daily); PA	APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	QL(2 EA daily); ST
FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	3	QL(1 EA daily); PA	BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 EA daily); PA
FYCOMPA TABS 6 MG (<i>perampanel</i>)	3	QL(2 EA daily); PA	BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 EA daily); PA
FYCOMPA TABS 2 MG (<i>perampanel</i>)	3	QL(6 EA daily); PA	BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA
<i>perampanel</i> TABS 8 MG, 10 MG, 12 MG	1B	QL(1 EA daily); PA	BRIVIACT TABS	3	QL(2 EA daily); PA
<i>perampanel</i> TABS 2 MG	1B	QL(6 EA daily); PA	<i>carbamazepine</i> CHEW 100 MG	1B	
<i>perampanel</i> TABS 4 MG	1B	QL(3 EA daily); PA	<i>carbamazepine</i> CP12 300 MG	1B	QL(4 EA daily)
<i>perampanel</i> TABS 6 MG	1B	QL(2 EA daily); PA	<i>carbamazepine</i> CP12 200 MG	1B	QL(6 EA daily)
Anticonvulsants - Benzodiazepines			<i>carbamazepine</i> CP12 100 MG	1B	
<i>clobazam</i> SUSP	1B	QL(16 ML daily); PA	<i>carbamazepine</i> SUSP	1B	
<i>clobazam</i> TABS	1B	QL(2 EA daily); PA	<i>carbamazepine</i> TABS	1B	
<i>clonazepam</i> TABS	1A		<i>carbamazepine</i> TB12 200 MG	1B	QL(6 EA daily)
<i>diazepam</i> (<i>anticonvulsant</i>) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	<i>carbamazepine</i> TB12 100 MG, 400 MG	1B	QL(4 EA daily)
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	EPIDIOLEX	3	PA
Anticonvulsants - Misc.			<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	1B	QL(2 EA daily); ST
			<i>gabapentin</i> CAPS	1B	
			<i>gabapentin</i> SOLN	1B	QL(60 ML daily)
			<i>gabapentin</i> TABS 600 MG, 800 MG	1B	
			<i>lacosamide</i> SOLN IV 200 MG/20ML	1B	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide TABS</i>	1B	QL(2 EA daily)	<i>topiramate CS24</i>	3	PA
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>lamotrigine TABS</i>	1B		<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)	<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ML daily)	Carbamates		
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)	<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
<i>levetiracetam TB24</i>	1B	QL(4 EA daily)	GABA Modulators		
<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)	<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)	<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 EA daily); PA	Hydantoins		
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 EA daily); PA	DILANTIN	2	
<i>pregabalin SOLN</i>	3	QL(30 ML daily); PA	DILANTIN (<i>phenytoin sodium extended</i>)	2	
<i>primidone 50 MG, 250 MG</i>	1B		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA	DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA	DILANTIN SUSP (<i>phenytoin</i>)	2	
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA	<i>fosphenytoin sodium</i>	1B	
TEGRETOL SUSP (<i>carbamazepine</i>)	2		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
TEGRETOL TABS (<i>carbamazepine</i>)	2		<i>phenytoin sodium SOLN</i>	1B	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)	<i>phenytoin CHEW</i>	1B	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)	<i>phenytoin SUSP</i>	1B	
			Succinimides		
			<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
			<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
			<i>methsuximide</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
bupropion hcl TB12	1B	
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		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide SOLN	1B	
citalopram hydrobromide TABS	1B	
escitalopram oxalate SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate TABS	1B	
fluoxetine hcl CAPS 10 MG	1A	
fluoxetine hcl CAPS 20 MG, 40 MG	1B	
fluoxetine hcl CPDR	1B	
fluoxetine hcl SOLN	1B	
fluoxetine hcl TABS	1B	
fluvoxamine maleate TABS	1B	
paroxetine hcl SUSP	1B	
paroxetine hcl TABS	1B	
paroxetine hcl TB24	1B	
sertraline hcl CONC	1B	
sertraline hcl TABS	1B	
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
vilazodone hcl TABS	1B	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	1B	
duloxetine hcl CPEP	1B	
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
venlafaxine hcl CP24	1B	
venlafaxine hcl TABS	1B	
venlafaxine hcl TB24	1B	
Tricyclic Agents		
amitriptyline hcl TABS	1B	
amoxapine	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine hcl</i>	1B		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
<i>desipramine hcl TABS</i>	1B		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	1B		JANUMET TABS	2	QL(2 EA daily)
<i>doxepin hcl CONC</i>	1B		<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)
<i>imipramine hcl TABS</i>	1B		<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)
<i>imipramine pamoate</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)
<i>nortriptyline hcl CAPS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>nortriptyline hcl SOLN</i>	1B		SOLQUA	2	QL(0.5 ML daily); PA
<i>protriptyline hcl</i>	1B		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
<i>trimipramine maleate CAPS</i>	1B		SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			SYNJARDY TABS	2	QL(2 EA daily)
Alpha-Glucosidase Inhibitors			TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
<i>acarbose</i>	1B	QL(3 EA daily)	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
<i>miglitol</i>	1B	QL(3 EA daily)	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
Antidiabetic Combinations			XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA	XULTOPHY	2	QL(0.5 ML daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)	Biguanides		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)			
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 EA daily)			
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 EA daily)			
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 EA daily)			
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 EA daily)			
GLYXAMBI	2	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 EA daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 EA daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ML daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)	INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 EA daily)	INSULIN ASPART FLEXPEN SOPN	1B	
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 EA daily)	INSULIN ASPART PENFILL SOCT	1B	
Diabetic Other			INSULIN ASPART PROT & ASPART SUSP	1B	
<i>diazoxide</i>	3		INSULIN ASPART SOLN IJ	1B	
<i>glucagon SOLR IJ 1 MG</i>	1B	QL(0.035 EA daily)	INSULIN DEGLUDEC FLEXTouch SOPN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN DEGLUDEC SOLN	2	
<i>alogliptin benzoate 25 MG</i>	1B		INSULIN GLARGINE-YFGN SOLN	2	
<i>alogliptin benzoate 12.5 MG</i>	1B	QL(1 EA daily)	INSULIN GLARGINE-YFGN SOPN	2	
JANUVIA	2	QL(1 EA daily)	INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)	INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
Incretin Mimetic Agents			INSULIN LISPRO PROT & LISPRO SUPN	1B	
<i>liraglutide</i>	1B	QL(0.3 ML daily)	INSULIN LISPRO SOLN IJ	1B	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA	NOVOLIN 70/30 FLEXPEN SUPN	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA	NOVOLIN 70/30 SUSP	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA	NOVOLIN N FLEXPEN SUPN	2	
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA	NOVOLIN N SUSP	2	
RYBELSUS TABS	2	QL(1 EA daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
TRULICITY	2	QL(0.143 ML daily); PA	NOVOLIN R SOLN IJ	2	
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA	REZVOGLAR KWIKPEN	3	PA
Insulin			SEMGLEE (YFGN) SOLN	2	
APIDRA SOLOSTAR SOPN	3	PA			
APIDRA SOLN	3	PA			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron TBDP 8 MG</i>	1B		<i>flucytosine</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)	<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>palonosetron hcl SOLN</i>	1B		<i>griseofulvin microsize TABS</i>	1B	
Antiemetics - Anticholinergic			<i>griseofulvin ultramicrosize</i>	1B	
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC	<i>nystatin TABS</i>	1B	
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC	<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
<i>scopolamine</i>	1B	QL(0.34 EA daily)	Imidazole-Related Antifungals		
<i>trimethobenzamide hcl CAPS</i>	1B		CRESEMBA CAPS 186 MG	3	PA
Antiemetics - Miscellaneous			<i>fluconazole SUSP</i>	1B	
AKYNZEO	3	PA	<i>fluconazole TABS</i>	1B	
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA	<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>dronabinol CAPS</i>	1B		<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>ketoconazole</i>	1B	
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily)	<i>posaconazole SUSP</i>	3	QL(20 ML daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily)	TOLSURA CAPS	4	PA
<i>aprepitant CAPS</i>	1B	PA	<i>voriconazole TABS</i>	1B	QL(4 EA daily)
VARUBI (180 MG DOSE) TBPK	3	PA	ANTI-HISTAMINES - Drugs to Treat Allergies		
ANTIFUNGALS - Drugs to Treat Fungal Infections			Antihistamines - Alkylamines		
Antifungal - Glucan Synthesis Inhibitors			<i>dexchlorpheniramine maleate SOLN</i>	1B	
<i>caspofungin acetate</i>	1B		Antihistamines - Ethanolamines		
ERAXIS	3		<i>carbinoxamine maleate SOLN</i>	1B	
<i>micafungin sodium</i>	1B	PA	<i>carbinoxamine maleate TABS 4 MG</i>	1B	
Antifungals			<i>clemastine fumarate SYRP</i>	1B	
<i>amphotericin b IV</i>	3		<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>amphotericin b liposome</i>	3		<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
			<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl LIQD 12.5 MG/5ML</i>	1B		<i>omega-3-acid ethyl esters</i>	1B	QL(4 EA daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B		Bile Acid Sequestrants		
Antihistamines - Non-Sedating			<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)	<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)	<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)	<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC	<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC	<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>loratadine CAPS</i>	1B		<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>loratadine CHEW</i>	1B		<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>loratadine SOLN</i>	1B		<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
<i>loratadine TABS</i>	1A		Fibric Acid Derivatives		
<i>loratadine TBDP</i>	1B		<i>choline fenofibrate</i>	1B	QL(1 EA daily)
Antihistamines - Phenothiazines			<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 EA daily)
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1B		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 EA daily)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)	<i>gemfibrozil TABS</i>	1B	QL(2 EA daily)
<i>promethazine hcl SUPP 50 MG</i>	1B		HMG CoA Reductase Inhibitors		
<i>promethazine hcl TABS</i>	1B		<i>atorvastatin calcium TABS</i>	1B	QL(1 EA daily)
Antihistamines - Piperidines			<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>cyproheptadine hcl SYRP</i>	1B		<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>cyproheptadine hcl TABS</i>	1B		<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV
Antihyperlipidemics - Combinations			<i>pravastatin sodium</i>	1B	QL(1 EA daily)
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)			
Antihyperlipidemics - Misc.					
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>rosuvastatin calcium TABS</i>	3	QL(1 EA daily)
<i>simvastatin TABS</i>	1B	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA
REPATHA SOSY	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril 4 MG</i>	1B	QL(2 EA daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 EA daily)
EDARBI	3	QL(1 EA daily); ST
<i>irbesartan</i>	1B	QL(1 EA daily)
<i>losartan potassium</i>	1B	QL(1 EA daily)
<i>olmesartan medoxomil</i>	1B	QL(1 EA daily)
<i>telmisartan</i>	1B	QL(1 EA daily)
<i>valsartan TABS</i>	1B	QL(1 EA daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1B	QL(8 EA daily)
<i>clonidine PTWK</i>	3	QL(0.15 EA daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril & hydrochlorothiazide</i>	1B	
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO	3	QL(3 EA daily); PA
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>trimethoprim TABS</i>	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

Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>	1B	
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl</i>	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	<i>mefloquine hcl</i>	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
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	<i>primaquine phosphate TABS</i>	3	
Antimalarials			<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
			<i>quinine sulfate CAPS 324 MG</i>	1B	PA
			ANTIMYASTHENIC/CHOLINERGIC AGENTS		
			Antimyasthenic/Cholinergic Agents		
			<i>FIRDAPSE</i>	4	PA
			<i>neostigmine methylsulfate SOSY</i>	3	PA
			<i>pyridostigmine bromide SOLN PO</i>	1B	
<i>chloroquine phosphate TABS 500 MG</i>	1B		<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)	<i>pyridostigmine bromide TBCR</i>	1B	
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)	Antimycobacterial Agents		
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)	<i>cycloserine</i>	1B	QL(4 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)	<i>ethambutol hcl TABS</i>	1B	
			<i>isoniazid SOLN</i>	1B	
			<i>isoniazid SYRP</i>	1B	
			<i>isoniazid TABS</i>	1B	
			PRIFTIN	3	
			<i>pyrazinamide</i>	1B	
			<i>rifabutin</i>	1B	PA
			<i>rifampin CAPS</i>	1B	
			<i>rifampin SOLR</i>	1B	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tamoxifen citrate TABS</i>	0		<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA
<i>toremifene citrate</i>	1B		<i>doxorubicin hcl SOLN</i>	4	SP; PA
TRELSTAR MIXJECT	4	SP; PA	<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	<i>idarubicin hcl 20 MG/20ML</i>	4	PA
XTANDI CAPS	4	QL(4 EA daily); SP; PA	<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA	<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA
YONSA	4	QL(4 EA daily); PA	<i>valrubicin</i>	4	SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA	Antineoplastic Combinations		
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA	KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA
Antineoplastic - Immunomodulators			KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA
POMALYST	4	QL(1 EA daily); PA	KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA
Antineoplastic - PDGFR-alpha Inhibitors			Antineoplastic Enzyme Inhibitors		
AYVAKIT	4	QL(1 EA daily); PA	ALECENSA	4	QL(8 EA daily); PA
Antineoplastic - XPO1 Inhibitors			ALUNBRIG TABS	4	QL(1 EA daily); PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA	ALUNBRIG TBPk	4	QL(1 EA daily); PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA	BALVERSA	4	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA	<i>bortezomib SOLR IJ</i>	4	SP; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA	BORTEZOMIB SOLR IV 3.5 MG	4	SP; PA
XPOVIO (60 MG TWICE WEEKLY)	4	PA	BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA	BOSULIF TABS 400 MG	4	QL(1 EA daily); PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA	BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA
Antineoplastic Antibiotics			BRUKINSA	4	PA
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA	CABOMETYX TABS	4	QL(1 EA daily); PA
<i>dactinomycin</i>	4	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE	4	QL(2 EA daily); PA	LUMAKRAS 320 MG	3	QL(3 EA daily); PA
CAPRELSA	4	QL(1 EA daily); SP; PA	LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA	LYNPARZA TABS	4	QL(4 EA daily); PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA	MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA	MEKINIST TABS 2 MG	4	QL(1 EA daily); PA
COPIKTRA	4	PA	MEKTOVI	4	QL(6 EA daily); SP; PA
<i>dasatinib</i>	4	QL(1 EA daily); SP; PA	<i>nilotinib hcl 150 MG, 200 MG</i>	4	QL(4 EA daily); SP; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA	<i>nilotinib hcl 50 MG</i>	4	QL(4 EA daily); PA
IBRANCE CAPS	4	QL(1 EA daily); PA	NINLARO	4	QL(0.143 EA daily); PA
IBRANCE TABS	4	QL(1 EA daily); PA	<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA
ICLUSIG	4	QL(1 EA daily); PA	PEMAZYRE	4	QL(1 EA daily); PA
<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); SP; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA	PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA	PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA
IMBRUVICA SUSP	4	QL(8 ML daily); PA	PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA
IMBRUVICA TABS	4	QL(1 EA daily); PA	QINLOCK	4	PA
INREBIC	4	PA	RETEVMO CAPS	4	PA
JAKAFI	4	QL(2 EA daily); SP; PA	<i>romidepsin SOLR</i>	4	SP; PA
KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA	ROZLYTREK CAPS	4	PA
KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA	RUBRACA	4	QL(4 EA daily); PA
KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA	SCEMBLIX 100 MG	4	QL(4 EA daily); PA
KOSELUGO	4	PA	SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA
KYPROLIS	4	PA	<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA
<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA	SPRYCEL (<i>dasatinib</i>)	4	QL(1 EA daily); SP; PA
LORBRENA	4	QL(1 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STIVARGA	4	QL(4 EA daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TABRECTA	4	QL(4 EA daily); PA	<i>bexarotene</i>	4	SP; PA
TAFINLAR CAPS	4	QL(4 EA daily); PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TALZENNA	4	QL(1 EA daily); PA	<i>hydroxyurea</i>	1B	
TALZENNA	4	QL(1 EA daily); PA	MATULANE	4	SP; PA
TASIGNA 50 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); PA	NIPENT	4	SP; PA
TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); SP; PA	PHOTOFRIN	4	SP; PA
TAZVERIK	4	PA	PROLEUKIN	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA	SYNRIBO	4	SP; PA
TIBSOVO	4	PA	<i>tretinoin (chemotherapy)</i>	1B	
TURALIO 125 MG	4	PA	UVADEX	4	SP; PA
VERZENIO	4	QL(2 EA daily); PA	Chemotherapy Rescue/Antidote/Protective Agents		
VITRAKVI CAPS	4	PA	<i>leucovorin calcium SOLR</i>	1B	
VITRAKVI SOLN	4	PA	<i>leucovorin calcium TABS</i>	1B	
XALKORI CAPS	4	QL(2 EA daily); SP; PA	VORAXAZE	4	SP; PA
XOSPATA	4	PA	Mitotic Inhibitors		
ZEJULA CAPS	4	QL(3 EA daily); PA	<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA	<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
ZEJULA TABS 100 MG	4	QL(3 EA daily); PA	<i>eribulin mesylate</i>	4	SP; PA
ZELBORAF	4	QL(8 EA daily); SP; PA	ETOPOPHOS	4	SP; PA
ZOLINZA	4	QL(4 EA daily); SP; PA	<i>etoposide CAPS</i>	4	SP; PA
ZYDELIG	4	QL(2 EA daily); PA	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	SP; PA
Antineoplastic Enzymes			HALAVEN (<i>eribulin mesylate</i>)	4	SP; PA
ONCASPAR	4	SP; PA	IXEMPRA KIT 15 MG	4	SP; PA
			JEVTANA	4	SP; PA
			<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TBDP</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	NEUPRO	2	
Topoisomerase I Inhibitors			<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>HYCAMTIN CAPS</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>ropinirole hydrochloride TABS</i>	1B	
<i>topotecan hcl SOLR</i>	4	SP; PA	<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
Antiparkinson Adjunctive Therapy			Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa</i>	1B		<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
Antiparkinson Anticholinergics			<i>selegiline hcl CAPS</i>	1B	
<i>benztropine mesylate SOLN</i>	1B		<i>selegiline hcl TABS</i>	1B	
<i>benztropine mesylate TABS</i>	1B		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>trihexyphenidyl hcl SOLN</i>	1B		Antimanic Agents		
<i>trihexyphenidyl hcl TABS</i>	1B		<i>lithium</i>	1B	
Antiparkinson COMT Inhibitors			<i>lithium carbonate CAPS</i>	1B	
<i>entacapone</i>	1B	QL(8 EA daily)	<i>lithium carbonate TABS</i>	1B	
<i>tolcapone</i>	1B		<i>lithium carbonate TBCR</i>	1B	
Antiparkinson Dopaminergics			Antipsychotics - Misc.		
<i>amantadine hcl CAPS</i>	1B		EQUETRO 300 MG	3	QL(4 EA daily); ST
<i>amantadine hcl SOLN</i>	1B		EQUETRO 200 MG	3	QL(8 EA daily); ST
<i>amantadine hcl TABS</i>	1B		EQUETRO 100 MG	3	QL(2 EA daily); ST
<i>apomorphine hydrochloride SOCT</i>	4	PA	<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>bromocriptine mesylate CAPS</i>	1B		<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B				
<i>carbidopa-levodopa-entacapone</i>	1B				
<i>carbidopa-levodopa TABS</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)	<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)
Benzisoxazoles			<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)
FANAPT	2	QL(2 EA daily); PA	<i>quetiapine fumarate TB24</i>	1B	
FANAPT TITRATION PACK A	2	PA	Phenothiazines		
<i>paliperidone</i>	1B		<i>chlorpromazine hcl SOLN</i>	3	
PERSERIS PRSY	2	QL(0.072 EA daily); PA	<i>chlorpromazine hcl TABS</i>	1B	
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA	<i>fluphenazine hcl CONC</i>	1B	
<i>risperidone SOLN</i>	1B		<i>fluphenazine hcl ELIX</i>	1B	
<i>risperidone TABS</i>	1B		<i>fluphenazine hcl SOLN</i>	1B	
<i>risperidone TBDP</i>	1B		<i>fluphenazine hcl TABS</i>	1B	
Butyrophenones			<i>perphenazine TABS</i>	1B	
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)	<i>prochlorperazine</i>	1B	
<i>haloperidol lactate CONC</i>	1B		<i>prochlorperazine maleate TABS</i>	1B	
<i>haloperidol lactate SOLN</i>	1B		<i>thioridazine hcl</i>	1B	
<i>haloperidol TABS</i>	1B		<i>trifluoperazine hcl TABS</i>	1B	
Dibenzapines			Quinolinone Derivatives		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA	<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA	<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>clozapine TABS</i>	1B		REXULTI	3	PA
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)	Thioxanthenes		
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)	<i>thiothixene</i>	1B	
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)	ANTIVIRALS - Drugs to Treat Viral Infections		
<i>loxapine succinate</i>	1B		Antiretrovirals		
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)	<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)	<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)	<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)	APTIVUS CAPS	3	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)	FUZEON SOLR	4	SP; PA
BIKTARVY	3	QL(1 EA daily)	GENVOYA	3	QL(1 EA daily)
CIMDUO	3	QL(1 EA daily); ST	INTELENCE 25 MG	3	QL(8 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)	ISENTRESS HD TABS	3	QL(2 EA daily)
<i>darunavir TABS 600 MG</i>	1B	QL(2 EA daily)	ISENTRESS CHEW	3	QL(6 EA daily)
<i>darunavir TABS 800 MG</i>	1B	QL(1 EA daily)	ISENTRESS TABS	3	QL(2 EA daily)
DELSTRIGO	3	QL(1 EA daily)	JULUCA	3	QL(1 EA daily)
DOVATO	3	QL(1 EA daily)	KALETRA SOLN	2	QL(12.5 ML daily)
EDURANT	3	QL(1 EA daily)	<i>lamivudine SOLN</i>	1B	QL(30 ML daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	LEXIVA SUSP	3	QL(56 ML daily)
<i>efavirenz TABS</i>	1B	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)
<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)	<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)	<i>nevirapine SUSP</i>	1B	QL(40 ML daily)
EMTRIVA SOLN	3	QL(24 ML daily)	<i>nevirapine TABS</i>	1B	QL(2 EA daily)
<i>etravirine 100 MG</i>	1B	QL(4 EA daily)	<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)
<i>etravirine 200 MG</i>	1B	QL(2 EA daily)	NORVIR CAPS	2	QL(12 EA daily)
EVOTAZ	3	QL(1 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)
			RETROVIR SOLN	3	
			<i>ritonavir TABS</i>	1B	QL(12 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)
STRIBILD	3	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	1B	
TIVICAY TABS	3	QL(2 EA daily)
TRIUMEQ TABS	3	QL(1 EA daily)
TRIZIVIR	3	QL(2 EA daily)
TYBOST	3	QL(1 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIREAD POWD	3	QL(7.5 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>zidovudine TABS</i>	1B	QL(2 EA daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 EA daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ML daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SOFOSBUVIR-VELPATASVIR TABS	4	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days. ; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl SOLN</i>	1B		High Blood Pressure		
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 EA daily)	Calcium Channel Blockers		
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B		<i>amlodipine besylate TABS</i>	1B	
Beta Blockers Cardio-Selective			<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>acebutolol hcl CAPS</i>	1B		<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>atenolol TABS</i>	1B		<i>diltiazem hcl extended release beads</i>	1B	
<i>betaxolol hcl</i>	1B		<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>bisoprolol fumarate</i>	1B		<i>diltiazem hcl CP24</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B		<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 EA daily)	<i>DILTIAZEM HCL SOLR</i>	1B	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B		<i>diltiazem hcl TABS</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B		<i>diltiazem hcl TB24</i>	1B	
<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)	<i>felodipine</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)	<i>isradipine CAPS</i>	1B	
Beta Blockers Non-Selective			<i>nicardipine hcl CAPS</i>	1B	
<i>HEMANGEOL SOLN PO</i>	4	QL(75 ML daily); PA	<i>nicardipine hcl SOLN</i>	1B	
<i>nadolol TABS 80 MG</i>	1B		<i>nifedipine CAPS 10 MG</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)	<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)	<i>nifedipine TB24 90 MG</i>	1B	QL(1 EA daily)
<i>pindolol TABS</i>	1B		<i>nifedipine TB24</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)	<i>nifedipine TB24 60 MG</i>	1B	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B		<i>nimodipine CAPS</i>	1B	
<i>propranolol hcl TABS</i>	1B		<i>nisoldipine</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)	<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>sotalol hcl TABS 240 MG</i>	1B		<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>timolol maleate TABS</i>	1B		<i>verapamil hcl TABS</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat			<i>verapamil hcl TBCR</i>	1B	
			CARDIOTONICS - Drugs to Treat Heart Failure		

Drug Name	Drug Tier	Requirements/ Limits
and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
<i>sacubitril-valsartan TABS</i>	1B	QL(2 EA daily)
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
STENDRA (<i>avanafil</i>)	3	QL(0.134 EA daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA
OPSUMIT	4	QL(1 EA daily); PA
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION 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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA	<i>cefpodoxime proxetil TABS</i>	1B	
Transthyretin Stabilizers			<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
VYNDAMAX	4	QL(1 EA daily); PA	<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B	
VYNDAQEL	4	QL(4 EA daily); PA	<i>ceftriaxone sodium IJ 250 MG</i>	1A	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			Cephalosporins - 4th Generation		
Cephalosporins - 1st Generation			<i>cefepime hcl SOLR IV 2 GM</i>	1B	
<i>cefadroxil CAPS</i>	1B		Cephalosporins - 5th Generation		
<i>cefadroxil SUSR</i>	1B		TEFLARO	3	
<i>cefadroxil TABS</i>	1B		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B		Combination Contraceptives - Oral		
<i>cephalexin CAPS</i>	1B		AVERI TABS PO	0	
<i>cephalexin SUSR</i>	1B		<i>desogestrel & ethinyl estradiol</i>	0	
Cephalosporins - 2nd Generation			<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>cefaclor CAPS</i>	1B		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>cefaclor SUSR 250 MG/5ML</i>	1B		<i>drospirenone-ethinyl estradiol</i>	0	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B		<i>ethynodiol diacet & eth estrad</i>	0	
<i>cefprozil SUSR</i>	1B		FEMLYV TBDP	0	
<i>cefprozil TABS</i>	1B		<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>cefuroxime axetil TABS</i>	1B		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>cefuroxime sodium IJ 750 MG</i>	1B		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
Cephalosporins - 3rd Generation			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>cefdinir CAPS</i>	1B				
<i>cefdinir SUSR</i>	1B				
<i>cefixime CAPS</i>	1B				
<i>cefixime SUSR</i>	1B	ST			
<i>cefpodoxime proxetil SUSR</i>	1B				

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

Drug Name	Drug Tier	Requirements/ Limits
EMFLAZA SUSP (deflazacort)	4	PA
hydrocortisone sod succinate 100 MG	1B	2 max fill(s) per 30 day(s) retail
hydrocortisone TABS	1B	
MEDROL TABS	3	
methylprednisolone acetate SUSP	1B	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
methylprednisolone TABS	1B	
methylprednisolone TBPK	1B	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
prednisolone sodium phosphate TBDP	3	
prednisolone SOLN	1B	
prednisolone TABS	1B	
prednisone SOLN	1B	
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	
prednisone TABS 1 MG, 5 MG	1B	
prednisone TBPK	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (hydrocortisone sod succinate)	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
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		

Drug Name	Drug Tier	Requirements/ Limits
Antitussives		
benzonatate 200 MG	1B	QL(3 EA daily)
benzonatate 150 MG	1B	QL(4 EA daily)
benzonatate 100 MG	1B	QL(6 EA daily)
hydrocodone bitartrate-homatropine methylbromide TABS	3	PA
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
AZELEX	3	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)	Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	VEREGEN	3	QL(1 GM daily)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)	Antibiotics - Topical		
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	<i>mupirocin OINT</i>	1B	QL(6 GM daily)
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	Antifungals - Topical		
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	<i>butenafine hcl</i>	1B	QL(6 GM daily)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 GM daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 GM daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; 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
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl (antipruritic)</i>	3	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	<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)
Antipsoriatics			TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA	Antiseborrheic Products		
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1B	
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA	Antivirals - Topical		
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)	<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA	<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA	<i>penciclovir</i>	3	QL(0.18 GM daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA	Burn Products		
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA	<i>mafenide acetate PACK</i>	3	
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA	<i>silver sulfadiazine</i>	1B	QL(20 GM daily)
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA	SULFAMYLLON CREA	3	
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)	Corticosteroids - Topical		
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)
SKYRIZI SOSY	4	QL(0.025 ML daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>amcinonide CREA</i>	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
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>amcinonide LOTN</i>	3	
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); PA	<i>amcinonide OINT</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)	<i>clocortolone pivalate</i>	3	QL(3 GM daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B		CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)	<i>desonide CREA</i>	1B	QL(4 GM daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)	<i>desonide LOTN</i>	1B	QL(4 ML daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)	<i>desonide OINT</i>	1B	QL(3 GM daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>desoximetasone GEL</i>	1B	QL(3 GM daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>diflorasone diacetate CREA</i>	1B	PA
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>diflorasone diacetate OINT</i>	1B	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA	<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST	<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA	<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)
			<i>fluocinonide GEL</i>	1B	
			<i>fluocinonide OINT</i>	1B	QL(2 GM daily)
			<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)
			<i>flurandrenolide CREA</i>	2	QL(2 GM daily)
			<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)
			<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate</i> LOTN	1B	QL(6 ML daily)
<i>fluticasone propionate</i> OINT	1B	QL(4 GM daily)
<i>halcinonide</i> CREA	1B	PA
<i>halobetasol propionate</i> CREA	1B	QL(3.5 GM daily)
<i>halobetasol propionate</i> OINT	1B	QL(3.5 GM daily)
HALOG OINT	3	PA
<i>hydrocortisone (topical)</i> CREA 1 %, 2.5 %	1B	QL(15.15 GM daily); RX/OTC
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1B	
<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1B	QL(15.15 GM daily); RX/OTC
<i>hydrocortisone butyrate</i> CREA	1B	QL(3 GM daily)
<i>hydrocortisone butyrate</i> OINT	1B	QL(3 GM daily)
<i>hydrocortisone butyrate</i> SOLN	1B	QL(5 ML daily)
<i>hydrocortisone valerate</i> CREA	1B	
<i>hydrocortisone valerate</i> OINT	1B	
<i>mometasone furoate</i> CREA	1B	QL(3 GM daily)
<i>mometasone furoate</i> OINT	1B	QL(4 GM daily)
<i>mometasone furoate</i> SOLN	1B	QL(5 ML daily)
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1B	QL(3.34 GM daily)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1B	QL(5 GM daily)
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical)</i> LOTN 0.025 %	1B	
<i>triamcinolone acetonide (topical)</i> LOTN 0.1 %	1B	QL(6 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1B	QL(6 GM daily)
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
Emollients		
<i>lactic acid (ammonium lactate)</i> CREA	1B	QL(12.9 GM daily); RX/OTC
<i>lactic acid (ammonium lactate)</i> LOTN 12 %	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod</i> 5 %	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical)</i> OINT	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox</i> SOLN	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl</i> GEL 2 %	1B	QL(4 ML daily)
<i>lidocaine hcl</i> PRSY	1B	QL(4 ML daily)
<i>lidocaine hcl</i> SOLN	1B	QL(10 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>metronidazole (topical) LOTN</i>	1B	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	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	
FORA GTEL BLOOD KETONE TEST	1B	

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	1B	
GOJJI BLOOD KETONE TEST	1B	
KETONE TEST STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TEST	1B	
PRECISION XTRA KETONE	1B	
RELION KETONE TEST STRP	1B	
RELION TRUE METRIX TEST STRIPS STRP	1B	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	Limit 100 per month; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>dichlorphenamide</i>	4	QL(4 EA daily); PA
<i>methazolamide TABS</i>	1B	QL(6 EA daily)
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torsemide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 EA daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XGEVA SOLN	4	SP; PA	FENSOLVI (6 MONTH) SC	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA	LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	SP; PA	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
Corticotropin			LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA	SYNAREL	4	SP; PA
ACTHAR GEL	3	PA	Metabolic Modifiers		
Fertility Regulators			ALDURAZYME	4	SP; PA
CHORIONIC GONADOTROPIN IM	4	PA	<i>betaine</i>	4	SP; PA
NOVAREL IM 10000 UNIT	4	PA	<i>calcitriol CAPS</i>	1B	
GnRH/LHRH Antagonists			<i>calcitriol SOLN IV</i>	1B	
<i>ganirelix acetate</i>	4	PA	<i>cinacalcet hcl</i>	4	QL(4 EA daily); SP; PA
ORILISSA	2	PA	<i>doxercalciferol CAPS</i>	1B	
Growth Hormone Releasing Hormones (GHRH)			<i>doxercalciferol SOLN</i>	1B	
EGRIFTA SV	4	PA	ELAPRASE	4	SP; PA
Growth Hormones			LUMIZYME	4	SP; PA
GENOTROPIN MINIQUEL PRSY	4	PA	MYALEPT	4	PA
GENOTROPIN CART SC	4	PA	<i>nitisinone CAPS</i>	4	PA
HUMATROPE CART IJ	4	SP; PA	<i>paricalcitol CAPS</i>	1B	
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA	<i>paricalcitol SOLN</i>	1B	
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA	PHEBURANE PLLT	4	PA
ZORBTIVE SC	4	SP; PA	<i>sapropterin dihydrochloride PACK</i>	4	PA
Hormone Receptor Modulators			<i>sapropterin dihydrochloride TABS</i>	4	PA
OSPHENA	3	PA	<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)	<i>sodium phenylbutyrate TABS</i>	1B	PA
Insulin-Like Growth Factors (Somatomedins)			STRENSIQ	4	PA
INCRELEX	4	SP; PA	Posterior Pituitary Hormones		
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>desmopressin acetate spray</i>	1B	
			<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate SOLN IJ</i>	1B	PA	<i>estradiol PTWK</i>	1B	
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA	<i>estradiol TABS</i>	1B	
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)	ESTROGEL GEL (<i>estradiol</i>)	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)	<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
Prolactin Inhibitors			EVAMIST SOLN	3	
<i>cabergoline</i>	1B		MENEST 2.5 MG	3	
Somatostatic Agents			MENOSTAR PTWK	3	
<i>octreotide acetate SOLN</i>	4	SP; PA	PREMARIN SOLR	2	
SIGNIFOR	4	PA	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	2	QL(1 EA daily)
Vasopressin Receptor Antagonists			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	4	SP; PA	Fluoroquinolones		
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA	BAXDELA SOLR	3	PA
<i>tolvaptan TBPK 15 MG</i>	4	SP; PA	BAXDELA TABS	3	PA
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>ciprofloxacin hcl TABS</i>	1B	
Estrogen Combinations			<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
BIJUVA	3	PA	<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
CLIMARA PRO	3		<i>levofloxacin SOLN PO</i>	1B	
DUAVEE	3	PA	<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>norethindrone acetate-ethinyl estradiol</i>	1B		<i>levofloxacin TABS 500 MG</i>	1A	
PREMPHASE	2		<i>moxifloxacin hcl in sodium chloride</i>	1B	
PREMPRO	2	QL(1 EA daily)	<i>moxifloxacin hcl TABS</i>	1B	
Estrogens			<i>ofloxacin 300 MG, 400 MG</i>	1B	
DEPO-ESTRADIOL	3		GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
ELESTRIN GEL	3		5-HT4 Receptor Agonists		
<i>estradiol valerate</i>	1B				
<i>estradiol GEL</i>	3				
<i>estradiol GEL</i>	1B				
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>prucalopride succinate</i>	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 EA daily); PA
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 EA daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 EA daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 EA daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 100 MG, 300 MG</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 EA daily)
<i>febuxostat</i>	1B	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
ALPROLIX	4	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
IDELVION	4	PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA

Drug Name	Drug Tier	Requirements/ Limits
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	2	QL(2 EA daily)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		

Drug Name	Drug Tier	Requirements/ Limits
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTelet	4	QL(3 EA daily); PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	4	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 EA daily); PA
NYVEPRIA	4	PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 EA daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B		<i>erythromycin base CPEP</i>	3	
Laxatives - Miscellaneous			<i>erythromycin base TABS</i>	3	
<i>lactulose SOLN</i>	1B		<i>erythromycin base TBEC</i>	1B	
Stimulant Laxatives			<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>bisacodyl SUPP</i>	1A		<i>erythromycin ethylsuccinate TABS</i>	3	
<i>bisacodyl TBEC</i>	1A		Fidaxomicin		
Surfactant Laxatives			DIFICID TABS 200 MG (<i>fidaxomicin</i>)	2	
<i>docusate calcium</i>	1A	QL(1 EA daily)	<i>fidaxomicin TABS 200 MG</i>	1B	
<i>docusate sodium CAPS 250 MG</i>	1A		MEDICAL DEVICES AND SUPPLIES		
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)	Contraceptives		
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			AIMSCO LUBRICATED MISC	0	
Local Anesthetics - Amides			CAYA DPRH	0	
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B		DUREX EXTRA SENSITIVE THIN DEVI	0	
MACROLIDES - Drugs to Treat Bacterial Infections			DUREX EXTRA SENSITIVE THIN MISC	0	
Azithromycin			DUREX TROPICAL MISC	0	
<i>azithromycin PACK</i>	1B		FANTASY LUBRICATED/SPERMICI DE MISC	0	
<i>azithromycin SOLR</i>	1B		FANTASY LUBRICATED MISC	0	
<i>azithromycin SUSR</i>	1B		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
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)	FEMCAP DEVI	0	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)	KAMELEON LUBRICATED MISC	0	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)	KIMONO COLORS DEVI	0	
Clarithromycin			KIMONO MAXX-LARGE FLARE MISC	0	
<i>clarithromycin SUSR</i>	1B		KIMONO MICRO THIN PLUS MISC	0	
<i>clarithromycin TABS</i>	1B				
<i>clarithromycin TB24</i>	1B				
Erythromycins					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO PLUS MISC	0		TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
KIMONO PS PLUS MISC	0		TRUSTEX LUB/SPERMICIDE XL MISC	0	
KIMONO PS MISC	0		TRUSTEX LUBRICATED EX LARGE MISC	0	
KIMONO SENSATION PLUS MISC	0		TRUSTEX LUBRICATED EXTRA ST MISC	0	
KIMONO SENSATION MISC	0		TRUSTEX LUBRICATED/SPERMICI DE MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED MISC	0	
KIMONO MISC	0		TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX RIA LUB/SPERMICIDE MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX RIA LUBRICATED MISC	0	
MAXX PLUS MISC	0		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
MAXX MISC	0		WIDE-SEAL DIAPHRAGM 60	0	
OMNIFLEX DIAPHRAGM	0		WIDE-SEAL DIAPHRAGM 65	0	
REALITY LATEX CONDOMS MISC	0		WIDE-SEAL DIAPHRAGM 70	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL DIAPHRAGM 75	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 80	0	
TROJAN BARESKIN DEVI	0		WIDE-SEAL DIAPHRAGM 85	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL DIAPHRAGM 90	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 95	0	
TROJAN ULTRA THIN MISC	0		Diabetic Supplies		
TROJAN-ENZ LUBRICATED MISC	0		FREESTYLE LIBRE 14 DAY READER	3	PA
TROJAN-ENZ/SPERMICIDAL MISC	0				
TRUE COVER DEVI	0				
TRUSTEX COLOR CONDOMS + LUBE MISC	0				
TRUSTEX LUB/RIBBED/STUDDERED MISC	0				

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
RELION LANCET DEVICES 30G	1B	RX/OTC
RELION LANCETS	1B	RX/OTC
SELECT LANCETS	1B	6.66/day
TRUE METRIX LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily); RX/OTC
SELECT INSULIN SYRINGES	1B	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		

Drug Name	Drug Tier	Requirements/ Limits
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	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 EA daily)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
KCL-LACTATED RINGERS-D5W	1B	
<i>lactated ringer's</i>	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 (<i>electrolyte-a</i>)	1B	
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>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 %</i>	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B	
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
<i>ringer's</i>	1B		Sodium		
Fluoride			<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)	MISCELLANEOUS THERAPEUTIC CLASSES		
Magnesium			Chelating Agents		
<i>magnesium sulfate IJ 50 %</i>	1B		<i>penicillamine CAPS</i>	1B	PA
Phosphate			<i>penicillamine TABS</i>	1B	QL(8 EA daily)
<i>potassium phosphates 45 MMOLE/15ML</i>	1B		<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA
Potassium			Immunomodulators		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA
<i>potassium bicarbonate TBEF</i>	1B		<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>potassium chloride microencapsulated crystals er</i>	1B		THALOMID	4	QL(3 EA daily); SP; PA
<i>potassium chloride CPCR</i>	1B		Immunosuppressive Agents		
<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA	ATGAM	4	SP; PA
			AZATHIOPRINE SODIUM	1B	
			<i>azathioprine TABS</i>	1B	
			<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
			<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
			<i>cyclosporine CAPS</i>	1B	
			<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
			ENSPRYNG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
NULOJIX	4	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
<i>tacrolimus SOLN 5 MG/ML</i>	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
Dental Products		
<i>stannous fluoride CONC</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl CHEW</i>	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP PRENATAL MULTIVITAMINS TABS	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)
MASONATAL TABS	2	QL(1 EA daily)	PRENATAL TABS	2	QL(1 EA daily)
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 EA daily)	PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	QC PRENATAL TABS	2	QL(1 EA daily)
NEONATAL PRENATAL TABS	2	QL(1 EA daily)	SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
NEONATAL VITAMIN TABS	2	QL(1 EA daily)	THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC	TRICARE TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC	VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS TABS	2	QL(1 EA daily)	WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	<i>baclofen TABS</i>	1B	
PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)	<i>carisoprodol TABS</i>	1B	
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)	<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
			<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)
			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
			<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)
			<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
			<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
			<i>tizanidine hcl CAPS</i>	1B	
			<i>tizanidine hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 GM daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
<i>atracurium besylate 50 MG/5ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ML daily)
<i>tropicamide SOLN 1 %</i>	1B	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
<i>bacitracin (ophthalmic)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B		MAXIDEX SUSP OP	3	PA
<i>erythromycin (ophth)</i>	1B		<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>gatifloxacin (ophth)</i>	1B		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B		<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
<i>levofloxacin (ophth) 0.5 %</i>	1B		PRED MILD	3	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B		<i>prednisolone acetate (ophth)</i>	1B	
NATACYN	2		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>neomycin-bacitracin zn-polymyxin</i>	1B		<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>ofloxacin (ophth)</i>	1B		<i>tobramycin-dexamethasone SUSP</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B		Ophthalmics - Misc.		
<i>sulfacetamide sodium (ophth) SOLN</i>	1B		ALOCRIAL	3	PA
<i>tobramycin (ophth) SOLN</i>	1B		ALOMIDE	3	PA
<i>trifluridine</i>	1B		<i>azelastine hcl (ophth)</i>	1B	
ZIRGAN GEL	2		<i>bepotastine besilate</i>	3	PA
Ophthalmic Immunomodulators			<i>brinzolamide</i>	1B	
<i>cyclosporine (ophth) EMUL</i>	3	PA	<i>bromfenac sodium (ophth)</i>	1B	
Ophthalmic Local Anesthetics			<i>cromolyn sodium (ophth)</i>	1B	
<i>proparacaine hcl</i>	1B		CYSTARAN	2	QL(2.143 ML daily); PA
Ophthalmic Steroids			<i>diclofenac sodium (ophth)</i>	1B	
ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA	<i>dorzolamide hcl</i>	1B	
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)	<i>epinastine hcl (ophth)</i>	1B	
<i>difluprednate</i>	1B	PA	<i>flurbiprofen sodium</i>	1B	
<i>fluorometholone (ophth) SUSP</i>	1B		<i>ketorolac tromethamine (ophth)</i>	1B	
FML FORTE SUSP	3	PA	<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LOTEMAX OINT	3	PA	LASTACFT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA	NEVANAC	3	QL(0.2 ML daily); ST
<i>loteprednol etabonate SUSP</i>	1B	PA	<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ML daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ML daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD 30 GM/300ML	4	PA
GAMMAGARD S/D LESS IGA SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IV 10 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate CHEW</i>	1B		Antidementia Agents		
<i>amoxicillin & pot clavulanate SUSR</i>	1B		<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)
<i>amoxicillin & pot clavulanate TABS</i>	1B		<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)
<i>amoxicillin & pot clavulanate TB12</i>	1B		<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B		<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)
<i>piperacillin sodium-tazobactam sodium</i>	1B		<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)
Penicillinase-Resistant Penicillins			<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)
<i>dicloxacillin sodium</i>	1B		<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)
<i>nafcillin sodium IV 10 GM</i>	1B		<i>memantine hcl TABS</i>	1B	QL(2 EA daily)
<i>oxacillin sodium IV 10 GM</i>	1B		<i>memantine hcl TABS</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>rivastigmine tartrate CAPS</i>	1B	
Progestins			Combination Psychotherapeutics		
<i>medroxyprogesterone acetate 10 MG</i>	1A		<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B		<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)
<i>megestrol acetate (appetite)</i>	1B	PA	Fibromyalgia Agents		
<i>norethindrone acetate TABS</i>	0		SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
<i>progesterone CAPS</i>	1B		SAVELLA TABS	2	QL(2 EA daily); PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			Movement Disorder Drug Therapy		
Agents for Chemical Dependency			AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>acamprosate calcium</i>	1B		AUSTEDO XR TB24	4	QL(1 EA daily); PA
<i>disulfiram</i>	1B		AUSTEDO TABS	4	QL(4 EA daily); PA
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail)	INGREZZA CAPS	4	QL(1 EA daily); PA
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 EA per 14 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 EA daily); PA
<i>tetrabenazine</i>	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
<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i>fingolimod hcl</i>	4	QL(1 EA daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	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
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ML daily); SP; PA
<i>teriflunomide</i>	4	QL(1 EA daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain		

Drug Name	Drug Tier	Requirements/ Limits
Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	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

Drug Name	Drug Tier	Requirements/ Limits
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPK	4	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 EA daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 EA daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 EA daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)
<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	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)
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID TABS	1B	QL(1 EA daily)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN PO</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>NEXIUM 24HR TBEC 20 MG</i>	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	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 SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
ENGRIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE SUSY	0	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	FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT SUSY	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	FLUZONE SUSP	0	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	FLUZONE 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	GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	1 max fill(s) per 365 day(s) retail
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
FLUMIST	0	1 max fill(s) per 180 day(s) retail	IPOL IJ	0	1 max fill(s) per 365 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	JYNNEOS	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MRESVIA	0		SPIKEVAX SUSY	0	
NOVAVAX COVID-19 VACCINE SUSP	0		TWINRIX SUSY	0	1 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE SUSY	0		VAQTA	0	1 max fill(s) per 365 day(s) retail
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	1 max fill(s) per 365 day(s) retail
PFIZER COVID-19 VAC BIVALENT	0		VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0		VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0		Spermicides		
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0		TODAY SPONGE MISC	0	
PFIZER-BIONTECH COVID-19 VACC SUSP	0		VCF VAGINAL CONTRACEPTIVE FILM	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail	Vaginal Anti-infectives		
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail	<i>clindamycin phosphate vaginal CREA</i>	1B	
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail	<i>clotrimazole vaginal CREA 1 %</i>	1B	
RECOMBIVAX HB SUSP	0	1 max fill(s) per 365 day(s) retail	GYNAZOLE-1	3	QL(2.5 GM per 30 day(s) retail; 5 GM per 30 days mail)
RECOMBIVAX HB SUSY	0	1 max fill(s) per 365 day(s) retail	<i>metronidazole vaginal</i>	1B	
ROTARIX SUSP	0		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
ROTATEQ SOLN	0	1 max fill(s) per 365 day(s) retail	<i>terconazole vaginal CREA</i>	1B	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	<i>terconazole vaginal SUPP</i>	1B	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0		Vaginal Anti-inflammatory Agents		
SPIKEVAX SUSP	0		<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
			Vaginal Contraceptive - pH Modulators		
			PHEXX	0	PV
			PHEXXI	0	PV
			Vaginal Estrogens		
			<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	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		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
NIACIN ER TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
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eplerenone 21	erythromycin base CPEP51	etodolac CAPS 4
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML49	erythromycin base TABS 51	etodolac TABS 4
epoprostenol sodium34	erythromycin base TBEC51	etonogestrel-ethinyl estradiol 36
	erythromycin ethylsuccinate SUSR 51	ETOPOPHOS28
	erythromycin ethylsuccinate TABS 51	
	escitalopram oxalate SOLN14	
	escitalopram oxalate TABS14	

flunisolide (nasal)	58	flurazepam hcl	50	folic acid TABS	49
fluocinolone acetonide (otic)	60	flurbiprofen sodium	59	fondaparinux sodium 10 MG/0.8ML 11	
fluocinolone acetonide CREA 0.01 % 41		flurbiprofen TABS	4	fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	11
fluocinolone acetonide CREA 0.025 %	41	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10	FORA GTEL BLOOD KETONE TEST	43
fluocinolone acetonide OIL	41	fluticasone furoate-vilanterol	10	FORA TEST N'GO ADV-VOICE-6 CON	43
fluocinolone acetonide OINT	41	fluticasone propionate (inhalation) AEPB	10	formoterol fumarate NEBU	10
fluocinolone acetonide SOLN	41	fluticasone propionate (nasal) SUSP . 58		FOSAMAX PLUS D	44
fluocinonide CREA 0.05 %	41	fluticasone propionate CREA 0.05 % 41		fosamprenavir calcium TABS	31
fluocinonide CREA 0.1 %	41	fluticasone propionate hfa	10	fosfomycin tromethamine	22
fluocinonide emulsified base	41	fluticasone propionate LOTN	42	fosinopril sodium & hydrochlorothiazide	21
fluocinonide GEL	41	fluticasone propionate OINT	42	fosinopril sodium	20
fluocinonide OINT	41	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10	fosphenytoin sodium	13
fluocinonide SOLN	41	fluticasone-salmeterol AERO	10	FRAGMIN SOSY	11
fluorometholone (ophth) SUSP	59	fluvastatin sodium CAPS 20 MG ...	19	FREESTYLE LIBRE 14 DAY READER	52
fluorouracil (topical) CREA 5 %	39	fluvastatin sodium CAPS 40 MG ...	19	FREESTYLE LIBRE 14 DAY SENSOR	53
fluorouracil (topical) SOLN	39	fluvoxamine maleate TABS	14	FREESTYLE LIBRE 2 PLUS SENSOR	53
fluorouracil 500 MG/10ML	24	FLUZONE HIGH-DOSE QUADRIVALENT	66	FREESTYLE LIBRE 2 READER ..	53
fluoxetine hcl CAPS 10 MG	14	FLUZONE HIGH-DOSE SUSY	66	FREESTYLE LIBRE 2 SENSOR ..	53
fluoxetine hcl CAPS 20 MG, 40 MG 14		FLUZONE QUADRIVALENT SUSP 66		FREESTYLE LIBRE 3 PLUS SENSOR	53
fluoxetine hcl CPDR	14	FLUZONE QUADRIVALENT SUSY 66		FREESTYLE LIBRE 3 READER ..	53
fluoxetine hcl SOLN	14	FLUZONE SUSP	66	FREESTYLE LIBRE 3 SENSOR ..	53
fluoxetine hcl TABS	14	FLUZONE SUSY	66	FREESTYLE LIBRE READER	53
fluphenazine hcl CONC	30	FML FORTE SUSP	59	frovatriptan succinate	53
fluphenazine hcl ELIX	30			FT PRENATAL TABS	56
fluphenazine hcl SOLN	30				
fluphenazine hcl TABS	30				
flurandrenolide CREA	41				
flurandrenolide LOTN	41				

fulvestrant SOSY	25	gatifloxacin (ophth)	59	glyburide micronized 1.5 MG, 3 MG, 6 MG	17
furosemide SOLN PO 8 MG/ML, 10 MG/ML	44	gefitinib	25	glyburide TABS	17
furosemide TABS	44	gemcitabine hcl SOLR 2 GM, 200 MG	24	glyburide-metformin 250 MG-1.25 MG	15
FUZEON SOLR	31	gemfibrozil TABS	19	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15
FYCOMPA TABS 2 MG (perampanel)	12	GENOTROPIN CART SC	45	glycine (gu irrigant) SOLN 1.5 % ..	48
FYCOMPA TABS 4 MG (perampanel)	12	GENOTROPIN MINISQUICK PRSY ..	45	glycopyrrolate SOLN IJ 4 MG/20ML 64	
FYCOMPA TABS 6 MG (perampanel)	12	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 %	2	glycopyrrolate TABS 1 MG	64
FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel)	12	gentamicin sulfate (ophth) SOLN ..	59	glycopyrrolate TABS 2 MG	64
gabapentin CAPS	12	gentamicin sulfate (topical) CREA ..	38	GLYXAMBI	15
gabapentin SOLN	12	gentamicin sulfate (topical) OINT ..	38	GNP PRENATAL TABS	56
gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate IJ 40 MG/ML	2	GNP PRENATAL/FOLIC ACID TABS	56
galantamine hydrobromide CP24 ..	61	GENVOYA	31	GOHIBIC	48
galantamine hydrobromide SOLN ..	61	GILOTRIF	25	GOJJI BLOOD KETONE TEST ...	43
galantamine hydrobromide TABS ..	61	glatiramer acetate SOSY 20 MG/ML .	62	granisetron hcl SOLN IV 1 MG/ML ..	17
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60	glatiramer acetate SOSY 40 MG/ML .	62	granisetron hcl TABS	17
GAMMAGARD 30 GM/300ML	60	GLEOSTINE 10 MG	24	GRASTEK SUBL	2
GAMMAGARD S/D LESS IGA SOLR	60	GLEOSTINE 40 MG, 100 MG	24	griseofulvin microsize SUSP	18
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60	glimepiride 1 MG, 2 MG	17	griseofulvin microsize TABS	18
GAMUNEX-C	60	glimepiride 4 MG	17	griseofulvin ultramicrosize	18
ganciclovir sodium SOLR	32	glipizide TABS 5 MG, 10 MG	17	guanfacine hcl (adhd)	1
ganirelix acetate	45	glipizide TB24	17	guanfacine hcl	20
GARDASIL 9 SUSP 0.5 ML	66	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	15	GYNAZOLE-1	67
GARDASIL 9 SUSY 0.5 ML	66	glipizide-metformin hcl 500 MG-5 MG	15	HAEGARDA SOLR SC	49
		GLUCAGEN DIAGNOSTIC	43	HALAVEN (eribulin mesylate)	28
		glucagon SOLR IJ 1 MG	16	halcinonide CREA	42
				halobetasol propionate CREA	42
				halobetasol propionate OINT	42

HALOG OINT42	HUMULIN R U-500 (CONCENTRATED) SOLN SC16	hydrocortisone (intrarectal)8
haloperidol decanoate30	HUMULIN R U-500 KWIKPEN SOPN SC16	hydrocortisone (rectal) EX8
haloperidol lactate CONC30	HYCAMTIN CAPS29	hydrocortisone (topical) CREA 1 %, 2.5 %42
haloperidol lactate SOLN30	hydralazine hcl SOLN21	hydrocortisone (topical) LOTN 2.5 % . 42
haloperidol TABS30	hydralazine hcl TABS21	hydrocortisone (topical) OINT 1 %, 2.5 %42
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML66	hydrochlorothiazide CAPS44	hydrocortisone acetate (rectal)8
HEMANGEOL SOLN PO33	hydrochlorothiazide TABS 12.5 MG 44	hydrocortisone butyrate CREA42
HEMATINIC/FOLIC ACID50	hydrochlorothiazide TABS 25 MG, 50 MG44	hydrocortisone butyrate OINT42
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11	hydrocodone bitartrate CP125	hydrocortisone butyrate SOLN42
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML11	hydrocodone bitartrate T24A5	hydrocortisone sod succinate 100 MG37
HEPLISAV-B SOSY66	hydrocodone bitartrate-homatropine methylbromide TABS37	hydrocortisone TABS37
HIBERIX SOLR IJ65	hydrocodone polistirex- chlorpheniramine polistirex SUER .37	hydrocortisone vaginal67
HUMATROPE CART IJ45	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML6	hydrocortisone valerate CREA42
HUMIRA (2 PEN) AJKT 80 MG/0.8ML3	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML6	hydrocortisone valerate OINT42
HUMIRA (2 PEN) AJKT3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG6	hydrocortisone w/acetic acid60
HUMIRA (2 SYRINGE) PSKT3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7	hydromorphone hcl LIQD5
HUMIRA-CD/UC/HS STARTER AJKT3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5
HUMIRA-PED<40KG CROHNS STARTER PSKT3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG7	hydromorphone hcl TABS5
HUMIRA-PED>=40KG CROHNS START PSKT3	hydrocodone-ibuprofen 7.5 MG-200 MG7	hydromorphone hcl TB24 32 MG ...5
HUMIRA-PED>=40KG UC STARTER AJKT3		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG5
HUMIRA-PS/UV/ADOL HS STARTER AJKT3		hydroxychloroquine sulfate 100 MG 23
HUMIRA-PSORIASIS/UEVIT STARTER AJKT3		hydroxychloroquine sulfate 200 MG 23
		hydroxychloroquine sulfate 400 MG 23

hydroxyurea	28	imipramine pamoate	15	INSULIN GLARGINE-YFGN SOPN	16
hydroxyzine hcl SOLN 50 MG/ML ..	8	imiquimod 5 %	42	INSULIN LISPRO (1 UNIT DIAL)	
hydroxyzine hcl SYRP	8	IMITREX STATDOSE SYSTEM		SOPN	16
hydroxyzine hcl TABS	8	SOAJ 4 MG/0.5ML	54	INSULIN LISPRO JUNIOR	
hydroxyzine pamoate CAPS	8	IMPAVIDO	21	KWIKPEN SOPN	16
HYPERSAL NEBU	37	INCRELEX	45	INSULIN LISPRO PROT & LISPRO	
HYQVIA	60	INCRUSE ELLIPTA	9	SUPN	16
ibandronate sodium SOLN	44	indapamide TABS 1.25 MG	44	INSULIN LISPRO SOLN IJ	16
ibandronate sodium TABS	44	indapamide TABS 2.5 MG	44	INTELENCE 25 MG	31
IBRANCE CAPS	27	indomethacin CAPS 25 MG, 50 MG 4		IONOSOL-MB IN D5W	54
IBRANCE TABS	27	indomethacin CPCR	4	IOPIDINE	58
ibuprofen SUSP 100 MG/5ML, 200		INFANRIX	63	IPOL IJ	66
MG/10ML	4	INFLECTRA SOLR	47	ipratropium bromide (nasal) 0.03 %	58
ibuprofen TABS 400 MG, 600 MG ..	4	INGREZZA CAPS	61	ipratropium bromide (nasal) 0.06 %	58
ibuprofen TABS 800 MG	4	INGREZZA CPPK	62	ipratropium bromide SOLN 0.02 % .	9
icatibant acetate SOSY	48	INGREZZA CPSP	62	ipratropium-albuterol SOLN	10
ICLUSIG	27	INLYTA	24	irbesartan	20
icosapent ethyl 1 GM	19	INREBIC	27	irbesartan-hydrochlorothiazide	21
idarubicin hcl 20 MG/20ML	26	INSULIN ASP PROT & ASP		irinotecan hcl 40 MG/2ML, 100	
idarubicin hcl 5 MG/5ML, 10		FLEXPEN SUPN	16	MG/5ML	29
MG/10ML	26	INSULIN ASPART FLEXPEN SOPN .	16	irrigation solutions, physiological ..	56
IDELVION	48	INSULIN ASPART PENFILL SOCT	16	ISENTRESS CHEW	31
ifosfamide SOLN 1 GM/20ML	24	INSULIN ASPART PROT & ASPART		ISENTRESS HD TABS	31
ifosfamide SOLR	24	SUSP	16	ISENTRESS TABS	31
imatinib mesylate TABS	27	INSULIN ASPART SOLN IJ	16	ISOLYTE-P IN D5W	54
IMBRUVICA CAPS 140 MG	27	INSULIN DEGLUDEC FLEXTOUCH		ISOLYTE-S	54
IMBRUVICA CAPS 70 MG	27	SOPN	16	isoniazid SOLN	23
IMBRUVICA SUSP	27	INSULIN DEGLUDEC SOLN	16	isoniazid SYRP	23
IMBRUVICA TABS	27	INSULIN GLARGINE-YFGN SOLN	16	isoniazid TABS	23
imipenem-cilastatin IV	22				
imipramine hcl TABS	15				

isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KAMELEON LUBRICATED MISC .51	KISQALI (200 MG DOSE)	27
isosorbide dinitrate-hydralazine hcl 34		KANJINTI	KISQALI (400 MG DOSE)	27
isosorbide mononitrate TABS	8	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	KISQALI (600 MG DOSE)	27
isosorbide mononitrate TB24	8	KCL-LACTATED RINGERS-D5W 54	KISQALI FEMARA (200 MG DOSE) . 26	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	38	ketoconazole (topical) CREA	KISQALI FEMARA (400 MG DOSE) . 26	
isradipine CAPS	33	ketoconazole (topical) SHAM 2 % .39	KISQALI FEMARA (600 MG DOSE) . 26	
itraconazole CAPS	18	ketoconazole	KLOXXADO LIQD	17
itraconazole SOLN	18	KETONE TEST STRP	KOGENATE FS KIT	48
ivabradine hcl TABS	35	ketoprofen CAPS 50 MG	KOSELUGO	27
ivermectin (pediculicide)	43	ketorolac tromethamine (ophth) ...	KOVALTRY	48
ivermectin	8	ketorolac tromethamine TABS	KP PRENATAL MULTIVITAMINS TABS	57
IXEMPRA KIT 15 MG	28	KETOSTIX STRP	KRINTAFEL	23
JAKAFI	27	ketotifen fumarate (ophth) 0.035 % 59	K-Y ME & YOU EXTRA LUBRICATED DEVI	52
JANUMET TABS	15	KEVZARA SOAJ	K-Y ME & YOU INTENSE DEVI ...	52
JANUMET XR TB24 1000 MG-100 MG	15	KEVZARA SOSY	KYPROLIS	27
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO COLORS DEVI	labetalol hcl SOLN	33
JANUVIA	16	KIMONO MAXX-LARGE FLARE MISC	labetalol hcl TABS 100 MG, 200 MG . 33	
JARDIANCE	17	KIMONO MICRO THIN PLUS MISC . 51	labetalol hcl TABS 300 MG	33
JEVTANA	28	KIMONO MISC	lacosamide SOLN IV 200 MG/20ML . 12	
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	48	KIMONO PLUS MISC	lacosamide TABS	13
JULUCA	31	KIMONO PS MISC	lactated ringer's (irrigation)	56
JYNARQUE TBPK 15 MG (tolvaptan)	46	KIMONO PS PLUS MISC	lactated ringer's	54
JYNNEOS	66	KIMONO SENSATION MISC	lactic acid (ammonium lactate) CREA	42
KALETRA SOLN	31	KIMONO SENSATION PLUS MISC 52	lactic acid (ammonium lactate) LOTN 12 %	42
KALYDECO TABS	62	KIMONO SPECIAL DEVI		
		KINRIX SUSY		

lactulose (encephalopathy)	47	LENVIMA (4 MG DAILY DOSE) ..	24	levonorgestrel (emergency oc) 1.5 MG	36
lactulose SOLN	51	LENVIMA (8 MG DAILY DOSE) ..	24	levonorgestrel-eth estradiol (triphasic)	35
lamivudine (hbv) TABS	32	letrozole	25	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	35
lamivudine SOLN	31	leucovorin calcium SOLR	28	levonorgestrel-ethinyl estradiol (continuous)	35
lamivudine TABS 150 MG	31	leucovorin calcium TABS	28	levonorgestrel-ethinyl estradiol-iron 36	
lamivudine TABS 300 MG	31	LEUKERAN	24	levorphanol tartrate TABS 2 MG	5
lamivudine-zidovudine	31	LEUKINE SOLR IJ	49	levothyroxine sodium TABS	63
lamotrigine CHEW 25 MG	13	leuprolide acetate KIT IJ 1 MG/0.2ML	25	LEXIVA SUSP	31
lamotrigine CHEW 5 MG	13	levalbuterol hcl	10	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	51
lamotrigine TABS	13	levalbuterol hcl 1.25 MG/0.5ML	10	lidocaine hcl (mouth-throat) 2 % ...	56
lamotrigine TBDP	13	levalbuterol tartrate	10	lidocaine hcl (mouth-throat) 4 % ...	56
LANOXIN SOLN IJ (digoxin)	34	levetiracetam SOLN IV 500 MG/5ML 13		lidocaine hcl GEL 2 %	42
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	34	levetiracetam TABS 1000 MG	13	lidocaine hcl PRSY	42
lansoprazole CPDR 15 MG	64	levetiracetam TABS 250 MG, 750 MG	13	lidocaine hcl SOLN	42
lansoprazole CPDR 30 MG	64	levetiracetam TABS 500 MG	13	lidocaine PTCH 5 %	43
lanthanum carbonate CHEW	47	levetiracetam TB24	13	lidocaine-prilocaine CREA	43
lapatinib ditosylate	27	levobunolol hcl 0.5 %	58	lincomycin hcl	22
LASTACRAFT	59	levocetirizine dihydrochloride SOLN 19		linezolid SUSR	22
latanoprost SOLN	60	levocetirizine dihydrochloride TABS 19		linezolid TABS	22
leflunomide	4	levofloxacin (ophth) 0.5 %	59	LINZESS	47
LEMTRADA	62	levofloxacin in d5w 500 MG/100ML 46		liothyronine sodium SOLN	63
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin SOLN PO	46	liothyronine sodium TABS	63
lenalidomide 20 MG	55	levofloxacin TABS 250 MG, 750 MG . 46		liraglutide	16
LENVIMA (10 MG DAILY DOSE) .	24	levofloxacin TABS 500 MG	46	lisdexamfetamine dimesylate CAPS 1	
LENVIMA (12 MG DAILY DOSE) .	24	levonorgestrel & eth estradiol TABS 35		lisdexamfetamine dimesylate CHEW .	1
LENVIMA (14 MG DAILY DOSE) .	24				
LENVIMA (18 MG DAILY DOSE) .	24				
LENVIMA (20 MG DAILY DOSE) .	24				
LENVIMA (24 MG DAILY DOSE) .	24				

lisinopril & hydrochlorothiazide	21	loteprednol etabonate SUSP	59	MARPLAN	14
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	20	lovastatin TABS 10 MG, 20 MG ...	19	MASONATAL TABS	57
lithium	29	lovastatin TABS 40 MG	19	MATULANE	28
lithium carbonate CAPS	29	loxapine succinate	30	MAXIDEX SUSP OP	59
lithium carbonate TABS	29	lubiprostone	47	MAXX MISC	52
lithium carbonate TBCR	29	LUCEMYRA (lofexidine hcl)	61	MAXX PLUS MISC	52
LO LOESTRIN FE TABS	36	luliconazole	39	meclizine hcl TABS 12.5 MG	18
lofexidine hcl	61	LUMAKRAS 120 MG, 240 MG	27	meclizine hcl TABS 25 MG	18
LOKELMA	56	LUMAKRAS 320 MG	27	meclofenamate sodium CAPS	4
loperamide hcl CAPS	17	LUMIZYME	45	MEDROL TABS	37
lopinavir-ritonavir SOLN	31	LUPRON DEPOT (1-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSP IM	36
lopinavir-ritonavir TABS	31	LUPRON DEPOT (3-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSY IM	36
LOQTORZI	25	LUPRON DEPOT (4-MONTH) IM .	25	medroxyprogesterone acetate 10 MG	61
loratadine CAPS	19	LUPRON DEPOT (6-MONTH) IM .	25	medroxyprogesterone acetate 2.5 MG, 5 MG	61
loratadine CHEW	19	LUPRON DEPOT-PED (1-MONTH) . 45		mefenamic acid CAPS	4
loratadine SOLN	19	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	45	mefloquine hcl	23
loratadine TABS	19	LUPRON DEPOT-PED (3-MONTH) 30 MG	45	megestrol acetate (appetite)	61
loratadine TBDP	19	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29	megestrol acetate SUSP	25
lorazepam CONC	8	lurasidone hcl 80 MG	29	megestrol acetate TABS	25
lorazepam TABS 0.5 MG, 2 MG	8	LYNPARZA TABS	27	MEKINIST TABS 0.5 MG	27
lorazepam TABS 1 MG	8	LYSODREN	25	MEKINIST TABS 2 MG	27
LORBRENA	27	mafenide acetate PACK	40	MEKTOVI	27
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	21	magnesium sulfate IJ 50 %	55	meloxicam TABS	4
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21		malathion	43	melphalan	24
losartan potassium	20	maraviroc TABS 150 MG	31	melphalan hcl IV	24
LOTEMAX OINT	59	maraviroc TABS 300 MG	31	memantine hcl TABS	61
loteprednol etabonate GEL	59			MENACTRA	65

MENEST 2.5 MG46	methadone hcl TABS 10 MG5	methylphenidate hcl TB24 36 MG, 54 MG2
MENOSTAR PTWK46	methadone hcl TABS 5 MG5	methylphenidate hcl TBCR 10 MG, 20 MG2
MENQUADFI 0.5 ML65	methadone hcl TBSO5	methylphenidate hcl TBCR 18 MG, 27 MG2
MENVEO SOLR65	methamphetamine hcl1	methylphenidate hcl TBCR 36 MG, 54 MG2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML5	methazolamide TABS44	methylphenidate PTCH2
meperidine hcl SOLN PO 50 MG/5ML5	methenamine hippurate22	methylprednisolone acetate SUSP 37
meperidine hcl TABS 50 MG5	methimazole TABS63	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG37
meprobamate8	methocarbamol TABS 500 MG, 750 MG57	methylprednisolone TABS37
mercaptopurine TABS24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML24	methylprednisolone TBPK37
meropenem22	methotrexate sodium SOLR24	methyltestosterone TABS7
mesalamine CP2447	methotrexate sodium TABS 2.5 MG 24	metoclopramide hcl SOLN IJ 5 MG/ML47
mesalamine CPDR47	methoxsalen rapid40	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML47
mesalamine ENEM47	methscopolamine bromide64	metoclopramide hcl TABS47
mesalamine SUPP47	methsuximide13	metolazone44
mesalamine TBEC 1.2 GM47	methyldopa TABS20	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG21
mesalamine TBEC 800 MG47	methylphenidate hcl CHEW 10 MG .1	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG21
metaxalone 800 MG57	methylphenidate hcl CHEW 2.5 MG 1	metoprolol succinate TB24 200 MG 33
metformin hcl TABS 1000 MG16	methylphenidate hcl CHEW 5 MG ..1	metoprolol succinate TB24 25 MG, 50 MG, 100 MG33
metformin hcl TABS 500 MG16	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG2	metoprolol tartrate SOLN IV 5 MG/5ML33
metformin hcl TABS 850 MG16	methylphenidate hcl CP24 30 MG ..1	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG33
metformin hcl TB24 500 MG16	methylphenidate hcl CP241	metronidazole (topical) CREA43
metformin hcl TB24 750 MG16	methylphenidate hcl CPCR2	
methadone hcl CONC5	methylphenidate hcl SOLN2	
METHADONE HCL SOLN IJ (methadone hcl)5	methylphenidate hcl TABS 10 MG, 20 MG2	
methadone hcl SOLN IJ 10 MG/ML .5	methylphenidate hcl TABS 5 MG ...2	
methadone hcl SOLN PO 10 MG/5ML5	methylphenidate hcl TB24 18 MG, 27 MG2	
methadone hcl SOLN PO 5 MG/5ML 5		

metronidazole (topical) GEL 0.75 % 43	SUSP66	MULTI PRENATAL TABS 57
metronidazole (topical) GEL 1 % ..43	MODERNA COVID-19 VAC 6M-11Y SUSY66	mupirocin OINT38
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solifenacin succinate TABS	65	STELARA SOSY 90 MG/ML	40		22
SOLIQUA	15	STENDRA (avanafil)	34	sulfamethoxazole-trimethoprim TABS	
SOLOSEC	2	STIOLTO RESPIMAT	11		22
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succinate)	37	STRENSIQ	45	sulfasalazine TABS	47
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tiopronin TBEC 300 MG	48		34	tretinoin CREA 0.025 %, 0.05 %, 0.1	
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tizanidine hcl TABS	57	trandolapril 4 MG	20	MG, 15 MG	24
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tolcapone	29	tranylcypromine sulfate	14	triamcinolone acetonide (topical)	
tolmetin sodium CAPS	4	travoprost SOLN	60	CREA 0.5 %	42
tolmetin sodium TABS 600 MG	4	TRAZIMERA	25	triamcinolone acetonide (topical)	
TOLSURA CAPS	18	trazodone hcl TABS	14	LOTN 0.025 %	42
tolterodine tartrate CP24	65	TRELEGY ELLIPTA	11	triamcinolone acetonide (topical)	
tolterodine tartrate TABS	65	TRELSTAR MIXJECT	26	LOTN 0.1 %	42
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topiramate CPSP 15 MG	13	TREMFYA PEN SOAJ 100 MG/ML		OINT 0.5 %	42
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vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG	22	vigabatrin PACK	13	WIDE-SEAL DIAPHRAGM 75	52
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	22	vigabatrin TABS	13	WIDE-SEAL DIAPHRAGM 80	52
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		voriconazole TABS	18	XIFAXAN 200 MG	21
		VOSEVI	32	XIFAXAN 550 MG	22

XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	YERVOY	25	ZIMHI SOSY	17
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	YONSA	26	ziprasidone hcl	30
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	YUFLYMA (1 PEN) AJKT	3	ZIRABEV	25
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	YUFLYMA (2 PEN) AJKT	3	ZIRGAN GEL	59
XOLAIR SOAJ 75 MG/0.5ML	9	YUFLYMA (2 SYRINGE) PSKT	3	ZOLADEX 10.8 MG	26
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XPOVIO (40 MG TWICE WEEKLY) 40 MG	26	ZARONTIN CAPS (ethosuximide) .	14	zolmitriptan TBDP	54
XPOVIO (60 MG ONCE WEEKLY) 60 MG	26	ZARXIO	50	zolpidem tartrate TABS	50
XPOVIO (60 MG TWICE WEEKLY) . 26		ZEJULA CAPS	28	zolpidem tartrate TBCR	50
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