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Formulary Introduction

FORMULARY

The QualChoice 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 non-specialty 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. Preferred specialty drugs are listed on Tier 4 while non- preferred specialty drugs are listed on Tier 5.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription drug 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 listed in lower case. Drugs are covered under different cost-share tiers depending on your benefit.

Tier 1 – Lowest cost share tier for select drugs that offer the greatest value compared to other drugs used to treat similar conditions.
Tier 2 – Medium cost share tier that covers non-specialty brand name drugs that may be preferred compared to other drugs used to treat the same conditions.
Tier 3 – High cost share tier that covers higher cost (non-preferred) non-specialty brand name and non- preferred generic drugs. This tier will also apply to non-specialty drugs that are not on the Prescription Drug List but approval was granted due to formulary exception.
Tier 4 – Higher cost share tier that covers preferred specialty drugs (generic and brand) used to treat complex, chronic conditions that may require special handling, storage, or clinical management.
Tier 5 – Highest cost share tier that covers non-preferred specialty drugs (generic and brand)

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used to trat complex, chronic conditions that may require specialty handling, storage, or clinical management. This tier will also apply to specialty drugs that are not on the Prescription Drug List, but approval was granted due to formulary exception.

Preventative Drugs – Drugs marked as preventative drugs are covered at no cost share ($0) for certain plans. Please check your coverage documents for further information regarding coverage of these drugs.

Request for Formulary Exception

To request coverage for a drug not on the Prescription Drug List, your provider must complete and submit a Prior Authorization form (see QualChoice.com and click on the Pharmacy and Drug Formularies Page page). The PBM will respond within 24 hours of receipt of all necessary information for requests meeting the definition of urgent and within two (2) business days (not to exceed 72 hours) for non-urgent requests. If the request is disapproved, the notice of adverse benefit determination will contain a clear explanation of the specific reasons for the disapproval or, if the request was incomplete, the explanation will identify the missing material information 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	Some drugs require prior approval by QualChoice before they will be covered. Your doctor must submit a request for prior authorization for review.
ST	Step Therapy	In some cases, you must first try certain drugs before QualChoice covers another drug for your medical condition.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered products.
PV	Preventative Drug	These products are preventative drugs which are covered at no cost share ($0) for certain plans.
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.

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Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 5 MG, 10 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(1 EA daily)
ADDERALL XR CP24 15 MG *(Use amphetamine-dextroamphetamine)*	NF	
ADDERALL XR CP24 20 MG, 25 MG, 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
ADDERALL TABS 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(3 EA daily)
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1	QL(2 EA daily)
amphetamine-dextroamphetamine CP24 15 MG	1	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1	QL(1 EA daily)
amphetamine-dextroamphetamine TABS 30 MG	1	QL(2 EA daily)
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1	QL(3 EA daily)
DESOXYN *(Use methamphetamine hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NF	QL(4 EA daily)
dextroamphetamine sulfate CP24 5 MG	1	
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	QL(4 EA daily)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	QL(4 EA daily)
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily); ST
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily); ST
methamphetamine hcl	1	QL(5 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
VYVANSE CHEW *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
Anorexiants Non-Amphetamine		
phendimetrazine tartrate TABS	1	PA
phentermine hcl CAPS	1	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	1	

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Drug Name	Drug Tier	Requirements/ Limits
guanfacine hcl (adhd)	1	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV *(Use guanfacine hcl (adhd))*	NF	QL(1 EA daily); AL(At least 6 yrs old)
STRATTERA 60 MG, 80 MG, 100 MG *(Use atomoxetine hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(Use atomoxetine hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NF	QL(1 EA daily)
armodafinil	1	QL(1 EA daily); AL(At least 17 yrs old); PA
CONCERTA TBCR 36 MG, 54 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH *(Use methylphenidate)*	NF	QL(1 EA daily); PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily)
dexmethylphenidate hcl TABS	1	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NF	QL(1 EA daily)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN *(Use methylphenidate hcl)*	NF	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW 5 MG	1	QL(6 EA daily)
methylphenidate hcl CHEW 2.5 MG	1	QL(2 EA daily)
methylphenidate hcl CHEW 10 MG	1	QL(5 EA daily)
methylphenidate hcl CP24 30 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CPCR	1	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	1	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	1	QL(5 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	1	QL(6 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 36 MG, 54 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(3 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 36 MG, 54 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	1	QL(1 EA daily); PA
modafinil 200 MG	1	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
modafinil 100 MG	1	QL(1 EA daily); PA
NUVIGIL *(Use armodafinil)*	NF	QL(1 EA daily); AL(At least 17 yrs old); PA
PROVIGIL 100 MG *(Use modafinil)*	NF	QL(1 EA daily); PA
PROVIGIL 200 MG *(Use modafinil)*	NF	QL(2 EA daily); PA
RITALIN LA CP24 10 MG, 20 MG, 40 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 30 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NF	QL(6 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
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	1	
ARIKAYCE	5	SP; PA
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	1	
gentamicin sulfate IJ 40 MG/ML	1	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); SP; PA
neomycin sulfate TABS	1	
streptomycin sulfate SOLR	3	
TOBI NEBU *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); SP; PA
tobramycin NEBU	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	4	QL(0.29 EA daily); SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; SP; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; SP; PA
SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); SP; PA
SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); SP; PA
SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
SIMPONI ARIA SOLN	4	SP; PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.29 EA daily); SP; PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); SP; PA
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); SP; PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); SP; PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 EA daily); SP; PA
tofacitinib citrate SOLN 1 MG/ML	4	QL(20 ML daily); SP; PA
tofacitinib citrate TABS 5 MG, 10 MG	4	QL(2 EA daily); SP; PA
tofacitinib citrate TB24 11 MG, 22 MG	4	QL(1 EA daily); SP; PA
XELJANZ XR TB24 11 MG, 22 MG *(Use tofacitinib citrate)*	4	QL(1 EA daily); SP; PA
XELJANZ SOLN 1 MG/ML *(Use tofacitinib citrate)*	4	QL(20 ML daily); SP; PA
XELJANZ TABS 5 MG, 10 MG *(Use tofacitinib citrate)*	4	QL(2 EA daily); SP; PA
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-1 Blockers		
ARCALYST	5	QL(0.286 EA daily); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail); SP; PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail); SP; PA
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail); SP; PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail); SP; PA
KEVZARA SOAJ	5	QL(0.082 ML daily); SP; PA
KEVZARA SOSY	5	QL(0.082 ML daily); SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS *(Use naproxen sodium)*	NF	
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	NF	
CELEBREX *(Use celecoxib)*	NF	QL(2 EA daily)
celecoxib	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
DAYPRO TABS *(Use oxaprozin)*	NF	
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	1	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	1	
EC-NAPROSYN TBEC 375 MG *(Use naproxen)*	NF	
EC-NAPROSYN TBEC 500 MG *(Use naproxen)*	NF	QL(3 EA daily)
etodolac CAPS	1	
etodolac TABS	1	
fenoprofen calcium TABS	1	QL(4 EA daily); ST
flurbiprofen TABS	1	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	1	RX/OTC
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
ketoprofen CAPS 50 MG	1	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
LODINE TABS *(Use etodolac)*	NF	
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NF	
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	1	Must try ibuprofen.; QL(5 EA daily); ST
meloxicam TABS	1	QL(1 EA daily)
nabumetone	1	
NAPROSYN SUSP *(Use naproxen)*	NF	PA
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
naproxen sodium TABS 550 MG	1	
naproxen SUSP	1	PA
naproxen TABS	1	
naproxen TBEC 500 MG	1	QL(3 EA daily)
oxaprozin TABS	1	
piroxicam CAPS	1	
sulindac TABS	1	
TOLECTIN DS CAPS 400 MG *(Use tolmetin sodium)*	NF	
tolmetin sodium CAPS	1	
tolmetin sodium TABS 600 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); SP; 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; SP; PA
OTEZLA TABS	4	QL(2 EA daily); SP; PA
OTEZLA TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
OTEZLA TBPK	4	1 package(s) per 180 day(s) retail; SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NF	QL(1 EA daily)
leflunomide	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); SP; PA
ENBREL SOLN	4	QL(0.146 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	1	QL(6 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(6 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	QL(6 EA daily)
butalbital-aspirin-caffeine CAPS	1	QL(4 EA daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
Salicylates		
aspirin CHEW	1	AL(At least 45 yrs old - Up to 79 yrs old); PV
aspirin TABS 325 MG	1	AL(At least 45 yrs old - Up to 79 yrs old); PV
aspirin TBEC 325 MG	1	
aspirin TBEC 81 MG	1	AL(At least 45 yrs old - Up to 79 yrs old); PV
diflunisal TABS	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS	1	New starts limited to 7 day supply
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID LIQD *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply
DILAUDID TABS *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply; QL(8 EA daily)
DISKETS TBSO 40 MG *(Use methadone hcl)*	NF	QL(2 EA daily); PV
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(Use morphine sulfate)*	NF	
fentanyl citrate LPOP	1	QL(4 EA daily); PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	QL(0.34 EA daily)
hydrocodone bitartrate CP12	3	QL(2 EA daily); PA
hydrocodone bitartrate T24A	3	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
HYDROMORPHONE HCL PF SOLN IJ *(Use hydromorphone hcl)*	NF	
hydromorphone hcl LIQD	1	New starts limited to 7 day supply
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	
hydromorphone hcl TABS	1	New starts limited to 7 day supply; QL(8 EA daily)
hydromorphone hcl TB24 32 MG	1	QL(1 EA daily); PA
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(2 EA daily); PA
levorphanol tartrate TABS 2 MG	1	New starts limited to 7 day supply
meperidine hcl SOLN PO 50 MG/5ML	1	New starts limited to 7 day supply; QL(500 ML per fill retail)
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1	
meperidine hcl TABS 50 MG	1	New starts limited to 7 day supply; QL(6 EA daily)
methadone hcl CONC	1	QL(10 ML daily); PV
methadone hcl SOLN PO	1	PV
METHADONE HCL SOLN IJ *(Use methadone hcl)*	NF	PV
methadone hcl TABS 5 MG	1	QL(4 EA daily); PV
methadone hcl TABS 10 MG	1	QL(10 EA daily); PV
methadone hcl TBSO	1	QL(2 EA daily); PV
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NF	QL(10 ML daily); PV
METHADOSE CONC *(Use methadone hcl)*	NF	QL(10 ML daily); PV
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily); PA
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	1	
morphine sulfate SOLN PO 20 MG/5ML	1	New starts limited to 7 day supply; QL(50 ML daily)
morphine sulfate SOLN PO 10 MG/5ML	1	New starts limited to 7 day supply; QL(100 ML daily)
morphine sulfate TABS	1	New starts limited to 7 day supply; QL(6 EA daily)
morphine sulfate TBCR	1	QL(2 EA daily)
MS CONTIN TBCR *(Use morphine sulfate)*	NF	QL(2 EA daily)
oxycodone hcl TABS	1	New starts limited to 7 day supply; QL(12 EA daily)
oxymorphone hcl TABS	1	QL(12 EA daily); PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1	QL(2 EA daily); PA
oxymorphone hcl TB12 40 MG	1	QL(4 EA daily); PA
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
tramadol hcl TABS 50 MG	1	New starts limited to 7 day supply; QL(8 EA daily)
tramadol hcl TB24	1	QL(1 EA daily)
Opioid Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	1	New starts limited to 7 day supply; QL(75 ML daily)
acetaminophen w/ codeine TABS 60 MG-300 MG	1	New starts limited to 7 day supply; QL(6 EA daily)
acetaminophen w/ codeine TABS 15 MG-300 MG	1	New starts limited to 7 day supply; QL(13 EA daily)
acetaminophen w/ codeine TABS 30 MG-300 MG	1	New starts limited to 7 day supply; QL(12 EA daily)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1	New starts limited to 7 day supply
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	3	New starts limited to 7 day supply; PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1	New starts limited to 7 day supply
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	New starts limited to 7 day supply; QL(6 EA daily)
butalbital-aspirin-caffeine w/cod	1	New starts limited to 7 day supply; QL(6 EA daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NF	New starts limited to 7 day supply
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	New starts limited to 7 day supply; QL(180 ML daily)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	1	New starts limited to 7 day supply
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	New starts limited to 7 day supply; QL(12 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	1	New starts limited to 7 day supply; QL(13 EA daily)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	1	PA
hydrocodone-ibuprofen 7.5 MG-200 MG	1	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	1	New starts limited to 7 day supply; QL(12 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	New starts limited to 7 day supply; QL(13 EA daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(13 EA daily)
tramadol-acetaminophen	1	New starts limited to 7 day supply; QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 EA daily); PV
buprenorphine hcl SOLN	1	
buprenorphine hcl SUBL	1	QL(3 EA daily); PV
buprenorphine PTWK	1	QL(0.143 EA daily); PA
butorphanol tartrate NA 10 MG/ML	1	QL(0.34 ML daily); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1	
BUTRANS PTWK *(Use buprenorphine)*	NF	QL(0.143 EA daily); PA
pentazocine w/ naloxone hcl	1	New starts limited to 7 day supply
SUBLOCADE SOSY	3	SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(2 EA daily)
ZUBSOLV SUBL	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
danazol CAPS	1	
methyltestosterone TABS	1	
testosterone cypionate SOLN IM	1	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
testosterone enanthate SOLN IM	1	

Drug Name	Drug Tier	Requirements/ Limits
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	4	QL(3.2 GM daily); PA
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	
hydrocortisone (intrarectal)	1	
UCERIS *(Use budesonide (intrarectal))*	NF	QL(3.2 GM daily); PA
Rectal Steroids		
ANUCORT-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	
ANUSOL-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
HEMMOREX-HC 25 MG, 30 MG *(Use hydrocortisone acetate (rectal))*	NF	
hydrocortisone (rectal) EX	1	
hydrocortisone acetate (rectal)	1	
PROCTOCORT *(Use hydrocortisone acetate (rectal))*	NF	
Vasodilating Agents		
nitroglycerin (intra-anal)	1	
RECTIV *(Use nitroglycerin (intra-anal))*	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
BILTRICIDE *(Use praziquantel)*	NF	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
ivermectin	1	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	1	PA
STROMECTOL *(Use ivermectin)*	NF	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	1	
trimethoprim TABS	1	
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		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
sulfamethoxazole-trimethoprim SOLN	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
atovaquone	1	
MEPRON *(Use atovaquone)*	NF	
nitazoxanide TABS	1	PA
Carbapenems		
ertapenem sodium IJ	1	SP
Chloramphenicols		
chloramphenicol sodium succinate	4	PA
Cyclic Lipopeptides		
daptomycin 500 MG	1	
DAPTOMYCIN *(Use daptomycin)*	NF	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail)
VANCOCIN CAPS *(Use vancomycin hcl)*	NF	QL(4 EA daily; 40 EA per fill retail)
vancomycin hcl CAPS	1	QL(4 EA daily; 40 EA per fill retail)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	QL(300 ML per fill retail)
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG	1	
Leprostatics		
dapsone	1	

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Drug Name	Drug Tier	Requirements/ Limits
Lincosamides		
CLEOCIN *(Use clindamycin hcl)*	NF	
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	
CLEOCIN PHOSPHATE SOLN IJ *(Use clindamycin phosphate)*	NF	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1	
LINCOCIN *(Use lincomycin hcl)*	NF	
lincomycin hcl	1	
Monobactams		
AZACTAM 1 GM *(Use aztreonam)*	NF	
aztreonam 1 GM	1	
CAYSTON	5	QL(3 ML daily); SP; PA
Oxazolidinones		
linezolid SUSR	1	
linezolid TABS	1	QL(2 EA daily); PA
ZYVOX SUSR *(Use linezolid)*	NF	
ZYVOX TABS *(Use linezolid)*	NF	QL(2 EA daily); PA
Urinary Anti-infectives		
fosfomycin tromethamine	1	
HIPREX *(Use methenamine hippurate)*	NF	
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
methenamine hippurate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal 50 MG, 100 MG	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(3 EA daily)
ranolazine TB12 1000 MG	1	QL(2 EA daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	
isosorbide mononitrate TABS	1	
isosorbide mononitrate TB24	1	
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin OINT	1	
nitroglycerin PT24	1	
NITROGLYCERIN SOLN IV	1	
nitroglycerin SUBL	1	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine hcl SOLN 50 MG/ML	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
meprobamate	1	
Benzodiazepines		
alprazolam TABS	1	QL(4 EA daily)
alprazolam TB24	1	
alprazolam TBDP	1	
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN PO 5 MG/5ML	1	
diazepam TABS	1	QL(4 EA daily)
lorazepam CONC	1	
lorazepam TABS 1 MG	1	QL(4 EA daily)
lorazepam TABS 0.5 MG, 2 MG	1	QL(3 EA daily)
oxazepam CAPS	1	
VALIUM TABS *(Use diazepam)*	NF	QL(4 EA daily)
XANAX XR TB24 *(Use alprazolam)*	NF	
XANAX TABS *(Use alprazolam)*	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	
NORPACE CAPS *(Use disopyramide phosphate)*	NF	
procainamide hcl SOLN 500 MG/ML	1	
quinidine sulfate TABS	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS	1	
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML	1	
amiodarone hcl TABS	1	
dofetilide	1	
TIKOSYN *(Use dofetilide)*	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	QL(8 ML daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(Use ipratropium bromide hfa)*	3	QL(0.44 GM daily)
INCRUSE ELLIPTA 62.5 MCG/ACT *(Use umeclidinium bromide)*	2	QL(1 EA daily)
ipratropium bromide hfa 17 MCG/ACT	1	QL(0.44 GM daily)
ipratropium bromide SOLN 0.02 %	1	QL(15 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)
tiotropium bromide CAPS IN 18 MCG	1	QL(1 EA daily)
umeclidinium bromide 62.5 MCG/INH	1	QL(1 EA daily)
Leukotriene Modulators		
ACCOLATE *(Use zafirlukast)*	NF	QL(2 EA daily)
montelukast sodium CHEW	1	QL(1 EA daily)
montelukast sodium PACK	1	QL(1 EA daily)
montelukast sodium TABS	1	QL(1 EA daily)
SINGULAIR CHEW *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR TABS *(Use montelukast sodium)*	NF	QL(1 EA daily)
zafirlukast	1	QL(2 EA daily)
zileuton TB12	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NF	QL(1 EA daily)
roflumilast	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
budesonide (inhalation) SUSP	1	QL(4 ML daily); PA
FLOVENT HFA 44 MCG/ACT *(Use fluticasone propionate hfa)*	NF	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone propionate (inhalation) AEPB	1	
fluticasone propionate hfa	1	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
PULMICORT SUSP *(Use budesonide (inhalation))*	NF	QL(4 ML daily); PA
QVAR REDIHALER	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NF	
albuterol sulfate AERS	1	
albuterol sulfate NEBU	1	QL(15 ML daily)
albuterol sulfate NEBU	1	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	NF	
arformoterol tartrate	1	QL(4 ML daily)
BREO ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
BREZTRI AEROSPHERE	2	QL(0.38 GM daily)
BROVANA *(Use arformoterol tartrate)*	NF	QL(4 ML daily)
budesonide-formoterol fumarate dihydrate	1	1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
DULERA	2	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone furoate-vilanterol	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone-salmeterol AERO	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
formoterol fumarate NEBU	1	QL(4 ML daily)
ipratropium-albuterol SOLN	1	QL(18 ML daily)
levalbuterol hcl	1	QL(12 ML daily)
levalbuterol hcl 1.25 MG/0.5ML	1	
levalbuterol tartrate	1	QL(0.5 GM daily)
PERFOROMIST NEBU *(Use formoterol fumarate)*	NF	QL(4 ML daily)
SEREVENT DISKUS	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
STIOLTO RESPIMAT	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
STRIVERDI RESPIMAT	2	
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NF	1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
terbutaline sulfate SOLN	1	
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	2	QL(2 EA daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NF	
XOPENEX HFA *(Use levalbuterol tartrate)*	NF	
Xanthines		
theophylline ELIX	1	
theophylline SOLN	1	QL(56 ML daily)
theophylline TB12	1	
theophylline TB24	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 EA daily)
rivaroxaban SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
rivaroxaban TABS 2.5 MG	1	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	NF	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
XARELTO TABS 2.5 MG *(Use rivaroxaban)*	NF	QL(2 EA daily)
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		
ARIXTRA 5 MG/0.4ML *(Use fondaparinux sodium)*	NF	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
ARIXTRA 7.5 MG/0.6ML *(Use fondaparinux sodium)*	NF	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP
ARIXTRA 2.5 MG/0.5ML *(Use fondaparinux sodium)*	NF	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
ARIXTRA 10 MG/0.8ML *(Use fondaparinux sodium)*	NF	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP
enoxaparin sodium SOLN IJ 300 MG/3ML	4	QL(6 ML daily); SP
enoxaparin sodium SOSY 60 MG/0.6ML	4	QL(1.2 ML daily); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily); SP
enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ML daily); SP
enoxaparin sodium SOSY 30 MG/0.3ML	4	QL(0.6 ML daily); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ML daily); SP
fondaparinux sodium 10 MG/0.8ML	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP
fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP
fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP

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Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1	
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NF	QL(6 ML daily); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use enoxaparin sodium)*	NF	QL(1.6 ML daily); SP
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NF	QL(1.2 ML daily); SP
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NF	QL(0.8 ML daily); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NF	QL(2 ML daily); SP
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NF	QL(0.6 ML daily); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 2 MG *(Use perampanel)*	NF	QL(6 EA daily); PA
FYCOMPA TABS 6 MG *(Use perampanel)*	NF	QL(2 EA daily); PA
FYCOMPA TABS 4 MG *(Use perampanel)*	NF	QL(3 EA daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG *(Use perampanel)*	NF	QL(1 EA daily); PA
perampanel TABS 8 MG, 10 MG, 12 MG	1	QL(1 EA daily); PA
perampanel TABS 6 MG	1	QL(2 EA daily); PA
perampanel TABS 4 MG	1	QL(3 EA daily); PA
perampanel TABS 2 MG	1	QL(6 EA daily); PA
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	QL(16 ML daily); PA
clobazam TABS	1	QL(2 EA daily); PA
clonazepam TABS	1	
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
diazepam (anticonvulsant) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
KLONOPIN TABS *(Use clonazepam)*	NF	
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
ONFI SUSP *(Use clobazam)*	NF	QL(16 ML daily); PA
ONFI TABS *(Use clobazam)*	NF	QL(2 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	3	QL(2 EA daily); ST
BANZEL SUSP *(Use rufinamide)*	NF	QL(80 ML daily); SP; PA
BANZEL TABS 200 MG *(Use rufinamide)*	2	QL(2 EA daily); SP; PA
BANZEL TABS 400 MG *(Use rufinamide)*	2	QL(8 EA daily); SP; PA
carbamazepine CHEW	1	
carbamazepine CP12 300 MG	1	QL(4 EA daily)
carbamazepine CP12 100 MG	1	
carbamazepine CP12 200 MG	1	QL(6 EA daily)
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 200 MG	1	QL(6 EA daily)
carbamazepine TB12 100 MG, 400 MG	1	QL(4 EA daily)
CARBATROL CP12 100 MG *(Use carbamazepine)*	NF	
CARBATROL CP12 300 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
CARBATROL CP12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)
DIACOMIT CAPS	5	QL(12 EA daily); SP; PA
DIACOMIT PACK 250 MG	5	QL(12 EA daily); SP; PA
DIACOMIT PACK 500 MG	5	QL(6 EA daily); SP; PA
EPIDIOLEX	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1	QL(2 EA daily); ST
gabapentin CAPS	1	
gabapentin SOLN	1	QL(60 ML daily)
gabapentin TABS 600 MG, 800 MG	1	
KEPPRA XR TB24 *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NF	QL(30 ML daily)
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NF	QL(3 EA daily)
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA TABS 500 MG *(Use levetiracetam)*	NF	QL(6 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily)
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL ODT TBDP *(Use lamotrigine)*	NF	QL(1 EA daily)
LAMICTAL CHEW 25 MG *(Use lamotrigine)*	NF	QL(20 EA daily)
LAMICTAL CHEW 5 MG *(Use lamotrigine)*	NF	QL(100 EA daily)
LAMICTAL TABS 150 MG, 200 MG *(Use lamotrigine)*	3	
LAMICTAL TABS 25 MG, 100 MG *(Use lamotrigine)*	NF	
lamotrigine CHEW 5 MG	1	QL(100 EA daily)
lamotrigine CHEW 25 MG	1	QL(20 EA daily)
lamotrigine TABS	1	
lamotrigine TBDP	1	QL(1 EA daily)
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	QL(30 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
levetiracetam TABS 1000 MG	1	QL(3 EA daily)
levetiracetam TABS 250 MG, 750 MG	1	QL(4 EA daily)
levetiracetam TABS 500 MG	1	QL(6 EA daily)
levetiracetam TB24	1	QL(4 EA daily)
LYRICA CAPS 225 MG, 300 MG *(Use pregabalin)*	NF	QL(2 EA daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(Use pregabalin)*	NF	QL(3 EA daily)
LYRICA SOLN *(Use pregabalin)*	NF	QL(30 ML daily)
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	NF	
NEURONTIN SOLN *(Use gabapentin)*	NF	QL(60 ML daily)
NEURONTIN TABS *(Use gabapentin)*	NF	
oxcarbazepine SUSP	1	QL(40 ML daily)
oxcarbazepine TABS 150 MG, 300 MG	1	QL(3 EA daily)
oxcarbazepine TABS 600 MG	1	QL(4 EA daily)
pregabalin CAPS 225 MG, 300 MG	3	QL(2 EA daily)
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	3	QL(3 EA daily)
pregabalin SOLN	3	QL(30 ML daily)
primidone 50 MG, 250 MG	1	
QUDEXY XR CS24 *(Use topiramate)*	NF	PA
rufinamide SUSP	1	QL(80 ML daily); SP; PA
rufinamide TABS 200 MG	1	QL(2 EA daily); SP; PA
rufinamide TABS 400 MG	1	QL(8 EA daily); SP; PA
TEGRETOL-XR TB12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)
TEGRETOL-XR TB12 100 MG, 400 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
TEGRETOL SUSP *(Use carbamazepine)*	2	
TEGRETOL TABS *(Use carbamazepine)*	2	
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NF	QL(8 EA daily)
TOPAMAX TABS 200 MG *(Use topiramate)*	NF	QL(2 EA daily)
TOPAMAX TABS 25 MG, 100 MG *(Use topiramate)*	NF	QL(4 EA daily)
TOPAMAX TABS 50 MG *(Use topiramate)*	NF	QL(6 EA daily)
topiramate CPSP 25 MG	1	QL(8 EA daily)
topiramate CPSP 15 MG	1	QL(6 EA daily)
topiramate CS24	3	PA
topiramate TABS 200 MG	1	QL(2 EA daily)
topiramate TABS 25 MG, 100 MG	1	QL(4 EA daily)
topiramate TABS 50 MG	1	QL(6 EA daily)
TRILEPTAL SUSP *(Use oxcarbazepine)*	NF	QL(40 ML daily)
TRILEPTAL TABS 150 MG, 300 MG *(Use oxcarbazepine)*	NF	QL(3 EA daily)
TRILEPTAL TABS 600 MG *(Use oxcarbazepine)*	NF	QL(4 EA daily)
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NF	QL(40 ML daily)
VIMPAT TABS *(Use lacosamide)*	NF	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin sodium SOLN	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
CELONTIN *(Use methsuximide)*	NF	QL(4 EA daily)
ethosuximide CAPS	1	QL(6 EA daily)
ethosuximide SOLN	1	QL(30 ML daily)
methsuximide	1	QL(4 EA daily)
ZARONTIN CAPS *(Use ethosuximide)*	2	QL(6 EA daily)
ZARONTIN SOLN *(Use ethosuximide)*	NF	QL(30 ML daily)
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NF	
DEPAKOTE TBEC *(Use divalproex sodium)*	NF	
divalproex sodium TB24	1	
divalproex sodium TBEC	1	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	
valproic acid CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	
mirtazapine TBDP	1	
REMERON SOLTAB TBDP *(Use mirtazapine)*	NF	
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NF	
Antidepressants - Misc.		
bupropion hcl TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12	1	
bupropion hcl TB24 150 MG, 300 MG	1	
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NF	
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NF	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	SP; PA
SPRAVATO (84 MG DOSE)	4	SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(Use citalopram hydrobromide)*	NF	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide TABS	1	
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS	1	
fluoxetine hcl CAPS	1	
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS	1	
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	
fluvoxamine maleate TABS	1	
LEXAPRO TABS *(Use escitalopram oxalate)*	NF	
paroxetine hcl SUSP	1	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
PAXIL CR TB24 *(Use paroxetine hcl)*	NF	
PAXIL SUSP *(Use paroxetine hcl)*	NF	
PAXIL TABS *(Use paroxetine hcl)*	NF	
PROZAC CAPS *(Use fluoxetine hcl)*	NF	
sertraline hcl CONC	1	
sertraline hcl TABS	1	
ZOLOFT CONC *(Use sertraline hcl)*	NF	
ZOLOFT TABS *(Use sertraline hcl)*	NF	
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl TABS	1	
TRINTELLIX	3	QL(1 EA daily); PA
VIIBRYD TABS *(Use vilazodone hcl)*	NF	
vilazodone hcl TABS	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NF	
desvenlafaxine succinate	1	
duloxetine hcl CPEP	1	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
PRISTIQ *(Use desvenlafaxine succinate)*	NF	
venlafaxine hcl CP24	1	
venlafaxine hcl TABS	1	
venlafaxine hcl TB24	1	
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS	1	
imipramine pamoate	1	
NORPRAMIN TABS 10 MG, 25 MG *(Use desipramine hcl)*	NF	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
protriptyline hcl	1	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	QL(3 EA daily)
miglitol	1	QL(3 EA daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NF	QL(2 EA daily)
alogliptin-metformin hcl	1	QL(2 EA daily); PA
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	1	QL(1 EA daily); PA
alogliptin-pioglitazone 30 MG-12.5 MG	1	QL(2 EA daily); PA
dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG	1	QL(1 EA daily)
dapagliflozin-metformin hcl TB24 PO 1000 MG-5 MG	1	QL(2 EA daily)
dapagliflozin-saxagliptin	1	QL(1 EA daily)
DUETACT *(Use pioglitazone hcl-glimepiride)*	NF	QL(1 EA daily)
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1	QL(2 EA daily)
glipizide-metformin hcl 500 MG-5 MG	1	QL(4 EA daily)
glyburide-metformin 250 MG-1.25 MG	1	QL(2 EA daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(1 EA daily)
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
pioglitazone hcl-glimepiride	1	QL(1 EA daily)
pioglitazone hcl-metformin hcl TABS	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1	QL(1 EA daily)
saxagliptin-metformin hcl 1000 MG-2.5 MG	1	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TABS	1	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	1	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	1	QL(1 EA daily)
SOLIQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-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 *(Use dapagliflozin-metformin hcl)*	NF	QL(2 EA daily)
XIGDUO XR TB24 PO *(Use dapagliflozin-metformin hcl)*	NF	QL(1 EA daily)
XIGDUO XR TB24 PO 1000 MG-2.5 MG	2	QL(2 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	
metformin hcl TABS 1000 MG	1	QL(2.5 EA daily)
metformin hcl TABS 500 MG	1	QL(5 EA daily)
metformin hcl TABS 850 MG	1	QL(3 EA daily); PV
metformin hcl TB24 750 MG	1	QL(3 EA daily)
metformin hcl TB24 500 MG	1	QL(4 EA daily)
Diabetic Other		
diazoxide	3	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	NF	QL(0.035 EA daily)
glucagon SOLR IJ 1 MG	1	QL(0.035 EA daily)
PROGLYCEM *(Use diazoxide)*	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1	QL(1 EA daily)
JANUVIA 25 MG, 50 MG, 100 MG *(Use sitagliptin phosphate)*	NF	QL(1 EA daily)
ONGLYZA 5 MG *(Use saxagliptin hcl)*	NF	QL(1 EA daily)
saxagliptin hcl	1	QL(1 EA daily)
sitagliptin phosphate 25 MG, 50 MG, 100 MG	1	QL(1 EA daily)
Incretin Mimetic Agents		
liraglutide	1	QL(0.3 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail
MOUNJARO	2	QL(0.072 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	2	QL(1 EA daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
RYBELSUS TABS	2	QL(1 EA daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
TRULICITY	2	QL(0.143 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail; PA
VICTOZA *(Use liraglutide)*	NF	QL(0.3 ML daily); 1 max fill(s) per 28 day(s) retail; 1 max fill(s) per 28 day(s) mail
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ML daily)
INSULIN GLARGINE-YFGN SOLN	2	
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	
INSULIN LISPRO PROT & LISPRO SUPN	1	
INSULIN LISPRO SOLN IJ	1	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
NOVOLOG FLEXPEN SOPN	1	
NOVOLOG MIX 70/30 FLEXPEN SUPN	1	
NOVOLOG MIX 70/30 SUSP	1	
NOVOLOG PENFILL SOCT	1	
NOVOLOG SOLN IJ	1	
REZVOGLAR KWIKPEN	3	PA
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Insulin Sensitizing Agents		

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Drug Name	Drug Tier	Requirements/ Limits
ACTOS *(Use pioglitazone hcl)*	NF	QL(1 EA daily)
pioglitazone hcl	1	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	1	QL(3 EA daily)
repaglinide 0.5 MG, 1 MG	1	QL(4 EA daily)
repaglinide 2 MG	1	QL(8 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	1	QL(1 EA daily)
FARXIGA TABS PO *(Use dapagliflozin)*	NF	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
glimepiride 1 MG, 2 MG	1	QL(4 EA daily)
glimepiride 4 MG	1	QL(2 EA daily)
glipizide TABS 5 MG, 10 MG	1	QL(4 EA daily)
glipizide TB24	1	QL(2 EA daily)
GLUCOTROL XL TB24 5 MG, 10 MG *(Use glipizide)*	NF	QL(2 EA daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	QL(4 EA daily)
glyburide TABS	1	QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	1	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	SP; PA
deferasirox TABS	4	SP; PA
deferasirox TBSO	4	SP; PA
EXJADE TBSO *(Use deferasirox)*	NF	SP; PA
JADENU SPRINKLE PACK *(Use deferasirox)*	NF	SP; PA
JADENU TABS *(Use deferasirox)*	NF	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	5	PA
Opioid Antagonists		
KLOXXADO LIQD	3	2 max fill(s) per 30 day(s) retail
naloxone hcl LIQD	1	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	1	PV
naltrexone hcl	1	PV
NARCAN LIQD *(Use naloxone hcl)*	NF	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
VIVITROL	3	SP
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	1	
granisetron hcl TABS	1	QL(0.34 EA daily)
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(3.34 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl SOLN IJ 4 MG/2ML	1	
ondansetron hcl SOSY	1	
ondansetron hcl TABS 8 MG	1	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
ondansetron hcl TABS 24 MG	1	QL(0.143 EA daily)
ondansetron hcl TABS 4 MG	1	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
ondansetron TBDP 8 MG	1	
ondansetron TBDP 4 MG	1	QL(1 EA daily)
palonosetron hcl SOLN	1	
Antiemetics - Anticholinergic		
meclizine hcl TABS 12.5 MG, 25 MG	1	RX/OTC
scopolamine	1	QL(0.34 EA daily)
TRANSDERM SCOP 1 MG/3DAYS *(Use scopolamine)*	NF	QL(0.34 EA daily)
TRANSDERM-SCOP *(Use scopolamine)*	NF	QL(0.34 EA daily)
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NF	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
doxylamine-pyridoxine TBEC	1	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	1	

Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS *(Use dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 40 MG, 125 MG	1	QL(0.067 EA daily); PA
aprepitant CAPS 80 MG	1	QL(0.134 EA daily); PA
aprepitant CPPK PO	1	PA
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	NF	QL(0.134 EA daily); PA
EMEND TRIPACK CPPK PO *(Use aprepitant)*	NF	PA
VARUBI (180 MG DOSE) TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
amphotericin b IV	3	
ANCOBON *(Use flucytosine)*	NF	
flucytosine	1	
griseofulvin microsize SUSP	1	AL(At least 2 yrs old)
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(1 EA daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
DIFLUCAN SUSR 40 MG/ML *(Use fluconazole)*	NF	
DIFLUCAN TABS 200 MG *(Use fluconazole)*	NF	
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
itraconazole SOLN	1	QL(20 ML daily); PA
ketoconazole	1	
NOXAFIL SUSP *(Use posaconazole)*	NF	QL(20 ML daily)
NOXAFIL TBEC *(Use posaconazole)*	NF	QL(6 EA daily)
posaconazole SUSP	3	QL(20 ML daily)
posaconazole TBEC	3	QL(6 EA daily)
SPORANOX CAPS *(Use itraconazole)*	NF	QL(4 EA daily); PA
SPORANOX SOLN *(Use itraconazole)*	NF	QL(20 ML daily); PA
TOLSURA CAPS	4	PA
voriconazole TABS	1	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	1	
clemastine fumarate SYRP	1	
clemastine fumarate TABS 2.68 MG	1	
CLEMASZ TABS 2.68 MG *(Use clemastine fumarate)*	NF	
CLEMSZA TABS 2.68 MG *(Use clemastine fumarate)*	NF	
diphenhydramine hcl CAPS 50 MG	1	
diphenhydramine hcl ELIX 12.5 MG/5ML	1	
diphenhydramine hcl LIQD 12.5 MG/5ML	1	
Antihistamines - Non-Sedating		
cetirizine hcl TABS	1	QL(1 EA daily)
CLARINEX TABS *(Use desloratadine)*	NF	QL(1 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN CAPS *(Use loratadine)*	NF	
CLARITIN CHEW *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	
CLARITIN TABS *(Use loratadine)*	NF	
desloratadine TABS	1	QL(1 EA daily)
desloratadine TBDP 2.5 MG	1	QL(1 EA daily)
levocetirizine dihydrochloride SOLN	1	QL(10 ML daily); RX/OTC
levocetirizine dihydrochloride TABS	1	QL(1 EA daily); RX/OTC
loratadine CAPS	1	
loratadine CHEW	1	
loratadine SOLN	1	
loratadine TABS	1	
loratadine TBDP	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	QL(10 ML daily); RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	QL(1 EA daily)
Antihistamines - Phenothiazines		
promethazine hcl SUPP 50 MG	1	
promethazine hcl SUPP 12.5 MG, 25 MG	1	QL(6 EA daily)
promethazine hcl TABS	1	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	

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Drug Name	Drug Tier	Requirements/ Limits
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	QL(1 EA daily)
VYTORIN *(Use ezetimibe-simvastatin)*	NF	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	1	QL(4 EA daily); PA
LOVAZA *(Use omega-3-acid ethyl esters)*	NF	QL(4 EA daily)
omega-3-acid ethyl esters	1	QL(4 EA daily)
VASCEPA 1 GM *(Use icosapent ethyl)*	NF	QL(4 EA daily); PA
Bile Acid Sequestrants		
cholestyramine light PACK	1	QL(6 EA daily)
cholestyramine light POWD	1	QL(24 GM daily)
cholestyramine PACK	1	QL(6 EA daily)
cholestyramine POWD	1	QL(25.2 GM daily)
colesevelam hcl PACK	1	QL(1 EA daily); PA
colesevelam hcl TABS	1	QL(7 EA daily)
COLESTID GRAN *(Use colestipol hcl)*	NF	QL(6 GM daily)
COLESTID PACK *(Use colestipol hcl)*	NF	QL(6 EA daily)
COLESTID TABS *(Use colestipol hcl)*	NF	QL(16 EA daily)
colestipol hcl GRAN	1	QL(6 GM daily)
colestipol hcl PACK	1	QL(6 EA daily)
colestipol hcl TABS	1	QL(16 EA daily)
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NF	QL(24 GM daily)
QUESTRAN PACK *(Use cholestyramine)*	NF	QL(6 EA daily)
QUESTRAN POWD *(Use cholestyramine)*	NF	QL(25.2 GM daily)
WELCHOL PACK *(Use colesevelam hcl)*	NF	QL(1 EA daily); PA
WELCHOL TABS *(Use colesevelam hcl)*	NF	QL(7 EA daily)
Fibric Acid Derivatives		
choline fenofibrate	1	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	1	QL(1 EA daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	QL(1 EA daily)
FENOGLIDE TABS *(Use fenofibrate)*	NF	
gemfibrozil TABS	1	QL(2 EA daily)
LOPID TABS *(Use gemfibrozil)*	NF	QL(2 EA daily)
TRICOR TABS *(Use fenofibrate)*	NF	QL(1 EA daily)
TRILIPIX *(Use choline fenofibrate)*	NF	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 EA daily)
CRESTOR TABS *(Use rosuvastatin calcium)*	NF	QL(1 EA daily)
fluvastatin sodium CAPS 40 MG	1	QL(2 EA daily)
fluvastatin sodium CAPS 20 MG	1	QL(1 EA daily)
LIPITOR TABS *(Use atorvastatin calcium)*	NF	QL(1 EA daily)
lovastatin TABS 10 MG, 20 MG	1	$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV

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Drug Name	Drug Tier	Requirements/ Limits
lovastatin TABS 40 MG	1	$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV
pravastatin sodium	1	QL(1 EA daily)
rosuvastatin calcium TABS	3	QL(1 EA daily)
simvastatin TABS	1	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	QL(1 EA daily)
ZETIA *(Use ezetimibe)*	NF	QL(1 EA daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); SP; PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); SP; PA
REPATHA SOSY	4	QL(0.0714 ML daily); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL 20 MG, 40 MG *(Use quinapril hcl)*	NF	
ACCUPRIL 5 MG, 10 MG *(Use quinapril hcl)*	NF	QL(2 EA daily)
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(Use ramipril)*	NF	
benazepril hcl	1	
captopril 12.5 MG	1	
captopril 25 MG, 50 MG, 100 MG	1	QL(3 EA daily)
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NF	
moexipril hcl	1	QL(2 EA daily)
perindopril erbumine 4 MG	1	
perindopril erbumine 2 MG, 8 MG	1	QL(2 EA daily)
quinapril hcl 5 MG, 10 MG	1	QL(2 EA daily)
quinapril hcl 20 MG, 40 MG	1	
ramipril CAPS	1	
trandolapril 4 MG	1	QL(2 EA daily)
trandolapril 1 MG, 2 MG	1	QL(1 EA daily)
VASOTEC TABS *(Use enalapril maleate)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NF	
Agents for Pheochromocytoma		
DIBENZYLINE *(Use phenoxybenzamine hcl)*	NF	PA
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NF	QL(1 EA daily)
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NF	QL(1 EA daily)
azilsartan medoxomil 40 MG, 80 MG	1	QL(1 EA daily); ST
BENICAR *(Use olmesartan medoxomil)*	NF	QL(1 EA daily)
candesartan cilexetil	1	QL(1 EA daily)
COZAAR *(Use losartan potassium)*	NF	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
DIOVAN TABS *(Use valsartan)*	NF	QL(1 EA daily)
EDARBI 40 MG, 80 MG *(Use azilsartan medoxomil)*	3	QL(1 EA daily); ST
irbesartan	1	QL(1 EA daily)
losartan potassium	1	QL(1 EA daily)
MICARDIS *(Use telmisartan)*	NF	QL(1 EA daily)
olmesartan medoxomil	1	QL(1 EA daily)
telmisartan	1	QL(1 EA daily)
valsartan TABS	1	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NF	
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
clonidine hcl TABS	1	QL(8 EA daily)
clonidine PTWK	3	QL(0.15 EA daily)
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	QL(6 EA daily)
prazosin hcl CAPS	1	QL(4 EA daily)
terazosin hcl	1	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 EA daily)
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 EA daily)
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-olmesartan medoxomil	1	ST
amlodipine besylate-valsartan	1	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	3	
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	1	
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NF	
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NF	ST
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1	
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1	QL(1 EA daily)
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NF	
bisoprolol & hydrochlorothiazide	1	QL(2 EA daily)
candesartan cilexetil-hydrochlorothiazide	1	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1	
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	1	QL(2 EA daily)
EXFORGE *(Use amlodipine besylate-valsartan)*	NF	QL(1 EA daily)
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
fosinopril sodium & hydrochlorothiazide	1	QL(1 EA daily)
HYZAAR 12.5 MG-50 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(2 EA daily)
HYZAAR 12.5 MG-100 MG, 25 MG-100 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(1 EA daily)
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	1	QL(2 EA daily)
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	1	QL(1 EA daily)
LOTENSIN HCT 12.5 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NF	
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	1	
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1	QL(1 EA daily)
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST
olmesartan medoxomil-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1	QL(3 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1	QL(4 EA daily)
telmisartan-amlodipine	1	QL(1 EA daily)
telmisartan-hydrochlorothiazide	1	QL(1 EA daily)
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	3	
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	3	QL(1 EA daily)
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NF	ST
valsartan-hydrochlorothiazide	1	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NF	
Antihypertensives - Misc.		
VECAMYL	3	SP; PA
Direct Renin Inhibitors		
aliskiren fumarate	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
TEKTURNA *(Use aliskiren fumarate)*	NF	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
INSPRA *(Use eplerenone)*	NF	
Vasodilators		
hydralazine hcl SOLN	1	
hydralazine hcl TABS	1	
minoxidil 2.5 MG, 10 MG	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
MALARONE *(Use atovaquone-proguanil hcl)*	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
chloroquine phosphate TABS 500 MG	1	
chloroquine phosphate TABS 250 MG	1	QL(3 EA daily)
DARAPRIM *(Use pyrimethamine)*	NF	QL(3 EA daily); SP; PA
hydroxychloroquine sulfate 200 MG	1	QL(3 EA daily)
hydroxychloroquine sulfate 100 MG	1	QL(4 EA daily)
hydroxychloroquine sulfate 400 MG	1	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)
mefloquine hcl	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	QL(3 EA daily)
primaquine phosphate TABS	3	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
pyrimethamine	1	QL(3 EA daily); SP; PA
QUALAQUIN CAPS *(Use quinine sulfate)*	NF	PA
quinine sulfate CAPS 324 MG	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN PO *(Use pyridostigmine bromide)*	NF	
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
NEOSTIGMINE METHYLSULFATE RFID SOSY *(Use neostigmine methylsulfate)*	NF	PA
neostigmine methylsulfate SOSY	3	PA
NEOSTIGMINE METHYLSULFATE SOSY *(Use neostigmine methylsulfate)*	NF	PA
pyridostigmine bromide SOLN PO	1	
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	QL(4 EA daily)
ethambutol hcl TABS	1	
isoniazid SOLN	1	
isoniazid SYRP	1	
isoniazid TABS	1	
PRIFTIN 150 MG *(Use rifapentine)*	3	

Drug Name	Drug Tier	Requirements/ Limits
pyrazinamide	1	
rifabutin	1	PA
RIFADIN SOLR *(Use rifampin)*	NF	
rifampin CAPS	1	
rifampin SOLR	1	
rifapentine 150 MG	1	
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
busulfan SOLN	4	PA
BUSULFEX SOLN *(Use busulfan)*	NF	PA
carmustine	4	PA
cisplatin SOLN 100 MG/100ML	4	SP; PA
cyclophosphamide CAPS	1	PA
cyclophosphamide SOLR IJ	4	SP; PA
GLEOSTINE 40 MG, 100 MG *(Use lomustine)*	NF	PA
GLEOSTINE 10 MG *(Use lomustine)*	NF	PA
IFEX SOLR *(Use ifosfamide)*	NF	PA
ifosfamide SOLN 1 GM/20ML	4	PA
ifosfamide SOLR	4	PA
LEUKERAN	4	PA
lomustine 10 MG	4	PA
lomustine 40 MG, 100 MG	4	PA
melphalan hcl IV	1	SP
MYLERAN TABS	4	PA
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	4	PA
TEMODAR SOLR	4	SP; PA
temozolomide CAPS	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
TEPADINA 15 MG *(Use thiotepa)*	NF	SP; PA
thiotepa 15 MG	4	SP; PA
ZANOSAR	4	PA
Antimetabolites		
ALIMTA SOLR 500 MG *(Use pemetrexed disodium)*	NF	SP; PA
ALIMTA SOLR 100 MG *(Use pemetrexed disodium)*	NF	SP
ARRANON *(Use nelarabine)*	NF	PA
azacitidine SUSR	4	SP; PA
capecitabine	4	SP; PA
clofarabine	4	PA
decitabine	4	SP; PA
floxuridine	4	PA
fludarabine phosphate SOLN	4	SP; PA
fludarabine phosphate SOLR	4	SP; PA
fluorouracil 500 MG/10ML	4	SP; PA
FOLOTYN 20 MG/ML *(Use pralatrexate)*	NF	SP; PA
gemcitabine hcl SOLR 2 GM, 200 MG	4	PA
mercaptopurine TABS	1	
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	1	
methotrexate sodium SOLR	1	
methotrexate sodium TABS 2.5 MG	1	
nelarabine	4	PA
pemetrexed disodium SOLR 500 MG	4	SP; PA
pralatrexate 20 MG/ML	4	SP; PA
TABLOID	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
VIDAZA SUSR *(Use azacitidine)*	NF	SP; PA
XELODA *(Use capecitabine)*	NF	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	QL(2 EA daily); SP; PA
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); SP; PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); SP; PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); SP; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); SP; PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); SP; PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); SP; PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); SP; PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); SP; PA
MVASI	4	SP; PA
ZALTRAP 100 MG/4ML	4	SP; PA
ZIRABEV	4	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	SP; PA
OGIVRI	4	SP; PA
TRAZIMERA	4	SP; PA
TUKYSA	5	SP; PA
Antineoplastic - Antibodies		
ARZERRA	4	SP; PA
LOQTORZI	4	SP; PA
RUXIENCE	4	SP; PA
TRUXIMA	4	SP; PA
YERVOY	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - EGFR Inhibitors		
ERBITUX	4	SP; PA
erlotinib hcl	4	QL(1 EA daily); SP; PA
gefitinib	4	QL(2 EA daily); SP; PA
GILOTRIF	4	QL(1 EA daily); SP; PA
IRESSA *(Use gefitinib)*	NF	QL(2 EA daily); SP; PA
TAGRISSO 80 MG	4	QL(1 EA daily); SP; PA
TAGRISSO 40 MG	4	QL(2 EA daily); SP; PA
TARCEVA 100 MG, 150 MG *(Use erlotinib hcl)*	NF	QL(1 EA daily); SP; PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	5	QL(1 EA daily); SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	5	SP; PA
ERIVEDGE	4	QL(1 EA daily); SP; PA
ODOMZO	4	QL(1 EA daily); SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 250 MG	4	QL(4 EA daily); SP; PA
abiraterone acetate 500 MG	4	QL(2 EA daily); SP; PA
anastrozole	1	QL(1 EA daily)
ARIMIDEX *(Use anastrozole)*	NF	QL(1 EA daily)
AROMASIN *(Use exemestane)*	NF	QL(1 EA daily)
bicalutamide	1	QL(1 EA daily)
CASODEX *(Use bicalutamide)*	NF	QL(1 EA daily)
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA
ERLEADA 240 MG	4	QL(1 EA daily); SP; PA
ERLEADA 60 MG	4	QL(4 EA daily); SP; PA
exemestane	4	QL(1 EA daily)
FARESTON *(Use toremifene citrate)*	NF	
FASLODEX SOSY *(Use fulvestrant)*	NF	QL(0.357 ML daily); PA
FEMARA *(Use letrozole)*	NF	
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA
fulvestrant SOSY	4	QL(0.357 ML daily); PA
letrozole	1	
leuprolide acetate KIT IJ 1 MG/0.2ML	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 EA daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA
LYSODREN	4	SP; PA
megestrol acetate SUSP	1	
megestrol acetate TABS	1	
NILANDRON *(Use nilutamide)*	NF	QL(2 EA daily)
nilutamide	1	QL(2 EA daily)
ORGOVYX	4	SP; PA
tamoxifen citrate TABS	1	PV
toremifene citrate	1	
TRELSTAR MIXJECT	4	SP; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
VABRINTY KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
XTANDI CAPS	4	QL(4 EA daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 EA daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); SP; PA
YONSA	4	QL(4 EA daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA
ZYTIGA 500 MG *(Use abiraterone acetate)*	NF	QL(2 EA daily); SP; PA
ZYTIGA 250 MG *(Use abiraterone acetate)*	NF	QL(4 EA daily); SP; PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	4	QL(1 EA daily); SP; PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(Use pomalidomide)*	NF	QL(1 EA daily); SP; PA
Antineoplastic Antibiotics		
bleomycin sulfate 15 UNIT	4	PA
dactinomycin	4	PA
doxorubicin hcl SOLN	4	PA
DOXORUBICIN HCL SOLN *(Use doxorubicin hcl)*	NF	PA
doxorubicin hcl SOLR 10 MG, 50 MG	4	PA
IDAMYCIN PFS 20 MG/20ML *(Use idarubicin hcl)*	NF	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML *(Use idarubicin hcl)*	NF	PA
idarubicin hcl 20 MG/20ML	4	PA
idarubicin hcl 5 MG/5ML, 10 MG/10ML	4	PA
mitomycin SOLR IV 20 MG	4	PA
mitoxantrone hcl 25 MG/12.5ML	4	SP; PA
valrubicin	4	SP; PA
VALSTAR *(Use valrubicin)*	NF	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(Use everolimus)*	NF	QL(1 EA daily); SP; PA
ALECENSA	4	QL(4 EA daily); SP; PA
bortezomib SOLR IJ	4	SP; PA
CABOMETYX TABS	4	QL(1 EA daily); SP; PA
CAPRELSA 100 MG	5	QL(1 EA daily); SP; PA
CAPRELSA 300 MG	4	QL(1 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
everolimus TABS	4	QL(1 EA daily); SP; PA
GLEEVEC TABS *(Use imatinib mesylate)*	NF	QL(2 EA daily); SP; PA
IBRANCE CAPS 100 MG, 125 MG	4	QL(1 EA daily); SP; PA
IBRANCE TABS	4	QL(1 EA daily); SP; PA
ICLUSIG	4	QL(1 EA daily); SP; PA
imatinib mesylate TABS	4	QL(2 EA daily); SP; PA
ISTODAX SOLR *(Use romidepsin)*	NF	SP; PA
JAKAFI	4	QL(2 EA daily); SP; PA
KISQALI (200 MG DOSE)	4	QL(2 EA daily); SP; PA
KISQALI (400 MG DOSE)	4	QL(2 EA daily); SP; PA
KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
KYPROLIS	4	SP; PA
lapatinib ditosylate	4	QL(6 EA daily); SP; PA
LORBRENA	5	QL(1 EA daily); SP; PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); SP; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); SP; PA
LYNPARZA TABS	4	QL(4 EA daily); SP; PA
MEKINIST SOLR	4	QL(40 ML daily); SP; PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); SP; PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); SP; PA
NEXAVAR *(Use sorafenib tosylate)*	NF	QL(4 EA daily); SP; PA
pazopanib hcl	4	QL(2 EA daily); SP; PA
pazopanib hcl	4	QL(4 EA daily); SP; PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); SP; PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); SP; PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); SP; PA
romidepsin SOLR	4	SP; PA
ROZLYTREK CAPS	4	SP; PA
RUBRACA	4	QL(4 EA daily); SP; PA
SCEMBLIX 100 MG	4	QL(4 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); SP; PA
sorafenib tosylate	4	QL(4 EA daily); SP; PA
STIVARGA	5	QL(4 EA daily); SP; PA
sunitinib malate	4	QL(1 EA daily); SP; PA
sunitinib malate	4	QL(1 EA daily); SP; PA
SUTENT *(Use sunitinib malate)*	NF	QL(1 EA daily); SP; PA
SUTENT *(Use sunitinib malate)*	NF	QL(1 EA daily); SP; PA
TAFINLAR CAPS	4	QL(4 EA daily); SP; PA
TAFINLAR TBSO	4	QL(30 EA daily); SP; PA
TALZENNA	4	QL(1 EA daily); SP; PA
TAZVERIK	5	SP; PA
temsirolimus	4	QL(0.143 ML daily); SP; PA
TORISEL *(Use temsirolimus)*	NF	QL(0.143 ML daily); SP; PA
TURALIO 125 MG	5	SP; PA
TYKERB *(Use lapatinib ditosylate)*	NF	QL(6 EA daily); SP; PA
VELCADE SOLR IJ *(Use bortezomib)*	NF	SP; PA
VERZENIO	4	QL(2 EA daily); SP; PA
VITRAKVI CAPS	4	SP; PA
VITRAKVI SOLN	4	SP; PA
VOTRIENT *(Use pazopanib hcl)*	NF	QL(4 EA daily); SP; PA
XALKORI CAPS	4	QL(2 EA daily); SP; PA
XOSPATA	5	SP; PA
ZEJULA TABS	4	QL(1 EA daily); SP
ZELBORAF	4	QL(8 EA daily); SP; PA
ZOLINZA	4	QL(4 EA daily); SP; PA
ZYDELIG	4	QL(2 EA daily); SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
arsenic trioxide 10 MG/10ML	4	SP; PA
bexarotene	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
HYDREA *(Use hydroxyurea)*	NF	
hydroxyurea	1	
MATULANE	4	SP; PA
NIPENT	4	PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
TARGRETIN *(Use bexarotene)*	NF	SP; PA
tretinoin (chemotherapy)	1	SP
UVADEX	4	PA
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR	1	
leucovorin calcium TABS	1	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
ABRAXANE *(Use paclitaxel protein-bound particles)*	NF	SP; PA
ETOPOPHOS	4	PA
etoposide CAPS	4	SP; PA
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
paclitaxel 100 MG/16.7ML, 150 MG/25ML	4	PA
paclitaxel protein-bound particles	4	SP; PA
VEPESID CAPS *(Use etoposide)*	NF	SP; PA
vincristine sulfate	4	SP; PA
vinorelbine tartrate 10 MG/ML	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML *(Use irinotecan hcl)*	NF	SP; PA
HYCAMTIN CAPS	4	SP; PA
HYCAMTIN SOLR *(Use topotecan hcl)*	NF	SP; PA
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	SP; PA
topotecan hcl SOLR	4	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	
LODOSYN *(Use carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
entacapone	1	QL(8 EA daily)
TASMAR *(Use tolcapone)*	NF	
tolcapone	1	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl SOLN	1	
amantadine hcl TABS	1	
apomorphine hydrochloride SOCT	4	SP; PA
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR	1	
carbidopa-levodopa TBDP	1	

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Drug Name	Drug Tier	Requirements/ Limits
NEUPRO	2	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS 0.125 MG	1	QL(4 EA daily)
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1	
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1	QL(1 EA daily); ST
ropinirole hydrochloride TB24 8 MG, 12 MG	1	QL(2 EA daily); ST
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NF	QL(1 EA daily); PA
rasagiline mesylate	1	QL(1 EA daily); PA
selegiline hcl CAPS	1	
selegiline hcl TABS	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	
lithium carbonate CAPS	1	
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON *(Use ziprasidone hcl)*	NF	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA 80 MG *(Use lurasidone hcl)*	NF	QL(2 EA daily)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(Use lurasidone hcl)*	NF	QL(1 EA daily)
lurasidone hcl 80 MG	1	QL(2 EA daily)
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1	QL(1 EA daily)
ziprasidone hcl	1	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 EA daily)
FANAPT TITRATION PACK A	2	
FANAPT TITRATION PACK B	2	
FANAPT TITRATION PACK C	2	
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	NF	
paliperidone	1	
PERSERIS PRSY	2	QL(0.072 EA daily); SP; PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	NF	QL(0.072 EA daily); SP; PA
RISPERDAL SOLN *(Use risperidone)*	NF	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NF	
risperidone microspheres	1	QL(0.072 EA daily); SP; PA
risperidone SOLN	1	
risperidone TABS	1	
risperidone TBDP	1	
Butyrophenones		

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Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	QL(0.036 ML daily)
haloperidol decanoate	1	QL(0.036 ML daily)
haloperidol lactate CONC	1	
haloperidol lactate SOLN	1	
haloperidol TABS	1	
Dibenzapines		
asenapine maleate 5 MG, 10 MG	1	QL(2 EA daily)
asenapine maleate 2.5 MG	1	QL(4 EA daily)
clozapine TABS	1	
clozapine TBDP 100 MG	1	QL(9 EA daily)
clozapine TBDP 12.5 MG, 150 MG	1	QL(6 EA daily)
clozapine TBDP 25 MG	1	QL(3 EA daily)
CLOZARIL TABS 25 MG, 100 MG *(Use clozapine)*	NF	
loxapine succinate	1	
olanzapine SOLR	1	QL(0.215 EA daily)
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	1	QL(2 EA daily)
olanzapine TABS 2.5 MG, 5 MG	1	QL(4 EA daily)
olanzapine TBDP 20 MG	1	QL(1 EA daily)
olanzapine TBDP 5 MG, 10 MG, 15 MG	1	QL(2 EA daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	AL(At least 10 yrs old)
quetiapine fumarate TB24	1	
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	QL(2 EA daily)
SAPHRIS 2.5 MG *(Use asenapine maleate)*	NF	QL(4 EA daily)
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS *(Use quetiapine fumarate)*	NF	AL(At least 10 yrs old)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG *(Use olanzapine)*	NF	QL(2 EA daily)
ZYPREXA ZYDIS TBDP 20 MG *(Use olanzapine)*	NF	QL(1 EA daily)
ZYPREXA SOLR *(Use olanzapine)*	NF	QL(0.215 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NF	QL(4 EA daily)
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG *(Use olanzapine)*	NF	QL(2 EA daily)
Phenothiazines		
chlorpromazine hcl SOLN	3	
chlorpromazine hcl TABS	1	
fluphenazine hcl CONC	1	
fluphenazine hcl ELIX	1	
fluphenazine hcl SOLN	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	
prochlorperazine maleate TABS	1	
thioridazine hcl	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY TABS *(Use aripiprazole)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
aripiprazole SOLN PO	1	QL(30 ML daily); AL(At least 6 yrs old)
aripiprazole TABS	1	QL(1 EA daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
thiothixene	1	

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Drug Name	Drug Tier	Requirements/ Limits
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	QL(1 EA daily)
abacavir sulfate SOLN	1	QL(32 ML daily)
abacavir sulfate TABS	1	QL(2 EA daily)
APTIVUS CAPS	3	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 300 MG	1	QL(1 EA daily)
atazanavir sulfate CAPS 200 MG	1	QL(2 EA daily)
BIKTARVY	3	QL(1 EA daily)
CABENUVA	3	
CIMDUO	3	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	3	QL(1 EA daily)
darunavir TABS 800 MG	1	QL(1 EA daily)
darunavir TABS 600 MG	1	QL(2 EA daily)
DELSTRIGO	3	QL(1 EA daily)
DESCOVY 200 MG-25 MG	3	
DOVATO	3	QL(1 EA daily)
EDURANT 25 MG *(Use rilpivirine hcl)*	3	QL(1 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz CAPS 200 MG	1	QL(2 EA daily)
efavirenz CAPS 50 MG	1	QL(3 EA daily)
efavirenz TABS	1	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	1	QL(1 EA daily); PV
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 EA daily)
emtricitabine CAPS	1	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	3	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	NF	QL(30 ML daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NF	QL(2 EA daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NF	QL(1 EA daily)
etravirine 200 MG	1	QL(2 EA daily)
etravirine 100 MG	1	QL(4 EA daily)
EVOTAZ	3	QL(1 EA daily)
fosamprenavir calcium TABS	1	QL(4 EA daily)
FUZEON SOLR	5	SP; PA
GENVOYA	3	QL(1 EA daily)
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 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)
KALETRA TABS *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
lamivudine-zidovudine	1	QL(2 EA daily)
lamivudine SOLN	1	QL(30 ML daily)
lamivudine TABS 150 MG	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
lamivudine TABS 300 MG	1	QL(1 EA daily)
lopinavir-ritonavir SOLN	1	QL(12.5 ML daily)
lopinavir-ritonavir TABS	1	QL(4 EA daily)
maraviroc TABS 150 MG	1	QL(2 EA daily)
maraviroc TABS 300 MG	1	QL(4 EA daily)
nevirapine SUSP	1	QL(40 ML daily)
nevirapine TABS	1	QL(2 EA daily)
nevirapine TB24 400 MG	1	QL(1 EA daily)
NORVIR PACK	3	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	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 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	3	
RETROVIR SYRP *(Use zidovudine)*	NF	QL(60 ML daily)
REYATAZ CAPS 300 MG *(Use atazanavir sulfate)*	NF	QL(1 EA daily)
REYATAZ CAPS 200 MG *(Use atazanavir sulfate)*	NF	QL(2 EA daily)
rilpivirine hcl 25 MG	3	QL(1 EA daily)
ritonavir TABS	1	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
STRIBILD	3	QL(1 EA daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMTUZA	3	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS 50 MG	3	QL(2 EA daily)
TRIUMEQ TABS	3	QL(1 EA daily)
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TRUVADA 200 MG-300 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily); PV
TYBOST	3	QL(1 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIREAD POWD	3	QL(7.5 GM daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(32 ML daily)
zidovudine CAPS	1	QL(6 EA daily)
zidovudine SYRP	1	QL(60 ML daily)
zidovudine TABS	1	QL(2 EA daily)
Antiviral Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	3	QL(4 EA daily; 20 EA per 30 day(s) retail)
PAXLOVID (300/100)	3	QL(30 EA per 30 day(s) retail)
CMV Agents		
cidofovir	3	
ganciclovir sodium SOLR	1	
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(4 EA daily); PA
valganciclovir hcl TABS	1	QL(4 EA daily); PA
Hepatitis Agents		
adefovir dipivoxil	4	QL(1 EA daily); PA
BARACLUDE TABS *(Use entecavir)*	NF	QL(1 EA daily); PA
entecavir TABS	4	QL(1 EA daily); PA
lamivudine (hbv) TABS	1	QL(3 EA daily)
PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ML daily); SP; PA
ribavirin (hepatitis c) CAPS	1	QL(7 EA daily); SP
ribavirin (hepatitis c) TABS 200 MG	1	QL(7 EA daily); SP
SOFOSBUVIR-VELPATASVIR TABS	1	QL(1 EA daily); SP; PA
VOSEVI	4	QL(1 EA daily); SP; PA
Herpes Agents		
acyclovir CAPS	1	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
acyclovir SUSP	1	QL(13.34 ML daily)
acyclovir TABS PO	1	QL(5 EA daily)
famciclovir 125 MG, 250 MG	1	QL(3 EA daily)
famciclovir 500 MG	1	QL(4 EA daily)
valacyclovir hcl 500 MG	1	QL(2 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NF	QL(2 EA daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NF	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
oseltamivir phosphate SUSR	1	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	1	QL(2 EA daily)
TAMIFLU CAPS *(Use oseltamivir phosphate)*	NF	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NF	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

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Drug Name	Drug Tier	Requirements/ Limits
carvedilol	1	
carvedilol phosphate	3	QL(1 EA daily)
COREG *(Use carvedilol)*	NF	
COREG CR *(Use carvedilol phosphate)*	NF	QL(1 EA daily)
labetalol hcl SOLN	1	
labetalol hcl TABS 100 MG, 200 MG	1	
labetalol hcl TABS 300 MG	1	QL(8 EA daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
BYSTOLIC 2.5 MG, 5 MG, 10 MG *(Use nebivolol hcl)*	NF	QL(1 EA daily)
BYSTOLIC 20 MG *(Use nebivolol hcl)*	NF	QL(2 EA daily)
metoprolol succinate TB24 200 MG	1	QL(2 EA daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1	
metoprolol tartrate SOLN IV 5 MG/5ML	1	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	1	
nebivolol hcl 2.5 MG, 5 MG, 10 MG	3	QL(1 EA daily)
nebivolol hcl 20 MG	3	QL(2 EA daily)
TENORMIN TABS *(Use atenolol)*	NF	
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NF	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NF	
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NF	QL(2 EA daily)
HEMANGEOL SOLN PO	4	QL(75 ML daily); SP; PA
INDERAL LA CP24 *(Use propranolol hcl)*	NF	QL(2 EA daily)
nadolol TABS 40 MG	1	QL(6 EA daily)
nadolol TABS 80 MG	1	
nadolol TABS 20 MG	1	QL(3 EA daily)
pindolol TABS	1	
propranolol hcl CP24	1	QL(2 EA daily)
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/afl)	1	
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1	QL(2 EA daily)
sotalol hcl TABS 240 MG	1	
timolol maleate TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	1	
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML *(Use nicardipine hcl)*	NF	
CARDIZEM CD CP24 180 MG, 240 MG *(Use diltiazem hcl coated beads)*	NF	QL(2 EA daily)
CARDIZEM CD CP24 120 MG, 300 MG, 360 MG *(Use diltiazem hcl coated beads)*	NF	
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1	
diltiazem hcl coated beads CP24 180 MG, 240 MG	1	QL(2 EA daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	QL(2 EA daily)
diltiazem hcl CP24	1	
diltiazem hcl SOLN 50 MG/10ML	1	
DILTIAZEM HCL SOLR	1	
diltiazem hcl TABS	1	
diltiazem hcl TB24	1	
felodipine	1	
isradipine CAPS	1	
nicardipine hcl CAPS	1	
nicardipine hcl SOLN	1	
NICARDIPINE HCL SOLN *(Use nicardipine hcl)*	NF	
nifedipine CAPS 20 MG	1	QL(9 EA daily)
nifedipine CAPS 10 MG	1	
nifedipine TB24	1	
nimodipine CAPS	1	
nisoldipine	1	
NORVASC TABS *(Use amlodipine besylate)*	NF	
PROCARDIA XL TB24 *(Use nifedipine)*	NF	
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NF	
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	NF	
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	1	QL(1 EA daily)
verapamil hcl CP24 100 MG, 200 MG, 300 MG	1	
verapamil hcl TABS	1	
verapamil hcl TBCR	1	
VERELAN PM CP24 *(Use verapamil hcl)*	NF	
VERELAN CP24 *(Use verapamil hcl)*	NF	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	
LANOXIN SOLN IJ *(Use digoxin)*	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(Use digoxin)*	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1	QL(1 EA daily)
BIDIL *(Use isosorbide dinitrate-hydralazine hcl)*	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NF	QL(1 EA daily)
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	NF	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate-hydralazine hcl	1	
sacubitril-valsartan TABS	1	QL(2 EA daily)
Impotence Agents		
avanafil	1	QL(0.134 EA daily)
CIALIS 5 MG *(Use tadalafil)*	NF	BPH Only; QL(1 EA daily); PA
sildenafil citrate	1	QL(0.1334 EA daily); PA
STENDRA *(Use avanafil)*	3	QL(0.134 EA daily)
tadalafil 5 MG	1	BPH Only; QL(1 EA daily); PA
VIAGRA *(Use sildenafil citrate)*	NF	QL(0.1334 EA daily); PA
Prostaglandin Vasodilators		
epoprostenol sodium	4	SP; PA
FLOLAN 1.5 MG *(Use epoprostenol sodium)*	NF	SP; PA
ORENITRAM TBCR	5	SP; PA
treprostinil SOLN IJ	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA
TYVASO STARTER KIT SOLN IN	4	SP; PA
TYVASO SOLN IN	4	SP; PA
VELETRI *(Use epoprostenol sodium)*	NF	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	QL(1 EA daily); SP; PA
bosentan TABS	4	QL(2 EA daily); SP; PA
bosentan TBSO 32 MG	4	QL(2 EA daily); SP; PA
LETAIRIS *(Use ambrisentan)*	NF	QL(1 EA daily); SP; PA
macitentan 10 MG	4	QL(1 EA daily); SP; PA
OPSUMIT 10 MG *(Use macitentan)*	4	QL(1 EA daily); SP; PA
TRACLEER TABS *(Use bosentan)*	NF	QL(2 EA daily); SP; PA
TRACLEER TBSO 32 MG *(Use bosentan)*	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NF	QL(2 EA daily); SP; PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(37.5 ML daily); SP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(6 ML daily); SP; PA
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(3 EA daily); SP; PA
sildenafil citrate (pulmonary hypertension) SOLN	4	QL(37.5 ML daily); SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(6 ML daily); SP; PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL(3 EA daily); SP; PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; SP; PA
UPTRAVI TABS	4	QL(2 EA daily); SP; PA
UPTRAVI TABS 200 MCG	4	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

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Drug Name	Drug Tier	Requirements/ Limits
Stimulator		
ADEMPAS	5	QL(3 EA daily); SP; PA
riociguat 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	QL(3 EA daily); SP; PA
Sinus Node Inhibitors		
CORLANOR TABS *(Use ivabradine hcl)*	NF	QL(2 EA daily); ST
ivabradine hcl TABS	3	QL(2 EA daily); ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	1	
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
cefaclor CAPS	1	
cefaclor SUSR 250 MG/5ML	1	
CEFOTAN IJ *(Use cefotetan disodium)*	NF	
cefotetan disodium IJ 1 GM, 2 GM	1	
cefoxitin sodium IV 1 GM, 2 GM	1	
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
cefuroxime sodium IJ 750 MG	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	1	ST
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
ceftazidime IJ 1 GM, 6 GM	1	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IJ 1 GM	1	
Cephalosporins - 5th Generation		
ceftaroline fosamil 400 MG, 600 MG	1	
TEFLARO 400 MG, 600 MG *(Use ceftaroline fosamil)*	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	2	PV
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NF	PV
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	PV
desogestrel & ethinyl estradiol	1	PV
desogestrel-ethinyl estradiol (biphasic)	1	PV
desogestrel-ethinyl estradiol (triphasic)	1	PV
drospirenone-ethinyl estradiol	1	PV
drospirenone-ethinyl estradiol-levomefolate calcium	1	PV

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Drug Name	Drug Tier	Requirements/ Limits
ethynodiol diacet & eth estrad	1	PV
levonorgestrel & eth estradiol TABS	1	PV
levonorgestrel-eth estradiol (triphasic)	1	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	PV
levonorgestrel-ethinyl estradiol (continuous)	1	PV
levonorgestrel-ethinyl estradiol-iron	1	PV
LO LOESTRIN FE TABS	2	PV
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	PV
NATAZIA	2	PV
NEXTSTELLIS	2	PV
norethin acet & estrad-fe CAPS	1	PV
norethin acet & estrad-fe CHEW	1	PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	PV
norethindrone & eth estradiol	1	PV
norethindrone & ethinyl estradiol-fe	1	PV
norethindrone acet & eth estra TABS	1	PV
norethindrone acetate-ethinyl estradiol-fe	1	PV
norethindrone-eth estradiol (triphasic)	1	PV
norgestimate-ethinyl estradiol	1	PV
norgestimate-ethinyl estradiol (triphasic)	1	PV
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	PV
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	PV
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	PV
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	PV
TYBLUME CHEW	2	PV
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NF	PV
YAZ *(Use drospirenone-ethinyl estradiol)*	NF	PV
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	PV
TWIRLA	2	QL(3 EA per 28 day(s) retail); PV
Combination Contraceptives - Vaginal		
ANNOVERA	2	PV
etonogestrel-ethinyl estradiol	1	QL(0.05 EA daily); PV
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	QL(0.05 EA daily); PV
Emergency Contraceptives		
ELLA	2	PV
levonorgestrel (emergency oc) 1.5 MG	1	PV
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail); PV
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail); PV

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Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY SC	2	PV
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 90 day(s) retail); PV
medroxyprogesterone acetate (contraceptive) SUSY IM	1	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail); PV
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	1	PV
OPILL	2	PV
SLYND	2	QL(1 EA daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	1	QL(3 EA daily)
CORTEF TABS *(Use hydrocortisone)*	NF	
deflazacort TABS	4	SP; PA
DEPO-MEDROL SUSP *(Use methylprednisolone acetate)*	NF	
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
EMFLAZA TABS *(Use deflazacort)*	NF	SP; PA
hydrocortisone sod succinate 100 MG	1	2 max fill(s) per 30 day(s) retail
hydrocortisone TABS	1	
KENALOG-40 SUSP *(Use triamcinolone acetonide)*	NF	
MEDROL TABS	3	
MEDROL TABS 4 MG, 8 MG, 16 MG *(Use methylprednisolone)*	NF	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone acetate SUSP	1	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
ORAPRED ODT TBDP *(Use prednisolone sodium phosphate)*	NF	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1	
prednisolone sodium phosphate TBDP	3	
prednisolone SOLN	1	
prednisolone TABS	1	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF *(Use hydrocortisone sod succinate)*	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 500 MG, 1000 MG *(Use methylprednisolone sod succ)*	NF	
SOLU-MEDROL 2 GM	3	
triamcinolone acetonide SUSP 40 MG/ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 150 MG	1	QL(4 EA daily)
benzonatate 100 MG	1	QL(6 EA daily)
benzonatate 200 MG	1	QL(3 EA daily)
Cough/Cold/Allergy Combinations		
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1	
HYPERSAL NEBU *(Use sodium chloride (inhalant))*	NF	
NEBUSAL NEBU	1	
PULMOSAL NEBU 7 % *(Use sodium chloride (inhalant))*	NF	
sodium chloride (inhalant) NEBU 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(Use isotretinoin)*	NF	AL(At least 12 yrs old); PA
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	AL(At least 12 yrs old); ST
adapalene CREA	1	AL(At least 12 yrs old)
adapalene GEL	1	AL(At least 12 yrs old)
AVAR CLEANSER LIQD 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(At least 12 yrs old); PA
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin GEL	1	AL(At least 12 yrs old); PA
benzoyl peroxide FOAM 9.8 %	1	AL(At least 12 yrs old)
benzoyl peroxide GEL 5 %	1	QL(3 GM daily); AL(At least 12 yrs old)
benzoyl peroxide GEL 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide LIQD 4 %, 10 %	1	AL(At least 12 yrs old)
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NF	AL(At least 12 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	QL(8 ML daily)
clindamycin phosphate (topical) FOAM	1	AL(At least 12 yrs old); PA
clindamycin phosphate (topical) GEL	1	QL(8 ML daily)
clindamycin phosphate (topical) LOTN	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) SOLN	1	QL(4 ML daily); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) SWAB	1	AL(At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	AL(At least 12 yrs old); PA
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	AL(At least 12 yrs old); PA
clindamycin phosphate-tretinoin	1	AL(At least 12 yrs old)
DIFFERIN CREA *(Use adapalene)*	NF	AL(At least 12 yrs old)
DIFFERIN GEL *(Use adapalene)*	NF	AL(At least 12 yrs old)
DIFFERIN LOTN	1	AL(At least 12 yrs old); ST
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NF	
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NF	AL(At least 12 yrs old); ST
erythromycin (acne aid) PADS	1	AL(At least 12 yrs old)
erythromycin (acne aid) SOLN	1	AL(At least 12 yrs old)
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	AL(At least 12 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(At least 12 yrs old)
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
RETIN-A MICRO 0.04 % *(Use tretinoin microsphere)*	NF	
RETIN-A MICRO 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A MICRO PUMP 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A CREA *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
SSS 10-5 CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
sulfacetamide sodium (acne)	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %, 9 %-4.5 %	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
tretinoin microsphere 0.1 %	1	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin GEL 0.01 %, 0.025 %	1	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	1	QL(2 EA daily); PA
diclofenac sodium (topical) GEL EX	1	QL(3.34 GM daily); RX/OTC
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NF	
Antibiotics - Topical		
gentamicin sulfate (topical) CREA	1	QL(1 GM daily)
gentamicin sulfate (topical) OINT	1	
mupirocin calcium (topical)	1	
mupirocin OINT	1	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	1	QL(6 GM daily)
ciclopirox olamine CREA	1	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
ciclopirox olamine SUSP	1	
ciclopirox GEL	1	QL(3.35 GM daily)
ciclopirox SHAM	1	QL(10 ML daily)
ciclopirox SOLN	1	QL(0.22 ML daily)
clotrimazole (topical) CREA	1	QL(4.5 GM daily); RX/OTC
clotrimazole (topical) SOLN	1	QL(10 ML daily); RX/OTC
clotrimazole w/ betamethasone CREA	1	QL(8 GM daily)
clotrimazole w/ betamethasone LOTN	1	
econazole nitrate CREA	1	QL(85 GM per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 GM daily)
EXELDERM CREA *(Use sulconazole nitrate)*	NF	
EXELDERM SOLN *(Use sulconazole nitrate)*	NF	
ketoconazole (topical) CREA	1	QL(10 GM daily)
ketoconazole (topical) SHAM 2 %	1	QL(20 ML daily)
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN ULTRA *(Use butenafine hcl)*	NF	QL(6 GM daily)
luliconazole	1	PA
LUZU *(Use luliconazole)*	NF	
naftifine hcl CREA 2 %	1	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
naftifine hcl CREA 1 %	1	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
nystatin (topical) CREA	1	QL(10 GM daily)
nystatin (topical) OINT	1	QL(6 GM daily)
nystatin (topical) POWD EX	1	QL(10 GM daily)
nystatin-triamcinolone CREA	1	QL(10 GM daily)
nystatin-triamcinolone OINT	1	QL(4 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
oxiconazole nitrate CREA	1	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	1	
sulconazole nitrate SOLN	1	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
tavaborole	1	PA
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	SP; PA
CARAC CREA *(Use fluorouracil (topical))*	NF	
diclofenac sodium (actinic keratoses) EX	1	QL(3.34 GM daily); PA
EFUDEX CREA *(Use fluorouracil (topical))*	NF	QL(4 GM daily)
fluorouracil (topical) CREA 5 %	1	QL(4 GM daily)
fluorouracil (topical) SOLN	1	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
TARGRETIN *(Use bexarotene (topical))*	NF	SP; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	NF	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ZONALON *(Use doxepin hcl (antipruritic))*	NF	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		
acitretin 25 MG	1	QL(2 EA daily)
acitretin 10 MG, 17.5 MG	1	QL(1 EA daily)
calcipotriene CREA	1	QL(4 GM daily); PA
calcipotriene OINT	1	QL(4 GM daily); PA
calcipotriene SOLN	1	QL(4 ML daily); PA
calcitriol (topical)	1	QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); SP; PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); SP; PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA
methoxsalen rapid	1	QL(4 EA daily)
PELLIX SOLN 0.005 % *(Use calcipotriene)*	NF	QL(4 ML daily); PA
PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); SP; PA
PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); SP; PA
SKYRIZI SOSY	4	QL(0.025 ML daily); SP; PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STEQEYMA SC	4	QL(0.012 ML daily); SP; PA
STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); SP; PA
tazarotene CREA 0.1 %	1	QL(1 GM daily)
TAZORAC CREA 0.1 % *(Use tazarotene)*	NF	QL(1 GM daily)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA
VECTICAL *(Use calcitriol (topical))*	NF	QL(3.34 GM daily)
YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
Antivirals - Topical		
acyclovir topical CREA	1	1 package(s) per fill retail; 1 package(s) per fill mail
acyclovir topical OINT	1	1 package(s) per fill retail; 1 package(s) per fill mail
DENAVIR *(Use penciclovir)*	NF	QL(0.18 GM daily)
penciclovir	3	QL(0.18 GM daily)
ZOVIRAX CREA *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail
ZOVIRAX OINT *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail
Burn Products		
mafenide acetate PACK	3	
SILVADENE *(Use silver sulfadiazine)*	NF	QL(20 GM daily)
silver sulfadiazine	1	QL(20 GM daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	QL(2 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate OINT	1	QL(3 GM daily)
amcinonide CREA	1	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	1	QL(3 GM daily)
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	QL(3 GM daily)
betamethasone dipropionate augmented CREA	1	QL(3.5 GM daily)
betamethasone dipropionate augmented LOTN	1	QL(5 ML daily)
betamethasone dipropionate augmented OINT	1	QL(3.5 GM daily)
betamethasone valerate CREA	1	QL(2.5 GM daily)
betamethasone valerate FOAM	1	QL(6 GM daily)
betamethasone valerate LOTN	1	QL(5 ML daily)
betamethasone valerate OINT	1	QL(3 GM daily)
calcipotriene-betamethasone dipropionate OINT	1	ST
calcipotriene-betamethasone dipropionate SUSP	1	ST
clobetasol propionate emollient base 0.05 %	1	QL(1 GM daily); PA
clobetasol propionate CREA 0.05 %	1	QL(3 GM daily); PA
clobetasol propionate FOAM	1	QL(3 GM daily); ST
clobetasol propionate GEL 0.05 %	1	QL(2 GM daily); ST
clobetasol propionate OINT 0.05 %	1	QL(1 GM daily); PA
clobetasol propionate SOLN 0.05 %	1	QL(3.34 ML daily); PA
clocortolone pivalate	3	QL(3 GM daily)
CLODERM *(Use clocortolone pivalate)*	NF	QL(3 GM daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NF	QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NF	QL(8 ML daily)
desonide CREA	1	QL(4 GM daily)
desonide LOTN	1	QL(4 ML daily)
desonide OINT	1	QL(3 GM daily)
desoximetasone CREA 0.25 %	1	QL(4 GM daily)
desoximetasone GEL	1	QL(3 GM daily)
desoximetasone OINT 0.25 %	1	QL(4 GM daily)
diflorasone diacetate CREA	1	PA
diflorasone diacetate OINT	1	PA
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	QL(3.5 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide CREA 0.025 %	1	QL(4 GM daily)
fluocinolone acetonide CREA 0.01 %	1	
fluocinolone acetonide OIL	1	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	1	QL(4 GM daily)
fluocinolone acetonide SOLN	1	QL(4 ML daily)
fluocinonide emulsified base	1	
fluocinonide CREA	1	QL(4 GM daily)
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide CREA	2	QL(2 GM daily)
flurandrenolide LOTN	2	QL(2 ML daily)
fluticasone propionate CREA 0.05 %	1	QL(4 GM daily)
fluticasone propionate LOTN	1	QL(3.34 ML daily)
fluticasone propionate OINT	1	QL(4 GM daily)
halcinonide CREA	1	PA
halobetasol propionate CREA	1	QL(3.5 GM daily)
halobetasol propionate OINT	1	QL(3.5 GM daily)
HALOG CREA *(Use halcinonide)*	NF	PA
HALOG OINT	3	PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1	QL(15.15 EA daily); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) OINT 1 %, 2.5 %	1	QL(15.15 GM daily); RX/OTC
hydrocortisone butyrate CREA	1	QL(3 GM daily)
hydrocortisone butyrate OINT	1	QL(3 GM daily)
hydrocortisone butyrate SOLN	1	QL(5 ML daily)
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
mometasone furoate CREA	1	QL(3 GM daily)
mometasone furoate OINT	1	QL(4 GM daily)
mometasone furoate SOLN	1	QL(5 ML daily)
SYNALAR CREA *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
SYNALAR OINT *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NF	ST
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NF	
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
TOPICORT GEL *(Use desoximetasone)*	NF	QL(3 GM daily)
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(3.34 GM daily)
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(5 GM daily)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(15.15 GM daily)
triamcinolone acetonide (topical) LOTN 0.1 %	1	QL(6 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide (topical) LOTN 0.025 %	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(15.15 GM daily)
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(6 GM daily)
VANOS CREA *(Use fluocinonide)*	NF	QL(4 GM daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily; 4.6 ML per 28 day(s) retail); SP; PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily; 8 ML per 28 day(s) retail); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily; 4.6 ML per 28 day(s) retail); SP; PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily; 8 ML per 28 day(s) retail); SP; PA
Emollients		
lactic acid (ammonium lactate) CREA	1	QL(12.9 GM daily); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	QL(3 GM daily); AL(At least 2 yrs old); PA
pimecrolimus	1	QL(3 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT	1	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	1	
Local Anesthetics - Topical		
lidocaine hcl GEL 2 %	1	QL(4 ML daily)
lidocaine hcl PRSY	1	QL(4 ML daily)
lidocaine hcl SOLN	1	QL(10 ML daily)
lidocaine-prilocaine CREA	1	QL(1 GM daily)
lidocaine PTCH 5 %	1	PA
LIDODERM PTCH *(Use lidocaine)*	NF	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	QL(1.67 GM daily)
brimonidine tartrate (topical)	3	QL(1 GM daily); PA
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(3 GM daily)
METROGEL GEL 1 % *(Use metronidazole (topical))*	NF	QL(5 GM daily)
metronidazole (topical) CREA	1	QL(3 GM daily)
metronidazole (topical) GEL 1 %	1	QL(5 GM daily)
metronidazole (topical) GEL 0.75 %	1	QL(3 GM daily)
metronidazole (topical) LOTN	1	

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Drug Name	Drug Tier	Requirements/ Limits
MIRVASO *(Use brimonidine tartrate (topical))*	NF	QL(1 GM daily); PA
Scabicides & Pediculicides		
crotamiton LOTN	1	PA
ELIMITE CREA *(Use permethrin)*	NF	
ivermectin (pediculicide)	1	PA
malathion	1	
NATROBA *(Use spinosad)*	NF	PA
OVIDE *(Use malathion)*	NF	
permethrin CREA	1	
PERMETHRIN CREA 5 % *(Use permethrin)*	NF	
permethrin LIQD EX	1	
spinosad	1	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; SP; PA
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	1	Limit 100 per month; QL(3.34 EA daily); RX/OTC
CHEMSTRIP K STRP	1	
FORA GTEL BLOOD KETONE TEST	1	
FORA TEST N'GO ADV-VOICE-6 CON	1	
GOJJI BLOOD KETONE TEST	1	
KETONE TEST STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TEST	1	
PRECISION XTRA KETONE	1	
RELION KETONE TEST STRP	1	
RELION TRUE METRIX TEST STRIPS STRP	1	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	Limit 100 per month; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	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
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	
acetazolamide CP12	1	QL(2 EA daily)
acetazolamide TABS 125 MG	1	QL(8 EA daily)
acetazolamide TABS 250 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
methazolamide TABS	1	QL(6 EA daily)
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS	1	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	
bumetanide TABS	1	QL(5 EA daily)
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	QL(5 EA daily)
EDECRIN *(Use ethacrynic acid)*	NF	QL(16 EA daily)
ethacrynic acid	1	QL(16 EA daily)
furosemide SOLN IJ 10 MG/ML	1	
furosemide TABS	1	
LASIX TABS *(Use furosemide)*	NF	
torsemide TABS	1	
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	1	
DYRENIUM CAPS *(Use triamterene)*	NF	QL(3 EA daily)
spironolactone TABS	1	
triamterene CAPS	1	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
hydrochlorothiazide CAPS	1	QL(2 EA daily)
hydrochlorothiazide TABS	1	QL(2 EA daily)
indapamide TABS 2.5 MG	1	QL(2 EA daily)
indapamide TABS 1.25 MG	1	QL(1 EA daily)
metolazone	1	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(Use risedronate sodium)*	NF	QL(0.036 EA daily); PA
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NF	QL(0.143 EA daily); PA
alendronate sodium TABS 35 MG, 70 MG	1	QL(0.143 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
ATELVIA TBEC *(Use risedronate sodium)*	NF	PA
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; SP; PA
calcitonin (salmon) NA	1	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; SP; PA
FORTEO SOPN *(Use teriparatide)*	NF	QL(0.09 ML daily); PA
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NF	QL(0.143 EA daily)
ibandronate sodium SOLN	4	SP; PA
ibandronate sodium TABS	1	QL(0.036 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
RECLAST SOLN *(Use zoledronic acid)*	NF	SP; PA
risedronate sodium TABS 35 MG	1	QL(0.143 EA daily); PA
risedronate sodium TABS 5 MG, 30 MG	1	QL(1 EA daily); PA
risedronate sodium TABS 150 MG	1	QL(0.036 EA daily); PA
risedronate sodium TBEC	1	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; SP; PA
teriparatide SOPN	4	QL(0.09 ML daily); PA
TYMLOS	4	SP; PA
zoledronic acid SOLN 5 MG/100ML	4	SP; PA
Corticotropin		
ACTHAR GEL	5	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	SP; PA
GENOTROPIN CART SC	4	SP; PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily); PV
OSPHENA	3	PA
raloxifene hcl	1	QL(1 EA daily); PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	4	SP; PA
SYNAREL	5	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
betaine	4	SP; PA
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NF	SP; PA
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NF	SP; PA
calcitriol CAPS	1	
calcitriol SOLN PO	1	
cinacalcet hcl	4	QL(4 EA daily); SP; PA
CYSTADANE *(Use betaine)*	NF	SP; PA
doxercalciferol CAPS	1	
doxercalciferol SOLN	1	
ELAPRASE	4	SP; PA
MYALEPT	5	SP; PA
nitisinone CAPS	4	SP; PA
ORFADIN CAPS *(Use nitisinone)*	NF	SP; PA
paricalcitol CAPS	1	
paricalcitol SOLN	1	SP
ROCALTROL CAPS *(Use calcitriol)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ROCALTROL SOLN PO *(Use calcitriol)*	NF	
SENSIPAR *(Use cinacalcet hcl)*	NF	QL(4 EA daily); SP; PA
sodium phenylbutyrate POWD	1	SP; PA
sodium phenylbutyrate TABS	1	SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NF	
ZEMPLAR SOLN *(Use paricalcitol)*	NF	SP
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	NF	SP; PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NF	SP; PA
DDAVP TABS 0.2 MG *(Use desmopressin acetate)*	NF	QL(8 EA daily)
DDAVP TABS 0.1 MG *(Use desmopressin acetate)*	NF	QL(6 EA daily)
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated 0.01 %	1	
desmopressin acetate SOLN IJ	1	SP; PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
desmopressin acetate TABS 0.1 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.2 MG	1	QL(8 EA daily)
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN	4	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NF	SP; PA
SIGNIFOR	5	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(Use tolvaptan)*	NF	QL(2 EA daily); SP; PA
SAMSCA TABS PO *(Use tolvaptan (hyponatremia))*	NF	QL(2 EA daily); SP; PA
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	4	QL(2 EA daily); SP; PA
tolvaptan TABS	4	QL(2 EA daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
BIJUVA	3	PA
CLIMARA PRO	3	
DUAVEE	3	PA
norethindrone acetate-ethinyl estradiol	1	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	
DELESTROGEN 10 MG/ML, 20 MG/ML *(Use estradiol valerate)*	NF	
DEPO-ESTRADIOL	3	
DIVIGEL GEL *(Use estradiol)*	NF	
ELESTRIN GEL	3	
ESTRACE TABS *(Use estradiol)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
estradiol valerate	1	
estradiol GEL	1	
estradiol GEL	3	
estradiol PTTW	1	QL(0.286 EA daily)
estradiol PTWK	1	
estradiol TABS	1	
ESTROGEL GEL *(Use estradiol)*	3	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW *(Use estradiol)*	NF	QL(0.286 EA daily)
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	NF	QL(1 EA daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NF	QL(0.286 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	1	
ciprofloxacin in d5w 200 MG/100ML	3	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NF	
levofloxacin in d5w 500 MG/100ML	1	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	
moxifloxacin hcl in sodium chloride	1	
moxifloxacin hcl TABS	1	
ofloxacin 300 MG, 400 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	NF	QL(1 EA daily)
prucalopride succinate	1	QL(1 EA daily)
Gallstone Solubilizing Agents		
URSO FORTE TABS *(Use ursodiol)*	NF	
ursodiol CAPS	1	QL(3 EA daily)
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NF	QL(2 EA daily)
lubiprostone	1	QL(2 EA daily)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	QL(60 ML daily)
metoclopramide hcl SOLN IJ 5 MG/ML	1	
metoclopramide hcl TABS	1	QL(6 EA daily)
REGLAN TABS *(Use metoclopramide hcl)*	NF	QL(6 EA daily)
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NF	
AZULFIDINE TABS *(Use sulfasalazine)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
balsalazide disodium CAPS	1	QL(9 EA daily)
CANASA SUPP *(Use mesalamine)*	NF	
COLAZAL CAPS *(Use balsalazide disodium)*	NF	QL(9 EA daily)
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	2	
INFLECTRA SOLR	4	SP; PA
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine CP24	1	PA
mesalamine CPDR	1	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 1.2 GM	3	
mesalamine TBEC 800 MG	3	QL(6 EA daily)
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); SP; PA
RENFLEXIS	4	SP; PA
SKYRIZI SOCT	4	QL(0.043 ML daily); SP; PA
SKYRIZI SOLN	4	QL(0.36 ML daily); SP; PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); SP; PA
STEQEYMA	4	QL(3.47 ML daily); SP; PA
sulfasalazine TABS	1	
sulfasalazine TBEC	1	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); SP; PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); SP; PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
LOTRONEX *(Use alosetron hcl)*	NF	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
alvimopan	1	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
FOSRENOL CHEW *(Use lanthanum carbonate)*	NF	
lanthanum carbonate CHEW	1	
RENVELA PACK *(Use sevelamer carbonate)*	NF	
RENVELA TABS *(Use sevelamer carbonate)*	NF	
sevelamer carbonate PACK	1	
sevelamer carbonate TABS	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	1	
sodium citrate & citric acid	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NF	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	SP; PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	
ARGYLE STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
CURITY STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
glycine (gu irrigant) SOLN 1.5 %	1	
sodium chloride (gu irrigant) 0.9 %	1	
SORBITOL 3 %	1	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily)
AVODART *(Use dutasteride)*	NF	QL(1 EA daily)
dutasteride	1	QL(1 EA daily)
finasteride	1	5 mg only
PROSCAR *(Use finasteride)*	NF	5 mg only
RAPAFLO *(Use silodosin)*	NF	
silodosin	1	
tamsulosin hcl	1	

Drug Name	Drug Tier	Requirements/ Limits
UROXATRAL *(Use alfuzosin hcl)*	NF	QL(1 EA daily)
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG, 300 MG	1	
colchicine TABS	1	QL(1 EA daily)
febuxostat	1	QL(1 EA daily); PA
ULORIC *(Use febuxostat)*	NF	QL(1 EA daily); PA
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NF	QL(9 ML daily); SP; PA
icatibant acetate SOSY	4	QL(9 ML daily); SP; PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	SP; PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	5	SP; PA
TAKHZYRO SOLN	4	SP; PA
TAKHZYRO SOSY	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NF	
anagrelide hcl	1	
aspirin-dipyridamole	1	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	NF	QL(2 EA daily)
cilostazol	1	
clopidogrel bisulfate 75 MG	1	QL(1 EA daily)
clopidogrel bisulfate 300 MG	1	
dipyridamole	1	
EFFIENT *(Use prasugrel hcl)*	NF	QL(1 EA daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NF	QL(1 EA daily)
prasugrel hcl	1	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); SP; PA
miglustat	4	QL(3 EA daily); SP; PA
ZAVESCA *(Use miglustat)*	NF	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	QL(1 ML daily)
Folic Acid/Folates		
folic acid TABS	1	PV; RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 12.5 MG, 25 MG	4	QL(1 EA daily); SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG	4	QL(1 EA daily); SP; PA
eltrombopag olamine TABS 50 MG, 75 MG	4	QL(2 EA daily); SP; PA
FULPHILA	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
PROMACTA PACK 12.5 MG, 25 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); SP; PA
PROMACTA TABS 50 MG, 75 MG *(Use eltrombopag olamine)*	NF	QL(2 EA daily); SP; PA
PROMACTA TABS 12.5 MG, 25 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); SP; PA
RETACRIT	4	SP; PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	SP; PA
ZARXIO	4	SP; PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1	QL(1 EA daily)
Iron		
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	1	AL(Up to 1 yrs old); PV
ferrous sulfate TABS	1	PV
ferrous sulfate TBEC 325 MG	1	PV
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS	1	SP; PA
CYKLOKAPRON SOLN *(Use tranexamic acid)*	NF	
tranexamic acid SOLN 1000 MG/10ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
tranexamic acid TABS	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
PHENOBARBITAL TABS 30 MG, 100 MG	1	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	1	QL(1 EA daily); PA
SILENOR *(Use doxepin hcl (sleep))*	NF	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NF	QL(1 EA daily)
AMBIEN TABS *(Use zolpidem tartrate)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
estazolam	1	
eszopiclone	1	QL(1 EA daily); AL(At least 18 yrs old); ST
flurazepam hcl	1	
HALCION 0.25 MG *(Use triazolam)*	NF	
LUNESTA *(Use eszopiclone)*	NF	QL(1 EA daily); AL(At least 18 yrs old); ST
RESTORIL *(Use temazepam)*	NF	QL(1 EA daily)
temazepam	1	QL(1 EA daily)
triazolam	1	
zaleplon 5 MG	1	QL(1 EA daily); AL(At least 18 yrs old)
zaleplon 10 MG	1	QL(2 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	1	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
ramelteon	1	QL(1 EA daily); AL(At least 18 yrs old)
ROZEREM *(Use ramelteon)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	PV
MOVIPREP *(Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NF	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	1	PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	PA
sodium sulfate-potassium sulfate-magnesium sulfate	1	
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
lactulose SOLN	1	
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	1	
bisacodyl TBEC	1	
DULCOLAX TBEC *(Use bisacodyl)*	NF	
Surfactant Laxatives		
docusate calcium	1	QL(1 EA daily)
docusate sodium CAPS 100 MG	1	QL(4 EA daily)
docusate sodium CAPS 250 MG	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 250 MG	1	QL(6 EA per fill retail; 6 per fill mail)
azithromycin TABS 500 MG	1	QL(4 EA per fill retail; 4 per fill mail)
azithromycin TABS 600 MG	1	QL(0.286 EA daily)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
ZITHROMAX SUSR *(Use azithromycin)*	NF	
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NF	
erythromycin base CPEP	3	
erythromycin base TABS	3	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	3	
Fidaxomicin		
DIFICID TABS 200 MG *(Use fidaxomicin)*	2	
fidaxomicin TABS 200 MG	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	2	QL(2 EA daily); PV
CAYA DPRH	2	PV
DUREX EXTRA SENSITIVE THIN DEVI	2	QL(2 EA daily); PV
DUREX EXTRA SENSITIVE THIN MISC	2	QL(2 EA daily); PV
DUREX TROPICAL MISC	2	QL(2 EA daily); PV
FANTASY LUBRICATED/SPERMICIDE MISC	2	QL(2 EA daily); PV
FANTASY LUBRICATED MISC	2	QL(2 EA daily); PV

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Drug Name	Drug Tier	Requirements/ Limits
FC2 FEMALE CONDOM	2	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; PV
FEMCAP DEVI	2	PV
KAMELEON LUBRICATED MISC	2	QL(2 EA daily); PV
KIMONO COLORS DEVI	2	QL(2 EA daily); PV
KIMONO MAXX-LARGE FLARE MISC	2	QL(2 EA daily); PV
KIMONO MICRO THIN PLUS MISC	2	QL(2 EA daily); PV
KIMONO PLUS MISC	2	QL(2 EA daily); PV
KIMONO PS PLUS MISC	2	QL(2 EA daily); PV
KIMONO PS MISC	2	QL(2 EA daily); PV
KIMONO SENSATION PLUS MISC	2	QL(2 EA daily); PV
KIMONO SENSATION MISC	2	QL(2 EA daily); PV
KIMONO SPECIAL DEVI	2	QL(2 EA daily); PV
KIMONO MISC	2	QL(2 EA daily); PV
MAXX PLUS MISC	2	QL(2 EA daily); PV
MAXX MISC	2	QL(2 EA daily); PV
OMNIFLEX DIAPHRAGM	2	PV
REALITY LATEX CONDOMS MISC	2	QL(2 EA daily); PV
REALITY LATEX/ULTRA TEXTURED DEVI	2	QL(2 EA daily); PV
REALITY LATEX/ULTRA THIN DEVI	2	QL(2 EA daily); PV
TROJAN BARESKIN DEVI	2	QL(2 EA daily); PV
TROJAN MAGNUM MISC	2	QL(2 EA daily); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	2	QL(2 EA daily); PV
TROJAN ULTRA THIN DEVI	2	QL(2 EA daily); PV
TROJAN ULTRA THIN MISC	2	QL(2 EA daily); PV
TROJAN-ENZ LUBRICATED MISC	2	QL(2 EA daily); PV
TROJAN-ENZ/SPERMICIDAL MISC	2	QL(2 EA daily); PV
TRUE COVER DEVI	2	QL(2 EA daily); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	2	QL(2 EA daily); PV
TRUSTEX LUB/RIBBED/STUDDED MISC	2	QL(2 EA daily); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	2	QL(2 EA daily); PV
TRUSTEX LUB/SPERMICIDE XL MISC	2	QL(2 EA daily); PV
TRUSTEX LUBRICATED EX LARGE MISC	2	QL(2 EA daily); PV
TRUSTEX LUBRICATED EXTRA ST MISC	2	QL(2 EA daily); PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	2	QL(2 EA daily); PV
TRUSTEX LUBRICATED MISC	2	QL(2 EA daily); PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	2	QL(2 EA daily); PV
TRUSTEX RIA LUB/SPERMICIDE MISC	2	QL(2 EA daily); PV
TRUSTEX RIA LUBRICATED MISC	2	QL(2 EA daily); PV
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	2	QL(2 EA daily); PV
WIDE-SEAL DIAPHRAGM 60	2	PV

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Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL DIAPHRAGM 65	2	PV
WIDE-SEAL DIAPHRAGM 70	2	PV
WIDE-SEAL DIAPHRAGM 75	2	PV
WIDE-SEAL DIAPHRAGM 80	2	PV
WIDE-SEAL DIAPHRAGM 85	2	PV
WIDE-SEAL DIAPHRAGM 90	2	PV
WIDE-SEAL DIAPHRAGM 95	2	PV
Diabetic Supplies		
DEXCOM G6 RECEIVER	2	QL(1 EA per 365 day(s) retail); PA
DEXCOM G6 SENSOR	2	QL(0.1 EA daily); PA
DEXCOM G6 TRANSMITTER	2	QL(1 EA per 90 day(s) retail); PA
DEXCOM G7 15 DAY SENSOR	2	QL(0.072 EA daily); PA
DEXCOM G7 RECEIVER	2	QL(1 EA per 365 day(s) retail); PA
DEXCOM G7 SENSOR	2	QL(0.1 EA daily); PA
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 2 SENSOR	2	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	2	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
MINT REFILL KIT MISC	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 LIBRE INTRO KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD 5 LIBRE PODS MISC	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD DASH PDM (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD DASH PODS (GEN 4) MISC	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD POD PALS	2	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONETOUCH DELICA SAFETY LANCING	1	RX/OTC
RELION LANCET DEVICES 30G	1	RX/OTC
RELION LANCETS	1	RX/OTC
TRUE METRIX LEVEL 3 SOLN	1	
Parenteral Therapy Supplies		
ADVOCATE INSULIN PEN NEEDLE	1	QL(5 EA daily); RX/OTC
AQINJECT PEN NEEDLE	1	QL(5 EA daily); RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	1	QL(5 EA daily); RX/OTC
ASSURE ID PRO PEN NEEDLES	1	QL(5 EA daily); RX/OTC
AUM INSULIN SAFETY PEN NEEDLE	1	QL(5 EA daily); RX/OTC
AUM PEN NEEDLE	1	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	1	QL(5 EA daily); RX/OTC
COMFORT EZ PRO PEN NEEDLES	1	QL(5 EA daily); RX/OTC
DROPLET PEN NEEDLES	1	QL(5 EA daily); RX/OTC
EASY COMFORT PEN NEEDLES	1	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1	QL(5 EA daily)
EMBRACE PEN NEEDLES	1	QL(5 EA daily); RX/OTC
GNP PEN NEEDLES	1	QL(5 EA daily); RX/OTC
GNP ULTICARE PEN NEEDLES	1	QL(5 EA daily); RX/OTC
INCONTROL ULTICARE PEN NEEDLES	1	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	1	QL(5 EA daily); RX/OTC
PEN NEEDLE/5-BEVEL TIP	1	QL(5 EA daily); RX/OTC
PEN NEEDLES	1	QL(5 EA daily); RX/OTC
PENTIPS	1	QL(5 EA daily); RX/OTC
PENTIPS GENERIC PEN NEEDLES	1	QL(5 EA daily)
PIP PEN NEEDLES 31G X 5MM	1	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	1	QL(5 EA daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	1	QL(5 EA daily); RX/OTC
QC UNIFINE PENTIPS	1	QL(5 EA daily); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	1	QL(5 EA daily); RX/OTC
RAYA SURE PEN NEEDLE	1	QL(5 EA daily); RX/OTC
SAFETY PEN NEEDLES	1	QL(5 EA daily); RX/OTC
SURE COMFORT PEN NEEDLES	1	QL(5 EA daily); RX/OTC
TECHLITE PLUS PEN NEEDLES	1	QL(5 EA daily); RX/OTC
TRUE COMFORT PEN NEEDLES	1	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	1	QL(5 EA daily); RX/OTC
TRUEPLUS PEN NEEDLES	1	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL(5 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNIFINE OTC PEN NEEDLES	1	QL(5 EA daily); RX/OTC
UNIFINE PENTIPS	1	QL(5 EA daily); RX/OTC
UNIFINE PROTECT PEN NEEDLE	1	QL(5 EA daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(5 EA daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE	1	QL(5 EA daily); RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(5 EA daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); SP; PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); SP; PA
EMGALITY SOAJ	2	QL(0.07 ML daily); SP; PA
EMGALITY SOSY	2	QL(0.07 ML daily); SP; PA
UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
Migraine Combinations		
CAFERGOT TABS *(Use ergotamine w/ caffeine)*	NF	QL(1.5 EA daily)
ergotamine w/ caffeine TABS	1	QL(1.5 EA daily)
sumatriptan-naproxen sodium	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TREXIMET *(Use sumatriptan-naproxen sodium)*	NF	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1	
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	QL(0.267 ML daily)
ERGOMAR SUBL	3	QL(0.667 EA daily)
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	QL(0.267 ML daily)
Serotonin Agonists		
almotriptan malate 6.25 MG	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST
almotriptan malate 12.5 MG	1	QL(0.4 EA daily); AL(At least 12 yrs old); ST
eletriptan hydrobromide	1	QL(0.2 EA daily); AL(At least 18 yrs old); ST
FROVA *(Use frovatriptan succinate)*	NF	QL(0.4 EA daily); AL(At least 18 yrs old); ST
frovatriptan succinate	1	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 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NF	QL(0.3 EA daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
naratriptan hcl	1	QL(0.3 EA daily); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NF	QL(0.2 EA daily); AL(At least 18 yrs old); ST
rizatriptan benzoate TABS 10 MG	1	QL(0.6 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TABS 5 MG	1	QL(0.4 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP 5 MG	1	QL(0.4 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP 10 MG	1	QL(0.6 EA daily); AL(At least 6 yrs old)
sumatriptan	1	QL(0.2 EA daily); AL(At least 18 yrs old)
sumatriptan succinate SOAJ	1	QL(0.134 ML daily); AL(At least 18 yrs old)
sumatriptan succinate SOCT	1	QL(0.134 ML daily); AL(At least 18 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(0.134 ML daily); AL(At least 18 yrs old)
sumatriptan succinate TABS	1	QL(0.3 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
zolmitriptan SOLN	1	QL(0.2 EA daily); AL(At least 12 yrs old); ST
zolmitriptan TABS	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST
zolmitriptan TBDP	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST
ZOMIG SOLN *(Use zolmitriptan)*	NF	QL(0.2 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1	
SODIUM ACETATE SOLN *(Use sodium acetate)*	1	
Calcium		
calcium chloride (dihydrate) SOLN	1	
CALCIUM CHLORIDE SOLN 10 % *(Use calcium chloride (dihydrate))*	NF	
Electrolyte Mixtures		
electrolyte-148	1	
electrolyte-a	1	
IONOSOL-MB IN D5W	1	
ISOLYTE-P IN D5W	1	
ISOLYTE-S	1	
NORMOSOL-M IN D5W	1	
NORMOSOL-R PH 7.4	1	
PLASMA-LYTE 148	1	
PLASMA-LYTE A *(Use electrolyte-a)*	1	
potassium chloride in dextrose 20 MEQ/L	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L *(Use potassium chloride in dextrose)*	NF	
ringer's	1	
Fluoride		
sodium fluoride CHEW	1	QL(1 EA daily); PV
Magnesium		
magnesium sulfate IJ 50 %	1	
Phosphate		
potassium phosphates 45 MMOLE/15ML	1	
POTASSIUM PHOSPHATES *(Use potassium phosphates)*	NF	
POTASSIUM PHOSPHATES(66 MEQ K) *(Use potassium phosphates)*	NF	
Potassium		
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
potassium acetate SOLN 2 MEQ/ML	1	
POTASSIUM ACETATE SOLN *(Use potassium acetate)*	NF	
potassium bicarbonate TBEF	1	
potassium chloride microencapsulated crystals er	1	
potassium chloride CPCR	1	
potassium chloride PACK PO 20 MEQ	1	PA
potassium chloride SOLN PO 10 %, 10 %	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(Use potassium chloride)*	1	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Sodium		
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(Use penicillamine)*	NF	SP; PA
DEPEN TITRATABS TABS *(Use penicillamine)*	NF	QL(8 EA daily); SP
penicillamine CAPS	1	SP; PA
penicillamine TABS	1	QL(8 EA daily); SP
SYPRINE *(Use trientine hcl)*	NF	QL(8 EA daily); SP; PA
trientine hcl 250 MG	4	QL(8 EA daily); SP; PA
Immunomodulators		
lenalidomide	4	QL(1 EA daily); SP; PA
REVLIMID *(Use lenalidomide)*	NF	QL(1 EA daily); SP; PA
THALOMID 50 MG, 100 MG, 200 MG	4	QL(3 EA daily); SP; PA
Immunosuppressive Agents		
ATGAM	4	SP; PA
AZATHIOPRINE SODIUM	1	
azathioprine TABS	1	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT TABS *(Use mycophenolate mofetil)*	NF	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
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
IMURAN TABS *(Use azathioprine)*	NF	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil TABS	1	
mycophenolate sodium	1	
MYFORTIC *(Use mycophenolate sodium)*	NF	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NF	
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NF	
PROGRAF CAPS *(Use tacrolimus)*	NF	
PROGRAF PACK	2	PA
PROGRAF SOLN 5 MG/ML *(Use tacrolimus)*	2	
RAPAMUNE TABS *(Use sirolimus)*	NF	
SANDIMMUNE CAPS *(Use cyclosporine)*	NF	
SIMULECT	3	
sirolimus TABS	1	
tacrolimus CAPS	1	
tacrolimus SOLN 5 MG/ML	1	
THYMOGLOBULIN	4	SP; PA
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG *(Use everolimus (immunosuppressant))*	NF	QL(20 EA daily); PA
ZORTRESS 1 MG *(Use everolimus (immunosuppressant))*	NF	QL(10 EA daily); PA
Irrigation Solutions		
ARGYLE STERILE WATER *(Use water for irrigation, sterile)*	NF	
irrigation solutions, physiological	1	
lactated ringer's (irrigation)	1	
ringer's irrigation	1	
water for irrigation, sterile	1	
Potassium Removing Agents		
LOKELMA	2	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1	
sodium polystyrene sulfonate SUSP PR 30 GM/120ML	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1	QL(4 ML daily)
lidocaine hcl (mouth-throat) 4 %	1	
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN *(Use nystatin (mouth-throat))*	NF	
nystatin (mouth-throat)	1	
Antiseptics - Mouth/Throat		

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Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate (mouth-throat)	1	
DEBACTEROL	2	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
stannous fluoride CONC	1	PV; RX/OTC
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	
EVOXAC *(Use cevimeline hcl)*	NF	
pilocarpine hcl (oral)	1	
SALAGEN *(Use pilocarpine hcl (oral))*	NF	
MULTIVITAMINS		
Ped MV w/ Fluoride		
pediatric multivitamins w/fl CHEW	1	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)
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
MASONATAL TABS	2	QL(1 EA daily)
MATRONEX TABS	2	QL(1 EA daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 EA daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
NEONATAL PRENATAL TABS	2	QL(1 EA daily)
NEONATAL VITAMIN TABS	2	QL(1 EA daily)
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC
NOVYRA 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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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 10 MG, 20 MG	1	
carisoprodol TABS	1	
chlorzoxazone TABS 750 MG	1	QL(4 EA daily)
chlorzoxazone TABS 500 MG	1	QL(6 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 EA daily)
metaxalone 800 MG	1	QL(4 EA daily)
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	QL(2 EA daily)
SOMA TABS *(Use carisoprodol)*	NF	
tizanidine hcl CAPS	1	
tizanidine hcl TABS	1	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NF	QL(4 EA daily)
dantrolene sodium CAPS	1	QL(4 EA daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
azelastine hcl	1	
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	1	
ipratropium bromide (nasal) 0.03 %	1	QL(1 ML daily)
Nasal Steroids		
budesonide (nasal)	1	
flunisolide (nasal)	1	1 package(s) per fill retail
fluticasone propionate (nasal) SUSP	1	Limit 2 inhalers per month; QL(32 GM per 30 day(s) retail); RX/OTC
mometasone furoate (nasal) SUSP	1	QL(1.14 ML daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		

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Drug Name	Drug Tier	Requirements/ Limits
ALS Agents		
riluzole TABS	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	1	
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	NF	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	1	
ISTALOL SOLN *(Use timolol maleate (ophth))*	NF	
levobunolol hcl 0.5 %	1	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	1	
Cycloplegic Mydriatics		
MYDRIACYL SOLN *(Use tropicamide)*	NF	
tropicamide SOLN 0.5 %	1	QL(2.5 ML daily)
tropicamide SOLN 1 %	1	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	
VUITY SOLN 1.25 % *(Use pilocarpine hcl)*	NF	
Ophthalmic Adrenergic Agents		
apraclonidine hcl	1	
brimonidine tartrate 0.15 %, 0.2 %	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate (ophth)	1	QL(0.4 ML daily)
difluprednate	1	PA
DUREZOL *(Use difluprednate)*	NF	PA
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NF	
LOTEMAX GEL *(Use loteprednol etabonate)*	NF	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP *(Use loteprednol etabonate)*	NF	PA
loteprednol etabonate GEL	1	PA
loteprednol etabonate SUSP	1	PA
MAXIDEX SUSP OP	3	PA
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NF	
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NF	
neomycin-polymy-dexameth OINT	1	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	
neomycin-polymyxin-hc (ophth)	1	QL(2.5 ML daily)
PRED FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED MILD	3	PA
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
tobramycin-dexamethasone SUSP	1	
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NF	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NF	
ALOCRIL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1	
bepotastine besilate	3	PA
BEPREVE *(Use bepotastine besilate)*	NF	PA
bromfenac sodium (ophth)	1	
BROMSITE *(Use bromfenac sodium (ophth))*	NF	
cromolyn sodium (ophth)	1	
CYSTARAN	2	QL(2.143 ML daily); SP; PA
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ketorolac tromethamine (ophth)	1	
ketotifen fumarate (ophth) 0.035 %	1	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST
olopatadine hcl 0.1 %	1	QL(0.34 ML daily)
olopatadine hcl 0.2 %	1	RX/OTC
PROLENSA *(Use bromfenac sodium (ophth))*	NF	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	3	

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Drug Name	Drug Tier	Requirements/ Limits
latanoprost SOLN	1	
tafluprost	1	
TRAVATAN Z SOLN *(Use travoprost)*	NF	
travoprost SOLN	1	
XALATAN SOLN *(Use latanoprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(Use ciprofloxacin hcl (otic))*	NF	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	
Otic Combinations		
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	1	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	QL(2 ML daily)
neomycin-polymyxin-hc (otic) SUSP	1	
OTOVEL *(Use ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	
PASSIVE IMMUNIZING AND TREATMENT		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	5	SP; PV
ENFLONSIA SOSY IM 105 MG/0.7ML	5	SP; PV
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin sodium IJ 1 GM	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium 5000000 UNIT	1	
penicillin g sodium	3	
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IJ 1 GM	1	
oxacillin sodium IJ 1 GM	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	
megestrol acetate (appetite)	1	PA
norethindrone acetate TABS	1	PV
progesterone CAPS	1	
PROMETRIUM CAPS *(Use progesterone)*	NF	
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
lofexidine hcl	1	QL(224 EA per 14 day(s) retail); PA
LUCEMYRA *(Use lofexidine hcl)*	NF	QL(224 EA per 14 day(s) retail); PA
Antidementia Agents		

Drug Name	Drug Tier	Requirements/ Limits
ARICEPT TABS 5 MG, 23 MG *(Use donepezil hydrochloride)*	NF	QL(1 EA daily)
ARICEPT TABS 10 MG *(Use donepezil hydrochloride)*	NF	QL(2 EA daily)
donepezil hydrochloride TABS 5 MG, 23 MG	1	QL(1 EA daily)
donepezil hydrochloride TABS 10 MG	1	QL(2 EA daily)
donepezil hydrochloride TBDP 10 MG	1	QL(2 EA daily)
donepezil hydrochloride TBDP 5 MG	1	QL(1 EA daily)
galantamine hydrobromide CP24	1	QL(1 EA daily)
galantamine hydrobromide SOLN	1	QL(6 ML daily)
galantamine hydrobromide TABS	1	QL(2 EA daily)
memantine hcl TABS	1	QL(2 EA daily)
memantine hcl TABS	1	
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
perphenazine-amitriptyline	1	QL(4 EA daily)
Fibromyalgia Agents		
milnacipran hcl MISC	1	1 max fill(s) per 365 day(s) retail; PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	1	QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC *(Use milnacipran hcl)*	2	1 max fill(s) per 365 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(Use milnacipran hcl)*	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	5	QL(4 EA daily); SP; PA
tetrabenazine	4	QL(3 EA daily); SP; PA
XENAZINE *(Use tetrabenazine)*	NF	QL(3 EA daily); SP; PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NF	QL(2 EA daily); SP; PA
AUBAGIO *(Use teriflunomide)*	NF	QL(1 EA daily); SP
AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
BETASERON KIT	4	QL(0.0357 EA daily); SP; PA
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NF	QL(0.43 ML daily); SP
COPAXONE SOSY 20 MG/ML *(Use glatiramer acetate)*	NF	QL(1 ML daily); SP
dalfampridine	4	QL(2 EA daily); SP; PA
dimethyl fumarate CDPK	1	QL(2 EA daily); SP
dimethyl fumarate CPDR	1	QL(2 EA daily); SP
fingolimod hcl	4	QL(1 EA daily); SP
GILENYA *(Use fingolimod hcl)*	NF	QL(1 EA daily); SP
glatiramer acetate SOSY 40 MG/ML	4	QL(0.43 ML daily); SP
glatiramer acetate SOSY 20 MG/ML	4	QL(1 ML daily); SP
LEMTRADA	4	QL(1.2 ML daily); SP; PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); SP; PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); SP; PA
PLEGRIDY SOAJ	4	QL(0.036 ML daily); SP; PA
PLEGRIDY SOSY IM	4	QL(0.036 ML daily); SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ML daily); SP; PA
TECFIDERA CDPK *(Use dimethyl fumarate)*	NF	QL(2 EA daily); SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	NF	QL(2 EA daily); SP
teriflunomide	4	QL(1 EA daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
LYRICA CR 82.5 MG, 165 MG *(Use pregabalin (once-daily))*	NF	QL(1 EA daily); PA
LYRICA CR 330 MG *(Use pregabalin (once-daily))*	NF	QL(2 EA daily); PA
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	1	QL(2 EA daily); PA
NUEDEXTA 20 MG-10 MG *(Use dextromethorphan hbr-quinidine sulfate)*	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents -		

Drug Name	Drug Tier	Requirements/ Limits
Misc.		
ergoloid mesylates TABS	1	
pimozide	1	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	1	QL(2 EA daily); PV
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily); PV
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	PV
CHANTIX TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily); PV
NICORETTE MINI LOZG 4 MG *(Use nicotine polacrilex)*	NF	PV
nicotine polacrilex GUM	1	PV
nicotine polacrilex LOZG	1	PV
NICOTINE KIT	2	PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	QL(1 EA daily); PV
NICOTROL NS SOLN	2	PV
NICOTROL INHA	2	PV
varenicline tartrate TABS	1	QL(2 EA daily); PV
varenicline tartrate TBPK	1	PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	SP; PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	5	QL(2 EA daily); SP; PA
ORKAMBI TABS	5	QL(4 EA daily); SP; PA
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPK	4	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	SP
ESBRIET TABS *(Use pirfenidone)*	NF	SP
nintedanib esylate 100 MG, 150 MG	5	QL(2 EA daily); SP; PA
OFEV 100 MG, 150 MG *(Use nintedanib esylate)*	5	QL(2 EA daily); SP; PA
pirfenidone CAPS	4	SP
pirfenidone TABS 534 MG	4	QL(3 EA daily); SP; PA
pirfenidone TABS 267 MG, 801 MG	4	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
tigecycline	1	
TYGACIL *(Use tigecycline)*	NF	
Tetracyclines		
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS 75 MG	1	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	QL(2 EA daily)
doxycycline (monohydrate) TABS 100 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
doxycycline (monohydrate) TABS 50 MG, 75 MG	1	
doxycycline hyclate CAPS	1	QL(2 EA daily)
doxycycline hyclate SOLR	1	
doxycycline hyclate TABS 20 MG, 100 MG	1	QL(2 EA daily)
minocycline hcl CAPS	1	QL(3 EA daily)
minocycline hcl TABS	1	QL(3 EA daily)
tetracycline hcl CAPS	1	QL(8 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	
propylthiouracil	1	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 EA daily)
ARMOUR THYROID TABS	2	QL(1 EA daily)
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
EVEXITHROID TABS 180 MG	2	QL(1 EA daily)
levothyroxine sodium TABS	1	
liothyronine sodium SOLN	1	
liothyronine sodium TABS	1	
NP THYROID TABS	1	QL(1 EA daily)
SYNTHROID TABS *(Use levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	2	PV
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	2	PV
BOOSTRIX SUSP	2	PV
BOOSTRIX SUSY	2	PV
DAPTACEL	2	PV
INFANRIX	2	PV
KINRIX SUSY	2	PV
PEDIARIX SUSY	2	PV
PENTACEL	2	PV
QUADRACEL SUSP	2	PV
QUADRACEL SUSY	2	PV
TDVAX SUSP	2	PV
TENIVAC SUSP 2 LFU-5 LFU	2	PV
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	2	PV
VAXELIS SUSP	2	PV
VAXELIS SUSY	2	PV
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
chlordiazepoxide hcl-clidinium bromide	1	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	
dicyclomine hcl TABS	1	
glycopyrrolate SOLN IJ 4 MG/20ML	1	
glycopyrrolate TABS 1 MG	1	
glycopyrrolate TABS 2 MG	1	QL(6 EA daily)
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NF	
methscopolamine bromide	1	

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Drug Name	Drug Tier	Requirements/ Limits
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NF	QL(6 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NF	
H-2 Antagonists		
cimetidine TABS	1	RX/OTC
famotidine SUSR	1	QL(10 ML daily)
famotidine TABS 20 MG, 40 MG	1	RX/OTC
nizatidine CAPS	1	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
ranitidine hcl TABS 150 MG	1	
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	NF	QL(40 ML daily)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	1	QL(40 ML daily)
sucralfate TABS	1	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	QL(1 EA daily)
DEXILANT *(Use dexlansoprazole)*	NF	QL(1 EA daily)
dexlansoprazole	3	QL(1 EA daily)
esomeprazole magnesium CPDR 40 MG	3	QL(1 EA daily)
esomeprazole magnesium CPDR 20 MG	1	QL(2 EA daily); RX/OTC
esomeprazole magnesium TBEC	1	QL(2 EA daily)
lansoprazole CPDR 30 MG	1	
lansoprazole CPDR 15 MG	1	QL(2 EA daily); RX/OTC
NEXIUM 24HR TBEC 20 MG	1	QL(2 EA daily)
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NF	QL(2 EA daily); RX/OTC
NEXIUM CPDR 40 MG *(Use esomeprazole magnesium)*	NF	QL(1 EA daily)
omeprazole magnesium CPDR	1	QL(4 EA daily)
omeprazole CPDR	1	QL(2 EA daily)
omeprazole TBEC	1	QL(2 EA daily)
pantoprazole sodium TBEC 40 MG	1	
pantoprazole sodium TBEC 20 MG	1	QL(1 EA daily)
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(2 EA daily); RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	NF	
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NF	
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NF	QL(1 EA daily)
rabeprazole sodium TBEC	3	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NF	QL(4 EA daily)
misoprostol	1	QL(4 EA daily)
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	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	1	QL(1 EA daily); RX/OTC
ZEGERID CAPS 1100 MG-40 MG *(Use omeprazole-sodium bicarbonate)*	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ZEGERID CAPS 1100 MG-20 MG *(Use omeprazole-sodium bicarbonate)*	NF	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	QL(1 EA daily)
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	QL(1 EA daily)
DETROL TABS *(Use tolterodine tartrate)*	NF	
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS 5 MG	1	
oxybutynin chloride TB24	1	
solifenacin succinate TABS	1	QL(1 EA daily)
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	
TOVIAZ *(Use fesoterodine fumarate)*	NF	QL(1 EA daily)
trospium chloride CP24	1	QL(1 EA daily)
trospium chloride TABS	1	QL(3 EA daily)
VESICARE TABS *(Use solifenacin succinate)*	NF	QL(1 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 5 MG, 10 MG, 50 MG	1	QL(4 EA daily)
bethanechol chloride 25 MG	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	2	PV
BEXSERO 0.5 ML	2	PV
CAPVAXIVE	5	PV
HIBERIX SOLR IJ	2	PV
MENQUADFI 0.5 ML	2	PV
MENVEO SOLN	2	PV
MENVEO SOLR	2	PV
PEDVAXHIB SUSP 7.5 MCG/0.5ML	2	PV
PENBRAYA	2	PV
PENMENVY SUSR IM	2	AL(At least 10 yrs old - Up to 25 yrs old); PV
PNEUMOVAX 23 SOSY	2	PV
PREVNAR 20	2	1 max fill(s) per 999 day(s) retail; PV
TRUMENBA 0.5 ML	2	PV
VAXNEUVANCE	2	4 max fill(s) per 999 day(s) retail; PV
Viral Vaccines		
ABRYSVO	2	PV
ACAM2000 SOLR IJ	2	PV
AFLURIA PRESERVATIVE FREE SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
AFLURIA QUADRIVALENT SUSY 0.5 ML	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
AFLURIA SUSP	2	1 max fill(s) per 180 day(s) retail; PV
AREXVY	2	PV
AUDENZ EMUL	2	PV
AUDENZ PRSY	2	PV
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	2	PV
COMIRNATY SUSP	2	PV
COMIRNATY SUSY	2	PV

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Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PV
ENGERIX-B SUSY	2	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PV
FLUAD	2	1 max fill(s) per 180 day(s) retail; PV
FLUAD QUADRIVALENT	2	1 max fill(s) per 180 day(s) retail; PV
FLUARIX QUADRIVALENT SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
FLUARIX SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
FLUBLOK SOSY	2	1 max fill(s) per 180 day(s) retail; PV
FLUCELVAX QUADRIVALENT SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
FLUCELVAX SUSP	2	1 max fill(s) per 180 day(s) retail; PV
FLUCELVAX SUSY	2	1 max fill(s) per 180 day(s) retail; PV
FLULAVAL SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
FLUMIST	2	1 max fill(s) per 180 day(s) retail; PV
FLUZONE HIGH-DOSE QUADRIVALENT	2	1 max fill(s) per 180 day(s) retail; PV
FLUZONE HIGH-DOSE SUSY	2	1 max fill(s) per 180 day(s) retail; PV
FLUZONE QUADRIVALENT SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
FLUZONE SUSP	2	1 max fill(s) per 180 day(s) retail; PV
FLUZONE SUSY	2	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; PV
GARDASIL 9 SUSP 0.5 ML	2	3 max fill(s) per 365 day(s) retail; PV
GARDASIL 9 SUSY 0.5 ML	2	3 max fill(s) per 365 day(s) retail; PV
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	2	PV
HEPLISAV-B SOSY	2	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail; PV
IPOL IJ	2	PV
JYNNEOS	2	PV
M-M-R II SOLR	2	2 max fill(s) per 365 day(s) retail; PV
MFLUSIVA SUSY IM 0.38 ML	2	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PV
MNEXSPIKE SUSY 10 MCG/0.2ML	2	PV
MODERNA COVID-19 VAC 6M-11Y SUSY	2	PV
MRESVIA	2	PV

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Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID-19 VACCINE SUSY	2	PV
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	2	PV
PREHEVBRIO	2	3 max fill(s) per 365 day(s) retail; PV
PRIORIX SUSR	2	3 max fill(s) per 365 day(s) retail; PV
PROQUAD SUSR	2	3 max fill(s) per 365 day(s) retail; PV
RECOMBIVAX HB SUSP	2	PV
RECOMBIVAX HB SUSY	2	PV
ROTARIX SUSP	2	PV
ROTATEQ SOLN	2	PV
SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old); PV
SHINGRIX IM 50 MCG/0.5ML	2	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old); PV
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	2	PV
SPIKEVAX SUSP	2	PV
SPIKEVAX SUSY	2	PV
TWINRIX SUSY	2	PV
VAQTA	2	PV
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	2	PV
VARIVAX SUSR	2	2 max fill(s) per 365 day(s) retail; PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	2	PV
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NF	
clindamycin phosphate vaginal CREA	1	
clotrimazole vaginal CREA 1 %	1	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
metronidazole vaginal	1	
miconazole nitrate vaginal SUPP 200 MG	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXX	2	PV
PHEXXI	2	PV
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	QL(2 GM daily)
estradiol vaginal CREA	1	QL(2 GM daily)
estradiol vaginal TABS	1	
FEMRING	3	PA
PREMARIN	2	QL(1.5 GM daily)
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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Drug Name	Drug Tier	Requirements/ Limits
epinephrine (anaphylaxis) SOAJ	1	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS	1	
cholecalciferol TABS 10 MCG, 400 UNIT	1	PV
DRISDOL CAPS *(Use ergocalciferol)*	NF	PV
ergocalciferol CAPS	1	PV
ergocalciferol SOLN PO 200 MCG/ML	1	
VITAMIN D2 TABS 400 UNIT	2	AL(At least 65 yrs old); PV
Water Soluble Vitamins		
ascorbic acid SOLN IJ	3	QL(0.4 ML daily)
NIACIN ER TBCR	1	
niacinamide TABS	1	
niacin CPCR 250 MG	1	
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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 6

butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 6

butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 8

butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 8

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GARDASIL 9 SUSY 0.5 ML 85

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gentamicin sulfate (ophth) SOLN ..76

gentamicin sulfate (topical) CREA .51

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gentamicin sulfate IJ 40 MG/ML 3

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HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 16
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 16
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hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 8
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 8
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300

MG-7.5 MG 8

hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 8

hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG 8

hydrocodone-ibuprofen 7.5 MG-200 MG 8

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hydrocortisone (topical) CREA 1 %, 2.5 % 55

hydrocortisone (topical) LOTN 2.5 % . 55

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HYPERSAL NEBU 49

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IBRANCE TABS 35

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idarubicin hcl 5 MG/5ML, 10 MG/10ML 35

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IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 70

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