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*2026*

# Formulary

## EFFECTIVE JANUARY 1, 2026

**AmbetterHealth.com/en/la**
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AMB25-LA-C-00023

# Formulary Introduction

## FORMULARY

The Ambetter from Louisana Healthcare Connections Formulary, 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.

Not all dosage forms or strengths of a drug may be covered.

## FORMULARY CHANGES

The Ambetter from Louisiana Healthcare Connection Formulary is reviewed at least quarterly and updated monthly. Positive formulary changes, such as addition of products to the formulary, removal of utilization management restrictions (Prior Authorization, Quantity Limit, etc.) can take place monthly. Negative formulary changes, such as removal of products from the formulary and addition of utilization management techniques will take place only at the beginning of each new benefit year. If you are affected by a negative formulary change, you will be notified in writing at least 60 days in advance of such change.

## USING THE FORMULARY

The Ambetter from Louisiana Healthcare Connection Formulary is structured in two parts. The first part of the formulary lists covered medications by conditions that they treat. You can utilize this section to quickly find all medications that we cover for your specific condition. The second part of the formulary lists all products alphabetically. You can use this part of the formulary to look up your specific medication by the name. Products are listed on the formulary on several tiers each corresponding to associated copay or co-insurance you may be responsible for. Drug list key below provides a general overview of tiers.

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 limits apply.

**Tier $1_A$** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) 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" of "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networkds, please consult Ambetter website's pharmacy information section.

The formulary contains other important information. Utilization management restrictions such as Prior Authorization, Step Therapy, Quantity Limits, Age Limits and other restrictions are described next to each product.

Prior Authorization
Medication listed on the formulary with abbreviation PA are restricted by Prior Authorization requirement. Prior to obtaining this medication, your provider will have to submit a request to Ambetter from Louisana Healthcare Connections to approve this product for you.

Step Therapy
Medications listed on the formulary with abbreviation ST are restricted by Step Therapy requirement. If you have tried the required product prior to requesting a fill for a medication restricted by ST, your claim will process. If we do not have a record that you tried required product, your prescriber can reach out to Ambetter from Louisana Healthcare Connections to obtain an authorization

Quantity Limit
A Quantity Limit restricts medications listed on the formulary with abbreviation QL. We list each quantity limit in units that can be obtained per time period (i.e. 2 tablets per day).

Age Limit
Medications listed on the formulary with abbreviation AL are restricted to certain ages. We list each age limit based on FDA approval for medications.

Non-formulary
Medications listed on the formulary with abbreviation NF are non-formulary medications. To obtain access to non-formulary medications your prescriber can reach out to Ambetter from Louisan Healthcare Connection to obtain an authorization. More information is provided in the section below.

PRIOR AUTHORIZATION FOR NON-FORMULARY DRUGS

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

DISCLOSURE ON EXCESS COST
Any savings or rebates we received on the cost of drugs purchased under this contract from drug manufacturers are used to stabilize rates. You may be subject to an excess consumer cost burden when covered prescription drugs are purchased under this contract.

EXCEPTION TO STEP THERAPY

We will grant exception to step therapy or fail first protocol when:

(1) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under step therapy or fail first protocol has been ineffective in the treatment of the insured's disease or medical condition.

(2) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol is reasonably expected to be ineffective based on the known relevant physical or mental characteristics and medical history of the insured and known characteristics of the drug regimen.

(3) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol will cause or will likely cause an adverse reaction or other physical harm to the insured.

To obtain exception to Step Therapy your provider can follow regular Prior Authorization process

Formulary Abbreviations:

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

Opioid Medications:

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

# Introducción al Formulario

FORMULARIO
El Formulario de Ambetter from Louisana Healthcare Connections 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.

Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento.

CAMBIOS EN EL FORMULARIO
El Formulario de Ambetter from Louisiana Healthcare Connections se revisa al menos trimestralmente y se actualiza todos los meses. Los cambios positivos en el Formulario, como la incorporación de productos al Formulario y la eliminación de restricciones de administración de la utilización (autorizaciones previas, límite de cantidad, etc.) se pueden producir una vez por mes. Los cambios negativos, como la eliminación de productos del Formulario y la incorporación de técnicas de administración de la utilización se pueden producir únicamente al comienzo de cada nuevo año de beneficios. Si usted se ve afectado por un cambio negativo en el Formulario, será notificado por escrito al menos 60 días antes de que se produzca.

USO DEL FORMULARIO
El Formulario de Ambetter from Louisiana Healthcare Connections está estructurado en dos partes. La primera parte del Formulario cita los medicamentos cubiertos por las condiciones que tratan. Puede utilizar esta sección para encontrar rápidamente todos los medicamentos que están cubiertos para su condición específica. La segunda parte del Formulario cita todos los productos alfabéticamente. Puede utilizar esta parte del Formulario para buscar su medicamento específico por nombre. Los productos aparecen en el Formulario en varios niveles, cada uno correspondiente a un copago o coseguro asociado del que usted puede ser responsable. La clave de la lista de medicamentos a continuación brinda una visión general de los niveles.

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. Se aplican ciertos límites.

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

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

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

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

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

El Formulario contiene otra información importante. Las restricciones de administración de la utilización, como la autorización previa, la terapia escalonada, los límites de cantidad, los límites de edad y otras están descritas junto a cada producto.

Autorización previa
Los medicamentos que figuran en el Formulario con la abreviatura PA están restringidos por el requisito de autorización previa. Antes de obtener este medicamento, su proveedor deberá presentar una solicitud a Ambetter from Louisana Healthcare Connections para que le apruebe este producto.

Terapia escalonada
Los medicamentos que figuran en el Formulario con la abreviatura ST están restringidos por el requisito de terapia escalonada. Si ha probado el producto requerido antes de solicitar un surtido para un medicamento restringido por ST, su reclamo será procesado. Si no tenemos registro de que usted haya probado el producto requerido, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisana Healthcare Connections para obtener una autorización

Límite de cantidad
Un límite de cantidad restringe los medicamentos que figuran en el Formulario con la abreviatura QL. Detallamos cada límite de cantidad en unidades que se pueden obtener por período de tiempo (p.ej., 2 comprimidos por día).

Límite de edad
Los medicamentos que figuran en el Formulario con la abreviatura AL están restringidos a determinadas edades. Cada límite de edad aparece en función de la aprobación de la FDA para los medicamentos.

No incluido en el Formulario
Los medicamentos que figuran en el Formulario con la abreviatura NF son medicamentos no incluidos en el Formulario. Para obtener acceso a medicamentos no incluidos en el Formulario, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisana Healthcare Connections para obtener una autorización. En la sección siguiente encontrará más información.

AUTORIZACIÓN PREVIA PARA MEDICAMENTOS NO INCLUIDOS EN EL FORMULARIO

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

DIVULGACIÓN SOBRE COSTO EXCEDENTE
Cualquier ahorro o reembolso que recibamos de los fabricantes sobre el costo de los medicamentos comprados bajo este contrato de medicamentos se utiliza para estabilizar las tarifas. Usted puede estar sujeto a una carga por exceso de costos para el consumidor cuando los medicamentos recetados cubiertos se compran bajo este contrato.

EXCEPCIÓN A LA TERAPIA ESCALONADA

Otorgaremos una excepción a la terapia escalonada o al protocolo *fail first* cuando:

(1) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* ha sido ineficaz en el tratamiento de la enfermedad o condición médica del asegurado.

(2) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido solicitado en el marco de la terapia escalonada o del protocolo *fail first* se espera razonablemente que sea ineficaz sobre la base de las características físicas o mentales relevantes conocidas y los antecedentes médicos del asegurado y las características conocidas del régimen del medicamento.

(3) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* causará o podría causar una reacción adversa u otro daño físico al asegurado.

Para obtener una excepción a la terapia escalonada, su proveedor puede seguir el procedimiento regular de la autorización previa

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| *amphetamine sulfate TABS* | 3 | PA |
| *amphetamine-dextroamphetamine CP24 5 MG, 10 MG* | 1B | QL(1 EA daily) |
| *amphetamine-dextroamphetamine CP24 15 MG* | 1B | |
| *amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG* | 1B | QL(2 EA daily) |
| *amphetamine-dextroamphetamine TABS 30 MG* | 1B | QL(2 EA daily) |
| *amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG* | 1B | QL(3 EA daily) |
| *dextroamphetamine sulfate CP24 5 MG* | 1B | |
| *dextroamphetamine sulfate CP24 10 MG, 15 MG* | 1B | QL(4 EA daily) |
| *dextroamphetamine sulfate TABS 5 MG, 10 MG* | 1B | QL(4 EA daily) |
| *dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG* | 1B | |
| *lisdexamfetamine dimesylate CAPS* | 1B | QL(1 EA daily); ST |
| *lisdexamfetamine dimesylate CHEW* | 1B | QL(1 EA daily); ST |
| *methamphetamine hcl* | 1B | QL(5 EA daily); AL(At least 6 yrs old) |
| Anorexiants Non-Amphetamine | | |
| *phendimetrazine tartrate TABS* | 1B | PA |
| *phentermine hcl CAPS* | 1B | PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| *atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *atomoxetine hcl 60 MG, 80 MG, 100 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *clonidine hcl (adhd) TB12* | 1B | |
| *guanfacine hcl (adhd)* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| SUNOSI 75 MG | 3 | QL(2 EA daily); PA |
| SUNOSI 150 MG | 3 | QL(1 EA daily); PA |
| Stimulants - Misc. | | |
| *armodafinil* | 1B | QL(1 EA daily); AL(At least 17 yrs old); PA |
| *dexmethylphenidate hcl CP24* | 1B | QL(1 EA daily) |
| *dexmethylphenidate hcl TABS* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl CHEW 2.5 MG* | 1B | QL(2 EA daily) |
| *methylphenidate hcl CHEW 5 MG* | 1B | QL(6 EA daily) |
| *methylphenidate hcl CHEW 10 MG* | 1B | QL(5 EA daily) |
| *methylphenidate hcl CP24 30 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl CP24* | 1B | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methylphenidate hcl CPCR* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl SOLN* | 1B | QL(30 ML daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 5 MG* | 1B | QL(6 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 10 MG, 20 MG* | 1B | QL(5 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 36 MG, 54 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 18 MG, 27 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 36 MG, 54 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 18 MG, 27 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 10 MG, 20 MG* | 1B | QL(3 EA daily); AL(At least 6 yrs old) |
| *methylphenidate PTCH* | 1B | QL(1 EA daily); PA |
| *modafinil 100 MG* | 1B | QL(1 EA daily); PA |
| *modafinil 200 MG* | 1B | QL(2 EA daily); PA |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| *amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML* | 1B | |
| ARIKAYCE | 4 | PA |
| *gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %* | 1B | |
| *gentamicin sulfate IJ 40 MG/ML* | 1B | |
| *neomycin sulfate TABS* | 1B | |
| *streptomycin sulfate SOLR* | 3 | |
| *tobramycin NEBU* | 4 | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| RINVOQ LQ SOLN | 4 | QL(12 ML daily); PA |
| RINVOQ TB24 | 4 | QL(1 EA daily); PA |
| XELJANZ XR TB24 | 4 | QL(1 EA daily); PA |
| XELJANZ SOLN | 4 | QL(20 ML daily); PA |
| XELJANZ TABS 5 MG | 4 | QL(2 EA daily); SP; PA |
| XELJANZ TABS 10 MG | 4 | QL(2 EA daily); PA |
| Antirheumatic Antimetabolites | | |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA |
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | 3 | PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| YUFLYMA (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| YUFLYMA (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| YUFLYMA-CD/UC/HS STARTER AJKT | 4 | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Gold Compounds | | |
| AURANOFIN 3 MG | 3 | QL(3 EA daily) |
| RIDAURA | 3 | QL(3 EA daily) |
| Interleukin-1 Blockers | | |
| ARCALYST | 4 | QL(0.286 EA daily); SP; PA |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA ACTPEN SOAJ | 4 | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA |
| ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML | 4 | QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA |
| ACTEMRA SOLN 80 MG/4ML | 4 | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA |
| ACTEMRA SOSY | 4 | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA |
| KEVZARA SOAJ | 4 | QL(0.082 ML daily); PA |
| KEVZARA SOSY | 4 | QL(0.082 ML daily); PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| *celecoxib* | 1B | QL(2 EA daily) |
| *diclofenac potassium TABS 50 MG* | 1B | |
| *diclofenac sodium TB24* | 1B | |
| *diclofenac sodium TBEC* | 1B | |
| *diclofenac w/ misoprostol TBEC* | 1B | |
| *etodolac CAPS* | 1B | |
| *etodolac TABS* | 1B | |
| *fenoprofen calcium TABS* | 1B | QL(4 EA daily); ST |
| *flurbiprofen TABS* | 1B | |
| *ibuprofen SUSP 100 MG/5ML, 200 MG/10ML* | 1B | RX/OTC |
| *ibuprofen TABS 800 MG* | 1B | |
| *ibuprofen TABS 400 MG, 600 MG* | 1A | |
| *indomethacin CAPS 25 MG, 50 MG* | 1B | |
| *indomethacin CPCR* | 1B | |
| *ketoprofen CAPS 50 MG* | 1B | |
| *ketorolac tromethamine TABS* | 1B | QL(0.667 EA daily) |
| *meclofenamate sodium CAPS* | 1B | |
| *mefenamic acid CAPS* | 1B | Must try ibuprofen. ; QL(5 EA daily); ST |
| *meloxicam TABS* | 1A | QL(1 EA daily) |
| *nabumetone* | 1B | |
| *naproxen sodium TABS 550 MG* | 1B | |
| *naproxen SUSP* | 1B | PA |
| *naproxen TABS* | 1B | |
| *naproxen TBEC 500 MG* | 1B | QL(3 EA daily) |
| *oxaprozin TABS* | 1B | |
| *piroxicam CAPS* | 1B | |
| *sulindac TABS* | 1B | |
| *tolmetin sodium CAPS* | 1B | |
| *tolmetin sodium TABS 600 MG* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA XR TB24 PO 75 MG | 4 | QL(1 EA daily); PA |
| OTEZLA/OTEZLA XR INITIATION PK TBPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TABS | 4 | QL(2 EA daily); PA |
| OTEZLA TBPK | 4 | 1 package(s) per 180 day(s) retail; PA |
| OTEZLA TBPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Pyrimidine Synthesis Inhibitors | | |
| *leflunomide* | 1B | QL(1 EA daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 4 | QL(0.146 ML daily); PA |
| ENBREL SURECLICK SOAJ | 4 | QL(0.146 ML daily); PA |
| ENBREL SOLN | 4 | QL(0.146 ML daily); PA |
| ENBREL SOSY 25 MG/0.5ML | 4 | QL(0.146 ML daily); PA |
| ENBREL SOSY 50 MG/ML | 4 | QL(0.286 ML daily); SP; PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| *butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG* | 1B | |
| *butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG* | 1B | QL(6 EA daily) |
| *butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG* | 1B | QL(6 EA daily) |
| *butalbital-acetaminophen TABS 50 MG-325 MG* | 1B | QL(6 EA daily) |
| *butalbital-aspirin-caffeine CAPS* | 1B | QL(4 EA daily) |
| Salicylates | | |
| *aspirin CHEW* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| *aspirin TABS 325 MG* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| *aspirin TBEC 81 MG* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| *aspirin TBEC 325 MG* | 1A | |
| *diflunisal TABS* | 1B | |
| *salsalate* | 1B | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| *codeine sulfate TABS 30 MG* | 1B | New starts limited to 7 day supply |
| CODEINE SULFATE TABS | 1B | New starts limited to 7 day supply |
| *fentanyl citrate LPOP* | 1B | QL(4 EA daily); PA |
| *fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR* | 1B | QL(0.34 EA daily) |
| *hydrocodone bitartrate CP12* | 3 | QL(2 EA daily); PA |
| *hydrocodone bitartrate T24A* | 3 | QL(2 EA daily); PA |
| *hydromorphone hcl LIQD* | 1B | New starts limited to 7 day supply |
| *hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydromorphone hcl TABS* | 1B | New starts limited to 7 day supply; QL(8 EA daily) |
| *hydromorphone hcl TB24 8 MG, 12 MG, 16 MG* | 1B | QL(2 EA daily); PA |
| *hydromorphone hcl TB24 32 MG* | 1B | QL(1 EA daily); PA |
| *levorphanol tartrate TABS 2 MG* | 1B | New starts limited to 7 day supply |
| *meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML* | 1B | |
| *meperidine hcl SOLN PO 50 MG/5ML* | 1B | New starts limited to 7 day supply; QL(500 ML per fill retail) |
| *meperidine hcl TABS 50 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *methadone hcl CONC* | 1B | QL(10 ML daily) |
| *methadone hcl SOLN PO 5 MG/5ML* | 1B | QL(100 ML daily) |
| *methadone hcl SOLN IJ 10 MG/ML* | 1B | |
| *methadone hcl SOLN PO 10 MG/5ML* | 1B | QL(50 ML daily) |
| METHADONE HCL SOLN IJ *(methadone hcl)* | 1B | |
| *methadone hcl TABS 5 MG* | 1B | QL(4 EA daily) |
| *methadone hcl TABS 10 MG* | 1B | QL(10 EA daily) |
| *methadone hcl TBSO* | 1B | QL(2 EA daily) |
| *morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG* | 1B | QL(2 EA daily); PA |
| *morphine sulfate SOLN PO 10 MG/5ML* | 1B | New starts limited to 7 day supply; QL(100 ML daily) |
| *morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML* | 1B | |
| *morphine sulfate SOLN PO 20 MG/5ML* | 1B | New starts limited to 7 day supply; QL(50 ML daily) |
| *morphine sulfate TABS* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *morphine sulfate TBCR* | 1B | QL(2 EA daily) |
| *oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG* | 3 | QL(2 EA daily); PA |
| *oxycodone hcl TABS* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *oxymorphone hcl TABS* | 1B | QL(12 EA daily); PA |
| *oxymorphone hcl TB12 40 MG* | 1B | QL(4 EA daily); PA |
| *oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG* | 1B | QL(2 EA daily); PA |
| SUBSYS LIQD 800 MCG | 3 | QL(8 EA daily); PA |
| *tramadol hcl TABS 50 MG* | 1A | New starts limited to 7 day supply; QL(8 EA daily) |
| *tramadol hcl TB24* | 1B | QL(1 EA daily) |
| Opioid Combinations | | |
| *acetaminophen w/ codeine SOLN* | 1A | New starts limited to 7 day supply; QL(75 ML daily) |
| *acetaminophen w/ codeine TABS 30 MG-300 MG* | 1A | New starts limited to 7 day supply; QL(12 EA daily) |
| *acetaminophen w/ codeine TABS 60 MG-300 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *acetaminophen w/ codeine TABS 15 MG-300 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG* | 3 | New starts limited to 7 day supply; PA |
| *acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG* | 1B | New starts limited to 7 day supply |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG* | 1B | New starts limited to 7 day supply |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *butalbital-aspirin-caffeine w/cod* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML* | 1B | New starts limited to 7 day supply; QL(180 ML daily) |
| *hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML* | 1B | New starts limited to 7 day supply |
| *hydrocodone-acetaminophen TABS 325 MG-2.5 MG* | 1B | New starts limited to 7 day supply |
| *hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG* | 1B | PA |
| *hydrocodone-ibuprofen 7.5 MG-200 MG* | 1B | New starts limited to 7 day supply; QL(5 EA daily) |
| *oxycodone w/ acetaminophen TABS 325 MG-2.5 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *tramadol-acetaminophen* | 1B | New starts limited to 7 day supply; QL(8 EA daily) |
| Opioid Partial Agonists | | |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG* | 1B | QL(2 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG* | 1B | QL(3 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate SUBL* | 1B | QL(3 EA daily) |
| *buprenorphine hcl SOLN* | 1B | |
| *buprenorphine hcl SUBL* | 1B | QL(3 EA daily) |
| *buprenorphine PTWK* | 1B | QL(0.143 EA daily); PA |
| *butorphanol tartrate IJ 1 MG/ML, 2 MG/ML* | 1B | |
| *butorphanol tartrate NA 10 MG/ML* | 1B | QL(0.34 ML daily); PA |
| *pentazocine w/ naloxone hcl* | 1B | New starts limited to 7 day supply |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | QL(1 EA daily); PA |
| *danazol CAPS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methyltestosterone TABS* | 1B | |
| *testosterone cypionate SOLN IM* | 1B | |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 1B | |
| *testosterone enanthate SOLN IM* | 1B | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| *budesonide (intrarectal)* | 4 | QL(3.2 GM daily); PA |
| *hydrocortisone (intrarectal)* | 1B | |
| Rectal Steroids | | |
| *hydrocortisone (rectal) EX* | 1B | |
| *hydrocortisone acetate (rectal)* | 1B | |
| Vasodilating Agents | | |
| *nitroglycerin (intra-anal)* | 1B | QL(2 GM daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| *albendazole* | 1B | PA |
| EMVERM CHEW | 2 | QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |
| *ivermectin* | 1B | QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail |
| *praziquantel* | 1B | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| *ranolazine TB12 1000 MG* | 1B | QL(2 EA daily) |
| *ranolazine TB12 500 MG* | 1B | QL(3 EA daily) |
| Nitrates | | |
| *isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG* | 1B | |
| *isosorbide mononitrate TABS* | 1B | |
| *isosorbide mononitrate TB24* | 1A | |
| NITRO-BID OINT | 3 | |
| *nitroglycerin CPCR* | 1B | QL(4 EA daily) |
| *nitroglycerin PT24* | 1B | |
| NITROGLYCERIN SOLN IV | 1B | |
| *nitroglycerin SUBL* | 1B | |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| *buspirone hcl 5 MG* | 1A | |
| *buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG* | 1B | |
| *hydroxyzine hcl SOLN 50 MG/ML* | 1B | |
| *hydroxyzine hcl SYRP* | 1B | |
| *hydroxyzine hcl TABS* | 1B | |
| *hydroxyzine pamoate CAPS* | 1B | |
| *meprobamate* | 1B | |
| Benzodiazepines | | |
| *alprazolam TABS 0.25 MG, 0.5 MG, 1 MG* | 1A | QL(4 EA daily) |
| *alprazolam TABS 2 MG* | 1B | QL(4 EA daily) |
| *alprazolam TB24* | 1B | |
| *alprazolam TBDP* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *chlordiazepoxide hcl CAPS* | 1B | |
| *clorazepate dipotassium TABS* | 1B | |
| *diazepam CONC* | 1B | |
| *diazepam SOLN PO 5 MG/5ML* | 1B | |
| *diazepam TABS* | 1A | QL(4 EA daily) |
| *lorazepam CONC* | 1B | |
| *lorazepam TABS 0.5 MG, 2 MG* | 1A | QL(3 EA daily) |
| *lorazepam TABS 1 MG* | 1A | QL(4 EA daily) |
| *oxazepam CAPS* | 1B | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| *disopyramide phosphate CAPS* | 1B | |
| *procainamide hcl SOLN 500 MG/ML* | 1B | |
| *quinidine sulfate TABS* | 1B | |
| Antiarrhythmics Type I-B | | |
| *mexiletine hcl* | 1B | |
| Antiarrhythmics Type I-C | | |
| *flecainide acetate* | 1B | |
| *propafenone hcl CP12* | 1B | |
| *propafenone hcl TABS* | 1B | |
| Antiarrhythmics Type III | | |
| *amiodarone hcl SOLN 150 MG/3ML* | 1B | |
| *amiodarone hcl TABS* | 1B | |
| *dofetilide* | 1B | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| FASENRA PEN SOAJ | 4 | QL(0.036 ML daily); PA |
| FASENRA SOSY 10 MG/0.5ML | 4 | QL(0.018 ML daily); PA |
| FASENRA SOSY 30 MG/ML | 4 | QL(0.036 ML daily); PA |
| Anti-Inflammatory Agents | | |
| *cromolyn sodium NEBU* | 1B | C; QL(8 ML daily) |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | 3 | QL(0.44 GM daily) |
| INCRUSE ELLIPTA | 2 | C; QL(1 EA daily) |
| *ipratropium bromide SOLN 0.02 %* | 1B | C; QL(15 ML daily) |
| SPIRIVA RESPIMAT AERS IN | 2 | QL(0.14 GM daily) |
| *tiotropium bromide CAPS IN 18 MCG* | 1B | QL(1 EA daily) |
| Leukotriene Modulators | | |
| *montelukast sodium CHEW* | 1B | C; QL(1 EA daily) |
| *montelukast sodium PACK* | 1B | C; QL(1 EA daily) |
| *montelukast sodium TABS* | 1B | C; QL(1 EA daily) |
| *zafirlukast* | 1B | C; QL(2 EA daily) |
| *zileuton TB12* | 3 | QL(4 EA daily); PA |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| *roflumilast* | 1B | QL(1 EA daily) |
| Steroid Inhalants | | |
| ALVESCO | 3 | PA |
| ARNUITY ELLIPTA 100 MCG/ACT *(fluticasone furoate (inhalation))* | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| ARNUITY ELLIPTA 50 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))* | 2 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT/PE STARTER PACK TBPK | 2 | QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail |
| ELIQUIS TABS | 2 | QL(2 EA daily) |
| *rivaroxaban SUSR 1 MG/ML* | 1B | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| *rivaroxaban TABS 2.5 MG* | 1B | QL(2 EA daily) |
| XARELTO STARTER PACK TBPK | 2 | 1 max fill(s) per 365 day(s) retail |
| XARELTO SUSR 1 MG/ML *(rivaroxaban)* | 2 | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| XARELTO TABS 15 MG | 2 | QL(2 EA daily) |
| XARELTO TABS 10 MG, 20 MG | 2 | QL(1 EA daily) |
| Heparins And Heparinoid-Like Agents | | |
| *enoxaparin sodium SOLN IJ 300 MG/3ML* | 4 | QL(6 ML daily) |
| *enoxaparin sodium SOSY 40 MG/0.4ML* | 4 | QL(0.8 ML daily; 30 Day(s) limit); SP |
| *enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML* | 4 | QL(1.6 ML daily) |
| *enoxaparin sodium SOSY 30 MG/0.3ML* | 4 | QL(0.6 ML daily); SP |
| *enoxaparin sodium SOSY 60 MG/0.6ML* | 4 | QL(1.2 ML daily; 30 Day(s) limit); SP |
| *enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML* | 4 | QL(2 ML daily) |
| *fondaparinux sodium 5 MG/0.4ML* | 4 | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |
| *fondaparinux sodium 7.5 MG/0.6ML* | 4 | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP |
| *fondaparinux sodium 10 MG/0.8ML* | 4 | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP |
| *fondaparinux sodium 2.5 MG/0.5ML* | 4 | QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |
| FRAGMIN SOSY | 4 | SP; PA |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML | 1B | |
| *heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML* | 1B | |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate CAPS* | 1B | |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| *perampanel TABS 8 MG, 10 MG, 12 MG* | 1B | QL(1 EA daily); PA |
| *perampanel TABS 4 MG* | 1B | QL(3 EA daily); PA |
| *perampanel TABS 6 MG* | 1B | QL(2 EA daily); PA |
| *perampanel TABS 2 MG* | 1B | QL(6 EA daily); PA |
| Anticonvulsants - Benzodiazepines | | |
| *clobazam SUSP* | 1B | QL(16 ML daily); PA |
| *clobazam TABS* | 1B | QL(2 EA daily); PA |
| *clonazepam TABS* | 1A | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diazepam (anticonvulsant) GEL* | 3 | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |
| NAYZILAM | 3 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 10 MG DOSE LIQD | 4 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML | 4 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML | 4 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 5 MG DOSE LIQD | 4 | QL(10 EA per 30 day(s) retail); PA |
| Anticonvulsants - Misc. | | |
| BANZEL TABS 400 MG *(rufinamide)* | 2 | QL(8 EA daily); PA |
| BANZEL TABS 200 MG *(rufinamide)* | 2 | QL(2 EA daily); PA |
| BRIVIACT SOLN PO 10 MG/ML | 3 | QL(20 ML daily); PA |
| *carbamazepine CHEW 100 MG* | 1B | |
| *carbamazepine CP12 200 MG* | 1B | QL(6 EA daily) |
| *carbamazepine CP12 100 MG* | 1B | |
| *carbamazepine CP12 300 MG* | 1B | QL(4 EA daily) |
| *carbamazepine SUSP* | 1B | |
| *carbamazepine TABS* | 1B | |
| *carbamazepine TB12 200 MG* | 1B | QL(6 EA daily) |
| *carbamazepine TB12 100 MG, 400 MG* | 1B | QL(4 EA daily) |
| DIACOMIT CAPS 500 MG | 4 | QL(6 EA daily); PA |
| DIACOMIT CAPS 250 MG | 4 | QL(12 EA daily); PA |
| DIACOMIT PACK 500 MG | 4 | QL(6 EA daily); PA |
| DIACOMIT PACK 250 MG | 4 | QL(12 EA daily); PA |
| EPIDIOLEX | 3 | PA |
| *eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG* | 1B | QL(2 EA daily); ST |
| *gabapentin CAPS* | 1B | |
| *gabapentin SOLN* | 1B | QL(60 ML daily) |
| *gabapentin TABS 600 MG, 800 MG* | 1B | |
| *lacosamide SOLN IV 200 MG/20ML* | 1B | QL(40 ML daily) |
| *lacosamide TABS* | 1B | QL(2 EA daily) |
| *lamotrigine CHEW 25 MG* | 1B | QL(20 EA daily) |
| *lamotrigine CHEW 5 MG* | 1B | QL(100 EA daily) |
| *lamotrigine TABS* | 1B | |
| *lamotrigine TBDP* | 1B | QL(1 EA daily) |
| *levetiracetam SOLN IV 500 MG/5ML* | 1B | QL(30 ML daily) |
| *levetiracetam TABS 1000 MG* | 1B | QL(3 EA daily) |
| *levetiracetam TABS 500 MG* | 1B | QL(6 EA daily) |
| *levetiracetam TABS 250 MG, 750 MG* | 1B | QL(4 EA daily) |
| *levetiracetam TB24* | 1B | QL(4 EA daily) |
| *oxcarbazepine SUSP* | 1B | QL(40 ML daily) |
| *oxcarbazepine TABS 150 MG, 300 MG* | 1B | QL(3 EA daily) |
| *oxcarbazepine TABS 600 MG* | 1B | QL(4 EA daily) |
| *pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG* | 1B | QL(3 EA daily); ST |
| *pregabalin CAPS 225 MG, 300 MG* | 1B | QL(2 EA daily); ST |
| *pregabalin SOLN* | 1B | QL(30 ML daily); ST |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *primidone 50 MG, 250 MG* | 1B | |
| *rufinamide SUSP* | 1B | QL(80 ML daily); PA |
| *rufinamide TABS 400 MG* | 1B | QL(8 EA daily); PA |
| *rufinamide TABS 200 MG* | 1B | QL(2 EA daily); PA |
| TEGRETOL SUSP *(carbamazepine)* | 2 | |
| TEGRETOL TABS *(carbamazepine)* | 2 | |
| *topiramate CPSP 25 MG* | 1B | QL(8 EA daily) |
| *topiramate CPSP 15 MG* | 1B | QL(6 EA daily) |
| *topiramate CS24* | 3 | PA |
| *topiramate TABS 25 MG, 100 MG* | 1B | QL(4 EA daily) |
| *topiramate TABS 50 MG* | 1B | QL(6 EA daily) |
| *topiramate TABS 200 MG* | 1B | QL(2 EA daily) |
| *zonisamide CAPS* | 1B | QL(6 EA daily) |
| Carbamates | | |
| *felbamate SUSP* | 1B | QL(30 ML daily) |
| *felbamate TABS 400 MG* | 1B | QL(9 EA daily) |
| *felbamate TABS 600 MG* | 1B | QL(6 EA daily) |
| GABA Modulators | | |
| *tiagabine hcl* | 1B | |
| *vigabatrin PACK* | 4 | QL(6 EA daily); SP; PA |
| *vigabatrin TABS* | 4 | QL(6 EA daily); SP; PA |
| Hydantoins | | |
| DILANTIN *(phenytoin sodium extended)* | 2 | |
| DILANTIN | 2 | |
| DILANTIN INFATABS CHEW *(phenytoin)* | 2 | |
| DILANTIN-125 SUSP *(phenytoin)* | 2 | |
| DILANTIN SUSP *(phenytoin)* | 2 | |
| *fosphenytoin sodium* | 1B | |
| *phenytoin sodium extended 100 MG, 200 MG, 300 MG* | 1B | |
| *phenytoin sodium SOLN* | 1B | |
| *phenytoin CHEW* | 1B | |
| *phenytoin SUSP* | 1B | |
| Succinimides | | |
| *ethosuximide CAPS* | 1B | QL(6 EA daily) |
| *ethosuximide SOLN* | 1B | QL(30 ML daily) |
| *methsuximide* | 1B | QL(4 EA daily) |
| ZARONTIN CAPS *(ethosuximide)* | 2 | QL(6 EA daily) |
| Valproic Acid | | |
| *divalproex sodium TB24* | 1B | |
| *divalproex sodium TBEC* | 1B | |
| *valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML* | 1B | |
| *valproic acid CAPS* | 1B | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| *mirtazapine TABS* | 1B | |
| *mirtazapine TBDP* | 1B | |
| Antidepressants - Misc. | | |
| *bupropion hcl TABS* | 1B | D+/C |
| *bupropion hcl TB12* | 1B | D+/C |
| *bupropion hcl TB24 150 MG, 300 MG* | 1B | |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM | 3 | QL(1 EA daily) |
| MARPLAN | 2 | QL(6 EA daily) |
| *phenelzine sulfate* | 1B | |
| *tranylcypromine sulfate* | 1B | |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SPRAVATO (56 MG DOSE) | 4 | PA |
| SPRAVATO (84 MG DOSE) | 4 | PA |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| *citalopram hydrobromide SOLN* | 1A | |
| *citalopram hydrobromide TABS* | 1A | D/C |
| *escitalopram oxalate SOLN* | 1B | |
| *escitalopram oxalate TABS* | 1B | D+/C |
| *fluoxetine hcl CAPS* | 1A | D/C |
| *fluoxetine hcl CPDR* | 1A | |
| *fluoxetine hcl SOLN* | 1B | |
| *fluoxetine hcl TABS* | 1B | |
| *fluvoxamine maleate TABS* | 1B | D+/C |
| *paroxetine hcl SUSP* | 1B | |
| *paroxetine hcl TABS* | 1B | D/C |
| *paroxetine hcl TB24* | 1B | |
| *sertraline hcl CONC* | 1B | |
| *sertraline hcl TABS* | 1B | D/C |
| Serotonin Modulators | | |
| *nefazodone hcl* | 1B | |
| *trazodone hcl TABS* | 1B | |
| TRINTELLIX | 3 | QL(1 EA daily); PA |
| VIIBRYD STARTER PACK KIT | 3 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail |
| *vilazodone hcl TABS* | 1B | |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| *desvenlafaxine succinate* | 1B | |
| *duloxetine hcl CPEP* | 1B | D/C |
| FETZIMA TITRATION C4PK | 3 | PA |
| FETZIMA CP24 | 3 | QL(1 EA daily); PA |
| *venlafaxine hcl CP24* | 1B | D+/C |
| *venlafaxine hcl TABS* | 1B | D/C |
| *venlafaxine hcl TB24* | 1B | |
| Tricyclic Agents | | |
| *amitriptyline hcl TABS* | 1A | D/C |
| *amoxapine* | 1B | |
| *clomipramine hcl* | 1B | |
| *desipramine hcl TABS* | 1B | |
| *doxepin hcl CAPS* | 1B | |
| *doxepin hcl CONC* | 1B | |
| *imipramine hcl TABS* | 1B | D+/C |
| *imipramine pamoate* | 1B | |
| *nortriptyline hcl CAPS* | 1B | |
| *nortriptyline hcl SOLN* | 1B | |
| *protriptyline hcl* | 1B | |
| *trimipramine maleate CAPS* | 1B | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose* | 1B | QL(3 EA daily) |
| *miglitol* | 1B | QL(3 EA daily) |
| Antidiabetic Combinations | | |
| *alogliptin-metformin hcl* | 1B | QL(2 EA daily); PA |
| *alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG* | 1B | QL(1 EA daily); PA |
| *alogliptin-pioglitazone 30 MG-12.5 MG* | 1B | QL(2 EA daily); PA |
| *dapagliflozin propanediol-metformin hcl 1000 MG-10 MG* | 2 | QL(1 EA daily) |
| *dapagliflozin propanediol-metformin hcl 1000 MG-5 MG* | 2 | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG* | 1B | D+; QL(2 EA daily) |
| *glipizide-metformin hcl 500 MG-5 MG* | 1B | D+; QL(4 EA daily) |
| *glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG* | 1B | D+; QL(4 EA daily) |
| *glyburide-metformin 250 MG-1.25 MG* | 1B | D+; QL(2 EA daily) |
| GLYXAMBI | 2 | QL(1 EA daily) |
| JANUMET XR TB24 1000 MG-100 MG | 2 | QL(1 EA daily) |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 2 | QL(2 EA daily) |
| JANUMET TABS | 2 | QL(2 EA daily) |
| *pioglitazone hcl-glimepiride* | 1B | QL(1 EA daily) |
| *pioglitazone hcl-metformin hcl TABS* | 1B | QL(2 EA daily) |
| *saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG* | 1B | QL(1 EA daily) |
| *saxagliptin-metformin hcl 1000 MG-2.5 MG* | 1B | QL(2 EA daily) |
| SOLIQUA | 2 | QL(0.5 ML daily); PA |
| SYNJARDY XR TB24 1000 MG-25 MG | 2 | QL(1 EA daily) |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 EA daily) |
| SYNJARDY TABS | 2 | QL(2 EA daily) |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 2 | QL(1 EA daily) |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2 | QL(2 EA daily) |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | QL(2 EA daily) |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2 | QL(1 EA daily) |
| XIGDUO XR *(dapagliflozin propanediol-metformin hcl)* | 2 | QL(2 EA daily) |
| XIGDUO XR *(dapagliflozin propanediol-metformin hcl)* | 2 | QL(1 EA daily) |
| XULTOPHY | 2 | QL(0.5 ML daily); PA |
| Biguanides | | |
| *metformin hcl TABS 1000 MG* | 1A | D+; QL(2.5 EA daily) |
| *metformin hcl TABS 850 MG* | 0 | QL(3 EA daily) |
| *metformin hcl TABS 500 MG* | 1A | D+; QL(5 EA daily) |
| *metformin hcl TB24 500 MG* | 1B | D+; QL(4 EA daily) |
| *metformin hcl TB24 750 MG* | 1B | D+; QL(3 EA daily) |
| Diabetic Other | | |
| *diazoxide* | 3 | |
| *glucagon SOLR IJ 1 MG* | 1B | +; QL(0.035 EA daily) |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| *alogliptin benzoate* | 1B | QL(1 EA daily) |
| JANUVIA | 2 | QL(1 EA daily) |
| *saxagliptin hcl* | 1B | QL(1 EA daily) |
| Incretin Mimetic Agents | | |
| *liraglutide* | 1B | QL(0.3 ML daily); PA |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2 | QL(0.108 ML daily); PA |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2 | QL(0.054 ML daily); PA |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 2 | QL(0.108 ML daily); PA |
| OZEMPIC (2 MG/DOSE) SOPN | 2 | QL(0.108 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RYBELSUS TABS | 2 | QL(1 EA daily); PA |
| TRULICITY | 2 | QL(0.143 ML daily); PA |
| Insulin | | |
| APIDRA SOLOSTAR SOPN | 3 | PA |
| APIDRA SOLN | 3 | PA |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | D; QL(1.34 ML daily) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | D; QL(1.34 ML daily) |
| INSULIN ASP PROT & ASP FLEXPEN SUPN | 1B | D |
| INSULIN ASPART PROT & ASPART SUSP | 1B | D |
| INSULIN GLARGINE-YFGN SOLN | 2 | D |
| INSULIN GLARGINE-YFGN SOPN | 2 | D |
| INSULIN LISPRO (1 UNIT DIAL) SOPN | 1B | |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 1B | |
| INSULIN LISPRO PROT & LISPRO SUPN | 1B | |
| INSULIN LISPRO SOLN IJ | 1B | D |
| NOVOLIN 70/30 FLEXPEN SUPN | 2 | D |
| NOVOLIN 70/30 SUSP | 2 | D |
| NOVOLIN N FLEXPEN SUPN | 2 | D |
| NOVOLIN N SUSP | 2 | D |
| NOVOLIN R FLEXPEN SOPN IJ | 2 | D |
| NOVOLIN R SOLN IJ | 2 | D |
| NOVOLOG FLEXPEN SOPN | 1B | D |
| NOVOLOG PENFILL SOCT | 1B | D |
| NOVOLOG SOLN IJ | 1B | D |
| REZVOGLAR KWIKPEN | 3 | PA |
| SEMGLEE (YFGN) SOLN | 2 | D |
| SEMGLEE (YFGN) SOPN | 2 | D |
| TRESIBA FLEXTOUCH SOPN | 2 | D |
| TRESIBA SOLN | 2 | D |
| Insulin Sensitizing Agents | | |
| *pioglitazone hcl* | 1B | D+; QL(1 EA daily) |
| Meglitinide Analogues | | |
| *nateglinide* | 1B | QL(3 EA daily) |
| *repaglinide 0.5 MG, 1 MG* | 1B | QL(4 EA daily) |
| *repaglinide 2 MG* | 1B | QL(8 EA daily) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| *dapagliflozin propanediol* | 2 | QL(1 EA daily) |
| FARXIGA *(dapagliflozin propanediol)* | 2 | QL(1 EA daily) |
| JARDIANCE | 2 | QL(1 EA daily) |
| Sulfonylureas | | |
| *glimepiride 1 MG, 2 MG* | 1A | D+; QL(4 EA daily) |
| *glimepiride 4 MG* | 1A | D+; QL(2 EA daily) |
| *glipizide TABS 5 MG, 10 MG* | 1A | D+; QL(4 EA daily) |
| *glipizide TB24* | 1A | D+; QL(2 EA daily) |
| *glyburide micronized 1.5 MG, 3 MG, 6 MG* | 1B | D+; QL(4 EA daily) |
| *glyburide TABS* | 1A | D+; QL(4 EA daily) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| *diphenoxylate w/ atropine LIQD* | 1B | |
| *diphenoxylate w/ atropine TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *loperamide hcl CAPS* | 1B | RX/OTC |
| MOTOFEN | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 3 | |
| *deferasirox PACK* | 4 | PA |
| *deferasirox TABS* | 4 | SP; PA |
| *deferasirox TBSO* | 4 | SP; PA |
| Antidotes and Specific Antagonists | | |
| VISTOGARD | 4 | PA |
| Opioid Antagonists | | |
| *naloxone hcl LIQD* | 1B | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| *naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML* | 1B | |
| *naltrexone hcl* | 1B | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | 3 | QL(0.167 EA daily); PA |
| *granisetron hcl SOLN IV 1 MG/ML* | 1B | |
| *granisetron hcl TABS* | 1B | QL(0.34 EA daily) |
| *ondansetron hcl SOLN PO 4 MG/5ML* | 1B | QL(3.34 ML daily) |
| *ondansetron hcl SOLN IJ 4 MG/2ML* | 1B | |
| *ondansetron hcl SOSY* | 1B | |
| *ondansetron hcl TABS 24 MG* | 1B | QL(0.143 EA daily) |
| *ondansetron hcl TABS 4 MG* | 1B | QL(4 EA daily; 60 EA per fill retail; 60 per fill mail) |
| *ondansetron hcl TABS 8 MG* | 1B | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail) |
| *ondansetron TBDP 8 MG* | 1B | |
| *ondansetron TBDP 4 MG* | 1B | QL(1 EA daily) |
| *palonosetron hcl SOLN* | 1B | |
| Antiemetics - Anticholinergic | | |
| *meclizine hcl TABS 25 MG* | 1B | RX/OTC |
| *meclizine hcl TABS 12.5 MG* | 1A | RX/OTC |
| *scopolamine* | 1B | QL(0.34 EA daily) |
| *trimethobenzamide hcl CAPS* | 1B | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 3 | PA |
| *doxylamine-pyridoxine TBEC* | 1B | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| *dronabinol CAPS* | 1B | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| *aprepitant CAPS 40 MG, 125 MG* | 1B | QL(0.067 EA daily) |
| *aprepitant CAPS 80 MG* | 1B | QL(0.134 EA daily) |
| *aprepitant CAPS* | 1B | PA |
| VARUBI (180 MG DOSE) TBPK | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungals | | |
| *amphotericin b IV* | 3 | |
| *flucytosine* | 1B | |
| *griseofulvin microsize SUSP* | 1B | AL(At least 2 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *griseofulvin microsize TABS* | 1B | |
| *griseofulvin ultramicrosize* | 1B | |
| *nystatin TABS* | 1B | |
| *terbinafine hcl TABS* | 1B | QL(1 EA daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS 186 MG | 3 | PA |
| *fluconazole SUSR* | 1B | |
| *fluconazole TABS* | 1B | |
| *itraconazole CAPS* | 1B | QL(4 EA daily); PA |
| *itraconazole SOLN* | 1B | QL(20 ML daily); PA |
| *ketoconazole* | 1B | |
| *posaconazole SUSP* | 3 | QL(20 ML daily) |
| TOLSURA CAPS | 4 | PA |
| *voriconazole TABS* | 1B | QL(4 EA daily) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| *carbinoxamine maleate SOLN* | 1B | |
| *carbinoxamine maleate TABS 4 MG* | 1B | |
| *clemastine fumarate SYRP* | 1B | |
| *clemastine fumarate TABS 2.68 MG* | 1B | |
| *diphenhydramine hcl CAPS 50 MG* | 1A | |
| *diphenhydramine hcl ELIX 12.5 MG/5ML* | 1B | |
| *diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML* | 1B | QL(20 ML daily) |
| Antihistamines - Non-Sedating | | |
| *cetirizine hcl TABS* | 1A | QL(1 EA daily) |
| *desloratadine TABS* | 1B | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desloratadine TBDP 2.5 MG* | 1B | QL(1 EA daily) |
| *levocetirizine dihydrochloride SOLN* | 1B | QL(10 ML daily); RX/OTC |
| *levocetirizine dihydrochloride TABS* | 1B | QL(1 EA daily); RX/OTC |
| *loratadine CAPS* | 1B | |
| *loratadine CHEW* | 1B | |
| *loratadine SOLN* | 1B | |
| *loratadine TABS* | 1A | |
| *loratadine TBDP* | 1B | |
| QUZYTTIR SOLN IV | 3 | PA |
| Antihistamines - Phenothiazines | | |
| *promethazine hcl SUPP 50 MG* | 1B | |
| *promethazine hcl SUPP 12.5 MG, 25 MG* | 1B | QL(6 EA daily) |
| *promethazine hcl TABS* | 1B | |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl SYRP* | 1B | |
| *cyproheptadine hcl TABS* | 1B | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| *ezetimibe-simvastatin* | 1B | QL(1 EA daily) |
| Antihyperlipidemics - Misc. | | |
| *icosapent ethyl 1 GM* | 1B | QL(4 EA daily); PA |
| *omega-3-acid ethyl esters* | 1B | D+; QL(4 EA daily) |
| Bile Acid Sequestrants | | |
| *cholestyramine light PACK* | 1B | QL(6 EA daily) |
| *cholestyramine light POWD* | 1B | QL(24 GM daily) |
| *cholestyramine PACK* | 1B | QL(6 EA daily) |
| *cholestyramine POWD* | 1B | QL(25.2 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *colesevelam hcl PACK* | 1B | QL(1 EA daily); PA |
| *colesevelam hcl TABS* | 1B | QL(7 EA daily) |
| *colestipol hcl GRAN* | 1B | QL(6 GM daily) |
| *colestipol hcl PACK* | 1B | QL(6 EA daily) |
| *colestipol hcl TABS* | 1B | QL(16 EA daily) |
| Fibric Acid Derivatives | | |
| *choline fenofibrate* | 1B | D+; QL(1 EA daily) |
| *fenofibrate micronized 43 MG, 130 MG* | 1B | QL(1 EA daily) |
| *fenofibrate micronized 67 MG, 134 MG, 200 MG* | 1B | D+; QL(1 EA daily) |
| *fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG* | 1B | D+; QL(1 EA daily) |
| *gemfibrozil TABS* | 1B | D+; QL(2 EA daily) |
| HMG CoA Reductase Inhibitors | | |
| *atorvastatin calcium TABS* | 1A | D+; QL(1 EA daily) |
| *fluvastatin sodium CAPS 40 MG* | 1B | QL(2 EA daily) |
| *fluvastatin sodium CAPS 20 MG* | 1B | QL(1 EA daily) |
| *lovastatin TABS 40 MG* | 1A | D+; QL(2 EA daily); PV |
| *lovastatin TABS 10 MG, 20 MG* | 1A | D+; QL(1 EA daily); PV |
| *pravastatin sodium* | 1B | D+; QL(1 EA daily) |
| *rosuvastatin calcium TABS* | 1B | QL(1 EA daily) |
| *simvastatin TABS* | 1A | D+; QL(1 EA daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | 1B | D+; QL(1 EA daily) |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) TBCR* | 1B | QL(2 EA daily) |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(0.25 ML daily); PA |
| REPATHA SURECLICK SOAJ | 4 | QL(0.0714 ML daily); PA |
| REPATHA SOSY | 4 | QL(0.0714 ML daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| *benazepril hcl* | 1A | D+ |
| *captopril 12.5 MG* | 1B | |
| *captopril 25 MG, 50 MG, 100 MG* | 1B | QL(3 EA daily) |
| *enalapril maleate TABS* | 1A | D+ |
| *fosinopril sodium* | 1B | D+ |
| *lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG* | 1A | D+ |
| *moexipril hcl* | 1B | QL(2 EA daily) |
| *perindopril erbumine 2 MG, 8 MG* | 1B | QL(2 EA daily) |
| *perindopril erbumine 4 MG* | 1B | |
| *quinapril hcl 20 MG, 40 MG* | 1B | |
| *quinapril hcl 5 MG, 10 MG* | 1B | QL(2 EA daily) |
| *ramipril CAPS* | 1B | D+ |
| *trandolapril 1 MG, 2 MG* | 1B | D+; QL(1 EA daily) |
| *trandolapril 4 MG* | 1B | D+; QL(2 EA daily) |
| Agents for Pheochromocytoma | | |
| *phenoxybenzamine hcl* | 3 | PA |
| Angiotensin II Receptor Antagonists | | |
| *candesartan cilexetil* | 1B | QL(1 EA daily) |
| EDARBI | 3 | QL(1 EA daily); ST |
| *irbesartan* | 1B | D+; QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *losartan potassium* | 1A | D+; QL(1 EA daily) |
| *olmesartan medoxomil* | 1B | D+; QL(1 EA daily) |
| *telmisartan* | 1B | QL(1 EA daily) |
| *valsartan TABS* | 1B | D+; QL(1 EA daily) |
| Antiadrenergic Antihypertensives | | |
| *clonidine hcl TABS* | 1A | D+; QL(8 EA daily) |
| *clonidine PTWK* | 1B | QL(0.15 EA daily) |
| *doxazosin mesylate* | 1B | |
| *guanfacine hcl* | 1B | |
| *methyldopa TABS* | 1B | QL(6 EA daily) |
| *prazosin hcl CAPS* | 1B | QL(4 EA daily) |
| *terazosin hcl* | 1B | |
| Antihypertensive Combinations | | |
| *amlodipine besylate-benazepril hcl* | 1B | |
| *amlodipine besylate-olmesartan medoxomil* | 1B | ST |
| *amlodipine besylate-valsartan* | 1B | QL(1 EA daily) |
| *amlodipine-valsartan-hydrochlorothiazide* | 3 | |
| *atenolol & chlorthalidone* | 1B | |
| *benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG* | 1B | |
| *benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG* | 1B | QL(1 EA daily) |
| *bisoprolol & hydrochlorothiazide* | 1B | QL(2 EA daily) |
| *candesartan cilexetil-hydrochlorothiazide* | 1B | |
| *enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG* | 1B | QL(2 EA daily) |
| *enalapril maleate & hydrochlorothiazide 25 MG-10 MG* | 1B | |
| *fosinopril sodium & hydrochlorothiazide* | 1B | QL(1 EA daily) |
| *irbesartan-hydrochlorothiazide* | 1B | D+ |
| *lisinopril & hydrochlorothiazide* | 1A | D+ |
| *losartan potassium & hydrochlorothiazide 12.5 MG-50 MG* | 1A | D+; QL(2 EA daily) |
| *losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG* | 1A | D+; QL(1 EA daily) |
| *metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG* | 1B | |
| *metoprolol & hydrochlorothiazide TABS 25 MG-50 MG* | 1B | QL(1 EA daily) |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 1B | ST |
| *olmesartan medoxomil-hydrochlorothiazide* | 1B | |
| *quinapril-hydrochlorothiazide 25 MG-20 MG* | 1B | QL(2 EA daily) |
| *quinapril-hydrochlorothiazide 12.5 MG-10 MG* | 1B | QL(3 EA daily) |
| *quinapril-hydrochlorothiazide 12.5 MG-20 MG* | 1B | QL(4 EA daily) |
| *telmisartan-amlodipine* | 1B | QL(1 EA daily) |
| *telmisartan-hydrochlorothiazide* | 1B | QL(1 EA daily) |
| *trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG* | 3 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG* | 3 | |
| *valsartan-hydrochlorothiazide* | 1B | QL(1 EA daily) |
| Antihypertensives - Misc. | | |
| VECAMYL | 3 | PA |
| Direct Renin Inhibitors | | |
| *aliskiren fumarate* | 1B | QL(1 EA daily) |
| Selective Aldosterone Receptor Antagonists (SARAs) | | |
| *eplerenone* | 1B | |
| Vasodilators | | |
| *hydralazine hcl SOLN* | 1B | |
| *hydralazine hcl TABS* | 1B | D+ |
| *minoxidil 2.5 MG, 10 MG* | 1B | D+ |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| *metronidazole TABS 250 MG, 500 MG* | 1B | |
| *pentamidine isethionate IN* | 1B | |
| *tinidazole* | 1B | |
| *trimethoprim TABS* | 1B | |
| XIFAXAN 200 MG | 3 | QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA |
| XIFAXAN 550 MG | 3 | QL(3 EA daily); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations | | |
| *sulfamethoxazole-trimethoprim SOLN* | 1B | |
| *sulfamethoxazole-trimethoprim SUSP* | 1B | |
| *sulfamethoxazole-trimethoprim TABS* | 1A | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 2 | PA |
| *atovaquone* | 1B | |
| *nitazoxanide TABS* | 1B | PA |
| Carbapenems | | |
| *ertapenem sodium IJ* | 1B | |
| Chloramphenicols | | |
| *chloramphenicol sodium succinate* | 4 | SP; PA |
| Cyclic Lipopeptides | | |
| *daptomycin 500 MG* | 1B | |
| Glycopeptides | | |
| *vancomycin hcl CAPS* | 1B | QL(4 EA daily; 40 EA per fill retail) |
| *vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML* | 1B | QL(300 ML per fill retail) |
| Leprostatics | | |
| *dapsone* | 1B | |
| Lincosamides | | |
| *clindamycin hcl* | 1B | |
| *clindamycin palmitate hydrochloride* | 1B | |
| *clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML* | 1B | |
| *lincomycin hcl* | 1B | |
| Monobactams | | |
| *aztreonam 1 GM* | 1B | |
| CAYSTON | 4 | QL(3 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Oxazolidinones | | |
| *linezolid SUSR* | 1B | |
| *linezolid TABS* | 1B | QL(2 EA daily); PA |
| Urinary Anti-infectives | | |
| *fosfomycin tromethamine* | 1B | |
| *methenamine hippurate* | 1B | |
| *nitrofurantoin* | 1B | |
| *nitrofurantoin macrocrystal 50 MG, 100 MG* | 1B | |
| *nitrofurantoin monohyd macro* | 1B | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| *atovaquone-proguanil hcl* | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COARTEM | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| Antimalarials | | |
| *chloroquine phosphate TABS 500 MG* | 1B | |
| *chloroquine phosphate TABS 250 MG* | 1B | QL(3 EA daily) |
| *hydroxychloroquine sulfate 400 MG* | 1B | QL(1 EA daily) |
| *hydroxychloroquine sulfate 100 MG* | 1B | QL(4 EA daily) |
| *hydroxychloroquine sulfate 200 MG* | 1B | QL(3 EA daily) |
| KRINTAFEL | 3 | QL(2 EA per 30 day(s) retail) |
| *mefloquine hcl* | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| *primaquine phosphate TABS* | 3 | |
| *pyrimethamine* | 1B | QL(3 EA daily); PA |
| *quinine sulfate CAPS 324 MG* | 1B | PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| *neostigmine methylsulfate SOSY* | 3 | PA |
| *pyridostigmine bromide SOLN PO* | 1B | |
| *pyridostigmine bromide TABS 60 MG* | 1B | |
| *pyridostigmine bromide TBCR* | 1B | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *cycloserine* | 1B | QL(4 EA daily) |
| *ethambutol hcl TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *isoniazid SOLN* | 1B | |
| *isoniazid SYRP* | 1B | |
| *isoniazid TABS* | 1A | |
| PRIFTIN | 3 | |
| *pyrazinamide* | 1B | |
| *rifabutin* | 1B | PA |
| *rifampin CAPS* | 1B | |
| *rifampin SOLR* | 1B | |
| SIRTURO | 3 | PA |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| *busulfan SOLN* | 4 | SP; PA |
| *carmustine* | 4 | SP; PA |
| *cisplatin SOLN 100 MG/100ML* | 4 | SP; PA |
| *cyclophosphamide CAPS* | 1B | PA |
| *cyclophosphamide SOLR IJ* | 4 | |
| GLEOSTINE 40 MG, 100 MG | 4 | PA |
| GLEOSTINE 10 MG | 4 | SP; PA |
| *ifosfamide SOLN 1 GM/20ML* | 4 | SP; PA |
| *ifosfamide SOLR* | 4 | SP; PA |
| LEUKERAN | 4 | SP; PA |
| *melphalan* | 1B | |
| *melphalan hcl IV* | 1B | |
| MYLERAN TABS | 4 | SP; PA |
| *oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML* | 4 | SP; PA |
| TEMODAR SOLR | 4 | |
| *temozolomide CAPS* | 4 | SP; PA |
| *thiotepa 15 MG* | 4 | SP; PA |
| ZANOSAR | 4 | SP; PA |
| Antimetabolites | | |
| *azacitidine SUSR* | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *capecitabine* | 4 | SP; PA |
| *clofarabine* | 4 | SP; PA |
| *decitabine* | 4 | SP; PA |
| *floxuridine* | 4 | SP; PA |
| *fludarabine phosphate SOLN* | 4 | SP; PA |
| *fludarabine phosphate SOLR* | 4 | SP; PA |
| *fluorouracil 500 MG/10ML* | 4 | SP; PA |
| *gemcitabine hcl SOLR 2 GM, 200 MG* | 4 | SP; PA |
| *mercaptopurine TABS* | 1B | |
| *methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML* | 1B | |
| *methotrexate sodium SOLR* | 1B | SP |
| *methotrexate sodium TABS 2.5 MG* | 1B | SP |
| *nelarabine* | 4 | SP; PA |
| *pemetrexed disodium SOLR 500 MG* | 4 | SP; PA |
| *pralatrexate 20 MG/ML* | 4 | SP; PA |
| TABLOID | 4 | SP; PA |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 4 | SP; PA |
| Antineoplastic - Angiogenesis Inhibitors | | |
| INLYTA | 4 | QL(2 EA daily); SP; PA |
| LENVIMA (10 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| LENVIMA (12 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (14 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (18 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (20 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (24 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA (4 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| LENVIMA (8 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| MVASI | 4 | PA |
| ZALTRAP 100 MG/4ML | 4 | SP; PA |
| ZIRABEV | 4 | PA |
| Antineoplastic - Antibodies | | |
| ARZERRA | 4 | SP; PA |
| LOQTORZI | 4 | PA |
| RUXIENCE | 4 | PA |
| TRUXIMA | 4 | PA |
| YERVOY | 4 | SP; PA |
| Antineoplastic - Anti-HER2 Agents | | |
| KANJINTI | 4 | PA |
| OGIVRI | 4 | PA |
| TRAZIMERA | 4 | PA |
| TUKYSA | 4 | PA |
| Antineoplastic - EGFR Inhibitors | | |
| ERBITUX | 4 | SP; PA |
| *erlotinib hcl* | 4 | QL(1 EA daily); SP; PA |
| *gefitinib* | 4 | QL(2 EA daily); PA |
| GILOTRIF | 4 | QL(1 EA daily); PA |
| TAGRISSO 40 MG | 4 | QL(2 EA daily); PA |
| TAGRISSO 80 MG | 4 | QL(1 EA daily); PA |
| VECTIBIX 100 MG/5ML | 4 | SP; PA |
| VIZIMPRO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 4 | PA |
| ERIVEDGE | 4 | QL(1 EA daily); SP; PA |
| ODOMZO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate 500 MG* | 4 | QL(2 EA daily); PA |
| *abiraterone acetate 250 MG* | 4 | QL(4 EA daily); SP; PA |
| *anastrozole* | 1B | QL(1 EA daily) |
| *bicalutamide* | 1B | QL(1 EA daily); SP |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 4 | SP; PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 EA daily); SP; PA |
| EMCYT | 4 | SP; PA |
| ERLEADA 240 MG | 4 | QL(1 EA daily); PA |
| ERLEADA 60 MG | 4 | QL(4 EA daily); PA |
| *exemestane* | 4 | QL(1 EA daily); SP |
| FIRMAGON 80 MG | 4 | QL(0.143 EA daily); SP; PA |
| FIRMAGON (240 MG DOSE) | 4 | QL(0.143 EA daily); SP; PA |
| *fulvestrant SOSY* | 4 | QL(0.357 ML daily); SP; PA |
| *letrozole* | 1B | |
| *leuprolide acetate KIT IJ 1 MG/0.2ML* | 4 | SP; PA |
| LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0358 EA daily); SP; PA |
| LUPRON DEPOT (3-MONTH) KIT IM | 4 | SP; PA |
| LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 EA daily); SP; PA |
| LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 EA daily); SP; PA |
| LYSODREN | 4 | SP; PA |
| *megestrol acetate SUSP* | 1B | |
| *megestrol acetate TABS* | 1B | |
| *nilutamide* | 1B | QL(2 EA daily) |
| NUBEQA | 4 | QL(4 EA daily); PA |
| ORGOVYX | 4 | PA |
| *tamoxifen citrate TABS* | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *toremifene citrate* | 1B | |
| TRELSTAR MIXJECT | 4 | SP; PA |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG | 4 | SP; PA |
| XTANDI CAPS | 4 | QL(4 EA daily); SP; PA |
| XTANDI TABS 80 MG | 4 | QL(2 EA daily); PA |
| XTANDI TABS 40 MG | 4 | QL(4 EA daily); PA |
| YONSA | 4 | QL(4 EA daily); PA |
| ZOLADEX 3.6 MG | 4 | QL(0.0357 EA daily); SP; PA |
| ZOLADEX 10.8 MG | 4 | QL(0.0119 EA daily); SP; PA |
| Antineoplastic - Immunomodulators | | |
| POMALYST | 4 | QL(1 EA daily); PA |
| Antineoplastic Antibiotics | | |
| *bleomycin sulfate 15 UNIT* | 4 | SP; PA |
| *dactinomycin* | 4 | SP; PA |
| *doxorubicin hcl SOLR 10 MG, 50 MG* | 4 | SP; PA |
| *idarubicin hcl 20 MG/20ML* | 4 | PA |
| *idarubicin hcl 5 MG/5ML, 10 MG/10ML* | 4 | SP; PA |
| *mitomycin SOLR IV 20 MG* | 4 | SP; PA |
| *mitoxantrone hcl 25 MG/12.5ML* | 4 | SP; PA |
| *valrubicin* | 4 | SP; PA |
| Antineoplastic Combinations | | |
| KISQALI FEMARA (200 MG DOSE) | 4 | QL(2 EA daily); PA |
| KISQALI FEMARA (400 MG DOSE) | 4 | QL(2.5 EA daily); PA |
| KISQALI FEMARA (600 MG DOSE) | 4 | QL(3.25 EA daily); PA |
| Antineoplastic Enzyme Inhibitors | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALECENSA | 4 | QL(8 EA daily); PA |
| *bortezomib SOLR IJ* | 4 | SP; PA |
| BORTEZOMIB SOLR IV 3.5 MG | 4 | PA |
| CABOMETYX TABS | 4 | QL(1 EA daily); PA |
| CAPRELSA | 4 | QL(1 EA daily); SP; PA |
| COMETRIQ (100 MG DAILY DOSE) KIT | 4 | QL(2 EA daily); SP; PA |
| COMETRIQ (140 MG DAILY DOSE) KIT | 4 | QL(4 EA daily); SP; PA |
| COMETRIQ (60 MG DAILY DOSE) KIT | 4 | QL(3 EA daily); SP; PA |
| *dasatinib* | 4 | QL(1 EA daily); SP; PA |
| *everolimus TABS* | 4 | QL(1 EA daily); SP; PA |
| IBRANCE CAPS | 4 | QL(1 EA daily); PA |
| IBRANCE TABS | 4 | QL(1 EA daily); PA |
| ICLUSIG | 4 | QL(1 EA daily); PA |
| *imatinib mesylate TABS* | 4 | QL(2 EA daily); SP; PA |
| JAKAFI | 4 | QL(2 EA daily); SP; PA |
| KISQALI (200 MG DOSE) | 4 | QL(2 EA daily); PA |
| KISQALI (400 MG DOSE) | 4 | QL(2 EA daily); PA |
| KISQALI (600 MG DOSE) | 4 | QL(2.5 EA daily); PA |
| KYPROLIS | 4 | PA |
| *lapatinib ditosylate* | 4 | QL(6 EA daily); SP; PA |
| LORBRENA | 4 | QL(1 EA daily); PA |
| LUMAKRAS 320 MG | 3 | QL(3 EA daily); PA |
| LUMAKRAS 120 MG, 240 MG | 3 | QL(2 EA daily); PA |
| LYNPARZA TABS | 4 | QL(4 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MEKINIST SOLR | 4 | QL(40 ML daily); PA |
| MEKINIST TABS 0.5 MG | 4 | QL(3 EA daily); PA |
| MEKINIST TABS 2 MG | 4 | QL(1 EA daily); PA |
| *pazopanib hcl* | 4 | QL(4 EA daily); SP; PA |
| PIQRAY (200 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| PIQRAY (250 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| PIQRAY (300 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| *romidepsin SOLR* | 4 | SP; PA |
| ROZLYTREK CAPS | 4 | PA |
| RUBRACA | 4 | QL(4 EA daily); PA |
| *sorafenib tosylate* | 4 | QL(4 EA daily); SP; PA |
| STIVARGA | 4 | QL(4 EA daily); SP; PA |
| *sunitinib malate 37.5 MG* | 4 | QL(1 EA daily); PA |
| *sunitinib malate 12.5 MG, 25 MG, 50 MG* | 4 | QL(1 EA daily); SP; PA |
| TAFINLAR CAPS | 4 | QL(4 EA daily); PA |
| TAFINLAR TBSO | 4 | QL(30 EA daily); PA |
| TALZENNA | 4 | QL(1 EA daily); PA |
| TAZVERIK | 4 | PA |
| *temsirolimus* | 4 | QL(0.143 ML daily); SP; PA |
| TURALIO 125 MG | 4 | PA |
| VERZENIO | 4 | QL(2 EA daily); PA |
| VITRAKVI CAPS | 4 | PA |
| VITRAKVI SOLN | 4 | PA |
| XALKORI CAPS | 4 | QL(2 EA daily); SP; PA |
| XOSPATA | 4 | PA |
| ZEJULA TABS | 4 | QL(1 EA daily); PA |
| ZELBORAF | 4 | QL(8 EA daily); SP; PA |
| ZOLINZA | 4 | QL(4 EA daily); SP; PA |
| ZYDELIG | 4 | QL(2 EA daily); PA |
| Antineoplastics Misc. | | |
| ACTIMMUNE 100 MCG/0.5ML | 4 | SP; PA |
| *arsenic trioxide 10 MG/10ML* | 4 | SP; PA |
| *bexarotene* | 4 | SP; PA |
| *hydroxyurea* | 1B | |
| MATULANE | 4 | SP; PA |
| NIPENT | 4 | SP; PA |
| PHOTOFRIN | 4 | SP; PA |
| PROLEUKIN | 4 | SP; PA |
| SYNRIBO | 4 | SP; PA |
| *tretinoin (chemotherapy)* | 1B | |
| UVADEX | 4 | SP; PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| *leucovorin calcium SOLR* | 1B | |
| *leucovorin calcium TABS* | 1B | |
| VORAXAZE | 4 | SP; PA |
| Mitotic Inhibitors | | |
| *docetaxel CONC 20 MG/ML* | 4 | SP; PA |
| *eribulin mesylate* | 4 | SP; PA |
| ETOPOPHOS | 4 | SP; PA |
| *etoposide CAPS* | 4 | SP; PA |
| *etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML* | 4 | PA |
| IXEMPRA KIT 15 MG | 4 | SP; PA |
| *paclitaxel 100 MG/16.7ML, 150 MG/25ML* | 4 | SP; PA |
| *paclitaxel protein-bound particles* | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *vincristine sulfate* | 4 | SP; PA |
| *vinorelbine tartrate 10 MG/ML* | 4 | SP; PA |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | 4 | SP; PA |
| *irinotecan hcl 40 MG/2ML, 100 MG/5ML* | 4 | SP; PA |
| *topotecan hcl SOLN* | 4 | |
| *topotecan hcl SOLR* | 4 | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| *carbidopa* | 1B | |
| Antiparkinson Anticholinergics | | |
| *benztropine mesylate TABS* | 1B | |
| *trihexyphenidyl hcl SOLN* | 1B | |
| *trihexyphenidyl hcl TABS* | 1B | |
| Antiparkinson COMT Inhibitors | | |
| *entacapone* | 1B | QL(8 EA daily) |
| *tolcapone* | 1B | |
| Antiparkinson Dopaminergics | | |
| *amantadine hcl CAPS* | 1B | |
| *amantadine hcl SOLN* | 1B | |
| *amantadine hcl TABS* | 1B | |
| *apomorphine hydrochloride SOCT* | 4 | PA |
| *bromocriptine mesylate CAPS* | 1B | |
| *bromocriptine mesylate TABS 2.5 MG* | 1B | |
| *carbidopa-levodopa-entacapone* | 1B | |
| *carbidopa-levodopa TABS* | 1B | |
| *carbidopa-levodopa TBCR* | 1B | |
| *carbidopa-levodopa TBDP* | 1B | |
| NEUPRO | 2 | |
| *pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG* | 1B | |
| *pramipexole dihydrochloride TABS 0.125 MG* | 1B | QL(4 EA daily) |
| *ropinirole hydrochloride TABS* | 1B | |
| *ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG* | 1B | QL(1 EA daily); ST |
| *ropinirole hydrochloride TB24 8 MG, 12 MG* | 1B | QL(2 EA daily); ST |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| *rasagiline mesylate* | 1B | QL(1 EA daily); PA |
| *selegiline hcl CAPS* | 1B | |
| *selegiline hcl TABS* | 1B | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| *lithium* | 1B | |
| *lithium carbonate CAPS* | 1B | |
| *lithium carbonate TABS* | 1B | |
| *lithium carbonate TBCR* | 1B | |
| Antipsychotics - Misc. | | |
| EQUETRO 100 MG | 3 | QL(2 EA daily); ST |
| EQUETRO 300 MG | 3 | QL(4 EA daily); ST |
| EQUETRO 200 MG | 3 | QL(8 EA daily); ST |
| *lurasidone hcl 80 MG* | 1B | QL(2 EA daily) |
| *lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG* | 1B | QL(1 EA daily) |
| *ziprasidone hcl* | 1B | QL(2 EA daily); AL(At least 18 yrs old) |
| Benzisoxazoles | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *atazanavir sulfate CAPS 150 MG, 300 MG* | 1B | QL(1 EA daily) |
| BIKTARVY | 3 | QL(1 EA daily) |
| CABENUVA | 3 | |
| CIMDUO | 3 | QL(1 EA daily); ST |
| COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)* | 3 | QL(1 EA daily) |
| *darunavir TABS* | 1B | |
| DELSTRIGO | 3 | QL(1 EA daily) |
| DESCOVY 200 MG-25 MG | 3 | |
| DOVATO | 3 | QL(1 EA daily) |
| EDURANT | 3 | QL(1 EA daily) |
| *efavirenz CAPS 50 MG* | 1B | QL(3 EA daily) |
| *efavirenz CAPS 200 MG* | 1B | QL(2 EA daily) |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |
| *efavirenz TABS* | 1B | QL(1 EA daily) |
| *emtricitabine CAPS* | 1B | QL(1 EA daily) |
| *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |
| *emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG* | 1B | QL(1 EA daily) |
| *emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG* | 0 | QL(1 EA daily) |
| EMTRIVA SOLN | 3 | QL(24 ML daily) |
| *etravirine 100 MG* | 1B | QL(4 EA daily) |
| *etravirine 200 MG* | 1B | QL(2 EA daily) |
| EVOTAZ | 3 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fosamprenavir calcium TABS* | 1B | QL(4 EA daily) |
| FUZEON SOLR | 4 | SP; PA |
| GENVOYA | 3 | QL(1 EA daily) |
| INTELENCE 25 MG | 3 | QL(8 EA daily) |
| ISENTRESS HD TABS | 3 | QL(2 EA daily) |
| ISENTRESS CHEW | 3 | QL(6 EA daily) |
| ISENTRESS TABS | 3 | QL(2 EA daily) |
| JULUCA | 3 | QL(1 EA daily) |
| KALETRA SOLN | 2 | QL(12.5 ML daily) |
| *lamivudine SOLN* | 1B | QL(30 ML daily) |
| *lamivudine TABS 150 MG* | 1B | QL(2 EA daily) |
| *lamivudine TABS 300 MG* | 1B | QL(1 EA daily) |
| *lamivudine-zidovudine* | 1B | QL(2 EA daily) |
| LEXIVA SUSP | 3 | QL(56 ML daily) |
| *lopinavir-ritonavir SOLN* | 1B | QL(12.5 ML daily) |
| *lopinavir-ritonavir TABS* | 1B | QL(4 EA daily) |
| *maraviroc TABS 300 MG* | 1B | QL(4 EA daily) |
| *maraviroc TABS 150 MG* | 1B | QL(2 EA daily) |
| *nevirapine SUSP* | 1B | QL(40 ML daily) |
| *nevirapine TABS* | 1B | QL(2 EA daily) |
| *nevirapine TB24 400 MG* | 1B | QL(1 EA daily) |
| NORVIR CAPS | 2 | QL(12 EA daily) |
| NORVIR PACK | 3 | QL(12 EA daily) |
| ODEFSEY | 3 | QL(1 EA daily) |
| PIFELTRO | 3 | QL(1 EA daily) |
| PREZCOBIX | 3 | QL(1 EA daily) |
| PREZISTA SUSP | 3 | QL(12 ML daily) |
| PREZISTA TABS 75 MG, 150 MG | 3 | QL(2 EA daily) |
| RETROVIR SOLN | 3 | |
| *ritonavir TABS* | 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) |
| SYMTUZA | 3 | |
| *tenofovir disoproxil fumarate TABS* | 1B | |
| TIVICAY PD TBSO | 3 | |
| TIVICAY TABS | 3 | QL(2 EA daily) |
| TRIUMEQ PD TBSO | 3 | |
| TRIUMEQ TABS | 3 | QL(1 EA daily) |
| TRIZIVIR | 3 | QL(2 EA daily) |
| TYBOST | 3 | QL(1 EA daily) |
| VIRACEPT TABS 625 MG | 3 | QL(4 EA daily) |
| VIRACEPT TABS 250 MG | 3 | QL(10 EA daily) |
| VIREAD POWD | 3 | QL(7.5 GM daily) |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 3 | QL(1 EA daily) |
| *zidovudine CAPS* | 1B | QL(6 EA daily) |
| *zidovudine SYRP* | 1B | QL(60 ML daily) |
| *zidovudine TABS* | 1B | QL(2 EA daily) |
| CMV Agents | | |
| *cidofovir* | 3 | |
| *ganciclovir sodium SOLR* | 1B | |
| *valganciclovir hcl TABS* | 1B | QL(4 EA daily); PA |
| Hepatitis Agents | | |
| *adefovir dipivoxil* | 4 | QL(1 EA daily); SP |
| *entecavir TABS* | 4 | QL(1 EA daily); SP |
| *lamivudine (hbv) TABS* | 1B | QL(3 EA daily); SP |
| PEGASYS SOLN | 4 | QL(0.0714 ML daily); SP; PA |
| PEGASYS SOSY | 4 | QL(0.072 ML daily); PA |
| *ribavirin (hepatitis c) CAPS* | 1B | QL(7 EA daily) |
| *ribavirin (hepatitis c) TABS 200 MG* | 1B | QL(7 EA daily) |
| SOFOSBUVIR-VELPATASVIR TABS | 1B | QL(1 EA daily); PA |
| SOVALDI TABS 200 MG | 3 | QL(1 EA daily); PA |
| SOVALDI TABS 400 MG | 3 | QL(1 EA daily); SP; PA |
| VOSEVI | 4 | QL(1 EA daily); PA |
| Herpes Agents | | |
| *acyclovir CAPS* | 1A | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail) |
| *acyclovir SUSP* | 1B | QL(13.34 ML daily) |
| *acyclovir TABS PO* | 1B | QL(5 EA daily) |
| *famciclovir 125 MG, 250 MG* | 1B | QL(3 EA daily) |
| *famciclovir 500 MG* | 1B | QL(4 EA daily) |
| *valacyclovir hcl 500 MG* | 1B | QL(2 EA daily) |
| *valacyclovir hcl 1 GM* | 1B | QL(4 EA daily) |
| Influenza Agents | | |
| *oseltamivir phosphate CAPS* | 1B | Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| *oseltamivir phosphate SUSR* | 1B | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail |
| RELENZA DISKHALER | 2 | 1 package(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *rimantadine hydrochloride TABS* | 1B | QL(2 EA daily) |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| *carvedilol* | 1A | D+ |
| *carvedilol phosphate* | 3 | QL(1 EA daily) |
| *labetalol hcl SOLN* | 1B | |
| *labetalol hcl TABS 300 MG* | 1B | D+; QL(8 EA daily) |
| *labetalol hcl TABS 100 MG, 200 MG* | 1B | D+ |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl CAPS* | 1B | |
| *atenolol TABS* | 1A | D+ |
| *betaxolol hcl* | 1B | |
| *bisoprolol fumarate* | 1B | D+ |
| *metoprolol succinate TB24 25 MG, 50 MG, 100 MG* | 1B | D+ |
| *metoprolol succinate TB24 200 MG* | 1B | D+; QL(2 EA daily) |
| *metoprolol tartrate SOLN IV 5 MG/5ML* | 1B | |
| *metoprolol tartrate TABS 25 MG, 50 MG, 100 MG* | 1A | D+ |
| *nebivolol hcl 2.5 MG, 5 MG, 10 MG* | 3 | QL(1 EA daily) |
| *nebivolol hcl 20 MG* | 3 | QL(2 EA daily) |
| Beta Blockers Non-Selective | | |
| HEMANGEOL SOLN PO | 4 | QL(75 ML daily); PA |
| *nadolol TABS 40 MG* | 1B | QL(6 EA daily) |
| *nadolol TABS 80 MG* | 1B | |
| *nadolol TABS 20 MG* | 1B | QL(3 EA daily) |
| *pindolol TABS* | 1B | |
| *propranolol hcl CP24* | 1B | QL(2 EA daily) |
| *propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML* | 1B | |
| *propranolol hcl TABS* | 1B | |
| *sotalol hcl (afib/afl)* | 1B | |
| *sotalol hcl TABS 240 MG* | 1B | |
| *sotalol hcl TABS 80 MG, 120 MG, 160 MG* | 1B | QL(2 EA daily) |
| *timolol maleate TABS* | 1B | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| *amlodipine besylate TABS* | 1B | D+ |
| *diltiazem hcl coated beads CP24 180 MG, 240 MG* | 1B | QL(2 EA daily) |
| *diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG* | 1B | |
| *diltiazem hcl extended release beads 420 MG* | 1B | |
| *diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG* | 1B | D+ |
| *diltiazem hcl CP12* | 1B | QL(2 EA daily) |
| *diltiazem hcl CP24* | 1B | D+ |
| *diltiazem hcl SOLN 50 MG/10ML* | 1B | |
| DILTIAZEM HCL SOLR | 1B | |
| *diltiazem hcl TABS* | 1B | D+ |
| *diltiazem hcl TB24* | 1B | |
| *felodipine* | 1B | D+ |
| *isradipine CAPS* | 1B | |
| *nicardipine hcl CAPS* | 1B | |
| *nicardipine hcl SOLN* | 1B | |
| *nifedipine CAPS 20 MG* | 1B | QL(9 EA daily) |
| *nifedipine CAPS 10 MG* | 1B | |
| *nifedipine TB24 30 MG* | 1B | D+ |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nifedipine TB24 90 MG* | 1B | D+; QL(1 EA daily) |
| *nifedipine TB24 60 MG* | 1B | D+; QL(2 EA daily) |
| *nifedipine TB24* | 1B | |
| *nimodipine CAPS* | 1B | |
| *nisoldipine* | 1B | |
| *verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG* | 1B | QL(1 EA daily) |
| *verapamil hcl CP24 100 MG, 200 MG, 300 MG* | 1B | |
| *verapamil hcl TABS* | 1B | D+ |
| *verapamil hcl TBCR* | 1B | D+ |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin SOLN PO 0.05 MG/ML* | 1B | |
| *digoxin TABS 62.5 MCG, 125 MCG, 250 MCG* | 1B | |
| LANOXIN SOLN IJ *(digoxin)* | 2 | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)* | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| *amlodipine besylate-atorvastatin calcium* | 1B | QL(1 EA daily) |
| *isosorbide dinitrate-hydralazine hcl* | 1B | |
| *sacubitril-valsartan TABS* | 1B | QL(2 EA daily) |
| Impotence Agents | | |
| *avanafil* | 1B | QL(0.134 EA daily) |
| *sildenafil citrate* | 1B | QL(0.1334 EA daily); PA |
| *tadalafil 5 MG* | 1B | BPH Only; QL(1 EA daily); PA |
| Prostaglandin Vasodilators | | |
| *epoprostenol sodium* | 4 | PA |
| ORENITRAM TBCR | 4 | PA |
| *treprostinil SOLN IJ* | 4 | SP; PA |
| TYVASO REFILL KIT SOLN IN | 4 | PA |
| TYVASO STARTER KIT SOLN IN | 4 | PA |
| TYVASO SOLN IN | 4 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | 4 | QL(1 EA daily); SP; PA |
| *bosentan TABS 125 MG* | 4 | QL(2 EA daily); SP; PA |
| *bosentan TABS 62.5 MG* | 4 | QL(2 EA daily); PA |
| *bosentan TBSO 32 MG* | 4 | QL(2 EA daily); SP; PA |
| TRACLEER TBSO 32 MG *(bosentan)* | 4 | QL(2 EA daily); SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| *sildenafil citrate (pulmonary hypertension) SOLN* | 4 | QL(37.5 ML daily); SP; PA |
| *sildenafil citrate (pulmonary hypertension) SUSR* | 4 | QL(6 ML daily); PA |
| *sildenafil citrate (pulmonary hypertension) TABS* | 4 | QL(3 EA daily); SP; PA |
| *tadalafil (pulmonary hypertension) TABS* | 4 | QL(2 EA daily); SP; PA |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UPTRAVI TITRATION TBPK | 4 | 1 max fill(s) per 180 day(s) retail; PA |
| UPTRAVI TABS 200 MCG | 4 | PA |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4 | QL(2 EA daily); PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 4 | QL(3 EA daily); PA |
| Sinus Node Inhibitors | | |
| *ivabradine hcl TABS* | 3 | QL(2 EA daily); PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| *cefadroxil CAPS* | 1B | |
| *cefadroxil SUSR* | 1B | |
| *cefadroxil TABS* | 1B | |
| *cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG* | 1B | |
| *cephalexin CAPS* | 1B | |
| *cephalexin SUSR* | 1B | |
| Cephalosporins - 2nd Generation | | |
| *cefaclor CAPS* | 1B | |
| *cefaclor SUSR 250 MG/5ML* | 1B | |
| *cefotetan disodium IJ 1 GM, 2 GM* | 1B | |
| *cefoxitin sodium IV 1 GM, 2 GM* | 1B | |
| *cefprozil SUSR* | 1B | |
| *cefprozil TABS* | 1B | |
| *cefuroxime axetil TABS* | 1B | |
| *cefuroxime sodium IJ 750 MG* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Cephalosporins - 3rd Generation | | |
| *cefdinir CAPS* | 1B | |
| *cefdinir SUSR* | 1B | |
| *cefixime CAPS* | 1B | |
| *cefixime SUSR* | 1B | ST |
| *cefpodoxime proxetil SUSR* | 1B | |
| *cefpodoxime proxetil TABS* | 1B | |
| *ceftazidime IJ 1 GM, 6 GM* | 1B | |
| Cephalosporins - 4th Generation | | |
| *cefepime hcl SOLR IV 2 GM* | 1B | |
| Cephalosporins - 5th Generation | | |
| TEFLARO | 3 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| AVERI TABS PO | 0 | |
| *desogestrel & ethinyl estradiol* | 0 | |
| *desogestrel-ethinyl estradiol (biphasic)* | 0 | |
| *desogestrel-ethinyl estradiol (triphasic)* | 0 | |
| *drospirenone-ethinyl estradiol* | 0 | |
| *drospirenone-ethinyl estradiol-levomefolate calcium* | 0 | |
| *ethynodiol diacet & eth estrad* | 0 | |
| FEMLYV TBDP | 0 | |
| *levonorgestrel & eth estradiol TABS* | 0 | |
| *levonorgestrel-eth estradiol (triphasic)* | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG* | 0 | |
| *levonorgestrel-ethinyl estradiol (continuous)* | 0 | |
| *levonorgestrel-ethinyl estradiol-iron* | 0 | |
| LO LOESTRIN FE TABS | 0 | |
| NATAZIA | 0 | |
| NEXTSTELLIS | 0 | |
| *norethin acet & estrad-fe CAPS* | 0 | |
| *norethin acet & estrad-fe CHEW* | 0 | |
| *norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG* | 0 | |
| *norethindrone & eth estradiol* | 0 | |
| *norethindrone & ethinyl estradiol-fe* | 0 | |
| *norethindrone acet & eth estra TABS* | 0 | |
| *norethindrone acetate-ethinyl estradiol-fe* | 0 | |
| *norethindrone-eth estradiol (triphasic)* | 0 | |
| *norgestimate-ethinyl estradiol* | 0 | |
| *norgestimate-ethinyl estradiol (triphasic)* | 0 | |
| *norgestrel & ethinyl estradiol 30 MCG-0.3 MG* | 0 | |
| TYBLUME CHEW | 0 | |
| Combination Contraceptives - Transdermal | | |
| *norelgestromin-ethinyl estradiol* | 0 | |
| TWIRLA | 0 | QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail) |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA | 0 | |
| *etonogestrel-ethinyl estradiol* | 0 | QL(0.05 EA daily) |
| Copper Contraceptives - IUD | | |
| MIUDELLA INTRAUTERINE COPPER | 0 | |
| PARAGARD INTRAUTERINE COPPER | 0 | |
| Emergency Contraceptives | | |
| ELLA | 0 | |
| *levonorgestrel (emergency oc) 1.5 MG* | 0 | |
| Progestin Contraceptives - Implants | | |
| NEXPLANON | 0 | |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 SUSY SC | 0 | |
| *medroxyprogesterone acetate (contraceptive) SUSP IM* | 0 | QL(1 ML per 90 day(s) retail) |
| *medroxyprogesterone acetate (contraceptive) SUSY IM* | 0 | QL(90 Day(s) limit ; 1 ML per 90 day(s) retail) |
| Progestin Contraceptives - IUD | | |
| KYLEENA | 0 | |
| LILETTA (52 MG) | 0 | |
| MIRENA (52 MG) | 0 | |
| SKYLA | 0 | |
| Progestin Contraceptives - Oral | | |
| *norethindrone (contraceptive)* | 0 | |
| OPILL | 0 | |
| SLYND | 0 | QL(1 EA daily) |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Glucocorticosteroids | | |
| *budesonide CPEP* | 1B | QL(3 EA daily) |
| *deflazacort TABS* | 4 | PA |
| DEPO-MEDROL SUSP | 3 | |
| DEXAMETHASONE INTENSOL CONC | 1B | |
| *dexamethasone ELIX* | 1B | |
| *dexamethasone SOLN* | 1B | |
| *dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG* | 1B | |
| *dexamethasone TABS 0.5 MG, 0.75 MG* | 1A | |
| *hydrocortisone sod succinate 100 MG* | 1B | 2 max fill(s) per 30 day(s) retail |
| *hydrocortisone TABS* | 1B | |
| MEDROL TABS | 3 | |
| *methylprednisolone acetate SUSP* | 1B | |
| *methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG* | 1B | |
| *methylprednisolone TABS* | 1B | |
| *methylprednisolone TBPK* | 1B | |
| *prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML* | 1B | |
| *prednisolone sodium phosphate TBDP* | 3 | |
| *prednisolone SOLN* | 1B | |
| *prednisolone TABS* | 1B | |
| *prednisone SOLN* | 1B | |
| *prednisone TABS 1 MG, 5 MG* | 1B | |
| *prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG* | 1A | |
| *prednisone TBPK* | 1B | |
| SOLU-CORTEF 500 MG, 1000 MG | 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 | | |
| Antitussives | | |
| *benzonatate 200 MG* | 1B | QL(3 EA daily) |
| *benzonatate 100 MG* | 1B | QL(6 EA daily) |
| *benzonatate 150 MG* | 1B | QL(4 EA daily) |
| Cough/Cold/Allergy Combinations | | |
| *hydrocodone polistirex-chlorpheniramine polistirex SUER* | 1B | |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU | 1B | |
| NEBUSAL NEBU | 1B | |
| *sodium chloride (inhalant) NEBU 7 %* | 1B | |
| Mucolytics | | |
| *acetylcysteine SOLN* | 1B | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| *adapalene-benzoyl peroxide GEL 2.5 %-0.1 %* | 1B | AL(At least 12 yrs old); ST |
| *adapalene CREA* | 1B | AL(At least 12 yrs old) |
| *adapalene GEL* | 1B | AL(At least 12 yrs old); RX/OTC |
| BENZEPRO CREAMY WASH LIQD | 2 | AL(At least 12 yrs old) |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ciclopirox olamine CREA* | 1B | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail |
| *ciclopirox olamine SUSP* | 1B | |
| *ciclopirox GEL* | 1B | QL(3.35 GM daily) |
| *ciclopirox SHAM* | 1B | QL(10 ML daily) |
| *ciclopirox SOLN* | 1B | QL(0.22 ML daily) |
| *clotrimazole (topical) CREA* | 1B | QL(4.5 GM daily); RX/OTC |
| *clotrimazole (topical) SOLN* | 1B | QL(10 ML daily); RX/OTC |
| *clotrimazole w/ betamethasone CREA* | 1B | QL(8 GM daily) |
| *clotrimazole w/ betamethasone LOTN* | 1B | |
| *econazole nitrate CREA* | 1B | QL(85 GM per fill retail; 85 per fill mail) |
| ERTACZO | 3 | QL(2.15 GM daily) |
| *ketoconazole (topical) CREA* | 1B | QL(10 GM daily) |
| *ketoconazole (topical) SHAM 2 %* | 1B | QL(20 ML daily) |
| *luliconazole* | 1B | PA |
| *naftifine hcl CREA 2 %* | 1B | QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| *naftifine hcl CREA 1 %* | 1B | QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| *nystatin (topical) CREA* | 1B | QL(10 GM daily) |
| *nystatin (topical) OINT* | 1B | QL(6 GM daily) |
| *nystatin (topical) POWD EX* | 1B | QL(10 GM daily) |
| *nystatin-triamcinolone CREA* | 1B | QL(10 GM daily) |
| *nystatin-triamcinolone OINT* | 1B | QL(4 GM daily) |
| *oxiconazole nitrate CREA* | 1B | Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| OXISTAT LOTN | 2 | Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| *sulconazole nitrate CREA* | 1B | |
| *sulconazole nitrate SOLN* | 1B | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| *tavaborole* | 1B | PA |
| Anti-inflammatory Agents - Topical | | |
| *diclofenac epolamine PTCH EX* | 1B | QL(2 EA daily); PA |
| *diclofenac sodium (topical) GEL EX* | 1B | QL(3.34 GM daily); RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| *bexarotene (topical)* | 4 | SP; PA |
| *diclofenac sodium (actinic keratoses) EX* | 1B | QL(3.34 GM daily); PA |
| *fluorouracil (topical) CREA 5 %* | 1B | QL(4 GM daily) |
| *fluorouracil (topical) SOLN* | 1B | QL(2 ML daily) |
| PANRETIN | 3 | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail) |
| Antipruritics - Topical | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxepin hcl (antipruritic)* | 3 | Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Antipsoriatics | | |
| *acitretin 10 MG, 17.5 MG* | 1B | QL(1 EA daily) |
| *acitretin 25 MG* | 1B | QL(2 EA daily) |
| *calcipotriene CREA* | 1B | QL(4 GM daily); PA |
| *calcipotriene OINT* | 1B | QL(4 GM daily); PA |
| *calcipotriene SOLN* | 1B | QL(4 ML daily); PA |
| *calcitriol (topical)* | 1B | QL(3.34 GM daily) |
| COSENTYX (300 MG DOSE) SOSY | 4 | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY PEN SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX UNOREADY SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.036 ML daily); PA |
| COSENTYX SOSY 75 MG/0.5ML | 4 | QL(0.18 ML daily); PA |
| *methoxsalen rapid* | 1B | QL(4 EA daily) |
| PYZCHIVA 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| PYZCHIVA SC 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| PYZCHIVA 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| SKYRIZI PEN SOAJ | 4 | QL(0.025 ML daily); PA |
| SKYRIZI SOSY | 4 | QL(0.025 ML daily); PA |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| STELARA SOSY 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| STEQEYMA 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| STEQEYMA 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| *tazarotene CREA 0.1 %* | 1B | QL(1 GM daily) |
| TREMFYA ONE-PRESS SOPN SC 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| TREMFYA PEN SOAJ 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| TREMFYA SOSY 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| YESINTEK SOLN 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| YESINTEK SOSY 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| YESINTEK SOSY 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| Antiseborrheic Products | | |
| *selenium sulfide LOTN 2.5 %* | 1B | |
| Antivirals - Topical | | |
| *acyclovir topical CREA* | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail |
| *acyclovir topical OINT* | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail |
| *penciclovir* | 3 | QL(0.18 GM daily) |
| Burn Products | | |
| *mafenide acetate PACK* | 3 | |
| *silver sulfadiazine* | 1B | QL(20 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SULFAMYLON CREA | 3 | |
| Corticosteroids - Topical | | |
| *alclometasone dipropionate CREA* | 1B | QL(2 GM daily) |
| *alclometasone dipropionate OINT* | 1B | QL(3 GM daily) |
| *amcinonide CREA* | 1B | QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| *amcinonide LOTN* | 3 | |
| *amcinonide OINT* | 3 | |
| *betamethasone dipropionate (topical) CREA* | 1B | QL(3 GM daily) |
| *betamethasone dipropionate (topical) LOTN* | 1B | |
| *betamethasone dipropionate (topical) OINT* | 1B | QL(3 GM daily) |
| *betamethasone dipropionate augmented CREA* | 1B | QL(3.5 GM daily) |
| *betamethasone dipropionate augmented LOTN* | 1B | QL(5 ML daily) |
| *betamethasone dipropionate augmented OINT* | 1B | QL(3.5 GM daily) |
| *betamethasone valerate CREA* | 1B | QL(2.5 GM daily) |
| *betamethasone valerate FOAM* | 1B | QL(1.67 GM daily) |
| *betamethasone valerate LOTN* | 1B | QL(5 ML daily) |
| *betamethasone valerate OINT* | 1B | QL(3 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *calcipotriene-betamethasone dipropionate OINT* | 1B | ST |
| *calcipotriene-betamethasone dipropionate SUSP* | 1B | ST |
| *clobetasol propionate emollient base 0.05 %* | 1B | QL(1 GM daily); PA |
| *clobetasol propionate CREA 0.05 %* | 1B | QL(3 GM daily); PA |
| *clobetasol propionate FOAM* | 1B | QL(3 GM daily); ST |
| *clobetasol propionate GEL 0.05 %* | 1B | QL(2 GM daily); ST |
| *clobetasol propionate OINT 0.05 %* | 1B | QL(1 GM daily); PA |
| *clobetasol propionate SOLN 0.05 %* | 1B | QL(3.34 ML daily); PA |
| *clocortolone pivalate* | 3 | QL(3 GM daily) |
| CORDRAN TAPE | 3 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| *desonide CREA* | 1B | QL(4 GM daily) |
| *desonide LOTN* | 1B | QL(4 ML daily) |
| *desonide OINT* | 1B | QL(3 GM daily) |
| *desoximetasone CREA 0.25 %* | 1B | QL(4 GM daily) |
| *desoximetasone GEL* | 1B | QL(3 GM daily) |
| *desoximetasone OINT 0.25 %* | 1B | QL(4 GM daily) |
| *diflorasone diacetate CREA* | 1B | PA |
| *diflorasone diacetate OINT* | 1B | PA |
| *fluocinolone acetonide CREA 0.01 %* | 1B | |
| *fluocinolone acetonide CREA 0.025 %* | 1B | QL(4 GM daily) |
| *fluocinolone acetonide OIL* | 1B | QL(8 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluocinolone acetonide OINT* | 1B | QL(4 GM daily) |
| *fluocinolone acetonide SOLN* | 1B | QL(4 ML daily) |
| *fluocinonide emulsified base* | 1B | QL(2 GM daily) |
| *fluocinonide CREA 0.1 %* | 1B | QL(4 GM daily) |
| *fluocinonide CREA 0.05 %* | 1B | QL(2 GM daily) |
| *fluocinonide GEL* | 1B | |
| *fluocinonide OINT* | 1B | QL(2 GM daily) |
| *fluocinonide SOLN* | 1B | QL(2 ML daily) |
| *flurandrenolide CREA* | 2 | QL(2 GM daily) |
| *flurandrenolide LOTN* | 2 | QL(2 ML daily) |
| *fluticasone propionate CREA 0.05 %* | 1B | QL(4 GM daily) |
| *fluticasone propionate LOTN* | 1B | QL(6 ML daily) |
| *fluticasone propionate OINT* | 1B | QL(4 GM daily) |
| *halcinonide CREA* | 1B | PA |
| *halobetasol propionate CREA* | 1B | QL(3.5 GM daily) |
| *halobetasol propionate OINT* | 1B | QL(3.5 GM daily) |
| HALOG OINT | 3 | PA |
| *hydrocortisone (topical) CREA 1 %, 2.5 %* | 1B | QL(15.15 GM daily); RX/OTC |
| *hydrocortisone (topical) LOTN 2.5 %* | 1B | |
| *hydrocortisone (topical) OINT 1 %, 2.5 %* | 1B | QL(15.15 GM daily); RX/OTC |
| *hydrocortisone butyrate CREA* | 1B | QL(3 GM daily) |
| *hydrocortisone butyrate OINT* | 1B | QL(3 GM daily) |
| *hydrocortisone butyrate SOLN* | 1B | QL(5 ML daily) |
| *hydrocortisone valerate CREA* | 1B | |
| *hydrocortisone valerate OINT* | 1B | |
| *mometasone furoate CREA* | 1B | QL(3 GM daily) |
| *mometasone furoate OINT* | 1B | QL(4 GM daily) |
| *mometasone furoate SOLN* | 1B | QL(5 ML daily) |
| *triamcinolone acetonide (topical) CREA 0.025 %* | 1B | QL(15.15 GM daily) |
| *triamcinolone acetonide (topical) CREA 0.1 %* | 1B | QL(3.34 GM daily) |
| *triamcinolone acetonide (topical) CREA 0.5 %* | 1B | QL(5 GM daily) |
| *triamcinolone acetonide (topical) LOTN 0.025 %* | 1B | |
| *triamcinolone acetonide (topical) LOTN 0.1 %* | 1B | QL(6 ML daily) |
| *triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %* | 1B | QL(15.15 GM daily) |
| *triamcinolone acetonide (topical) OINT 0.5 %* | 1B | QL(6 GM daily) |
| Eczema Agents | | |
| DUPIXENT SOAJ 200 MG/1.14ML | 4 | QL(0.082 ML daily); PA |
| DUPIXENT SOAJ 300 MG/2ML | 4 | QL(0.29 ML daily); PA |
| DUPIXENT SOSY 200 MG/1.14ML | 4 | QL(0.082 ML daily); PA |
| DUPIXENT SOSY 300 MG/2ML | 4 | QL(0.29 ML daily); PA |
| Emollients | | |
| *lactic acid (ammonium lactate) CREA* | 1B | QL(12.9 GM daily); RX/OTC |
| *lactic acid (ammonium lactate) LOTN 12 %* | 1B | RX/OTC |
| Enzymes - Topical | | |
| SANTYL OINT | 3 | PA |
| Immunomodulating Agents - Topical | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *imiquimod 5 %* | 1B | QL(12 EA per fill retail; 12 per fill mail) |
| Immunosuppressive Agents - Topical | | |
| *pimecrolimus* | 1B | QL(3 GM daily); AL(At least 2 yrs old); PA |
| *tacrolimus (topical) OINT* | 1B | AL(At least 2 yrs old); PA |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| *podofilox SOLN* | 1B | |
| Local Anesthetics - Topical | | |
| *lidocaine hcl GEL 2 %* | 1B | QL(4 ML daily) |
| *lidocaine hcl PRSY* | 1B | QL(4 ML daily) |
| *lidocaine hcl SOLN* | 1B | QL(10 ML daily) |
| *lidocaine-prilocaine CREA* | 1B | QL(1 GM daily) |
| *lidocaine PTCH 5 %* | 1B | PA |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 3 | QL(2 GM daily); PA |
| Rosacea Agents | | |
| *azelaic acid GEL* | 1B | QL(1.67 GM daily) |
| *brimonidine tartrate (topical)* | 3 | QL(1 GM daily); PA |
| *metronidazole (topical) CREA* | 1B | QL(3 GM daily) |
| *metronidazole (topical) GEL 1 %* | 1B | QL(5 GM daily) |
| *metronidazole (topical) GEL 0.75 %* | 1B | QL(3 GM daily) |
| *metronidazole (topical) LOTN* | 1B | |
| Scabicides & Pediculicides | | |
| *crotamiton LOTN* | 1B | PA |
| *ivermectin (pediculicide)* | 1B | PA |
| *malathion* | 1B | |
| *permethrin CREA* | 1B | |
| *permethrin LIQD EX* | 1B | |
| *spinosad* | 1B | PA |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| GLUCAGEN DIAGNOSTIC | 3 | QL(0.035 EA daily) |
| THYROGEN 0.9 MG | 3 | 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA |
| Diagnostic Tests | | |
| CHEMSTRIP K STRP | 1B | D |
| FORA GTEL BLOOD KETONE TEST | 1B | D |
| FORA TEST N'GO ADV-VOICE-6 CON | 1B | D |
| GOJJI BLOOD KETONE TEST | 1B | D |
| KETONE TEST STRP | 1B | D |
| KETOSTIX STRP | 1B | D |
| NOVA MAX PLUS KETONE TEST | 1B | D |
| PRECISION XTRA KETONE | 1B | D |
| RELION KETONE TEST STRP | 1B | D |
| RELION TRUE METRIX TEST STRIPS STRP | 1B | D; QL(3.34 EA daily); RX/OTC |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | 1B | D; QL(3.34 EA daily); RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | 2 | Non-FDA approved uses require Prior Authorization |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT | 2 | |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | Non-FDA approved uses require Prior Authorization |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| *acetazolamide sodium* | 1B | |
| *acetazolamide CP12* | 1B | QL(2 EA daily) |
| *acetazolamide TABS 125 MG* | 1B | QL(8 EA daily) |
| *acetazolamide TABS 250 MG* | 1B | QL(4 EA daily) |
| *methazolamide TABS* | 1B | QL(6 EA daily) |
| Diuretic Combinations | | |
| *amiloride & hydrochlorothiazide* | 1B | |
| *spironolactone & hydrochlorothiazide* | 1B | |
| *triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG* | 1A | |
| *triamterene & hydrochlorothiazide TABS* | 1A | |
| Loop Diuretics | | |
| *bumetanide SOLN 0.25 MG/ML* | 1B | |
| *bumetanide TABS* | 1B | QL(5 EA daily) |
| *ethacrynic acid* | 1B | QL(16 EA daily) |
| *furosemide SOLN PO 8 MG/ML, 10 MG/ML* | 1B | |
| *furosemide TABS* | 1A | |
| *torsemide TABS* | 1B | |
| Potassium Sparing Diuretics | | |
| *amiloride hcl TABS* | 1B | |
| *spironolactone TABS* | 1B | |
| *triamterene CAPS* | 1B | QL(3 EA daily) |
| Thiazides and Thiazide-Like Diuretics | | |
| *chlorthalidone 25 MG, 50 MG* | 1A | |
| DIURIL SUSP | 2 | QL(20 ML daily) |
| *hydrochlorothiazide CAPS* | 1B | QL(2 EA daily) |
| *hydrochlorothiazide TABS 25 MG, 50 MG* | 1A | QL(2 EA daily) |
| *hydrochlorothiazide TABS 12.5 MG* | 1B | QL(2 EA daily) |
| *indapamide TABS 2.5 MG* | 1A | QL(2 EA daily) |
| *indapamide TABS 1.25 MG* | 1A | QL(1 EA daily) |
| *metolazone* | 1B | QL(2 EA daily) |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| *alendronate sodium TABS 5 MG, 10 MG* | 1A | QL(1 EA daily) |
| *alendronate sodium TABS 35 MG, 70 MG* | 1A | QL(0.143 EA daily) |
| *calcitonin (salmon) NA* | 1B | QL(0.14 ML daily) |
| FOSAMAX PLUS D | 3 | QL(0.143 EA daily); PA |
| *ibandronate sodium SOLN* | 4 | SP; PA |
| *ibandronate sodium TABS* | 1B | QL(0.036 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML* | 4 | SP; PA |
| PAMIDRONATE DISODIUM SOLN | 4 | SP; PA |
| PROLIA SOSY | 4 | 1 max fill(s) per 180 day(s) retail; SP; PA |
| *risedronate sodium TABS 5 MG, 30 MG* | 1B | QL(1 EA daily); PA |
| *risedronate sodium TABS 150 MG* | 1B | QL(0.036 EA daily); PA |
| *risedronate sodium TABS 35 MG* | 1B | QL(0.143 EA daily); PA |
| *risedronate sodium TBEC* | 1B | PA |
| *teriparatide SOPN* | 4 | QL(0.09 ML daily); SP; PA |
| TYMLOS | 4 | PA |
| *zoledronic acid SOLN 5 MG/100ML* | 4 | SP; PA |
| Corticotropin | | |
| ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML | 3 | PA |
| ACTHAR GEL | 3 | PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN IM | 4 | PA |
| *clomiphene citrate TABS* | 3 | PA |
| NOVAREL IM 10000 UNIT | 4 | PA |
| GnRH/LHRH Antagonists | | |
| *ganirelix acetate* | 4 | PA |
| ORILISSA | 2 | PA |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK PRSY | 4 | PA |
| GENOTROPIN CART SC | 4 | PA |
| HUMATROPE CART IJ | 4 | SP; PA |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 4 | PA |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | SP; PA |
| ZORBTIVE SC | 4 | SP; PA |
| Hormone Receptor Modulators | | |
| OSPHENA | 3 | PA |
| *raloxifene hcl* | 0 | QL(1 EA daily) |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 4 | SP; PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI (6 MONTH) SC | 4 | SP; PA |
| SYNAREL | 4 | SP; PA |
| Metabolic Modifiers | | |
| ALDURAZYME | 4 | SP; PA |
| *betaine* | 4 | SP; PA |
| *calcitriol CAPS* | 1B | |
| *calcitriol SOLN IV* | 1B | |
| *cinacalcet hcl* | 1B | QL(4 EA daily); SP; PA |
| *doxercalciferol CAPS* | 1B | |
| *doxercalciferol SOLN* | 1B | |
| ELAPRASE | 4 | SP; PA |
| MYALEPT | 4 | PA |
| *nitisinone CAPS* | 4 | PA |
| *paricalcitol CAPS* | 1B | |
| *paricalcitol SOLN* | 1B | |
| *sodium phenylbutyrate POWD* | 1B | PA |
| *sodium phenylbutyrate TABS* | 1B | PA |
| Posterior Pituitary Hormones | | |
| *desmopressin acetate spray* | 1B | |
| *desmopressin acetate spray refrigerated 0.01 %* | 1B | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 5-HT4 Receptor Agonists | | |
| *prucalopride succinate* | 1B | QL(1 EA daily) |
| Agents for Chronic Idiopathic Constipation (CIC) | | |
| TRULANCE | 2 | QL(1 EA daily) |
| Gallstone Solubilizing Agents | | |
| *ursodiol CAPS* | 1B | QL(3 EA daily) |
| *ursodiol TABS* | 1B | |
| Gastrointestinal Chloride Channel Activators | | |
| *lubiprostone* | 1B | QL(2 EA daily) |
| Gastrointestinal Stimulants | | |
| *metoclopramide hcl SOLN IJ 5 MG/ML* | 1B | |
| *metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML* | 1B | QL(60 ML daily) |
| *metoclopramide hcl TABS* | 1A | QL(6 EA daily) |
| Inflammatory Bowel Agents | | |
| *balsalazide disodium CAPS* | 1B | QL(9 EA daily) |
| DIPENTUM | 2 | |
| INFLECTRA SOLR | 4 | PA |
| *mesalamine CP24* | 1B | |
| *mesalamine CPDR* | 1B | |
| *mesalamine ENEM* | 3 | |
| *mesalamine SUPP* | 3 | |
| *mesalamine TBEC 1.2 GM* | 3 | |
| *mesalamine TBEC 800 MG* | 3 | QL(6 EA daily) |
| PYZCHIVA 130 MG/26ML | 4 | QL(3.47 ML daily); PA |
| RENFLEXIS | 4 | PA |
| SKYRIZI SOCT | 4 | QL(0.043 ML daily); PA |
| SKYRIZI SOLN | 4 | QL(0.36 ML daily); PA |
| STELARA 130 MG/26ML | 4 | QL(3.47 ML daily); PA |
| STEQEYMA | 4 | QL(3.47 ML daily); PA |
| *sulfasalazine TABS* | 1B | |
| *sulfasalazine TBEC* | 1B | |
| TREMFYA PEN SOAJ SC 200 MG/2ML | 4 | QL(0.072 ML daily); PA |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML | 4 | QL(0.143 ML daily); PA |
| TREMFYA SOLN IV | 4 | QL(0.72 ML daily); PA |
| TREMFYA SOSY SC 200 MG/2ML | 4 | QL(0.072 ML daily); PA |
| YESINTEK 130 MG/26ML | 4 | QL(3.47 ML daily); PA |
| Intestinal Acidifiers | | |
| *lactulose (encephalopathy)* | 1B | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| *alosetron hcl* | 1B | QL(2 EA daily) |
| LINZESS | 2 | QL(1 EA daily) |
| Peripheral Opioid Receptor Antagonists | | |
| *alvimopan* | 1B | |
| MOVANTIK | 3 | QL(1 EA daily); PA |
| Phosphate Binder Agents | | |
| *calcium acetate (phosphate binder) CAPS* | 1B | |
| *calcium acetate (phosphate binder) TABS* | 1B | RX/OTC |
| *lanthanum carbonate CHEW* | 1B | |
| *sevelamer carbonate PACK* | 1B | |
| *sevelamer carbonate TABS* | 1B | |
| VELPHORO | 3 | PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Alkalinizers | | |
| *potassium citrate (alkalinizer) TBCR* | 1B | |
| *sodium citrate & citric acid* | 1B | RX/OTC |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | PA |
| Genitourinary Irrigants | | |
| *acetic acid 0.25 %* | 1B | |
| *glycine (gu irrigant) SOLN 1.5 %* | 1B | |
| *sodium chloride (gu irrigant) 0.9 %* | 1B | |
| SORBITOL 3 % | 1B | |
| SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML | 1B | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | QL(3 EA daily) |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | 1B | QL(1 EA daily) |
| *dutasteride* | 1B | QL(1 EA daily) |
| *dutasteride-tamsulosin hcl* | 1B | PA |
| *finasteride* | 1B | 5 mg only |
| *silodosin* | 1B | |
| *tamsulosin hcl* | 1B | |
| Urinary Analgesics | | |
| *phenazopyridine hcl TABS 100 MG, 200 MG* | 1B | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid* | 1B | |
| Gout Agents | | |
| *allopurinol 100 MG, 300 MG* | 1A | |
| *colchicine TABS* | 1B | QL(1 EA daily) |
| *febuxostat* | 1B | QL(1 EA daily); PA |
| Uricosurics | | |
| *probenecid* | 1B | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Antihemophilic Products | | |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 4 | PA |
| Bradykinin B2 Receptor Antagonists | | |
| *icatibant acetate SOSY* | 4 | QL(9 ML daily); PA |
| Complement Inhibitors | | |
| GOHIBIC | 4 | PA |
| HAEGARDA SOLR SC | 4 | PA |
| Hematorheologic Agents | | |
| *pentoxifylline* | 1B | QL(3 EA daily) |
| Plasma Kallikrein Inhibitors | | |
| ORLADEYO | 4 | PA |
| TAKHZYRO SOLN | 4 | PA |
| TAKHZYRO SOSY | 4 | PA |
| Platelet Aggregation Inhibitors | | |
| *anagrelide hcl* | 1B | |
| *aspirin-dipyridamole* | 1B | QL(2 EA daily); PA |
| *cilostazol* | 1B | |
| *clopidogrel bisulfate 75 MG* | 1A | QL(1 EA daily) |
| *clopidogrel bisulfate 300 MG* | 1B | |
| *dipyridamole* | 1B | |
| *eptifibatide 200 MG/100ML* | 4 | PA |
| *prasugrel hcl* | 1B | QL(1 EA daily) |
| *ticagrelor 60 MG, 90 MG* | 1B | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZONTIVITY | 3 | PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | 4 | QL(2 EA daily); PA |
| *miglustat* | 4 | QL(3 EA daily); SP; PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 3 | |
| Cobalamins | | |
| *cyanocobalamin SOLN IJ 1000 MCG/ML* | 1B | QL(1 ML daily) |
| Folic Acid/Folates | | |
| *folic acid TABS* | 0 | |
| Hematopoietic Growth Factors | | |
| ARANESP (ALBUMIN FREE) SOLN 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 |
| *eltrombopag olamine PACK 12.5 MG, 25 MG* | 3 | QL(1 EA daily); PA |
| *eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG* | 3 | QL(1 EA daily); PA |
| LEUKINE SOLR IJ | 4 | SP; PA |
| MIRCERA | 4 | PA |
| NYVEPRIA | 4 | PA |
| RETACRIT | 4 | PA |
| UDENYCA ONBODY SOSY | 4 | PA |
| UDENYCA SOAJ | 4 | PA |
| UDENYCA SOSY | 4 | PA |
| ZARXIO | 4 | PA |
| Hematopoietic Mixtures | | |
| HEMATINIC/FOLIC ACID | 1B | QL(1 EA daily) |
| Iron | | |
| *ferrous sulfate SOLN 15 MG/ML, 15 MG/ML* | 0 | AL(Up to 1 yrs old) |
| *ferrous sulfate TABS 325 MG, 65 MG, 325 MG* | 0 | |
| *ferrous sulfate TBEC 325 MG* | 0 | |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| *aminocaproic acid TABS* | 1B | PA |
| *tranexamic acid SOLN 1000 MG/10ML* | 1B | |
| *tranexamic acid TABS* | 1B | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| *phenobarbital ELIX* | 1B | |
| *phenobarbital TABS* | 1B | |
| Hypnotics - Tricyclic Agents | | |
| *doxepin hcl (sleep)* | 1B | QL(1 EA daily); PA |
| Non-Barbiturate Hypnotics | | |
| *estazolam* | 1B | |
| *eszopiclone* | 1B | QL(1 EA daily); AL(At least 18 yrs old); ST |
| *flurazepam hcl* | 1B | PA |
| *temazepam 15 MG, 30 MG* | 1A | QL(1 EA daily) |
| *temazepam 7.5 MG, 22.5 MG* | 1B | QL(1 EA daily) |
| *triazolam* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *zaleplon 10 MG* | 1B | QL(2 EA daily); AL(At least 18 yrs old) |
| *zaleplon 5 MG* | 1B | QL(1 EA daily); AL(At least 18 yrs old) |
| *zolpidem tartrate TABS* | 1A | QL(1 EA daily); AL(At least 18 yrs old) |
| *zolpidem tartrate TBCR* | 1B | QL(1 EA daily) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| *ramelteon* | 1B | QL(1 EA daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| *calcium polycarbophil TABS* | 1B | |
| Laxative Combinations | | |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | 1B | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM* | 0 | |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 1B | PA |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | 1B | |
| Laxatives - Miscellaneous | | |
| *lactulose SOLN* | 1B | |
| Stimulant Laxatives | | |
| *bisacodyl SUPP* | 1A | |
| *bisacodyl TBEC* | 1A | |
| Surfactant Laxatives | | |
| *docusate calcium* | 1A | QL(1 EA daily) |
| *docusate sodium CAPS 100 MG* | 1A | QL(4 EA daily) |
| *docusate sodium CAPS 250 MG* | 1A | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin PACK* | 1B | |
| *azithromycin SUSR* | 1B | |
| *azithromycin TABS 500 MG* | 1B | QL(4 EA per fill retail; 4 per fill mail) |
| *azithromycin TABS 600 MG* | 1B | QL(0.286 EA daily) |
| *azithromycin TABS 250 MG* | 1B | QL(6 EA per fill retail; 6 per fill mail) |
| Clarithromycin | | |
| *clarithromycin SUSR* | 1B | |
| *clarithromycin TABS* | 1B | |
| *clarithromycin TB24* | 1B | |
| Erythromycins | | |
| *erythromycin base CPEP* | 3 | |
| *erythromycin base TABS* | 3 | |
| *erythromycin base TBEC* | 1B | |
| *erythromycin ethylsuccinate SUSR* | 1B | |
| *erythromycin ethylsuccinate TABS* | 3 | |
| Fidaxomicin | | |
| DIFICID TABS 200 MG *(fidaxomicin)* | 2 | |
| *fidaxomicin TABS 200 MG* | 1B | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 0 | |
| CAYA DPRH | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DUREX EXTRA SENSITIVE THIN DEVI | 0 | |
| DUREX EXTRA SENSITIVE THIN MISC | 0 | |
| DUREX TROPICAL MISC | 0 | |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | |
| FANTASY LUBRICATED MISC | 0 | |
| FC2 FEMALE CONDOM | 0 | QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| FEMCAP DEVI | 0 | |
| KAMELEON LUBRICATED MISC | 0 | |
| KIMONO COLORS DEVI | 0 | |
| KIMONO MAXX-LARGE FLARE MISC | 0 | |
| KIMONO MICRO THIN PLUS MISC | 0 | |
| KIMONO PLUS MISC | 0 | |
| KIMONO PS PLUS MISC | 0 | |
| KIMONO PS MISC | 0 | |
| KIMONO SENSATION PLUS MISC | 0 | |
| KIMONO SENSATION MISC | 0 | |
| KIMONO SPECIAL DEVI | 0 | |
| KIMONO MISC | 0 | |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | 0 | |
| K-Y ME & YOU INTENSE DEVI | 0 | |
| MAXX PLUS MISC | 0 | |
| MAXX MISC | 0 | |
| OMNIFLEX DIAPHRAGM | 0 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUSTEX RIA LUBRICATED MISC | 0 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | 0 | |
| WIDE-SEAL DIAPHRAGM 60 | 0 | |
| WIDE-SEAL DIAPHRAGM 65 | 0 | |
| WIDE-SEAL DIAPHRAGM 70 | 0 | |
| WIDE-SEAL DIAPHRAGM 75 | 0 | |
| WIDE-SEAL DIAPHRAGM 80 | 0 | |
| WIDE-SEAL DIAPHRAGM 85 | 0 | |
| WIDE-SEAL DIAPHRAGM 90 | 0 | |
| WIDE-SEAL DIAPHRAGM 95 | 0 | |
| Diabetic Supplies | | |
| FREESTYLE LIBRE 14 DAY READER | 3 | PA |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 2 PLUS SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 2 READER | 3 | PA |
| FREESTYLE LIBRE 2 SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 3 PLUS SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 3 READER | 3 | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 3 SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE READER | 3 | PA |
| ONETOUCH DELICA SAFETY LANCING | 1B | D; RX/OTC |
| RELION LANCET DEVICES 30G | 1B | D; RX/OTC |
| RELION LANCETS | 1B | D; RX/OTC |
| SELECT LANCETS | 1B | 6.66/day |
| SELECT LANCETS | 1 | 6.66/day |
| TRUE METRIX LEVEL 3 SOLN | 1B | D |
| Parenteral Therapy Supplies | | |
| BD PEN NEEDLE NANO 2ND GEN | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA AUTOSHIELD DUO | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA PEN NEEDLE NANO | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA PEN NEEDLE NANO 2 GEN | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA PEN NEEDLE ULTRAFINE | 1B | D; QL(5 EA daily) |
| SELECT INSULIN SYRINGES | 1B | 5/day; # |
| SELECT INSULIN SYRINGES | 1 | 5/day |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG | 2 | QL(0.04 ML daily); PA |
| EMGALITY (300 MG DOSE) SOSY | 2 | QL(0.1 ML daily); PA |
| EMGALITY SOAJ | 2 | QL(0.07 ML daily); PA |
| EMGALITY SOSY | 2 | QL(0.07 ML daily); PA |
| UBRELVY 100 MG | 3 | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST |
| UBRELVY 50 MG | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Migraine Combinations | | |
| *ergotamine w/ caffeine TABS* | 1B | QL(1.5 EA daily) |
| *sumatriptan-naproxen sodium* | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| Migraine Products | | |
| *dihydroergotamine mesylate SOLN NA 4 MG/ML* | 1B | QL(0.267 ML daily) |
| *dihydroergotamine mesylate SOLN IJ 1 MG/ML* | 1B | |
| ERGOMAR SUBL | 3 | QL(0.667 EA daily) |
| Serotonin Agonists | | |
| *almotriptan malate 12.5 MG* | 1B | QL(0.4 EA daily); AL(At least 12 yrs old); ST |
| *almotriptan malate 6.25 MG* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| *eletriptan hydrobromide* | 1B | QL(0.2 EA daily); AL(At least 18 yrs old); ST |
| *frovatriptan succinate* | 1B | QL(0.4 EA daily); AL(At least 18 yrs old); ST |
| *naratriptan hcl* | 1B | QL(0.3 EA daily); AL(At least 18 yrs old) |
| *rizatriptan benzoate TABS 5 MG* | 1B | QL(0.4 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TABS 10 MG* | 1B | QL(0.6 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TBDP 10 MG* | 1B | QL(0.6 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TBDP 5 MG* | 1B | QL(0.4 EA daily); AL(At least 6 yrs old) |
| *sumatriptan* | 1B | QL(0.2 EA daily); AL(At least 18 yrs old) |
| *sumatriptan succinate SOAJ* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *sumatriptan succinate SOCT* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *sumatriptan succinate SOLN 6 MG/0.5ML* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *sumatriptan succinate TABS* | 1B | QL(0.3 EA daily); AL(At least 18 yrs old) |
| *zolmitriptan SOLN* | 1B | QL(0.2 EA daily); AL(At least 12 yrs old); ST |
| *zolmitriptan TABS* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| *zolmitriptan TBDP* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| MINERALS & ELECTROLYTES | | |
| Bicarbonates | | |
| *sodium acetate SOLN* | 1B | |
| SODIUM ACETATE SOLN *(sodium acetate)* | 1B | |
| Calcium | | |
| *calcium chloride (dihydrate) SOLN* | 1B | |
| Electrolyte Mixtures | | |
| *electrolyte-148* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *electrolyte-a* | 1B | |
| IONOSOL-MB IN D5W | 1B | |
| ISOLYTE-P IN D5W | 1B | |
| ISOLYTE-S | 1B | |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % *(potassium chloride in dextrose & sodium chloride)* | 1B | |
| KCL-LACTATED RINGERS-D5W | 1B | |
| NORMOSOL-M IN D5W | 1B | |
| NORMOSOL-R PH 7.4 | 1B | |
| PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L | 1B | |
| PLASMA-LYTE A *(electrolyte-a)* | 1B | |
| *potassium chloride in dextrose 20 MEQ/L* | 1B | |
| *potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %* | 1B | |
| *ringer's* | 1B | |
| Fluoride | | |
| *sodium fluoride CHEW* | 0 | QL(1 EA daily) |
| Phosphate | | |
| *potassium phosphates 45 MMOLE/15ML* | 1B | |
| Potassium | | |
| *potassium acetate SOLN 2 MEQ/ML* | 1B | |
| *potassium bicarbonate TBEF* | 1B | |
| *potassium chloride microencapsulated crystals er* | 1B | |
| *potassium chloride CPCR* | 1B | |
| *potassium chloride PACK PO 20 MEQ* | 1B | PA |
| *potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML* | 1B | |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(potassium chloride)* | 1B | |
| *potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ* | 1B | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| *penicillamine CAPS* | 1B | PA |
| *penicillamine TABS* | 1B | QL(8 EA daily) |
| *trientine hcl 250 MG* | 4 | QL(8 EA daily); SP; PA |
| Immunomodulators | | |
| *lenalidomide 20 MG* | 4 | QL(1 EA daily); PA |
| *lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG* | 4 | QL(1 EA daily); SP; PA |
| THALOMID | 4 | QL(3 EA daily); SP; PA |
| Immunosuppressive Agents | | |
| ATGAM | 4 | SP; PA |
| AZATHIOPRINE SODIUM | 1B | |
| *azathioprine TABS* | 1B | |
| *cyclosporine modified (for microemulsion) CAPS* | 1B | |
| *cyclosporine modified (for microemulsion) SOLN* | 1B | |
| *cyclosporine CAPS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cyclosporine SOLN IV 50 MG/ML* | 1B | |
| *everolimus (immunosuppressant) 1 MG* | 4 | QL(10 EA daily); PA |
| *everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG* | 4 | QL(20 EA daily); SP; PA |
| *mycophenolate mofetil CAPS* | 1B | |
| *mycophenolate mofetil TABS* | 1B | |
| *mycophenolate sodium* | 1B | |
| PROGRAF PACK | 2 | PA |
| PROGRAF SOLN | 2 | |
| SIMULECT | 3 | |
| *sirolimus TABS* | 1B | |
| *tacrolimus CAPS* | 1B | |
| THYMOGLOBULIN | 4 | SP; PA |
| Irrigation Solutions | | |
| *irrigation solutions, physiological* | 1B | |
| *lactated ringer's (irrigation)* | 1B | |
| *ringer's irrigation* | 1B | |
| *water for irrigation, sterile* | 1B | |
| Potassium Removing Agents | | |
| LOKELMA | 3 | QL(1 EA daily); PA |
| *sodium polystyrene sulfonate POWD* | 1B | |
| *sodium polystyrene sulfonate SUSP CO 15 GM/60ML* | 1B | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| *lidocaine hcl (mouth-throat) 2 %* | 1B | QL(4 ML daily) |
| *lidocaine hcl (mouth-throat) 4 %* | 1B | |
| Anti-infectives - Throat | | |
| *clotrimazole* | 1B | |
| *nystatin (mouth-throat)* | 1B | |
| Antiseptics - Mouth/Throat | | |
| *chlorhexidine gluconate (mouth-throat)* | 1B | |
| Dental Products | | |
| *stannous fluoride CONC* | 0 | RX/OTC |
| Steroids - Mouth/Throat/Dental | | |
| *triamcinolone acetonide (mouth)* | 1B | |
| Throat Products - Misc. | | |
| *cevimeline hcl* | 1B | |
| *pilocarpine hcl (oral)* | 1B | |
| MULTIVITAMINS | | |
| Ped MV w/ Fluoride | | |
| *pediatric multivitamins w/fl CHEW* | 1A | RX/OTC |
| Prenatal Vitamins | | |
| CLASSIC PRENATAL TABS | 2 | QL(1 EA daily) |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2 | QL(1 EA daily) |
| EQL PRENATAL FORMULA TABS | 2 | QL(1 EA daily) |
| FT PRENATAL TABS | 2 | QL(1 EA daily) |
| GNP PRENATAL/FOLIC ACID TABS | 2 | QL(1 EA daily) |
| GNP PRENATAL TABS | 2 | QL(1 EA daily) |
| KP PRENATAL MULTIVITAMINS TABS | 2 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MASONATAL TABS | 2 | QL(1 EA daily) |
| M-NATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| MULTI PRENATAL TABS | 2 | QL(1 EA daily) |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | QL(1 EA daily); RX/OTC |
| NEONATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| NEONATAL PRENATAL TABS | 2 | QL(1 EA daily) |
| NEONATAL VITAMIN TABS | 2 | QL(1 EA daily) |
| NIVA-PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS TABS | 2 | QL(1 EA daily) |
| PRENATAL ONE DAILY TABS | 2 | QL(1 EA daily) |
| PRENATAL PLUS VITAMIN/MINERAL TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATAL VITAMIN AND MINERAL TABS | 2 | QL(1 EA daily) |
| PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | 2 | QL(1 EA daily) |
| PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | 2 | QL(1 EA daily) |
| PRENATAL TABS | 2 | QL(1 EA daily) |
| PRENATRIX TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATRYL TABS | 2 | QL(1 EA daily); RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS | 2 | QL(1 EA daily) |
| QC PRENATAL TABS | 2 | QL(1 EA daily) |
| SM PRENATAL VITAMINS TABS | 2 | QL(1 EA daily) |
| THERANATAL CORE NUTRITION TABS | 2 | QL(1 EA daily); RX/OTC |
| TRICARE TABS | 2 | QL(1 EA daily); RX/OTC |
| VITATHELY WITH GINGER TABS | 2 | QL(1 EA daily); RX/OTC |
| WESTAB PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| **MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms** | | |
| Central Muscle Relaxants | | |
| *baclofen TABS* | 1B | |
| *carisoprodol TABS* | 1B | |
| *chlorzoxazone TABS 750 MG* | 1B | QL(4 EA daily) |
| *chlorzoxazone TABS 500 MG* | 1B | QL(6 EA daily) |
| *cyclobenzaprine hcl TABS 5 MG, 10 MG* | 1A | QL(3 EA daily) |
| *metaxalone 800 MG* | 1B | QL(4 EA daily) |
| *methocarbamol TABS 500 MG, 750 MG* | 1B | |
| *orphenadrine citrate TB12* | 1B | QL(2 EA daily) |
| *tizanidine hcl CAPS* | 1B | |
| *tizanidine hcl TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Direct Muscle Relaxants | | |
| *dantrolene sodium CAPS* | 1B | QL(4 EA daily) |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| *azelastine hcl* | 1B | |
| *olopatadine hcl (nasal)* | 1B | |
| Nasal Anticholinergics | | |
| *ipratropium bromide (nasal) 0.03 %* | 1B | QL(1 ML daily) |
| *ipratropium bromide (nasal) 0.06 %* | 1B | |
| Nasal Steroids | | |
| *budesonide (nasal)* | 1B | |
| *flunisolide (nasal)* | 1B | 1 package(s) per fill retail |
| *fluticasone propionate (nasal) SUSP* | 1B | Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC |
| *mometasone furoate (nasal) SUSP* | 1B | QL(1.14 GM daily); RX/OTC |
| *triamcinolone acetonide (nasal) AERO* | 1B | |
| XHANCE EXHU | 3 | PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| *riluzole TABS* | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| XEOMIN | 3 | PA |
| Nondepolarizing Muscle Relaxants | | |
| *atracurium besylate 50 MG/5ML, 100 MG/10ML* | 3 | PA |
| NUTRIENTS | | |
| Proteins | | |
| CLINIMIX/DEXTROSE (4.25/10) | 3 | |
| CLINIMIX/DEXTROSE (4.25/5) | 3 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| *betaxolol hcl (ophth) SOLN* | 1B | |
| *brimonidine tartrate-timolol maleate* | 1B | |
| *carteolol hcl (ophth)* | 1B | |
| *dorzolamide hcl-timolol maleate* | 1B | |
| *levobunolol hcl 0.5 %* | 1B | |
| *timolol maleate (ophth) SOLG* | 1B | |
| *timolol maleate (ophth) SOLN* | 1B | |
| Cycloplegic Mydriatics | | |
| *tropicamide SOLN 0.5 %* | 1B | QL(2.5 ML daily) |
| *tropicamide SOLN 1 %* | 1B | |
| Miotics | | |
| *pilocarpine hcl SOLN 1 %, 2 %, 4 %* | 1B | |
| Ophthalmic Adrenergic Agents | | |
| *brimonidine tartrate 0.15 %, 0.2 %* | 1B | |
| Ophthalmic Anti-infectives | | |
| *bacitracin (ophthalmic)* | 3 | |
| BESIVANCE | 3 | PA |
| *ciprofloxacin hcl (ophth) SOLN* | 1B | |
| *erythromycin (ophth)* | 1B | |
| *gatifloxacin (ophth)* | 1B | |
| *gentamicin sulfate (ophth) SOLN* | 1B | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *latanoprost SOLN* | 1B | |
| *tafluprost* | 1B | |
| *travoprost SOLN* | 1B | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| *acetic acid (otic)* | 1B | QL(0.5 ML daily) |
| Otic Anti-infectives | | |
| *ciprofloxacin hcl (otic)* | 1B | |
| *ofloxacin (otic)* | 1B | |
| Otic Combinations | | |
| *ciprofloxacin-dexamethasone* | 1B | |
| *ciprofloxacin-fluocinolone acetonide* | 1B | QL(0.5 EA daily); PA |
| CORTISPORIN-TC | 3 | |
| *neomycin-polymyxin-hc (otic) SOLN* | 1B | QL(2 ML daily) |
| *neomycin-polymyxin-hc (otic) SUSP* | 1B | |
| Otic Steroids | | |
| *fluocinolone acetonide (otic)* | 1B | |
| *hydrocortisone w/acetic acid* | 1B | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Monoclonal Antibodies | | |
| BEYFORTUS | 0 | |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| *amoxicillin CAPS* | 1A | |
| *amoxicillin CHEW 125 MG, 250 MG* | 1B | |
| *amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML* | 1B | |
| *amoxicillin SUSR 125 MG/5ML* | 1A | |
| *amoxicillin TABS* | 1B | |
| *ampicillin sodium IV 10 GM* | 1B | |
| *ampicillin CAPS 500 MG* | 1B | |
| Natural Penicillins | | |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| *penicillin g potassium 5000000 UNIT* | 1B | |
| *penicillin g sodium* | 3 | |
| *penicillin v potassium SOLR* | 1B | |
| *penicillin v potassium TABS* | 1B | |
| Penicillin Combinations | | |
| *amoxicillin & pot clavulanate CHEW* | 1B | |
| *amoxicillin & pot clavulanate SUSR* | 1B | |
| *amoxicillin & pot clavulanate TABS* | 1B | |
| *amoxicillin & pot clavulanate TB12* | 1B | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | 1B | |
| *nafcillin sodium IV 10 GM* | 1B | |
| *oxacillin sodium IV 10 GM* | 1B | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *medroxyprogesterone acetate 2.5 MG, 5 MG* | 1B | |
| *medroxyprogesterone acetate 10 MG* | 1A | |
| *megestrol acetate (appetite)* | 1B | PA |
| *norethindrone acetate TABS* | 0 | |
| *progesterone CAPS* | 1B | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| *acamprosate calcium* | 1B | |
| *disulfiram* | 1B | |
| *lofexidine hcl* | 1B | QL(224 EA per 14 day(s) retail); PA |
| Antidementia Agents | | |
| *donepezil hydrochloride TABS 10 MG* | 1B | QL(2 EA daily) |
| *donepezil hydrochloride TABS 5 MG, 23 MG* | 1B | QL(1 EA daily) |
| *donepezil hydrochloride TBDP 10 MG* | 1B | QL(2 EA daily) |
| *donepezil hydrochloride TBDP 5 MG* | 1B | QL(1 EA daily) |
| *galantamine hydrobromide CP24* | 1B | QL(1 EA daily) |
| *galantamine hydrobromide SOLN* | 1B | QL(6 ML daily) |
| *galantamine hydrobromide TABS* | 1B | QL(2 EA daily) |
| *memantine hcl TABS* | 1B | QL(2 EA daily) |
| *memantine hcl TABS* | 1B | |
| *rivastigmine tartrate CAPS* | 1B | |
| Combination Psychotherapeutics | | |
| *chlordiazepoxide-amitriptyline* | 1B | |
| *perphenazine-amitriptyline* | 1B | QL(4 EA daily) |
| Fibromyalgia Agents | | |
| SAVELLA TITRATION PACK MISC | 2 | 1 max fill(s) per 365 day(s) retail; PA |
| SAVELLA TABS | 2 | QL(2 EA daily); PA |
| Movement Disorder Drug Therapy | | |
| AUSTEDO TABS | 4 | QL(4 EA daily); PA |
| *tetrabenazine* | 4 | QL(3 EA daily); SP; PA |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | 4 | QL(0.0714 EA daily); SP; PA |
| AVONEX PREFILLED PSKT | 4 | QL(0.0714 EA daily); SP; PA |
| BETASERON KIT | 4 | QL(0.5 EA daily); SP; PA |
| *dalfampridine* | 4 | QL(2 EA daily); SP; PA |
| *dimethyl fumarate CDPK* | 1B | QL(2 EA daily) |
| *dimethyl fumarate CPDR* | 1B | QL(2 EA daily) |
| *fingolimod hcl* | 3 | QL(1 EA daily); PA |
| *glatiramer acetate SOSY 20 MG/ML* | 4 | QL(1 ML daily) |
| *glatiramer acetate SOSY 40 MG/ML* | 4 | QL(0.43 ML daily) |
| LEMTRADA | 4 | QL(1.2 ML daily); PA |
| PLEGRIDY STARTER PACK SOAJ | 4 | QL(0.036 ML daily); PA |
| PLEGRIDY STARTER PACK SOSY SC | 4 | QL(0.036 ML daily); PA |
| PLEGRIDY SOAJ | 4 | QL(0.036 ML daily); PA |
| PLEGRIDY SOSY SC | 4 | QL(0.036 ML daily); PA |
| REBIF REBIDOSE TITRATION PACK SOAJ | 4 | 1 max fill(s) per 365 day(s) retail; SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REBIF REBIDOSE SOAJ | 4 | QL(0.214 ML daily); SP; PA |
| REBIF TITRATION PACK SOSY | 4 | 1 max fill(s) per 365 day(s) retail; SP; PA |
| REBIF SOSY | 4 | QL(0.214 ML daily); SP; PA |
| *teriflunomide* | 3 | QL(1 EA daily); PA |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| *pregabalin (once-daily) 330 MG* | 3 | QL(2 EA daily); PA |
| *pregabalin (once-daily) 82.5 MG, 165 MG* | 3 | QL(1 EA daily); PA |
| Pseudobulbar Affect (PBA) Agents | | |
| NUEDEXTA | 3 | QL(2 EA daily); PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| *ergoloid mesylates TABS* | 1B | |
| *pimozide* | 1B | |
| Smoking Deterrents | | |
| *bupropion hcl (smoking deterrent)* | 0 | QL(2 EA daily) |
| *nicotine polacrilex GUM* | 0 | |
| *nicotine polacrilex LOZG* | 0 | |
| NICOTINE KIT | 0 | |
| *nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR* | 0 | QL(1 EA daily) |
| NICOTROL NS SOLN | 0 | |
| NICOTROL INHA | 0 | |
| *varenicline tartrate TABS* | 0 | QL(2 EA daily) |
| *varenicline tartrate TBPK* | 0 | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| PROLASTIN-C SOLN | 4 | PA |
| PROLASTIN-C SOLR | 4 | PA |
| Cystic Fibrosis Agents | | |
| KALYDECO TABS | 4 | QL(2 EA daily); SP; PA |
| ORKAMBI PACK | 4 | QL(2 EA daily); PA |
| ORKAMBI TABS | 4 | QL(4 EA daily); PA |
| PULMOZYME | 4 | QL(2.5 ML daily); SP; PA |
| TRIKAFTA TBPK | 4 | QL(3 EA daily); PA |
| Pulmonary Fibrosis Agents | | |
| OFEV | 4 | QL(2 EA daily); PA |
| *pirfenidone CAPS* | 4 | QL(1 EA daily); PA |
| *pirfenidone TABS 267 MG, 801 MG* | 4 | QL(1 EA daily); PA |
| *pirfenidone TABS 534 MG* | 4 | QL(3 EA daily); PA |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| *sulfadiazine TABS* | 1B | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| *demeclocycline hcl TABS* | 1B | |
| *doxycycline (monohydrate) CAPS 50 MG, 100 MG* | 1B | QL(2 EA daily) |
| *doxycycline (monohydrate) CAPS 75 MG* | 1B | |
| *doxycycline (monohydrate) TABS 100 MG* | 1B | QL(2 EA daily) |
| *doxycycline (monohydrate) TABS 50 MG, 75 MG* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxycycline hyclate CAPS* | 1B | QL(2 EA daily) |
| *doxycycline hyclate TABS 20 MG, 100 MG* | 1B | QL(2 EA daily) |
| *minocycline hcl CAPS* | 1B | QL(3 EA daily) |
| *minocycline hcl TABS* | 1B | QL(3 EA daily) |
| *tetracycline hcl CAPS* | 1B | QL(8 EA daily) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| *methimazole TABS* | 1B | |
| *propylthiouracil* | 1B | |
| Thyroid Hormones | | |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2 | |
| ARMOUR THYROID TABS | 2 | QL(1 EA daily) |
| EVEXITHROID TABS 180 MG | 2 | QL(1 EA daily) |
| *levothyroxine sodium TABS* | 1A | |
| *liothyronine sodium SOLN* | 1B | |
| *liothyronine sodium TABS* | 1B | |
| NP THYROID TABS | 1B | QL(1 EA daily) |
| SYNTHROID TABS *(levothyroxine sodium)* | 2 | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML | 0 | |
| BOOSTRIX SUSP | 0 | |
| BOOSTRIX SUSY | 0 | |
| DAPTACEL | 0 | |
| INFANRIX | 0 | |
| KINRIX SUSY | 0 | |
| PEDIARIX SUSY | 0 | |
| PENTACEL | 0 | |
| QUADRACEL SUSP | 0 | |
| QUADRACEL SUSY | 0 | |
| TDVAX SUSP | 0 | |
| TENIVAC SUSP 2 LFU-5 LFU | 0 | |
| TETANUS-DIPHTHERIA TOXOIDS TD SUSP | 0 | |
| VAXELIS SUSP | 0 | |
| VAXELIS SUSY | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| *atropine sulfate SOSY IJ 0.25 MG/5ML* | 1B | |
| *chlordiazepoxide hcl-clidinium bromide* | 1B | |
| *dicyclomine hcl CAPS* | 1B | |
| *dicyclomine hcl SOLN PO* | 1B | |
| *dicyclomine hcl TABS* | 1B | |
| *glycopyrrolate SOLN IJ 4 MG/20ML* | 1B | |
| *glycopyrrolate TABS 2 MG* | 1B | QL(6 EA daily) |
| *glycopyrrolate TABS 1 MG* | 1B | |
| *methscopolamine bromide* | 1B | |
| H-2 Antagonists | | |
| *cimetidine TABS* | 1B | RX/OTC |
| *famotidine in nacl SOLN* | 1B | |
| *famotidine SUSR* | 1B | QL(10 ML daily) |
| *famotidine TABS 20 MG, 40 MG* | 1B | RX/OTC |
| *nizatidine CAPS* | 1B | |
| Misc. Anti-Ulcer | | |
| *sucralfate SUSP* | 1B | QL(40 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sucralfate TABS* | 1B | QL(4 EA daily) |
| Proton Pump Inhibitors | | |
| *dexlansoprazole* | 3 | QL(1 EA daily) |
| *esomeprazole magnesium CPDR 40 MG* | 3 | QL(1 EA daily) |
| *esomeprazole magnesium CPDR 20 MG* | 1B | QL(2 EA daily); RX/OTC |
| *esomeprazole magnesium TBEC* | 1B | QL(2 EA daily) |
| *lansoprazole CPDR 15 MG* | 1B | QL(2 EA daily); RX/OTC |
| *lansoprazole CPDR 30 MG* | 1B | |
| NEXIUM 24HR TBEC 20 MG | 1B | QL(2 EA daily) |
| *omeprazole magnesium CPDR* | 1B | QL(4 EA daily) |
| *omeprazole CPDR* | 1B | QL(2 EA daily) |
| *omeprazole TBEC* | 1B | QL(2 EA daily) |
| *pantoprazole sodium TBEC 20 MG* | 1B | QL(1 EA daily) |
| *pantoprazole sodium TBEC 40 MG* | 1B | |
| *rabeprazole sodium TBEC* | 1B | QL(1 EA daily) |
| Ulcer Drugs - Prostaglandins | | |
| *misoprostol* | 1B | QL(4 EA daily) |
| Ulcer Therapy Combinations | | |
| *amoxicillin-clarithromycin w/ lansoprazole THPK* | 1B | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail |
| *omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG* | 1B | QL(1 EA daily); RX/OTC |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| *darifenacin hydrobromide* | 1B | QL(1 EA daily) |
| *fesoterodine fumarate* | 1B | QL(1 EA daily) |
| *oxybutynin chloride SOLN* | 1B | |
| *oxybutynin chloride TABS 5 MG* | 1B | |
| *oxybutynin chloride TB24* | 1B | |
| *solifenacin succinate TABS* | 1B | QL(1 EA daily) |
| *tolterodine tartrate CP24* | 1B | QL(1 EA daily) |
| *tolterodine tartrate TABS* | 1B | |
| *trospium chloride CP24* | 1B | QL(1 EA daily) |
| *trospium chloride TABS* | 1B | QL(3 EA daily) |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| *mirabegron TB24* | 3 | PA |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride 5 MG, 10 MG, 50 MG* | 1B | QL(4 EA daily) |
| *bethanechol chloride 25 MG* | 1B | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| *flavoxate hcl* | 1B | |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | 0 | |
| BEXSERO 0.5 ML | 0 | |
| CAPVAXIVE | 0 | |
| HIBERIX SOLR IJ | 0 | |
| MENACTRA | 0 | |
| MENQUADFI 0.5 ML | 0 | |
| MENVEO SOLN | 0 | |
| MENVEO SOLR | 0 | |
| PEDVAX HIB SUSP | 0 | |
| PENBRAYA | 0 | |
| PENMENVY SUSR IM | 0 | AL(At least 10 yrs old - Up to 25 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PNEUMOVAX 23 SOLN | 0 | |
| PNEUMOVAX 23 SOSY | 0 | |
| PREVNAR 13 | 0 | |
| PREVNAR 20 | 0 | 1 max fill(s) per 999 day(s) retail |
| TRUMENBA 0.5 ML | 0 | |
| VAXNEUVANCE | 0 | 4 max fill(s) per 999 day(s) retail |
| Viral Vaccines | | |
| ABRYSVO | 0 | |
| AFLURIA PRESERVATIVE FREE SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| AFLURIA QUADRIVALENT SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | 0 | 1 max fill(s) per 180 day(s) retail |
| AFLURIA SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| AREXVY | 0 | |
| AUDENZ EMUL | 0 | |
| AUDENZ PRSY | 0 | |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0 | |
| COMIRNATY SUSP | 0 | |
| COMIRNATY SUSY | 0 | |
| ENGERIX-B SUSP 20 MCG/ML | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| ENGERIX-B SUSY | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SPIKEVAX SUSP | 0 | |
| SPIKEVAX SUSY | 0 | |
| TWINRIX SUSY | 0 | |
| VAQTA | 0 | |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML | 0 | |
| VARIVAX SUSR | 0 | 2 max fill(s) per 365 day(s) retail |
| VAGINAL AND RELATED PRODUCTS | | |
| Spermicides | | |
| TODAY SPONGE MISC | 0 | |
| VCF VAGINAL CONTRACEPTIVE FILM | 0 | |
| Vaginal Anti-infectives | | |
| *clindamycin phosphate vaginal CREA* | 1B | |
| *clotrimazole vaginal CREA 1 %* | 1B | |
| GYNAZOLE-1 | 3 | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail) |
| *metronidazole vaginal* | 1B | |
| *miconazole nitrate vaginal SUPP 200 MG* | 1B | |
| *terconazole vaginal CREA* | 1B | |
| *terconazole vaginal CREA* | 1B | |
| *terconazole vaginal SUPP* | 1B | |
| Vaginal Anti-inflammatory Agents | | |
| *hydrocortisone vaginal* | 1B | QL(15.15 GM daily) |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | 0 | PV |
| Vaginal Estrogens | | |
| *estradiol vaginal CREA* | 1B | QL(2 GM daily) |
| *estradiol vaginal TABS* | 1B | |
| ESTRING RING 7.5 MCG/24HR | 3 | |
| FEMRING | 3 | |
| PREMARIN | 2 | QL(1.5 GM daily) |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| *epinephrine (anaphylaxis) SOAJ* | 1B | QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |
| Vasopressors | | |
| *midodrine hcl* | 1B | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| *cholecalciferol CAPS* | 1A | |
| *cholecalciferol TABS 10 MCG, 400 UNIT* | 0 | |
| *ergocalciferol CAPS* | 0 | |
| *ergocalciferol SOLN PO 200 MCG/ML* | 1B | |
| VITAMIN D2 TABS 400 UNIT | 0 | AL(At least 65 yrs old) |
| Water Soluble Vitamins | | |
| *ascorbic acid SOLN IJ* | 3 | QL(0.4 ML daily) |
| NIACIN ER TBCR | 1B | |
| *niacinamide TABS 100 MG* | 1B | |
| *niacinamide TABS 500 MG* | 1A | |
| *niacin CPCR 250 MG, 500 MG* | 1A | |
| *niacin TABS* | 1A | |
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STELARA SOSY 45 MG/0.5ML ... 38

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STEQEYMA 45 MG/0.5ML ..... 38

STEQEYMA 90 MG/ML ..... 38

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sulfacetamide sodium w/ sulfur LIQD 10 %-5 % ..... 36

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XARELTO TABS 10 MG, 20 MG ..11
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XELJANZ TABS 10 MG ....2
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XHANCE EXHU ....55
XIFAXAN 200 MG ....21
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XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG ....15
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG ....15
XOSPATA ....26
XTANDI CAPS ....25
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YERVOY ....24
YESINTEK 130 MG/26ML ....45
YESINTEK SOLN 45 MG/0.5ML ..38
YESINTEK SOSY 45 MG/0.5ML ..38
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YONSA ....25
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML ....3
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML ....3
YUFLYMA (2 PEN) AJKT ....4
YUFLYMA (2 SYRINGE) PSKT ....4
YUFLYMA-CD/UC/HS STARTER AJKT ....4
zafirlukast ....9
zaleplon 10 MG ....48
zaleplon 5 MG ....48
ZALTRAP 100 MG/4ML ....24
ZANOSAR ....23
ZARONTIN CAPS (ethosuximide) .13
ZARXIO ....47
ZEJULA TABS ....26
ZELBORAF ....26
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 ....42
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT ....42
zidovudine CAPS ....30
zidovudine SYRP ....30
zidovudine TABS ....30
zileuton TB12 ....9
ziprasidone hcl ....27
ZIRABEV ....24
ZIRGAN GEL ....56

ZOLADEX 10.8 MG ..... 25

ZOLADEX 3.6 MG ..... 25

zoledronic acid SOLN 5 MG/100ML 43

ZOLINZA ..... 26

zolmitriptan SOLN ..... 51

zolmitriptan TABS ..... 51

zolmitriptan TBDP ..... 51

zolpidem tartrate TABS ..... 48

zolpidem tartrate TBCR ..... 48

zonisamide CAPS ..... 13

ZONTIVITY ..... 47

ZORBTIVE SC ..... 43

ZYDELIG ..... 26

ZYLET ..... 56