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# Formulary

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**AmbetterHealth.com/en/oh**
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# Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

In addition to products listed in this formulary, Apretude and Descovy 200-25mg are available on preventative tier and do not require prior authorization.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

# Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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

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

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

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methylphenidate hcl CPCR* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl SOLN* | 1B | QL(30 ML daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 10 MG, 20 MG* | 1B | QL(5 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 5 MG* | 1B | QL(6 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 18 MG, 27 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 36 MG, 54 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 36 MG, 54 MG* | 1B | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 10 MG, 20 MG* | 1B | QL(3 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 18 MG, 27 MG* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate PTCH* | 1B | QL(1 EA daily); PA |
| *modafinil 200 MG* | 1B | QL(2 EA daily); PA |
| *modafinil 100 MG* | 1B | QL(1 EA daily); PA |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| *amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML* | 1B | |
| ARIKAYCE | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %* | 1B | |
| *gentamicin sulfate IJ 40 MG/ML* | 1B | |
| *neomycin sulfate TABS* | 1B | |
| *streptomycin sulfate SOLR* | 3 | |
| *tobramycin NEBU* | 4 | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| RINVOQ LQ SOLN | 4 | QL(12 ML daily); PA |
| RINVOQ TB24 | 4 | QL(1 EA daily); PA |
| *tofacitinib citrate SOLN 1 MG/ML* | 4 | QL(20 ML daily); PA |
| *tofacitinib citrate TABS 5 MG, 10 MG* | 4 | QL(2 EA daily); PA |
| *tofacitinib citrate TB24 11 MG, 22 MG* | 4 | QL(1 EA daily); PA |
| XELJANZ XR TB24 11 MG, 22 MG *(tofacitinib citrate)* | 4 | QL(1 EA daily); PA |
| XELJANZ SOLN 1 MG/ML *(tofacitinib citrate)* | 4 | QL(20 ML daily); PA |
| XELJANZ TABS 5 MG, 10 MG *(tofacitinib citrate)* | 4 | QL(2 EA daily); PA |
| Antirheumatic Antimetabolites | | |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | 3 | PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML | 4 | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| ADALIMUMAB-AATY (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML | 4 | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| ADALIMUMAB-ADAZ SOAJ | 4 | QL(0.143 ML daily); PA |
| ADALIMUMAB-ADAZ SOSY | 4 | QL(0.143 ML daily); PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | 4 | QL(0.143 EA daily); PA |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | 4 | QL(0.143 EA daily); PA |
| HUMIRA (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML | 4 | QL(0.072 EA daily); PA |
| HUMIRA (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| HUMIRA-CD/UC/HS STARTER AJKT | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| HUMIRA-PSORIASIS/UVEIT STARTER AJKT | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| SIMLANDI (1 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| SIMLANDI (1 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| SIMLANDI (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| SIMLANDI (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| SIMPONI ARIA SOLN | 4 | PA |
| YUFLYMA (1 PEN) AJKT 40 MG/0.4ML | 4 | QL(0.143 EA daily); PA |
| YUFLYMA (1 PEN) AJKT 80 MG/0.8ML | 4 | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| YUFLYMA (2 PEN) AJKT | 4 | QL(0.143 EA daily); PA |
| YUFLYMA (2 SYRINGE) PSKT | 4 | QL(0.143 EA daily); PA |
| YUFLYMA-CD/UC/HS STARTER AJKT | 4 | QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Gold Compounds | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AURANOFIN 3 MG | 3 | QL(3 EA daily) |
| RIDAURA | 3 | QL(3 EA daily) |
| Interleukin-1 Blockers | | |
| ARCALYST | 4 | QL(0.286 EA daily); PA |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA ACTPEN SOAJ | 4 | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| ACTEMRA SOLN 80 MG/4ML | 4 | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA |
| ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML | 4 | QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA |
| ACTEMRA SOSY | 4 | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| KEVZARA SOAJ | 4 | QL(0.082 ML daily); PA |
| KEVZARA SOSY | 4 | QL(0.082 ML daily); PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| *celecoxib* | 1B | QL(2 EA daily) |
| *diclofenac potassium TABS 50 MG* | 1B | |
| *diclofenac sodium TB24* | 1B | |
| *diclofenac sodium TBEC* | 1B | |
| *diclofenac w/ misoprostol TBEC* | 1B | |
| *etodolac CAPS* | 1B | |
| *etodolac TABS* | 1B | |
| *fenoprofen calcium TABS* | 1B | QL(4 EA daily); ST |
| *flurbiprofen TABS* | 1B | |
| *ibuprofen SUSP 100 MG/5ML, 200 MG/10ML* | 1B | RX/OTC |
| *ibuprofen TABS 400 MG, 600 MG* | 1A | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ibuprofen TABS 800 MG* | 1B | |
| *indomethacin CAPS 25 MG, 50 MG* | 1B | |
| *indomethacin CPCR* | 1B | |
| *ketoprofen CAPS 50 MG, 75 MG* | 1B | |
| *ketorolac tromethamine TABS* | 1B | QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| *meclofenamate sodium CAPS* | 1B | |
| *mefenamic acid CAPS* | 1B | Must try ibuprofen. ; QL(5 EA daily); ST |
| *meloxicam TABS* | 1A | QL(1 EA daily) |
| *nabumetone* | 1B | |
| *naproxen sodium TABS 550 MG* | 1B | |
| *naproxen SUSP* | 1B | PA |
| *naproxen TABS* | 1B | |
| *naproxen TBEC 500 MG* | 1B | QL(3 EA daily) |
| *oxaprozin TABS* | 1B | |
| *piroxicam CAPS* | 1B | |
| *sulindac TABS* | 1B | |
| *tolmetin sodium CAPS* | 1B | |
| *tolmetin sodium TABS 600 MG* | 1B | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA XR TB24 PO 75 MG | 4 | QL(1 EA daily); PA |
| OTEZLA/OTEZLA XR INITIATION PK TBPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TABS | 4 | QL(2 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OTEZLA TBPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| OTEZLA TBPK | 4 | 1 package(s) per 180 day(s) retail; PA |
| Pyrimidine Synthesis Inhibitors | | |
| *leflunomide* | 1B | QL(1 EA daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 4 | QL(0.146 ML daily); PA |
| ENBREL SURECLICK SOAJ | 4 | QL(0.146 ML daily); PA |
| ENBREL SOLN | 4 | QL(0.146 ML daily); PA |
| ENBREL SOSY 25 MG/0.5ML | 4 | QL(0.146 ML daily); PA |
| ENBREL SOSY 50 MG/ML | 4 | QL(0.286 ML daily); PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| *butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG* | 1B | QL(6 EA daily) |
| *butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG* | 1B | |
| *butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG* | 1B | QL(6 EA daily) |
| *butalbital-acetaminophen TABS 50 MG-325 MG* | 1B | QL(6 EA daily) |
| *butalbital-aspirin-caffeine CAPS* | 1B | QL(4 EA daily) |
| Salicylates | | |
| *aspirin CHEW* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *aspirin TABS 325 MG* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| *aspirin TBEC 81 MG* | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| *aspirin TBEC 325 MG* | 1A | |
| *diflunisal TABS* | 1B | |
| *salsalate* | 1B | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| *codeine sulfate TABS 30 MG* | 1B | New starts limited to 7 day supply |
| CODEINE SULFATE TABS | 1B | New starts limited to 7 day supply |
| *fentanyl citrate LPOP* | 1B | QL(4 EA daily); PA |
| *fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR* | 1B | QL(0.34 EA daily) |
| *hydrocodone bitartrate CP12* | 3 | QL(2 EA daily); PA |
| *hydrocodone bitartrate T24A* | 3 | QL(2 EA daily); PA |
| *hydromorphone hcl LIQD* | 1B | New starts limited to 7 day supply |
| *hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML* | 1B | |
| *hydromorphone hcl TABS* | 1B | New starts limited to 7 day supply; QL(8 EA daily) |
| *hydromorphone hcl TB24 32 MG* | 1B | QL(1 EA daily); PA |
| *hydromorphone hcl TB24 8 MG, 12 MG, 16 MG* | 1B | QL(2 EA daily); PA |
| *levorphanol tartrate TABS 2 MG* | 1B | New starts limited to 7 day supply |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML* | 1B | |
| *meperidine hcl SOLN PO 50 MG/5ML* | 1B | New starts limited to 7 day supply; QL(500 ML per fill retail) |
| *meperidine hcl TABS 50 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *methadone hcl CONC* | 1B | QL(10 ML daily) |
| *methadone hcl SOLN PO 10 MG/5ML* | 1B | QL(50 ML daily) |
| *methadone hcl SOLN PO 5 MG/5ML* | 1B | QL(100 ML daily) |
| *methadone hcl SOLN IJ 10 MG/ML* | 1B | |
| METHADONE HCL SOLN IJ *(methadone hcl)* | 1B | |
| *methadone hcl TABS 10 MG* | 1B | QL(10 EA daily) |
| *methadone hcl TABS 5 MG* | 1B | QL(4 EA daily) |
| *methadone hcl TBSO* | 1B | QL(2 EA daily) |
| *morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG* | 1B | QL(2 EA daily); PA |
| *morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML* | 1B | |
| *morphine sulfate SOLN PO 10 MG/5ML* | 1B | New starts limited to 7 day supply; QL(100 ML daily) |
| *morphine sulfate SOLN PO 20 MG/5ML* | 1B | New starts limited to 7 day supply; QL(50 ML daily) |
| *morphine sulfate TABS* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *morphine sulfate TBCR* | 1B | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oxycodone hcl TABS* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *oxymorphone hcl TABS* | 1B | QL(12 EA daily); PA |
| *oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG* | 1B | QL(2 EA daily); PA |
| *oxymorphone hcl TB12 40 MG* | 1B | QL(4 EA daily); PA |
| *tramadol hcl TABS 50 MG* | 1A | New starts limited to 7 day supply; QL(8 EA daily) |
| *tramadol hcl TB24* | 1B | QL(1 EA daily) |
| Opioid Combinations | | |
| *acetaminophen w/ codeine SOLN* | 1A | New starts limited to 7 day supply; QL(75 ML daily) |
| *acetaminophen w/ codeine TABS 15 MG-300 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *acetaminophen w/ codeine TABS 30 MG-300 MG* | 1A | New starts limited to 7 day supply; QL(12 EA daily) |
| *acetaminophen w/ codeine TABS 60 MG-300 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG* | 3 | New starts limited to 7 day supply; PA |
| *acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG* | 1B | New starts limited to 7 day supply |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG* | 1B | New starts limited to 7 day supply |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *butalbital-aspirin-caffeine w/cod* | 1B | New starts limited to 7 day supply; QL(6 EA daily) |
| *hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML* | 1B | New starts limited to 7 day supply; QL(180 ML daily) |
| *hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML* | 1B | New starts limited to 7 day supply |
| *hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *hydrocodone-acetaminophen TABS 325 MG-2.5 MG* | 1B | New starts limited to 7 day supply |
| *hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG* | 1B | PA |
| *hydrocodone-ibuprofen 7.5 MG-200 MG* | 1B | New starts limited to 7 day supply; QL(5 EA daily) |
| *oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | 1B | New starts limited to 7 day supply; QL(12 EA daily) |
| *oxycodone w/ acetaminophen TABS 325 MG-2.5 MG* | 1B | New starts limited to 7 day supply; QL(13 EA daily) |
| *tramadol-acetaminophen* | 1B | New starts limited to 7 day supply; QL(8 EA daily) |
| Opioid Partial Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG* | 1B | QL(3 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG* | 1B | QL(2 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate SUBL* | 1A | QL(3 EA daily) |
| *buprenorphine hcl SOLN* | 1B | |
| *buprenorphine hcl SUBL* | 1A | QL(3 EA daily) |
| *buprenorphine PTWK* | 1B | QL(0.143 EA daily); PA |
| *butorphanol tartrate NA 10 MG/ML* | 1B | QL(0.34 ML daily); PA |
| *butorphanol tartrate IJ 1 MG/ML, 2 MG/ML* | 1B | |
| *pentazocine w/ naloxone hcl* | 1B | New starts limited to 7 day supply |
| SUBOXONE | NF | |
| ZUBSOLV | NF | |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | QL(1 EA daily); PA |
| *danazol CAPS* | 1B | |
| *methyltestosterone TABS* | 3 | |
| *testosterone cypionate SOLN IM* | 1B | |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 1B | |
| *testosterone enanthate SOLN IM* | 1B | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *budesonide (intrarectal)* | 4 | QL(3.2 GM daily); PA |
| *hydrocortisone (intrarectal)* | 1B | |
| Rectal Steroids | | |
| *hydrocortisone (rectal) EX* | 1B | |
| *hydrocortisone acetate (rectal)* | 1B | |
| Vasodilating Agents | | |
| *nitroglycerin (intra-anal)* | 1B | QL(2 GM daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| *albendazole* | 1B | PA |
| EMVERM CHEW | 2 | QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |
| *ivermectin* | 1B | QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail |
| *praziquantel* | 1B | PA |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| *ranolazine TB12 500 MG* | 1B | QL(3 EA daily) |
| *ranolazine TB12 1000 MG* | 1B | QL(2 EA daily) |
| Nitrates | | |
| *isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG* | 1B | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oxazepam CAPS* | 1B | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| *disopyramide phosphate CAPS* | 1B | |
| *procainamide hcl SOLN 500 MG/ML* | 1B | |
| *quinidine sulfate TABS* | 1B | |
| Antiarrhythmics Type I-B | | |
| *mexiletine hcl* | 1B | |
| Antiarrhythmics Type I-C | | |
| *flecainide acetate* | 1B | |
| *propafenone hcl CP12* | 1B | |
| *propafenone hcl TABS* | 1B | |
| Antiarrhythmics Type III | | |
| *amiodarone hcl SOLN 150 MG/3ML* | 1B | |
| *amiodarone hcl TABS* | 1B | |
| *dofetilide* | 1B | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| FASENRA PEN SOAJ | 4 | QL(0.036 ML daily); PA |
| FASENRA SOSY 10 MG/0.5ML | 4 | QL(0.018 ML daily); PA |
| FASENRA SOSY 30 MG/ML | 4 | QL(0.036 ML daily); PA |
| Anti-Inflammatory Agents | | |
| *cromolyn sodium NEBU* | 1B | C; QL(8 ML daily) |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA 17 MCG/ACT *(ipratropium bromide hfa)* | 3 | QL(0.44 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INCRUSE ELLIPTA 62.5 MCG/ACT *(umeclidinium bromide)* | 2 | C; QL(1 EA daily) |
| *ipratropium bromide hfa 17 MCG/ACT* | 1B | QL(0.44 GM daily) |
| *ipratropium bromide SOLN 0.02 %* | 1B | C; QL(15 ML daily) |
| SPIRIVA RESPIMAT AERS IN | 2 | C; QL(0.14 GM daily) |
| *tiotropium bromide CAPS IN 18 MCG* | 1B | C; QL(1 EA daily) |
| *umeclidinium bromide 62.5 MCG/INH* | 1B | C; QL(1 EA daily) |
| Leukotriene Modulators | | |
| *montelukast sodium CHEW* | 1B | C; QL(1 EA daily) |
| *montelukast sodium PACK* | 1B | C; QL(1 EA daily) |
| *montelukast sodium TABS* | 1B | C; QL(1 EA daily) |
| *zafirlukast* | 1B | C; QL(2 EA daily) |
| *zileuton TB12* | 3 | QL(4 EA daily); PA |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| *roflumilast* | 1B | QL(1 EA daily) |
| Steroid Inhalants | | |
| ALVESCO | 3 | PA |
| ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))* | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| *beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT* | 1B | |
| *budesonide (inhalation) SUSP* | 1B | C; QL(4 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT* | 1B | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| *fluticasone propionate (inhalation) AEPB* | 1B | C |
| *fluticasone propionate hfa* | 1B | C; QL(0.8 GM daily) |
| PULMICORT FLEXHALER AEPB | 2 | C |
| PULMICORT FLEXHALER AEPB | 2 | C |
| QVAR REDIHALER | 2 | C |
| Sympathomimetics | | |
| AIRSUPRA | 2 | |
| *albuterol sulfate AERS* | 1B | C |
| *albuterol sulfate NEBU* | 1B | C |
| *albuterol sulfate SYRP* | 1B | C |
| *albuterol sulfate TABS* | 1B | C |
| *arformoterol tartrate* | 1B | C; QL(4 ML daily) |
| BREO ELLIPTA 50 MCG/INH-25 MCG/INH | 2 | C |
| BREO ELLIPTA *(fluticasone furoate-vilanterol)* | 2 | |
| BREZTRI AEROSPHERE | 2 | C; QL(0.38 GM daily) |
| *budesonide-formoterol fumarate dihydrate* | 1B | |
| COMBIVENT RESPIMAT AERS | 2 | QL(0.16 GM daily) |
| DULERA | 2 | C |
| *fluticasone furoate-vilanterol* | 1B | |
| *fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT* | 1B | C |
| *fluticasone-salmeterol AERO* | 1B | C |
| *formoterol fumarate NEBU* | 1B | C; QL(4 ML daily) |
| *ipratropium-albuterol SOLN* | 1B | C; QL(18 ML daily) |
| *levalbuterol hcl* | 1B | C |
| *levalbuterol tartrate* | 1B | C; QL(0.5 GM daily) |
| PROAIR RESPICLICK AEPB | 3 | |
| SEREVENT DISKUS | 2 | C |
| STIOLTO RESPIMAT | 2 | C |
| STRIVERDI RESPIMAT | 2 | C |
| *terbutaline sulfate SOLN* | 1B | C |
| *terbutaline sulfate TABS* | 1B | C |
| TRELEGY ELLIPTA | 2 | C; QL(2 EA daily) |
| *umeclidinium-vilanterol* | 2 | C; QL(2 EA daily) |
| Xanthines | | |
| *theophylline ELIX* | 1B | |
| *theophylline SOLN* | 1B | C; QL(56 ML daily) |
| *theophylline TB12* | 1B | C |
| *theophylline TB24* | 1B | C |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| *warfarin sodium TABS* | 1A | |
| 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 |
|---|---|---|
| *rivaroxaban SUSR 1 MG/ML* | 1B | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| *rivaroxaban TABS 2.5 MG* | 1B | QL(2 EA daily) |
| XARELTO STARTER PACK TBPK | 2 | 1 max fill(s) per 365 day(s) retail |
| XARELTO SUSR 1 MG/ML *(rivaroxaban)* | 2 | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| XARELTO TABS 10 MG, 20 MG | 2 | QL(1 EA daily) |
| XARELTO TABS 15 MG | 2 | QL(2 EA daily) |
| Heparins And Heparinoid-Like Agents | | |
| *enoxaparin sodium SOLN IJ 300 MG/3ML* | 4 | QL(6 ML daily) |
| *enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML* | 4 | QL(1.6 ML daily) |
| *enoxaparin sodium SOSY 40 MG/0.4ML* | 4 | QL(0.8 ML daily) |
| *enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML* | 4 | QL(2 ML daily) |
| *enoxaparin sodium SOSY 30 MG/0.3ML* | 4 | QL(0.6 ML daily) |
| *enoxaparin sodium SOSY 60 MG/0.6ML* | 4 | QL(1.2 ML daily) |
| *fondaparinux sodium 2.5 MG/0.5ML* | 4 | QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail) |
| *fondaparinux sodium 10 MG/0.8ML* | 4 | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail) |
| *fondaparinux sodium 5 MG/0.4ML* | 4 | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail) |
| *fondaparinux sodium 7.5 MG/0.6ML* | 4 | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail) |
| FRAGMIN SOSY | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML | 1B | |
| *heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML* | 1B | |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate CAPS* | 1B | |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| *perampanel TABS 4 MG* | 1B | QL(3 EA daily); PA |
| *perampanel TABS 8 MG, 10 MG, 12 MG* | 1B | QL(1 EA daily); PA |
| *perampanel TABS 2 MG* | 1B | QL(6 EA daily); PA |
| *perampanel TABS 6 MG* | 1B | QL(2 EA daily); PA |
| Anticonvulsants - Benzodiazepines | | |
| *clobazam SUSP* | 1B | QL(16 ML daily); PA |
| *clobazam TABS* | 1B | QL(2 EA daily); PA |
| *clonazepam TABS* | 1A | |
| *diazepam (anticonvulsant) GEL* | 3 | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |
| NAYZILAM | 3 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 10 MG DOSE LIQD | 4 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML | 4 | QL(10 EA per 30 day(s) retail); PA |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML | 4 | QL(10 EA per 30 day(s) retail); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VALTOCO 5 MG DOSE LIQD | 4 | QL(10 EA per 30 day(s) retail); PA |
| Anticonvulsants - Misc. | | |
| BANZEL TABS 400 MG *(rufinamide)* | 2 | QL(8 EA daily); PA |
| BANZEL TABS 200 MG *(rufinamide)* | 2 | QL(2 EA daily); PA |
| *brivaracetam SOLN PO 10 MG/ML* | 1B | QL(20 ML daily); PA |
| BRIVIACT SOLN PO 10 MG/ML *(brivaracetam)* | 3 | QL(20 ML daily); PA |
| *carbamazepine CHEW* | 1B | |
| *carbamazepine CP12 200 MG* | 1B | QL(6 EA daily) |
| *carbamazepine CP12 300 MG* | 1B | QL(4 EA daily) |
| *carbamazepine CP12 100 MG* | 1B | |
| *carbamazepine SUSP* | 1B | |
| *carbamazepine TABS* | 1B | |
| *carbamazepine TB12 100 MG, 400 MG* | 1B | QL(4 EA daily) |
| *carbamazepine TB12 200 MG* | 1B | QL(6 EA daily) |
| DIACOMIT CAPS 500 MG | 4 | QL(6 EA daily); PA |
| DIACOMIT CAPS 250 MG | 4 | QL(12 EA daily); PA |
| DIACOMIT PACK 250 MG | 4 | QL(12 EA daily); PA |
| DIACOMIT PACK 500 MG | 4 | QL(6 EA daily); PA |
| EPIDIOLEX | 3 | PA |
| *eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG* | 1B | QL(2 EA daily); ST |
| *gabapentin CAPS* | 1B | |
| *gabapentin SOLN* | 1B | QL(60 ML daily) |
| *gabapentin TABS 600 MG, 800 MG* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML* | 1B | QL(40 ML daily) |
| *lacosamide TABS* | 1B | QL(2 EA daily) |
| *lamotrigine CHEW 25 MG* | 1B | QL(20 EA daily) |
| *lamotrigine CHEW 5 MG* | 1B | QL(100 EA daily) |
| *lamotrigine TABS* | 1B | |
| *lamotrigine TBDP* | 1B | QL(1 EA daily) |
| *levetiracetam SOLN IV 500 MG/5ML* | 1B | QL(30 ML daily) |
| *levetiracetam TABS 500 MG* | 1B | QL(6 EA daily) |
| *levetiracetam TABS 1000 MG* | 1B | QL(3 EA daily) |
| *levetiracetam TABS 250 MG, 750 MG* | 1B | QL(4 EA daily) |
| *levetiracetam TB24* | 1B | QL(4 EA daily) |
| *oxcarbazepine SUSP* | 1B | QL(40 ML daily) |
| *oxcarbazepine TABS 150 MG, 300 MG* | 1B | QL(3 EA daily) |
| *oxcarbazepine TABS 600 MG* | 1B | QL(4 EA daily) |
| *pregabalin CAPS 225 MG, 300 MG* | 1B | QL(2 EA daily); ST |
| *pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG* | 1B | QL(3 EA daily); ST |
| *pregabalin SOLN* | 1B | QL(30 ML daily); ST |
| *primidone 50 MG, 250 MG* | 1B | |
| *rufinamide SUSP* | 1B | QL(80 ML daily); PA |
| *rufinamide TABS 400 MG* | 1B | QL(8 EA daily); PA |
| *rufinamide TABS 200 MG* | 1B | QL(2 EA daily); PA |
| TEGRETOL SUSP *(carbamazepine)* | 2 | |
| TEGRETOL TABS *(carbamazepine)* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *topiramate CPSP 15 MG* | 1B | QL(6 EA daily) |
| *topiramate CPSP 25 MG* | 1B | QL(8 EA daily) |
| *topiramate CS24* | 3 | PA |
| *topiramate TABS 50 MG* | 1B | QL(6 EA daily) |
| *topiramate TABS 200 MG* | 1B | QL(2 EA daily) |
| *topiramate TABS 25 MG, 100 MG* | 1B | QL(4 EA daily) |
| *zonisamide CAPS* | 1B | QL(6 EA daily) |
| Carbamates | | |
| *felbamate SUSP* | 1B | QL(30 ML daily) |
| *felbamate TABS 600 MG* | 1B | QL(6 EA daily) |
| *felbamate TABS 400 MG* | 1B | QL(9 EA daily) |
| GABA Modulators | | |
| *tiagabine hcl* | 1B | |
| *vigabatrin PACK* | 4 | QL(6 EA daily); PA |
| *vigabatrin TABS* | 4 | QL(6 EA daily); PA |
| Hydantoins | | |
| DILANTIN | 2 | |
| DILANTIN *(phenytoin sodium extended)* | 2 | |
| DILANTIN INFATABS CHEW *(phenytoin)* | 2 | |
| DILANTIN-125 SUSP *(phenytoin)* | 2 | |
| DILANTIN SUSP *(phenytoin)* | 2 | |
| *fosphenytoin sodium* | 1B | |
| *phenytoin sodium extended 100 MG, 200 MG, 300 MG* | 1B | |
| *phenytoin sodium SOLN* | 1B | |
| *phenytoin CHEW* | 1B | |
| *phenytoin SUSP* | 1B | |
| Succinimides | | |
| *ethosuximide CAPS* | 1B | QL(6 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ethosuximide SOLN* | 1B | QL(30 ML daily) |
| *methsuximide* | 1B | QL(4 EA daily) |
| ZARONTIN CAPS *(ethosuximide)* | 2 | QL(6 EA daily) |
| Valproic Acid | | |
| *divalproex sodium TB24* | 1B | |
| *divalproex sodium TBEC* | 1B | |
| *valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML* | 1B | |
| *valproic acid CAPS* | 1B | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| *mirtazapine TABS* | 1B | |
| *mirtazapine TBDP* | 1B | |
| Antidepressants - Misc. | | |
| *bupropion hcl TABS* | 1B | D+/C |
| *bupropion hcl TB12* | 1B | D+/C |
| *bupropion hcl TB24 150 MG, 300 MG* | 1B | |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM | 3 | QL(1 EA daily) |
| MARPLAN | 2 | QL(6 EA daily) |
| *phenelzine sulfate* | 1B | |
| *tranylcypromine sulfate* | 1B | |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| SPRAVATO (56 MG DOSE) | 4 | PA |
| SPRAVATO (84 MG DOSE) | 4 | PA |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| *citalopram hydrobromide SOLN* | 1A | |
| *citalopram hydrobromide TABS* | 1A | D/C |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *escitalopram oxalate SOLN* | 1B | |
| *escitalopram oxalate TABS* | 1B | D+/C |
| *fluoxetine hcl CAPS* | 1A | D/C |
| *fluoxetine hcl CPDR* | 1A | |
| *fluoxetine hcl SOLN* | 1B | |
| *fluoxetine hcl TABS* | 1B | |
| *fluvoxamine maleate TABS* | 1B | D+/C |
| *paroxetine hcl SUSP* | 1B | |
| *paroxetine hcl TABS* | 1B | D/C |
| *paroxetine hcl TB24* | 1B | |
| *sertraline hcl CONC* | 1B | |
| *sertraline hcl TABS* | 1B | D/C |
| Serotonin Modulators | | |
| *nefazodone hcl* | 1B | |
| *trazodone hcl TABS* | 1B | |
| TRINTELLIX | 3 | QL(1 EA daily); PA |
| *vilazodone hcl TABS* | 1B | |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| *desvenlafaxine succinate* | 1B | |
| *duloxetine hcl CPEP* | 1B | D/C |
| FETZIMA TITRATION C4PK | 3 | PA |
| FETZIMA CP24 | 3 | QL(1 EA daily); PA |
| *venlafaxine hcl CP24* | 1B | D+/C |
| *venlafaxine hcl TABS* | 1B | D/C |
| *venlafaxine hcl TB24* | 1B | |
| Tricyclic Agents | | |
| *amitriptyline hcl TABS* | 1A | D/C |
| *amoxapine* | 1B | |
| *clomipramine hcl* | 1B | |
| *desipramine hcl TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxepin hcl CAPS* | 1B | |
| *doxepin hcl CONC* | 1B | |
| *imipramine hcl TABS* | 1B | D+/C |
| *imipramine pamoate* | 1B | |
| *nortriptyline hcl CAPS* | 1B | |
| *nortriptyline hcl SOLN* | 1B | |
| *protriptyline hcl* | 1B | |
| *trimipramine maleate CAPS* | 1B | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose* | 1B | QL(3 EA daily) |
| *miglitol* | 1B | QL(3 EA daily) |
| Antidiabetic Combinations | | |
| *alogliptin-metformin hcl* | 1B | QL(2 EA daily); PA |
| *alogliptin-pioglitazone 30 MG-12.5 MG* | 1B | QL(2 EA daily); PA |
| *alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG* | 1B | QL(1 EA daily); PA |
| *dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG* | 1B | QL(2 EA daily) |
| *dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG* | 1B | QL(1 EA daily) |
| *glipizide-metformin hcl 500 MG-5 MG* | 1B | D+; QL(4 EA daily) |
| *glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG* | 1B | D+; QL(2 EA daily) |
| *glyburide-metformin 250 MG-1.25 MG* | 1B | D+; QL(2 EA daily) |
| *glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG* | 1B | D+; QL(4 EA daily) |
| GLYXAMBI | 2 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin phosphate-metformin hcl)* | 2 | QL(2 EA daily) |
| JANUMET XR TB24 1000 MG-100 MG *(sitagliptin phosphate-metformin hcl)* | 2 | QL(1 EA daily) |
| JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin phosphate-metformin hcl)* | 2 | QL(2 EA daily) |
| *pioglitazone hcl-glimepiride* | 1B | QL(1 EA daily) |
| *pioglitazone hcl-metformin hcl TABS* | 1B | QL(2 EA daily) |
| *saxagliptin-metformin hcl 1000 MG-2.5 MG* | 1B | QL(2 EA daily) |
| *saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG* | 1B | QL(1 EA daily) |
| *sitagliptin phosphate-metformin hcl TABS* | 1B | QL(2 EA daily) |
| *sitagliptin phosphate-metformin hcl TB24* | 1B | QL(1 EA daily) |
| *sitagliptin phosphate-metformin hcl TB24* | 1B | QL(2 EA daily) |
| SOLIQUA | 2 | QL(0.5 ML daily); PA |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 EA daily) |
| SYNJARDY XR TB24 1000 MG-25 MG | 2 | QL(1 EA daily) |
| SYNJARDY TABS | 2 | QL(2 EA daily) |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2 | QL(2 EA daily) |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 2 | QL(1 EA daily) |
| XIGDUO XR TB24 PO 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XIGDUO XR TB24 PO *(dapagliflozin free base-metformin hcl)* | 2 | QL(1 EA daily) |
| XIGDUO XR TB24 PO *(dapagliflozin free base-metformin hcl)* | 2 | QL(2 EA daily) |
| XULTOPHY | 2 | QL(0.5 ML daily); PA |
| Biguanides | | |
| *metformin hcl TABS 1000 MG* | 1A | D+; QL(2.5 EA daily) |
| *metformin hcl TABS 500 MG* | 1A | D+; QL(5 EA daily) |
| *metformin hcl TABS 850 MG* | 0 | QL(3 EA daily) |
| *metformin hcl TB24 500 MG* | 1B | D+; QL(4 EA daily) |
| *metformin hcl TB24 750 MG* | 1B | D+; QL(3 EA daily) |
| Diabetic Other | | |
| *diazoxide* | 3 | |
| *glucagon SOLR IJ 1 MG* | 1B | D+; QL(0.035 EA daily) |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| *alogliptin benzoate* | 1B | QL(1 EA daily) |
| JANUVIA 25 MG, 50 MG, 100 MG *(sitagliptin phosphate)* | 2 | QL(1 EA daily) |
| *saxagliptin hcl* | 1B | QL(1 EA daily) |
| *sitagliptin phosphate 25 MG, 50 MG, 100 MG* | 1B | QL(1 EA daily) |
| Incretin Mimetic Agents | | |
| *liraglutide* | 1B | QL(0.3 ML daily) |
| MOUNJARO | 2 | Smart PA; QL(0.072 ML daily) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2 | Smart PA; QL(0.108 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 2 | Smart PA; QL(0.108 ML daily) |
| OZEMPIC (2 MG/DOSE) SOPN | 2 | Smart PA; QL(0.108 ML daily) |
| OZEMPIC TABS 1.5 MG, 4 MG, 9 MG | 2 | Smart PA; QL(1 EA daily) |
| RYBELSUS TABS | 2 | Smart PA; QL(1 EA daily) |
| TRULICITY | 2 | Smart PA; QL(0.143 ML daily) |
| Insulin | | |
| APIDRA SOLOSTAR SOPN | 3 | PA |
| APIDRA SOLN | 3 | PA |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | D; QL(1.34 ML daily) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | D; QL(1.34 ML daily) |
| INSULIN GLARGINE-YFGN SOLN | 2 | |
| INSULIN GLARGINE-YFGN SOPN | 2 | |
| INSULIN LISPRO (1 UNIT DIAL) SOPN | 1B | |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 1B | |
| INSULIN LISPRO PROT & LISPRO SUPN | 1B | |
| INSULIN LISPRO SOLN IJ | 1B | D |
| NOVOLIN 70/30 FLEXPEN SUPN | 2 | D |
| NOVOLIN 70/30 SUSP | 2 | D |
| NOVOLIN N FLEXPEN SUPN | 2 | D |
| NOVOLIN N SUSP | 2 | D |
| NOVOLIN R FLEXPEN SOPN IJ | 2 | D |
| NOVOLIN R SOLN IJ | 2 | D |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NOVOLOG FLEXPEN SOPN | 1B | D |
| NOVOLOG MIX 70/30 FLEXPEN SUPN | 1B | D |
| NOVOLOG MIX 70/30 SUSP | 1B | D |
| NOVOLOG PENFILL SOCT | 1B | D |
| NOVOLOG SOLN IJ | 1B | D |
| REZVOGLAR KWIKPEN | 3 | PA |
| TRESIBA FLEXTOUCH SOPN | 2 | D |
| TRESIBA SOLN | 2 | D |
| Insulin Sensitizing Agents | | |
| *pioglitazone hcl* | 1B | D+; QL(1 EA daily) |
| Meglitinide Analogues | | |
| *nateglinide* | 1B | QL(3 EA daily) |
| *repaglinide 0.5 MG, 1 MG* | 1B | QL(4 EA daily) |
| *repaglinide 2 MG* | 1B | QL(8 EA daily) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| *dapagliflozin TABS PO 5 MG, 10 MG* | 1B | QL(1 EA daily) |
| FARXIGA TABS PO *(dapagliflozin)* | 2 | QL(1 EA daily) |
| JARDIANCE | 2 | QL(1 EA daily) |
| Sulfonylureas | | |
| *glimepiride 4 MG* | 1A | D+; QL(2 EA daily) |
| *glimepiride 1 MG, 2 MG* | 1A | D+; QL(4 EA daily) |
| *glipizide TABS 5 MG, 10 MG* | 1A | D+; QL(4 EA daily) |
| *glipizide TB24* | 1A | D+; QL(2 EA daily) |
| *glyburide micronized 1.5 MG, 3 MG, 6 MG* | 1B | D+; QL(4 EA daily) |
| *glyburide TABS* | 1A | D+; QL(4 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| *diphenoxylate w/ atropine LIQD* | 1B | |
| *diphenoxylate w/ atropine TABS* | 1B | |
| *loperamide hcl CAPS* | 1B | RX/OTC |
| MOTOFEN | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 3 | |
| *deferasirox PACK* | 4 | PA |
| *deferasirox TABS* | 4 | PA |
| *deferasirox TBSO* | 4 | PA |
| Antidotes and Specific Antagonists | | |
| VISTOGARD | 4 | PA |
| Opioid Antagonists | | |
| *naloxone hcl LIQD* | 1B | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| *naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML* | 1A | |
| *naltrexone hcl* | 1A | |
| VIVITROL | NF | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | 3 | QL(0.167 EA daily); PA |
| *granisetron hcl SOLN IV 1 MG/ML* | 1B | |
| *granisetron hcl TABS* | 1B | QL(0.34 EA daily) |
| *ondansetron hcl SOLN IJ 4 MG/2ML* | 1B | |
| *ondansetron hcl SOLN PO 4 MG/5ML* | 1B | QL(3.34 ML daily) |
| *ondansetron hcl SOSY* | 1B | |
| *ondansetron hcl TABS 24 MG* | 1B | QL(0.143 EA daily) |
| *ondansetron hcl TABS 4 MG* | 1B | QL(4 EA daily; 60 EA per fill retail; 60 per fill mail) |
| *ondansetron hcl TABS 8 MG* | 1B | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail) |
| *ondansetron TBDP 8 MG* | 1B | |
| *ondansetron TBDP 4 MG* | 1B | QL(1 EA daily) |
| *palonosetron hcl SOLN* | 1B | |
| Antiemetics - Anticholinergic | | |
| *meclizine hcl TABS 12.5 MG* | 1A | RX/OTC |
| *meclizine hcl TABS 25 MG* | 1B | RX/OTC |
| *scopolamine* | 1B | QL(0.34 EA daily) |
| *trimethobenzamide hcl CAPS* | 1B | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 3 | PA |
| *doxylamine-pyridoxine TBEC* | 1B | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| *dronabinol CAPS* | 1B | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| *aprepitant CAPS 40 MG, 125 MG* | 1B | QL(0.067 EA daily) |
| *aprepitant CAPS 80 MG* | 1B | QL(0.134 EA daily) |
| *aprepitant CPPK PO* | 1B | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VARUBI (180 MG DOSE) TBPK | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungals | | |
| *amphotericin b IV* | 3 | |
| *flucytosine* | 1B | |
| *griseofulvin microsize SUSP* | 1B | AL(At least 2 yrs old) |
| *griseofulvin microsize TABS* | 1B | |
| *griseofulvin ultramicrosize* | 1B | |
| *nystatin TABS* | 1B | |
| *terbinafine hcl TABS* | 1B | QL(1 EA daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS 186 MG | 3 | PA |
| *fluconazole SUSR* | 1B | |
| *fluconazole TABS* | 1B | |
| *itraconazole CAPS* | 1B | QL(4 EA daily); PA |
| *itraconazole SOLN* | 1B | QL(20 ML daily); PA |
| *ketoconazole* | 1B | |
| *posaconazole SUSP* | 3 | QL(20 ML daily) |
| *posaconazole TBEC* | 3 | QL(6 EA daily) |
| TOLSURA CAPS | 4 | PA |
| *voriconazole TABS* | 1B | QL(4 EA daily) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| *carbinoxamine maleate SOLN* | 1B | |
| *carbinoxamine maleate TABS 4 MG* | 1B | |
| *clemastine fumarate SYRP* | 1B | |
| *clemastine fumarate TABS 2.68 MG* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diphenhydramine hcl CAPS 50 MG* | 1A | |
| *diphenhydramine hcl ELIX 12.5 MG/5ML* | 1B | |
| *diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML* | 1B | QL(20 ML daily) |
| Antihistamines - Non-Sedating | | |
| *cetirizine hcl TABS* | 1A | QL(1 EA daily) |
| *desloratadine TABS* | 1B | QL(1 EA daily) |
| *desloratadine TBDP 2.5 MG* | 1B | QL(1 EA daily) |
| *levocetirizine dihydrochloride SOLN* | 1B | QL(10 ML daily); RX/OTC |
| *levocetirizine dihydrochloride TABS* | 1B | QL(1 EA daily); RX/OTC |
| *loratadine CAPS* | 1B | |
| *loratadine CHEW* | 1B | |
| *loratadine SOLN* | 1B | |
| *loratadine TABS* | 1A | |
| *loratadine TBDP* | 1B | |
| QUZYTTIR SOLN IV | 3 | PA |
| XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML | 2 | QL(10 ML daily); RX/OTC |
| Antihistamines - Phenothiazines | | |
| *promethazine hcl SUPP 12.5 MG, 25 MG* | 1B | QL(6 EA daily) |
| *promethazine hcl SUPP 50 MG* | 1B | |
| *promethazine hcl TABS* | 1B | |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl SYRP* | 1B | |
| *cyproheptadine hcl TABS* | 1B | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| *ezetimibe-simvastatin* | 1B | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antihyperlipidemics - Misc. | | |
| *icosapent ethyl 1 GM* | 1B | QL(4 EA daily); PA |
| *omega-3-acid ethyl esters* | 1B | D+; QL(4 EA daily) |
| Bile Acid Sequestrants | | |
| *cholestyramine light PACK* | 1B | QL(6 EA daily) |
| *cholestyramine light POWD* | 1B | QL(24 GM daily) |
| *cholestyramine PACK* | 1B | QL(6 EA daily) |
| *cholestyramine POWD* | 1B | QL(25.2 GM daily) |
| *colesevelam hcl PACK* | 1B | QL(1 EA daily); PA |
| *colesevelam hcl TABS* | 1B | QL(7 EA daily) |
| *colestipol hcl GRAN* | 1B | QL(6 GM daily) |
| *colestipol hcl PACK* | 1B | QL(6 EA daily) |
| *colestipol hcl TABS* | 1B | QL(16 EA daily) |
| Fibric Acid Derivatives | | |
| *choline fenofibrate* | 1B | D+; QL(1 EA daily) |
| *fenofibrate micronized 67 MG, 134 MG, 200 MG* | 1B | D+; QL(1 EA daily) |
| *fenofibrate micronized 43 MG, 130 MG* | 1B | QL(1 EA daily) |
| *fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG* | 1B | D+; QL(1 EA daily) |
| *gemfibrozil TABS* | 1B | D+; QL(2 EA daily) |
| HMG CoA Reductase Inhibitors | | |
| *atorvastatin calcium TABS* | 1A | D+; QL(1 EA daily) |
| *fluvastatin sodium CAPS 40 MG* | 1B | QL(2 EA daily) |
| *fluvastatin sodium CAPS 20 MG* | 1B | QL(1 EA daily) |
| *lovastatin TABS 10 MG, 20 MG* | 1A | D+; QL(1 EA daily); PV |
| *lovastatin TABS 40 MG* | 1A | D+; QL(2 EA daily); PV |
| *pravastatin sodium* | 1B | D+; QL(1 EA daily) |
| *rosuvastatin calcium TABS* | 1B | QL(1 EA daily) |
| *simvastatin TABS* | 1A | D+; QL(1 EA daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | 1B | D+; QL(1 EA daily) |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) TBCR* | 1B | QL(2 EA daily) |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(0.25 ML daily); PA |
| REPATHA SURECLICK SOAJ | 4 | QL(0.0714 ML daily); PA |
| REPATHA SOSY | 4 | QL(0.0714 ML daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| *benazepril hcl* | 1A | D+ |
| *captopril 12.5 MG* | 1B | |
| *captopril 25 MG, 50 MG, 100 MG* | 1B | QL(3 EA daily) |
| *enalapril maleate TABS* | 1A | D+ |
| *fosinopril sodium* | 1B | D+ |
| *lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG* | 1A | D+ |
| *moexipril hcl* | 1B | QL(2 EA daily) |
| *perindopril erbumine 4 MG* | 1B | |
| *perindopril erbumine 2 MG, 8 MG* | 1B | QL(2 EA daily) |
| *quinapril hcl 20 MG, 40 MG* | 1B | |
| *quinapril hcl 5 MG, 10 MG* | 1B | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ramipril CAPS* | 1B | D+ |
| *trandolapril 4 MG* | 1B | D+; QL(2 EA daily) |
| *trandolapril 1 MG, 2 MG* | 1B | D+; QL(1 EA daily) |
| Agents for Pheochromocytoma | | |
| *phenoxybenzamine hcl* | 3 | PA |
| Angiotensin II Receptor Antagonists | | |
| *azilsartan medoxomil 40 MG, 80 MG* | 1B | QL(1 EA daily); ST |
| *candesartan cilexetil* | 1B | QL(1 EA daily) |
| EDARBI 40 MG, 80 MG *(azilsartan medoxomil)* | 3 | QL(1 EA daily); ST |
| *irbesartan* | 1B | D+; QL(1 EA daily) |
| *losartan potassium* | 1A | D+; QL(1 EA daily) |
| *olmesartan medoxomil* | 1B | D+; QL(1 EA daily) |
| *telmisartan* | 1B | QL(1 EA daily) |
| *valsartan TABS* | 1B | D+; QL(1 EA daily) |
| Antiadrenergic Antihypertensives | | |
| *clonidine hcl TABS* | 1A | D+; QL(8 EA daily) |
| *clonidine PTWK* | 1B | QL(0.15 EA daily) |
| *doxazosin mesylate* | 1B | |
| *guanfacine hcl* | 1B | |
| *methyldopa TABS* | 1B | QL(6 EA daily) |
| *prazosin hcl CAPS* | 1B | QL(4 EA daily) |
| *terazosin hcl* | 1B | |
| Antihypertensive Combinations | | |
| *amlodipine besylate-benazepril hcl* | 1B | |
| *amlodipine besylate-olmesartan medoxomil* | 1B | ST |
| *amlodipine besylate-valsartan* | 1B | QL(1 EA daily) |
| *amlodipine-valsartan-hydrochlorothiazide* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *atenolol & chlorthalidone* | 1B | |
| *benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG* | 1B | QL(1 EA daily) |
| *benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG* | 1B | |
| *bisoprolol & hydrochlorothiazide* | 1B | QL(2 EA daily) |
| *candesartan cilexetil-hydrochlorothiazide* | 1B | |
| *enalapril maleate & hydrochlorothiazide 25 MG-10 MG* | 1B | |
| *enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG* | 1B | QL(2 EA daily) |
| *fosinopril sodium & hydrochlorothiazide* | 1B | QL(1 EA daily) |
| *irbesartan-hydrochlorothiazide* | 1B | D+ |
| *lisinopril & hydrochlorothiazide* | 1A | D+ |
| *losartan potassium & hydrochlorothiazide 12.5 MG-50 MG* | 1A | D+; QL(2 EA daily) |
| *losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG* | 1A | D+; QL(1 EA daily) |
| *metoprolol & hydrochlorothiazide TABS 25 MG-50 MG* | 1B | QL(1 EA daily) |
| *metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG* | 1B | |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 1B | ST |
| *olmesartan medoxomil-hydrochlorothiazide* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *quinapril-hydrochlorothiazide 12.5 MG-10 MG* | 1B | QL(3 EA daily) |
| *quinapril-hydrochlorothiazide 25 MG-20 MG* | 1B | QL(2 EA daily) |
| *quinapril-hydrochlorothiazide 12.5 MG-20 MG* | 1B | QL(4 EA daily) |
| *telmisartan-amlodipine* | 1B | QL(1 EA daily) |
| *telmisartan-hydrochlorothiazide* | 1B | QL(1 EA daily) |
| *trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG* | 3 | QL(1 EA daily) |
| *trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG* | 3 | |
| *valsartan-hydrochlorothiazide* | 1B | QL(1 EA daily) |
| Antihypertensives - Misc. | | |
| VECAMYL | 3 | PA |
| Direct Renin Inhibitors | | |
| *aliskiren fumarate* | 1B | QL(1 EA daily) |
| Selective Aldosterone Receptor Antagonists (SARAs) | | |
| *eplerenone* | 1B | |
| Vasodilators | | |
| *hydralazine hcl SOLN* | 1B | |
| *hydralazine hcl TABS* | 1B | D+ |
| *minoxidil 2.5 MG, 10 MG* | 1B | D+ |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| *metronidazole TABS 250 MG, 500 MG* | 1B | |
| *pentamidine isethionate IN* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tinidazole* | 1B | |
| *trimethoprim TABS* | 1B | |
| XIFAXAN 200 MG | 3 | QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA |
| XIFAXAN 550 MG | 3 | QL(3 EA daily); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations | | |
| *sulfamethoxazole-trimethoprim SOLN* | 1B | |
| *sulfamethoxazole-trimethoprim SUSP* | 1B | |
| *sulfamethoxazole-trimethoprim TABS* | 1A | |
| Antiprotozoal Agents | | |
| *atovaquone* | 1B | |
| *nitazoxanide TABS* | 1B | PA |
| Carbapenems | | |
| *ertapenem sodium IJ* | 1B | |
| Chloramphenicols | | |
| *chloramphenicol sodium succinate* | 4 | PA |
| Cyclic Lipopeptides | | |
| *daptomycin 500 MG* | 1B | |
| Glycopeptides | | |
| *vancomycin hcl CAPS* | 1B | QL(4 EA daily; 40 EA per fill retail) |
| *vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML* | 1B | QL(300 ML per fill retail) |
| Leprostatics | | |
| *dapsone* | 1B | |
| Lincosamides | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clindamycin hcl* | 1B | |
| *clindamycin palmitate hydrochloride* | 1B | |
| *clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML* | 1B | |
| *lincomycin hcl* | 1B | |
| Monobactams | | |
| *aztreonam 1 GM* | 1B | |
| CAYSTON | 4 | QL(3 ML daily); PA |
| Oxazolidinones | | |
| *linezolid SUSR* | 1B | |
| *linezolid TABS* | 1B | QL(2 EA daily); PA |
| Urinary Anti-infectives | | |
| *fosfomycin tromethamine* | 1B | |
| *methenamine hippurate* | 1B | |
| *nitrofurantoin* | 1B | |
| *nitrofurantoin macrocrystal 50 MG, 100 MG* | 1B | |
| *nitrofurantoin monohyd macro* | 1B | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| *atovaquone-proguanil hcl* | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COARTEM | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| Antimalarials | | |
| *chloroquine phosphate TABS 250 MG* | 1B | QL(3 EA daily) |
| *chloroquine phosphate TABS 500 MG* | 1B | |
| *hydroxychloroquine sulfate 200 MG* | 1B | QL(3 EA daily) |
| *hydroxychloroquine sulfate 400 MG* | 1B | QL(1 EA daily) |
| *hydroxychloroquine sulfate 100 MG* | 1B | QL(4 EA daily) |
| KRINTAFEL | 3 | QL(2 EA per 30 day(s) retail) |
| *mefloquine hcl* | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| *primaquine phosphate TABS* | 3 | |
| *pyrimethamine* | 1B | QL(3 EA daily); PA |
| *quinine sulfate CAPS 324 MG* | 1B | PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neostigmine methylsulfate SOSY* | 3 | PA |
| *pyridostigmine bromide SOLN PO* | 1B | |
| *pyridostigmine bromide TABS 60 MG* | 1B | |
| *pyridostigmine bromide TBCR* | 1B | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *cycloserine* | 1B | QL(4 EA daily) |
| *ethambutol hcl TABS* | 1B | |
| *isoniazid SOLN* | 1B | |
| *isoniazid SYRP* | 1B | |
| *isoniazid TABS* | 1A | |
| PRIFTIN 150 MG *(rifapentine)* | 3 | |
| *pyrazinamide* | 1B | |
| *rifabutin* | 1B | PA |
| *rifampin CAPS* | 1B | |
| *rifampin SOLR* | 1B | |
| *rifapentine 150 MG* | 1B | |
| SIRTURO | 3 | PA |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| *busulfan SOLN* | 4 | PA |
| *carmustine* | 4 | PA |
| *cisplatin SOLN 100 MG/100ML* | 4 | PA |
| *cyclophosphamide CAPS* | 1B | PA |
| *cyclophosphamide SOLR IJ* | 4 | |
| GLEOSTINE 10 MG *(lomustine)* | 4 | PA |
| GLEOSTINE 40 MG, 100 MG *(lomustine)* | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ifosfamide SOLN 1 GM/20ML* | 4 | PA |
| *ifosfamide SOLR* | 4 | PA |
| LEUKERAN | 4 | PA |
| *lomustine 40 MG, 100 MG* | 4 | PA |
| *lomustine 10 MG* | 4 | PA |
| *melphalan hcl IV* | 1B | |
| MYLERAN TABS | 4 | PA |
| *oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML* | 4 | PA |
| TEMODAR SOLR | 4 | |
| *temozolomide CAPS* | 4 | PA |
| *thiotepa 15 MG* | 4 | PA |
| ZANOSAR | 4 | PA |
| Antimetabolites | | |
| *azacitidine SUSR* | 4 | PA |
| *capecitabine* | 4 | PA |
| *clofarabine* | 4 | PA |
| *decitabine* | 4 | PA |
| *floxuridine* | 4 | PA |
| *fludarabine phosphate SOLN* | 4 | PA |
| *fludarabine phosphate SOLR* | 4 | PA |
| *fluorouracil 500 MG/10ML* | 4 | PA |
| *gemcitabine hcl SOLR 2 GM, 200 MG* | 4 | PA |
| *mercaptopurine TABS* | 1B | |
| *methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML* | 1B | |
| *methotrexate sodium SOLR* | 1B | |
| *methotrexate sodium TABS 2.5 MG* | 1B | |
| *nelarabine* | 4 | PA |
| *pemetrexed disodium SOLR 500 MG* | 4 | PA |
| *pralatrexate 20 MG/ML* | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TABLOID | 4 | PA |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 4 | PA |
| Antineoplastic - Angiogenesis Inhibitors | | |
| INLYTA | 4 | QL(2 EA daily); PA |
| LENVIMA (10 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| LENVIMA (12 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (14 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (18 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (20 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (24 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (4 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| LENVIMA (8 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| MVASI | 4 | PA |
| ZALTRAP 100 MG/4ML | 4 | PA |
| ZIRABEV | 4 | PA |
| Antineoplastic - Antibodies | | |
| ARZERRA | 4 | PA |
| LOQTORZI | 4 | PA |
| RUXIENCE | 4 | PA |
| TRUXIMA | 4 | PA |
| YERVOY | 4 | PA |
| Antineoplastic - Anti-HER2 Agents | | |
| KANJINTI | 4 | PA |
| OGIVRI | 4 | PA |
| TRAZIMERA | 4 | PA |
| TUKYSA | 4 | PA |
| Antineoplastic - EGFR Inhibitors | | |
| ERBITUX | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *erlotinib hcl* | 4 | QL(1 EA daily); PA |
| *gefitinib* | 4 | QL(2 EA daily); PA |
| GILOTRIF | 4 | QL(1 EA daily); PA |
| TAGRISSO 40 MG | 4 | QL(2 EA daily); PA |
| TAGRISSO 80 MG | 4 | QL(1 EA daily); PA |
| VECTIBIX 100 MG/5ML | 4 | PA |
| VIZIMPRO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 4 | PA |
| ERIVEDGE | 4 | QL(1 EA daily); PA |
| ODOMZO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate 500 MG* | 4 | QL(2 EA daily); PA |
| *abiraterone acetate 250 MG* | 4 | QL(4 EA daily); PA |
| *anastrozole* | 1B | QL(1 EA daily) |
| *bicalutamide* | 1B | QL(1 EA daily) |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 4 | PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 EA daily); PA |
| EMCYT | 4 | PA |
| ERLEADA 240 MG | 4 | QL(1 EA daily); PA |
| ERLEADA 60 MG | 4 | QL(4 EA daily); PA |
| *exemestane* | 4 | QL(1 EA daily) |
| FIRMAGON 80 MG | 4 | QL(0.143 EA daily); PA |
| FIRMAGON (240 MG DOSE) | 4 | QL(0.143 EA daily); PA |
| *fulvestrant SOSY* | 4 | QL(0.357 ML daily); PA |
| *letrozole* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *leuprolide acetate KIT IJ 1 MG/0.2ML* | 4 | PA |
| LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0358 EA daily); PA |
| LUPRON DEPOT (3-MONTH) KIT IM | 4 | PA |
| LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 EA daily); PA |
| LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 EA daily); PA |
| LYSODREN | 4 | PA |
| *megestrol acetate SUSP* | 1B | |
| *megestrol acetate TABS* | 1B | |
| *nilutamide* | 1B | QL(2 EA daily) |
| NUBEQA | 4 | QL(4 EA daily); PA |
| ORGOVYX | 4 | PA |
| *tamoxifen citrate TABS* | 0 | |
| *toremifene citrate* | 1B | |
| TRELSTAR MIXJECT | 4 | PA |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG | 4 | PA |
| VABRINTY KIT SC 7.5 MG | 4 | QL(0.0089 EA daily); PA |
| XTANDI CAPS | 4 | QL(4 EA daily); PA |
| XTANDI TABS 40 MG | 4 | QL(4 EA daily); PA |
| XTANDI TABS 80 MG | 4 | QL(2 EA daily); PA |
| YONSA | 4 | QL(4 EA daily); PA |
| ZOLADEX 10.8 MG | 4 | QL(0.0119 EA daily); PA |
| ZOLADEX 3.6 MG | 4 | QL(0.0357 EA daily); PA |
| Antineoplastic - Immunomodulators | | |
| *pomalidomide 1 MG, 2 MG, 3 MG, 4 MG* | 4 | QL(1 EA daily); PA |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(pomalidomide)* | 4 | QL(1 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antineoplastic Antibiotics | | |
| *bleomycin sulfate 15 UNIT* | 4 | PA |
| *dactinomycin* | 4 | PA |
| *doxorubicin hcl SOLR 10 MG, 50 MG* | 4 | PA |
| *idarubicin hcl 20 MG/20ML* | 4 | PA |
| *idarubicin hcl 5 MG/5ML, 10 MG/10ML* | 4 | PA |
| *mitomycin SOLR IV 20 MG* | 4 | PA |
| *mitoxantrone hcl 25 MG/12.5ML* | 4 | PA |
| *valrubicin* | 4 | PA |
| Antineoplastic Enzyme Inhibitors | | |
| ALECENSA | 4 | QL(8 EA daily); PA |
| *bortezomib SOLR IJ* | 4 | PA |
| CABOMETYX TABS | 4 | QL(1 EA daily); PA |
| CAPRELSA | 4 | QL(1 EA daily); PA |
| COMETRIQ (100 MG DAILY DOSE) KIT | 4 | QL(2 EA daily); PA |
| COMETRIQ (140 MG DAILY DOSE) KIT | 4 | QL(4 EA daily); PA |
| COMETRIQ (60 MG DAILY DOSE) KIT | 4 | QL(3 EA daily); PA |
| *dasatinib* | 4 | QL(1 EA daily); PA |
| *everolimus TABS* | 4 | QL(1 EA daily); PA |
| IBRANCE CAPS 100 MG, 125 MG | 4 | QL(1 EA daily); PA |
| IBRANCE TABS | 4 | QL(1 EA daily); PA |
| ICLUSIG | 4 | QL(1 EA daily); PA |
| *imatinib mesylate TABS* | 4 | QL(2 EA daily); PA |
| JAKAFI | 4 | QL(2 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KISQALI (200 MG DOSE) | 4 | QL(2 EA daily); PA |
| KISQALI (400 MG DOSE) | 4 | QL(2 EA daily); PA |
| KISQALI (600 MG DOSE) | 4 | QL(2.5 EA daily); PA |
| KYPROLIS | 4 | PA |
| *lapatinib ditosylate* | 4 | QL(6 EA daily); PA |
| LORBRENA | 4 | QL(1 EA daily); PA |
| LUMAKRAS 120 MG, 240 MG | 3 | QL(2 EA daily); PA |
| LUMAKRAS 320 MG | 3 | QL(3 EA daily); PA |
| LYNPARZA TABS | 4 | QL(4 EA daily); PA |
| MEKINIST SOLR | 4 | QL(40 ML daily); PA |
| MEKINIST TABS 2 MG | 4 | QL(1 EA daily); PA |
| MEKINIST TABS 0.5 MG | 4 | QL(3 EA daily); PA |
| *pazopanib hcl* | 4 | QL(2 EA daily); PA |
| *pazopanib hcl* | 4 | QL(4 EA daily); PA |
| PIQRAY (200 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| PIQRAY (250 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| PIQRAY (300 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| *romidepsin SOLR* | 4 | PA |
| ROZLYTREK CAPS | 4 | PA |
| RUBRACA | 4 | QL(4 EA daily); PA |
| SCEMBLIX 100 MG | 4 | QL(4 EA daily); PA |
| SCEMBLIX 20 MG, 40 MG | 4 | QL(2 EA daily); PA |
| *sorafenib tosylate* | 4 | QL(4 EA daily); PA |
| STIVARGA | 4 | QL(4 EA daily); PA |
| *sunitinib malate* | 4 | QL(1 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TAFINLAR CAPS | 4 | QL(4 EA daily); PA |
| TAFINLAR TBSO | 4 | QL(30 EA daily); PA |
| TALZENNA | 4 | QL(1 EA daily); PA |
| TAZVERIK | 4 | PA |
| *temsirolimus* | 4 | QL(0.143 ML daily); PA |
| TURALIO 125 MG | 4 | PA |
| VERZENIO | 4 | QL(2 EA daily); PA |
| VITRAKVI CAPS | 4 | PA |
| VITRAKVI SOLN | 4 | PA |
| XALKORI CAPS | 4 | QL(2 EA daily); PA |
| XOSPATA | 4 | PA |
| ZEJULA TABS | 4 | QL(1 EA daily); PA |
| ZELBORAF | 4 | QL(8 EA daily); PA |
| ZOLINZA | 4 | QL(4 EA daily); PA |
| ZYDELIG | 4 | QL(2 EA daily); PA |
| Antineoplastics Misc. | | |
| ACTIMMUNE 100 MCG/0.5ML | 4 | PA |
| *arsenic trioxide 10 MG/10ML* | 4 | PA |
| *bexarotene* | 4 | PA |
| *hydroxyurea* | 1B | |
| MATULANE | 4 | PA |
| NIPENT | 4 | PA |
| PHOTOFRIN | 4 | PA |
| PROLEUKIN | 4 | PA |
| *tretinoin (chemotherapy)* | 1B | |
| UVADEX | 4 | PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| *leucovorin calcium SOLR* | 1B | |
| *leucovorin calcium TABS* | 1B | |
| VORAXAZE | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Mitotic Inhibitors | | |
| *docetaxel CONC 20 MG/ML* | 4 | PA |
| *eribulin mesylate* | 4 | PA |
| ETOPOPHOS | 4 | PA |
| *etoposide CAPS* | 4 | PA |
| *etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML* | 4 | PA |
| IXEMPRA KIT 15 MG | 4 | PA |
| *paclitaxel 100 MG/16.7ML, 150 MG/25ML* | 4 | PA |
| *paclitaxel protein-bound particles* | 4 | PA |
| *vincristine sulfate* | 4 | PA |
| *vinorelbine tartrate 10 MG/ML* | 4 | PA |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | 4 | PA |
| *irinotecan hcl 40 MG/2ML, 100 MG/5ML* | 4 | PA |
| *topotecan hcl SOLN* | 4 | |
| *topotecan hcl SOLR* | 4 | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| *carbidopa* | 1B | |
| Antiparkinson Anticholinergics | | |
| *benztropine mesylate TABS* | 1B | |
| *trihexyphenidyl hcl SOLN* | 1B | |
| *trihexyphenidyl hcl TABS* | 1B | |
| Antiparkinson COMT Inhibitors | | |
| *entacapone* | 1B | QL(8 EA daily) |
| *tolcapone* | 1B | |
| Antiparkinson Dopaminergics | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amantadine hcl CAPS* | 1B | |
| *amantadine hcl SOLN* | 1B | |
| *amantadine hcl TABS* | 1B | |
| *apomorphine hydrochloride SOCT* | 4 | PA |
| *bromocriptine mesylate CAPS* | 1B | |
| *bromocriptine mesylate TABS 2.5 MG* | 1B | |
| *carbidopa-levodopa-entacapone* | 1B | |
| *carbidopa-levodopa TABS* | 1B | |
| *carbidopa-levodopa TBCR* | 1B | |
| *carbidopa-levodopa TBDP* | 1B | |
| NEUPRO | 2 | |
| *pramipexole dihydrochloride TABS 0.125 MG* | 1B | QL(4 EA daily) |
| *pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG* | 1B | |
| *ropinirole hydrochloride TABS* | 1B | |
| *ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG* | 1B | QL(1 EA daily); ST |
| *ropinirole hydrochloride TB24 8 MG, 12 MG* | 1B | QL(2 EA daily); ST |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| *rasagiline mesylate* | 1B | QL(1 EA daily); PA |
| *selegiline hcl CAPS* | 1B | |
| *selegiline hcl TABS* | 1B | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| *lithium* | 1B | |
| *lithium carbonate CAPS* | 1B | |
| *lithium carbonate TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lithium carbonate TBCR* | 1B | |
| Antipsychotics - Misc. | | |
| EQUETRO 200 MG | 3 | QL(8 EA daily); ST |
| EQUETRO 300 MG | 3 | QL(4 EA daily); ST |
| EQUETRO 100 MG | 3 | QL(2 EA daily); ST |
| *lurasidone hcl 80 MG* | 1B | QL(2 EA daily) |
| *lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG* | 1B | QL(1 EA daily) |
| *ziprasidone hcl* | 1B | QL(2 EA daily); AL(At least 18 yrs old) |
| Benzisoxazoles | | |
| FANAPT | 2 | QL(2 EA daily); PA |
| FANAPT TITRATION PACK A | 2 | PA |
| FANAPT TITRATION PACK B | 2 | PA |
| FANAPT TITRATION PACK C | 2 | PA |
| *paliperidone* | 1B | |
| PERSERIS PRSY | 2 | QL(0.072 EA daily); PA |
| *risperidone microspheres* | 1B | QL(0.072 EA daily); PA |
| *risperidone SOLN* | 1B | |
| *risperidone TABS* | 1B | |
| *risperidone TBDP* | 1B | |
| Butyrophenones | | |
| *haloperidol decanoate* | 1B | QL(0.036 ML daily) |
| *haloperidol lactate CONC* | 1B | |
| *haloperidol lactate SOLN* | 1B | |
| *haloperidol TABS* | 1B | |
| Dibenzapines | | |
| *asenapine maleate 5 MG, 10 MG* | 1B | QL(2 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *asenapine maleate 2.5 MG* | 1B | QL(4 EA daily); PA |
| *clozapine TABS* | 1B | |
| *clozapine TBDP 100 MG* | 1B | QL(9 EA daily) |
| *clozapine TBDP 25 MG* | 1B | QL(3 EA daily) |
| *clozapine TBDP 12.5 MG, 150 MG* | 1B | QL(6 EA daily) |
| *loxapine succinate* | 1B | |
| *olanzapine SOLR* | 1B | QL(0.215 EA daily) |
| *olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG* | 1B | QL(2 EA daily) |
| *olanzapine TABS 2.5 MG, 5 MG* | 1B | QL(4 EA daily) |
| *olanzapine TBDP 20 MG* | 1B | QL(1 EA daily) |
| *olanzapine TBDP 5 MG, 10 MG, 15 MG* | 1B | QL(2 EA daily) |
| *quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG* | 1B | AL(At least 10 yrs old) |
| *quetiapine fumarate TB24* | 1B | |
| Phenothiazines | | |
| *chlorpromazine hcl SOLN* | 3 | |
| *chlorpromazine hcl TABS* | 1B | |
| *fluphenazine hcl CONC* | 1B | |
| *fluphenazine hcl ELIX* | 1B | |
| *fluphenazine hcl SOLN* | 1B | |
| *fluphenazine hcl TABS* | 1B | |
| *perphenazine TABS* | 1B | |
| *prochlorperazine* | 1B | |
| *prochlorperazine maleate TABS* | 1B | |
| *thioridazine hcl* | 1B | |
| *trifluoperazine hcl TABS* | 1B | |
| Quinolinone Derivatives | | |
| *aripiprazole SOLN PO* | 1B | QL(30 ML daily); AL(At least 6 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *aripiprazole TABS* | 1B | QL(1 EA daily); AL(At least 6 yrs old) |
| REXULTI | 3 | PA |
| Thioxanthenes | | |
| *thiothixene* | 1B | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| *abacavir sulfate-lamivudine* | 1B | QL(1 EA daily) |
| *abacavir sulfate SOLN* | 1B | QL(32 ML daily) |
| *abacavir sulfate TABS* | 1B | QL(2 EA daily) |
| APTIVUS CAPS | 3 | QL(4 EA daily) |
| *atazanavir sulfate CAPS 200 MG* | 1B | QL(2 EA daily) |
| *atazanavir sulfate CAPS 150 MG, 300 MG* | 1B | QL(1 EA daily) |
| BIKTARVY | 3 | QL(1 EA daily) |
| CABENUVA | 3 | |
| CIMDUO | 3 | QL(1 EA daily); ST |
| COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)* | 3 | QL(1 EA daily) |
| *darunavir TABS* | 1B | |
| DELSTRIGO | 3 | QL(1 EA daily) |
| DESCOVY 200 MG-25 MG | 3 | |
| DOVATO | 3 | QL(1 EA daily) |
| EDURANT 25 MG *(rilpivirine hcl)* | 3 | QL(1 EA daily) |
| *efavirenz CAPS 200 MG* | 1B | QL(2 EA daily) |
| *efavirenz CAPS 50 MG* | 1B | QL(3 EA daily) |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *efavirenz TABS* | 1B | QL(1 EA daily) |
| *emtricitabine CAPS* | 1B | QL(1 EA daily) |
| *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | 1B | QL(1 EA daily) |
| *emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG* | 0 | QL(1 EA daily) |
| *emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG* | 1B | QL(1 EA daily) |
| EMTRIVA SOLN | 3 | QL(24 ML daily) |
| *etravirine 200 MG* | 1B | QL(2 EA daily) |
| *etravirine 100 MG* | 1B | QL(4 EA daily) |
| EVOTAZ | 3 | QL(1 EA daily) |
| *fosamprenavir calcium TABS* | 1B | QL(4 EA daily) |
| FUZEON SOLR | 4 | PA |
| GENVOYA | 3 | QL(1 EA daily) |
| INTELENCE 25 MG | 3 | QL(8 EA daily) |
| ISENTRESS HD TABS | 3 | QL(2 EA daily) |
| ISENTRESS CHEW | 3 | QL(6 EA daily) |
| ISENTRESS TABS | 3 | QL(2 EA daily) |
| JULUCA | 3 | QL(1 EA daily) |
| KALETRA SOLN | 2 | QL(12.5 ML daily) |
| *lamivudine SOLN* | 1B | QL(30 ML daily) |
| *lamivudine TABS 300 MG* | 1B | QL(1 EA daily) |
| *lamivudine TABS 150 MG* | 1B | QL(2 EA daily) |
| *lamivudine-zidovudine* | 1B | QL(2 EA daily) |
| *lopinavir-ritonavir SOLN* | 1B | QL(12.5 ML daily) |
| *lopinavir-ritonavir TABS* | 1B | QL(4 EA daily) |
| *maraviroc TABS 300 MG* | 1B | QL(4 EA daily) |
| *maraviroc TABS 150 MG* | 1B | QL(2 EA daily) |
| *nevirapine SUSP* | 1B | QL(40 ML daily) |
| *nevirapine TABS* | 1B | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nevirapine TB24 400 MG* | 1B | QL(1 EA daily) |
| NORVIR PACK | 3 | QL(12 EA daily) |
| ODEFSEY | 3 | QL(1 EA daily) |
| PIFELTRO | 3 | QL(1 EA daily) |
| PREZCOBIX | 3 | QL(1 EA daily) |
| PREZISTA SUSP | 3 | QL(12 ML daily) |
| PREZISTA TABS 75 MG, 150 MG | 3 | QL(2 EA daily) |
| RETROVIR SOLN | 3 | |
| *rilpivirine hcl 25 MG* | 3 | QL(1 EA daily) |
| *ritonavir TABS* | 1B | QL(12 EA daily) |
| SELZENTRY SOLN | 3 | QL(30 ML daily) |
| STRIBILD | 3 | QL(1 EA daily) |
| SYMTUZA | 3 | |
| *tenofovir disoproxil fumarate TABS* | 1B | |
| TIVICAY PD TBSO | 3 | |
| TIVICAY TABS 50 MG | 3 | QL(2 EA daily) |
| TRIUMEQ PD TBSO | 3 | |
| TRIUMEQ TABS | 3 | QL(1 EA daily) |
| TYBOST | 3 | QL(1 EA daily) |
| VIRACEPT TABS 625 MG | 3 | QL(4 EA daily) |
| VIRACEPT TABS 250 MG | 3 | QL(10 EA daily) |
| VIREAD POWD | 3 | QL(7.5 GM daily) |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 3 | QL(1 EA daily) |
| *zidovudine CAPS* | 1B | QL(6 EA daily) |
| *zidovudine SYRP* | 1B | QL(60 ML daily) |
| *zidovudine TABS* | 1B | QL(2 EA daily) |
| CMV Agents | | |
| *cidofovir* | 3 | |
| *ganciclovir sodium SOLR* | 1B | |
| *valganciclovir hcl TABS* | 1B | QL(4 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Hepatitis Agents | | |
| *adefovir dipivoxil* | 4 | QL(1 EA daily) |
| *entecavir TABS* | 4 | QL(1 EA daily) |
| *lamivudine (hbv) TABS* | 1B | QL(3 EA daily) |
| PEGASYS SOLN | 4 | QL(0.0714 ML daily); PA |
| PEGASYS SOSY | 4 | QL(0.072 ML daily); PA |
| *ribavirin (hepatitis c) CAPS* | 1B | QL(7 EA daily) |
| *ribavirin (hepatitis c) TABS 200 MG* | 1B | QL(7 EA daily) |
| SOFOSBUVIR-VELPATASVIR TABS | 1B | QL(1 EA daily); PA |
| SOVALDI TABS | 3 | QL(1 EA daily); PA |
| VOSEVI | 4 | QL(1 EA daily); PA |
| Herpes Agents | | |
| *acyclovir CAPS* | 1A | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail) |
| *acyclovir SUSP* | 1B | QL(13.34 ML daily) |
| *acyclovir TABS PO* | 1B | QL(5 EA daily) |
| *famciclovir 125 MG, 250 MG* | 1B | QL(3 EA daily) |
| *famciclovir 500 MG* | 1B | QL(4 EA daily) |
| *valacyclovir hcl 1 GM* | 1B | QL(4 EA daily) |
| *valacyclovir hcl 500 MG* | 1B | QL(2 EA daily) |
| Influenza Agents | | |
| *oseltamivir phosphate CAPS* | 1B | Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oseltamivir phosphate SUSR* | 1B | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail |
| RELENZA DISKHALER | 2 | 1 package(s) per 30 day(s) retail |
| *rimantadine hydrochloride TABS* | 1B | QL(2 EA daily) |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| *carvedilol* | 1A | D+ |
| *carvedilol phosphate* | 3 | QL(1 EA daily) |
| *labetalol hcl SOLN* | 1B | |
| *labetalol hcl TABS 100 MG, 200 MG* | 1B | D+ |
| *labetalol hcl TABS 300 MG* | 1B | D+; QL(8 EA daily) |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl CAPS* | 1B | |
| *atenolol TABS* | 1A | D+ |
| *betaxolol hcl* | 1B | |
| *bisoprolol fumarate* | 1B | D+ |
| *metoprolol succinate TB24 200 MG* | 1B | D+; QL(2 EA daily) |
| *metoprolol succinate TB24 25 MG, 50 MG, 100 MG* | 1B | D+ |
| *metoprolol tartrate SOLN IV 5 MG/5ML* | 1B | |
| *metoprolol tartrate TABS 25 MG, 50 MG, 100 MG* | 1A | D+ |
| *nebivolol hcl 20 MG* | 3 | QL(2 EA daily) |
| *nebivolol hcl 2.5 MG, 5 MG, 10 MG* | 3 | QL(1 EA daily) |
| Beta Blockers Non-Selective | | |
| HEMANGEOL SOLN PO | 4 | QL(75 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nadolol TABS 40 MG* | 1B | QL(6 EA daily) |
| *nadolol TABS 20 MG* | 1B | QL(3 EA daily) |
| *nadolol TABS 80 MG* | 1B | |
| *pindolol TABS* | 1B | |
| *propranolol hcl CP24* | 1B | QL(2 EA daily) |
| *propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML* | 1B | |
| *propranolol hcl TABS* | 1B | |
| *sotalol hcl (afib/afl)* | 1B | |
| *sotalol hcl TABS 240 MG* | 1B | |
| *sotalol hcl TABS 80 MG, 120 MG, 160 MG* | 1B | QL(2 EA daily) |
| *timolol maleate TABS* | 1B | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| *amlodipine besylate TABS* | 1B | D+ |
| *diltiazem hcl coated beads CP24 180 MG, 240 MG* | 1B | QL(2 EA daily) |
| *diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG* | 1B | |
| *diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG* | 1B | D+ |
| *diltiazem hcl extended release beads 420 MG* | 1B | |
| *diltiazem hcl CP12* | 1B | QL(2 EA daily) |
| *diltiazem hcl CP24* | 1B | D+ |
| *diltiazem hcl SOLN 50 MG/10ML* | 1B | |
| DILTIAZEM HCL SOLR | 1B | |
| *diltiazem hcl TABS* | 1B | D+ |
| *diltiazem hcl TB24* | 1B | |
| *felodipine* | 1B | D+ |
| *isradipine CAPS* | 1B | |
| *nicardipine hcl CAPS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nicardipine hcl SOLN* | 1B | |
| *nifedipine CAPS 20 MG* | 1B | QL(9 EA daily) |
| *nifedipine CAPS 10 MG* | 1B | |
| *nifedipine TB24 90 MG* | 1B | D+; QL(1 EA daily) |
| *nifedipine TB24* | 1B | |
| *nifedipine TB24 30 MG* | 1B | D+ |
| *nifedipine TB24 60 MG* | 1B | D+; QL(2 EA daily) |
| *nimodipine CAPS* | 1B | |
| *nisoldipine* | 1B | |
| *verapamil hcl CP24 100 MG, 200 MG, 300 MG* | 1B | |
| *verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG* | 1B | QL(1 EA daily) |
| *verapamil hcl TABS* | 1B | D+ |
| *verapamil hcl TBCR* | 1B | D+ |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin SOLN PO 0.05 MG/ML* | 1B | |
| *digoxin TABS 62.5 MCG, 125 MCG, 250 MCG* | 1B | |
| LANOXIN SOLN IJ *(digoxin)* | 2 | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)* | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| *amlodipine besylate-atorvastatin calcium* | 1B | QL(1 EA daily) |
| *isosorbide dinitrate-hydralazine hcl* | 1B | |
| *sacubitril-valsartan TABS* | 1B | QL(2 EA daily) |
| Impotence Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *avanafil* | 1B | QL(0.134 EA daily) |
| *sildenafil citrate* | 1B | QL(0.1334 EA daily); PA |
| *tadalafil 5 MG* | 1B | BPH Only; QL(1 EA daily); PA |
| Prostaglandin Vasodilators | | |
| *epoprostenol sodium* | 4 | PA |
| ORENITRAM TBCR | 4 | PA |
| *treprostinil SOLN IJ* | 4 | PA |
| TYVASO REFILL KIT SOLN IN | 4 | PA |
| TYVASO STARTER KIT SOLN IN | 4 | PA |
| TYVASO SOLN IN | 4 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | 4 | QL(1 EA daily); PA |
| *bosentan TABS* | 4 | QL(2 EA daily); PA |
| *bosentan TBSO 32 MG* | 4 | QL(2 EA daily); PA |
| TRACLEER TBSO 32 MG *(bosentan)* | 4 | QL(2 EA daily); PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| *sildenafil citrate (pulmonary hypertension) SOLN* | 4 | QL(37.5 ML daily); PA |
| *sildenafil citrate (pulmonary hypertension) SUSR* | 4 | QL(6 ML daily); PA |
| *sildenafil citrate (pulmonary hypertension) TABS* | 4 | QL(3 EA daily); PA |
| *tadalafil (pulmonary hypertension) TABS* | 4 | QL(2 EA daily); PA |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UPTRAVI TITRATION TBPK | 4 | 1 max fill(s) per 180 day(s) retail; PA |
| UPTRAVI TABS | 4 | QL(2 EA daily); PA |
| UPTRAVI TABS 200 MCG | 4 | PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 4 | QL(3 EA daily); PA |
| Sinus Node Inhibitors | | |
| *ivabradine hcl TABS* | 3 | QL(2 EA daily); ST |
| Transthyretin Stabilizers | | |
| VYNDAMAX | 4 | QL(1 EA daily); PA |
| VYNDAQEL | 4 | QL(4 EA daily); PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| *cefadroxil CAPS* | 1B | |
| *cefadroxil SUSR* | 1B | |
| *cefadroxil TABS* | 1B | |
| *cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG* | 1B | |
| *cephalexin CAPS* | 1B | |
| *cephalexin SUSR* | 1B | |
| Cephalosporins - 2nd Generation | | |
| *cefaclor CAPS* | 1B | |
| *cefaclor SUSR 250 MG/5ML* | 1B | |
| *cefotetan disodium IJ 1 GM, 2 GM* | 1B | |
| *cefoxitin sodium IV 1 GM, 2 GM* | 1B | |
| *cefprozil SUSR* | 1B | |
| *cefprozil TABS* | 1B | |
| *cefuroxime axetil TABS* | 1B | |
| *cefuroxime sodium IJ 750 MG* | 1B | |
| Cephalosporins - 3rd Generation | | |
| *cefdinir CAPS* | 1B | |
| *cefdinir SUSR* | 1B | |
| *cefixime CAPS* | 1B | |
| *cefixime SUSR* | 1B | ST |
| *cefpodoxime proxetil SUSR* | 1B | |
| *cefpodoxime proxetil TABS* | 1B | |
| *ceftazidime IJ 1 GM, 6 GM* | 1B | |
| Cephalosporins - 4th Generation | | |
| *cefepime hcl SOLR IV 2 GM* | 1B | |
| Cephalosporins - 5th Generation | | |
| *ceftaroline fosamil 400 MG, 600 MG* | 1B | |
| TEFLARO 400 MG, 600 MG *(ceftaroline fosamil)* | 3 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| AVERI TABS PO | 0 | |
| *desogestrel & ethinyl estradiol* | 0 | |
| *desogestrel-ethinyl estradiol (biphasic)* | 0 | |
| *desogestrel-ethinyl estradiol (triphasic)* | 0 | |
| *drospirenone-ethinyl estradiol* | 0 | |
| *drospirenone-ethinyl estradiol-levomefolate calcium* | 0 | |
| *ethynodiol diacet & eth estrad* | 0 | |
| FEMLYV TBDP | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levonorgestrel & eth estradiol TABS* | 0 | |
| *levonorgestrel-eth estradiol (triphasic)* | 0 | |
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG* | 0 | |
| *levonorgestrel-ethinyl estradiol (continuous)* | 0 | |
| *levonorgestrel-ethinyl estradiol-iron* | 0 | |
| LO LOESTRIN FE TABS | 0 | |
| NATAZIA | 0 | |
| NEXTSTELLIS | 0 | |
| *norethin acet & estrad-fe CAPS* | 0 | |
| *norethin acet & estrad-fe CHEW* | 0 | |
| *norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG* | 0 | |
| *norethindrone & eth estradiol* | 0 | |
| *norethindrone & ethinyl estradiol-fe* | 0 | |
| *norethindrone acet & eth estra TABS* | 0 | |
| *norethindrone acetate-ethinyl estradiol-fe* | 0 | |
| *norethindrone-eth estradiol (triphasic)* | 0 | |
| *norgestimate-ethinyl estradiol* | 0 | |
| *norgestimate-ethinyl estradiol (triphasic)* | 0 | |
| *norgestrel & ethinyl estradiol 30 MCG-0.3 MG* | 0 | |
| TYBLUME CHEW | 0 | |
| Combination Contraceptives - Transdermal | | |
| *norelgestromin-ethinyl estradiol* | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TWIRLA | 0 | QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail) |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA | 0 | |
| *etonogestrel-ethinyl estradiol* | 0 | QL(0.05 EA daily) |
| Copper Contraceptives - IUD | | |
| MIUDELLA | 0 | |
| PARAGARD INTRAUTERINE COPPER | 0 | |
| Emergency Contraceptives | | |
| ELLA | 0 | |
| *levonorgestrel (emergency oc) 1.5 MG* | 0 | |
| Progestin Contraceptives - Implants | | |
| NEXPLANON | 0 | |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 SUSY SC | 0 | |
| *medroxyprogesterone acetate (contraceptive) SUSP IM* | 0 | QL(1 ML per 90 day(s) retail) |
| *medroxyprogesterone acetate (contraceptive) SUSY IM* | 0 | QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail) |
| Progestin Contraceptives - IUD | | |
| KYLEENA | 0 | |
| LILETTA (52 MG) | 0 | |
| MIRENA (52 MG) | 0 | |
| SKYLA | 0 | |
| Progestin Contraceptives - Oral | | |
| *norethindrone (contraceptive)* | 0 | |
| OPILL | 0 | |
| SLYND | 0 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| *budesonide CPEP* | 1B | QL(3 EA daily) |
| *deflazacort TABS* | 4 | PA |
| DEPO-MEDROL SUSP | 3 | |
| DEXAMETHASONE INTENSOL CONC | 1B | |
| *dexamethasone ELIX* | 1B | |
| *dexamethasone SOLN* | 1B | |
| *dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG* | 1B | |
| *dexamethasone TABS 0.5 MG, 0.75 MG* | 1A | |
| *hydrocortisone sod succinate 100 MG* | 1B | 2 max fill(s) per 30 day(s) retail |
| *hydrocortisone TABS* | 1B | |
| MEDROL TABS | 3 | |
| *methylprednisolone acetate SUSP* | 1B | |
| *methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG* | 1B | |
| *methylprednisolone TABS* | 1B | |
| *methylprednisolone TBPK* | 1B | |
| *prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML* | 1B | |
| *prednisolone sodium phosphate TBDP* | 3 | |
| *prednisolone SOLN* | 1B | |
| *prednisolone TABS* | 1B | |
| *prednisone SOLN* | 1B | |
| *prednisone TABS 1 MG, 5 MG* | 1B | |
| *prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG* | 1A | |
| *prednisone TBPK* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SOLU-CORTEF 250 MG | 3 | |
| SOLU-CORTEF 500 MG, 1000 MG | 3 | 2 max fill(s) per 30 day(s) retail |
| SOLU-MEDROL 2 GM | 3 | |
| *triamcinolone acetonide SUSP 40 MG/ML* | 1B | |
| Mineralocorticoids | | |
| *fludrocortisone acetate TABS* | 1B | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| *benzonatate 200 MG* | 1B | QL(3 EA daily) |
| *benzonatate 150 MG* | 1B | QL(4 EA daily) |
| *benzonatate 100 MG* | 1B | QL(6 EA daily) |
| Cough/Cold/Allergy Combinations | | |
| *hydrocodone polistirex-chlorpheniramine polistirex SUER* | 1B | |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU | 1B | |
| NEBUSAL NEBU | 1B | |
| *sodium chloride (inhalant) NEBU 7 %* | 1B | |
| Mucolytics | | |
| *acetylcysteine SOLN* | 1B | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| *adapalene-benzoyl peroxide GEL 2.5 %-0.1 %* | 1B | AL(At least 12 yrs old); ST |
| *adapalene CREA* | 1B | AL(At least 12 yrs old) |
| *adapalene GEL* | 1B | AL(At least 12 yrs old); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BENZEPRO CREAMY WASH LIQD | 2 | AL(At least 12 yrs old) |
| BENZEPRO FOAM 5.3 % | 2 | AL(At least 12 yrs old) |
| *benzoyl peroxide-erythromycin GEL* | 1B | AL(At least 12 yrs old); PA |
| *benzoyl peroxide FOAM 9.8 %* | 1B | AL(At least 12 yrs old) |
| *benzoyl peroxide GEL 5 %* | 1B | QL(3 GM daily); AL(At least 12 yrs old) |
| *benzoyl peroxide GEL 10 %* | 1B | AL(At least 12 yrs old) |
| *benzoyl peroxide LIQD 4 %, 10 %* | 1B | AL(At least 12 yrs old) |
| *clindamycin phosphate (topical) FOAM* | 1B | AL(At least 12 yrs old); PA |
| *clindamycin phosphate (topical) GEL* | 1B | QL(8 ML daily) |
| *clindamycin phosphate (topical) LOTN* | 1B | AL(At least 12 yrs old) |
| *clindamycin phosphate (topical) SOLN* | 1B | QL(4 ML daily); AL(At least 12 yrs old) |
| *clindamycin phosphate (topical) SWAB* | 1B | AL(At least 12 yrs old) |
| *clindamycin phosphate-benzoyl peroxide (refrigerate)* | 1B | AL(At least 12 yrs old); PA |
| *clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %* | 1B | AL(At least 12 yrs old); PA |
| *clindamycin phosphate-tretinoin* | 1B | AL(At least 12 yrs old); ST |
| DIFFERIN LOTN | 2 | AL(At least 12 yrs old); ST |
| *erythromycin (acne aid) PADS* | 1B | AL(At least 12 yrs old) |
| *erythromycin (acne aid) SOLN* | 1B | AL(At least 12 yrs old) |
| *isotretinoin 10 MG, 20 MG, 30 MG, 40 MG* | 3 | AL(At least 12 yrs old); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PR BENZOYL PEROXIDE WASH LIQD | 2 | AL(At least 12 yrs old) |
| *sulfacetamide sodium (acne)* | 1B | AL(At least 12 yrs old) |
| *sulfacetamide sodium w/ sulfur CREA 10 %-5 %* | 1B | AL(At least 12 yrs old) |
| *sulfacetamide sodium w/ sulfur LIQD 10 %-5 %* | 1B | AL(At least 12 yrs old) |
| *sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %* | 1B | AL(At least 12 yrs old); ST |
| *tretinoin microsphere 0.1 %* | 1B | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| *tretinoin CREA 0.025 %, 0.05 %, 0.1 %* | 1B | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old) |
| *tretinoin GEL 0.01 %, 0.025 %* | 1B | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old) |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | 3 | QL(1 GM daily) |
| Antibiotics - Topical | | |
| *gentamicin sulfate (topical) CREA* | 1B | QL(1 GM daily) |
| *gentamicin sulfate (topical) OINT* | 1B | |
| *mupirocin OINT* | 1B | QL(6 GM daily) |
| NEO-SYNALAR | 3 | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA |
| Antifungals - Topical | | |
| *butenafine hcl* | 1B | QL(6 GM daily) |
| *ciclopirox olamine CREA* | 1B | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxepin hcl (antipruritic)* | 3 | Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Antipsoriatics | | |
| *acitretin 25 MG* | 1B | QL(2 EA daily) |
| *acitretin 10 MG, 17.5 MG* | 1B | QL(1 EA daily) |
| *calcipotriene CREA* | 1B | QL(4 GM daily); PA |
| *calcipotriene OINT* | 1B | QL(4 GM daily); PA |
| *calcipotriene SOLN* | 1B | QL(4 ML daily); PA |
| *calcitriol (topical)* | 1B | QL(3.34 GM daily) |
| COSENTYX (300 MG DOSE) SOSY | 4 | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX SENSOREADY PEN SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX UNOREADY SOAJ | 4 | QL(0.072 ML daily); PA |
| COSENTYX SOSY 75 MG/0.5ML | 4 | QL(0.18 ML daily); PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.036 ML daily); PA |
| *methoxsalen rapid* | 1B | QL(4 EA daily) |
| PYZCHIVA SC 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| PYZCHIVA 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| PYZCHIVA 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| SKYRIZI PEN SOAJ | 4 | QL(0.025 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SKYRIZI SOSY | 4 | QL(0.025 ML daily); PA |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| STELARA SOSY 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| STEQEYMA 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| STEQEYMA 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| *tazarotene CREA 0.1 %* | 1B | QL(1 GM daily) |
| TREMFYA ONE-PRESS SOPN SC 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| TREMFYA PEN SOAJ 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| TREMFYA SOSY 100 MG/ML | 4 | QL(0.018 ML daily); PA |
| YESINTEK SOLN 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| YESINTEK SOSY 90 MG/ML | 4 | QL(0.018 ML daily); PA |
| YESINTEK SOSY 45 MG/0.5ML | 4 | QL(0.012 ML daily); PA |
| Antiseborrheic Products | | |
| *selenium sulfide LOTN 2.5 %* | 1B | |
| Antivirals - Topical | | |
| *acyclovir topical CREA* | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail |
| *acyclovir topical OINT* | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail |
| *penciclovir* | 3 | QL(0.18 GM daily) |
| Burn Products | | |
| *mafenide acetate PACK* | 3 | |
| *silver sulfadiazine* | 1B | QL(20 GM daily) |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluocinolone acetonide OIL* | 1B | QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| *fluocinolone acetonide OINT* | 1B | QL(4 GM daily) |
| *fluocinolone acetonide SOLN* | 1B | QL(4 ML daily) |
| *fluocinonide emulsified base* | 1B | QL(2 GM daily) |
| *fluocinonide CREA 0.1 %* | 1B | QL(4 GM daily) |
| *fluocinonide CREA 0.05 %* | 1B | QL(2 GM daily) |
| *fluocinonide GEL* | 1B | |
| *fluocinonide OINT* | 1B | QL(2 GM daily) |
| *fluocinonide SOLN* | 1B | QL(2 ML daily) |
| *flurandrenolide CREA* | 2 | QL(2 GM daily) |
| *flurandrenolide LOTN* | 2 | QL(2 ML daily) |
| *fluticasone propionate CREA 0.05 %* | 1B | QL(4 GM daily) |
| *fluticasone propionate LOTN* | 1B | QL(6 ML daily) |
| *fluticasone propionate OINT* | 1B | QL(4 GM daily) |
| *halcinonide CREA* | 1B | PA |
| *halobetasol propionate CREA* | 1B | QL(3.5 GM daily) |
| *halobetasol propionate OINT* | 1B | QL(3.5 GM daily) |
| HALOG OINT | 3 | PA |
| *hydrocortisone (topical) CREA 1 %, 2.5 %* | 1B | QL(15.15 EA daily); RX/OTC |
| *hydrocortisone (topical) LOTN 2.5 %* | 1B | |
| *hydrocortisone (topical) OINT 1 %, 2.5 %* | 1B | QL(15.15 GM daily); RX/OTC |
| *hydrocortisone butyrate CREA* | 1B | QL(3 GM daily) |
| *hydrocortisone butyrate OINT* | 1B | QL(3 GM daily) |
| *hydrocortisone butyrate SOLN* | 1B | QL(5 ML daily) |
| *hydrocortisone valerate CREA* | 1B | |
| *hydrocortisone valerate OINT* | 1B | |
| *mometasone furoate CREA* | 1B | QL(3 GM daily) |
| *mometasone furoate OINT* | 1B | QL(4 GM daily) |
| *mometasone furoate SOLN* | 1B | QL(5 ML daily) |
| *triamcinolone acetonide (topical) CREA 0.5 %* | 1B | QL(5 GM daily) |
| *triamcinolone acetonide (topical) CREA 0.1 %* | 1B | QL(3.34 GM daily) |
| *triamcinolone acetonide (topical) CREA 0.025 %* | 1B | QL(15.15 GM daily) |
| *triamcinolone acetonide (topical) LOTN 0.025 %* | 1B | |
| *triamcinolone acetonide (topical) LOTN 0.1 %* | 1B | QL(6 ML daily) |
| *triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %* | 1B | QL(15.15 GM daily) |
| *triamcinolone acetonide (topical) OINT 0.5 %* | 1B | QL(6 GM daily) |
| Eczema Agents | | |
| DUPIXENT SOAJ 300 MG/2ML | 4 | QL(0.29 ML daily); PA |
| DUPIXENT SOAJ 200 MG/1.14ML | 4 | QL(0.082 ML daily); PA |
| DUPIXENT SOSY 200 MG/1.14ML | 4 | QL(0.082 ML daily); PA |
| DUPIXENT SOSY 300 MG/2ML | 4 | QL(0.29 ML daily); PA |
| Emollients | | |
| *lactic acid (ammonium lactate) CREA* | 1B | QL(12.9 GM daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lactic acid (ammonium lactate) LOTN 12 %* | 1B | RX/OTC |
| Enzymes - Topical | | |
| SANTYL OINT | 3 | PA |
| Immunomodulating Agents - Topical | | |
| *imiquimod 5 %* | 1B | QL(12 EA per fill retail; 12 per fill mail) |
| Immunosuppressive Agents - Topical | | |
| *pimecrolimus* | 1B | QL(3 GM daily); AL(At least 2 yrs old); PA |
| *tacrolimus (topical) OINT* | 1B | AL(At least 2 yrs old); PA |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| *podofilox SOLN* | 1B | |
| Local Anesthetics - Topical | | |
| *lidocaine hcl GEL 2 %* | 1B | QL(4 ML daily) |
| *lidocaine hcl PRSY* | 1B | QL(4 ML daily) |
| *lidocaine hcl SOLN* | 1B | QL(10 ML daily) |
| *lidocaine-prilocaine CREA* | 1B | QL(1 GM daily) |
| *lidocaine PTCH 5 %* | 1B | PA |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 3 | QL(2 GM daily); PA |
| Rosacea Agents | | |
| *azelaic acid GEL* | 1B | QL(1.67 GM daily) |
| *brimonidine tartrate (topical)* | 3 | QL(1 GM daily); PA |
| *metronidazole (topical) CREA* | 1B | QL(3 GM daily) |
| *metronidazole (topical) GEL 1 %* | 1B | QL(5 GM daily) |
| *metronidazole (topical) GEL 0.75 %* | 1B | QL(3 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *metronidazole (topical) LOTN* | 1B | |
| Scabicides & Pediculicides | | |
| *crotamiton LOTN* | 1B | PA |
| EURAX CREA | 3 | |
| *ivermectin (pediculicide)* | 1B | PA |
| *malathion* | 1B | |
| *permethrin CREA* | 1B | |
| *permethrin LIQD EX* | 1B | |
| *spinosad* | 1B | PA |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| THYROGEN 0.9 MG | 3 | 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA |
| Diagnostic Tests | | |
| ACCU-CHEK GUIDE TEST STRP | 1B | QL(3.34 EA daily); RX/OTC |
| CHEMSTRIP K STRP | 1B | D |
| FORA GTEL BLOOD KETONE TEST | 1B | D |
| FORA TEST N'GO ADV-VOICE-6 CON | 1B | D |
| GOJJI BLOOD KETONE TEST | 1B | D |
| KETONE TEST STRP | 1B | D |
| KETOSTIX STRP | 1B | D |
| NOVA MAX PLUS KETONE TEST | 1B | D |
| PRECISION XTRA KETONE | 1B | D |
| RELION KETONE TEST STRP | 1B | D |
| RELION TRUE METRIX TEST STRIPS STRP | 1B | D; QL(3.34 EA daily); RX/OTC |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | 1B | D; QL(3.34 EA daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BILDYOS SOSY SC 60 MG/ML | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| *calcitonin (salmon) NA* | 1B | QL(0.14 ML daily) |
| ENOBY SOSY SC 60 MG/ML | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| FOSAMAX PLUS D | 3 | QL(0.143 EA daily); PA |
| *ibandronate sodium SOLN* | 4 | PA |
| *ibandronate sodium TABS* | 1B | QL(0.036 EA daily) |
| *pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML* | 4 | PA |
| PAMIDRONATE DISODIUM SOLN | 4 | PA |
| PROLIA SOSY | 4 | 1 max fill(s) per 180 day(s) retail; PA |
| *risedronate sodium TABS 150 MG* | 1B | QL(0.036 EA daily); PA |
| *risedronate sodium TABS 35 MG* | 1B | QL(0.143 EA daily); PA |
| *risedronate sodium TABS 5 MG, 30 MG* | 1B | QL(1 EA daily); PA |
| *risedronate sodium TBEC* | 1B | PA |
| STOBOCLO SOSY SC 60 MG/ML | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| *teriparatide SOPN* | 4 | QL(0.09 ML daily); PA |
| TYMLOS | 4 | PA |
| *zoledronic acid SOLN 5 MG/100ML* | 4 | PA |
| Corticotropin | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML | 3 | PA |
| ACTHAR GEL | 3 | PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN IM | 4 | PA |
| *clomiphene citrate TABS* | 3 | PA |
| GnRH/LHRH Antagonists | | |
| *ganirelix acetate* | 4 | PA |
| ORILISSA | 2 | PA |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK PRSY | 4 | PA |
| GENOTROPIN CART SC | 4 | PA |
| HUMATROPE CART IJ | 4 | PA |
| NORDITROPIN FLEXPRO SOPN | 4 | PA |
| Hormone Receptor Modulators | | |
| OSPHENA | 3 | PA |
| *raloxifene hcl* | 0 | QL(1 EA daily) |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 4 | PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI (6 MONTH) SC | 4 | PA |
| SYNAREL | 4 | PA |
| Metabolic Modifiers | | |
| ALDURAZYME | 4 | PA |
| *betaine* | 4 | PA |
| *calcitriol CAPS* | 1B | |
| *calcitriol SOLN IV* | 1B | |
| *cinacalcet hcl* | 1B | QL(4 EA daily); PA |
| *doxercalciferol CAPS* | 1B | |
| *doxercalciferol SOLN* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELAPRASE | 4 | PA |
| LUMIZYME | 4 | PA |
| MYALEPT | 4 | PA |
| *nitisinone CAPS* | 4 | PA |
| *paricalcitol CAPS* | 1B | |
| *paricalcitol SOLN* | 1B | |
| *sodium phenylbutyrate POWD* | 1B | PA |
| *sodium phenylbutyrate TABS* | 1B | PA |
| STRENSIQ | 4 | PA |
| Posterior Pituitary Hormones | | |
| *desmopressin acetate spray* | 1B | |
| *desmopressin acetate spray refrigerated 0.01 %* | 1B | |
| *desmopressin acetate SOLN IJ* | 1B | PA |
| DESMOPRESSIN ACETATE SOLN NA | 4 | PA |
| *desmopressin acetate TABS 0.1 MG* | 1B | QL(6 EA daily) |
| *desmopressin acetate TABS 0.2 MG* | 1B | QL(8 EA daily) |
| Prolactin Inhibitors | | |
| *cabergoline* | 1B | |
| Somatostatic Agents | | |
| *octreotide acetate SOLN* | 4 | PA |
| SIGNIFOR | 4 | PA |
| Vasopressin Receptor Antagonists | | |
| *tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG* | 4 | QL(2 EA daily); PA |
| *tolvaptan TABS* | 4 | QL(2 EA daily); PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANGELIQ | 3 | |
| BIJUVA | 3 | |
| CLIMARA PRO | 3 | |
| COMBIPATCH PTTW | 3 | |
| COVARYX 2.5 MG-1.25 MG *(esterified estrogens & methyltestosterone)* | 3 | |
| COVARYX HS 1.25 MG-0.625 MG *(esterified estrogens & methyltestosterone)* | 3 | |
| DUAVEE | 3 | |
| EEMT 2.5 MG-1.25 MG *(esterified estrogens & methyltestosterone)* | 3 | |
| EEMT HS 1.25 MG-0.625 MG *(esterified estrogens & methyltestosterone)* | 3 | |
| *esterified estrogens & methyltestosterone* | 3 | |
| *estradiol & norethindrone acetate TABS* | 3 | |
| ESTRATEST H.S. *(esterified estrogens & methyltestosterone)* | 3 | |
| *norethindrone acetate-ethinyl estradiol* | 1B | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | QL(1 EA daily) |
| Estrogens | | |
| DEPO-ESTRADIOL | 3 | |
| ELESTRIN GEL | 3 | |
| *estradiol valerate* | 1B | |
| *estradiol GEL* | 3 | |
| *estradiol GEL* | 1B | |
| *estradiol PTTW* | 1B | QL(0.572 EA daily) |
| *estradiol PTWK* | 1B | |
| *estradiol TABS* | 1B | |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sulfasalazine TABS* | 1B | |
| *sulfasalazine TBEC* | 1B | |
| TREMFYA PEN SOAJ SC 200 MG/2ML | 4 | QL(0.072 ML daily); PA |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML | 4 | QL(0.143 ML daily); PA |
| TREMFYA SOLN IV | 4 | QL(0.72 ML daily); PA |
| TREMFYA SOSY SC 200 MG/2ML | 4 | QL(0.072 ML daily); PA |
| YESINTEK 130 MG/26ML | 4 | QL(3.47 ML daily); PA |
| Intestinal Acidifiers | | |
| *lactulose (encephalopathy)* | 1B | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| *alosetron hcl* | 1B | QL(2 EA daily) |
| LINZESS | 2 | QL(1 EA daily) |
| Peripheral Opioid Receptor Antagonists | | |
| *alvimopan* | 1B | |
| MOVANTIK | 3 | QL(1 EA daily); PA |
| Phosphate Binder Agents | | |
| *calcium acetate (phosphate binder) CAPS* | 1B | |
| *calcium acetate (phosphate binder) TABS* | 1B | RX/OTC |
| *lanthanum carbonate CHEW* | 1B | |
| *sevelamer carbonate PACK* | 1B | |
| *sevelamer carbonate TABS* | 1B | |
| VELPHORO | 3 | PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| *potassium citrate (alkalinizer) TBCR* | 1B | |
| *sodium citrate & citric acid* | 1B | RX/OTC |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | PA |
| Genitourinary Irrigants | | |
| *acetic acid 0.25 %* | 1B | |
| *glycine (gu irrigant) SOLN 1.5 %* | 1B | |
| *sodium chloride (gu irrigant) 0.9 %* | 1B | |
| SORBITOL 3 % | 1B | |
| SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML | 1B | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | QL(3 EA daily) |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | 1B | QL(1 EA daily) |
| *dutasteride* | 1B | QL(1 EA daily) |
| *dutasteride-tamsulosin hcl* | 1B | PA |
| *finasteride* | 1B | 5 mg only |
| *silodosin* | 1B | |
| *tamsulosin hcl* | 1B | |
| Urinary Analgesics | | |
| *phenazopyridine hcl TABS 100 MG, 200 MG* | 1B | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid* | 1B | |
| Gout Agents | | |
| *allopurinol 100 MG, 300 MG* | 1A | |
| *colchicine TABS* | 1B | QL(1 EA daily) |
| *febuxostat* | 1B | QL(1 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Uricosurics | | |
| *probenecid* | 1B | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Antihemophilic Products | | |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 4 | PA |
| BENEFIX KIT | 4 | PA |
| Bradykinin B2 Receptor Antagonists | | |
| *icatibant acetate SOSY* | 4 | QL(9 ML daily); PA |
| Complement Inhibitors | | |
| GOHIBIC | 4 | PA |
| HAEGARDA SOLR SC | 4 | PA |
| Hematorheologic Agents | | |
| *pentoxifylline* | 1B | QL(3 EA daily) |
| Plasma Kallikrein Inhibitors | | |
| ORLADEYO | 4 | PA |
| TAKHZYRO SOLN | 4 | PA |
| TAKHZYRO SOSY | 4 | PA |
| Platelet Aggregation Inhibitors | | |
| *anagrelide hcl* | 1B | |
| *aspirin-dipyridamole* | 1B | QL(2 EA daily); PA |
| *cilostazol* | 1B | |
| *clopidogrel bisulfate 300 MG* | 1B | |
| *clopidogrel bisulfate 75 MG* | 1A | QL(1 EA daily) |
| *dipyridamole* | 1B | |
| *eptifibatide 200 MG/100ML* | 4 | PA |
| *prasugrel hcl* | 1B | QL(1 EA daily) |
| *ticagrelor 60 MG, 90 MG* | 1B | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZONTIVITY | 3 | PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | 4 | QL(2 EA daily); PA |
| CEREZYME 400 UNIT | 4 | PA |
| *miglustat* | 4 | QL(3 EA daily); PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 3 | |
| Cobalamins | | |
| *cyanocobalamin SOLN IJ 1000 MCG/ML* | 1B | QL(1 ML daily) |
| Folic Acid/Folates | | |
| *folic acid TABS* | 0 | |
| Hematopoietic Growth Factors | | |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | PA |
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4 | PA |
| *eltrombopag olamine PACK 12.5 MG, 25 MG* | 3 | QL(1 EA daily); PA |
| *eltrombopag olamine TABS 50 MG, 75 MG* | 3 | QL(2 EA daily); PA |
| *eltrombopag olamine TABS 12.5 MG, 25 MG* | 3 | QL(1 EA daily); PA |
| FULPHILA | 4 | PA |
| LEUKINE SOLR IJ | 4 | PA |
| MIRCERA | 4 | PA |
| NYVEPRIA | 4 | PA |
| RETACRIT | 4 | PA |
| UDENYCA ONBODY SOSY | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UDENYCA SOAJ | 4 | PA |
| UDENYCA SOSY | 4 | PA |
| ZARXIO | 4 | PA |
| Hematopoietic Mixtures | | |
| HEMATINIC/FOLIC ACID | 1B | QL(1 EA daily) |
| Iron | | |
| *ferrous sulfate SOLN 15 MG/ML, 15 MG/ML* | 0 | AL(Up to 1 yrs old) |
| *ferrous sulfate TABS* | 0 | |
| *ferrous sulfate TBEC 325 MG* | 0 | |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| *aminocaproic acid TABS* | 1B | PA |
| *tranexamic acid SOLN 1000 MG/10ML* | 1B | |
| *tranexamic acid TABS* | 1B | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| *phenobarbital ELIX* | 1B | |
| *phenobarbital TABS* | 1B | |
| PHENOBARBITAL TABS 30 MG, 100 MG | 1B | |
| Hypnotics - Tricyclic Agents | | |
| *doxepin hcl (sleep)* | 1B | QL(1 EA daily); PA |
| Non-Barbiturate Hypnotics | | |
| *estazolam* | 1B | |
| *eszopiclone* | 1B | QL(1 EA daily); AL(At least 18 yrs old); ST |
| *flurazepam hcl* | 1B | PA |
| *temazepam 7.5 MG, 22.5 MG* | 1B | QL(1 EA daily) |
| *temazepam 15 MG, 30 MG* | 1A | QL(1 EA daily) |
| *triazolam* | 1B | |
| *zaleplon 10 MG* | 1B | QL(2 EA daily); AL(At least 18 yrs old) |
| *zaleplon 5 MG* | 1B | QL(1 EA daily); AL(At least 18 yrs old) |
| *zolpidem tartrate TABS* | 1A | QL(1 EA daily); AL(At least 18 yrs old) |
| *zolpidem tartrate TBCR* | 1B | QL(1 EA daily) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| *ramelteon* | 1B | QL(1 EA daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| *calcium polycarbophil TABS* | 1B | |
| Laxative Combinations | | |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | 1B | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM* | 0 | |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 1B | PA |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | 1B | |
| Laxatives - Miscellaneous | | |
| *lactulose SOLN* | 1B | |
| Stimulant Laxatives | | |
| *bisacodyl SUPP* | 1A | |
| *bisacodyl TBEC* | 1A | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Surfactant Laxatives | | |
| *docusate calcium* | 1A | QL(1 EA daily) |
| *docusate sodium CAPS 250 MG* | 1A | |
| *docusate sodium CAPS 100 MG* | 1A | QL(4 EA daily) |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin PACK* | 1B | |
| *azithromycin SUSR* | 1B | |
| *azithromycin TABS 500 MG* | 1B | QL(4 EA per fill retail; 4 per fill mail) |
| *azithromycin TABS 250 MG* | 1B | QL(6 EA per fill retail; 6 per fill mail) |
| *azithromycin TABS 600 MG* | 1B | QL(0.286 EA daily) |
| Clarithromycin | | |
| *clarithromycin SUSR* | 1B | |
| *clarithromycin TABS* | 1B | |
| *clarithromycin TB24* | 1B | |
| Erythromycins | | |
| *erythromycin base CPEP* | 3 | |
| *erythromycin base TABS* | 3 | |
| *erythromycin base TBEC* | 1B | |
| *erythromycin ethylsuccinate SUSR* | 1B | |
| *erythromycin ethylsuccinate TABS* | 3 | |
| Fidaxomicin | | |
| DIFICID TABS 200 MG *(fidaxomicin)* | 2 | |
| *fidaxomicin TABS 200 MG* | 1B | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CAYA DPRH | 0 | |
| DUREX EXTRA SENSITIVE THIN DEVI | 0 | |
| DUREX EXTRA SENSITIVE THIN MISC | 0 | |
| DUREX TROPICAL MISC | 0 | |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | |
| FANTASY LUBRICATED MISC | 0 | |
| FC2 FEMALE CONDOM | 0 | QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| FEMCAP DEVI | 0 | |
| KAMELEON LUBRICATED MISC | 0 | |
| KIMONO COLORS DEVI | 0 | |
| KIMONO MAXX-LARGE FLARE MISC | 0 | |
| KIMONO MICRO THIN PLUS MISC | 0 | |
| KIMONO PLUS MISC | 0 | |
| KIMONO PS PLUS MISC | 0 | |
| KIMONO PS MISC | 0 | |
| KIMONO SENSATION PLUS MISC | 0 | |
| KIMONO SENSATION MISC | 0 | |
| KIMONO SPECIAL DEVI | 0 | |
| KIMONO MISC | 0 | |
| MAXX PLUS MISC | 0 | |
| MAXX MISC | 0 | |
| OMNIFLEX DIAPHRAGM | 0 | |
| REALITY LATEX CONDOMS MISC | 0 | |
| REALITY LATEX/ULTRA TEXTURED DEVI | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REALITY LATEX/ULTRA THIN DEVI | 0 | |
| TROJAN BARESKIN DEVI | 0 | |
| TROJAN MAGNUM MISC | 0 | |
| TROJAN ULTRA THIN/SPERMICIDAL MISC | 0 | |
| TROJAN ULTRA THIN MISC | 0 | |
| TROJAN-ENZ LUBRICATED MISC | 0 | |
| TROJAN-ENZ/SPERMICIDAL MISC | 0 | |
| TRUE COVER DEVI | 0 | |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | |
| TRUSTEX LUB/RIBBED/STUDDED MISC | 0 | |
| TRUSTEX LUB/SPERMICIDE EX ST MISC | 0 | |
| TRUSTEX LUB/SPERMICIDE XL MISC | 0 | |
| TRUSTEX LUBRICATED EX LARGE MISC | 0 | |
| TRUSTEX LUBRICATED EXTRA ST MISC | 0 | |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 0 | |
| TRUSTEX LUBRICATED MISC | 0 | |
| TRUSTEX NATURAL CONDOMS + LUBE MISC | 0 | |
| TRUSTEX RIA LUB/SPERMICIDE MISC | 0 | |
| TRUSTEX RIA LUBRICATED MISC | 0 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| WIDE-SEAL DIAPHRAGM 60 | 0 | |
| WIDE-SEAL DIAPHRAGM 65 | 0 | |
| WIDE-SEAL DIAPHRAGM 70 | 0 | |
| WIDE-SEAL DIAPHRAGM 75 | 0 | |
| WIDE-SEAL DIAPHRAGM 80 | 0 | |
| WIDE-SEAL DIAPHRAGM 85 | 0 | |
| WIDE-SEAL DIAPHRAGM 90 | 0 | |
| WIDE-SEAL DIAPHRAGM 95 | 0 | |
| Diabetic Supplies | | |
| FREESTYLE LIBRE 14 DAY READER | 3 | PA |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 2 PLUS SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 2 READER | 3 | PA |
| FREESTYLE LIBRE 2 SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 3 PLUS SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE 3 READER | 3 | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 3 SENSOR | 3 | QL(0.072 EA daily); PA |
| FREESTYLE LIBRE READER | 3 | PA |
| MINT REFILL KIT MISC | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| OMNIPOD 5 LIBRE INTRO KIT | 3 | PA |
| OMNIPOD 5 LIBRE PODS MISC | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| OMNIPOD CLASSIC PODS (GEN 3) MISC | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | PA |
| OMNIPOD DASH PDM (GEN 4) KIT | 3 | PA |
| OMNIPOD DASH PODS (GEN 4) MISC | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA |
| OMNIPOD POD PALS | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| ONETOUCH DELICA SAFETY LANCING | 1B | D; RX/OTC |
| RELION LANCET DEVICES 30G | 1B | D; RX/OTC |
| RELION LANCETS | 1B | D; RX/OTC |
| SELECT LANCETS | 1B | 6.66/day |
| SELECT LANCETS | 1 | 6.66/day |
| TRUE METRIX LEVEL 3 SOLN | 1B | D |
| Parenteral Therapy Supplies | | |
| BD PEN NEEDLE NANO 2ND GEN | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA AUTOSHIELD DUO | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA PEN NEEDLE NANO | 1B | D; QL(5 EA daily); RX/OTC |
| EMBECTA PEN NEEDLE NANO 2 GEN | 1B | D; QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EMBECTA PEN NEEDLE ULTRAFINE | 1B | D; QL(5 EA daily) |
| SELECT INSULIN SYRINGES | 1B | 5/day; # |
| SELECT INSULIN SYRINGES | 1 | 5/day |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG | 2 | QL(0.04 ML daily); PA |
| EMGALITY (300 MG DOSE) SOSY | 2 | QL(0.1 ML daily); PA |
| EMGALITY SOAJ | 2 | QL(0.07 ML daily); PA |
| EMGALITY SOSY | 2 | QL(0.07 ML daily); PA |
| UBRELVY | 3 | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST |
| Migraine Combinations | | |
| *ergotamine w/ caffeine TABS* | 1B | QL(1.5 EA daily) |
| *sumatriptan-naproxen sodium* | 3 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| Migraine Products | | |
| *dihydroergotamine mesylate SOLN IJ 1 MG/ML* | 1B | |
| *dihydroergotamine mesylate SOLN NA 4 MG/ML* | 1B | QL(0.267 ML daily) |
| ERGOMAR SUBL | 3 | QL(0.667 EA daily) |
| Serotonin Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *almotriptan malate 6.25 MG* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| *almotriptan malate 12.5 MG* | 1B | QL(0.4 EA daily); AL(At least 12 yrs old); ST |
| *eletriptan hydrobromide* | 1B | QL(0.2 EA daily); AL(At least 18 yrs old); ST |
| *frovatriptan succinate* | 1B | QL(0.4 EA daily); AL(At least 18 yrs old); ST |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML | 2 | QL(0.134 ML daily); AL(At least 18 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML | 2 | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *naratriptan hcl* | 1B | QL(0.3 EA daily); AL(At least 18 yrs old) |
| *rizatriptan benzoate TABS 10 MG* | 1B | QL(0.6 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TABS 5 MG* | 1B | QL(0.4 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TBDP 10 MG* | 1B | QL(0.6 EA daily); AL(At least 6 yrs old) |
| *rizatriptan benzoate TBDP 5 MG* | 1B | QL(0.4 EA daily); AL(At least 6 yrs old) |
| *sumatriptan* | 1B | QL(0.2 EA daily); AL(At least 18 yrs old) |
| *sumatriptan succinate SOAJ* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan succinate SOCT* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *sumatriptan succinate SOLN 6 MG/0.5ML* | 1B | QL(0.134 ML daily); AL(At least 18 yrs old) |
| *sumatriptan succinate TABS* | 1B | QL(0.3 EA daily); AL(At least 18 yrs old) |
| *zolmitriptan SOLN* | 1B | QL(0.2 EA daily); AL(At least 12 yrs old); ST |
| *zolmitriptan TABS* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| *zolmitriptan TBDP* | 1B | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| MINERALS & ELECTROLYTES | | |
| Bicarbonates | | |
| *sodium acetate SOLN* | 1B | |
| SODIUM ACETATE SOLN *(sodium acetate)* | 1B | |
| Calcium | | |
| *calcium chloride (dihydrate) SOLN* | 1B | |
| Electrolyte Mixtures | | |
| *electrolyte-148* | 1B | |
| *electrolyte-a* | 1B | |
| IONOSOL-MB IN D5W | 1B | |
| ISOLYTE-P IN D5W | 1B | |
| ISOLYTE-S | 1B | |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % *(potassium chloride in dextrose & sodium chloride)* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KCL-LACTATED RINGERS-D5W | 1B | |
| NORMOSOL-M IN D5W | 1B | |
| NORMOSOL-R PH 7.4 | 1B | |
| PLASMA-LYTE 148 | 1B | |
| PLASMA-LYTE A *(electrolyte-a)* | 1B | |
| *potassium chloride in dextrose 20 MEQ/L* | 1B | |
| *potassium chloride in dextrose & sodium chloride 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %* | 1B | |
| *ringer's* | 1B | |
| Fluoride | | |
| *sodium fluoride CHEW* | 0 | QL(1 EA daily) |
| Phosphate | | |
| *potassium phosphates 45 MMOLE/15ML* | 1B | |
| Potassium | | |
| *potassium acetate SOLN 2 MEQ/ML* | 1B | |
| *potassium bicarbonate TBEF* | 1B | |
| *potassium chloride microencapsulated crystals er* | 1B | |
| *potassium chloride CPCR* | 1B | |
| *potassium chloride PACK PO 20 MEQ* | 1B | PA |
| *potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(potassium chloride)* | 1B | |
| *potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ* | 1B | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| *penicillamine CAPS* | 1B | PA |
| *penicillamine TABS* | 1B | QL(8 EA daily) |
| *trientine hcl 250 MG* | 4 | QL(8 EA daily); PA |
| Immunomodulators | | |
| *lenalidomide* | 4 | QL(1 EA daily); PA |
| THALOMID 50 MG, 100 MG, 200 MG | 4 | QL(3 EA daily); PA |
| Immunosuppressive Agents | | |
| ATGAM | 4 | PA |
| AZATHIOPRINE SODIUM | 1B | |
| *azathioprine TABS* | 1B | |
| *cyclosporine modified (for microemulsion) CAPS* | 1B | |
| *cyclosporine modified (for microemulsion) SOLN* | 1B | |
| *cyclosporine CAPS* | 1B | |
| *everolimus (immunosuppressant) 1 MG* | 4 | QL(10 EA daily); PA |
| *everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG* | 4 | QL(20 EA daily); PA |
| *mycophenolate mofetil CAPS* | 1B | |
| *mycophenolate mofetil TABS* | 1B | |
| *mycophenolate sodium* | 1B | |
| PROGRAF PACK | 2 | PA |
| PROGRAF SOLN 5 MG/ML *(tacrolimus)* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SIMULECT | 3 | |
| *sirolimus TABS* | 1B | |
| *tacrolimus CAPS* | 1B | |
| *tacrolimus SOLN 5 MG/ML* | 1B | |
| THYMOGLOBULIN | 4 | PA |
| Irrigation Solutions | | |
| *irrigation solutions, physiological* | 1B | |
| *lactated ringer's (irrigation)* | 1B | |
| *ringer's irrigation* | 1B | |
| *water for irrigation, sterile* | 1B | |
| Potassium Removing Agents | | |
| LOKELMA | 2 | QL(1 EA daily); PA |
| *sodium polystyrene sulfonate POWD* | 1B | |
| *sodium polystyrene sulfonate SUSP CO 15 GM/60ML* | 1B | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| *lidocaine hcl (mouth-throat) 4 %* | 1B | |
| *lidocaine hcl (mouth-throat) 2 %* | 1B | QL(4 ML daily) |
| Anti-infectives - Throat | | |
| *clotrimazole* | 1B | |
| *nystatin (mouth-throat)* | 1B | |
| Antiseptics - Mouth/Throat | | |
| *chlorhexidine gluconate (mouth-throat)* | 1B | |
| Dental Products | | |
| FLUORIDEX DAILY RENEWAL CONC 0.63 % | 0 | RX/OTC |
| PERIOMED CONC 0.63 % | 0 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *stannous fluoride CONC* | 0 | RX/OTC |
| Steroids - Mouth/Throat/Dental | | |
| *triamcinolone acetonide (mouth)* | 1B | |
| Throat Products - Misc. | | |
| *cevimeline hcl* | 1B | |
| *pilocarpine hcl (oral)* | 1B | |
| MULTIVITAMINS | | |
| Ped MV w/ Fluoride | | |
| *pediatric multivitamins w/fl CHEW* | 1A | RX/OTC |
| Prenatal Vitamins | | |
| CLASSIC PRENATAL TABS | 2 | QL(1 EA daily) |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2 | QL(1 EA daily) |
| DERMACINRX PNV PRENATOL TABS | 2 | QL(1 EA daily); RX/OTC |
| EQL PRENATAL FORMULA TABS | 2 | QL(1 EA daily) |
| FT PRENATAL TABS | 2 | QL(1 EA daily) |
| GNP PRENATAL/FOLIC ACID TABS | 2 | QL(1 EA daily) |
| GNP PRENATAL TABS | 2 | QL(1 EA daily) |
| KP PRENATAL MULTIVITAMINS TABS | 2 | QL(1 EA daily) |
| MASONATAL TABS | 2 | QL(1 EA daily) |
| MATRONEX TABS | 2 | QL(1 EA daily); RX/OTC |
| M-NATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| MULTI PRENATAL TABS | 2 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | QL(1 EA daily); RX/OTC |
| NEONATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| NEONATAL PRENATAL TABS | 2 | QL(1 EA daily) |
| NEONATAL VITAMIN TABS | 2 | QL(1 EA daily) |
| NIVA-PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| NURTIVA TABS | 2 | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS TABS | 2 | QL(1 EA daily) |
| PRENATAL ONE DAILY TABS | 2 | QL(1 EA daily) |
| PRENATAL PLUS VITAMIN/MINERAL TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATAL PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATAL VITAMIN AND MINERAL TABS | 2 | QL(1 EA daily) |
| PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | 2 | QL(1 EA daily) |
| PRENATAL TABS | 2 | QL(1 EA daily) |
| PRENATRIX TABS | 2 | QL(1 EA daily); RX/OTC |
| PRENATRYL TABS | 2 | QL(1 EA daily); RX/OTC |
| QC PRENATAL TABS | 2 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RELEVIA TABS | 2 | QL(1 EA daily); RX/OTC |
| SM PRENATAL VITAMINS TABS | 2 | QL(1 EA daily) |
| THERANATAL CORE NUTRITION TABS | 2 | QL(1 EA daily); RX/OTC |
| TRICARE TABS | 2 | QL(1 EA daily); RX/OTC |
| VITATHELY WITH GINGER TABS | 2 | QL(1 EA daily); RX/OTC |
| WESTAB PLUS TABS | 2 | QL(1 EA daily); RX/OTC |
| **MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms** | | |
| Central Muscle Relaxants | | |
| *baclofen TABS* | 1B | |
| *carisoprodol TABS* | 1B | |
| *chlorzoxazone TABS 750 MG* | 1B | QL(4 EA daily) |
| *chlorzoxazone TABS 500 MG* | 1B | QL(6 EA daily) |
| *cyclobenzaprine hcl TABS 5 MG, 10 MG* | 1A | QL(3 EA daily) |
| *metaxalone 800 MG* | 1B | QL(4 EA daily) |
| *methocarbamol TABS 500 MG, 750 MG* | 1B | |
| *orphenadrine citrate TB12* | 1B | QL(2 EA daily) |
| *tizanidine hcl CAPS* | 1B | |
| *tizanidine hcl TABS* | 1B | |
| Direct Muscle Relaxants | | |
| *dantrolene sodium CAPS* | 1B | QL(4 EA daily) |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus** | | |
| Nasal Antiallergy | | |
| *azelastine hcl* | 1B | |
| *olopatadine hcl (nasal)* | 1B | |
| Nasal Anticholinergics | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ipratropium bromide (nasal) 0.06 %* | 1B | |
| *ipratropium bromide (nasal) 0.03 %* | 1B | QL(1 ML daily) |
| Nasal Steroids | | |
| *budesonide (nasal)* | 1B | |
| *flunisolide (nasal)* | 1B | 1 package(s) per fill retail |
| *fluticasone propionate (nasal) SUSP* | 1B | Limit 2 inhalers per month; QL(32 GM per 30 day(s) retail); RX/OTC |
| *mometasone furoate (nasal) SUSP* | 1B | QL(1.14 ML daily); RX/OTC |
| *triamcinolone acetonide (nasal) AERO* | 1B | |
| XHANCE EXHU | 3 | PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| *riluzole TABS* | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| XEOMIN | 3 | PA |
| Nondepolarizing Muscle Relaxants | | |
| *atracurium besylate 50 MG/5ML, 100 MG/10ML* | 3 | PA |
| NUTRIENTS | | |
| Proteins | | |
| CLINIMIX/DEXTROSE (4.25/10) | 3 | |
| CLINIMIX/DEXTROSE (4.25/5) | 3 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| *betaxolol hcl (ophth) SOLN* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *brimonidine tartrate-timolol maleate* | 1B | |
| *carteolol hcl (ophth)* | 1B | |
| *dorzolamide hcl-timolol maleate* | 1B | |
| *levobunolol hcl 0.5 %* | 1B | |
| *timolol maleate (ophth) SOLG* | 1B | |
| *timolol maleate (ophth) SOLN* | 1B | |
| Cycloplegic Mydriatics | | |
| *tropicamide SOLN 1 %* | 1B | |
| *tropicamide SOLN 0.5 %* | 1B | QL(2.5 ML daily) |
| Miotics | | |
| *pilocarpine hcl SOLN 1 %, 2 %, 4 %* | 1B | |
| Ophthalmic Adrenergic Agents | | |
| *brimonidine tartrate 0.15 %, 0.2 %* | 1B | |
| Ophthalmic Anti-infectives | | |
| *bacitracin (ophthalmic)* | 3 | |
| *besifloxacin hcl 0.6 %* | 1B | PA |
| BESIVANCE 0.6 % *(besifloxacin hcl)* | 3 | PA |
| *ciprofloxacin hcl (ophth) SOLN* | 1B | |
| *erythromycin (ophth)* | 1B | |
| *gatifloxacin (ophth)* | 1B | |
| *gentamicin sulfate (ophth) SOLN* | 1B | |
| *levofloxacin (ophth) 0.5 %* | 1B | |
| *moxifloxacin hcl (ophth) SOLN OP* | 1B | |
| NATACYN | 2 | |
| *neomycin-bacitracin zn-polymyxin* | 1B | |
| *ofloxacin (ophth)* | 1B | |
| *polymyxin b-trimethoprim* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sulfacetamide sodium (ophth) SOLN* | 1B | |
| *tobramycin (ophth) SOLN* | 1B | |
| *trifluridine* | 1B | |
| ZIRGAN GEL | 2 | |
| Ophthalmic Immunomodulators | | |
| *cyclosporine (ophth) EMUL* | 3 | PA |
| Ophthalmic Local Anesthetics | | |
| *proparacaine hcl* | 1B | |
| Ophthalmic Steroids | | |
| *dexamethasone sodium phosphate (ophth)* | 1B | QL(0.4 ML daily) |
| *difluprednate* | 1B | PA |
| *fluorometholone (ophth) SUSP* | 1B | |
| FML FORTE SUSP | 3 | PA |
| LOTEMAX OINT | 3 | PA |
| *loteprednol etabonate GEL* | 1B | PA |
| *loteprednol etabonate SUSP* | 1B | PA |
| *loteprednol etabonate-tobramycin* | 1B | PA |
| MAXIDEX SUSP OP | 3 | PA |
| *neomycin-polymy-dexameth OINT* | 1B | |
| *neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %* | 1B | |
| *neomycin-polymyxin-hc (ophth)* | 1B | QL(2.5 ML daily) |
| PRED MILD | 3 | PA |
| *prednisolone acetate (ophth)* | 1B | |
| PREDNISOLONE SODIUM PHOSPHATE | 3 | |
| *sulfacetamide sod-prednisolone SOLN* | 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tobramycin-dexamethasone SUSP* | 1B | |
| ZYLET 0.3 %-0.5 % *(loteprednol etabonate-tobramycin)* | 3 | PA |
| Ophthalmic Surgical Aids | | |
| HEALON PRO SOSY | 3 | PA |
| PROVISC SOSY | 3 | PA |
| Ophthalmics - Misc. | | |
| ALOCRIL | 3 | PA |
| ALOMIDE | 3 | PA |
| *azelastine hcl (ophth)* | 1B | |
| *bepotastine besilate* | 3 | PA |
| *brinzolamide* | 1B | |
| *bromfenac sodium (ophth)* | 1B | |
| *cromolyn sodium (ophth)* | 1B | |
| CYSTARAN | 2 | QL(2.143 ML daily); PA |
| *diclofenac sodium (ophth)* | 1B | |
| *dorzolamide hcl* | 1B | |
| *epinastine hcl (ophth)* | 1B | |
| *flurbiprofen sodium* | 1B | |
| *ketorolac tromethamine (ophth)* | 1B | |
| *ketotifen fumarate (ophth) 0.035 %* | 1B | |
| LASTACAFT | 3 | PA |
| NEVANAC | 3 | QL(0.2 ML daily); ST |
| *olopatadine hcl 0.1 %* | 1B | QL(0.34 ML daily) |
| *olopatadine hcl 0.2 %* | 1B | RX/OTC |
| Prostaglandins - Ophthalmic | | |
| *bimatoprost SOLN* | 1B | |
| *latanoprost SOLN* | 1B | |
| *tafluprost* | 1B | |
| *travoprost SOLN* | 1B | |
| OTIC AGENTS - Drugs to Treat the Ear | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Otic Agents - Miscellaneous | | |
| *acetic acid (otic)* | 1B | QL(0.5 ML daily) |
| Otic Anti-infectives | | |
| *ciprofloxacin hcl (otic)* | 1B | |
| *ofloxacin (otic)* | 1B | |
| Otic Combinations | | |
| *ciprofloxacin-dexamethasone* | 1B | |
| *ciprofloxacin-fluocinolone acetonide* | 1B | QL(0.5 EA daily); PA |
| CORTISPORIN-TC | 3 | |
| *neomycin-polymyxin-hc (otic) SOLN* | 1B | QL(2 ML daily) |
| *neomycin-polymyxin-hc (otic) SUSP* | 1B | |
| Otic Steroids | | |
| *fluocinolone acetonide (otic)* | 1B | |
| *hydrocortisone w/acetic acid* | 1B | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| GAMUNEX-C | 4 | PA |
| Monoclonal Antibodies | | |
| BEYFORTUS | 0 | |
| ENFLONSIA SOSY IM 105 MG/0.7ML | 0 | |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| *amoxicillin CAPS* | 1A | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin CHEW 125 MG, 250 MG* | 1B | |
| *amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML* | 1B | |
| *amoxicillin SUSR 125 MG/5ML* | 1A | |
| *amoxicillin TABS* | 1B | |
| *ampicillin sodium IJ 1 GM* | 1B | |
| *ampicillin CAPS 500 MG* | 1B | |
| Natural Penicillins | | |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| *penicillin g potassium 5000000 UNIT* | 1B | |
| *penicillin g sodium* | 3 | |
| *penicillin v potassium SOLR* | 1B | |
| *penicillin v potassium TABS* | 1B | |
| Penicillin Combinations | | |
| *amoxicillin & pot clavulanate CHEW 57 MG-400 MG* | 1B | |
| *amoxicillin & pot clavulanate SUSR* | 1B | |
| *amoxicillin & pot clavulanate TABS* | 1B | |
| *amoxicillin & pot clavulanate TB12* | 1B | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | 1B | |
| *nafcillin sodium IV 10 GM* | 1B | |
| *oxacillin sodium IV 10 GM* | 1B | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *medroxyprogesterone acetate 2.5 MG, 5 MG* | 1B | |
| *medroxyprogesterone acetate 10 MG* | 1A | |
| *megestrol acetate (appetite)* | 1B | PA |
| *norethindrone acetate TABS* | 0 | |
| *progesterone CAPS* | 1B | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| *acamprosate calcium* | 1B | |
| *disulfiram* | 1B | |
| *lofexidine hcl* | 1B | QL(224 EA per 14 day(s) retail); PA |
| Antidementia Agents | | |
| *donepezil hydrochloride TABS 10 MG* | 1B | QL(2 EA daily) |
| *donepezil hydrochloride TABS 5 MG, 23 MG* | 1B | QL(1 EA daily) |
| *donepezil hydrochloride TBDP 10 MG* | 1B | QL(2 EA daily) |
| *donepezil hydrochloride TBDP 5 MG* | 1B | QL(1 EA daily) |
| *galantamine hydrobromide CP24* | 1B | QL(1 EA daily) |
| *galantamine hydrobromide SOLN* | 1B | QL(6 ML daily) |
| *galantamine hydrobromide TABS* | 1B | QL(2 EA daily) |
| *memantine hcl TABS* | 1B | |
| *memantine hcl TABS* | 1B | QL(2 EA daily) |
| *rivastigmine tartrate CAPS* | 1B | |
| Combination Psychotherapeutics | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *chlordiazepoxide-amitriptyline* | 1B | |
| *perphenazine-amitriptyline* | 1B | QL(4 EA daily) |
| Fibromyalgia Agents | | |
| *milnacipran hcl MISC* | 1B | 1 max fill(s) per 365 day(s) retail; PA |
| *milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG* | 1B | QL(2 EA daily); PA |
| SAVELLA TITRATION PACK MISC *(milnacipran hcl)* | 2 | 1 max fill(s) per 365 day(s) retail; PA |
| SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(milnacipran hcl)* | 2 | QL(2 EA daily); PA |
| Movement Disorder Drug Therapy | | |
| AUSTEDO TABS | 4 | QL(4 EA daily); PA |
| *tetrabenazine* | 4 | QL(3 EA daily); PA |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | 4 | QL(0.0714 EA daily); PA |
| AVONEX PREFILLED PSKT | 4 | QL(0.0714 EA daily); PA |
| BETASERON KIT | 4 | QL(0.5 EA daily); PA |
| *dalfampridine* | 4 | QL(2 EA daily); PA |
| *dimethyl fumarate CDPK* | 1B | QL(2 EA daily) |
| *dimethyl fumarate CPDR* | 1B | QL(2 EA daily) |
| *fingolimod hcl* | 3 | QL(1 EA daily) |
| *glatiramer acetate SOSY 40 MG/ML* | 3 | QL(0.43 ML daily) |
| *glatiramer acetate SOSY 20 MG/ML* | 3 | QL(1 ML daily) |
| LEMTRADA | 4 | QL(1.2 ML daily); PA |
| PLEGRIDY STARTER PACK SOAJ | 4 | QL(0.036 ML daily); PA |
| PLEGRIDY STARTER PACK SOSY SC | 4 | QL(0.036 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PLEGRIDY SOAJ | 4 | QL(0.036 ML daily); PA |
| PLEGRIDY SOSY SC | 4 | QL(0.036 ML daily); PA |
| REBIF REBIDOSE TITRATION PACK SOAJ | 4 | 1 max fill(s) per 365 day(s) retail; PA |
| REBIF REBIDOSE SOAJ | 4 | QL(0.214 ML daily); PA |
| REBIF TITRATION PACK SOSY | 4 | 1 max fill(s) per 365 day(s) retail; PA |
| REBIF SOSY | 4 | QL(0.214 ML daily); PA |
| *teriflunomide* | 3 | QL(1 EA daily) |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| *pregabalin (once-daily) 330 MG* | 3 | QL(2 EA daily); PA |
| *pregabalin (once-daily) 82.5 MG, 165 MG* | 3 | QL(1 EA daily); PA |
| Pseudobulbar Affect (PBA) Agents | | |
| *dextromethorphan hbr-quinidine sulfate* | 1B | QL(2 EA daily); PA |
| NUEDEXTA 20 MG-10 MG *(dextromethorphan hbr-quinidine sulfate)* | 3 | QL(2 EA daily); PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| *ergoloid mesylates TABS* | 1B | |
| *pimozide* | 1B | |
| Smoking Deterrents | | |
| *bupropion hcl (smoking deterrent)* | 0 | QL(2 EA daily) |
| *nicotine polacrilex GUM* | 0 | |
| *nicotine polacrilex LOZG* | 0 | |
| NICOTINE KIT | 0 | |
| *nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR* | 0 | QL(1 EA daily) |
| NICOTROL NS SOLN | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NICOTROL INHA | 0 | |
| *varenicline tartrate TABS* | 0 | QL(2 EA daily) |
| *varenicline tartrate TBPK* | 0 | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| PROLASTIN-C SOLN | 4 | PA |
| Cystic Fibrosis Agents | | |
| KALYDECO TABS | 4 | QL(2 EA daily); PA |
| ORKAMBI PACK | 4 | QL(2 EA daily); PA |
| ORKAMBI TABS | 4 | QL(4 EA daily); PA |
| PULMOZYME | 4 | QL(2.5 ML daily); PA |
| TRIKAFTA TBPK | 4 | QL(3 EA daily); PA |
| Pulmonary Fibrosis Agents | | |
| *nintedanib esylate 100 MG, 150 MG* | 4 | QL(2 EA daily); PA |
| OFEV 100 MG, 150 MG *(nintedanib esylate)* | 4 | QL(2 EA daily); PA |
| *pirfenidone CAPS* | 4 | QL(1 EA daily); PA |
| *pirfenidone TABS 267 MG, 801 MG* | 4 | QL(1 EA daily); PA |
| *pirfenidone TABS 534 MG* | 4 | QL(3 EA daily); PA |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| *sulfadiazine TABS* | 1B | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| *demeclocycline hcl TABS* | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxycycline (monohydrate) CAPS 75 MG* | 1B | |
| *doxycycline (monohydrate) CAPS 50 MG, 100 MG* | 1B | QL(2 EA daily) |
| *doxycycline (monohydrate) TABS 50 MG, 75 MG* | 1B | |
| *doxycycline (monohydrate) TABS 100 MG* | 1B | QL(2 EA daily) |
| *doxycycline hyclate CAPS* | 1B | QL(2 EA daily) |
| *doxycycline hyclate TABS 20 MG, 100 MG* | 1B | QL(2 EA daily) |
| *minocycline hcl CAPS* | 1B | QL(3 EA daily) |
| *minocycline hcl TABS* | 1B | QL(3 EA daily) |
| *tetracycline hcl CAPS* | 1B | QL(8 EA daily) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| *methimazole TABS* | 1B | |
| *propylthiouracil* | 1B | |
| Thyroid Hormones | | |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2 | |
| AMERITHROID TABS 180 MG, 240 MG, 300 MG | 2 | QL(1 EA daily) |
| ARMOUR THYROID TABS | 2 | QL(1 EA daily) |
| EVEXITHROID TABS 180 MG | 2 | QL(1 EA daily) |
| *levothyroxine sodium TABS* | 1A | |
| *liothyronine sodium SOLN* | 1B | |
| *liothyronine sodium TABS* | 1B | |
| NP THYROID TABS | 1B | QL(1 EA daily) |
| SYNTHROID TABS *(levothyroxine sodium)* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML | 0 | |
| BOOSTRIX SUSP | 0 | |
| BOOSTRIX SUSY | 0 | |
| DAPTACEL | 0 | |
| INFANRIX | 0 | |
| KINRIX SUSY | 0 | |
| PEDIARIX SUSY | 0 | |
| PENTACEL | 0 | |
| QUADRACEL SUSP | 0 | |
| QUADRACEL SUSY | 0 | |
| TDVAX SUSP | 0 | |
| TENIVAC SUSP 2 LFU-5 LFU | 0 | |
| TETANUS-DIPHTHERIA TOXOIDS TD SUSP | 0 | |
| VAXELIS SUSP | 0 | |
| VAXELIS SUSY | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| *chlordiazepoxide hcl-clidinium bromide* | 1B | |
| *dicyclomine hcl CAPS* | 1B | |
| *dicyclomine hcl SOLN PO* | 1B | |
| *dicyclomine hcl TABS* | 1B | |
| *glycopyrrolate SOLN IJ 4 MG/20ML* | 1B | |
| *glycopyrrolate TABS 1 MG* | 1B | |
| *glycopyrrolate TABS 2 MG* | 1B | QL(6 EA daily) |
| *methscopolamine bromide* | 1B | |
| H-2 Antagonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cimetidine TABS* | 1B | RX/OTC |
| *famotidine in nacl SOLN* | 1B | |
| *famotidine SUSR* | 1B | QL(10 ML daily) |
| *famotidine TABS 20 MG, 40 MG* | 1B | RX/OTC |
| *nizatidine CAPS* | 1B | |
| *ranitidine hcl TABS 150 MG, 300 MG* | 1B | |
| Misc. Anti-Ulcer | | |
| *sucralfate SUSP* | 1B | QL(40 ML daily) |
| *sucralfate TABS* | 1B | QL(4 EA daily) |
| Proton Pump Inhibitors | | |
| *dexlansoprazole* | 3 | QL(1 EA daily) |
| *esomeprazole magnesium CPDR 40 MG* | 3 | QL(1 EA daily) |
| *esomeprazole magnesium CPDR 20 MG* | 1B | QL(2 EA daily); RX/OTC |
| *esomeprazole magnesium TBEC* | 1B | QL(2 EA daily) |
| *lansoprazole CPDR 15 MG* | 1B | QL(2 EA daily); RX/OTC |
| *lansoprazole CPDR 30 MG* | 1B | |
| NEXIUM 24HR TBEC 20 MG | 1B | QL(2 EA daily) |
| *omeprazole magnesium CPDR* | 1B | QL(4 EA daily) |
| *omeprazole CPDR* | 1B | QL(2 EA daily) |
| *omeprazole TBEC* | 1B | QL(2 EA daily) |
| *pantoprazole sodium TBEC 20 MG* | 1B | QL(1 EA daily) |
| *pantoprazole sodium TBEC 40 MG* | 1B | |
| *rabeprazole sodium TBEC* | 1B | QL(1 EA daily) |
| Ulcer Drugs - Prostaglandins | | |
| *misoprostol* | 1B | QL(4 EA daily) |
| Ulcer Therapy Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin-clarithromycin w/ lansoprazole THPK* | 1B | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail |
| *omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG* | 1B | QL(1 EA daily); RX/OTC |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| *darifenacin hydrobromide* | 1B | QL(1 EA daily) |
| *fesoterodine fumarate* | 1B | QL(1 EA daily) |
| *oxybutynin chloride SOLN* | 1B | |
| *oxybutynin chloride TABS 5 MG* | 1B | |
| *oxybutynin chloride TB24* | 1B | |
| *solifenacin succinate TABS* | 1B | QL(1 EA daily) |
| *tolterodine tartrate CP24* | 1B | QL(1 EA daily) |
| *tolterodine tartrate TABS* | 1B | |
| *trospium chloride CP24* | 1B | QL(1 EA daily) |
| *trospium chloride TABS* | 1B | QL(3 EA daily) |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| *mirabegron TB24* | 3 | PA |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride 5 MG, 10 MG, 50 MG* | 1B | QL(4 EA daily) |
| *bethanechol chloride 25 MG* | 1B | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| *flavoxate hcl* | 1B | |
| VACCINES | | |
| Bacterial Vaccines | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTHIB SOLR IM | 0 | |
| BEXSERO 0.5 ML | 0 | |
| CAPVAXIVE | 0 | |
| HIBERIX SOLR IJ | 0 | |
| MENQUADFI 0.5 ML | 0 | |
| MENVEO SOLN | 0 | |
| MENVEO SOLR | 0 | |
| PEDVAXHIB SUSP 7.5 MCG/0.5ML | 0 | |
| PENBRAYA | 0 | |
| PENMENVY SUSR IM | 0 | AL(At least 10 yrs old - Up to 25 yrs old) |
| PNEUMOVAX 23 SOSY | 0 | |
| PREVNAR 20 | 0 | 1 max fill(s) per 999 day(s) retail |
| TRUMENBA 0.5 ML | 0 | |
| VAXNEUVANCE | 0 | 4 max fill(s) per 999 day(s) retail |
| Viral Vaccines | | |
| ABRYSVO | 0 | |
| ACAM2000 SOLR IJ | 0 | |
| AFLURIA PRESERVATIVE FREE SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | 0 | 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENGERIX-B SUSP 20 MCG/ML | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| ENGERIX-B SUSY | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| FLUAD | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUAD QUADRIVALENT | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUARIX QUADRIVALENT SUSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUARIX SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUBLOK SOSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX QUADRIVALENT SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX SUSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLULAVAL SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUMIST | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUZONE HIGH-DOSE QUADRIVALENT | 0 | 1 max fill(s) per 180 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLUZONE HIGH-DOSE SUSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUZONE QUADRIVALENT SUSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUZONE SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUZONE SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| GARDASIL 9 SUSP 0.5 ML | 0 | 3 max fill(s) per 365 day(s) retail |
| GARDASIL 9 SUSY 0.5 ML | 0 | 3 max fill(s) per 365 day(s) retail |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0 | |
| HEPLISAV-B SOSY | 0 | 2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail |
| IPOL IJ | 0 | |
| JYNNEOS | 0 | |
| MFLUSIVA SUSY IM 0.38 ML | 0 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| M-M-R II SOLR | 0 | 2 max fill(s) per 365 day(s) retail |
| MNEXSPIKE SUSY 10 MCG/0.2ML | 0 | |
| MODERNA COVID-19 VAC 6M-11Y SUSY | 0 | |
| MRESVIA | 0 | |
| NOVAVAX COVID-19 VACCINE SUSY | 0 | |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | 0 | |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | 0 | |
| PREHEVBRIO | 0 | 3 max fill(s) per 365 day(s) retail |
| PRIORIX SUSR | 0 | 3 max fill(s) per 365 day(s) retail |
| PROQUAD SUSR | 0 | 2 max fill(s) per 365 day(s) retail |
| RECOMBIVAX HB SUSP | 0 | |
| RECOMBIVAX HB SUSY | 0 | |
| ROTARIX SUSP | 0 | |
| ROTATEQ SOLN | 0 | |
| SHINGRIX IM 50 MCG/0.5ML | 0 | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SHINGRIX | 0 | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML | 0 | |
| SPIKEVAX SUSP | 0 | |
| SPIKEVAX SUSY | 0 | |
| TWINRIX SUSY | 0 | |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML | 0 | |
| VAQTA | 0 | |
| VARIVAX SUSR | 0 | 2 max fill(s) per 365 day(s) retail |
| VAGINAL AND RELATED PRODUCTS | | |
| Spermicides | | |
| TODAY SPONGE MISC | 0 | |
| VCF VAGINAL CONTRACEPTIVE FILM | 0 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Vaginal Anti-infectives | | |
| *clindamycin phosphate vaginal CREA* | 1B | |
| *clotrimazole vaginal CREA 1 %* | 1B | |
| GYNAZOLE-1 | 3 | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail) |
| *metronidazole vaginal* | 1B | |
| *miconazole nitrate vaginal SUPP 200 MG* | 1B | |
| *terconazole vaginal CREA* | 1B | |
| *terconazole vaginal CREA* | 1B | |
| *terconazole vaginal SUPP* | 1B | |
| Vaginal Anti-inflammatory Agents | | |
| *hydrocortisone vaginal* | 1B | QL(15.15 GM daily) |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXX | 0 | PV |
| PHEXXI | 0 | PV |
| Vaginal Estrogens | | |
| *estradiol vaginal CREA* | 1B | QL(2 GM daily) |
| *estradiol vaginal TABS* | 1B | |
| ESTRING RING 7.5 MCG/24HR | 3 | |
| FEMRING | 3 | |
| PREMARIN | 2 | QL(1.5 GM daily) |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| *epinephrine (anaphylaxis) SOAJ* | 1B | QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Vasopressors | | |
| *midodrine hcl* | 1B | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| *cholecalciferol CAPS* | 1A | |
| *cholecalciferol TABS 10 MCG, 400 UNIT* | 0 | |
| *ergocalciferol CAPS* | 0 | |
| *ergocalciferol SOLN PO 200 MCG/ML* | 1B | |
| VITAMIN D2 TABS 400 UNIT | 0 | AL(At least 65 yrs old) |
| Water Soluble Vitamins | | |
| *ascorbic acid SOLN IJ* | 3 | QL(0.4 ML daily) |
| NIACIN ER TBCR | 1B | |
| *niacinamide TABS 100 MG* | 1B | |
| *niacinamide TABS 500 MG* | 1A | |
| *niacin CPCR 250 MG* | 1A | |
| *niacin TABS* | 1A | |
| *niacin TBCR* | 1A | |

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amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG . . . . . 1
amphetamine-dextroamphetamine CP24 5 MG, 10 MG . . . . . 1
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ARIKAYCE ..... 2
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atomoxetine hcl 60 MG, 80 MG, 100 MG ..... 1
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atovaquone-proguanil hcl ..... 22
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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG ..... 5

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VITATHELY WITH GINGER TABS 55
VITRAKVI CAPS .....26
VITRAKVI SOLN .....26
VIVITROL .....17
VIZIMPRO .....24
VORAXAZE .....26
voriconazole TABS .....18
VOSEVI .....30
VYNDAMAX .....33
VYNDAQEL .....33
warfarin sodium TABS .....10
water for irrigation, sterile .....54
WESTAB PLUS TABS .....55
WIDE-SEAL DIAPHRAGM 60 .... 50
WIDE-SEAL DIAPHRAGM 65 .... 50
WIDE-SEAL DIAPHRAGM 70 .... 50
WIDE-SEAL DIAPHRAGM 75 .... 50
WIDE-SEAL DIAPHRAGM 80 .... 50
WIDE-SEAL DIAPHRAGM 85 .... 50
WIDE-SEAL DIAPHRAGM 90 .... 50
WIDE-SEAL DIAPHRAGM 95 .... 50
XALKORI CAPS .....26
XARELTO STARTER PACK TBPK 11
XARELTO SUSR 1 MG/ML (rivaroxaban) .....11
XARELTO TABS 10 MG, 20 MG ..11
XARELTO TABS 15 MG .....11
XELJANZ SOLN 1 MG/ML (tofacitinib citrate) .....2
XELJANZ TABS 5 MG, 10 MG (tofacitinib citrate) .....2
XELJANZ XR TB24 11 MG, 22 MG (tofacitinib citrate) .....2
XEOMIN .....56
XHANCE EXHU .....56
XIFAXAN 200 MG .....21
XIFAXAN 550 MG .....21
XIGDUO XR TB24 PO (dapagliflozin free base-metformin hcl) .....15
XIGDUO XR TB24 PO 1000 MG-2.5 MG, 1000 MG-5 MG .....15
XOSPATA .....26
XTANDI CAPS .....25
XTANDI TABS 40 MG .....25
XTANDI TABS 80 MG .....25
XULTOPHY .....15

XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..18

YERVOY .....24

YESINTEK 130 MG/26ML .....46

YESINTEK SOLN 45 MG/0.5ML ...38

YESINTEK SOSY 45 MG/0.5ML .. 38

YESINTEK SOSY 90 MG/ML .....38

YONSA .....25

YUFLYMA (1 PEN) AJKT 40 MG/0.4ML .....3

YUFLYMA (1 PEN) AJKT 80 MG/0.8ML .....3

YUFLYMA (2 PEN) AJKT .....3

YUFLYMA (2 SYRINGE) PSKT .....3

YUFLYMA-CD/UC/HS STARTER AJKT .....3

zafirlukast .....9

zaleplon 10 MG .....48

zaleplon 5 MG .....48

ZALTRAP 100 MG/4ML .....24

ZANOSAR .....23

ZARONTIN CAPS (ethosuximide) .13

ZARXIO .....48

ZEJULA TABS .....26

ZELBORAF .....26

ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....42

ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT .....42

zidovudine CAPS ..... 30

zidovudine SYRP ..... 30

zidovudine TABS .....30

zileuton TB12 .....9

ziprasidone hcl ..... 28

ZIRABEV ..... 24

ZIRGAN GEL .....57

ZOLADEX 10.8 MG .....25

ZOLADEX 3.6 MG ..... 25

zoledronic acid SOLN 5 MG/100ML 43

ZOLINZA ..... 26

zolmitriptan SOLN .....52

zolmitriptan TABS .....52

zolmitriptan TBDP .....52

zolpidem tartrate TABS .....48

zolpidem tartrate TBCR .....48

zonisamide CAPS .....13

ZONTIVITY .....47

ZUBSOLV .....7

ZYDELIG ..... 26

ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin) .....57

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