2027

Formulary
Formulario

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Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter, o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su benefcio 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 fguran en el nivel 2 para ayudar a identifcar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables si un medicamento genérico del Formulario no es adecuado para su condición.

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

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

Clave de la lista de medicamentos:

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

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

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

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

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

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no fguran 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 “hemoflia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemoflia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

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		
ADDERALL XR CP24 20 MG, 25 MG, 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
ADDERALL XR CP24 15 MG *(Use amphetamine-dextroamphetamine)*	NF	
ADDERALL XR CP24 5 MG, 10 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(1 EA daily)
ADDERALL TABS 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(3 EA daily)
amphetamine sulfate TABS	3	PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1B	QL(1 EA daily)
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)
amphetamine-dextroamphetamine CP24 15 MG	1B	
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1B	QL(3 EA daily)
amphetamine-dextroamphetamine TABS 30 MG	1B	QL(2 EA daily)
DESOXYN *(Use methamphetamine hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NF	QL(4 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	
EVEKEO TABS *(Use amphetamine sulfate)*	NF	PA
lisdexamfetamine dimesylate CAPS	1B	QL(1 EA daily); ST
lisdexamfetamine dimesylate CHEW	1B	QL(1 EA daily); ST
methamphetamine hcl	1B	QL(5 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
VYVANSE CHEW *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
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)

Drug Name	Drug Tier	Requirements/ Limits
clonidine hcl (adhd) TB12	1B	
guanfacine hcl (adhd)	1B	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV *(Use guanfacine hcl (adhd))*	NF	QL(1 EA daily); AL(At least 6 yrs old)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(Use atomoxetine hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
STRATTERA 60 MG, 80 MG, 100 MG *(Use atomoxetine hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 EA daily); PA
SUNOSI 75 MG	3	QL(2 EA daily); PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NF	QL(1 EA daily)
armodafinil	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
CONCERTA TBCR 18 MG, 27 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH *(Use methylphenidate)*	NF	QL(1 EA daily); PA
dexmethylphenidate hcl CP24	1B	QL(1 EA daily)
dexmethylphenidate hcl TABS	1B	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NF	QL(1 EA daily)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN *(Use methylphenidate hcl)*	NF	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW 10 MG	1B	QL(5 EA daily)
methylphenidate hcl CHEW 5 MG	1B	QL(6 EA daily)
methylphenidate hcl CHEW 2.5 MG	1B	QL(2 EA daily)
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 30 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24	1B	QL(1 EA daily)
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 10 MG, 20 MG	1B	QL(3 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 36 MG, 54 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	1B	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
modafinil 100 MG	1B	QL(1 EA daily); PA
modafinil 200 MG	1B	QL(2 EA daily); PA
NUVIGIL *(Use armodafinil)*	NF	QL(1 EA daily); AL(At least 17 yrs old); PA
PROVIGIL 200 MG *(Use modafinil)*	NF	QL(2 EA daily); PA
PROVIGIL 100 MG *(Use modafinil)*	NF	QL(1 EA daily); PA
RITALIN LA CP24 30 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG, 40 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NF	QL(6 EA daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
PALFORZIA INITIAL DOSE 1-3YRS CSPK	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	

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
neomycin sulfate TABS	1B	
streptomycin sulfate SOLR	3	
TOBI NEBU *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
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
tofacitinib citrate SOLN 1 MG/ML	4	QL(20 ML daily); PA
tofacitinib citrate TABS 5 MG, 10 MG	4	QL(2 EA daily); PA
tofacitinib citrate TB24 11 MG, 22 MG	4	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG *(Use tofacitinib citrate)*	4	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML *(Use tofacitinib citrate)*	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG, 10 MG *(Use tofacitinib citrate)*	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

Drug Name	Drug Tier	Requirements/ Limits
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		
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; 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	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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 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
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
KEVZARA SOAJ	4	QL(0.082 ML daily); PA
KEVZARA SOSY	4	QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE TABS *(Use naproxen sodium)*	NF	
ANAPROX DS TABS *(Use naproxen sodium)*	NF	
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	NF	
CELEBREX *(Use celecoxib)*	NF	QL(2 EA daily)
celecoxib	1B	QL(2 EA daily)
DAYPRO TABS *(Use oxaprozin)*	NF	
diclofenac potassium TABS 50 MG	1B	
diclofenac sodium TB24	1B	

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium TBEC	1B	
diclofenac w/ misoprostol TBEC	1B	
EC-NAPROSYN TBEC 500 MG *(Use naproxen)*	NF	QL(3 EA daily)
EC-NAPROSYN TBEC 375 MG *(Use naproxen)*	NF	
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, 75 MG	1B	
ketorolac tromethamine TABS	1B	QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
LODINE TABS *(Use etodolac)*	NF	
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NF	
meclofenamate sodium CAPS	3	
mefenamic acid CAPS	1B	QL(5 EA daily); ST
meloxicam TABS	1A	QL(1 EA daily)
nabumetone	1B	
NAPROSYN SUSP *(Use naproxen)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
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	
TOLECTIN DS CAPS 400 MG *(Use tolmetin sodium)*	NF	
tolmetin sodium CAPS	1B	
tolmetin sodium TABS 600 MG	1B	
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		
ARAVA *(Use leflunomide)*	NF	QL(1 EA daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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); 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)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 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,		

Drug Name	Drug Tier	Requirements/ Limits
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
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID LIQD *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply
DILAUDID TABS *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply; QL(8 EA daily)
DISKETS TBSO 40 MG *(Use methadone hcl)*	NF	QL(2 EA daily)
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(Use morphine sulfate)*	NF	
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(Use fentanyl citrate)*	NF	QL(2 ML daily); PA
fentanyl citrate LPOP	1B	QL(4 EA daily); PA
fentanyl citrate SOLN IJ 50 MCG/ML	3	QL(2 ML 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 PF SOLN IJ *(Use hydromorphone hcl)*	NF	
hydromorphone hcl LIQD	1B	New starts limited to 7 day supply
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1B	
hydromorphone hcl TABS	1B	New starts limited to 7 day supply; QL(8 EA daily)
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1B	QL(2 EA daily); PA
hydromorphone hcl TB24 32 MG	1B	QL(1 EA daily); PA
levorphanol tartrate TABS 2 MG	1B	New starts limited to 7 day supply
meperidine hcl SOLN 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 IJ 10 MG/ML	1B	
methadone hcl SOLN PO 5 MG/5ML	1B	QL(100 ML daily)
methadone hcl SOLN PO 10 MG/5ML	1B	QL(50 ML daily)
METHADONE HCL SOLN IJ *(Use 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)
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NF	QL(10 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
METHADOSE CONC *(Use methadone hcl)*	NF	QL(10 ML 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 20 MG/5ML	1B	New starts limited to 7 day supply; QL(50 ML daily)
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 TABS	1B	New starts limited to 7 day supply; QL(6 EA daily)
morphine sulfate TBCR	1B	QL(2 EA daily)
MS CONTIN TBCR *(Use morphine sulfate)*	NF	QL(2 EA daily)
NUCYNTA TABS 50 MG *(Use tapentadol hcl)*	NF	QL(6 EA daily); PA
oxycodone hcl TABS	1B	New starts limited to 7 day supply; QL(12 EA daily)
oxymorphone hcl TABS	1B	QL(12 EA daily); PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1B	QL(2 EA daily); PA
oxymorphone hcl TB12 40 MG	1B	QL(4 EA daily); PA
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
TAPENTADOL HCL ER TB12 50 MG	3	QL(2 EA daily); PA
tapentadol hcl TABS 50 MG	3	QL(6 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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 15 MG-300 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
acetaminophen w/ codeine TABS 60 MG-300 MG	1B	New starts limited to 7 day supply; QL(6 EA daily)
acetaminophen w/ codeine TABS 30 MG-300 MG	1A	New starts limited to 7 day supply; QL(12 EA daily)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1B	New starts limited to 7 day supply; PA
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	3	New starts limited to 7 day supply; PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1B	New starts limited to 7 day supply; QL(6 EA daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1B	New starts limited to 7 day supply
butalbital-aspirin-caffeine w/cod	1B	New starts limited to 7 day supply; QL(6 EA daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
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 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(12 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
hydrocodone-ibuprofen 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-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(12 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(13 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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	1A	QL(3 EA daily)
buprenorphine hcl SOLN	1B	
buprenorphine hcl SUBL	1A	QL(3 EA daily)
buprenorphine PTWK	1B	QL(0.143 EA daily); PA
butorphanol tartrate NA 10 MG/ML	1B	QL(0.34 ML daily); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1B	
BUTRANS PTWK *(Use buprenorphine)*	NF	QL(0.143 EA daily); PA
nalbuphine hcl 10 MG/ML	3	QL(8 ML daily); PA
pentazocine w/ naloxone hcl	1B	New starts limited to 7 day supply
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA
danazol CAPS	1B	
methyltestosterone TABS	3	
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
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	
hydrocortisone (intrarectal)	1B	
UCERIS *(Use budesonide (intrarectal))*	NF	QL(3.2 GM daily); PA
Rectal Steroids		
ANUCORT-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
ANUSOL-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	
HEMMOREX-HC 25 MG, 30 MG *(Use hydrocortisone acetate (rectal))*	NF	
hydrocortisone (rectal) EX	1B	
hydrocortisone acetate (rectal)	1B	
PROCTOCORT *(Use hydrocortisone acetate (rectal))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
nitroglycerin (intra-anal)	1B	QL(2 GM daily)
RECTIV *(Use nitroglycerin (intra-anal))*	NF	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1B	PA
BILTRICIDE *(Use praziquantel)*	NF	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 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
STROMECTOL *(Use ivermectin)*	NF	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
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		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1B	
isosorbide mononitrate TABS	1B	
isosorbide mononitrate TB24	1A	
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin OINT	1B	
nitroglycerin PT24	1B	
NITROGLYCERIN SOLN IV	1B	
nitroglycerin SUBL	1B	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
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	
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	NF	
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	
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
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	
VALIUM TABS *(Use diazepam)*	NF	QL(4 EA daily)
XANAX XR TB24 *(Use alprazolam)*	NF	
XANAX TABS *(Use alprazolam)*	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1B	
NORPACE CAPS *(Use disopyramide phosphate)*	NF	
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		

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl SOLN 150 MG/3ML	1B	
amiodarone hcl TABS	1B	
dofetilide	1B	
TIKOSYN *(Use dofetilide)*	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(Use ipratropium bromide hfa)*	NF	QL(0.44 GM daily)
INCRUSE ELLIPTA 62.5 MCG/ACT *(Use umeclidinium bromide)*	1B	QL(1 EA daily)
ipratropium bromide hfa 17 MCG/ACT	1B	QL(0.44 GM daily)
ipratropium bromide SOLN 0.02 %	1B	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN	1B	QL(0.14 GM daily)
tiotropium bromide CAPS IN 18 MCG	1B	QL(1 EA daily)
TUDORZA PRESSAIR	1B	QL(0.04 EA daily)
umeclidinium bromide 62.5 MCG/INH	1B	QL(1 EA daily)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE *(Use zafirlukast)*	NF	QL(2 EA daily)
montelukast sodium CHEW	1B	QL(1 EA daily)
montelukast sodium PACK	1B	QL(1 EA daily)
montelukast sodium TABS	1B	QL(1 EA daily)
SINGULAIR CHEW *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR TABS *(Use montelukast sodium)*	NF	QL(1 EA daily)
zafirlukast	1B	QL(2 EA daily)
zileuton TB12	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NF	QL(1 EA daily)
roflumilast	1B	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	NF	
ASMANEX (120 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (14 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (30 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (60 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX HFA AERO	1B	QL(0.44 GM daily)
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	1B	

Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP	1B	QL(4 ML daily); PA
FLOVENT HFA 44 MCG/ACT *(Use fluticasone propionate hfa)*	NF	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone propionate (inhalation) AEPB	1B	
fluticasone propionate hfa	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1B	QL(0.27 EA daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1B	QL(0.07 EA daily)
PULMICORT SUSP *(Use budesonide (inhalation))*	NF	QL(4 ML daily); PA
QVAR REDIHALER 80 MCG/ACT	1B	QL(0.72 GM daily)
QVAR REDIHALER 40 MCG/ACT	1B	QL(0.36 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRSUPRA	1B	
albuterol sulfate AERS	1B	

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate NEBU	1B	
albuterol sulfate SYRP	1B	
albuterol sulfate TABS	1B	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	NF	
arformoterol tartrate	1B	QL(4 ML daily)
BEVESPI AEROSPHERE	1B	QL(0.36 GM daily)
BREO ELLIPTA	1B	
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	1B	
BREZTRI AEROSPHERE	1B	QL(0.38 GM daily)
BROVANA *(Use arformoterol tartrate)*	NF	QL(4 ML daily)
budesonide-formoterol fumarate dihydrate	1B	
COMBIVENT RESPIMAT AERS	3	QL(0.16 GM daily); PA
DULERA	1B	
fluticasone furoate-vilanterol	1B	
fluticasone-salmeterol AEPB	1B	
fluticasone-salmeterol AERO	1B	
formoterol fumarate NEBU	1B	QL(4 ML daily)
ipratropium-albuterol SOLN	1B	QL(18 ML daily)
levalbuterol hcl	1B	
levalbuterol tartrate	1B	QL(0.5 GM daily)
PERFOROMIST NEBU *(Use formoterol fumarate)*	NF	QL(4 ML daily)
PROAIR RESPICLICK AEPB	1B	
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS	1B	
STIOLTO RESPIMAT	1B	QL(0.14 GM daily)
STRIVERDI RESPIMAT	1B	
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NF	
terbutaline sulfate SOLN	1B	
terbutaline sulfate TABS	1B	
TRELEGY ELLIPTA	1B	QL(2 EA daily)
umeclidinium-vilanterol	1B	QL(2 EA daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NF	
XOPENEX HFA *(Use levalbuterol tartrate)*	NF	
Xanthines		
theophylline ELIX	1B	
theophylline SOLN	1B	QL(56 ML daily)
theophylline TB12	1B	
theophylline TB24	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1A	
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

Drug Name	Drug Tier	Requirements/ Limits
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	NF	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 2.5 MG *(Use rivaroxaban)*	NF	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML *(Use fondaparinux sodium)*	NF	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
ARIXTRA 7.5 MG/0.6ML *(Use fondaparinux sodium)*	NF	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
ARIXTRA 2.5 MG/0.5ML *(Use fondaparinux sodium)*	NF	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
ARIXTRA 10 MG/0.8ML *(Use fondaparinux sodium)*	NF	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
enoxaparin sodium SOLN IJ 300 MG/3ML	4	QL(6 ML daily)
enoxaparin sodium SOSY 60 MG/0.6ML	4	QL(1.2 ML daily)
enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ML daily)
enoxaparin sodium SOSY 30 MG/0.3ML	4	QL(0.6 ML daily)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ML daily)
fondaparinux sodium 10 MG/0.8ML	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
FRAGMIN SOSY	4	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	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NF	QL(6 ML daily)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use enoxaparin sodium)*	NF	QL(1.6 ML daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NF	QL(2 ML daily)
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NF	QL(0.8 ML daily)
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NF	QL(1.2 ML daily)
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NF	QL(0.6 ML daily)
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1B	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 8 MG, 10 MG, 12 MG *(Use perampanel)*	NF	QL(1 EA daily); PA
FYCOMPA TABS 4 MG *(Use perampanel)*	NF	QL(3 EA daily); PA
FYCOMPA TABS 6 MG *(Use perampanel)*	NF	QL(2 EA daily); PA
FYCOMPA TABS 2 MG *(Use perampanel)*	NF	QL(6 EA daily); PA
perampanel TABS 4 MG	1B	QL(3 EA daily); PA
perampanel TABS 2 MG	1B	QL(6 EA daily); PA
perampanel TABS 6 MG	1B	QL(2 EA daily); PA
perampanel TABS 8 MG, 10 MG, 12 MG	1B	QL(1 EA daily); PA
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1B	QL(16 ML daily); PA
clobazam TABS	1B	QL(2 EA daily); PA
clonazepam TABS	1A	
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
diazepam (anticonvulsant) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
KLONOPIN TABS *(Use clonazepam)*	NF	
ONFI SUSP *(Use clobazam)*	NF	QL(16 ML daily); PA
ONFI TABS *(Use clobazam)*	NF	QL(2 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
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.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	NF	QL(2 EA daily); ST
BANZEL SUSP *(Use rufinamide)*	NF	QL(80 ML daily); PA
BANZEL TABS 200 MG *(Use rufinamide)*	NF	QL(2 EA daily); PA
BANZEL TABS 400 MG *(Use rufinamide)*	NF	QL(8 EA daily); PA
brivaracetam SOLN PO 10 MG/ML	1B	QL(20 ML daily); PA
BRIVIACT SOLN PO 10 MG/ML *(Use brivaracetam)*	3	QL(20 ML daily); PA
carbamazepine CHEW	1B	
carbamazepine CP12 300 MG	1B	QL(4 EA daily)
carbamazepine CP12 100 MG	1B	
carbamazepine CP12 200 MG	1B	QL(6 EA daily)
carbamazepine SUSP	1B	
carbamazepine TABS	1B	
carbamazepine TB12 100 MG, 400 MG	1B	QL(4 EA daily)
carbamazepine TB12 200 MG	1B	QL(6 EA daily)
CARBATROL CP12 300 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
CARBATROL CP12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CARBATROL CP12 100 MG *(Use carbamazepine)*	NF	
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	
KEPPRA XR TB24 *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NF	QL(30 ML daily)
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NF	QL(3 EA daily)
KEPPRA TABS 500 MG *(Use levetiracetam)*	NF	QL(6 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1B	QL(40 ML daily)
lacosamide TABS	1B	QL(2 EA daily)
LAMICTAL ODT TBDP *(Use lamotrigine)*	NF	QL(1 EA daily)
LAMICTAL CHEW 25 MG *(Use lamotrigine)*	NF	QL(20 EA daily)
LAMICTAL CHEW 5 MG *(Use lamotrigine)*	NF	QL(100 EA daily)
LAMICTAL TABS *(Use lamotrigine)*	NF	
lamotrigine CHEW 5 MG	1B	QL(100 EA daily)
lamotrigine CHEW 25 MG	1B	QL(20 EA daily)
lamotrigine TABS	1B	
lamotrigine TBDP	1B	QL(1 EA daily)
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1B	QL(30 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam TABS 250 MG, 750 MG	1B	QL(4 EA daily)
levetiracetam TABS 500 MG	1B	QL(6 EA daily)
levetiracetam TABS 1000 MG	1B	QL(3 EA daily)
levetiracetam TB24	1B	QL(4 EA daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(Use pregabalin)*	NF	QL(3 EA daily); ST
LYRICA CAPS 225 MG, 300 MG *(Use pregabalin)*	NF	QL(2 EA daily); ST
LYRICA SOLN *(Use pregabalin)*	NF	QL(30 ML daily); ST
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	NF	
NEURONTIN SOLN *(Use gabapentin)*	NF	QL(60 ML daily)
NEURONTIN TABS *(Use gabapentin)*	NF	
oxcarbazepine SUSP	1B	QL(40 ML daily)
oxcarbazepine TABS 600 MG	1B	QL(4 EA daily)
oxcarbazepine TABS 150 MG, 300 MG	1B	QL(3 EA daily)
pregabalin CAPS 225 MG, 300 MG	1B	QL(2 EA daily); ST
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1B	QL(3 EA daily); ST
pregabalin SOLN	1B	QL(30 ML daily); ST
primidone 50 MG, 250 MG	1B	
QUDEXY XR CS24 *(Use topiramate)*	NF	PA
rufinamide SUSP	1B	QL(80 ML daily); PA
rufinamide TABS 400 MG	1B	QL(8 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
rufinamide TABS 200 MG	1B	QL(2 EA daily); PA
TEGRETOL SUSP *(Use carbamazepine)*	NF	
TEGRETOL TABS *(Use carbamazepine)*	NF	
TEGRETOL-XR TB12 100 MG, 400 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
TEGRETOL-XR TB12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NF	QL(8 EA daily)
TOPAMAX TABS 200 MG *(Use topiramate)*	NF	QL(2 EA daily)
TOPAMAX TABS 50 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX TABS 25 MG, 100 MG *(Use topiramate)*	NF	QL(4 EA daily)
topiramate CPSP 15 MG	1B	QL(6 EA daily)
topiramate CPSP 25 MG	1B	QL(8 EA daily)
topiramate CS24	3	PA
topiramate TABS 50 MG	1B	QL(6 EA daily)
topiramate TABS 25 MG, 100 MG	1B	QL(4 EA daily)
topiramate TABS 200 MG	1B	QL(2 EA daily)
TRILEPTAL SUSP *(Use oxcarbazepine)*	NF	QL(40 ML daily)
TRILEPTAL TABS 150 MG, 300 MG *(Use oxcarbazepine)*	NF	QL(3 EA daily)
TRILEPTAL TABS 600 MG *(Use oxcarbazepine)*	NF	QL(4 EA daily)
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NF	QL(40 ML daily)
VIMPAT TABS *(Use lacosamide)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NF	QL(6 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)
FELBATOL SUSP *(Use felbamate)*	NF	QL(30 ML daily)
FELBATOL TABS 600 MG *(Use felbamate)*	NF	QL(6 EA daily)
FELBATOL TABS 400 MG *(Use felbamate)*	NF	QL(9 EA daily)
GABA Modulators		
SABRIL PACK *(Use vigabatrin)*	NF	QL(6 EA daily); PA
SABRIL TABS *(Use vigabatrin)*	NF	QL(6 EA daily); PA
tiagabine hcl	1B	
vigabatrin PACK	4	QL(6 EA daily); PA
vigabatrin TABS	4	QL(6 EA daily); PA
Hydantoins		
CEREBYX *(Use fosphenytoin sodium)*	NF	
DILANTIN *(Use phenytoin sodium extended)*	2	
DILANTIN	2	
DILANTIN INFATABS CHEW *(Use phenytoin)*	2	
DILANTIN-125 SUSP *(Use phenytoin)*	2	
DILANTIN SUSP *(Use phenytoin)*	2	
fosphenytoin sodium	1B	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B	
phenytoin sodium SOLN	1B	
phenytoin CHEW	1B	
phenytoin SUSP	1B	
Succinimides		
CELONTIN *(Use methsuximide)*	NF	QL(4 EA daily)
ethosuximide CAPS	1B	QL(6 EA daily)
ethosuximide SOLN	1B	QL(30 ML daily)
methsuximide	1B	QL(4 EA daily)
ZARONTIN CAPS *(Use ethosuximide)*	NF	QL(6 EA daily)
ZARONTIN SOLN *(Use ethosuximide)*	NF	QL(30 ML daily)
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NF	
DEPAKOTE TBEC *(Use divalproex sodium)*	NF	
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	
REMERON SOLTAB TBDP *(Use mirtazapine)*	NF	
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NF	
Antidepressants - Misc.		
bupropion hcl TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12	1B	
bupropion hcl TB24 150 MG, 300 MG	1B	
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NF	
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NF	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	1B	
tranylcypromine sulfate	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(Use citalopram hydrobromide)*	NF	
citalopram hydrobromide SOLN	1A	
citalopram hydrobromide TABS	1A	
escitalopram oxalate SOLN	1B	
escitalopram oxalate TABS	1B	
fluoxetine hcl CAPS	1A	
fluoxetine hcl CPDR	1A	
fluoxetine hcl SOLN	1B	
fluoxetine hcl TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	
fluvoxamine maleate TABS	1B	
LEXAPRO TABS *(Use escitalopram oxalate)*	NF	
paroxetine hcl SUSP	1B	
paroxetine hcl TABS	1B	
paroxetine hcl TB24	1B	
PAXIL CR TB24 *(Use paroxetine hcl)*	NF	
PAXIL SUSP *(Use paroxetine hcl)*	NF	
PAXIL TABS *(Use paroxetine hcl)*	NF	
PROZAC CAPS *(Use fluoxetine hcl)*	NF	
sertraline hcl CONC	1B	
sertraline hcl TABS	1B	
ZOLOFT CONC *(Use sertraline hcl)*	NF	
ZOLOFT TABS *(Use sertraline hcl)*	NF	
Serotonin Modulators		
nefazodone hcl	1B	
trazodone hcl TABS	1B	
TRINTELLIX	3	QL(1 EA daily); PA
VIIBRYD TABS *(Use vilazodone hcl)*	NF	
vilazodone hcl TABS	1B	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NF	
desvenlafaxine succinate	1B	
duloxetine hcl CPEP	1B	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
PRISTIQ *(Use desvenlafaxine succinate)*	NF	
venlafaxine hcl CP24	1B	
venlafaxine hcl TABS	1B	
venlafaxine hcl TB24	1B	
Tricyclic Agents		
amitriptyline hcl TABS	1A	
amoxapine	1B	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	1B	
desipramine hcl TABS	1B	
doxepin hcl CAPS	1B	
doxepin hcl CONC	1B	
imipramine hcl TABS	1B	
imipramine pamoate	1B	
NORPRAMIN TABS 10 MG, 25 MG *(Use desipramine hcl)*	NF	
nortriptyline hcl CAPS	1B	
nortriptyline hcl SOLN	1B	
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
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		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 free base-metformin hcl TB24 PO 1000 MG-10 MG	1B	QL(1 EA daily)
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	1B	QL(2 EA daily)
DUETACT *(Use pioglitazone hcl-glimepiride)*	NF	QL(1 EA daily)
glipizide-metformin hcl 500 MG-5 MG	1B	QL(4 EA daily)
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1B	QL(2 EA daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	QL(4 EA daily)
glyburide-metformin 250 MG-1.25 MG	1B	QL(2 EA daily)
GLYXAMBI	1B	QL(1 EA daily)
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
INVOKAMET XR TB24 500 MG-50 MG	3	QL(4 EA daily); PA
INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
INVOKAMET TABS 500 MG-50 MG	3	QL(4 EA daily); PA
JANUMET XR TB24 1000 MG-100 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
JENTADUETO XR TB24 1000 MG-5 MG	3	QL(1 EA daily); PA
JENTADUETO XR TB24 1000 MG-2.5 MG	3	QL(2 EA daily); PA
JENTADUETO TABS	3	QL(2 EA daily); PA
pioglitazone hcl-glimepiride	1B	QL(1 EA daily)
pioglitazone hcl-metformin hcl TABS	1B	QL(2 EA daily)
saxagliptin-metformin hcl 1000 MG-2.5 MG	1B	QL(2 EA daily)
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 EA daily)
SEGLUROMET 500 MG-2.5 MG	3	QL(4 EA daily); PA
SEGLUROMET 1000 MG-2.5 MG, 1000 MG-7.5 MG, 500 MG-7.5 MG	3	QL(2 EA daily); PA
sitagliptin phosphate-metformin hcl TABS	1B	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	1B	QL(1 EA daily)
sitagliptin phosphate-metformin hcl TB24	1B	QL(2 EA daily)
SOLIQUA	1B	QL(0.5 ML daily); PA
STEGLUJAN	3	QL(1 EA daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	1B	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TABS	1B	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1B	QL(1 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1B	QL(2 EA daily)
XIGDUO XR TB24 PO *(Use dapagliflozin free base-metformin hcl)*	NF	QL(1 EA daily)
XIGDUO XR TB24 PO 1000 MG-5 MG *(Use dapagliflozin free base-metformin hcl)*	NF	QL(2 EA daily)
XULTOPHY	1B	QL(0.5 ML daily); PA
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	
metformin hcl TABS 500 MG	1A	QL(5 EA daily)
metformin hcl TABS 850 MG	0	QL(3 EA daily)
metformin hcl TABS 1000 MG	1A	QL(2.5 EA daily)
metformin hcl TB24 750 MG	1B	QL(3 EA daily)
metformin hcl TB24 500 MG	1B	QL(4 EA daily)
Diabetic Other		
diazoxide	1B	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	NF	QL(0.035 EA daily)
glucagon SOLR IJ 1 MG	1B	QL(0.035 EA daily)
PROGLYCEM *(Use diazoxide)*	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
JANUVIA 25 MG, 50 MG, 100 MG *(Use sitagliptin phosphate)*	NF	QL(1 EA daily)
ONGLYZA 5 MG *(Use saxagliptin hcl)*	NF	QL(1 EA daily)
saxagliptin hcl	1B	QL(1 EA daily)
sitagliptin phosphate 25 MG, 50 MG, 100 MG	1B	QL(1 EA daily)
TRADJENTA	3	QL(1 EA daily); PA
Incretin Mimetic Agents		
liraglutide	1B	Smart PA; QL(0.3 ML daily)
MOUNJARO	1B	Smart PA; QL(0.072 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC (2 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	1B	Smart PA; QL(1 EA daily)
RYBELSUS TABS	1B	Smart PA; QL(1 EA daily)
TRULICITY	1B	Smart PA; QL(0.143 ML daily)
VICTOZA *(Use liraglutide)*	NF	Smart PA; QL(0.3 ML daily)
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
FIASP FLEXTOUCH SOPN	1B	
FIASP PENFILL SOCT	1B	
FIASP PUMPCART SOCT	1B	

Drug Name	Drug Tier	Requirements/ Limits
FIASP SOLN	1B	
HUMALOG JUNIOR KWIKPEN SOPN	1B	
HUMALOG KWIKPEN SOPN	1B	
HUMALOG MIX 50/50 KWIKPEN SUPN	1B	
HUMALOG MIX 50/50 SUSP	1B	
HUMALOG MIX 75/25 KWIKPEN SUPN	1B	
HUMALOG MIX 75/25 SUSP	1B	
HUMALOG SOCT	1B	
HUMALOG SOLN IJ	1B	
HUMULIN 70/30 KWIKPEN SUPN	1B	
HUMULIN 70/30 SUSP	1B	
HUMULIN N KWIKPEN SUPN	1B	
HUMULIN N SUSP	1B	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1B	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	1B	QL(1.34 ML daily)
HUMULIN R SOLN IJ	1B	
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	1B	
INSULIN DEGLUDEC SOLN	1B	
INSULIN GLARGINE MAX SOLOSTAR SOPN	1B	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	1B	
INSULIN GLARGINE-YFGN SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOPN	1B	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	
INSULIN LISPRO SOLN IJ	1B	
LANTUS SOLOSTAR SOPN	1B	
NOVOLIN 70/30 FLEXPEN RELION SUPN	1B	
NOVOLIN 70/30 FLEXPEN SUPN	1B	
NOVOLIN 70/30 RELION SUSP	1B	
NOVOLIN 70/30 SUSP	1B	
NOVOLIN N FLEXPEN RELION SUPN	1B	
NOVOLIN N FLEXPEN SUPN	1B	
NOVOLIN N RELION SUSP	1B	
NOVOLIN N SUSP	1B	
NOVOLIN R FLEXPEN RELION SOPN IJ	1B	
NOVOLIN R FLEXPEN SOPN IJ	1B	
NOVOLIN R RELION SOLN IJ	1B	
NOVOLIN R SOLN IJ	1B	
NOVOLOG 70/30 FLEXPEN RELION SUPN	1B	
NOVOLOG FLEXPEN RELION SOPN	1B	
NOVOLOG FLEXPEN SOPN	1B	
NOVOLOG MIX 70/30 FLEXPEN SUPN	1B	
NOVOLOG MIX 70/30 RELION SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 SUSP	1B	
NOVOLOG PENFILL SOCT	1B	
NOVOLOG RELION SOLN IJ	1B	
NOVOLOG SOLN IJ	1B	
REZVOGLAR KWIKPEN	3	PA
TOUJEO MAX SOLOSTAR SOPN	1B	
TOUJEO SOLOSTAR SOPN	1B	
TRESIBA FLEXTOUCH SOPN	1B	
TRESIBA SOLN	1B	
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NF	QL(1 EA daily)
pioglitazone hcl	1B	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	1B	QL(3 EA daily)
repaglinide 2 MG	1B	QL(8 EA daily)
repaglinide 0.5 MG, 1 MG	1B	QL(4 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	1B	QL(1 EA daily)
FARXIGA TABS PO *(Use dapagliflozin)*	NF	QL(1 EA daily)
INVOKANA	3	QL(1 EA daily); PA
JARDIANCE	1B	QL(1 EA daily)
STEGLATRO 5 MG	3	QL(2 EA daily); PA
STEGLATRO 15 MG	3	QL(1 EA daily); PA
Sulfonylureas		
glimepiride 4 MG	1A	QL(2 EA daily)
glimepiride 1 MG, 2 MG	1A	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
glipizide TABS 5 MG, 10 MG	1A	QL(4 EA daily)
glipizide TB24	1A	QL(2 EA daily)
GLUCOTROL XL TB24 5 MG, 10 MG *(Use glipizide)*	NF	QL(2 EA daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1B	QL(4 EA daily)
glyburide TABS	1A	QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1B	
diphenoxylate w/ atropine TABS	1B	
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	PA
deferasirox TABS	4	PA
deferasirox TBSO	4	PA
EXJADE TBSO *(Use deferasirox)*	NF	PA
JADENU SPRINKLE PACK *(Use deferasirox)*	NF	PA
JADENU TABS *(Use deferasirox)*	NF	PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
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	1A	
naltrexone hcl	1A	
NARCAN LIQD *(Use naloxone hcl)*	NF	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA
granisetron hcl SOLN IV 1 MG/ML	1B	
granisetron hcl TABS	1B	QL(0.34 EA daily)
ondansetron hcl SOLN IJ 4 MG/2ML	1B	
ondansetron hcl SOLN PO 4 MG/5ML	1B	QL(3.34 ML daily)
ondansetron hcl SOSY	1B	
ondansetron hcl TABS 4 MG	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
ondansetron hcl TABS 8 MG	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
ondansetron hcl TABS 24 MG	1B	QL(0.143 EA daily)
ondansetron TBDP 4 MG	1B	QL(1 EA daily)
ondansetron TBDP 8 MG	1B	
palonosetron hcl SOLN	1B	
Antiemetics - Anticholinergic		
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
meclizine hcl TABS 12.5 MG	1A	RX/OTC
meclizine hcl TABS 25 MG	1B	RX/OTC
scopolamine	1B	QL(0.34 EA daily)
TRANSDERM SCOP 1 MG/3DAYS *(Use scopolamine)*	NF	QL(0.34 EA daily)
TRANSDERM-SCOP *(Use scopolamine)*	NF	QL(0.34 EA daily)
trimethobenzamide hcl CAPS	1B	
Antiemetics - Miscellaneous		
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NF	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; 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	
MARINOL CAPS *(Use dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 80 MG	1B	QL(0.134 EA daily)
aprepitant CAPS 40 MG, 125 MG	1B	QL(0.067 EA daily)
aprepitant CPPK PO	1B	PA
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	NF	QL(0.134 EA daily)
EMEND TRIPACK CPPK PO *(Use aprepitant)*	NF	PA
VARUBI (180 MG DOSE) TBPK	3	PA

ANTIFUNGALS - Drugs to Treat Fungal Infections

Drug Name	Drug Tier	Requirements/ Limits
Antifungals		
amphotericin b IV	3	
ANCOBON *(Use flucytosine)*	NF	
flucytosine	1B	
griseofulvin microsize SUSP	1B	AL(At least 2 yrs old)
griseofulvin microsize TABS	1B	
griseofulvin ultramicrosize	1B	
nystatin TABS	1B	
terbinafine hcl TABS	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 40 MG/ML *(Use fluconazole)*	NF	
DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)*	NF	
fluconazole SUSR	1B	
fluconazole TABS	1B	
itraconazole CAPS	1B	QL(4 EA daily); PA
itraconazole SOLN	1B	QL(20 ML daily); PA
ketoconazole	1B	
NOXAFIL SUSP *(Use posaconazole)*	NF	QL(20 ML daily)
NOXAFIL TBEC *(Use posaconazole)*	NF	QL(6 EA daily)
posaconazole SUSP	3	QL(20 ML daily)
posaconazole TBEC	3	QL(6 EA daily)
SPORANOX CAPS *(Use itraconazole)*	NF	QL(4 EA daily); PA
SPORANOX SOLN *(Use itraconazole)*	NF	QL(20 ML daily); PA
TOLSURA CAPS	4	PA
VFEND TABS 200 MG *(Use voriconazole)*	NF	QL(4 EA daily)
voriconazole TABS	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1B	
carbinoxamine maleate TABS 4 MG	1B	
clemastine fumarate TABS 2.68 MG	1B	
CLEMASZ TABS 2.68 MG *(Use clemastine fumarate)*	NF	
CLEMSZA TABS 2.68 MG *(Use clemastine fumarate)*	NF	
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)
CLARINEX TABS *(Use desloratadine)*	NF	QL(1 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN CAPS *(Use loratadine)*	NF	
CLARITIN CHEW *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	
CLARITIN TABS *(Use loratadine)*	NF	
desloratadine TABS	1B	QL(1 EA daily)
desloratadine TBDP 2.5 MG	1B	QL(1 EA daily)
levocetirizine dihydrochloride SOLN	1B	QL(10 ML daily); RX/OTC
levocetirizine dihydrochloride TABS	1B	QL(1 EA daily); RX/OTC
loratadine CAPS	1B	
loratadine CHEW	1B	
loratadine SOLN	1B	
loratadine TABS	1A	
loratadine TBDP	1B	
QUZYTTIR SOLN IV	3	PA
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	QL(10 ML daily); RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	QL(1 EA daily)
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)
VYTORIN *(Use ezetimibe-simvastatin)*	NF	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	1B	QL(4 EA daily); PA
LOVAZA *(Use omega-3-acid ethyl esters)*	NF	QL(4 EA daily)
omega-3-acid ethyl esters	1B	QL(4 EA daily)
VASCEPA 1 GM *(Use icosapent ethyl)*	NF	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Sequestrants		
cholestyramine light PACK	1B	QL(6 EA daily)
cholestyramine light POWD	1B	QL(24 GM daily)
cholestyramine PACK	1B	QL(6 EA daily)
cholestyramine POWD	1B	QL(25.2 GM daily)
colesevelam hcl PACK	1B	QL(1 EA daily); PA
colesevelam hcl TABS	1B	QL(7 EA daily)
COLESTID GRAN *(Use colestipol hcl)*	NF	QL(6 GM daily)
COLESTID PACK *(Use colestipol hcl)*	NF	QL(6 EA daily)
COLESTID TABS *(Use colestipol hcl)*	NF	QL(16 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)
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NF	QL(24 GM daily)
QUESTRAN PACK *(Use cholestyramine)*	NF	QL(6 EA daily)
QUESTRAN POWD *(Use cholestyramine)*	NF	QL(25.2 GM daily)
WELCHOL PACK *(Use colesevelam hcl)*	NF	QL(1 EA daily); PA
WELCHOL TABS *(Use colesevelam hcl)*	NF	QL(7 EA daily)
Fibric Acid Derivatives		
choline fenofibrate	1B	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	1B	QL(1 EA daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1B	QL(1 EA daily)
FENOGLIDE TABS *(Use fenofibrate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
gemfibrozil TABS	1B	QL(2 EA daily)
LOPID TABS *(Use gemfibrozil)*	NF	QL(2 EA daily)
TRICOR TABS *(Use fenofibrate)*	NF	QL(1 EA daily)
TRILIPIX *(Use choline fenofibrate)*	NF	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1A	QL(1 EA daily)
CRESTOR TABS *(Use rosuvastatin calcium)*	NF	QL(1 EA daily)
fluvastatin sodium CAPS 20 MG	1B	QL(1 EA daily)
fluvastatin sodium CAPS 40 MG	1B	QL(2 EA daily)
LIPITOR TABS *(Use atorvastatin calcium)*	NF	QL(1 EA daily)
lovastatin TABS 40 MG	1A	QL(2 EA daily); PV
lovastatin TABS 10 MG, 20 MG	1A	QL(1 EA daily); PV
pravastatin sodium	1B	QL(1 EA daily)
rosuvastatin calcium TABS	1B	QL(1 EA daily)
simvastatin TABS	1A	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1B	QL(1 EA daily)
ZETIA *(Use ezetimibe)*	NF	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	2	QL(0.25 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ	2	QL(0.0714 ML daily); PA
REPATHA SOSY	2	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL 20 MG, 40 MG *(Use quinapril hcl)*	NF	
ACCUPRIL 5 MG, 10 MG *(Use quinapril hcl)*	NF	QL(2 EA daily)
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(Use ramipril)*	NF	
benazepril hcl	1A	
captopril 25 MG, 50 MG, 100 MG	1B	QL(3 EA daily)
captopril 12.5 MG	1B	
enalapril maleate TABS	1A	
fosinopril sodium	1B	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1A	
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NF	
moexipril hcl	1B	QL(2 EA daily)
perindopril erbumine 4 MG	1B	
perindopril erbumine 2 MG, 8 MG	1B	QL(2 EA daily)
quinapril hcl 20 MG, 40 MG	1B	
quinapril hcl 5 MG, 10 MG	1B	QL(2 EA daily)
ramipril CAPS	1B	
trandolapril 1 MG, 2 MG	1B	QL(1 EA daily)
trandolapril 4 MG	1B	QL(2 EA daily)
VASOTEC TABS *(Use enalapril maleate)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
DIBENZYLINE *(Use phenoxybenzamine hcl)*	NF	PA
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NF	QL(1 EA daily)
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NF	QL(1 EA daily)
azilsartan medoxomil 40 MG, 80 MG	1B	QL(1 EA daily); ST
BENICAR *(Use olmesartan medoxomil)*	NF	QL(1 EA daily)
candesartan cilexetil	1B	QL(1 EA daily)
COZAAR *(Use losartan potassium)*	NF	QL(1 EA daily)
DIOVAN TABS *(Use valsartan)*	NF	QL(1 EA daily)
EDARBI 40 MG, 80 MG *(Use azilsartan medoxomil)*	3	QL(1 EA daily); ST
irbesartan	1B	QL(1 EA daily)
losartan potassium	1A	QL(1 EA daily)
MICARDIS *(Use telmisartan)*	NF	QL(1 EA daily)
olmesartan medoxomil	1B	QL(1 EA daily)
telmisartan	1B	QL(1 EA daily)
valsartan TABS	1B	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NF	
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
clonidine hcl TABS	1A	QL(8 EA daily)
clonidine PTWK	1B	QL(0.15 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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		
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 EA daily)
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 EA daily)
amlodipine besylate-benazepril hcl	1B	
amlodipine besylate-olmesartan medoxomil	1B	ST
amlodipine besylate-valsartan	1B	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	1B	
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	1B	
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NF	
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NF	ST
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1B	QL(1 EA daily)
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1B	
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide	1B	QL(2 EA daily)
candesartan cilexetil-hydrochlorothiazide	1B	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	1B	QL(2 EA daily)
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1B	
EXFORGE *(Use amlodipine besylate-valsartan)*	NF	QL(1 EA daily)
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NF	
fosinopril sodium & hydrochlorothiazide	1B	QL(1 EA daily)
HYZAAR 12.5 MG-50 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(2 EA daily)
HYZAAR 12.5 MG-100 MG, 25 MG-100 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(1 EA daily)
irbesartan-hydrochlorothiazide	1B	
lisinopril & hydrochlorothiazide	1A	
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	1A	QL(1 EA daily)
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	1A	QL(2 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT 12.5 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NF	
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	1B	
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1B	QL(1 EA daily)
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NF	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)
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	1B	QL(1 EA daily)
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NF	ST
valsartan-hydrochlorothiazide	1B	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NF	
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
aliskiren fumarate	1B	QL(1 EA daily)
TEKTURNA *(Use aliskiren fumarate)*	NF	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1B	
INSPRA *(Use eplerenone)*	NF	
Vasodilators		
hydralazine hcl SOLN	1B	
hydralazine hcl TABS	1B	
minoxidil 2.5 MG, 10 MG	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	1B	
NEBUPENT IN *(Use pentamidine isethionate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
pentamidine isethionate IN	1B	
tinidazole	1B	
trimethoprim TABS	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
sulfamethoxazole-trimethoprim SOLN	1B	
sulfamethoxazole-trimethoprim SUSP	1B	
sulfamethoxazole-trimethoprim TABS	1A	
Antiprotozoal Agents		
atovaquone	1B	
MEPRON *(Use atovaquone)*	NF	
nitazoxanide TABS	1B	PA
Carbapenems		
ertapenem sodium IJ	1B	
Chloramphenicols		
chloramphenicol sodium succinate	4	PA
Cyclic Lipopeptides		
daptomycin 500 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
DAPTOMYCIN *(Use daptomycin)*	NF	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail)
VANCOCIN CAPS *(Use vancomycin hcl)*	NF	QL(4 EA daily; 40 EA per fill retail)
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		
CLEOCIN *(Use clindamycin hcl)*	NF	
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	
CLEOCIN PHOSPHATE SOLN IJ *(Use clindamycin phosphate)*	NF	
clindamycin hcl	1B	
clindamycin palmitate hydrochloride	1B	
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1B	
LINCOCIN *(Use lincomycin hcl)*	NF	
lincomycin hcl	1B	
Monobactams		
AZACTAM *(Use aztreonam)*	NF	
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
ZYVOX SUSR *(Use linezolid)*	NF	
ZYVOX TABS *(Use linezolid)*	NF	QL(2 EA daily); PA
Urinary Anti-infectives		
fosfomycin tromethamine	1B	
HIPREX *(Use methenamine hippurate)*	NF	
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
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

Drug Name	Drug Tier	Requirements/ Limits
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
MALARONE *(Use atovaquone-proguanil hcl)*	NF	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
Antimalarials		
chloroquine phosphate TABS 250 MG	1B	QL(3 EA daily)
chloroquine phosphate TABS 500 MG	1B	
DARAPRIM *(Use pyrimethamine)*	NF	QL(3 EA daily); PA
hydroxychloroquine sulfate 200 MG	1B	QL(3 EA daily)
hydroxychloroquine sulfate 100 MG	1B	QL(4 EA daily)
hydroxychloroquine sulfate 400 MG	1B	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
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
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	QL(3 EA daily)
primaquine phosphate TABS	3	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	
pyrimethamine	1B	QL(3 EA daily); PA
QUALAQUIN CAPS *(Use quinine sulfate)*	NF	PA
quinine sulfate CAPS 324 MG	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN PO *(Use pyridostigmine bromide)*	NF	
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
NEOSTIGMINE METHYLSULFATE RFID SOSY *(Use neostigmine methylsulfate)*	NF	PA
neostigmine methylsulfate SOSY	3	PA
NEOSTIGMINE METHYLSULFATE SOSY *(Use neostigmine methylsulfate)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
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	
isoniazid SOLN	1B	
isoniazid SYRP	1B	
isoniazid TABS	1A	
MYCOBUTIN *(Use rifabutin)*	NF	PA
PRETOMANID	3	PA
PRIFTIN 150 MG *(Use rifapentine)*	3	
pyrazinamide	1B	
rifabutin	1B	PA
RIFADIN SOLR *(Use rifampin)*	NF	
rifampin CAPS	1B	
rifampin SOLR	1B	
rifapentine 150 MG	1B	
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
busulfan SOLN	4	PA
BUSULFEX SOLN *(Use busulfan)*	NF	PA
carmustine	4	PA
cisplatin SOLN 100 MG/100ML	4	PA
cyclophosphamide CAPS	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE 40 MG, 100 MG *(Use lomustine)*	NF	PA
GLEOSTINE 10 MG *(Use lomustine)*	NF	PA
LEUKERAN	4	PA
lomustine 40 MG, 100 MG	4	PA
lomustine 10 MG	4	PA
melphalan hcl IV	1B	
TEMODAR SOLR	4	
temozolomide CAPS	4	PA
TEPADINA 15 MG *(Use thiotepa)*	NF	PA
thiotepa 15 MG	4	PA
ZANOSAR	4	PA
Antimetabolites		
ALIMTA SOLR 500 MG *(Use pemetrexed disodium)*	NF	PA
ALIMTA SOLR 100 MG *(Use pemetrexed disodium)*	NF	
ARRANON *(Use nelarabine)*	NF	PA
azacitidine SUSR	4	PA
capecitabine	4	PA
clofarabine	4	PA
decitabine	4	PA
floxuridine	4	PA
fludarabine phosphate SOLN	4	PA
fludarabine phosphate SOLR	4	PA
FOLOTYN 20 MG/ML *(Use pralatrexate)*	NF	PA
mercaptopurine TABS	1B	
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	1B	
methotrexate sodium SOLR	1B	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium TABS 2.5 MG	1B	
nelarabine	4	PA
pemetrexed disodium SOLR 500 MG	4	PA
pralatrexate 20 MG/ML	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
VIDAZA SUSR *(Use azacitidine)*	NF	PA
XELODA *(Use capecitabine)*	NF	PA
Antineoplastic - Angiogenesis Inhibitors		
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
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
ZALTRAP 100 MG/4ML	4	PA
Antineoplastic - Antibodies		
ARZERRA	4	PA
LOQTORZI	4	PA
RUXIENCE	4	PA
TRUXIMA	4	PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	4	QL(1 EA daily); PA
gefitinib	4	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
IRESSA *(Use gefitinib)*	NF	QL(2 EA daily); PA
TARCEVA 100 MG, 150 MG *(Use erlotinib hcl)*	NF	QL(1 EA daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 250 MG	4	QL(4 EA daily); PA
abiraterone acetate 500 MG	4	QL(2 EA daily); PA
anastrozole	1B	QL(1 EA daily)
ARIMIDEX *(Use anastrozole)*	NF	QL(1 EA daily)
AROMASIN *(Use exemestane)*	NF	QL(1 EA daily)
bicalutamide	1B	QL(1 EA daily)
CASODEX *(Use bicalutamide)*	NF	QL(1 EA daily)
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA
EMCYT	4	PA
ERLEADA 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
exemestane	4	QL(1 EA daily)
FARESTON *(Use toremifene citrate)*	NF	
FASLODEX SOSY *(Use fulvestrant)*	NF	QL(0.357 ML daily); PA
FEMARA *(Use letrozole)*	NF	
fulvestrant SOSY	4	QL(0.357 ML daily); PA
letrozole	1B	
leuprolide acetate KIT IJ 1 MG/0.2ML	4	PA
LYSODREN	4	PA
megestrol acetate SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate TABS	1B	
NILANDRON *(Use nilutamide)*	NF	QL(2 EA daily); PA
nilutamide	4	QL(2 EA daily); PA
NUBEQA	4	QL(4 EA daily); PA
tamoxifen citrate TABS	0	
toremifene citrate	1B	
XTANDI CAPS	4	QL(4 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
ZYTIGA 250 MG *(Use abiraterone acetate)*	NF	QL(4 EA daily); PA
ZYTIGA 500 MG *(Use abiraterone acetate)*	NF	QL(2 EA daily); PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	4	QL(1 EA daily); PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(Use pomalidomide)*	NF	QL(1 EA daily); PA
Antineoplastic Antibiotics		
bleomycin sulfate 15 UNIT	4	PA
dactinomycin	4	PA
doxorubicin hcl SOLR 10 MG, 50 MG	4	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML *(Use idarubicin hcl)*	NF	PA
IDAMYCIN PFS 20 MG/20ML *(Use idarubicin hcl)*	NF	PA
idarubicin hcl 20 MG/20ML	4	PA
idarubicin hcl 5 MG/5ML, 10 MG/10ML	4	PA
mitomycin SOLR IV 20 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
mitoxantrone hcl 25 MG/12.5ML	4	PA
valrubicin	4	PA
VALSTAR *(Use valrubicin)*	NF	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(Use everolimus)*	NF	QL(1 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA
dasatinib	4	QL(1 EA daily); PA
everolimus TABS	4	QL(1 EA daily); PA
GLEEVEC TABS *(Use imatinib mesylate)*	NF	QL(2 EA daily); PA
imatinib mesylate TABS	4	QL(2 EA daily); PA
JAKAFI	4	QL(2 EA daily); PA
lapatinib ditosylate	4	QL(6 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA
NEXAVAR *(Use sorafenib tosylate)*	NF	QL(4 EA daily); PA
pazopanib hcl	4	QL(2 EA daily); PA
pazopanib hcl	4	QL(4 EA daily); PA
sorafenib tosylate	4	QL(4 EA daily); PA
SPRYCEL *(Use dasatinib)*	NF	QL(1 EA daily); PA
STIVARGA	4	QL(4 EA daily); PA
sunitinib malate	4	QL(1 EA daily); PA
SUTENT *(Use sunitinib malate)*	NF	QL(1 EA daily); PA
temsirolimus	4	QL(0.143 ML daily); PA
TORISEL *(Use temsirolimus)*	NF	QL(0.143 ML daily); PA
TURALIO 125 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TYKERB *(Use lapatinib ditosylate)*	NF	QL(6 EA daily); PA
VERZENIO	4	QL(2 EA daily); PA
VOTRIENT *(Use pazopanib hcl)*	NF	QL(4 EA daily); PA
ZELBORAF	4	QL(8 EA daily); PA
ZOLINZA	4	QL(4 EA daily); PA
ZYDELIG	4	QL(2 EA daily); PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
arsenic trioxide 10 MG/10ML	4	PA
bexarotene	4	PA
HYDREA *(Use hydroxyurea)*	NF	
hydroxyurea	1B	
MATULANE	4	PA
PHOTOFRIN	4	PA
PROLEUKIN	4	PA
TARGRETIN *(Use bexarotene)*	NF	PA
tretinoin (chemotherapy)	1B	
UVADEX	4	PA
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR	1B	
leucovorin calcium TABS	1B	
VORAXAZE	4	PA
Mitotic Inhibitors		
eribulin mesylate	4	PA
etoposide CAPS	4	PA
HALAVEN *(Use eribulin mesylate)*	NF	PA
IXEMPRA KIT 15 MG	4	PA
vinorelbine tartrate 10 MG/ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML *(Use irinotecan hcl)*	NF	PA
HYCAMTIN CAPS	4	PA
HYCAMTIN SOLR *(Use topotecan hcl)*	NF	
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	PA
topotecan hcl SOLN	4	
TOPOTECAN HCL SOLN *(Use topotecan hcl)*	NF	
topotecan hcl SOLR	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1B	
LODOSYN *(Use carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1B	
trihexyphenidyl hcl SOLN	1B	
trihexyphenidyl hcl TABS	1B	
Antiparkinson COMT Inhibitors		
entacapone	1B	QL(8 EA daily)
TASMAR *(Use tolcapone)*	NF	
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	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS 0.125 MG	1B	QL(4 EA daily)
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1B	
ropinirole hydrochloride TABS	1B	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 EA daily); ST
ropinirole hydrochloride TB24 8 MG, 12 MG	1B	QL(2 EA daily); ST
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NF	QL(1 EA daily); PA
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	

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate CAPS	1B	
lithium carbonate TABS	1B	
lithium carbonate TBCR	1B	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
EQUETRO 100 MG	3	QL(2 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST
EQUETRO 300 MG	3	QL(4 EA daily); ST
GEODON 20 MG, 60 MG, 80 MG *(Use ziprasidone hcl)*	NF	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(Use lurasidone hcl)*	NF	QL(1 EA daily)
LATUDA 80 MG *(Use lurasidone hcl)*	NF	QL(2 EA daily)
lurasidone hcl 80 MG	1B	QL(2 EA daily)
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1B	QL(1 EA daily)
ziprasidone hcl	1B	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK A	2	PA
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	NF	
paliperidone	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	NF	QL(0.072 EA daily); PA
RISPERDAL SOLN *(Use risperidone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NF	
risperidone microspheres	1B	QL(0.072 EA daily); PA
risperidone SOLN	1B	
risperidone TABS	1B	
risperidone TBDP	1B	
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	QL(0.036 ML daily)
haloperidol decanoate	1B	QL(0.036 ML daily)
haloperidol lactate CONC	1B	
haloperidol lactate SOLN	1B	
haloperidol TABS	1B	
Dibenzapines		
asenapine maleate 2.5 MG	1B	QL(4 EA daily); PA
asenapine maleate 5 MG, 10 MG	1B	QL(2 EA daily); PA
clozapine TABS	1B	
clozapine TBDP 12.5 MG, 150 MG	1B	QL(6 EA daily)
clozapine TBDP 100 MG	1B	QL(9 EA daily)
clozapine TBDP 25 MG	1B	QL(3 EA daily)
CLOZARIL TABS *(Use clozapine)*	NF	
loxapine succinate	1B	
olanzapine SOLR	1B	QL(0.215 EA daily)
olanzapine TABS 2.5 MG, 5 MG	1B	QL(4 EA daily)
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	1B	QL(2 EA daily)
olanzapine TBDP 20 MG	1B	QL(1 EA daily)
olanzapine TBDP 5 MG, 10 MG, 15 MG	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
SAPHRIS 2.5 MG *(Use asenapine maleate)*	NF	QL(4 EA daily); PA
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	QL(2 EA daily); PA
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NF	
SEROQUEL TABS *(Use quetiapine fumarate)*	NF	AL(At least 10 yrs old)
ZYPREXA ZYDIS TBDP 20 MG *(Use olanzapine)*	NF	QL(1 EA daily)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG *(Use olanzapine)*	NF	QL(2 EA daily)
ZYPREXA SOLR *(Use olanzapine)*	NF	QL(0.215 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NF	QL(4 EA daily)
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG *(Use olanzapine)*	NF	QL(2 EA daily)
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		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS *(Use aripiprazole)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
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	2	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 300 MG	1B	QL(1 EA daily)
atazanavir sulfate CAPS 200 MG	1B	QL(2 EA daily)
BIKTARVY	2	QL(1 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	2	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
CABENUVA 900 MG/3ML-600 MG/3ML	2	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
CIMDUO	2	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
darunavir TABS 800 MG	1B	QL(1 EA daily)
darunavir TABS 600 MG	1B	QL(2 EA daily)
DELSTRIGO	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DESCOVY 200 MG-25 MG	2	QL(1 EA daily)
DOVATO	2	QL(1 EA daily)
EDURANT 25 MG *(Use rilpivirine hcl)*	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 CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	2	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	NF	QL(30 ML daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NF	QL(2 EA daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NF	QL(1 EA daily)
etravirine 100 MG	1B	QL(4 EA daily)
etravirine 200 MG	1B	QL(2 EA daily)
EVOTAZ	2	QL(1 EA daily)
fosamprenavir calcium TABS	1B	QL(4 EA daily)
FUZEON SOLR	4	QL(2 EA daily)
GENVOYA	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 EA daily)
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)
ISENTRESS HD TABS	2	QL(2 EA daily)
ISENTRESS CHEW	2	QL(6 EA daily)
ISENTRESS TABS	2	QL(2 EA daily)
JULUCA	2	QL(1 EA daily)
KALETRA SOLN	2	QL(12.5 ML daily)
KALETRA TABS *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
lamivudine SOLN	1B	QL(30 ML daily)
lamivudine TABS 300 MG	1B	QL(1 EA daily)
lamivudine TABS 150 MG	1B	QL(2 EA daily)
lamivudine-zidovudine	1B	QL(2 EA daily)
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 PACK	2	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	QL(12 EA daily)
ODEFSEY	2	QL(1 EA daily)
PIFELTRO	2	QL(1 EA daily)
PREZCOBIX	2	QL(1 EA daily)
PREZISTA SUSP	3	QL(12 ML daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	3	QL(60 ML daily)
RETROVIR SYRP *(Use zidovudine)*	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG *(Use atazanavir sulfate)*	NF	QL(2 EA daily)
REYATAZ CAPS 300 MG *(Use atazanavir sulfate)*	NF	QL(1 EA daily)
rilpivirine hcl 25 MG	1B	QL(1 EA daily)
ritonavir TABS	1B	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
STRIBILD	2	QL(1 EA daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMTUZA	2	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	1B	QL(1 EA daily)
TIVICAY PD TBSO	2	QL(6 EA daily)
TIVICAY TABS 50 MG	2	QL(2 EA daily)
TRIUMEQ PD TBSO	2	QL(6 EA daily)
TRIUMEQ TABS	2	QL(1 EA daily)
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TYBOST	2	QL(1 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIREAD POWD	2	QL(7.5 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 EA daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(32 ML 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	
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(4 EA daily); PA
valganciclovir hcl TABS	1B	QL(4 EA daily); PA
Hepatitis Agents		
adefovir dipivoxil	4	QL(1 EA daily)
BARACLUDE TABS *(Use entecavir)*	NF	QL(1 EA daily)
entecavir TABS	4	QL(1 EA daily)
lamivudine (hbv) TABS	1B	QL(3 EA daily)
PEGASYS SOLN	4	QL(0.0714 ML daily); 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
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)

Drug Name	Drug Tier	Requirements/ Limits
acyclovir SUSP	1B	QL(13.34 ML daily)
acyclovir TABS PO	1B	QL(5 EA daily)
famciclovir 500 MG	1B	QL(4 EA daily)
famciclovir 125 MG, 250 MG	1B	QL(3 EA daily)
valacyclovir hcl 1 GM	1B	QL(4 EA daily)
valacyclovir hcl 500 MG	1B	QL(2 EA daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NF	QL(4 EA daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NF	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
oseltamivir phosphate SUSR	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
rimantadine hydrochloride TABS	1B	QL(2 EA daily)
TAMIFLU CAPS *(Use oseltamivir phosphate)*	NF	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
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NF	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	1A	
carvedilol phosphate	3	QL(1 EA daily)
COREG *(Use carvedilol)*	NF	
COREG CR *(Use carvedilol phosphate)*	NF	QL(1 EA daily)
labetalol hcl SOLN	1B	
labetalol hcl TABS 100 MG, 200 MG	1B	
labetalol hcl TABS 300 MG	1B	QL(8 EA daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1B	
atenolol TABS	1A	
betaxolol hcl	1B	
bisoprolol fumarate	1B	
BYSTOLIC 20 MG *(Use nebivolol hcl)*	NF	QL(2 EA daily)
BYSTOLIC 2.5 MG, 5 MG, 10 MG *(Use nebivolol hcl)*	NF	QL(1 EA daily)
LOPRESSOR TABS *(Use metoprolol tartrate)*	NF	
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1B	
metoprolol succinate TB24 200 MG	1B	QL(2 EA daily)
metoprolol tartrate SOLN IV 5 MG/5ML	1B	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	1A	

Drug Name	Drug Tier	Requirements/ Limits
nebivolol hcl 2.5 MG, 5 MG, 10 MG	1B	QL(1 EA daily)
nebivolol hcl 20 MG	1B	QL(2 EA daily)
TENORMIN TABS *(Use atenolol)*	NF	
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NF	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NF	
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NF	QL(2 EA daily)
CORGARD TABS 40 MG *(Use nadolol)*	NF	QL(6 EA daily)
CORGARD TABS 20 MG *(Use nadolol)*	NF	QL(3 EA daily)
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
INDERAL LA CP24 *(Use propranolol hcl)*	NF	QL(2 EA daily)
nadolol TABS 20 MG	1B	QL(3 EA daily)
nadolol TABS 80 MG	1B	
nadolol TABS 40 MG	1B	QL(6 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 80 MG, 120 MG, 160 MG	1B	QL(2 EA daily)
sotalol hcl TABS 240 MG	1B	
timolol maleate TABS	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers		
amlodipine besylate TABS	1B	
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML *(Use nicardipine hcl)*	NF	
CARDIZEM CD CP24 120 MG, 300 MG, 360 MG *(Use diltiazem hcl coated beads)*	NF	
CARDIZEM CD CP24 180 MG, 240 MG *(Use diltiazem hcl coated beads)*	NF	QL(2 EA daily)
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1B	
diltiazem hcl coated beads CP24 180 MG, 240 MG	1B	QL(2 EA daily)
diltiazem hcl extended release beads	1B	
diltiazem hcl CP12	1B	QL(2 EA daily)
diltiazem hcl CP24	1B	
diltiazem hcl SOLN 50 MG/10ML	1B	
DILTIAZEM HCL SOLR	1B	
diltiazem hcl TABS	1B	
diltiazem hcl TB24	1B	
felodipine	1B	
isradipine CAPS	1B	
nicardipine hcl CAPS	1B	
nicardipine hcl SOLN	1B	
NICARDIPINE HCL SOLN *(Use nicardipine hcl)*	NF	
nifedipine CAPS 10 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
nifedipine CAPS 20 MG	1B	QL(9 EA daily)
nifedipine TB24 90 MG	1B	QL(1 EA daily)
nifedipine TB24 60 MG	1B	QL(2 EA daily)
nifedipine TB24	1B	
nimodipine CAPS	1B	
nisoldipine	1B	
NORVASC TABS *(Use amlodipine besylate)*	NF	
PROCARDIA XL TB24 *(Use nifedipine)*	NF	
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NF	
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	NF	
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	
verapamil hcl TBCR	1B	
VERELAN PM CP24 *(Use verapamil hcl)*	NF	
VERELAN CP24 *(Use verapamil hcl)*	NF	QL(1 EA daily)
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 *(Use digoxin)*	2	
LANOXIN TABS 250 MCG *(Use digoxin)*	2	
LANOXIN TABS 62.5 MCG, 125 MCG *(Use digoxin)*	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1B	QL(1 EA daily)
BIDIL *(Use isosorbide dinitrate-hydralazine hcl)*	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NF	QL(1 EA daily)
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	NF	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl	1B	
sacubitril-valsartan TABS	1B	QL(2 EA daily)
Impotence Agents		
avanafil	1B	QL(0.134 EA daily)
CIALIS 5 MG *(Use tadalafil)*	NF	BPH Only; QL(1 EA daily); PA
sildenafil citrate	1B	QL(0.1334 EA daily); PA
STENDRA *(Use avanafil)*	NF	QL(0.134 EA daily)
tadalafil 5 MG	1B	BPH Only; QL(1 EA daily); PA
VIAGRA *(Use sildenafil citrate)*	NF	QL(0.1334 EA daily); PA
Prostaglandin Vasodilators		
epoprostenol sodium	4	PA
FLOLAN 1.5 MG *(Use epoprostenol sodium)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
treprostinil SOLN IJ	4	PA
VELETRI *(Use epoprostenol sodium)*	NF	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	QL(1 EA daily); PA
bosentan TABS	4	QL(2 EA daily); PA
bosentan TBSO 32 MG	4	QL(2 EA daily); PA
LETAIRIS *(Use ambrisentan)*	NF	QL(1 EA daily); PA
TRACLEER TABS *(Use bosentan)*	NF	QL(2 EA daily); PA
TRACLEER TBSO 32 MG *(Use bosentan)*	NF	QL(2 EA daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NF	QL(2 EA daily); PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(37.5 ML daily); PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(6 ML daily); PA
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SOLN	4	QL(37.5 ML daily); PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(6 ML daily); PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
CORLANOR TABS *(Use ivabradine hcl)*	NF	QL(2 EA daily); PA
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	
CEFOTAN IJ *(Use cefotetan disodium)*	NF	
cefotetan disodium IJ 1 GM, 2 GM	1B	
cefoxitin sodium IV 1 GM, 2 GM	1B	
cefprozil SUSR	1B	
cefprozil TABS	1B	
cefuroxime axetil TABS	1B	
cefuroxime sodium IJ 750 MG	1B	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1B	
cefdinir SUSR	1B	

Drug Name	Drug Tier	Requirements/ Limits
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 IJ 1 GM	1B	
Cephalosporins - 5th Generation		
ceftaroline fosamil 400 MG, 600 MG	1B	
TEFLARO 400 MG, 600 MG *(Use ceftaroline fosamil)*	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	0	
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NF	
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel & eth estradiol TABS	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levonorgestrel-ethinyl estradiol-iron	0	
LO LOESTRIN FE TABS	0	
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	
TYBLUME CHEW	0	
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NF	
YAZ *(Use drospirenone-ethinyl estradiol)*	NF	
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)
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	QL(0.05 EA daily)
Copper Contraceptives - IUD		
MIUDELLA	0	
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
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(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
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		
Glucocorticosteroids		
budesonide CPEP	1B	QL(3 EA daily)
CORTEF TABS *(Use hydrocortisone)*	NF	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP *(Use methylprednisolone acetate)*	NF	
DEXAMETHASONE INTENSOL CONC	1B	
dexamethasone ELIX	1B	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone SOLN	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A	
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
hydrocortisone sod succinate 100 MG	1B	2 max fill(s) per 30 day(s) retail
hydrocortisone TABS	1B	
KENALOG-40 SUSP *(Use triamcinolone acetonide)*	NF	
MEDROL TABS 4 MG, 8 MG, 16 MG *(Use methylprednisolone)*	NF	
MEDROL TABS	3	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone acetate SUSP	1B	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
methylprednisolone TABS	1B	
methylprednisolone TBPK	1B	
ORAPRED ODT TBDP *(Use prednisolone sodium phosphate)*	NF	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use hydrocortisone sod succinate)*	NF	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
SOLU-MEDROL 500 MG, 1000 MG *(Use methylprednisolone sod succ)*	NF	
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	
HYPERSAL NEBU *(Use sodium chloride (inhalant))*	NF	
NEBUSAL NEBU	1B	
PULMOSAL NEBU 7 % *(Use sodium chloride (inhalant))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 7 %	1B	
Mucolytics		
acetylcysteine SOLN	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(Use isotretinoin)*	NF	AL(At least 12 yrs old); PA
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
AVAR CLEANSER LIQD 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(At least 12 yrs old); PA
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin GEL	1B	AL(At least 12 yrs old); PA
benzoyl peroxide FOAM 9.8 %	1B	AL(At least 12 yrs old)
benzoyl peroxide GEL 5 %	1B	QL(3 GM daily); AL(At least 12 yrs old)
benzoyl peroxide GEL 10 %	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide LIQD 4 %, 10 %	1B	AL(At least 12 yrs old)
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NF	AL(At least 12 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	QL(8 ML daily)
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 CREA *(Use adapalene)*	NF	AL(At least 12 yrs old)
DIFFERIN GEL *(Use adapalene)*	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NF	
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NF	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)

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	AL(At least 12 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(At least 12 yrs old)
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
RETIN-A MICRO 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A MICRO 0.04 % *(Use tretinoin microsphere)*	NF	
RETIN-A MICRO PUMP 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A CREA *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
SSS 10-5 CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	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
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
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)
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(At least 12 yrs old); ST
Antibiotics - Topical		
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
EXELDERM CREA *(Use sulconazole nitrate)*	NF	
EXELDERM SOLN *(Use sulconazole nitrate)*	NF	
ketoconazole (topical) CREA	1B	QL(10 GM daily)
ketoconazole (topical) SHAM 2 %	1B	QL(20 ML daily)
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN ULTRA *(Use butenafine hcl)*	NF	QL(6 GM daily)
luliconazole	1B	PA
LUZU *(Use luliconazole)*	NF	
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
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NF	
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	PA
CARAC CREA *(Use fluorouracil (topical))*	NF	
diclofenac sodium (actinic keratoses) EX	1B	QL(3.34 GM daily); PA
EFUDEX CREA *(Use fluorouracil (topical))*	NF	QL(4 GM daily)
fluorouracil (topical) CREA 5 %	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) SOLN	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
TARGRETIN *(Use bexarotene (topical))*	NF	PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	NF	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
ZONALON *(Use doxepin hcl (antipruritic))*	NF	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		
acitretin 25 MG	1B	QL(2 EA daily)
acitretin 10 MG, 17.5 MG	1B	QL(1 EA daily)
calcipotriene CREA	1B	QL(4 GM daily); PA
calcipotriene OINT	1B	QL(4 GM daily); PA
calcipotriene SOLN	1B	QL(4 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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
IMULDOSA SOSY SC 90 MG/ML	4	QL(0.018 ML daily); PA
IMULDOSA SOSY SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
methoxsalen rapid	1B	QL(4 EA daily)
PELLIX SOLN 0.005 % *(Use calcipotriene)*	NF	QL(4 ML daily); PA
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PYZCHIVA 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
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)
TAZORAC CREA 0.1 % *(Use tazarotene)*	NF	QL(1 GM daily)
VECTICAL *(Use calcitriol (topical))*	NF	QL(3.34 GM daily)
YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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		
OVACE PLUS SHAM *(Use sulfacetamide sodium)*	NF	
selenium sulfide LOTN 2.5 %	1B	
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	
sulfacetamide sodium SHAM 10 %	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
DENAVIR *(Use penciclovir)*	NF	QL(0.18 GM daily)
penciclovir	3	QL(0.18 GM daily)
ZOVIRAX CREA *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail
Burn Products		
mafenide acetate PACK	3	
SILVADENE *(Use silver sulfadiazine)*	NF	QL(20 GM daily)
silver sulfadiazine	1B	QL(20 GM daily)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate FOAM	1B	QL(1.67 GM daily)
betamethasone valerate LOTN	1B	QL(5 ML daily)
betamethasone valerate OINT	1B	QL(3 GM daily)
calcipotriene-betamethasone dipropionate OINT	1B	ST
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)
CLODERM *(Use clocortolone pivalate)*	NF	QL(3 GM daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NF	QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NF	QL(8 ML daily)
desonide CREA	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
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
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	QL(3.5 GM daily)
fluocinolone acetonide CREA 0.025 %	1B	QL(4 GM daily)
fluocinolone acetonide CREA 0.01 %	1B	
fluocinolone acetonide OIL	1B	QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
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 0.05 %	1B	QL(2 GM daily)
fluocinonide CREA 0.1 %	1B	QL(4 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)

Drug Name	Drug Tier	Requirements/ Limits
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 CREA *(Use halcinonide)*	NF	PA
HALOG OINT	3	PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1B	QL(15.15 EA daily); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1B	
hydrocortisone (topical) OINT 1 %, 2.5 %	1B	QL(15.15 GM daily); RX/OTC
hydrocortisone butyrate CREA	1B	QL(3 GM daily)
hydrocortisone butyrate OINT	1B	QL(3 GM daily)
hydrocortisone butyrate SOLN	1B	QL(5 ML daily)
hydrocortisone valerate CREA	1B	
hydrocortisone valerate OINT	1B	
mometasone furoate CREA	1B	QL(3 GM daily)
mometasone furoate OINT	1B	QL(4 GM daily)
mometasone furoate SOLN	1B	QL(5 ML daily)
SYNALAR CREA *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
SYNALAR OINT *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NF	ST
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NF	
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
TOPICORT GEL *(Use desoximetasone)*	NF	QL(3 GM daily)
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
triamcinolone acetonide (topical) CREA 0.025 %	1B	QL(15.15 GM daily)
triamcinolone acetonide (topical) CREA 0.1 %	1B	QL(3.34 GM daily)
triamcinolone acetonide (topical) 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)
VANOS CREA *(Use fluocinonide)*	NF	QL(4 GM daily)
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
Emollients		
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

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Topical		
imiquimod 5 %	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	QL(3 GM daily); AL(At least 2 yrs old); PA
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		
CANTHARIDIN SOLN	3	PA
podofilox SOLN	1B	
YCANTH SOLN	3	PA
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
LIDODERM PTCH *(Use lidocaine)*	NF	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
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(3 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
METROGEL GEL 1 % *(Use metronidazole (topical))*	NF	QL(5 GM daily)
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	
MIRVASO *(Use brimonidine tartrate (topical))*	NF	QL(1 GM daily); PA
Scabicides & Pediculicides		
crotamiton LOTN	1B	PA
ELIMITE CREA *(Use permethrin)*	NF	
ivermectin (pediculicide)	1B	PA
malathion	1B	
NATROBA *(Use spinosad)*	NF	PA
OVIDE *(Use malathion)*	NF	
permethrin CREA	1B	
PERMETHRIN CREA 5 % *(Use permethrin)*	NF	
permethrin LIQD EX	1B	
spinosad	1B	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP K STRP	1B	
FORA GTEL BLOOD KETONE TEST	1B	

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	1B	
GOJJI BLOOD KETONE TEST	1B	
KETONE TEST STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TEST	1B	
PRECISION XTRA KETONE	1B	
RELION KETONE TEST STRP	1B	
RELION TRUE METRIX TEST STRIPS STRP	1B	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	QL(5 EA daily)
EDECRIN *(Use ethacrynic acid)*	NF	QL(16 EA daily)
ethacrynic acid	1B	QL(16 EA daily)
furosemide SOLN IJ 10 MG/ML	1B	
furosemide TABS	1A	
LASIX TABS *(Use furosemide)*	NF	
torsemide TABS	1B	
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	1B	
DYRENIUM CAPS *(Use triamterene)*	NF	QL(3 EA daily)
spironolactone TABS	1B	
triamterene CAPS	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 12.5 MG	1B	QL(2 EA daily)
hydrochlorothiazide TABS 25 MG, 50 MG	1A	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		
ACTONEL TABS 150 MG *(Use risedronate sodium)*	NF	QL(0.036 EA daily); PA
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NF	QL(0.143 EA daily); PA
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)
ATELVIA TBEC *(Use risedronate sodium)*	NF	PA
calcitonin (salmon) NA	1B	QL(0.14 ML daily)
FORTEO SOPN *(Use teriparatide)*	NF	QL(0.09 ML daily); PA
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NF	QL(0.143 EA daily)
ibandronate sodium SOLN	4	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	PA
PAMIDRONATE DISODIUM SOLN	4	PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; PA
RECLAST SOLN *(Use zoledronic acid)*	NF	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); PA
TYMLOS	4	PA
zoledronic acid SOLN 5 MG/100ML	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
clomiphene citrate TABS	3	PA
GnRH/LHRH Antagonists		
ganirelix acetate	4	PA
GANIRELIX ACETATE *(Use ganirelix acetate)*	NF	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily)
OSPHENA	3	PA

Drug Name	Drug Tier	Requirements/ Limits
raloxifene hcl	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
Metabolic Modifiers		
ALDURAZYME	4	PA
betaine	4	PA
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NF	PA
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NF	PA
calcitriol CAPS	1B	
calcitriol SOLN PO	1B	
cinacalcet hcl	1B	QL(4 EA daily); PA
CYSTADANE *(Use betaine)*	NF	PA
doxercalciferol CAPS	1B	
doxercalciferol SOLN	1B	
LUMIZYME	4	PA
MYALEPT	4	PA
paricalcitol CAPS	1B	
paricalcitol SOLN	1B	
ROCALTROL CAPS *(Use calcitriol)*	NF	
ROCALTROL SOLN PO *(Use calcitriol)*	NF	
SENSIPAR *(Use cinacalcet hcl)*	NF	QL(4 EA daily); PA
sodium phenylbutyrate POWD	1B	PA
sodium phenylbutyrate TABS	1B	PA
STRENSIQ	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NF	
ZEMPLAR SOLN *(Use paricalcitol)*	NF	
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	NF	PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NF	PA
DDAVP TABS 0.2 MG *(Use desmopressin acetate)*	NF	QL(8 EA daily)
DDAVP TABS 0.1 MG *(Use desmopressin acetate)*	NF	QL(6 EA daily)
desmopressin acetate spray	1B	
desmopressin acetate spray refrigerated 0.01 %	1B	
desmopressin acetate SOLN IJ	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	PA
desmopressin acetate TABS 0.2 MG	1B	QL(8 EA daily)
desmopressin acetate TABS 0.1 MG	1B	QL(6 EA daily)
vasopressin SOLN IV	4	PA
VASOPRESSIN SOLN IV 20 UNIT/ML *(Use vasopressin)*	NF	PA
VASOSTRICT SOLN IV *(Use vasopressin)*	NF	PA
Prolactin Inhibitors		
cabergoline	1B	
Somatostatic Agents		
octreotide acetate SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NF	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(Use tolvaptan)*	NF	QL(2 EA daily); PA
SAMSCA TABS PO *(Use tolvaptan (hyponatremia))*	NF	QL(2 EA daily); PA
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	4	QL(2 EA daily); PA
tolvaptan TABS	4	QL(2 EA daily); PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NF	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
COVARYX 2.5 MG-1.25 MG *(Use esterified estrogens & methyltestosterone)*	NF	
COVARYX HS 1.25 MG-0.625 MG *(Use esterified estrogens & methyltestosterone)*	NF	
DUAVEE	3	
EEMT 2.5 MG-1.25 MG *(Use esterified estrogens & methyltestosterone)*	NF	
EEMT HS 1.25 MG-0.625 MG *(Use esterified estrogens & methyltestosterone)*	NF	
esterified estrogens & methyltestosterone	3	

Drug Name	Drug Tier	Requirements/ Limits
estradiol & norethindrone acetate TABS	3	
ESTRATEST H.S. *(Use esterified estrogens & methyltestosterone)*	NF	
norethindrone acetate-ethinyl estradiol	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	
DELESTROGEN *(Use estradiol valerate)*	NF	
DEPO-ESTRADIOL	3	
DIVIGEL GEL *(Use estradiol)*	NF	
ELESTRIN GEL	3	
ESTRACE TABS *(Use estradiol)*	NF	
estradiol valerate	1B	
estradiol GEL	1B	
estradiol GEL	3	
estradiol PTTW	1B	QL(0.572 EA daily)
estradiol PTWK	1B	
estradiol TABS	1B	
ESTROGEL GEL *(Use estradiol)*	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW *(Use estradiol)*	NF	QL(0.572 EA daily)
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	NF	QL(1 EA daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NF	QL(0.572 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1B	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NF	
levofloxacin in d5w 500 MG/100ML	1B	
levofloxacin SOLN PO	1B	
levofloxacin TABS 250 MG, 750 MG	1B	
levofloxacin TABS 500 MG	1A	
moxifloxacin hcl in sodium chloride	1B	
moxifloxacin hcl TABS	1B	
ofloxacin 300 MG, 400 MG	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	NF	QL(1 EA daily)
prucalopride succinate	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		

Drug Name	Drug Tier	Requirements/ Limits
TRULANCE	2	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	PA
Gallstone Solubilizing Agents		
URSO FORTE TABS *(Use ursodiol)*	NF	
ursodiol CAPS	1B	QL(3 EA daily)
ursodiol TABS	1B	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NF	QL(2 EA daily)
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)
REGLAN TABS *(Use metoclopramide hcl)*	NF	QL(6 EA daily)
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NF	
AZULFIDINE TABS *(Use sulfasalazine)*	NF	
balsalazide disodium CAPS	1B	QL(9 EA daily)
CANASA SUPP *(Use mesalamine)*	NF	
COLAZAL CAPS *(Use balsalazide disodium)*	NF	QL(9 EA daily)
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	2	

Drug Name	Drug Tier	Requirements/ Limits
IMULDOSA SOLN IV 130 MG/26ML	4	QL(3.47 ML daily); PA
INFLECTRA SOLR	4	PA
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine CP24	1B	
mesalamine CPDR	1B	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 800 MG	3	QL(6 EA daily)
mesalamine TBEC 1.2 GM	3	
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
STEQEYMA	4	QL(3.47 ML daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
VELSIPITY	4	QL(0.018 EA 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)
LOTRONEX *(Use alosetron hcl)*	NF	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
alvimopan	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) CAPS	1B	
calcium acetate (phosphate binder) TABS	1B	RX/OTC
FOSRENOL CHEW *(Use lanthanum carbonate)*	NF	
lanthanum carbonate CHEW	1B	
RENVELA PACK *(Use sevelamer carbonate)*	NF	
RENVELA TABS *(Use sevelamer carbonate)*	NF	
sevelamer carbonate PACK	1B	
sevelamer carbonate TABS	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	1B	
sodium citrate & citric acid	1B	RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NF	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1B	
ARGYLE STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
CURITY STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
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	3	QL(3 EA daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1B	QL(1 EA daily)
AVODART *(Use dutasteride)*	NF	QL(1 EA daily)
dutasteride	1B	QL(1 EA daily)
dutasteride-tamsulosin hcl	1B	PA
finasteride	1B	5 mg only
JALYN *(Use dutasteride-tamsulosin hcl)*	NF	PA
PROSCAR *(Use finasteride)*	NF	5 mg only
RAPAFLO *(Use silodosin)*	NF	
silodosin	1B	
tamsulosin hcl	1B	
UROXATRAL *(Use alfuzosin hcl)*	NF	QL(1 EA daily)
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1B	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1B	

Drug Name	Drug Tier	Requirements/ Limits
Gout Agents		
allopurinol 100 MG, 300 MG	1A	
colchicine TABS	1B	QL(1 EA daily)
febuxostat	1B	QL(1 EA daily); PA
ULORIC *(Use febuxostat)*	NF	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
BENEFIX KIT	4	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NF	QL(9 ML daily); PA
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)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NF	
anagrelide hcl	1B	
aspirin-dipyridamole	1B	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	NF	QL(2 EA daily)
cilostazol	1B	

Drug Name	Drug Tier	Requirements/ Limits
clopidogrel bisulfate 75 MG	1A	QL(1 EA daily)
clopidogrel bisulfate 300 MG	1B	
dipyridamole	1B	
EFFIENT *(Use prasugrel hcl)*	NF	QL(1 EA daily)
eptifibatide 200 MG/100ML	4	PA
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NF	QL(1 EA daily)
prasugrel hcl	1B	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
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	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	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
FULPHILA	4	PA

Drug Name	Drug Tier	Requirements/ Limits
LEUKINE SOLR IJ	4	PA
MIRCERA	4	PA
PROMACTA PACK 12.5 MG, 25 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	0	AL(Up to 1 yrs old)
ferrous sulfate TABS	0	
ferrous sulfate TBEC 325 MG	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS	3	PA
CYKLOKAPRON SOLN *(Use tranexamic acid)*	NF	
tranexamic acid SOLN 1000 MG/10ML	1B	
tranexamic acid TABS	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1B	
phenobarbital TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	1B	QL(1 EA daily); PA
SILENOR *(Use doxepin hcl (sleep))*	NF	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NF	QL(1 EA daily)
AMBIEN TABS *(Use zolpidem tartrate)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
DORAL *(Use quazepam)*	NF	PA
estazolam	1B	
eszopiclone	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
flurazepam hcl	1B	PA
HALCION 0.25 MG *(Use triazolam)*	NF	
LUNESTA *(Use eszopiclone)*	NF	QL(1 EA daily); AL(At least 18 yrs old); ST
quazepam	3	PA
RESTORIL *(Use temazepam)*	NF	QL(1 EA daily)
temazepam 15 MG, 30 MG	1A	QL(1 EA daily)
temazepam 7.5 MG, 22.5 MG	1B	QL(1 EA daily)
triazolam	1B	
zaleplon 10 MG	1B	QL(2 EA daily); AL(At least 18 yrs old)
zaleplon 5 MG	1B	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	1A	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	1B	QL(1 EA daily)
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits
ramelteon	1B	QL(1 EA daily); AL(At least 18 yrs old)
ROZEREM *(Use ramelteon)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1B	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	
MOVIPREP *(Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NF	
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	
SUFLAVE	3	PA
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
lactulose SOLN	1B	
Stimulant Laxatives		
bisacodyl SUPP	1A	
bisacodyl TBEC	1A	
DULCOLAX TBEC *(Use bisacodyl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 600 MG	1B	QL(0.286 EA daily)
azithromycin TABS 250 MG	1B	QL(6 EA per fill retail; 6 per fill mail)
azithromycin TABS 500 MG	1B	QL(4 EA per fill retail; 4 per fill mail)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
ZITHROMAX SUSR *(Use azithromycin)*	NF	
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
Clarithromycin		
clarithromycin SUSR	1B	
clarithromycin TABS	1B	
clarithromycin TB24	1B	
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NF	
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 *(Use fidaxomicin)*	NF	
fidaxomicin TABS 200 MG	1B	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
MAXX PLUS MISC	0	
MAXX MISC	0	
OMNIFLEX DIAPHRAGM	0	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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		

Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA
DEXCOM G6 SENSOR	1B	QL(0.072 EA daily); PA
DEXCOM G6 TRANSMITTER	1B	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 15 DAY SENSOR	1B	QL(0.072 EA daily); PA
DEXCOM G7 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA
DEXCOM G7 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 14 DAY READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 14 DAY SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 2 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	1B	QL(1 EA per 365 day(s) retail); PA
MINT REFILL KIT MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE PODS MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD DASH PODS (GEN 4) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD POD PALS	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONETOUCH DELICA SAFETY LANCING	1B	QL(6.6667 EA daily); RX/OTC
RELION LANCET DEVICES 30G	1B	QL(6.6667 EA daily); RX/OTC
RELION LANCETS	1B	QL(6.6667 EA daily); RX/OTC
TRUE METRIX LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily)
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

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
Migraine Combinations		
CAFERGOT TABS *(Use ergotamine w/ caffeine)*	NF	QL(1.5 EA daily)
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)
TREXIMET *(Use sumatriptan-naproxen sodium)*	NF	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1B	
dihydroergotamine mesylate SOLN NA 4 MG/ML	1B	QL(0.267 ML daily)
ERGOMAR SUBL	3	QL(0.667 EA daily)
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	QL(0.267 ML 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

Drug Name	Drug Tier	Requirements/ Limits
FROVA *(Use frovatriptan succinate)*	NF	QL(0.4 EA daily); AL(At least 18 yrs old); ST
frovatriptan succinate	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NF	QL(0.3 EA daily); AL(At least 18 yrs old)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
naratriptan hcl	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NF	QL(0.2 EA daily); AL(At least 18 yrs old); ST
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)

Drug Name	Drug Tier	Requirements/ Limits
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
ZOMIG SOLN *(Use zolmitriptan)*	NF	QL(0.2 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1B	
SODIUM ACETATE SOLN *(Use sodium acetate)*	1B	
Calcium		
calcium chloride (dihydrate) SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHLORIDE SOLN 10 % *(Use calcium chloride (dihydrate))*	NF	
Electrolyte Mixtures		
electrolyte-148	1B	
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 % *(Use potassium chloride in dextrose & sodium chloride)*	1B	
KCL IN DEXTROSE-NACL *(Use potassium chloride in dextrose & sodium chloride)*	NF	
KCL-LACTATED RINGERS-D5W	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	
PLASMA-LYTE 148	1B	
PLASMA-LYTE A *(Use electrolyte-a)*	1B	
potassium chloride in dextrose 20 MEQ/L	1B	
potassium chloride in dextrose & sodium chloride 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	1B	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L *(Use potassium chloride in dextrose)*	NF	
ringer's	1B	
Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride CHEW	0	QL(1 EA daily)
Phosphate		
potassium phosphates 45 MMOLE/15ML	1B	
POTASSIUM PHOSPHATES(66 MEQ K) *(Use potassium phosphates)*	NF	
Potassium		
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
potassium acetate SOLN 2 MEQ/ML	1B	
POTASSIUM ACETATE SOLN *(Use potassium acetate)*	NF	
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 PO 10 %, 10 %	1B	
POTASSIUM CHLORIDE SOLN IV *(Use potassium chloride)*	NF	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(Use potassium chloride)*	1B	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS TABS *(Use penicillamine)*	NF	QL(8 EA daily)
penicillamine TABS	1B	QL(8 EA daily)
SYPRINE *(Use trientine hcl)*	NF	QL(8 EA daily); PA
trientine hcl 250 MG	4	QL(8 EA daily); PA
Immunomodulators		
lenalidomide	4	QL(1 EA daily); PA
REVLIMID *(Use lenalidomide)*	NF	QL(1 EA daily); PA
THALOMID 50 MG, 100 MG, 200 MG	4	QL(3 EA daily); PA
Immunosuppressive Agents		
ATGAM	4	PA
AZATHIOPRINE SODIUM	1B	
azathioprine TABS	1B	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NF	
CELLCEPT TABS *(Use mycophenolate mofetil)*	NF	
cyclosporine modified (for microemulsion) CAPS	1B	
cyclosporine modified (for microemulsion) SOLN	1B	
cyclosporine CAPS	1B	
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	4	QL(20 EA daily); PA
everolimus (immunosuppressant) 1 MG	4	QL(10 EA daily); PA
IMURAN TABS *(Use azathioprine)*	NF	
mycophenolate mofetil CAPS	1B	
mycophenolate mofetil TABS	1B	
mycophenolate sodium	1B	

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC *(Use mycophenolate sodium)*	NF	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NF	
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NF	
PROGRAF CAPS *(Use tacrolimus)*	NF	
PROGRAF SOLN 5 MG/ML *(Use tacrolimus)*	2	
RAPAMUNE TABS *(Use sirolimus)*	NF	
SANDIMMUNE CAPS *(Use cyclosporine)*	NF	
SIMULECT	3	
sirolimus TABS	1B	
tacrolimus CAPS	1B	
tacrolimus SOLN 5 MG/ML	1B	
THYMOGLOBULIN	4	PA
ZORTRESS 1 MG *(Use everolimus (immunosuppressant))*	NF	QL(10 EA daily); PA
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG *(Use everolimus (immunosuppressant))*	NF	QL(20 EA daily); PA
Irrigation Solutions		
ARGYLE STERILE WATER *(Use water for irrigation, sterile)*	NF	
irrigation solutions, physiological	1B	
lactated ringer's (irrigation)	1B	
ringer's irrigation	1B	
water for irrigation, sterile	1B	
Potassium Removing Agents		

Drug Name	Drug Tier	Requirements/ Limits
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) 4 %	1B	
lidocaine hcl (mouth-throat) 2 %	1B	QL(4 ML daily)
Anti-infectives - Throat		
clotrimazole	1B	
NYSTATIN *(Use nystatin (mouth-throat))*	NF	
nystatin (mouth-throat)	1B	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1B	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
FLUORIDEX DAILY RENEWAL CONC 0.63 %	0	RX/OTC
PERIOMED CONC 0.63 %	0	RX/OTC
stannous fluoride CONC	0	RX/OTC
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1B	
Throat Products - Misc.		
cevimeline hcl	1B	
EVOXAC *(Use cevimeline hcl)*	NF	
pilocarpine hcl (oral)	1B	

Drug Name	Drug Tier	Requirements/ Limits
SALAGEN *(Use pilocarpine hcl (oral))*	NF	
MULTIVITAMINS		
Ped MV w/ Fluoride		
pediatric multivitamins w/fl CHEW	1A	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)
SOMA TABS *(Use carisoprodol)*	NF	
tizanidine hcl CAPS	1B	
tizanidine hcl TABS	1B	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NF	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NF	QL(4 EA daily)
dantrolene sodium CAPS	1B	QL(4 EA daily)
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	1B	PA
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; 1 package(s) per fill mail
fluticasone propionate (nasal) SUSP	1B	QL(32 GM per 30 day(s) retail); RX/OTC
mometasone furoate (nasal) SUSP	1B	QL(1.14 ML daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	3	
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		

Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	1B	
brimonidine tartrate-timolol maleate	1B	
carteolol hcl (ophth)	1B	
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	NF	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	1B	
levobunolol hcl 0.5 %	1B	
timolol maleate (ophth) SOLG	1B	
timolol maleate (ophth) SOLN	1B	
Cycloplegic Mydriatics		
MYDRIACYL SOLN *(Use tropicamide)*	NF	
tropicamide SOLN 1 %	1B	
tropicamide SOLN 0.5 %	1B	QL(2.5 ML daily)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1B	
Ophthalmic Adrenergic Agents		
brimonidine tartrate 0.15 %, 0.2 %	1B	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	3	
besifloxacin hcl 0.6 %	1B	PA
BESIVANCE 0.6 % *(Use besifloxacin hcl)*	3	PA
ciprofloxacin hcl (ophth) SOLN	1B	
erythromycin (ophth)	1B	

Drug Name	Drug Tier	Requirements/ Limits
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) SOLN	1B	
levofloxacin (ophth) 0.5 %	1B	
moxifloxacin hcl (ophth) SOLN OP	1B	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1B	
OCUFLOX *(Use ofloxacin (ophth))*	NF	
ofloxacin (ophth)	1B	
polymyxin b-trimethoprim	1B	
sulfacetamide sodium (ophth) SOLN	1B	
tobramycin (ophth) SOLN	1B	
trifluridine	1B	
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NF	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	3	PA
RESTASIS EMUL *(Use cyclosporine (ophth))*	NF	PA
Ophthalmic Local Anesthetics		
ALCAINE *(Use proparacaine hcl)*	NF	
proparacaine hcl	1B	
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	NF	PA
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ML daily)
difluprednate	1B	PA
DUREZOL *(Use difluprednate)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NF	
LOTEMAX GEL *(Use loteprednol etabonate)*	NF	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP *(Use loteprednol etabonate)*	NF	PA
loteprednol etabonate GEL	1B	PA
loteprednol etabonate SUSP	1B	PA
loteprednol etabonate-tobramycin	1B	PA
MAXIDEX SUSP OP	3	PA
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NF	
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NF	
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 FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED MILD	3	PA
prednisolone acetate (ophth)	1B	
sulfacetamide sod-prednisolone SOLN	3	PA
tobramycin-dexamethasone SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
ZYLET 0.3 %-0.5 % *(Use loteprednol etabonate-tobramycin)*	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NF	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NF	
ALOCRIL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
AZOPT *(Use brinzolamide)*	NF	
bepotastine besilate	3	PA
BEPREVE *(Use bepotastine besilate)*	NF	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
BROMSITE *(Use bromfenac sodium (ophth))*	NF	
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	
olopatadine hcl 0.1 %	1B	QL(0.34 ML daily)
olopatadine hcl 0.2 %	1B	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA *(Use bromfenac sodium (ophth))*	NF	
ZERVIATE	3	QL(2 EA daily); PA
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1B	
latanoprost SOLN	1B	
tafluprost	1B	
TRAVATAN Z SOLN *(Use travoprost)*	NF	
travoprost SOLN	1B	
XALATAN SOLN *(Use latanoprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1B	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(Use ciprofloxacin hcl (otic))*	NF	
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	
OTOVEL *(Use ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	
fluocinolone acetonide (otic)	1B	
hydrocortisone w/acetic acid	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMUNEX-C	4	PA
Monoclonal Antibodies		
BEYFORTUS	0	
ENFLONSIA SOSY IM 105 MG/0.7ML	0	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1A	
amoxicillin CHEW 125 MG, 250 MG	1B	
amoxicillin SUSR 125 MG/5ML	1A	
amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	1B	
amoxicillin TABS	1B	
ampicillin sodium IJ 1 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	

Drug Name	Drug Tier	Requirements/ Limits
penicillin v potassium TABS	1B	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	1B	
amoxicillin & pot clavulanate SUSR	1B	
amoxicillin & pot clavulanate TABS	1B	
amoxicillin & pot clavulanate TB12	1B	
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1B	
nafcillin sodium IJ 1 GM	1B	
oxacillin sodium IJ 1 GM	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 10 MG	1A	
medroxyprogesterone acetate 2.5 MG, 5 MG	1B	
megestrol acetate (appetite)	1B	PA
norethindrone acetate TABS	0	
progesterone CAPS	1B	
PROMETRIUM CAPS *(Use progesterone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	NF	
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; 224 EA per 14 days mail); PA
LUCEMYRA *(Use lofexidine hcl)*	NF	QL(224 EA per 14 day(s) retail; 224 EA per 14 days mail); PA
Antidementia Agents		
ARICEPT TABS 10 MG *(Use donepezil hydrochloride)*	NF	QL(2 EA daily)
ARICEPT TABS 5 MG, 23 MG *(Use donepezil hydrochloride)*	NF	QL(1 EA daily)
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 5 MG	1B	QL(1 EA daily)
donepezil hydrochloride TBDP 10 MG	1B	QL(2 EA daily)
galantamine hydrobromide CP24	1B	QL(1 EA daily)
galantamine hydrobromide SOLN	1B	QL(6 ML daily)
galantamine hydrobromide TABS	1B	QL(2 EA daily)
KISUNLA	4	PA
memantine hcl TABS	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl TABS	1B	
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	
rivastigmine tartrate CAPS	1B	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1B	
perphenazine-amitriptyline	1B	QL(4 EA daily)
Fibromyalgia Agents		
milnacipran hcl MISC	1B	1 max fill(s) per 365 day(s) retail; PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	1B	QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC *(Use milnacipran hcl)*	NF	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(Use milnacipran hcl)*	NF	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
tetrabenazine	4	QL(3 EA daily); PA
XENAZINE *(Use tetrabenazine)*	NF	QL(3 EA daily); PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NF	QL(2 EA daily); PA
AUBAGIO *(Use teriflunomide)*	NF	QL(1 EA daily)
AVONEX PEN AJKT	4	QL(0.0714 EA daily); PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); PA
BETASERON KIT	4	QL(0.5 EA daily); PA
COPAXONE SOSY 20 MG/ML *(Use glatiramer acetate)*	NF	QL(1 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NF	QL(0.43 ML daily)
dalfampridine	4	QL(2 EA daily); PA
dimethyl fumarate CDPK	1B	QL(2 EA daily)
dimethyl fumarate CPDR	1B	QL(2 EA daily)
fingolimod hcl	3	QL(1 EA daily)
GILENYA *(Use fingolimod hcl)*	NF	QL(1 EA daily)
glatiramer acetate SOSY 40 MG/ML	4	QL(0.43 ML daily)
glatiramer acetate SOSY 20 MG/ML	4	QL(1 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 IM	4	QL(0.036 ML daily); PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; PA
REBIF SOSY	4	QL(0.214 ML daily); PA
TECFIDERA CDPK *(Use dimethyl fumarate)*	NF	QL(2 EA daily)
TECFIDERA CPDR *(Use dimethyl fumarate)*	NF	QL(2 EA daily)
teriflunomide	3	QL(1 EA daily)
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1B	
pimozide	1B	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
bupropion hcl (smoking deterrent)	0	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	
CHANTIX TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG *(Use nicotine polacrilex)*	NF	
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		
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	QL(1 EA daily); PA
ESBRIET TABS *(Use pirfenidone)*	NF	QL(1 EA daily); PA
nintedanib esylate 100 MG, 150 MG	4	QL(2 EA daily); PA
OFEV 100 MG, 150 MG *(Use nintedanib esylate)*	NF	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone CAPS	4	QL(1 EA daily); PA
pirfenidone TABS 534 MG	4	QL(3 EA daily); PA
pirfenidone TABS 267 MG, 801 MG	4	QL(1 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
demeclocycline hcl TABS	1B	
doxycycline (monohydrate) CAPS 75 MG	1B	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1B	QL(2 EA daily)
doxycycline (monohydrate) TABS 50 MG, 75 MG	1B	
doxycycline (monohydrate) TABS 100 MG	1B	QL(2 EA daily)
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)
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	QL(2 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1B	
propylthiouracil	1B	

Drug Name	Drug Tier	Requirements/ Limits
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 EA daily)
ARMOUR THYROID TABS	2	QL(1 EA daily)
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
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 *(Use 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	

Drug Name	Drug Tier	Requirements/ Limits
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
chlordiazepoxide hcl-clidinium bromide	1B	
dicyclomine hcl CAPS	1B	
dicyclomine hcl SOLN PO	1B	
dicyclomine hcl TABS	1B	
glycopyrrolate SOLN IJ 4 MG/20ML	1B	
glycopyrrolate TABS 1 MG	1B	
glycopyrrolate TABS 2 MG	1B	QL(6 EA daily)
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NF	
methscopolamine bromide	1B	
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NF	QL(6 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NF	
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	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
ranitidine hcl TABS 150 MG, 300 MG	1B	
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP *(Use sucralfate)*	NF	QL(40 ML daily)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	1B	QL(40 ML daily)
sucralfate TABS	1B	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	QL(1 EA daily)
DEXILANT *(Use dexlansoprazole)*	NF	QL(1 EA daily)
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 CPDR *(Use esomeprazole magnesium)*	1B	QL(2 EA daily); RX/OTC
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NF	RX/OTC
NEXIUM CPDR 40 MG *(Use esomeprazole magnesium)*	NF	QL(1 EA daily)
omeprazole magnesium CPDR	1B	QL(4 EA daily)
omeprazole CPDR	1B	QL(2 EA daily)
omeprazole TBEC	1B	QL(2 EA daily)
pantoprazole sodium TBEC 40 MG	1B	
pantoprazole sodium TBEC 20 MG	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(2 EA daily); RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	NF	
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NF	
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NF	QL(1 EA daily)
rabeprazole sodium TBEC	1B	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NF	QL(4 EA daily)
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
bismuth subcitrate potassium-metronidazole-tetracycline	3	PA
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	1B	QL(1 EA daily); RX/OTC
PYLERA *(Use bismuth subcitrate potassium-metronidazole-tetracycline)*	NF	PA
ZEGERID CAPS 1100 MG-20 MG *(Use omeprazole-sodium bicarbonate)*	NF	QL(1 EA daily); RX/OTC
ZEGERID CAPS 1100 MG-40 MG *(Use omeprazole-sodium bicarbonate)*	NF	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/ Limits
(Anticholinergic)		
darifenacin hydrobromide	1B	QL(1 EA daily)
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	QL(1 EA daily)
DETROL TABS *(Use tolterodine tartrate)*	NF	
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	
TOVIAZ *(Use fesoterodine fumarate)*	NF	QL(1 EA daily)
trospium chloride CP24	1B	QL(1 EA daily)
trospium chloride TABS	1B	QL(3 EA daily)
VESICARE TABS *(Use solifenacin succinate)*	NF	QL(1 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
mirabegron TB24	3	PA
MYRBETRIQ TB24 *(Use mirabegron)*	NF	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 25 MG	1B	
bethanechol chloride 5 MG, 10 MG, 50 MG	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	

Drug Name	Drug Tier	Requirements/ Limits
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 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 SUSY 0.5 ML	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	Limit 1 dose per season
AUDENZ PRSY	0	Limit 1 dose per season
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	

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

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX SUSY	0	Limit 1 dose per season; 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	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
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	

Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
IPOL IJ	0	
JYNNEOS	0	
MFLUSIVA SUSY IM 0.38 ML	0	1 max fill(s) per 180 day(s) retail
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
MNEXSPIKE SUSY 10 MCG/0.2ML	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE SUSY	0	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 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 IM 50 MCG/0.5ML	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	0	
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NF	
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 SUPP	1B	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1B	QL(15.15 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXX	0	
PHEXXI	0	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	QL(2 GM daily)
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)
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
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
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	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	

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol TABS 10 MCG, 400 UNIT	0	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
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 500 MG	1A	
niacinamide TABS 100 MG	1B	
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HUMALOG KWIKPEN SOPN 22

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HUMIRA (2 PEN) AJKT 4
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HUMIRA-CD/UC/HS STARTER AJKT 4
HUMIRA-PED>/=40KG UC STARTER AJKT 4
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HYPERSAL NEBU 48
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