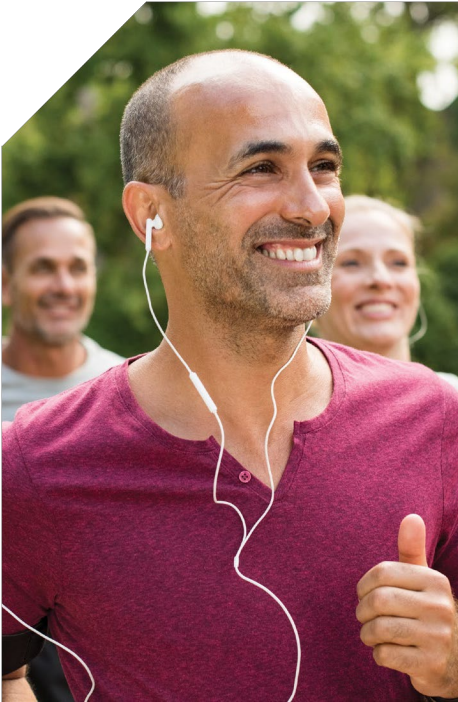




2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



[AmbetterHealth.com](https://www.AmbetterHealth.com)

Formulary Introduction

FORMULARY

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

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

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

Clave de la lista de medicamentos:

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

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

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1_A** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 1_B** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “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	Término	Significado
AL	Límite de edad	Algunos medicamentos solo están cubiertos para determinadas edades.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para determinadas cantidades.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.
ST	Terapia escalonada	En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A.
NF	No incluido en el Formulario	Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.
RX/OTC	Medicamentos recetados y OTC	Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).
SP	Medicamento de especialidad	Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.

Medicamentos opioides:

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

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

Drug Name	Drug Tier	Requirements/ Limits
Anorexiant Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRACE	3	QL(4 EA daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Gold Compounds		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 EA daily)
HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-1 Blockers		
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	ARCALYST	4	QL(0.286 EA daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	SP; PA
			ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA
			ACTEMRA SOLN 80 MG/4ML	4	SP; PA
			ACTEMRA SOSY	4	SP; PA
			KEVZARA SOAJ	4	QL(0.082 ML daily); PA
			KEVZARA SOSY	4	QL(0.082 ML daily); PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			<i>celecoxib</i>	1B	QL(2 EA daily)
			<i>diclofenac potassium TABS 50 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium TB24</i>	1B		OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
<i>diclofenac sodium TBEC</i>	1B		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
<i>diclofenac w/ misoprostol TBEC</i>	1B		OTEZLA TABS	4	QL(2 EA daily); PA
<i>etodolac CAPS</i>	1B		OTEZLA TBPK	4	1 package(s) per 180 day(s) retail; PA
<i>etodolac TABS</i>	1B		OTEZLA TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>fenoprofen calcium TABS</i>	1B	QL(1 EA daily); PA	Pyrimidine Synthesis Inhibitors		
<i>flurbiprofen TABS</i>	1B		<i>leflunomide</i>	1B	QL(1 EA daily)
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC	Soluble Tumor Necrosis Factor Receptor Agents		
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A		ENBREL MINI SOCT	4	QL(0.146 ML daily); PA
<i>ibuprofen TABS 800 MG</i>	1B		ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B		ENBREL SOLN	4	QL(0.146 ML daily); PA
<i>indomethacin CPCR</i>	1B		ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); SP; PA
<i>ketoprofen CAPS 50 MG</i>	1B		ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>meclofenamate sodium CAPS</i>	1B		Analgesic Combinations		
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>meloxicam TABS</i>	1A	QL(1 EA daily)	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>nabumetone</i>	1B		<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>naproxen sodium TABS 550 MG</i>	1B		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>naproxen SUSP</i>	1B	PA			
<i>naproxen TABS</i>	1B				
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)			
<i>oxaprozin TABS</i>	1B				
<i>piroxicam CAPS</i>	1B				
<i>sulindac TABS</i>	1B				
<i>tolmetin sodium CAPS</i>	1B				
<i>tolmetin sodium TABS 600 MG</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)	<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA
Salicylates			<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 325 MG</i>	1A	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
Opioid Agonists			<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>METHADONE HCL SOLN IJ (methadone hcl)</i>	1B	
<i>CODEINE SULFATE TABS</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)	<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply			
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B		<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)	<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA	<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butalbital-aspirin-cafeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ML daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>SUBSYS LIQD 800 MCG</i>	3	QL(8 EA daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 EA daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 EA daily); PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Asthmatic - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
NUCALA SOAJ	4	QL(0.1073 ML daily); PA
NUCALA SOLR	4	QL(0.1073 EA daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOLR	4	QL(0.286 EA daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
<i>zafirlukast</i>	1B	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
QVAR REDHALER	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
Sympathomimetics		
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU</i>	1B	QL(15 ML daily)
<i>albuterol sulfate NEBU</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate SYRP</i>	1B		<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)
<i>albuterol sulfate TABS</i>	1B		<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	QL(2 EA daily)	<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>arformoterol tartrate</i>	1B	QL(4 ML daily)	<i>levalbuterol hcl</i>	1B	QL(12 ML daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)
BREO ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	SEREVENT DISKUS	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
BREZTRI AEROSPHERE	2	QL(0.38 GM daily)	STIOLTO RESPIMAT	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail	STRIVERDI RESPIMAT	2	
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)	<i>terbutaline sulfate SOLN</i>	1B	
DULERA	2		<i>terbutaline sulfate TABS</i>	1B	
<i>fluticasone furoate-vilanterol</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	Xanthines		
			<i>theophylline ELIX</i>	1B	
			<i>theophylline SOLN</i>	1B	QL(56 ML daily)
			<i>theophylline TB12</i>	1B	
			<i>theophylline TB24</i>	1B	
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	1B	
			Direct Factor Xa Inhibitors		
			ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
			ELIQUIS TABS	2	QL(2 EA daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	
TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 100 MG, 200 MG</i>	1B	QL(2 EA daily)
<i>topiramate TABS 25 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
Hydantoins		
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
DILANTIN SUSP (<i>phenytoin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
Succinimides		
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
<i>methsuximide</i>	1B	QL(4 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 EA daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1B	
<i>mirtazapine TBDP</i>	1B	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	
<i>bupropion hcl TB12</i>	1B	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	4	PA	<i>duloxetine hcl CPEP</i>	1B	
SPRAVATO (84 MG DOSE)	4	PA	FETZIMA TITRATION C4PK	3	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)			FETZIMA CP24	3	QL(1 EA daily); PA
<i>citalopram hydrobromide SOLN</i>	1B		<i>venlafaxine hcl CP24</i>	1B	
<i>citalopram hydrobromide TABS</i>	1B		<i>venlafaxine hcl TABS</i>	1B	
<i>escitalopram oxalate SOLN</i>	1B		<i>venlafaxine hcl TB24</i>	1B	
<i>escitalopram oxalate TABS</i>	1B		Tricyclic Agents		
<i>fluoxetine hcl CAPS 10 MG</i>	1A		<i>amitriptyline hcl TABS</i>	1B	
<i>fluoxetine hcl CAPS 20 MG, 40 MG</i>	1B		<i>amoxapine</i>	1B	
<i>fluoxetine hcl CPDR</i>	1B		<i>clomipramine hcl</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B		<i>desipramine hcl TABS</i>	1B	
<i>fluoxetine hcl TABS</i>	1B		<i>doxepin hcl CAPS</i>	1B	
<i>fluvoxamine maleate TABS</i>	1B		<i>doxepin hcl CONC</i>	1B	
<i>paroxetine hcl SUSP</i>	1B		<i>imipramine hcl TABS</i>	1B	
<i>paroxetine hcl TABS</i>	1B		<i>imipramine pamoate</i>	1B	
<i>paroxetine hcl TB24</i>	1B		<i>nortriptyline hcl CAPS</i>	1B	
<i>sertraline hcl CONC</i>	1B		<i>nortriptyline hcl SOLN</i>	1B	
<i>sertraline hcl TABS</i>	1B		<i>protriptyline hcl</i>	1B	
Serotonin Modulators			<i>trimipramine maleate CAPS</i>	1B	
<i>nefazodone hcl</i>	1B		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>trazodone hcl TABS</i>	1B		Alpha-Glucosidase Inhibitors		
TRINTELLIX	3	QL(1 EA daily); PA	<i>acarbose</i>	1B	QL(3 EA daily)
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail	<i>miglitol</i>	1B	QL(3 EA daily)
<i>vilazodone hcl TABS</i>	1B		Antidiabetic Combinations		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>desvenlafaxine succinate</i>	1B		<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
			<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
			<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA	NOVOLIN 70/30 FLEXPEN SUPN	2	
RYBELSUS TABS	2	QL(1 EA daily); PA	NOVOLIN 70/30 SUSP	2	
TRULICITY	2	QL(0.143 ML daily); PA	NOVOLIN N FLEXPEN SUPN	2	
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA	NOVOLIN N SUSP	2	
Insulin			NOVOLIN R FLEXPEN SOPN IJ	2	
APIDRA SOLOSTAR SOPN	3	PA	NOVOLIN R SOLN IJ	2	
APIDRA SOLN	3	PA	REZVOGLAR KWIKPEN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)	SEMGLEE (YFGN) SOLN	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ML daily)	SEMGLEE (YFGN) SOPN	2	
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B		Insulin Sensitizing Agents		
INSULIN ASPART FLEXPEN SOPN	1B		ACTOS (<i>pioglitazone hcl</i>)	3	QL(1 EA daily)
INSULIN ASPART PENFILL SOCT	1B		<i>pioglitazone hcl</i>	1B	QL(1 EA daily)
INSULIN ASPART PROT & ASPART SUSP	1B		Meglitinide Analogues		
INSULIN ASPART SOLN IJ	1B		<i>nateglinide</i>	1B	QL(3 EA daily)
INSULIN DEGLUDEC FLEXTouch SOPN	2		<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
INSULIN DEGLUDEC SOLN	2		<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
INSULIN GLARGINE-YFGN SOLN	2		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN GLARGINE-YFGN SOPN	2		<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B		FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B		JARDIANCE	2	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	1B		Sulfonylureas		
INSULIN LISPRO SOLN IJ	1B		<i>glimepiride 4 MG</i>	1B	QL(2 EA daily)
			<i>glimepiride 1 MG, 2 MG</i>	1B	QL(1 EA daily)
			<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
			<i>glipizide TB24</i>	1B	QL(2 EA daily)
			GLUCOTROL XL TB24 (<i>glipizide</i>)	3	QL(2 EA daily)
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 EA daily)
			<i>glyburide TABS</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLYNASE (<i>glyburide micronized</i>)	3	QL(4 EA daily)	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
Antiperistaltic Agents			<i>ondansetron hcl SOSY</i>	1B	
<i>diphenoxylate w/ atropine LIQD</i>	1B		<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>diphenoxylate w/ atropine TABS</i>	1B		<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>loperamide hcl CAPS</i>	1B	RX/OTC	<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)
MOTOFEN	3		<i>ondansetron TBDP 8 MG</i>	1B	
ANTIDOTES AND SPECIFIC ANTAGONISTS			<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
Antidotes - Chelating Agents			<i>palonosetron hcl SOLN</i>	1B	
CHEMET	3		Antiemetics - Anticholinergic		
<i>deferasirox PACK</i>	4	PA	<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>deferasirox TABS</i>	4	SP; PA	<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>deferasirox TBSO</i>	4	SP; PA	<i>scopolamine</i>	1B	QL(0.34 EA daily)
Antidotes and Specific Antagonists			<i>trimethobenzamide hcl CAPS</i>	1B	
VISTOGARD	4	PA	Antiemetics - Miscellaneous		
Opioid Antagonists			AKYNZEO	3	PA
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC	<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B		<i>dronabinol CAPS</i>	1B	
<i>naltrexone hcl</i>	1B		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily); PA
5-HT3 Receptor Antagonists			<i>aprepitant CAPS</i>	1B	PA
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA			
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B				
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily); PA	Antihistamines - Ethanolamines		
VARUBI (180 MG DOSE) TBPK	3	PA	<i>carbinoxamine maleate SOLN</i>	1B	
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>carbinoxamine maleate TABS 4 MG</i>	1B	
Antifungal - Glucan Synthesis Inhibitors			<i>clemastine fumarate SYRP</i>	1B	
<i>caspofungin acetate</i>	1B		<i>clemastine fumarate TABS 2.68 MG</i>	1B	
ERAXIS	3		<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>micafungin sodium</i>	1B	PA	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
Antifungals			<i>diphenhydramine hcl LIQD 12.5 MG/5ML</i>	1B	
<i>amphotericin b IV</i>	3		<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<i>amphotericin b liposome</i>	3		Antihistamines - Non-Sedating		
<i>flucytosine</i>	1B		<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)	<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>griseofulvin microsize TABS</i>	1B		<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>griseofulvin ultramicrosize</i>	1B		<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>nystatin TABS</i>	1B		<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)	<i>loratadine CAPS</i>	1B	
Imidazole-Related Antifungals			<i>loratadine CHEW</i>	1B	
CRESEMBA CAPS 186 MG	3	PA	<i>loratadine SOLN</i>	1B	
<i>fluconazole SUSR</i>	1B		<i>loratadine TABS</i>	1A	
<i>fluconazole TABS</i>	1B		<i>loratadine TBDP</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA	QUZYTIR SOLN IV	3	QL(10 ML daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA	Antihistamines - Phenothiazines		
<i>ketoconazole</i>	1B		<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)	<i>promethazine hcl SUPP 50 MG</i>	1B	
TOLSURA CAPS	4	PA			
<i>voriconazole TABS</i>	1B	QL(4 EA daily)			
ANTI-HISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
<i>dexchlorpheniramine maleate SOLN</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 EA daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
<i>WELCHOL TABS (colesevelam hcl)</i>	3	QL(7 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil TABS</i>	1B	QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV
<i>pravastatin sodium</i>	1B	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 EA daily)
<i>simvastatin TABS</i>	1B	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	4	QL(0.25 ML daily); PA
<i>REPATHA SURECLICK SOAJ</i>	4	QL(0.0714 ML daily); PA
<i>REPATHA SOSY</i>	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide</i>	1B	QL(2 EA daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMEYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
IMPAVIDO	3	QL(3 EA daily); PA
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>trimethoprim TABS</i>	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		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>	1B	
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA
SIVEXTRO TABS	3	PA
ZYVOX SUSR (<i>linezolid</i>)	3	
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria		

Drug Name	Drug Tier	Requirements/ Limits
(Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
<i>FIRDAPSE</i>	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN PO</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 EA daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
<i>PRIFTIN</i>	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	SP; PA
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>lomustine 10 MG</i>	4	SP; PA
<i>lomustine 40 MG, 100 MG</i>	4	PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	SP; PA
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA
<i>clofarabine</i>	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hormonal and Related Agents			<i>tamoxifen citrate TABS</i>	0	
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA	<i>toremifene citrate</i>	1B	
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA	TRELSTAR MIXJECT	4	SP; PA
<i>anastrozole</i>	1B	QL(1 EA daily)	VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
<i>bicalutamide</i>	1B	QL(1 EA daily); SP	XTANDI CAPS	4	QL(4 EA daily); SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	XTANDI TABS 40 MG	4	QL(4 EA daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA	XTANDI TABS 80 MG	4	QL(2 EA daily); PA
EMCYT	4	SP; PA	YONSA	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA	ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA
ERLEADA 60 MG	4	QL(4 EA daily); PA	ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA
<i>exemestane</i>	4	QL(1 EA daily); SP	Antineoplastic - Immunomodulators		
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA	POMALYST	4	QL(1 EA daily); PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA	Antineoplastic - PDGFR-alpha Inhibitors		
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA	AYVAKIT	4	QL(1 EA daily); PA
<i>letrozole</i>	1B	QL(1 EA daily)	Antineoplastic - XPO1 Inhibitors		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 EA daily); SP; PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA	XPOVIO (60 MG TWICE WEEKLY)	4	PA
LYSODREN	4	SP; PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA
<i>megestrol acetate SUSP</i>	1B		XPOVIO (80 MG TWICE WEEKLY)	4	PA
<i>megestrol acetate TABS</i>	1B		Antineoplastic Antibiotics		
<i>nilutamide</i>	1B	QL(2 EA daily)	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
NUBEQA	4	QL(4 EA daily); PA	<i>dactinomycin</i>	4	SP; PA
ORGOVYX	4	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA	CALQUENCE	4	QL(2 EA daily); PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	CAPRELSA	4	QL(1 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
<i>valrubicin</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA
Antineoplastic Combinations			IBRANCE CAPS	4	QL(1 EA daily); PA
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA	IBRANCE TABS	4	QL(1 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA	ICLUSIG	4	QL(1 EA daily); PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA
ALUNBRIG TABS	4	QL(1 EA daily); PA	IMBRUVICA SUSP	4	QL(8 ML daily); PA
ALUNBRIG TBPK	4	QL(1 EA daily); PA	IMBRUVICA TABS	4	QL(1 EA daily); PA
BALVERSA	4	PA	INREBIC	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	JAKAFI	4	QL(2 EA daily); SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	SP; PA	KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
BOSULIF TABS 400 MG	4	QL(1 EA daily); PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA	KOSELUGO	4	PA
BRUKINSA	4	PA	KYPROLIS	4	PA
CABOMETYX TABS	4	QL(1 EA daily); PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
			LORBRENA	4	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS 320 MG	3	QL(3 EA daily); PA	STIVARGA	4	QL(4 EA daily); SP; PA
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA	<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA
LYNPARZA TABS	4	QL(4 EA daily); PA	<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA	TABRECTA	4	QL(4 EA daily); PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA	TAFINLAR CAPS	4	QL(4 EA daily); PA
MEKTOVI	4	QL(6 EA daily); SP; PA	TALZENNA	4	QL(1 EA daily); PA
<i>nilotinib hcl 50 MG</i>	4	QL(4 EA daily); PA	TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); SP; PA
<i>nilotinib hcl 150 MG, 200 MG</i>	4	QL(4 EA daily); SP; PA	TASIGNA 50 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); PA
NINLARO	4	QL(0.143 EA daily); PA	TAZVERIK	4	PA
<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA	<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA
PEMAZYRE	4	QL(1 EA daily); PA	TIBSOVO	4	PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); SP; PA	TURALIO 125 MG	4	PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA	VERZENIO	4	QL(2 EA daily); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI CAPS	4	PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI SOLN	4	PA
QINLOCK	4	PA	XALKORI CAPS	4	QL(2 EA daily); SP; PA
RETEVMO CAPS	4	PA	XOSPATA	4	PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA CAPS	4	QL(3 EA daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 100 MG	4	QL(3 EA daily); PA
RUBRACA	4	QL(4 EA daily); PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA	ZELBORAF	4	QL(8 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA	ZOLINZA	4	QL(4 EA daily); SP; PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA	ZYDELIG	4	QL(2 EA daily); PA
SPRYCEL (<i>dasatinib</i>)	4	QL(1 EA daily); SP; PA	Antineoplastic Enzymes		
			ONCASPAR	4	SP; PA
			Antineoplastics Misc.		

Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
arsenic trioxide 10 MG/10ML	4	SP; PA
bexarotene	4	SP; PA
dacarbazine SOLR 200 MG	4	SP; PA
hydroxyurea	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
tretinoin (chemotherapy)	1B	
UVADEX	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR	1B	
leucovorin calcium TABS	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
docetaxel CONC 20 MG/ML	4	SP; PA
docetaxel SOLN 20 MG/2ML	4	SP; PA
eribulin mesylate	4	SP; PA
ETOPOPHOS	4	SP; PA
etoposide CAPS	4	SP; PA
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	4	SP; PA
HALAVEN (eribulin mesylate)	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
paclitaxel 100 MG/16.7ML, 150 MG/25ML	4	SP; PA
paclitaxel protein-bound particles	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
vincristine sulfate	4	SP; PA
vinorelbine tartrate 10 MG/ML	4	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	SP; PA
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	SP; PA
topotecan hcl SOLR	4	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1B	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1B	
benztropine mesylate TABS	1B	
trihexyphenidyl hcl SOLN	1B	
trihexyphenidyl hcl TABS	1B	
Antiparkinson COMT Inhibitors		
entacapone	1B	QL(8 EA daily)
TASMAR (tolcapone)	3	
tolcapone	3	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 200 MG	3	QL(8 EA daily)
EQUETRO 100 MG	3	QL(2 EA daily)
EQUETRO 300 MG	3	QL(4 EA daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK A	2	PA
<i>paliperidone</i>	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	
<i>risperidone TABS</i>	1B	
<i>risperidone TBDP</i>	1B	
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>olanzapine TABS 15 MG, 20 MG</i>	1B	QL(2 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)	<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)
<i>quetiapine fumarate TB24</i>	1B		BIKTARVY	3	QL(1 EA daily)
Phenothiazines			CIMDUO	3	QL(1 EA daily); ST
<i>chlorpromazine hcl SOLN</i>	3		COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)
<i>chlorpromazine hcl TABS</i>	1B		<i>darunavir TABS 600 MG</i>	1B	QL(2 EA daily)
<i>fluphenazine hcl CONC</i>	1B		<i>darunavir TABS 800 MG</i>	1B	QL(1 EA daily)
<i>fluphenazine hcl ELIX</i>	1B		DELSTRIGO	3	QL(1 EA daily)
<i>fluphenazine hcl SOLN</i>	1B		DOVATO	3	QL(1 EA daily)
<i>fluphenazine hcl TABS</i>	1B		EDURANT	3	QL(1 EA daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
<i>prochlorperazine</i>	1B		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>thioridazine hcl</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 EA daily)
Quinolinone Derivatives			<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)
REXULTI	3	PA	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
Thioxanthenes			EMTRIVA SOLN	3	QL(24 ML daily)
<i>thiothixene</i>	1B		<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
Antiretrovirals			EVOTAZ	3	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)	FUZEON SOLR	4	SP; PA
<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)			
APTIVUS CAPS	3	QL(4 EA daily)			
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENVOYA	3	QL(1 EA daily)	STRIBILD	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
ISENTRESS HD TABS	3	QL(2 EA daily)	TIVICAY TABS	3	QL(2 EA daily)
ISENTRESS CHEW	3	QL(6 EA daily)	TRIUMEQ TABS	3	QL(1 EA daily)
ISENTRESS TABS	3	QL(2 EA daily)	TRIZIVIR	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)	TYBOST	3	QL(1 EA daily)
KALETRA SOLN	2	QL(12.5 ML daily)	VIRACEPT TABS 250 MG	3	QL(10 EA daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)	VIREAD POWD	3	QL(7.5 GM daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)	<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)	<i>zidovudine TABS</i>	1B	QL(2 EA daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)	CMV Agents		
<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)	<i>cidofovir</i>	3	
<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)	<i>ganciclovir sodium SOLR</i>	1B	
<i>nevirapine SUSP</i>	1B	QL(40 ML daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
<i>nevirapine TABS</i>	1B	QL(2 EA daily)	Hepatitis Agents		
<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)	<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP; PA
NORVIR CAPS	2	QL(12 EA daily)	<i>entecavir TABS</i>	4	QL(1 EA daily); SP; PA
NORVIR PACK	3	QL(12 EA daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
ODEFSEY	3	QL(1 EA daily)	LEDIPASVIR-SOFOSBUVIR TABS	4	QL(1 EA daily); PA
PIFELTRO	3	QL(1 EA daily)	PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PREZCOBIX	3	QL(1 EA daily)	PEGASYS SOSY	4	QL(0.072 ML daily); PA
PREZISTA SUSP	3	QL(12 ML daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
RETROVIR SOLN	3		SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
<i>ritonavir TABS</i>	1B	QL(12 EA daily)			
SELZENTRY SOLN	3	QL(30 ML daily)			
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOVALDI TABS	4	QL(1 EA daily); SP; PA	<i>carvedilol phosphate</i>	3	QL(1 EA daily)
VOSEVI	4	QL(1 EA daily); PA	<i>labetalol hcl SOLN</i>	1B	
ZEPATIER	4	QL(1 EA daily); PA	<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
Herpes Agents			<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 EA daily)
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)	Beta Blockers Cardio-Selective		
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)	<i>acebutolol hcl CAPS</i>	1B	
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)	<i>atenolol TABS</i>	1B	
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)	<i>betaxolol hcl</i>	1B	
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)	<i>bisoprolol fumarate</i>	1B	
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)	<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
Influenza Agents			<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days. ; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(120 ML per fill retail); 1 max fill(s) per 90 day(s) retail	<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)	Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
Alpha-Beta Blockers			<i>nadolol TABS 80 MG</i>	1B	
<i>carvedilol</i>	1B		<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
			<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
			<i>pindolol TABS</i>	1B	
			<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
			<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B	
			<i>propranolol hcl TABS</i>	1B	
			<i>sotalol hcl (afib/af)</i>	1B	
			<i>sotalol hcl TABS 240 MG</i>	1B	
			<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
			<i>timolol maleate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine TB24 90 MG</i>	1B	QL(1 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	QL(2 EA daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Endothelin Receptor Antagonists			Sinus Node Inhibitors		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA	<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA	Transthyretin Stabilizers		
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA	VYNDAMAX	4	QL(1 EA daily); PA
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA	VYNDAREL	4	QL(4 EA daily); PA
OPSUMIT	4	QL(1 EA daily); PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA	Cephalosporins - 1st Generation		
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefadroxil CAPS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA	<i>cefadroxil SUSR</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA	<i>cefadroxil TABS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA	<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA	<i>cephalexin CAPS</i>	1B	
Pulmonary Hypertension - Prostacyclin Receptor Agonist			<i>cephalexin SUSR</i>	1B	
UPTRAVID TITRATION TBPB	4	1 max fill(s) per 180 day(s) retail; PA	Cephalosporins - 2nd Generation		
UPTRAVID TABS 200 MCG	4	PA	<i>cefaclor CAPS</i>	1B	
UPTRAVID TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA	<i>cefaclor SUSR 250 MG/5ML</i>	1B	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
ADEMPAS	4	QL(3 EA daily); PA	<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
			<i>cefprozil SUSR</i>	1B	
			<i>cefprozil TABS</i>	1B	
			<i>cefuroxime axetil TABS</i>	1B	
			<i>cefuroxime sodium IJ 750 MG</i>	1B	
			Cephalosporins - 3rd Generation		
			<i>cefdinir CAPS</i>	1B	
			<i>cefdinir SUSR</i>	1B	
			<i>cefixime CAPS</i>	1B	
			<i>cefixime SUSR</i>	1B	PA
			<i>cefpodoxime proxetil SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefepodoxime proxetil</i> TABS	1B		<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
<i>ceftazidime</i> IJ 1 GM, 6 GM	1B		LO LOESTRIN FE TABS	0	
<i>ceftriaxone sodium</i> IJ 1 GM, 2 GM, 500 MG	1B		NATAZIA	0	
<i>ceftriaxone sodium</i> IJ 250 MG	1A		NEXTSTELLIS	0	
Cephalosporins - 4th Generation			<i>norethin acet & estrad-fe</i> CAPS	0	
<i>cefepime hcl</i> SOLR IV 2 GM	1B		<i>norethin acet & estrad-fe</i> CHEW	0	
Cephalosporins - 5th Generation			<i>norethin acet & estrad-fe</i> TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	
TEFLARO	3		<i>norethindrone & eth estradiol</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethindrone & ethinyl estradiol-fe</i>	0	
Combination Contraceptives - Oral			<i>norethindrone acet & eth estra</i> TABS	0	
AVERI TABS PO	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel & ethinyl estradiol</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestrel & ethinyl estradiol</i> 30 MCG-0.3 MG	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		TYBLUME CHEW	0	
<i>ethynodiol diacet & eth estrad</i>	0		Combination Contraceptives - Transdermal		
FEMLYV TBDP	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel & eth estradiol</i> TABS	0		TWIRLA	0	QL(3 EA per 28 day(s) retail)
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (91-day)</i> 0.03 MG-0.15 MG	0		ANNOVERA	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
			Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELLA	0		EMFLAZA SUSP (deflazacort)	4	PA
levonorgestrel (emergency oc) 1.5 MG	0		hydrocortisone sod succinate 100 MG	1B	2 max fill(s) per 30 day(s) retail
Progestin Contraceptives - Injectable			hydrocortisone TABS	1B	
DEPO-SUBQ PROVERA 104 SUSY SC	0		MEDROL TABS	3	
medroxyprogesterone acetate (contraceptive) SUSP IM	0	QL(1 ML per 90 day(s) retail)	methylprednisolone acetate SUSP	1B	
medroxyprogesterone acetate (contraceptive) SUSY IM	0	QL(1 ML per 90 day(s) retail)	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
Progestin Contraceptives - Oral			methylprednisolone TABS	1B	
norethindrone (contraceptive)	0		methylprednisolone TBPk	1B	
OPILL	0		prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
SLYND	0	QL(1 EA daily)	prednisolone sodium phosphate TBPk	3	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			prednisolone SOLN	1B	
Glucocorticosteroids			prednisolone TABS	1B	
budesonide CPEP	1B	QL(3 EA daily)	prednisone SOLN	1B	
deflazacort SUSP	4	PA	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	
deflazacort TABS	4	PA	prednisone TABS 1 MG, 5 MG	1B	
DEPO-MEDROL SUSP	3		prednisone TBPk	1B	
DEXAMETHASONE INTENSOL CONC	1B		SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1B		SOLU-CORTEF 250 MG	3	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	1B		SOLU-CORTEF (hydrocortisone sod succinate)	3	2 max fill(s) per 30 day(s) retail
dexamethasone ELIX	1B		SOLU-MEDROL 2 GM	3	
dexamethasone SOLN	1B		triamcinolone acetonide SUSP 40 MG/ML	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A		Mineralocorticoids		
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B		fludrocortisone acetate TABS	1B	
			COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		

Drug Name	Drug Tier	Requirements/ Limits
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old)
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC
AZELEX	3	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old); ST; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)
Agents for External Genital and Perianal Warts			<i>clotrimazole w/ betamethasone LOTN</i>	1B	
VEREGEN	3	QL(1 GM daily)	<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)
Antibiotics - Topical			ERTACZO	3	QL(2.15 GM daily)
ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)	<i>ketoconazole (topical) CREA</i>	1B	QL(10 GM daily)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)	<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)
<i>gentamicin sulfate (topical) OINT</i>	1B		<i>luliconazole</i>	1B	PA
<i>mupirocin OINT</i>	1B	QL(6 GM daily)	<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA	<i>naftifine hcl CREA 1 %</i>	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antifungals - Topical			<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>butenafine hcl</i>	1B	QL(6 GM daily)	<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail	<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>ciclopirox olamine SUSP</i>	1B		<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)	<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>doxepin hcl (antipruritic)</i>	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
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	Antipsoriatics		
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>acitretin 25 MG</i>	1B	QL(2 EA daily)
<i>tavaborole</i>	1B	PA	<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA	<i>calcipotriene SOLN</i>	1B	PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC	<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	PA	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)	COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
Antipruritics - Topical			<i>methoxsalen rapid</i>	1B	QL(4 EA daily)
			SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
			SKYRIZI SOSY	4	QL(0.025 ML daily); PA
			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)
Antivirals - Topical			<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)
<i>penciclovir</i>	3	QL(0.18 GM daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
Burn Products			<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>mafenide acetate PACK</i>	3		<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA
<i>silver sulfadiazine</i>	1B	QL(20 GM daily)	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA
SULFAMYLON CREA	3		<i>clobetasol propionate FOAM</i>	1B	PA
Corticosteroids - Topical			<i>clobetasol propionate GEL 0.05 %</i>	1B	PA
<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)	<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA
<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)	<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA
<i>amcinonide CREA</i>	1B	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail			
<i>amcinonide LOTN</i>	3				
<i>amcinonide OINT</i>	3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clocortolone pivalate</i>	3	QL(3 GM daily)	<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail	<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)
<i>desonide CREA</i>	1B	QL(4 GM daily)	<i>halcinonide CREA</i>	1B	PA
<i>desonide LOTN</i>	1B	QL(4 ML daily)	<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)
<i>desonide OINT</i>	1B	QL(3 GM daily)	<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)	HALOG OINT	3	PA
<i>desoximetasone GEL</i>	1B	QL(3 GM daily)	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>diflorasone diacetate CREA</i>	1B	PA	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
<i>diflorasone diacetate OINT</i>	1B	PA	<i>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)
<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)	<i>hydrocortisone butyrate OINT</i>	1B	QL(3 GM daily)
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)	<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)	<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)	<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>fluocinonide OINT</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>flurandrenolide CREA</i>	2		<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>flurandrenolide LOTN</i>	2				
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)	<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)	<i>lidocaine PTCH 5 %</i>	1B	PA
Eczema Agents			Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA	EUCRISA	3	QL(2 GM daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA	Rosacea Agents		
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA	<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA	<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
Emollients			<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC	<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
Enzymes - Topical			<i>metronidazole (topical) LOTN</i>	1B	
SANTYL OINT	3	PA	Scabicides & Pediculicides		
Immunomodulating Agents - Topical			<i>crotamiton LOTN</i>	1B	PA
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)	<i>ivermectin (pediculicide)</i>	1B	PA
Immunosuppressive Agents - Topical			<i>malathion</i>	1B	
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA	<i>permethrin CREA</i>	1B	
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA	<i>permethrin LIQD EX</i>	1B	
Keratolytic/Antimitotic/Vesicant Agents			<i>spinosad</i>	1B	PA
<i>podofilox SOLN</i>	1B		DIAGNOSTIC PRODUCTS		
Local Anesthetics - Topical			Diagnostic Drugs		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)	GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)	THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)	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	Limit 100 per month; 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		

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

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

Drug Name	Drug Tier	Requirements/ Limits
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	SP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORILISSA	2	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHERA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENSOLVI (6 MONTH) SC	4	SP; PA	<i>desmopressin acetate SOLN IJ</i>	1B	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA	DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA	<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA	<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)
SYNAREL	4	SP; PA	Prolactin Inhibitors		
Metabolic Modifiers			<i>cabergoline</i>	1B	
ALDURAZYME	4	SP; PA	Somatostatic Agents		
<i>betaine</i>	4	SP; PA	<i>octreotide acetate SOLN</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B		SIGNIFOR	4	PA
<i>calcitriol SOLN IV</i>	1B		Vasopressin Receptor Antagonists		
<i>cinacalcet hcl</i>	4	QL(4 EA daily); SP; PA	JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	4	SP; PA
<i>doxercalciferol CAPS</i>	1B		<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
<i>doxercalciferol SOLN</i>	1B		<i>tolvaptan TBPK 15 MG</i>	4	SP; PA
ELAPRASE	4	SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
LUMIZYME	4	SP; PA	Estrogen Combinations		
MYALEPT	4	PA	BIJUVA	3	PA
<i>nitisinone CAPS</i>	4	PA	CLIMARA PRO	3	
<i>paricalcitol CAPS</i>	1B		DUAVEE	3	PA
<i>paricalcitol SOLN</i>	1B		<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PHEBURANE PLLT	4	PA	PREMPHASE	2	
<i>sapropterin dihydrochloride PACK</i>	4	PA	PREMPRO	2	QL(1 EA daily)
<i>sapropterin dihydrochloride TABS</i>	4	PA	Estrogens		
<i>sodium phenylbutyrate POWD</i>	1B	PA	DEPO-ESTRADIOL	3	
<i>sodium phenylbutyrate TABS</i>	1B	PA	ELESTRIN GEL	3	
STRENSIQ	4	PA	<i>estradiol valerate</i>	1B	
Posterior Pituitary Hormones			<i>estradiol GEL</i>	1B	
<i>desmopressin acetate spray</i>	1B		<i>estradiol GEL</i>	3	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B		<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL (<i>estradiol</i>)	3	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine TBEC</i>	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
<i>sevelamer hcl 800 MG</i>	1B	QL(17 EA daily)
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	2	QL(2 EA daily)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Agents for Sickle Cell Disease			PROCRIT 40000 UNIT/ML	4	SP; PA
DROXIA CAPS	3		PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
Cobalamins			PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)	RETACRIT	4	PA
Folic Acid/Folates			UDENYCA ONBODY SOSY	4	PA
<i>folic acid TABS</i>	0		UDENYCA SOAJ	4	PA
Hematopoietic Growth Factors			UDENYCA SOSY	4	PA
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA	ZARXIO	4	PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	4	SP; PA	Hematopoietic Mixtures		
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA	HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
DOPTLET	4	QL(3 EA daily); PA	Iron		
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	4	QL(1 EA daily); PA	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); PA	<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	<i>ferrous sulfate TBEC 325 MG</i>	0	
LEUKINE SOLR IJ	4	SP; PA	Stem Cell Mobilizers		
MIRCERA	4	PA	<i>plerixafor</i>	4	SP; PA
MULPLETA	4	QL(1 EA daily); PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
NYVEPRIA	4	PA	Hemostatics - Systemic		
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	<i>aminocaproic acid TABS</i>	1B	PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
			<i>tranexamic acid TABS</i>	1B	
			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
			Barbiturate Hypnotics		
			<i>phenobarbital ELIX</i>	1B	
			<i>phenobarbital TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 EA daily)
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)
Clarithromycin		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin SUSR</i>	1B		KIMONO COLORS DEVI	0	QL(2 EA daily)
<i>clarithromycin TABS</i>	1B		KIMONO MAXX-LARGE FLARE MISC	0	QL(2 EA daily)
<i>clarithromycin TB24</i>	1B		KIMONO MICRO THIN PLUS MISC	0	QL(2 EA daily)
Erythromycins			KIMONO PLUS MISC	0	QL(2 EA daily)
<i>erythromycin base CPEP</i>	3		KIMONO PS PLUS MISC	0	QL(2 EA daily)
<i>erythromycin base TABS</i>	3		KIMONO PS MISC	0	QL(2 EA daily)
<i>erythromycin base TBEC</i>	1B		KIMONO SENSATION PLUS MISC	0	QL(2 EA daily)
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO SENSATION MISC	0	QL(2 EA daily)
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SPECIAL DEVI	0	QL(2 EA daily)
Fidaxomicin			KIMONO MISC	0	QL(2 EA daily)
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	2		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 EA daily)
<i>fidaxomicin TABS 200 MG</i>	1B		K-Y ME & YOU INTENSE DEVI	0	QL(2 EA daily)
MEDICAL DEVICES AND SUPPLIES			MAXX PLUS MISC	0	QL(2 EA daily)
Contraceptives			MAXX MISC	0	QL(2 EA daily)
AIMSCO LUBRICATED MISC	0	QL(2 EA daily)	OMNIFLEX DIAPHRAGM	0	
CAYA DPRH	0		REALITY LATEX CONDOMS MISC	0	QL(2 EA daily)
DUREX EXTRA SENSITIVE THIN DEVI	0	QL(2 EA daily)	REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 EA daily)
DUREX EXTRA SENSITIVE THIN MISC	0	QL(2 EA daily)	REALITY LATEX/ULTRA THIN DEVI	0	QL(2 EA daily)
DUREX TROPICAL MISC	0	QL(2 EA daily)	TROJAN BARESKIN DEVI	0	QL(2 EA daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 EA daily)	TROJAN MAGNUM MISC	0	QL(2 EA daily)
FANTASY LUBRICATED MISC	0	QL(2 EA daily)	TROJAN ULTRA THIN/SPERMICIDAL MISC	0	QL(2 EA daily)
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	TROJAN ULTRA THIN MISC	0	QL(2 EA daily)
FEMCAP DEVI	0		TROJAN-ENZ LUBRICATED MISC	0	QL(2 EA daily)
KAMELEON LUBRICATED MISC	0	QL(2 EA daily)	TROJAN-ENZ/SPERMICIDAL MISC	0	QL(2 EA daily)
			TRUE COVER DEVI	0	QL(2 EA daily)
			TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/RIBBED/STUDDERED MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 14 DAY READER	3	PA
TRUSTEX LUB/SPERMICIDE EX ST MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUB/SPERMICIDE XL MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED EX LARGE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 2 READER	3	PA
TRUSTEX LUBRICATED EXTRA ST MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE READER	3	PA
TRUSTEX RIA LUBRICATED MISC	0	QL(2 EA daily)	ONETOUCH DELICA SAFETY LANCING	1B	QL(6.667 EA daily); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	QL(2 EA daily)	RELION LANCET DEVICES 30G	1B	QL(6.667 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 60	0		RELION LANCETS	1B	QL(6.667 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL DIAPHRAGM 70	0		TRUE METRIX LEVEL 3 SOLN	1B	
WIDE-SEAL DIAPHRAGM 75	0		Parenteral Therapy Supplies		
WIDE-SEAL DIAPHRAGM 80	0		BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	0		EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	0		EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	0		EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
Diabetic Supplies			EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily); RX/OTC
			SELECT INSULIN SYRINGES	1B	5/day
			MIGRAINE PRODUCTS - Drugs to Treat Migraine		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Headaches			<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
AIMOVIG	2	QL(0.04 ML daily); PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
EMGALITY SOSY	2	QL(0.07 ML daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
Migraine Combinations			<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)	<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
Migraine Products			<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B		<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)	<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
ERGOMAR SUBL	3	QL(0.667 EA daily)			
Serotonin Agonists					
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST			
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST			
<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	
MINERALS & ELECTROLYTES			<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
Bicarbonates			<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
<i>sodium acetate SOLN</i>	1B		POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B		<i>ringer's</i>	1B	
Calcium			Fluoride		
<i>calcium chloride (dihydrate) SOLN</i>	1B		<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
Electrolyte Mixtures			Magnesium		
<i>dextrose in lactated ringers</i>	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
<i>electrolyte-148</i>	1B		Phosphate		
<i>electrolyte-a</i>	1B		<i>potassium phosphates 45 MMOLE/15ML</i>	1B	
IONOSOL-MB IN D5W	1B		Potassium		
ISOLYTE-P IN D5W	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
ISOLYTE-S	1B		<i>potassium bicarbonate TBEF</i>	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B				
KCL-LACTATED RINGERS-D5W	1B				
<i>lactated ringer's</i>	1B				
NORMOSOL-M IN D5W	1B				
NORMOSOL-R PH 7.4	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>mycophenolate mofetil CAPS</i>	1B	
Sodium			<i>mycophenolate mofetil TABS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate sodium</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES			NULOJIX	4	SP; PA
Chelating Agents			PROGRAF PACK	2	PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF SOLN	2	
<i>penicillamine TABS</i>	1B	QL(8 EA daily)	SIMULECT	3	
<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA	<i>sirolimus TABS</i>	1B	
Immunomodulators			<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA	<i>tacrolimus SOLN 5 MG/ML</i>	1B	
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA	THYMOGLOBULIN	4	SP; PA
THALOMID	4	QL(3 EA daily); SP; PA	Irrigation Solutions		
Immunosuppressive Agents			<i>irrigation solutions, physiological</i>	1B	
ATGAM	4	SP; PA	<i>lactated ringer's (irrigation)</i>	1B	
AZATHIOPRINE SODIUM	1B		<i>ringer's irrigation</i>	1B	
<i>azathioprine TABS</i>	1B		<i>water for irrigation, sterile</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		LOKELMA	3	QL(1 EA daily); PA
			<i>sodium polystyrene sulfonate POWD</i>	1B	
			<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOUTH/THROAT/DENTAL AGENTS			KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
Anesthetics Topical Oral			MASONATAL TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)	M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		MULTI PRENATAL TABS	2	QL(1 EA daily)
Anti-infectives - Throat			NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC
<i>clotrimazole</i>	1B		NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>nystatin (mouth-throat)</i>	1B		NEONATAL PRENATAL TABS	2	QL(1 EA daily)
Antiseptics - Mouth/Throat			NEONATAL VITAMIN TABS	2	QL(1 EA daily)
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC
DEBACTEROL	2		ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC
Dental Products			ONE VITE WOMENS TABS	2	QL(1 EA daily)
<i>stannous fluoride CONC</i>	0	RX/OTC	PRENATAL ONE DAILY TABS	2	QL(1 EA daily)
Steroids - Mouth/Throat/Dental			PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1B		PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
Throat Products - Misc.			PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)
<i>cevimeline hcl</i>	1B		PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
<i>pilocarpine hcl (oral)</i>	1B				
MULTIVITAMINS					
Prenatal Vitamins					
CLASSIC PRENATAL TABS	2	QL(1 EA daily)			
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 EA daily)			
EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)			
FT PRENATAL TABS	2	QL(1 EA daily)			
GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)			
GNP PRENATAL TABS	2	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG- 1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)	Direct Muscle Relaxants		
PRENATAL TABS	2	QL(1 EA daily)	<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
PRENATRIX TABS	2	QL(1 EA daily); RX/OTC	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
PRENATRYL TABS	2	QL(1 EA daily); RX/OTC	Nasal Antiallergy		
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)	<i>azelastine hcl</i>	1B	
QC PRENATAL TABS	2	QL(1 EA daily)	<i>olopatadine hcl (nasal)</i>	1B	
SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)	Nasal Anticholinergics		
THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC	<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
TRICARE TABS	2	QL(1 EA daily); RX/OTC	<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC	Nasal Steroids		
WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC	<i>budesonide (nasal)</i>	1B	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
Central Muscle Relaxants			<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
<i>baclofen TABS</i>	1B		<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 GM daily); RX/OTC
<i>carisoprodol TABS</i>	1B		<i>triamcinolone acetonide (nasal) AERO</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)	XHANCE EXHU	3	PA
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)	ALS Agents		
<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)	<i>riluzole TABS</i>	3	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B		Neuromuscular Blocking Agent - Neurotoxins		
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)	XEOMIN	3	PA
<i>tizanidine hcl CAPS</i>	1B		Nondepolarizing Muscle Relaxants		
<i>tizanidine hcl TABS</i>	1B		<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
			NUTRIENTS		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth OINT</i>	1B	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
PRED MILD	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmics - Misc.		
ALOCRIL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACRAFT	3	PA
NEVANAC	3	PA
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD 30 GM/300ML	4	PA	<i>amoxicillin & pot clavulanate CHEW</i>	1B	
GAMMAGARD S/D LESS IGA SOLR	4	SP; PA	<i>amoxicillin & pot clavulanate SUSR</i>	1B	
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA	<i>amoxicillin & pot clavulanate TABS</i>	1B	
GAMUNEX-C	4	SP; PA	<i>amoxicillin & pot clavulanate TB12</i>	1B	
Monoclonal Antibodies			<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
BEYFORTUS	0		<i>piperacillin sodium-tazobactam sodium</i>	1B	
Passive Immunizing Agents - Combinations			Penicillinase-Resistant Penicillins		
HYQVIA	4	PA	<i>dicloxacillin sodium</i>	1B	
PENICILLINS - Drugs to Treat Bacterial Infections			<i>nafcillin sodium IV 10 GM</i>	1B	
Aminopenicillins			<i>oxacillin sodium IV 10 GM</i>	1B	
<i>amoxicillin CAPS</i>	1A		PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B		Progestins		
<i>amoxicillin SUSR 125 MG/5ML</i>	1A		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B		<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>amoxicillin TABS</i>	1B		<i>megestrol acetate (appetite)</i>	1B	PA
<i>ampicillin sodium IV 10 GM</i>	1B		<i>norethindrone acetate TABS</i>	0	
<i>ampicillin CAPS 500 MG</i>	1B		<i>progesterone CAPS</i>	1B	
Natural Penicillins			PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B		Agents for Chemical Dependency		
<i>penicillin g potassium 5000000 UNIT</i>	1B		<i>acamprosate calcium</i>	1B	
<i>penicillin g sodium</i>	3		<i>disulfiram</i>	1B	
<i>penicillin v potassium SOLR</i>	1B		<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA
<i>penicillin v potassium TABS</i>	1B				
Penicillin Combinations					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 EA per 14 day(s) retail); PA	INGREZZA CAPS	4	QL(1 EA daily); PA
Antidementia Agents			INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>donepezil hydrochloride</i> TABS 10 MG	1B	QL(2 EA daily)	INGREZZA CPSP	4	QL(1 EA daily); PA
<i>donepezil hydrochloride</i> TABS 5 MG, 23 MG	1B	QL(1 EA daily)	<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
<i>donepezil hydrochloride</i> TBDP 5 MG	1B	QL(1 EA daily)	Multiple Sclerosis Agents		
<i>donepezil hydrochloride</i> TBDP 10 MG	1B	QL(2 EA daily)	AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide</i> CP24	1B	QL(1 EA daily)	AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide</i> SOLN	1B	QL(6 ML daily)	BETASERON KIT	4	QL(0.0357 EA daily); SP; PA
<i>galantamine hydrobromide</i> TABS	1B	QL(2 EA daily)	<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>memantine hcl</i> TABS	1B		<i>dimethyl fumarate</i> CDPK	1B	QL(2 EA daily)
<i>memantine hcl</i> TABS	1B	QL(2 EA daily)	<i>dimethyl fumarate</i> CPDR	1B	QL(2 EA daily)
<i>rivastigmine tartrate</i> CAPS	1B		EXTAVIA KIT	4	QL(0.0357 EA daily); SP; PA
Combination Psychotherapeutics			<i> fingolimod hcl</i>	4	QL(1 EA daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		<i>glatiramer acetate</i> SOSY 20 MG/ML	4	QL(1 ML daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)	<i>glatiramer acetate</i> SOSY 40 MG/ML	4	QL(0.43 ML daily)
Fibromyalgia Agents			LEMTRADA	4	QL(1.2 ML daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
SAVELLA TABS	2	QL(2 EA daily); PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
Movement Disorder Drug Therapy			PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA
AUSTEDO XR TB24	4	QL(1 EA daily); PA	REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
AUSTEDO TABS	4	QL(4 EA daily); PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA
			REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate CAPS</i>	1B	QL(2 EA daily)	PEDIARIX SUSY	0	
<i>doxycycline hyclate SOLR</i>	1B		PENTACEL	0	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 EA daily)	QUADRACEL SUSP	0	
<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)	QUADRACEL SUSY	0	
<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)	TDVAX SUSP	0	
<i>tetracycline hcl CAPS</i>	1B	QL(8 EA daily)	TENIVAC SUSP 2 LFU-5 LFU	0	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	
Antithyroid Agents			VAXELIS SUSP	0	
<i>methimazole TABS</i>	1B		VAXELIS SUSY	0	
<i>propylthiouracil</i>	1B		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Thyroid Hormones			Antispasmodics		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2		<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
ARMOUR THYROID TABS	2	QL(1 EA daily)	<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
EVEXITHROID TABS 180 MG	2	QL(1 EA daily)	<i>dicyclomine hcl CAPS</i>	1B	
<i>levothyroxine sodium TABS</i>	1B		<i>dicyclomine hcl SOLN PO</i>	1B	
<i>liothyronine sodium SOLN</i>	1B		<i>dicyclomine hcl TABS</i>	1B	
<i>liothyronine sodium TABS</i>	1B		<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
NP THYROID TABS	1B	QL(1 EA daily)	<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2		<i>glycopyrrolate TABS 1 MG</i>	1B	
TOXOIDS			<i>methscopolamine bromide</i>	1B	
Toxoid Combinations			H-2 Antagonists		
ADACEL SUSP	0		<i>cimetidine TABS</i>	1B	RX/OTC
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0		<i>famotidine in nacl SOLN</i>	1B	
BOOSTRIX SUSP	0		<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
BOOSTRIX SUSY	0		<i>famotidine SOLN 20 MG/2ML</i>	1A	
DAPTACEL	0		<i>famotidine SUSR</i>	1B	QL(10 ML daily)
INFANRIX	0		<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
KINRIX SUSY	0				

Drug Name	Drug Tier	Requirements/ Limits
<i>nizatidine CAPS</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(1 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>rabeprazole sodium TBEC</i>	3	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily)
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)	ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
PNEUMOVAX 23 SOLN	0		FLUAD	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOSY	0		FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
PREVNAR 13	0		FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail	FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
TRUMENBA 0.5 ML	0		FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail	FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
Viral Vaccines			FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
ABRYSVO	0		FLUCELVAX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail			
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail			
AREXVY	0				
AUDENZ EMUL	0				
AUDENZ PRSY	0				
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0				
COMIRNATY SUSP	0				
COMIRNATY SUSY	0				
ENGRIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail			

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

Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
VAQTA	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
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		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXX	0	PV
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
NIACIN ER TBCR	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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abacavir sulfate SOLN	30	ACTHAR GEL PEN SC 40 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT/0.5ML, 80 UNIT/ML	44	UNIT	48
abacavir sulfate TABS	30	ACTHAR GEL	44	AIMOVIG	53
abacavir sulfate-lamivudine	30	ACTHIB SOLR IM	64	AIMSCO LUBRICATED MISC	51
abiraterone acetate 250 MG	25	ACTIMMUNE 100 MCG/0.5ML	28	AKYNZEO	17
abiraterone acetate 500 MG	25	ACTOS (pioglitazone hcl)	16	albendazole	7
ABRYSVO	65	acyclovir CAPS	32	albuterol sulfate AERS	9
acamprosate calcium	60	acyclovir SUSP	32	albuterol sulfate NEBU	9
acarbose	14	acyclovir TABS PO	32	albuterol sulfate SYRP	10
acebutolol hcl CAPS	32	acyclovir topical CREA	40	albuterol sulfate TABS	10
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acetaminophen w/ codeine TABS 30 MG-300 MG	6	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	63	ALDURAZYME	45
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ACTEMRA ACTPEN SOAJ	3	AFLURIA QUADRIVALENT SUSY 0.5 ML	65	alogliptin-metformin hcl	14
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	3	AFLURIA SUSP	65	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	14
ACTEMRA SOLN 80 MG/4ML	3	AFSTYLA 250 UNIT, 500 UNIT, 1000		alogliptin-pioglitazone 30 MG-12.5 MG	14
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alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amlodipine besylate TABS	33	amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1
alprazolam TABS 2 MG	8	amlodipine besylate-atorvastatin calcium	33	amphotericin b IV	18
alprazolam TB24	8	amlodipine besylate-benazepril hcl 20		amphotericin b liposome	18
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amantadine hcl SOLN	28	amoxicillin SUSR 125 MG/5ML	60	APIDRA SOLOSTAR SOPN	16
amantadine hcl TABS	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	60	apomorphine hydrochloride SOCT	28
ambrisentan	34	amoxicillin TABS	60	apraclonidine hcl	58
amcinonide CREA	40	amoxicillin-clarithromycin w/ lansoprazole THPK	64	aprepitant CAPS 40 MG, 125 MG	17
amcinonide LOTN	40	amphetamine-dextroamphetamine CP24 15 MG	1	aprepitant CAPS 80 MG	18
amcinonide OINT	40	amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1	aprepitant CAPS	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2	amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1	APTIOm 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	12
amiloride & hydrochlorothiazide	43			APTIVUS CAPS	30
amiloride hcl TABS	43			ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	49
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40 MCG/ML, 60 MCG/ML, 100 MCG/ML	49	MG, 40 MG	1	azithromycin SOLR	50
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	49	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin SUSR	50
ARCALYST	3	atorvastatin calcium TABS	19	azithromycin TABS 250 MG	50
AREXVY	65	atovaquone	21	azithromycin TABS 500 MG	50
arformoterol tartrate	10	atovaquone-proguanil hcl	22	azithromycin TABS 600 MG	50
ARIKAYCE	2	atracurium besylate 50 MG/5ML, 100 MG/10ML	57	bacitracin (ophthalmic)	58
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aripiprazole TABS	30	ATROVENT HFA	9	balsalazide disodium CAPS	46
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atenolol TABS	32	azelastine hcl (ophth)	59	benzonatate 150 MG	37
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ENSPRYNG55	erlotinib hcl24	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG46
entacapone28	ERTACZO38	eszopiclone50
entecavir TABS31	ertapenem sodium IJ21	ethacrynic acid43
EPIDIOLEX12	erythromycin (acne aid) PADS37	ethambutol hcl TABS23
epinastine hcl (ophth)59	erythromycin (acne aid) SOLN37	ethosuximide CAPS13
epinephrine (anaphylaxis) SOAJ ..67	erythromycin (ophth)58	ethosuximide SOLN13
eplerenone21	erythromycin base CPEP51	ethynodiol diacet & eth estrad35
	erythromycin base TABS51	etodolac CAPS4
	erythromycin base TBEC51	
	erythromycin ethylsuccinate SUSR 51	

etodolac TABS	4	FANTASY LUBRICATED MISC ...	51	fesoterodine fumarate	64
etonogestrel-ethinyl estradiol	35	FANTASY		FETZIMA CP24	14
ETOPOPHOS	28	LUBRICATED/SPERMICIDE MISC		FETZIMA TITRATION C4PK	14
		51			
etoposide CAPS	28	FARXIGA (dapagliflozin propanediol)		fidaxomicin TABS 200 MG	51
etoposide SOLN 1 GM/50ML, 100			16	finasteride	47
MG/5ML, 500 MG/25ML	28	FASENRA PEN SOAJ	9	fingolimod hcl	61
etravirine 100 MG	30	FASENRA SOSY 10 MG/0.5ML	9	FIRDAPSE	23
etravirine 200 MG	30	FASENRA SOSY 30 MG/ML	9	FIRMAGON (240 MG DOSE)	25
EUCRISA	42	FC2 FEMALE CONDOM	51	FIRMAGON 80 MG	25
EVAMIST SOLN	46	febuxostat	48	flavoxate hcl	64
everolimus (immunosuppressant)		felbamate SUSP	13	flecainide acetate	8
0.25 MG, 0.5 MG, 0.75 MG	55	felbamate TABS 400 MG	13	floxuridine	24
everolimus (immunosuppressant) 1		felbamate TABS 600 MG	13	FLUAD	65
MG	55	felodipine	33	FLUAD QUADRIVALENT	65
everolimus TABS	26	FEMCAP DEVI	51	FLUARIX QUADRIVALENT SUSY	65
EVEXITHROID TABS 180 MG	63	FEMLYV TBDP	35	FLUARIX SUSY	65
EVOTAZ	30	FEMRING	67	FLUBLOK QUADRIVALENT	65
exemestane	25	fenofibrate micronized 43 MG, 67		FLUBLOK SOSY	65
EXTAVIA KIT	61	MG, 130 MG, 134 MG, 200 MG ...	19	FLUCELVAX QUADRIVALENT	
ezetimibe	19	fenofibrate TABS 48 MG, 54 MG, 145		SUSP	65
ezetimibe-simvastatin	19	MG, 160 MG	19	FLUCELVAX QUADRIVALENT	
famciclovir 125 MG, 250 MG	32	fenoprofen calcium TABS	4	SUSY	65
famciclovir 500 MG	32	FENSOLVI (6 MONTH) SC	45	FLUCELVAX SUSP	65
famotidine in nacl SOLN	63	fentanyl citrate LPOP	5	FLUCELVAX SUSY	65
famotidine SOLN 20 MG/2ML	63	fentanyl PT72 12 MCG/HR, 25		fluconazole SUSR	18
famotidine SOLN 40 MG/4ML, 200		MCG/HR, 50 MCG/HR, 75 MCG/HR,		fluconazole TABS	18
MG/20ML	63	100 MCG/HR	5	flucytosine	18
famotidine SUSR	63	ferrous sulfate SOLN 15 MG/ML, 15		fludarabine phosphate SOLN	24
famotidine TABS 20 MG, 40 MG ..	63	MG/ML	49	fludarabine phosphate SOLR	24
FANAPT	29	ferrous sulfate TABS 325 MG, 65		fludrocortisone acetate TABS	36
FANAPT TITRATION PACK A	29	MG, 325 MG	49	FLULAVAL QUADRIVALENT SUSY .	
		ferrous sulfate TBEC 325 MG	49		

65	fluphenazine hcl SOLN 30	FLUZONE QUADRIVALENT SUSY 66
FLULAVAL SUSY 66	fluphenazine hcl TABS 30	FLUZONE SUSP 66
FLUMIST 66	flurandrenolide CREA 41	FLUZONE SUSY 66
FLUMIST QUADRIVALENT 66	flurandrenolide LOTN 41	FML FORTE SUSP 58
flunisolide (nasal) 57	flurazepam hcl 50	folic acid TABS 49
fluocinolone acetonide (otic) 59	flurbiprofen sodium 59	fondaparinux sodium 10 MG/0.8ML 11
fluocinolone acetonide CREA 0.01 % 41	flurbiprofen TABS 4	fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML 11
fluocinolone acetonide CREA 0.025 % 41	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT 9	FORA GTEL BLOOD KETONE TEST 42
fluocinolone acetonide OIL 41	fluticasone furoate-vilanterol 10	FORA TEST N'GO ADV-VOICE-6 CON 43
fluocinolone acetonide OINT 41	fluticasone propionate (inhalation) AEPB 9	formoterol fumarate NEBU 10
fluocinolone acetonide SOLN 41	fluticasone propionate (nasal) SUSP . 57	FOSAMAX PLUS D 44
fluocinonide CREA 0.05 % 41	fluticasone propionate CREA 0.05 % 41	fosamprenavir calcium TABS 30
fluocinonide emulsified base 41	fluticasone propionate hfa 9	fosfomycin tromethamine 22
fluocinonide GEL 41	fluticasone propionate LOTN 41	fosinopril sodium & hydrochlorothiazide 20
fluocinonide OINT 41	fluticasone propionate OINT 41	fosinopril sodium 20
fluorometholone (ophth) SUSP 58	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 10	fosphenytoin sodium 13
fluorouracil (topical) CREA 5 % 39	fluticasone-salmeterol AERO 10	FRAGMIN SOSY 11
fluorouracil (topical) SOLN 39	fluvastatin sodium CAPS 20 MG ... 19	FREESTYLE LIBRE 14 DAY READER 52
fluorouracil 500 MG/10ML 24	fluvastatin sodium CAPS 40 MG ... 19	FREESTYLE LIBRE 14 DAY SENSOR 52
fluoxetine hcl CAPS 10 MG 14	fluvoxamine maleate TABS 14	FREESTYLE LIBRE 2 PLUS SENSOR 52
fluoxetine hcl CAPS 20 MG, 40 MG 14	FLUZONE HIGH-DOSE QUADRIVALENT 66	FREESTYLE LIBRE 2 READER .. 52
fluoxetine hcl CPDR 14	FLUZONE HIGH-DOSE SUSY 66	FREESTYLE LIBRE 2 SENSOR .. 52
fluoxetine hcl SOLN 14	FLUZONE QUADRIVALENT SUSP 66	FREESTYLE LIBRE 3 PLUS SENSOR 52
fluoxetine hcl TABS 14		
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fluphenazine hcl ELIX 30		

FREESTYLE LIBRE 3 READER ..52	GAMUNEX-C60	MG, 500 MG-2.5 MG15
FREESTYLE LIBRE 3 SENSOR ..52	ganciclovir sodium SOLR31	glipizide-metformin hcl 500 MG-5 MG15
FREESTYLE LIBRE READER52	ganirelix acetate44	GLUCAGEN DIAGNOSTIC42
frovatriptan succinate53	GARDASIL 9 SUSP 0.5 ML66	glucagon SOLR IJ 1 MG15
FT PRENATAL TABS56	GARDASIL 9 SUSY 0.5 ML66	GLUCOTROL XL TB24 (glipizide) .16
fulvestrant SOSY25	gatifloxacin (ophth)58	glyburide micronized 1.5 MG, 3 MG, 6 MG16
furosemide SOLN PO 8 MG/ML, 10 MG/ML43	gefitinib24	glyburide TABS16
furosemide TABS43	gemcitabine hcl SOLR 2 GM, 200 MG24	glyburide-metformin 250 MG-1.25 MG15
FUZEON SOLR30	gemfibrozil TABS19	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG15
FYCOMPA TABS 2 MG (perampanel)11	GENOTROPIN CART SC44	glycine (gu irrigant) SOLN 1.5 % ..47
FYCOMPA TABS 4 MG (perampanel)11	GENOTROPIN MINIQUICK PRSY 44	glycopyrrolate SOLN IJ 4 MG/20ML 63
FYCOMPA TABS 6 MG (perampanel)11	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %2	glycopyrrolate TABS 1 MG63
FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel)11	gentamicin sulfate (ophth) SOLN ..58	glycopyrrolate TABS 2 MG63
gabapentin CAPS12	gentamicin sulfate (topical) CREA .38	GLYNASE (glyburide micronized) 17
gabapentin SOLN12	gentamicin sulfate (topical) OINT .38	GLYXAMBI15
gabapentin TABS 600 MG, 800 MG 12	gentamicin sulfate IJ 40 MG/ML2	GNP PRENATAL TABS56
galantamine hydrobromide CP24 .61	GENVOYA31	GNP PRENATAL/FOLIC ACID TABS56
galantamine hydrobromide SOLN .61	GILOTRIF24	GOHIBIC48
galantamine hydrobromide TABS .61	glatiramer acetate SOSY 20 MG/ML . 61	GOJJI BLOOD KETONE TEST ...43
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML59	glatiramer acetate SOSY 40 MG/ML . 61	granisetron hcl SOLN IV 1 MG/ML 17
GAMMAGARD 30 GM/300ML60	GLEOSTINE 10 MG23	granisetron hcl TABS17
GAMMAGARD S/D LESS IGA SOLR60	GLEOSTINE 40 MG, 100 MG23	GRASTEK SUBL2
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML60	glimepiride 1 MG, 2 MG16	griseofulvin microsize SUSP18
	glimepiride 4 MG16	griseofulvin microsize TABS18
	glipizide TABS 5 MG, 10 MG16	griseofulvin ultramicrosize18
	glipizide TB2416	guanfacine hcl (adhd)1
	glipizide-metformin hcl 250 MG-2.5	

guanfacine hcl	20	HUMIRA-PED>=40KG CROHNS START PSKT	3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	6
GYNAZOLE-1	67	HUMIRA-PED>=40KG UC STARTER AJKT	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	6
HAEGARDA SOLR SC	48	HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	hydrocodone-ibuprofen 7.5 MG-200 MG	7
HALAVEN (eribulin mesylate)	28	HUMIRA-PSORIASIS/UEIT STARTER AJKT	3	hydrocortisone (intrarectal)	7
halcinonide CREA	41	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16	hydrocortisone (rectal) EX	7
halobetasol propionate CREA	41	HUMULIN R U-500 KWIKPEN SOPN SC	16	hydrocortisone (topical) CREA 1 %, 2.5 %	41
halobetasol propionate OINT	41	HYCANTIN CAPS	28	hydrocortisone (topical) LOTN 2.5 % . 41	
HALOG OINT	41	hydralazine hcl SOLN	21	hydrocortisone (topical) OINT 1 %, 2.5 %	41
haloperidol decanoate	29	hydralazine hcl TABS	21	hydrocortisone acetate (rectal)	7
haloperidol lactate CONC	29	hydrochlorothiazide CAPS	43	hydrocortisone butyrate CREA	41
haloperidol lactate SOLN	29	hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone butyrate OINT	41
haloperidol TABS	29	hydrochlorothiazide TABS 25 MG, 50 MG	44	hydrocortisone butyrate SOLN	41
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	66	hydrocodone bitartrate CP12	5	hydrocortisone sod succinate 100 MG	36
HEMANGEOL SOLN PO	32	hydrocodone bitartrate T24A	5	hydrocortisone TABS	36
HEMATINIC/FOLIC ACID	49	hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydrocortisone vaginal	67
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	6	hydrocortisone valerate CREA	41
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	6	hydrocortisone valerate OINT	41
HEPLISAV-B SOSY	66	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	6	hydrocortisone w/acetic acid	59
HIBERIX SOLR IJ	64	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6	hydromorphone hcl LIQD	5
HUMATROPE CART IJ	44	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5		hydromorphone hcl TABS	5
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	hydromorphone hcl TB24 32 MG ...	5	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	5
HUMIRA (2 PEN) AJKT	3				
HUMIRA (2 SYRINGE) PSKT	3				
HUMIRA-CD/UC/HS STARTER AJKT	3				
HUMIRA-PED<40KG CROHNS STARTER PSKT	3				

hydroxychloroquine sulfate 100 MG 22	IMBRUVICA CAPS 70 MG 26	SUSP 16
hydroxychloroquine sulfate 200 MG 22	IMBRUVICA SUSP 26	INSULIN ASPART SOLN IJ 16
hydroxychloroquine sulfate 400 MG 22	IMBRUVICA TABS 26	INSULIN DEGLUDEC FLEXTOUCH SOPN 16
hydroxyurea 28	imipenem-cilastatin IV 21	INSULIN DEGLUDEC SOLN 16
hydroxyzine hcl SOLN 50 MG/ML .. 8	imipramine hcl TABS 14	INSULIN GLARGINE-YFGN SOLN 16
hydroxyzine hcl SYRP 8	imipramine pamoate 14	INSULIN GLARGINE-YFGN SOPN 16
hydroxyzine hcl TABS 8	imiquimod 5 % 42	INSULIN LISPRO (1 UNIT DIAL) SOPN 16
hydroxyzine pamoate CAPS 8	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML 53	INSULIN LISPRO JUNIOR KWIKPEN SOPN 16
HYPERSAL NEBU 37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 53	INSULIN LISPRO PROT & LISPRO SUPN 16
HYQVIA 60	IMPAVIDO 21	INSULIN LISPRO SOLN IJ 16
ibandronate sodium SOLN 44	INCRELEX 44	INTELENCE 25 MG 31
ibandronate sodium TABS 44	INCRUSE ELLIPTA 9	IONOSOL-MB IN D5W 54
IBRANCE CAPS 26	indapamide TABS 1.25 MG 44	IOPIDINE 58
IBRANCE TABS 26	indapamide TABS 2.5 MG 44	IPOL IJ 66
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 4	indomethacin CAPS 25 MG, 50 MG 4	ipratropium bromide (nasal) 0.03 % 57
ibuprofen TABS 400 MG, 600 MG .. 4	indomethacin CPCR 4	ipratropium bromide (nasal) 0.06 % 57
ibuprofen TABS 800 MG 4	INFANRIX 63	ipratropium bromide SOLN 0.02 % . 9
icatibant acetate SOSY 48	INFLECTRA SOLR 46	ipratropium-albuterol SOLN 10
ICLUSIG 26	INGREZZA CAPS 61	irbesartan 20
icosapent ethyl 1 GM 19	INGREZZA CPPK 61	irbesartan-hydrochlorothiazide 20
idarubicin hcl 20 MG/20ML 26	INGREZZA CPSP 61	irinotecan hcl 40 MG/2ML, 100 MG/5ML 28
idarubicin hcl 5 MG/5ML, 10 MG/10ML 26	INLYTA 24	irrigation solutions, physiological .. 55
IDELVION 48	INREBIC 26	ISENTRESS CHEW 31
ifosfamide SOLN 1 GM/20ML 23	INSULIN ASP PROT & ASP FLEXPEN SUPN 16	ISENTRESS HD TABS 31
ifosfamide SOLR 23	INSULIN ASPART FLEXPEN SOPN . 16	
imatinib mesylate TABS 26	INSULIN ASPART PENFILL SOCT 16	
IMBRUVICA CAPS 140 MG 26	INSULIN ASPART PROT & ASPART	

ISENTRESS TABS	31	JULUCA	31	KIMONO PS PLUS MISC	51
ISOLYTE-P IN D5W	54	JYNARQUE TBPK 15 MG (tolvaptan)	45	KIMONO SENSATION MISC	51
ISOLYTE-S	54	JYNNEOS	66	KIMONO SENSATION PLUS MISC	51
isoniazid SOLN	23	KALETRA SOLN	31	KIMONO SPECIAL DEVI	51
isoniazid SYRP	23	KALYDECO TABS	62	KINRIX SUSY	63
isoniazid TABS	23	KAMELEON LUBRICATED MISC	51	KISQALI (200 MG DOSE)	26
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KANJINTI	24	KISQALI (400 MG DOSE)	26
isosorbide dinitrate-hydralazine hcl 33	33	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	54	KISQALI (600 MG DOSE)	26
isosorbide mononitrate TABS	8	KCL-LACTATED RINGERS-D5W	54	KISQALI FEMARA (200 MG DOSE)	26
isosorbide mononitrate TB24	8	ketoconazole (topical) CREA	38	KISQALI FEMARA (400 MG DOSE)	26
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	37	ketoconazole (topical) SHAM 2 %	38	KISQALI FEMARA (600 MG DOSE)	26
isradipine CAPS	33	ketoconazole	18	KOGENATE FS KIT	48
itraconazole CAPS	18	KETONE TEST STRP	43	KOSELUGO	26
itraconazole SOLN	18	ketoprofen CAPS 50 MG	4	KOVALTRY	48
ivabradine hcl TABS	34	ketorolac tromethamine (ophth)	59	KP PRENATAL MULTIVITAMINS TABS	56
ivermectin (pediculicide)	42	ketorolac tromethamine TABS	4	KRINTAFEL	22
ivermectin	7	KETOSTIX STRP	43	K-Y ME & YOU EXTRA LUBRICATED DEVI	51
IXEMPRA KIT 15 MG	28	ketotifen fumarate (ophth) 0.035 % 59	59	K-Y ME & YOU INTENSE DEVI	51
JAKAFI	26	KEVZARA SOAJ	3	KYPROLIS	26
JANUMET TABS	15	KEVZARA SOSY	3	labetalol hcl SOLN	32
JANUMET XR TB24 1000 MG-100 MG	15	KIMONO COLORS DEVI	51	labetalol hcl TABS 100 MG, 200 MG	32
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO MAXX-LARGE FLARE MISC	51	labetalol hcl TABS 300 MG	32
JANUVIA	15	KIMONO MICRO THIN PLUS MISC	51	lacosamide SOLN IV 200 MG/20ML	12
JARDIANCE	16	KIMONO MISC	51	lacosamide TABS	12
JEVTANA	28	KIMONO PLUS MISC	51	lactated ringer's (irrigation)	55
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	48	KIMONO PS MISC	51		

lactated ringer's	54	lenalidomide 20 MG	55	46	
lactic acid (ammonium lactate) CREA	42	LENVIMA (10 MG DAILY DOSE)	24	levofloxacin SOLN PO	46
lactic acid (ammonium lactate) LOTN 12 %	42	LENVIMA (12 MG DAILY DOSE)	24	levofloxacin TABS 250 MG, 750 MG	46
lactulose (encephalopathy)	47	LENVIMA (14 MG DAILY DOSE)	24	levofloxacin TABS 500 MG	46
lactulose SOLN	50	LENVIMA (18 MG DAILY DOSE)	24	levonorgestrel & eth estradiol TABS	35
lamivudine (hbv) TABS	31	LENVIMA (20 MG DAILY DOSE)	24	levonorgestrel (emergency oc) 1.5 MG	36
lamivudine SOLN	31	LENVIMA (24 MG DAILY DOSE)	24	levonorgestrel-eth estradiol (triphasic)	35
lamivudine TABS 150 MG	31	LENVIMA (4 MG DAILY DOSE)	24	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	35
lamivudine TABS 300 MG	31	LENVIMA (8 MG DAILY DOSE)	24	levonorgestrel-ethinyl estradiol (continuous)	35
lamivudine-zidovudine	31	letrozole	25	levonorgestrel-ethinyl estradiol-iron	35
lamotrigine CHEW 25 MG	12	leucovorin calcium SOLR	28	levorphanol tartrate TABS 2 MG	5
lamotrigine CHEW 5 MG	12	leucovorin calcium TABS	28	levothyroxine sodium TABS	63
lamotrigine TABS	12	LEUKERAN	23	LEXIVA SUSP	31
lamotrigine TB24	12	LEUKINE SOLR IJ	49	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	50
lamotrigine TBDP	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25	lidocaine hcl (mouth-throat) 2 %	56
LANOXIN SOLN IJ (digoxin)	33	levalbuterol hcl	10	lidocaine hcl (mouth-throat) 4 %	56
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levalbuterol hcl 1.25 MG/0.5ML	10	lidocaine hcl GEL 2 %	42
lansoprazole CPDR 15 MG	64	levalbuterol tartrate	10	lidocaine hcl PRSY	42
lansoprazole CPDR 30 MG	64	levetiracetam SOLN IV 500 MG/5ML 12		lidocaine hcl SOLN	42
lanthanum carbonate CHEW	47	levetiracetam TABS 1000 MG	12	lidocaine PTCH 5 %	42
lapatinib ditosylate	26	levetiracetam TABS 250 MG, 500 MG, 750 MG	12	lidocaine-prilocaine CREA	42
LASTACFT	59	levetiracetam TB24	12	lincomycin hcl	22
latanoprost SOLN	59	levobunolol hcl 0.5 %	58	linezolid SUSR	22
LEDIPASVIR-SOFOSBUVIR TABS 31		levocetirizine dihydrochloride SOLN 18		linezolid TABS	22
leflunomide	4	levocetirizine dihydrochloride TABS 18		LINZESS	47
LEMTRADA	61	levofloxacin (ophth) 0.5 %	58		
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin in d5w 500 MG/100ML			

liothyronine sodium SOLN	63	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20	lurasidone hcl 80 MG	29
liothyronine sodium TABS	63	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		LYNPARZA TABS	27
liraglutide	15	losartan potassium	20	LYSODREN	25
lisdexamphetamine dimesylate CAPS 1		LOTEMAX OINT	58	mafenide acetate PACK	40
lisdexamphetamine dimesylate CHEW . 1		loteprednol etabonate GEL	58	magnesium sulfate IJ 50 %	54
lisinopril & hydrochlorothiazide ...	20	loteprednol etabonate SUSP	58	malathion	42
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	20	lovastatin TABS 10 MG, 20 MG ...	19	maraviroc TABS 150 MG	31
lithium	29	lovastatin TABS 40 MG	19	maraviroc TABS 300 MG	31
lithium carbonate CAPS	29	loxapine succinate	29	MARPLAN	13
lithium carbonate TABS	29	lubiprostone	46	MASONATAL TABS	56
lithium carbonate TBCR	29	LUCEMYRA (lofexidine hcl)	61	MATULANE	28
LO LOESTRIN FE TABS	35	luliconazole	38	MAXIDEX SUSP OP	58
lofexidine hcl	60	LUMAKRAS 120 MG, 240 MG	27	MAXX MISC	51
LOKELMA	55	LUMAKRAS 320 MG	27	MAXX PLUS MISC	51
lomustine 10 MG	23	LUMIZYME	45	meclizine hcl TABS 12.5 MG	17
lomustine 40 MG, 100 MG	23	LUPRON DEPOT (1-MONTH) KIT IM	25	meclizine hcl TABS 25 MG	17
loperamide hcl CAPS	17	LUPRON DEPOT (3-MONTH) KIT IM	25	meclofenamate sodium CAPS	4
lopinavir-ritonavir SOLN	31	LUPRON DEPOT (4-MONTH) IM .	25	MEDROL TABS	36
lopinavir-ritonavir TABS	31	LUPRON DEPOT (6-MONTH) IM .	25	medroxyprogesterone acetate (contraceptive) SUSP IM	36
LOQTORZI	24	LUPRON DEPOT-PED (1-MONTH) . 45		medroxyprogesterone acetate (contraceptive) SUSY IM	36
loratadine CAPS	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	45	medroxyprogesterone acetate 10 MG	60
loratadine CHEW	18	LUPRON DEPOT-PED (3-MONTH) 30 MG	45	medroxyprogesterone acetate 2.5 MG, 5 MG	60
loratadine SOLN	18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29	mefenamic acid CAPS	4
loratadine TABS	18			mefloquine hcl	23
loratadine TBDP	18			megestrol acetate (appetite)	60
lorazepam CONC	8			megestrol acetate SUSP	25
lorazepam TABS 0.5 MG, 2 MG	8			megestrol acetate TABS	25
lorazepam TABS 1 MG	8				
LORBRENA	26				

MEKINIST TABS 0.5 MG27	metformin hcl TB24 750 MG15	methylphenidate hcl CPR 2
MEKINIST TABS 2 MG27	methadone hcl CONC5	methylphenidate hcl SOLN 2
MEKTOVI27	METHADONE HCL SOLN IJ (methadone hcl)5	methylphenidate hcl TABS2
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45	NUCALA SOLR	9	olmesartan medoxomil-hydrochlorothiazide	21		
norethindrone acetate-ethinyl estradiol-fe	NUCALA SOSY 100 MG/ML	9	olopatadine hcl (nasal)	57		
35	NUCALA SOSY 40 MG/0.4ML	9	olopatadine hcl 0.1 %	59		
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norgestimate-ethinyl estradiol (triphasic)	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	66	omeprazole CPDR	64		
35	nystatin (mouth-throat)	56	omeprazole magnesium CPDR	64		
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ORENITRAM TBCR	33	oxycodone hcl TABS	6	paroxetine hcl TB24	14
ORGOVYX	25	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	pazopanib hcl	27
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ORKAMBI TABS	62	oxymorphone hcl TB12 40 MG	6	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	50
ORLADEYO	48	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	6	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 50	
orphenadrine citrate TB12	57	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	15	peg 3350-potassium chloride-sod bicarbonate-sod chloride	50
oseltamivir phosphate CAPS	32	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	15	PEGASYS SOLN	31
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pravastatin sodium	19	PREHEVBRIO	66	PRIORIX SUSR	66
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prazosin hcl CAPS	20	PREMARIN SOLR	46	procainamide hcl SOLN 500 MG/ML	8
PRECISION XTRA KETONE	43	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	46	prochlorperazine	30
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risperidone TBDP29	SAVELLA TABS61	sildenafil citrate (pulmonary hypertension) TABS34
ritonavir TABS31	SAVELLA TITRATION PACK MISC 61	sildenafil citrate33
rivaroxaban SUSR 1 MG/ML11	saxagliptin hcl15	silodosin47
rivaroxaban TABS 2.5 MG11	saxagliptin-metformin hcl 1000 MG- 2.5 MG15	silver sulfadiazine40
rivastigmine tartrate CAPS61	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG15	SIMPONI ARIA SOLN3
rizatriptan benzoate TABS 10 MG .53	SCEMBLIX 100 MG27	SIMULECT55
rizatriptan benzoate TABS 5 MG ..53	SCEMBLIX 20 MG, 40 MG27	simvastatin TABS19
rizatriptan benzoate TBDP 10 MG .53	scopolamine17	sirolimus TABS55
rizatriptan benzoate TBDP 5 MG ..53	SELECT INSULIN SYRINGES ...52	SIRTURO23
roflumilast9		
romidepsin SOLR27		

SIVEXTRO TABS	22	1000 MG	36	STIVARGA	27
SKYRIZI PEN SOAJ	39	SOLU-CORTEF 250 MG	36	STRENSIQ	45
SKYRIZI SOCT	46	SOLU-MEDROL 2 GM	36	streptomycin sulfate SOLR	2
SKYRIZI SOLN	46	sorafenib tosylate	27	STRIBILD	31
SKYRIZI SOSY	39	SORBITOL 3 %	47	STRIVERDI RESPIMAT	10
SLYND	36	SORBITOL-MANNITOL 2.7		SUBSYS LIQD 800 MCG	6
SM PRENATAL VITAMINS TABS	57	GM/100ML-0.54 GM/100ML	47	sucralfate SUSP	64
SODIUM ACETATE SOLN (sodium		sotalol hcl (afib/af)	32	sucralfate TABS	64
acetate)	54	sotalol hcl TABS 240 MG	32	sulconazole nitrate CREA	39
sodium acetate SOLN	54	sotalol hcl TABS 80 MG, 120 MG,		sulconazole nitrate SOLN	39
sodium chloride (gu irrigant) 0.9 %	47	160 MG	32	sulfacetamide sodium (acne)	37
sodium chloride (inhalant) NEBU 7 %		SOVALDI TABS	32	sulfacetamide sodium (ophth) SOLN .	
.....	37	SPIKEVAX 6M-11Y SUSY 25		58	
sodium chloride SOLN IV 0.45 %, 0.9		MCG/0.25ML	67	sulfacetamide sodium w/ sulfur	
%, 3 %, 4 MEQ/ML, 5 %	55	SPIKEVAX SUSP	67	CREA 10 %-5 %	37
sodium citrate & citric acid	47	SPIKEVAX SUSY	67	sulfacetamide sodium w/ sulfur LIQD	
sodium fluoride CHEW	54	spinosad	42	10 %-5 %	38
sodium phenylbutyrate POWD	45	SPIRIVA RESPIMAT AERS IN	9	sulfacetamide sodium w/ sulfur LIQD	
sodium phenylbutyrate TABS	45	spironolactone & hydrochlorothiazide		9 %-4.5 %	38
sodium polystyrene sulfonate POWD			43	sulfacetamide sod-prednisolone	
55		spironolactone TABS	43	SOLN	59
sodium polystyrene sulfonate SUSP		SPRAVATO (56 MG DOSE)	14	sulfadiazine TABS	62
CO 15 GM/60ML	55	SPRAVATO (84 MG DOSE)	14	sulfamethoxazole-trimethoprim SOLN	
sodium sulfate-potassium sulfate-		SPRYCEL (dasatinib)	27		21
magnesium sulfate	50	stannous fluoride CONC	56	sulfamethoxazole-trimethoprim SUSP	
SOFOSBUVIR-VELPATASVIR TABS		STELARA 130 MG/26ML	46		21
.....	31	STELARA SOLN 45 MG/0.5ML ...	39	sulfamethoxazole-trimethoprim TABS	
solifenacin succinate TABS	64	STELARA SOSY 45 MG/0.5ML ...	39		21
SOLIQUA	15	STELARA SOSY 90 MG/ML	40	SULFAMYLON CREA	40
SOLOSEC	2	STENDRA (avanafil)	33	sulfasalazine TABS	46
SOLU-CORTEF (hydrocortisone sod		STIOLTO RESPIMAT	10	sulfasalazine TBEC	47
succinate)	36			sulindac TABS	4
SOLU-CORTEF 100 MG, 500 MG,				sumatriptan	53

sumatriptan succinate SOAJ	53	TAGRISSO 80 MG	24	terazosin hcl	20
sumatriptan succinate SOCT	53	TAKHZYRO SOLN	48	terbinafine hcl TABS	18
sumatriptan succinate SOLN 6 MG/0.5ML	53	TAKHZYRO SOSY	48	terbutaline sulfate SOLN	10
sumatriptan succinate TABS	53	TALZENNA	27	terbutaline sulfate TABS	10
sumatriptan-naproxen sodium	53	tamoxifen citrate TABS	25	terconazole vaginal CREA	67
sunitinib malate 12.5 MG, 25 MG, 50 MG	27	tamsulosin hcl	47	terconazole vaginal SUPP	67
sunitinib malate 37.5 MG	27	TASIGNA 150 MG, 200 MG (nilotinib hcl)	27	teriflunomide	62
SUNOSI 150 MG	1	TASIGNA 50 MG (nilotinib hcl)	27	teriparatide SOPN	44
SUNOSI 75 MG	1	TASMAR (tolcapone)	28	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7
SYNAREL	45	tavaborole	39	testosterone cypionate SOLN IM ...	7
SYNJARDY TABS	15	TAVALISSE	48	testosterone enanthate SOLN IM ...	7
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	tazarotene CREA 0.1 %	40	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	63
SYNJARDY XR TB24 1000 MG-25 MG	15	TAZVERIK	27	tetrabenazine	61
SYNRIBO	28	TDVAX SUSP	63	tetracycline hcl CAPS	63
SYNTHROID TABS (levothyroxine sodium)	63	TEFLARO	35	THALOMID	55
TABLOID	24	TEGRETOL SUSP (carbamazepine) . 13		theophylline ELIX	10
TABRECTA	27	TEGRETOL TABS (carbamazepine) . 13		theophylline SOLN	10
tacrolimus (topical) OINT	42	telmisartan	20	theophylline TB12	10
tacrolimus CAPS	55	telmisartan-amlodipine	21	theophylline TB24	10
tacrolimus SOLN 5 MG/ML	55	telmisartan-hydrochlorothiazide ..	21	THERANATAL CORE NUTRITION TABS	57
tadalafil (pulmonary hypertension) TABS	34	temazepam 15 MG, 30 MG	50	THIOLA EC TBEC 100 MG (tiopronin)	47
tadalafil 5 MG	33	temazepam 7.5 MG, 22.5 MG	50	THIOLA EC TBEC 300 MG (tiopronin)	47
TAFINLAR CAPS	27	TEMODAR SOLR	23	thioridazine hcl	30
tafluprost	59	temozolomide CAPS	23	thiotepa 15 MG	23
TAGRISSO 40 MG	24	temsirolimus	27	thiothixene	30
		TENIVAC SUSP 2 LFU-5 LFU	63	THYMOGLOBULIN	55
		tenofovir disoproxil fumarate TABS 31		THYROGEN 0.9 MG	42

tiagabine hcl	13	topiramate CS24	13	TREMFYA SOLN IV	47
TIBSOVO	27	topiramate TABS 100 MG, 200 MG 13		TREMFYA SOSY 100 MG/ML	40
ticagrelor 60 MG, 90 MG	48	topiramate TABS 25 MG, 50 MG ..	13	TREMFYA SOSY SC 200 MG/2ML 47	
tigecycline	62	topotecan hcl SOLR	28	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	47
timolol maleate (ophth) SOLG	58	toremifene citrate	25	treprostinil SOLN IJ	33
timolol maleate (ophth) SOLN	58	torsemide TABS	43	tretinoin (chemotherapy)	28
timolol maleate TABS	32	TRACLEER TBSO 32 MG (bosentan)	34	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38
tiopronin TBEC 100 MG	47	tramadol hcl TABS 50 MG	6	tretinoin GEL 0.01 %, 0.025 %	38
tiopronin TBEC 300 MG	47	tramadol hcl TB24	6	tretinoin microsphere 0.1 %	38
tiotropium bromide CAPS IN 18 MCG	9	tramadol-acetaminophen	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24
TIVICAY TABS	31	trandolapril 1 MG, 2 MG	20	triamcinolone acetonide (mouth) ..	56
tizanidine hcl CAPS	57	trandolapril 4 MG	20	triamcinolone acetonide (nasal) AERO	57
tizanidine hcl TABS	57	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) CREA 0.025 %	41
tobramycin (ophth) SOLN	58	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21	triamcinolone acetonide (topical) CREA 0.1 %	41
tobramycin NEBU	2	tranexamic acid SOLN 1000 MG/10ML	49	triamcinolone acetonide (topical) CREA 0.5 %	41
tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML ..	2	tranexamic acid TABS	49	triamcinolone acetonide (topical) LOTN 0.025 %	41
tobramycin-dexamethasone SUSP 59		tranylcypromine sulfate	13	triamcinolone acetonide (topical) LOTN 0.1 %	41
TODAY SPONGE MISC	67	travoprost SOLN	59	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42
tolcapone	28	TRAZIMERA	24	triamcinolone acetonide (topical) OINT 0.5 %	42
tolmetin sodium CAPS	4	trazodone hcl TABS	14	triamcinolone acetonide SUSP 40 MG/ML	36
tolmetin sodium TABS 600 MG	4	TRELEGY ELLIPTA	10	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	43
TOLSURA CAPS	18	TRELSTAR MIXJECT	25		
tolterodine tartrate CP24	64	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	40		
tolterodine tartrate TABS	64	TREMFYA PEN SOAJ 100 MG/ML 40			
tolvaptan TABS	45	TREMFYA PEN SOAJ SC 200 MG/2ML	47		
tolvaptan TBPK 15 MG	45				
topiramate CPSP 15 MG	13				
topiramate CPSP 25 MG	13				

triamterene & hydrochlorothiazide TABS43	tropium chloride CP2464	TUKYSA24
triamterene CAPS43	tropium chloride TABS64	TURALIO 125 MG27
triazolam50	TRUE COVER DEVI51	TWINRIX SUSY67
TRICARE TABS57	TRUE METRIX BLOOD GLUCOSE TEST STRP43	TWIRLA35
trientine hcl 250 MG55	TRUE METRIX LEVEL 3 SOLN ...52	TYBLUME CHEW35
trifluoperazine hcl TABS30	TRULANCE46	TYBOST31
trifluridine58	TRULICITY16	TYMLOS44
trihexyphenidyl hcl SOLN28	TRUMENBA 0.5 ML65	TYVASO REFILL KIT SOLN IN ...33
trihexyphenidyl hcl TABS28	TRUSTEX COLOR CONDOMS + LUBE MISC51	TYVASO SOLN IN33
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .15	TRUSTEX LUB/RIBBED/STUDD ED MISC52	TYVASO STARTER KIT SOLN IN .33
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG15	TRUSTEX LUB/SPERMICIDE EX ST MISC52	UBRELVY53
TRIKAFTA TBPK62	TRUSTEX LUB/SPERMICIDE XL MISC52	UDENYCA ONBODY SOSY49
trimethobenzamide hcl CAPS17	TRUSTEX LUB/SPERMICIDE XL MISC52	UDENYCA SOAJ49
trimethoprim TABS21	TRUSTEX LUBRICATED EX LARGE MISC52	UDENYCA SOSY49
trimipramine maleate CAPS14	TRUSTEX LUBRICATED EXTRA ST MISC52	umeclidinium-vilanterol10
TRINTELLIX14	TRUSTEX LUBRICATED MISC ...52	UPTRAVI TABS 200 MCG34
TRIUMEQ TABS31	TRUSTEX LUBRICATED/SPERMICIDE MISC 52	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG34
TRIZIVIR31	TRUSTEX NATURAL CONDOMS + LUBE MISC52	UPTRAVI TITRATION TBPK34
TROJAN BARESKIN DEVI51	TRUSTEX RIA LUB/SPERMICIDE MISC52	ursodiol CAPS46
TROJAN MAGNUM MISC51	TRUSTEX RIA LUBRICATED MISC . 52	ursodiol TABS46
TROJAN ULTRA THIN MISC51	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC52	UVADEX28
TROJAN ULTRA THIN/SPERMICIDAL MISC51	TRUXIMA24	VABRINTY SC 22.5 MG, 30 MG, 45 MG25
TROJAN-ENZ LUBRICATED MISC 51		valacyclovir hcl 1 GM32
TROJAN-ENZ/SPERMICIDAL MISC . 51		valacyclovir hcl 500 MG32
tropicamide SOLN 0.5 %58		valganciclovir hcl TABS31
tropicamide SOLN 1 %58		valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML13
		valproic acid CAPS13

valrubicin	26	verapamil hcl CP24 100 MG, 200 MG, 300 MG	33	VYNDAMAX	34
valsartan TABS	20	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	33	VYNDAQEL	34
valsartan-hydrochlorothiazide	21	verapamil hcl SOLN 2.5 MG/ML	33	VYVANSE CHEW	1
VALTOCO 10 MG DOSE LIQD	12	verapamil hcl TABS	33	warfarin sodium TABS	10
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	12	verapamil hcl TBCR	33	water for irrigation, sterile	55
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	12	VEREGEN	38	WELCHOL TABS (colesevelam hcl) .	19
VALTOCO 5 MG DOSE LIQD	12	VERZENIO	27	WESTAB PLUS TABS	57
vancomycin hcl CAPS	21	VICTOZA (liraglutide)	16	WIDE-SEAL DIAPHRAGM 60	52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG	22	vigabatrin PACK	13	WIDE-SEAL DIAPHRAGM 65	52
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	22	vigabatrin TABS	13	WIDE-SEAL DIAPHRAGM 70	52
VAQTA	67	VIIBRYD STARTER PACK KIT	14	WIDE-SEAL DIAPHRAGM 75	52
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	67	vilazodone hcl TABS	14	WIDE-SEAL DIAPHRAGM 80	52
varenicline tartrate TABS	62	vincristine sulfate	28	WIDE-SEAL DIAPHRAGM 85	52
varenicline tartrate TBPk	62	vinorelbine tartrate 10 MG/ML	28	WIDE-SEAL DIAPHRAGM 90	52
VARIVAX SUSR	67	VIRACEPT TABS 250 MG	31	WIDE-SEAL DIAPHRAGM 95	52
VARUBI (180 MG DOSE) TBPk	18	VIRACEPT TABS 625 MG	31	XALKORI CAPS	27
VAXELIS SUSP	63	VIREAD POWD	31	XARELTO STARTER PACK TBPk	11
VAXELIS SUSY	63	VIREAD TABS 150 MG, 200 MG, 250 MG	31	XARELTO SUSR 1 MG/ML (rivaroxaban)	11
VAXNEUVANCE	65	VISTOGARD	17	XARELTO TABS 10 MG, 20 MG	11
VCF VAGINAL CONTRACEPTIVE FILM	67	VITAMIN D2 TABS 400 UNIT	67	XARELTO TABS 2.5 MG, 15 MG (rivaroxaban)	11
VECAMYL	21	VITATHELY WITH GINGER TABS	57	XARELTO TABS 2.5 MG, 15 MG	11
VECTIBIX 100 MG/5ML	24	VITRAKVI CAPS	27	XELJANZ SOLN	2
VELPHORO	47	VITRAKVI SOLN	27	XELJANZ TABS 10 MG	2
venlafaxine hcl CP24	14	VIZIMPRO	24	XELJANZ TABS 5 MG	2
venlafaxine hcl TABS	14	VORAXAZE	28	XELJANZ XR TB24	2
venlafaxine hcl TB24	14	voriconazole TABS	18	XEOMIN	57
		VOSEVI	32	XERAVA	62

XGEVA SOLN	44	XTANDI TABS 80 MG	25	ZEPATIER	32
XHANCE EXHU	57	XULTOPHY	15	zidovudine CAPS	31
XIFAXAN 200 MG	21	XYNTHA	48	zidovudine SYRP	31
XIFAXAN 550 MG	21	XYNTHA SOLOFUSE	48	zidovudine TABS	31
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	YERVOY	24	zileuton TB12	9
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	YONSA	25	ziprasidone hcl	29
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	YUFLYMA (1 PEN) AJKT	3	ZIRABEV	24
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	YUFLYMA (2 PEN) AJKT	3	ZIRGAN GEL	58
XOLAIR SOAJ 75 MG/0.5ML	9	YUFLYMA (2 SYRINGE) PSKT	3	ZOLADEX 10.8 MG	25
XOLAIR SOLR	9	YUFLYMA-CD/UC/HS STARTER AJKT	3	ZOLADEX 3.6 MG	25
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	zafirlukast	9	zoledronic acid CONC	44
XOLAIR SOSY 75 MG/0.5ML	9	zaleplon 10 MG	50	zoledronic acid SOLN 5 MG/100ML 44	
XOSPATA	27	zaleplon 5 MG	50	ZOLINZA	27
XPOVIO (100 MG ONCE WEEKLY) 50 MG	25	ZALTRAP 100 MG/4ML	24	zolmitriptan SOLN	54
XPOVIO (40 MG ONCE WEEKLY) 40 MG	25	ZANOSAR	23	zolmitriptan TABS	54
XPOVIO (40 MG TWICE WEEKLY) 40 MG	25	ZARONTIN CAPS (ethosuximide) .	13	zolmitriptan TBDP	54
XPOVIO (60 MG ONCE WEEKLY) 60 MG	25	ZARXIO	49	zolpidem tartrate TABS	50
XPOVIO (60 MG TWICE WEEKLY) .	25	ZEJULA CAPS	27	zolpidem tartrate TBCR	50
XPOVIO (80 MG ONCE WEEKLY) 40 MG	25	ZEJULA TABS 100 MG	27	zonisamide CAPS	13
XPOVIO (80 MG TWICE WEEKLY) .	25	ZEJULA TABS 200 MG, 300 MG .	27	ZONTIVITY	48
		ZELBORAF	27	ZORBTIVE SC	44
		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	43	ZYDELIG	27
XTANDI CAPS	25	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	43	ZYLET	59
XTANDI TABS 40 MG	25			ZYVOX SUSR (linezolid)	22

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