



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1_A** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1_B** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4** - Highest copayment is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in WellCare's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult WellCare of North Carolina website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1_A** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 1_B** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de WellCare of North Carolina. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de WellCare of North Carolina

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| <i>amphetamine sulfate TABS</i> | 3 | PA |
| <i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) |
| <i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG</i> | 1B | QL(1 ea daily) |
| <i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i> | 1B | |
| <i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i> | 1B | QL(3 ea daily) |
| <i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) |
| <i>dextroamphetamine sulfate CP24 5 MG</i> | 1B | |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i> | 1B | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i> | 1B | |
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i> | 1B | QL(4 ea daily) |
| <i>lisdexamfetamine dimesylate CAPS</i> | 1B | QL(1 ea daily); ST |
| <i>lisdexamfetamine dimesylate CHEW</i> | 1B | QL(1 ea daily); ST |
| <i>methamphetamine hcl</i> | 1B | QL(5 ea daily); AL(At least 6 yrs old) |
| Anorexiants Non-Amphetamine | | |
| <i>phendimetrazine tartrate TABS</i> | 1B | PA |
| <i>phentermine hcl CAPS</i> | 1B | PA |
| Anti-Obesity Agents | | |
| CONTRAVE | 3 | QL(4 ea daily); PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>clonidine hcl (adhd) TB12</i> | 1B | |
| <i>guanfacine hcl (adhd)</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| SUNOSI 150 MG | 3 | QL(1 ea daily); PA |
| SUNOSI 75 MG | 3 | QL(2 ea daily); PA |
| Stimulants - Misc. | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>armodafinil</i> | 1B | QL(1 ea daily); AL(At least 17 yrs old); PA |
| <i>dexmethylphenidate hcl CP24</i> | 1B | QL(1 ea daily) |
| <i>dexmethylphenidate hcl TABS</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl CHEW 2.5 MG</i> | 1B | QL(2 ea daily) |
| <i>methylphenidate hcl CHEW 10 MG</i> | 1B | QL(5 ea daily) |
| <i>methylphenidate hcl CHEW 5 MG</i> | 1B | QL(6 ea daily) |
| <i>methylphenidate hcl CP24</i> | 1B | QL(1 ea daily) |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl CP24 30 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl CPCR</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl SOLN</i> | 1B | QL(30 ml daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TABS 10 MG, 20 MG</i> | 1B | QL(5 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TABS 5 MG</i> | 1B | QL(6 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TB24 36 MG, 54 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TB24 18 MG, 27 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i> | 1B | QL(3 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 36 MG, 54 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>methylphenidate PTCH</i> | 1B | QL(1 ea daily); PA |
| <i>modafinil 100 MG</i> | 1B | QL(1 ea daily); PA |
| <i>modafinil 200 MG</i> | 1B | QL(2 ea daily); PA |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | PA |
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i> | 1B | |
| ARIKAYCE | 4 | PA |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i> | 1B | |
| <i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i> | 1B | |
| <i>neomycin sulfate TABS</i> | 1B | |
| <i>streptomycin sulfate SOLR</i> | 3 | |
| <i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i> | 1B | |
| <i>tobramycin NEBU</i> | 4 | QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| RINVOQ TB24 | 4 | QL(1 ea daily); PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| XELJANZ XR TB24 | 4 | QL(1 ea daily); PA | HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML | 4 | QL(0.143 ea daily); PA |
| XELJANZ SOLN | 4 | QL(20 ml daily); PA | HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML, 80 MG/0.8ML | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| XELJANZ TABS 5 MG | 4 | QL(2 ea daily); SP; PA | HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| XELJANZ TABS 10 MG | 4 | QL(2 ea daily); PA | HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| Antirheumatic Antimetabolites | | | HUMIRA PSKT | 4 | QL(0.143 ea daily); PA |
| METHOTREXATE | 4 | QL(1.714 ea daily); SP; PA | SIMPONI ARIA SOLN | 4 | PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | | YUFLYMA 1-PEN KIT AJKT | 4 | QL(0.143 ea daily); PA |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4 | QL(0.215 ea daily); PA | YUFLYMA 2-PEN KIT AJKT | 4 | QL(0.29 ea daily); PA |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | YUFLYMA 2-SYRINGE KIT PSKT | 4 | QL(0.143 ea daily); PA |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA | YUFLYMA CD/UC/HS STARTER AJKT | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT | 4 | QL(0.143 ea daily); PA | Gold Compounds | | |
| CYLTEZO AJKT | 4 | QL(0.215 ea daily); PA | RIDAURA | 3 | QL(3 ea daily) |
| CYLTEZO AJKT | 4 | QL(0.072 ea daily); PA | Interleukin-1 Blockers | | |
| CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML | 4 | QL(0.072 ea daily); PA | ARCALYST | 4 | QL(0.286 ea daily); SP; PA |
| CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML | 4 | QL(0.215 ea daily); PA | Interleukin-6 Receptor Inhibitors | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML | 4 | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA | KEVZARA SOAJ | 4 | QL(0.082 ml daily); PA |
| HUMIRA PEN AJKT SC 80 MG/0.8ML | 4 | QL(0.072 ea daily); PA | KEVZARA SOSY | 4 | QL(0.082 ml daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| <i>celecoxib</i> | 1B | QL(2 ea daily) |
| <i>diclofenac potassium TABS 50 MG</i> | 1B | |
| <i>diclofenac sodium TB24</i> | 1B | |
| <i>diclofenac sodium TBEC</i> | 1B | |
| <i>diclofenac w/ misoprostol TBEC</i> | 1B | |
| <i>etodolac CAPS</i> | 1B | |
| <i>etodolac TABS</i> | 1B | |
| <i>fenoprofen calcium TABS</i> | 1B | QL(4 ea daily); ST |
| <i>flurbiprofen TABS</i> | 1B | |
| <i>ibuprofen SUSP 100 MG/5ML</i> | 1B | RX/OTC |
| <i>ibuprofen TABS 400 MG, 600 MG</i> | 1A | |
| <i>ibuprofen TABS 800 MG</i> | 1B | |
| <i>indomethacin CAPS 25 MG, 50 MG</i> | 1B | |
| <i>indomethacin CPCR</i> | 1B | |
| <i>ketoprofen CAPS 50 MG</i> | 1B | |
| <i>ketorolac tromethamine TABS</i> | 1B | QL(0.667 ea daily) |
| <i>meclofenamate sodium CAPS</i> | 1B | |
| <i>mefenamic acid CAPS</i> | 1B | Must try ibuprofen. ; QL(5 ea daily); ST |
| <i>meloxicam TABS</i> | 1A | QL(1 ea daily) |
| <i>nabumetone</i> | 1B | |
| <i>naproxen sodium TABS 550 MG</i> | 1B | |
| <i>naproxen SUSP</i> | 1B | PA |
| <i>naproxen TABS</i> | 1B | |
| <i>naproxen TBEC 500 MG</i> | 1B | QL(3 ea daily) |
| <i>oxaprozin TABS</i> | 1B | |
| <i>piroxicam CAPS</i> | 1B | |
| <i>sulindac TABS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>tolmetin sodium CAPS</i> | 1B | |
| <i>tolmetin sodium TABS 600 MG</i> | 1B | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 4 | QL(2 ea daily); PA |
| OTEZLA TBPK | 4 | 1 package(s) per 180 day(s) retail; PA |
| OTEZLA TBPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Pyrimidine Synthesis Inhibitors | | |
| <i>leflunomide</i> | 1B | QL(1 ea daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 4 | QL(0.146 ml daily); PA |
| ENBREL SURECLICK SOAJ | 4 | QL(0.146 ml daily); PA |
| ENBREL SOLN | 4 | QL(0.146 ml daily); PA |
| ENBREL SOSY 50 MG/ML | 4 | QL(0.286 ml daily); SP; PA |
| ENBREL SOSY 25 MG/0.5ML | 4 | QL(0.146 ml daily); PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i> | 1B | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i> | 1B | QL(6 ea daily) |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | 1B | QL(6 ea daily) |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i> | 1B | QL(6 ea daily) |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|--|
| <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i> | 1B | | <i>acetaminophen w/ codeine TABS 15 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(13 ea daily) |
| <i>morphine sulfate TABS</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | 1B | New starts limited to 7 day supply |
| <i>morphine sulfate TBCR</i> | 1B | QL(2 ea daily) | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | 3 | New starts limited to 7 day supply; PA |
| <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i> | 3 | QL(2 ea daily); PA | <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) |
| <i>oxycodone hcl TABS</i> | 1B | New starts limited to 7 day supply; QL(12 ea daily) | <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i> | 1B | New starts limited to 7 day supply |
| <i>oxymorphone hcl TABS</i> | 1B | QL(12 ea daily); PA | <i>butalbital-aspirin-cafeine w/cod</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) |
| <i>oxymorphone hcl TB12 40 MG</i> | 1B | QL(4 ea daily); PA | <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1B | New starts limited to 7 day supply; QL(180 ml daily) |
| <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | 1B | QL(2 ea daily); PA | <i>hydrocodone-acetaminophen SOLN</i> | 1B | New starts limited to 7 day supply |
| <i>SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG</i> | 3 | QL(8 ea daily); PA | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply; QL(12 ea daily) |
| <i>SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG</i> | 3 | QL(4 ea daily); PA | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply; QL(13 ea daily) |
| <i>SUBSYS LIQD 100 MCG</i> | 3 | QL(3 ea daily); PA | <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i> | 1B | New starts limited to 7 day supply; QL(5 ea daily) |
| <i>tramadol hcl TABS 50 MG</i> | 1A | New starts limited to 7 day supply; QL(8 ea daily) | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i> | 1B | PA |
| <i>tramadol hcl TB24</i> | 1B | QL(1 ea daily) | | | |
| Opioid Combinations | | | | | |
| <i>acetaminophen w/ codeine SOLN</i> | 1A | New starts limited to 7 day supply; QL(75 ml daily) | | | |
| <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i> | 1A | New starts limited to 7 day supply; QL(12 ea daily) | | | |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>danazol CAPS</i> | 1B | |
| <i>METHITEST TABS</i> | 3 | |
| <i>testosterone cypionate SOLN IM</i> | 1B | |
| <i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i> | 1B | |
| <i>testosterone enanthate SOLN IM</i> | 1B | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| <i>budesonide (intrarectal)</i> | 4 | QL(3.2 gm daily); PA |
| <i>hydrocortisone (intrarectal)</i> | 1B | |
| Rectal Steroids | | |
| <i>hydrocortisone (rectal) EX</i> | 1B | RX/OTC |
| <i>hydrocortisone acetate (rectal)</i> | 1B | |
| Vasodilating Agents | | |
| <i>nitroglycerin (intra-anal)</i> | 1B | QL(2 gm daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole</i> | 1B | PA |
| <i>EMVERM CHEW</i> | 2 | QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |
| <i>ivermectin</i> | 1B | QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>praziquantel</i> | 1B | PA |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| <i>ranolazine TB12 1000 MG</i> | 1B | QL(2 ea daily) |
| <i>ranolazine TB12 500 MG</i> | 1B | QL(3 ea daily) |
| Nitrates | | |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B | |
| <i>isosorbide mononitrate TABS</i> | 1B | |
| <i>isosorbide mononitrate TB24</i> | 1B | |
| NITRO-BID OINT | 3 | |
| <i>nitroglycerin CPCR</i> | 1B | QL(4 ea daily) |
| <i>nitroglycerin PT24</i> | 1B | |
| NITROGLYCERIN SOLN IV | 1B | |
| <i>nitroglycerin SUBL</i> | 1B | |
| ANTIANGIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>buspirone hcl 5 MG</i> | 1A | |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i> | 1B | |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i> | 1B | |
| <i>hydroxyzine hcl SYRP</i> | 1B | |
| <i>hydroxyzine hcl TABS</i> | 1B | |
| <i>hydroxyzine pamoate CAPS</i> | 1B | |
| <i>meprobamate</i> | 1B | QL(6 ea daily) |
| Benzodiazepines | | |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i> | 1A | QL(4 ea daily) |
| <i>alprazolam TABS 2 MG</i> | 1B | QL(4 ea daily) |
| <i>alprazolam TB24</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>alprazolam TBDP</i> | 1B | |
| <i>chlordiazepoxide hcl CAPS</i> | 1B | |
| <i>clorazepate dipotassium TABS</i> | 1B | |
| <i>diazepam CONC</i> | 1B | |
| <i>diazepam SOLN OR 5 MG/5ML</i> | 1B | |
| <i>diazepam TABS</i> | 1A | QL(4 ea daily) |
| <i>lorazepam CONC</i> | 1B | |
| <i>lorazepam TABS 1 MG</i> | 1A | QL(4 ea daily) |
| <i>lorazepam TABS 0.5 MG, 2 MG</i> | 1A | QL(3 ea daily) |
| <i>oxazepam CAPS</i> | 1B | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate CAPS</i> | 1B | |
| <i>procainamide hcl SOLN 500 MG/ML</i> | 1B | |
| <i>quinidine sulfate TABS</i> | 1B | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl</i> | 1B | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | 1B | |
| <i>propafenone hcl CP12</i> | 1B | |
| <i>propafenone hcl TABS</i> | 1B | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl SOLN 50 MG/ML</i> | 1B | |
| <i>amiodarone hcl TABS</i> | 1B | |
| <i>dofetilide</i> | 1B | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>zileuton TB12</i> | 3 | QL(4 ea daily); PA |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| <i>roflumilast</i> | 3 | QL(1 ea daily) |
| Steroid Inhalants | | |
| ALVESCO | 3 | 3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA |
| ARNUIITY ELLIPTA | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| <i>budesonide (inhalation) SUSP</i> | 1B | QL(4 ml daily); PA |
| <i>fluticasone propionate (inhalation) AEPB</i> | 1B | |
| <i>fluticasone propionate hfa</i> | 1B | QL(0.8 gm daily) |
| PULMICORT FLEXHALER AEPB | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| QVAR REDHALER | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| Sympathomimetics | | |
| <i>albuterol sulfate AERS</i> | 1B | |
| <i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i> | 1B | |
| <i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i> | 1B | QL(15 ml daily) |
| <i>albuterol sulfate SYRP</i> | 1B | |
| <i>albuterol sulfate TABS</i> | 1B | |
| ANORO ELLIPTA | 2 | QL(2 ea daily) |
| <i>arformoterol tartrate</i> | 1B | QL(4 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|----------------------------|-----------|--|
| BREO ELLIPTA | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail | SEREVENT DISKUS | 2 | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| BREO ELLIPTA (fluticasone furoate-vilanterol) | 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 |
| BREZTRI AEROSPHERE | 2 | QL(0.38 gm daily) | STRIVERDI RESPIMAT | 2 | |
| budesonide-formoterol fumarate dihydrate | 1B | 1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail | terbutaline sulfate SOLN | 1B | |
| | | | terbutaline sulfate TABS | 1B | |
| | | | TRELEGY ELLIPTA | 2 | QL(2 ea daily) |
| Xanthines | | | | | |
| | | | aminophylline SOLN | 1B | |
| | | | theophylline ELIX | 1B | |
| | | | theophylline SOLN | 1B | QL(56 ml daily) |
| | | | theophylline TB12 | 1B | |
| | | | theophylline TB24 | 1B | |
| ANTICOAGULANTS - Blood Thinners | | | | | |
| Coumarin Anticoagulants | | | | | |
| | | | warfarin sodium TABS | 1B | |
| Direct Factor Xa Inhibitors | | | | | |
| | | | ELIQUIS 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) |
| | | | XARELTO STARTER PACK TBPK | 2 | 1 max fill(s) per 365 day(s) retail |
| | | | XARELTO SUSR | 2 | QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail) |
| | | | XARELTO TABS 2.5 MG, 15 MG | 2 | QL(2 ea daily) |
| | | | XARELTO TABS 10 MG, 20 MG | 2 | QL(1 ea daily) |
| Heparins And Heparinoid-Like Agents | | | | | |
| DULERA | 2 | | | | |
| fluticasone furoate-vilanterol | 1B | 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 | 1B | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail | | | |
| fluticasone-salmeterol AERO | 1B | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail | | | |
| formoterol fumarate NEBU | 1B | QL(4 ml daily) | | | |
| ipratropium-albuterol SOLN | 1B | QL(18 ml daily) | | | |
| levalbuterol hcl 1.25 MG/0.5ML | 1B | | | | |
| levalbuterol hcl | 1B | QL(12 ml daily) | | | |
| levalbuterol tartrate | 1B | QL(0.5 gm daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i> | 4 | QL(6 ml daily) |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | 4 | QL(0.6 ml daily); SP |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i> | 4 | QL(1.2 ml daily); SP |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | 4 | QL(2 ml daily) |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 4 | QL(1.6 ml daily) |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i> | 4 | QL(0.8 ml daily); SP |
| <i>fondaparinux sodium 5 MG/0.4ML</i> | 4 | QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP |
| <i>fondaparinux sodium 7.5 MG/0.6ML</i> | 4 | QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP |
| <i>fondaparinux sodium 10 MG/0.8ML</i> | 4 | QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP |
| <i>fondaparinux sodium 2.5 MG/0.5ML</i> | 4 | QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP |
| FRAGMIN SOSY | 4 | SP; PA |
| <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B | |
| HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML | 1B | |
| Thrombin Inhibitors | | |
| <i>dabigatran etexilate mesylate CAPS</i> | 1B | |

ANTICONVULSANTS - Drugs to Treat Seizures

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| AMPA Glutamate Receptor Antagonists | | |
| FYCOMPA TABS 6 MG | 3 | QL(2 ea daily); PA |
| FYCOMPA TABS 2 MG | 3 | QL(6 ea daily); PA |
| FYCOMPA TABS 4 MG | 3 | QL(3 ea daily); PA |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG | 3 | QL(1 ea daily); PA |
| Anticonvulsants - Benzodiazepines | | |
| <i>clobazam SUSP</i> | 1B | QL(16 ml daily); PA |
| <i>clobazam TABS</i> | 1B | QL(2 ea daily); PA |
| <i>clonazepam TABS</i> | 1A | |
| <i>diazepam (anticonvulsant) GEL</i> | 3 | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |
| NAYZILAM | 3 | QL(10 ea per 30 day(s) retail); PA |
| VALTOCO 10 MG DOSE LIQD | 4 | QL(10 ea per 30 day(s) retail); PA |
| VALTOCO 15 MG DOSE LQPK | 4 | QL(10 ea per 30 day(s) retail); PA |
| VALTOCO 20 MG DOSE LQPK | 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 | 3 | QL(2 ea daily); ST |
| BANZEL TABS 200 MG (<i>rufinamide</i>) | 2 | QL(2 ea daily); PA |
| BANZEL TABS 400 MG (<i>rufinamide</i>) | 2 | QL(8 ea daily); PA |
| BRIVIACT SOLN OR 10 MG/ML | 3 | QL(20 ml daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| BRIVIACT TABS | 3 | QL(2 ea daily); PA |
| <i>carbamazepine CHEW</i> | 1B | |
| <i>carbamazepine CP12 200 MG</i> | 1B | QL(6 ea daily) |
| <i>carbamazepine CP12 100 MG</i> | 1B | |
| <i>carbamazepine CP12 300 MG</i> | 1B | QL(4 ea daily) |
| <i>carbamazepine SUSP</i> | 1B | |
| <i>carbamazepine TABS</i> | 1B | |
| <i>carbamazepine TB12 100 MG, 400 MG</i> | 1B | QL(4 ea daily) |
| <i>carbamazepine TB12 200 MG</i> | 1B | QL(6 ea daily) |
| DIACOMIT CAPS 250 MG | 4 | QL(12 ea daily); PA |
| DIACOMIT CAPS 500 MG | 4 | QL(6 ea daily); PA |
| DIACOMIT PACK 250 MG | 4 | QL(12 ea daily); PA |
| DIACOMIT PACK 500 MG | 4 | QL(6 ea daily); PA |
| EPIDIOLEX | 3 | PA |
| <i>gabapentin CAPS</i> | 1B | |
| <i>gabapentin SOLN</i> | 1B | QL(60 ml daily) |
| <i>gabapentin TABS 600 MG, 800 MG</i> | 1B | |
| <i>lacosamide SOLN IV 200 MG/20ML</i> | 1B | QL(40 ml daily) |
| <i>lacosamide TABS</i> | 1B | QL(2 ea daily) |
| <i>lamotrigine CHEW 5 MG</i> | 1B | QL(100 ea daily) |
| <i>lamotrigine CHEW 25 MG</i> | 1B | QL(20 ea daily) |
| <i>lamotrigine TABS</i> | 1B | |
| <i>lamotrigine TBDP</i> | 1B | QL(1 ea daily) |
| <i>levetiracetam SOLN IV 500 MG/5ML</i> | 1B | QL(30 ml daily) |
| <i>levetiracetam TABS 1000 MG</i> | 1B | QL(3 ea daily) |
| <i>levetiracetam TABS 250 MG, 750 MG</i> | 1B | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>levetiracetam TABS 500 MG</i> | 1B | QL(6 ea daily) |
| <i>levetiracetam TB24</i> | 1B | QL(4 ea daily) |
| <i>oxcarbazepine SUSP</i> | 1B | QL(40 ml daily) |
| <i>oxcarbazepine TABS 600 MG</i> | 1B | QL(4 ea daily) |
| <i>oxcarbazepine TABS 150 MG, 300 MG</i> | 1B | QL(3 ea daily) |
| <i>pregabalin CAPS 225 MG, 300 MG</i> | 3 | QL(2 ea daily); PA |
| <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 3 | QL(3 ea daily); PA |
| <i>pregabalin SOLN</i> | 3 | QL(30 ml daily); PA |
| <i>primidone 50 MG, 250 MG</i> | 1B | |
| <i>rufinamide SUSP</i> | 1B | QL(80 ml daily); PA |
| <i>rufinamide TABS 400 MG</i> | 1B | QL(8 ea daily); PA |
| <i>rufinamide TABS 200 MG</i> | 1B | QL(2 ea daily); PA |
| TEGRETOL SUSP (<i>carbamazepine</i>) | 2 | |
| TEGRETOL TABS (<i>carbamazepine</i>) | 2 | |
| <i>topiramate CPSP 25 MG</i> | 1B | QL(8 ea daily) |
| <i>topiramate CPSP 15 MG</i> | 1B | QL(6 ea daily) |
| <i>topiramate CS24</i> | 3 | PA |
| <i>topiramate TABS 25 MG, 100 MG</i> | 1B | QL(4 ea daily) |
| <i>topiramate TABS 50 MG</i> | 1B | QL(6 ea daily) |
| <i>topiramate TABS 200 MG</i> | 1B | QL(2 ea daily) |
| <i>zonisamide CAPS</i> | 1B | QL(6 ea daily) |
| Carbamates | | |
| <i>felbamate SUSP</i> | 1B | QL(30 ml daily) |
| <i>felbamate TABS 400 MG</i> | 1B | QL(9 ea daily) |
| <i>felbamate TABS 600 MG</i> | 1B | QL(6 ea daily) |
| GABA Modulators | | |
| <i>tiagabine hcl</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>vigabatrin PACK</i> | 4 | QL(6 ea daily); SP; PA |
| <i>vigabatrin TABS</i> | 4 | QL(6 ea daily); SP; PA |
| Hydantoins | | |
| <i>DILANTIN (phenytoin sodium extended)</i> | 2 | |
| <i>DILANTIN</i> | 2 | |
| <i>DILANTIN INFATABS CHEW (phenytoin)</i> | 2 | |
| <i>DILANTIN-125 SUSP (phenytoin)</i> | 2 | |
| <i>fosphenytoin sodium</i> | 1B | |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B | |
| <i>phenytoin sodium SOLN</i> | 1B | |
| <i>phenytoin CHEW</i> | 1B | |
| <i>phenytoin SUSP</i> | 1B | |
| Succinimides | | |
| <i>ethosuximide CAPS</i> | 1B | QL(6 ea daily) |
| <i>ethosuximide SOLN</i> | 1B | QL(30 ml daily) |
| <i>methsuximide</i> | 1B | QL(4 ea daily) |
| <i>ZARONTIN CAPS (ethosuximide)</i> | 2 | QL(6 ea daily) |
| Valproic Acid | | |
| <i>divalproex sodium TB24</i> | 1B | |
| <i>divalproex sodium TBEC</i> | 1B | |
| <i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i> | 1B | |
| <i>valproic acid CAPS</i> | 1B | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| <i>mirtazapine TABS 30 MG</i> | 1B | QL(1.5 ea daily) |
| <i>mirtazapine TABS 7.5 MG, 45 MG</i> | 1B | QL(1 ea daily) |
| <i>mirtazapine TABS 15 MG</i> | 1B | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mirtazapine TBDP 30 MG</i> | 1B | QL(1.5 ea daily) |
| <i>mirtazapine TBDP 45 MG</i> | 1B | QL(1 ea daily) |
| <i>mirtazapine TBDP 15 MG</i> | 1B | QL(3 ea daily) |
| Antidepressants - Misc. | | |
| <i>bupropion hcl TABS</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl TB12 100 MG</i> | 1B | QL(4 ea daily) |
| <i>bupropion hcl TB12 150 MG</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl TB12 200 MG</i> | 1B | QL(2 ea daily) |
| <i>bupropion hcl TB24 300 MG</i> | 1B | QL(1 ea daily) |
| <i>bupropion hcl TB24 150 MG</i> | 1B | QL(3 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| <i>EMSAM</i> | 3 | QL(1 ea daily) |
| <i>MARPLAN</i> | 2 | QL(6 ea daily) |
| <i>phenelzine sulfate</i> | 1B | |
| <i>tranylcypromine sulfate</i> | 1B | |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| <i>SPRAVATO 56MG DOSE</i> | 4 | PA |
| <i>SPRAVATO 84MG DOSE</i> | 4 | PA |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| <i>citalopram hydrobromide SOLN</i> | 1B | QL(20 ml daily) |
| <i>citalopram hydrobromide TABS 40 MG</i> | 1B | QL(1 ea daily) |
| <i>citalopram hydrobromide TABS 10 MG</i> | 1B | QL(4 ea daily) |
| <i>citalopram hydrobromide TABS 20 MG</i> | 1B | QL(2 ea daily) |
| <i>escitalopram oxalate SOLN</i> | 1B | QL(20 ml daily) |
| <i>escitalopram oxalate TABS 10 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|--|
| <i>escitalopram oxalate</i> TABS 5 MG | 1B | QL(4 ea daily) | TRINTELLIX | 3 | QL(1 ea daily); PA |
| <i>escitalopram oxalate</i> TABS 20 MG | 1B | QL(1 ea daily) | VIIBRYD STARTER PACK KIT | 3 | 1 package(s) per 180 day(s) retail |
| <i>fluoxetine hcl</i> CAPS 20 MG | 1B | QL(3 ea daily) | <i>vilazodone hcl</i> TABS | 1B | QL(1 ea daily) |
| <i>fluoxetine hcl</i> CAPS 40 MG | 1B | QL(2 ea daily) | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| <i>fluoxetine hcl</i> CAPS 10 MG | 1A | QL(1 ea daily) | <i>desvenlafaxine succinate</i> 100 MG | 1B | QL(4 ea daily) |
| <i>fluoxetine hcl</i> CPDR | 1B | | <i>desvenlafaxine succinate</i> 25 MG, 50 MG | 1B | QL(1 ea daily) |
| <i>fluoxetine hcl</i> SOLN | 1B | QL(20 ml daily) | <i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG | 1B | QL(2 ea daily) |
| <i>fluoxetine hcl</i> TABS 10 MG, 60 MG | 1B | QL(1 ea daily) | <i>duloxetine hcl</i> CPEP 40 MG | 1B | |
| <i>fluoxetine hcl</i> TABS 20 MG | 1B | QL(3 ea daily) | FETZIMA TITRATION PACK C4PK | 3 | PA |
| <i>fluvoxamine maleate</i> TABS 100 MG | 1B | QL(3 ea daily) | FETZIMA CP24 | 3 | QL(1 ea daily); PA |
| <i>fluvoxamine maleate</i> TABS 25 MG, 50 MG | 1B | QL(2 ea daily) | <i>venlafaxine hcl</i> CP24 37.5 MG | 1B | QL(4 ea daily) |
| <i>paroxetine hcl</i> SUSP | 1B | QL(30 ml daily) | <i>venlafaxine hcl</i> CP24 150 MG | 1B | QL(2 ea daily) |
| <i>paroxetine hcl</i> TABS 10 MG | 1B | QL(6 ea daily) | <i>venlafaxine hcl</i> CP24 75 MG | 1B | QL(5 ea daily) |
| <i>paroxetine hcl</i> TABS 40 MG | 1B | QL(1 ea daily) | <i>venlafaxine hcl</i> TABS | 1B | QL(3 ea daily) |
| <i>paroxetine hcl</i> TABS 20 MG | 1B | QL(3 ea daily) | <i>venlafaxine hcl</i> TB24 150 MG | 1B | QL(2 ea daily) |
| <i>paroxetine hcl</i> TABS 30 MG | 1B | QL(2 ea daily) | <i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG, 225 MG | 1B | QL(1 ea daily) |
| <i>paroxetine hcl</i> TB24 12.5 MG | 1B | QL(1 ea daily) | Tricyclic Agents | | |
| <i>paroxetine hcl</i> TB24 25 MG, 37.5 MG | 1B | QL(2 ea daily) | <i>amitriptyline hcl</i> TABS | 1B | |
| <i>sertraline hcl</i> CONC | 1B | QL(10 ml daily) | <i>amoxapine</i> | 1B | |
| <i>sertraline hcl</i> TABS 100 MG | 1B | QL(2 ea daily) | <i>clomipramine hcl</i> | 1B | |
| <i>sertraline hcl</i> TABS 25 MG, 50 MG | 1B | QL(4 ea daily) | <i>desipramine hcl</i> TABS | 1B | |
| Serotonin Modulators | | | <i>doxepin hcl</i> CAPS | 1B | |
| <i>nefazodone hcl</i> | 1B | | <i>doxepin hcl</i> CONC | 1B | |
| <i>trazodone hcl</i> TABS | 1B | | <i>imipramine hcl</i> TABS | 1B | |
| | | | <i>imipramine pamoate</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|----------------------|
| <i>nortriptyline hcl CAPS</i> | 1B | | <i>pioglitazone hcl-glimepiride</i> | 1B | QL(1 ea daily) |
| <i>nortriptyline hcl SOLN</i> | 1B | | <i>pioglitazone hcl-metformin hcl TABS</i> | 1B | QL(2 ea daily) |
| <i>protriptyline hcl</i> | 1B | | <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i> | 1B | QL(1 ea daily) |
| <i>trimipramine maleate CAPS</i> | 1B | | <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i> | 1B | QL(2 ea daily) |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | | | | |
| Alpha-Glucosidase Inhibitors | | | | | |
| <i>acarbose</i> | 1B | QL(3 ea daily) | SOLQUA 100/33 | 2 | QL(0.5 ml daily); PA |
| <i>miglitol</i> | 1B | QL(3 ea daily) | SYNJARDY XR TB24 1000 MG-25 MG | 2 | QL(1 ea daily) |
| Antidiabetic Combinations | | | | | |
| <i>alogliptin-metformin hcl</i> | 1B | QL(2 ea daily); PA | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) |
| <i>alogliptin-pioglitazone 30 MG-12.5 MG</i> | 1B | QL(2 ea daily); PA | SYNJARDY TABS | 2 | QL(2 ea daily) |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B | QL(1 ea daily); PA | TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2 | QL(2 ea daily) |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i> | 2 | QL(1 ea daily) | TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 2 | QL(1 ea daily) |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i> | 2 | QL(2 ea daily) | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2 | QL(1 ea daily) |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i> | 1B | QL(2 ea daily) | XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) | 2 | QL(2 ea daily) |
| <i>glipizide-metformin hcl 500 MG-5 MG</i> | 1B | QL(4 ea daily) | XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) | 2 | QL(1 ea daily) |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i> | 1B | QL(4 ea daily) | XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) |
| <i>glyburide-metformin 250 MG-1.25 MG</i> | 1B | QL(2 ea daily) | XULTOPHY 100/3.6 | 2 | QL(0.5 ml daily); PA |
| GLYXAMBI | 2 | QL(1 ea daily) | Biguanides | | |
| JANUMET XR TB24 1000 MG-100 MG | 2 | QL(1 ea daily) | <i>metformin hcl TABS 850 MG</i> | 0 | QL(3 ea daily) |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 2 | QL(2 ea daily) | <i>metformin hcl TABS 1000 MG</i> | 1B | QL(2.5 ea daily) |
| JANUMET TABS | 2 | QL(2 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|---------------------|
| <i>metformin hcl TABS 500 MG</i> | 1B | QL(5 ea daily) | INSULIN ASPART PENFILL SOCT | 1B | |
| <i>metformin hcl TB24 500 MG</i> | 1B | QL(4 ea daily) | INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | 1B | |
| <i>metformin hcl TB24 750 MG</i> | 1B | QL(3 ea daily) | INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP | 1B | |
| Diabetic Other | | | INSULIN ASPART SOLN IJ | 1B | |
| <i>diazoxide</i> | 3 | | INSULIN DEGLUDEC FLEXTOUCH SOPN | 2 | |
| <i>glucagon (rdna)</i> | 1B | QL(0.035 ea daily) | INSULIN DEGLUDEC SOLN | 2 | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | | NOVOLIN 70/30 FLEXPEN SUPN | 2 | |
| <i>alogliptin benzoate 6.25 MG, 25 MG</i> | 1B | | NOVOLIN 70/30 SUSP | 2 | |
| <i>alogliptin benzoate 12.5 MG</i> | 1B | QL(1 ea daily) | NOVOLIN N FLEXPEN SUPN | 2 | |
| JANUVIA | 2 | QL(1 ea daily) | NOVOLIN N SUSP | 2 | |
| <i>saxagliptin hcl</i> | 1B | QL(1 ea daily) | NOVOLIN R FLEXPEN SOPN IJ | 2 | |
| Incretin Mimetic Agents | | | NOVOLIN R SOLN IJ | 2 | |
| OZEMPIC SOPN 2 MG/1.5ML | 2 | QL(0.054 ml daily); PA | REZVOGLAR KWIKPEN | 3 | PA |
| OZEMPIC SOPN | 2 | QL(0.108 ml daily); PA | SEMGLEE SOLN | 2 | |
| RYBELSUS TABS | 2 | QL(1 ea daily); PA | SEMGLEE SOPN | 2 | |
| TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 2 | QL(0.143 ml daily); PA | Insulin Sensitizing Agents | | |
| VICTOZA (<i>liraglutide</i>) | 2 | QL(0.3 ml daily); PA | <i>pioglitazone hcl</i> | 1B | QL(1 ea daily) |
| Insulin | | | Meglitinide Analogues | | |
| APIDRA SOLOSTAR SOPN | 3 | PA | <i>nateglinide</i> | 1B | QL(3 ea daily) |
| APIDRA SOLN | 3 | PA | <i>repaglinide 0.5 MG, 1 MG</i> | 1B | QL(4 ea daily) |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | QL(1.34 ml daily) | <i>repaglinide 2 MG</i> | 1B | QL(8 ea daily) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | QL(1.34 ml daily) | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| INSULIN ASPART FLEXPEN SOPN | 1B | | <i>dapagliflozin propanediol</i> | 2 | QL(1 ea daily) |
| | | | FARXIGA | 2 | QL(1 ea daily) |
| | | | FARXIGA (<i>dapagliflozin propanediol</i>) | 2 | QL(1 ea daily) |
| | | | JARDIANCE | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Sulfonylureas | | |
| <i>glimepiride 1 MG, 2 MG</i> | 1B | QL(4 ea daily) |
| <i>glimepiride 4 MG</i> | 1B | QL(2 ea daily) |
| <i>glipizide TABS 5 MG, 10 MG</i> | 1B | QL(4 ea daily) |
| <i>glipizide TB24</i> | 1B | QL(2 ea daily) |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | 1B | QL(4 ea daily) |
| <i>glyburide TABS</i> | 1B | QL(4 ea daily) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine LIQD</i> | 1B | |
| <i>diphenoxylate w/ atropine TABS</i> | 1B | |
| <i>loperamide hcl CAPS</i> | 1B | RX/OTC |
| MOTOFEN | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 3 | |
| <i>deferasirox PACK</i> | 4 | PA |
| <i>deferasirox TABS</i> | 4 | SP; PA |
| <i>deferasirox TBSO</i> | 4 | SP; PA |
| Antidotes and Specific Antagonists | | |
| VISTOGARD | 4 | PA |
| Opioid Antagonists | | |
| <i>naloxone hcl LIQD</i> | 1B | QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i> | 1B | |
| <i>naltrexone hcl</i> | 1B | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | 3 | QL(0.167 ea daily); PA |
| <i>granisetron hcl SOLN IV 1 MG/ML</i> | 1B | |
| <i>granisetron hcl TABS</i> | 1B | QL(0.34 ea daily) |
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i> | 1B | QL(3.34 ml daily) |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i> | 1B | |
| <i>ondansetron hcl SOSY</i> | 1B | |
| <i>ondansetron hcl TABS 4 MG</i> | 1B | QL(4 ea daily; 60 ea per fill retail; 60 per fill mail) |
| <i>ondansetron hcl TABS 8 MG</i> | 1B | QL(3 ea daily; 45 ea per fill retail; 45 per fill mail) |
| <i>ondansetron hcl TABS 24 MG</i> | 1B | QL(0.143 ea daily) |
| <i>ondansetron TBDP 8 MG</i> | 1B | |
| <i>ondansetron TBDP 4 MG</i> | 1B | QL(1 ea daily) |
| <i>palonosetron hcl SOLN</i> | 1B | |
| Antiemetics - Anticholinergic | | |
| <i>meclizine hcl TABS 25 MG</i> | 1B | RX/OTC |
| <i>meclizine hcl TABS 12.5 MG</i> | 1A | RX/OTC |
| <i>scopolamine</i> | 1B | QL(0.34 ea daily) |
| <i>trimethobenzamide hcl CAPS</i> | 1B | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 3 | PA |
| <i>doxylamine-pyridoxine TBEC</i> | 1B | QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>dronabinol CAPS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| <i>aprepitant CAPS 80 MG</i> | 1B | QL(0.134 ea daily); PA |
| <i>aprepitant CAPS</i> | 1B | PA |
| <i>aprepitant CAPS 40 MG, 125 MG</i> | 1B | QL(0.067 ea daily); PA |
| <i>aprepitant MISC</i> | 1B | PA |
| VARUBI TBPB | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| <i>caspofungin acetate</i> | 1B | |
| ERAXIS | 3 | |
| <i>micafungin sodium</i> | 1B | PA |
| Antifungals | | |
| ABELCET | 3 | |
| <i>amphotericin b IV</i> | 3 | |
| <i>amphotericin b liposome</i> | 3 | |
| <i>flucytosine</i> | 1B | |
| <i>griseofulvin microsize SUSP</i> | 1B | AL(At least 2 yrs old) |
| <i>griseofulvin microsize TABS</i> | 1B | |
| <i>griseofulvin ultramicrosize</i> | 1B | |
| <i>nystatin TABS</i> | 1B | |
| <i>terbinafine hcl TABS</i> | 1B | QL(1 ea daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS OR 186 MG | 3 | PA |
| <i>fluconazole SUSP</i> | 1B | |
| <i>fluconazole TABS</i> | 1B | |
| <i>itraconazole CAPS</i> | 1B | QL(4 ea daily); PA |
| <i>itraconazole SOLN</i> | 1B | QL(20 ml daily); PA |
| <i>ketoconazole</i> | 1B | |
| <i>posaconazole SUSP</i> | 3 | QL(20 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| TOLSURA CAPS | 4 | PA |
| <i>voriconazole TABS</i> | 1B | QL(4 ea daily) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| <i>dexchlorpheniramine maleate SOLN</i> | 1B | |
| Antihistamines - Ethanolamines | | |
| <i>carbinoxamine maleate SOLN</i> | 1B | |
| <i>carbinoxamine maleate TABS 4 MG</i> | 1B | |
| <i>clemastine fumarate SYRP</i> | 1B | |
| <i>clemastine fumarate TABS 2.68 MG</i> | 1B | |
| <i>diphenhydramine hcl CAPS 50 MG</i> | 1A | |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i> | 1B | |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1B | |
| <i>diphenhydramine hcl SOLN 50 MG/ML</i> | 1B | |
| Antihistamines - Non-Sedating | | |
| <i>cetirizine hcl TABS</i> | 1A | QL(1 ea daily) |
| <i>desloratadine TABS</i> | 1B | QL(1 ea daily) |
| <i>desloratadine TBDP 2.5 MG</i> | 1B | QL(1 ea daily) |
| <i>levocetirizine dihydrochloride SOLN</i> | 1B | QL(10 ml daily); RX/OTC |
| <i>levocetirizine dihydrochloride TABS</i> | 1B | QL(1 ea daily); RX/OTC |
| <i>loratadine CAPS</i> | 1B | |
| <i>loratadine CHEW</i> | 1B | |
| <i>loratadine SOLN</i> | 1B | |
| <i>loratadine TABS</i> | 1A | |
| <i>loratadine TBDP</i> | 1B | |
| QUZYTIR SOLN IV | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antihistamines - Phenothiazines | | |
| <i>promethazine hcl SOLN OR 6.25 MG/5ML</i> | 1B | |
| <i>promethazine hcl SUPP 50 MG</i> | 1B | |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i> | 1B | QL(6 ea daily) |
| <i>promethazine hcl TABS</i> | 1B | |
| Antihistamines - Piperidines | | |
| <i>cyproheptadine hcl SYRP</i> | 1B | |
| <i>cyproheptadine hcl TABS</i> | 1B | |
| ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin</i> | 1B | QL(1 ea daily) |
| Antihyperlipidemics - Misc. | | |
| <i>icosapent ethyl 1 GM</i> | 1B | QL(4 ea daily); PA |
| <i>omega-3-acid ethyl esters</i> | 1B | QL(4 ea daily) |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light PACK</i> | 1B | QL(6 ea daily) |
| <i>cholestyramine light POWD</i> | 1B | QL(24 gm daily) |
| <i>cholestyramine PACK</i> | 1B | QL(6 ea daily) |
| <i>cholestyramine POWD</i> | 1B | QL(25.2 gm daily) |
| <i>colesevelam hcl PACK</i> | 1B | QL(1 ea daily); PA |
| <i>colesevelam hcl TABS</i> | 1B | QL(7 ea daily) |
| <i>colestipol hcl GRAN</i> | 1B | QL(6 gm daily) |
| <i>colestipol hcl PACK</i> | 1B | QL(6 ea daily) |
| <i>colestipol hcl TABS</i> | 1B | QL(16 ea daily) |
| Fibric Acid Derivatives | | |
| <i>choline fenofibrate</i> | 1B | QL(1 ea daily) |
| <i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B | QL(1 ea daily) |
| <i>gemfibrozil TABS</i> | 1B | QL(2 ea daily) |
| HMG CoA Reductase Inhibitors | | |
| <i>atorvastatin calcium TABS</i> | 1B | QL(1 ea daily) |
| <i>fluvastatin sodium CAPS 20 MG</i> | 1B | QL(1 ea daily) |
| <i>fluvastatin sodium CAPS 40 MG</i> | 1B | QL(2 ea daily) |
| <i>lovastatin TABS 10 MG, 20 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV |
| <i>lovastatin TABS 40 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV |
| <i>pravastatin sodium</i> | 1B | QL(1 ea daily) |
| <i>rosuvastatin calcium TABS</i> | 3 | QL(1 ea daily) |
| <i>simvastatin TABS</i> | 1B | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | 1B | QL(1 ea daily) |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) TBCR</i> | 1B | QL(2 ea daily) |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(0.25 ml daily); PA |
| REPATHA SURECLICK SOAJ | 4 | QL(0.0714 ml daily); PA |
| REPATHA SOSY | 4 | QL(0.0714 ml daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>prazosin hcl CAPS</i> | 1B | QL(4 ea daily) |
| <i>terazosin hcl</i> | 1B | |
| Antihypertensive Combinations | | |
| <i>amlodipine besylate-benazepril hcl</i> | 1B | |
| <i>amlodipine besylate-olmesartan medoxomil</i> | 1B | ST |
| <i>amlodipine besylate-valsartan</i> | 1B | QL(1 ea daily) |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> | 3 | |
| <i>atenolol & chlorthalidone</i> | 1B | |
| <i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i> | 1B | QL(1 ea daily) |
| <i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i> | 1B | |
| <i>bisoprolol & hydrochlorothiazide</i> | 1B | QL(2 ea daily) |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 1B | |
| <i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i> | 1B | QL(2 ea daily) |
| <i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i> | 1B | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>irbesartan-hydrochlorothiazide</i> | 1B | |
| <i>lisinopril & hydrochlorothiazide</i> | 1B | |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1B | QL(1 ea daily) |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i> | 1B | QL(1 ea daily) |
| <i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i> | 1B | |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1B | ST |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1B | |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i> | 1B | QL(2 ea daily) |
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i> | 1B | QL(4 ea daily) |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i> | 1B | QL(3 ea daily) |
| <i>telmisartan-amlodipine</i> | 1B | QL(1 ea daily) |
| <i>telmisartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i> | 3 | QL(1 ea daily) |
| <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i> | 3 | |
| <i>valsartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| Antihypertensives - Misc. | | |
| VECAMYL | 3 | PA |
| Direct Renin Inhibitors | | |
| <i>aliskiren fumarate</i> | 1B | QL(1 ea daily) |
| Selective Aldosterone Receptor Antagonists (SARAs) | | |
| <i>eplerenone</i> | 1B | |
| Vasodilators | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>hydralazine hcl SOLN</i> | 1B | |
| <i>hydralazine hcl TABS</i> | 1B | |
| <i>minoxidil 2.5 MG, 10 MG</i> | 1B | |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| <i>bacitracin</i> | 3 | |
| IMPAVIDO | 3 | QL(3 ea daily); PA |
| <i>metronidazole TABS</i> | 1B | |
| <i>trimethoprim TABS</i> | 1B | |
| XIFAXAN 550 MG | 3 | QL(3 ea daily); AL(At least 12 yrs old); PA |
| XIFAXAN 200 MG | 3 | QL(3 ea daily); 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations | | |
| <i>sulfamethoxazole-trimethoprim SOLN</i> | 1B | |
| <i>sulfamethoxazole-trimethoprim SUSP</i> | 1B | |
| <i>sulfamethoxazole-trimethoprim TABS</i> | 1A | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 2 | PA |
| <i>atovaquone</i> | 1B | |
| <i>nitazoxanide TABS</i> | 1B | PA |
| Carbapenems | | |
| <i>ertapenem sodium IJ</i> | 1B | |
| <i>imipenem-cilastatin IV</i> | 1B | |
| <i>meropenem</i> | 1B | |
| Chloramphenicols | | |
| <i>chloramphenicol sodium succinate</i> | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| Cyclic Lipopeptides | | |
| <i>daptomycin 500 MG</i> | 1B | |
| Glycopeptides | | |
| <i>vancomycin hcl CAPS</i> | 1B | QL(4 ea daily; 40 ea per fill retail) |
| <i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i> | 1B | |
| <i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i> | 1B | QL(300 ml per fill retail) |
| Leprostatics | | |
| <i>dapsone</i> | 1B | |
| Lincosamides | | |
| <i>clindamycin hcl</i> | 1B | |
| <i>clindamycin palmitate hydrochloride</i> | 1B | |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1B | |
| <i>lincomycin hcl</i> | 1B | |
| Monobactams | | |
| <i>aztreonam 1 GM</i> | 1B | |
| CAYSTON | 4 | QL(3 ml daily); PA |
| Oxazolidinones | | |
| <i>linezolid SUSR</i> | 1B | |
| <i>linezolid TABS</i> | 1B | QL(2 ea daily); PA |
| SIVEXTRO TABS | 3 | PA |
| Polymyxins | | |
| <i>polymyxin b sulfate SOLR</i> | 1B | |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | 1B | |
| <i>methenamine hippurate</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>nitrofurantoin</i> | 1B | |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i> | 1B | |
| <i>nitrofurantoin monohyd macro</i> | 1B | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COARTEM | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| Antimalarials | | |
| <i>chloroquine phosphate TABS 250 MG</i> | 1B | QL(3 ea daily) |
| <i>chloroquine phosphate TABS 500 MG</i> | 1B | |
| <i>hydroxychloroquine sulfate 400 MG</i> | 1B | QL(1 ea daily) |
| <i>hydroxychloroquine sulfate 200 MG</i> | 1B | QL(3 ea daily) |
| <i>hydroxychloroquine sulfate 100 MG</i> | 1B | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| KRINTAFEL | 3 | QL(2 ea per 30 day(s) retail) |
| <i>mefloquine hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>primaquine phosphate TABS</i> | 3 | |
| <i>pyrimethamine</i> | 1B | QL(3 ea daily); PA |
| <i>quinine sulfate CAPS 324 MG</i> | 1B | PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimychasthenic/Cholinergic Agents | | |
| FIRDAPSE | 4 | PA |
| <i>neostigmine methylsulfate SOSY</i> | 3 | PA |
| <i>pyridostigmine bromide SOLN OR</i> | 1B | |
| <i>pyridostigmine bromide TABS 60 MG</i> | 1B | |
| <i>pyridostigmine bromide TBCR</i> | 1B | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| <i>cycloserine</i> | 1B | QL(4 ea daily) |
| <i>ethambutol hcl TABS</i> | 1B | |
| <i>isoniazid SOLN</i> | 1B | |
| <i>isoniazid SYRP</i> | 1B | |
| <i>isoniazid TABS</i> | 1B | |
| PASER PACK | 3 | QL(3 ea daily) |
| PRIFTIN | 3 | |
| <i>pyrazinamide</i> | 1B | |

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

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|--|-----------|-----------------------------|
| Antineoplastic - Hormonal and Related Agents | | | <i>tamoxifen citrate TABS</i> | 0 | |
| <i>abiraterone acetate 250 MG</i> | 4 | QL(4 ea daily); SP; PA | <i>toremifene citrate</i> | 1B | |
| <i>abiraterone acetate 500 MG</i> | 4 | QL(2 ea daily); PA | TRELSTAR MIXJECT | 4 | SP; PA |
| <i>anastrozole</i> | 1B | QL(1 ea daily) | XTANDI CAPS | 4 | QL(4 ea daily); SP; PA |
| <i>bicalutamide</i> | 1B | QL(1 ea daily); SP | XTANDI TABS 80 MG | 4 | QL(2 ea daily); PA |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 4 | SP; PA | XTANDI TABS 40 MG | 4 | QL(4 ea daily); PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 ea daily); SP; PA | YONSA | 4 | QL(4 ea daily); PA |
| EMCYT | 4 | SP; PA | ZOLADEX 10.8 MG | 4 | QL(0.0119 ea daily); SP; PA |
| ERLEADA 60 MG | 4 | QL(4 ea daily); PA | ZOLADEX 3.6 MG | 4 | QL(0.0357 ea daily); SP; PA |
| ERLEADA 240 MG | 4 | QL(1 ea daily); PA | Antineoplastic - Immunomodulators | | |
| <i>exemestane</i> | 4 | QL(1 ea daily); SP | POMALYST | 4 | QL(1 ea daily); PA |
| FIRMAGON | 4 | QL(0.143 ea daily); SP; PA | Antineoplastic - PDGFR-alpha Inhibitors | | |
| <i>flutamide</i> | 4 | QL(6 ea daily); SP; PA | AYVAKIT | 4 | QL(1 ea daily); PA |
| <i>fulvestrant SOSY</i> | 4 | QL(0.357 ml daily); SP; PA | Antineoplastic - XPO1 Inhibitors | | |
| <i>letrozole</i> | 1B | | XPOVIO | 4 | PA |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4 | SP; PA | XPOVIO 60 MG TWICE WEEKLY | 4 | PA |
| LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0357 ea daily); SP; PA | XPOVIO 80 MG TWICE WEEKLY | 4 | PA |
| LUPRON DEPOT (3-MONTH) KIT IM | 4 | SP; PA | Antineoplastic Antibiotics | | |
| LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 ea daily); SP; PA | <i>bleomycin sulfate 15 UNIT</i> | 4 | SP; PA |
| LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 ea daily); SP; PA | <i>dactinomycin</i> | 4 | SP; PA |
| LYSODREN | 4 | SP; PA | <i>doxorubicin hcl liposomal IV 2 MG/ML</i> | 4 | SP; PA |
| <i>megestrol acetate SUSP</i> | 1B | | <i>doxorubicin hcl SOLN</i> | 4 | SP; PA |
| <i>megestrol acetate TABS</i> | 1B | | <i>doxorubicin hcl SOLR 10 MG</i> | 4 | PA |
| <i>nilutamide</i> | 1B | QL(2 ea daily) | <i>doxorubicin hcl SOLR 50 MG</i> | 4 | SP; PA |
| NUBEQA | 4 | QL(4 ea daily); PA | <i>idarubicin hcl 20 MG/20ML</i> | 4 | PA |
| <i>tamoxifen citrate TABS</i> | 0 | | <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|----------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| <i>mitomycin SOLR IV 20 MG</i> | 4 | SP; PA | <i>dasatinib</i> | 4 | QL(1 ea daily); SP; PA |
| <i>mitoxantrone hcl 2 MG/ML</i> | 4 | SP; PA | <i>everolimus TABS</i> | 4 | QL(1 ea daily); SP; PA |
| <i>valrubicin</i> | 4 | SP; PA | IBRANCE CAPS | 4 | QL(1 ea daily); PA |
| Antineoplastic Combinations | | | IBRANCE TABS | 4 | QL(1 ea daily); PA |
| KISQALI FEMARA 200 DOSE | 4 | QL(2 ea daily); PA | ICLUSIG 10 MG, 30 MG, 45 MG | 4 | QL(1 ea daily); PA |
| KISQALI FEMARA 400 DOSE | 4 | QL(2.5 ea daily); PA | ICLUSIG 15 MG | 4 | QL(2 ea daily); PA |
| KISQALI FEMARA 600 DOSE | 4 | QL(3.25 ea daily); PA | <i>imatinib mesylate</i> | 4 | QL(2 ea daily); SP; PA |
| Antineoplastic Enzyme Inhibitors | | | IMBRUVICA CAPS 140 MG | 4 | QL(3 ea daily); PA |
| ALECENSA | 4 | QL(4 ea daily); PA | IMBRUVICA CAPS 70 MG | 4 | QL(1 ea daily); PA |
| ALUNBRIG TABS | 4 | QL(1 ea daily); PA | IMBRUVICA SUSP | 4 | QL(8 ml daily); PA |
| ALUNBRIG TBPk | 4 | QL(1 ea daily); PA | IMBRUVICA TABS | 4 | QL(1 ea daily); PA |
| BALVERSA | 4 | PA | INREBIC | 4 | PA |
| <i>bortezomib SOLR IJ</i> | 4 | SP; PA | JAKAFI | 4 | QL(2 ea daily); SP; PA |
| BORTEZOMIB SOLR IV 3.5 MG | 4 | PA | KISQALI | 4 | QL(2 ea daily); PA |
| BOSULIF TABS 100 MG, 500 MG | 4 | QL(1 ea daily); SP; PA | KISQALI | 4 | QL(2.5 ea daily); PA |
| BOSULIF TABS 400 MG | 4 | QL(1 ea daily); PA | KOSELUGO | 4 | PA |
| BRAFTOVI 75 MG | 4 | QL(6 ea daily); SP; PA | KYPROLIS | 4 | PA |
| BRUKINSA | 4 | PA | <i>lapatinib ditosylate</i> | 4 | QL(6 ea daily); SP; PA |
| CABOMETYX TABS | 4 | QL(1 ea daily); PA | LORBRENA | 4 | QL(1 ea daily); PA |
| CALQUENCE | 4 | QL(2 ea daily); PA | LYNPARZA TABS | 4 | QL(4 ea daily); PA |
| CALQUENCE | 4 | QL(2 ea daily); PA | MEKINIST TABS 2 MG | 4 | QL(1 ea daily); PA |
| CAPRELSA | 4 | QL(1 ea daily); SP; PA | MEKINIST TABS 0.5 MG | 4 | QL(3 ea daily); PA |
| COMETRIQ KIT | 4 | QL(3 ea daily); SP; PA | MEKTOVI | 4 | QL(6 ea daily); SP; PA |
| COMETRIQ KIT | 4 | QL(2 ea daily); SP; PA | NINLARO | 4 | QL(0.143 ea daily); PA |
| COMETRIQ KIT | 4 | QL(4 ea daily); SP; PA | <i>pazopanib hcl</i> | 4 | QL(4 ea daily); SP; PA |
| COPIKTRA | 4 | PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|------------------------------------|-----------|------------------------|
| PEMAZYRE | 4 | QL(1 ea daily); PA | TURALIO | 4 | AC; PA |
| PIQRAY 200MG DAILY DOSE | 4 | QL(1 ea daily); PA | TURALIO | 4 | PA |
| PIQRAY 250MG DAILY DOSE | 4 | QL(1 ea daily); PA | VERZENIO | 4 | QL(2 ea daily); PA |
| PIQRAY 300MG DAILY DOSE | 4 | QL(1 ea daily); PA | VITRAKVI CAPS | 4 | PA |
| QINLOCK | 4 | PA | VITRAKVI SOLN | 4 | PA |
| RETEVMO CAPS | 4 | PA | XALKORI CAPS | 4 | QL(2 ea daily); SP; PA |
| <i>romidepsin SOLR</i> | 4 | SP; PA | XOSPATA | 4 | PA |
| ROZLYTREK CAPS | 4 | PA | ZEJULA CAPS | 4 | QL(3 ea daily); PA |
| RUBRACA | 4 | QL(4 ea daily); PA | ZEJULA TABS 100 MG | 4 | QL(3 ea daily); PA |
| SCEMBLIX 20 MG, 40 MG | 4 | QL(2 ea daily); PA | ZEJULA TABS 200 MG, 300 MG | 4 | QL(1 ea daily); PA |
| SCEMBLIX 100 MG | 4 | QL(4 ea daily); PA | ZELBORAF | 4 | QL(8 ea daily); SP; PA |
| <i>sorafenib tosylate</i> | 4 | QL(4 ea daily); SP; PA | ZOLINZA | 4 | QL(4 ea daily); SP; PA |
| SPRYCEL (<i>dasatinib</i>) | 4 | QL(1 ea daily); SP; PA | ZYDELIG | 4 | QL(2 ea daily); PA |
| STIVARGA | 4 | QL(4 ea daily); SP; PA | Antineoplastic Enzymes | | |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4 | QL(1 ea daily); SP; PA | ONCASPAR | 4 | SP; PA |
| <i>sunitinib malate 37.5 MG</i> | 4 | QL(1 ea daily); PA | Antineoplastics Misc. | | |
| TABRECTA | 4 | PA | ACTIMMUNE 100 MCG/0.5ML | 4 | SP; PA |
| TAFINLAR CAPS | 4 | QL(4 ea daily); PA | <i>arsenic trioxide 10 MG/10ML</i> | 4 | SP; PA |
| TAFINLAR TBSO | 4 | QL(30 ea daily); PA | <i>bexarotene</i> | 4 | SP; PA |
| TALZENNA | 4 | QL(1 ea daily); PA | <i>dacarbazine SOLR 200 MG</i> | 4 | SP; PA |
| TALZENNA | 4 | QL(1 ea daily); PA | <i>hydroxyurea</i> | 1B | |
| TASIGNA 150 MG, 200 MG | 4 | QL(4 ea daily); SP; PA | MATULANE | 4 | SP; PA |
| TASIGNA 50 MG | 4 | QL(4 ea daily); PA | NIPENT | 4 | SP; PA |
| TAZVERIK | 4 | PA | PHOTOFRIN | 4 | SP; PA |
| <i>temsirolimus</i> | 4 | QL(0.143 ml daily); SP; PA | PROLEUKIN | 4 | SP; PA |
| TIBSOVO | 4 | PA | SYNRIBO | 4 | SP; PA |
| | | | <i>tretinoin (chemotherapy)</i> | 1B | |
| | | | UVADEX | 4 | SP; PA |
| | | | Chemotherapy Adjuncts | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| KEPIVANCE 6.25 MG | 4 | SP; PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| <i>leucovorin calcium SOLR</i> | 1B | |
| <i>leucovorin calcium TABS</i> | 1B | |
| VORAXAZE | 4 | SP; PA |
| Mitotic Inhibitors | | |
| <i>docetaxel CONC 20 MG/ML</i> | 4 | SP; PA |
| <i>docetaxel SOLN 20 MG/2ML</i> | 4 | SP; PA |
| <i>eribulin mesylate</i> | 4 | SP; PA |
| ETOPOPHOS | 4 | SP; PA |
| <i>etoposide CAPS</i> | 4 | SP; PA |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i> | 4 | SP; PA |
| HALAVEN (<i>eribulin mesylate</i>) | 4 | SP; PA |
| IXEMPRA KIT 15 MG | 4 | SP; PA |
| JEVTANA | 4 | SP; PA |
| <i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i> | 4 | SP; PA |
| <i>paclitaxel protein-bound particles</i> | 4 | SP; PA |
| <i>vincristine sulfate</i> | 4 | SP; PA |
| <i>vinorelbine tartrate 10 MG/ML</i> | 4 | SP; PA |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | 4 | SP; PA |
| <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i> | 4 | SP; PA |
| <i>topotecan hcl SOLR</i> | 4 | SP; PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate SOLN</i> | 1B | |
| <i>benztropine mesylate TABS</i> | 1B | |
| <i>trihexyphenidyl hcl SOLN</i> | 1B | |
| <i>trihexyphenidyl hcl TABS</i> | 1B | |
| Antiparkinson COMT Inhibitors | | |
| <i>entacapone</i> | 1B | QL(8 ea daily) |
| <i>tolcapone</i> | 1B | |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl CAPS</i> | 1B | |
| <i>amantadine hcl SOLN</i> | 1B | |
| <i>amantadine hcl TABS</i> | 1B | |
| <i>apomorphine hydrochloride SOCT</i> | 4 | PA |
| <i>bromocriptine mesylate CAPS</i> | 1B | |
| <i>bromocriptine mesylate TABS 2.5 MG</i> | 1B | |
| <i>carbidopa-levodopa-entacapone</i> | 1B | |
| <i>carbidopa-levodopa TABS</i> | 1B | |
| <i>carbidopa-levodopa TBCR</i> | 1B | |
| <i>carbidopa-levodopa TBDP</i> | 1B | |
| NEUPRO | 2 | |
| <i>pramipexole dihydrochloride TABS 0.125 MG</i> | 1B | QL(4 ea daily) |
| <i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i> | 1B | |
| <i>ropinirole hydrochloride TABS</i> | 1B | |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i> | 1B | QL(1 ea daily); ST |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i> | 1B | QL(2 ea daily); ST |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| Antiparkinson Monoamine Oxidase Inhibitors | | | Butyrophenones | | |
| <i>rasagiline mesylate</i> | 1B | QL(1 ea daily); PA | <i>haloperidol decanoate</i> | 1B | QL(0.036 ml daily) |
| <i>selegiline hcl CAPS</i> | 1B | | <i>haloperidol lactate CONC</i> | 1B | |
| <i>selegiline hcl TABS</i> | 1B | | <i>haloperidol lactate SOLN</i> | 1B | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | | <i>haloperidol TABS</i> | 1B | |
| Antimanic Agents | | | Dibenzapines | | |
| <i>lithium</i> | 1B | | <i>asenapine maleate 5 MG, 10 MG</i> | 1B | QL(2 ea daily); PA |
| <i>lithium carbonate CAPS</i> | 1B | | <i>asenapine maleate 2.5 MG</i> | 1B | QL(4 ea daily); PA |
| <i>lithium carbonate TABS</i> | 1B | | <i>clozapine TABS</i> | 1B | |
| <i>lithium carbonate TBCR</i> | 1B | | <i>clozapine TBDP 100 MG</i> | 1B | QL(9 ea daily) |
| Antipsychotics - Misc. | | | <i>clozapine TBDP 25 MG</i> | 1B | QL(3 ea daily) |
| EQUETRO 100 MG | 3 | QL(2 ea daily); ST | <i>clozapine TBDP 12.5 MG, 150 MG</i> | 1B | QL(6 ea daily) |
| EQUETRO 300 MG | 3 | QL(4 ea daily); ST | <i>loxapine succinate</i> | 1B | |
| EQUETRO 200 MG | 3 | QL(8 ea daily); ST | <i>olanzapine SOLR</i> | 1B | QL(0.215 ea daily) |
| <i>lurasidone hcl 80 MG</i> | 1B | QL(2 ea daily) | <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i> | 1B | QL(2 ea daily) |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i> | 1B | QL(1 ea daily) | <i>olanzapine TABS 2.5 MG, 5 MG</i> | 1B | QL(4 ea daily) |
| <i>ziprasidone hcl</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) | <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i> | 1B | QL(2 ea daily) |
| Benzisoxazoles | | | <i>olanzapine TBDP 20 MG</i> | 1B | QL(1 ea daily) |
| FANAPT | 2 | QL(2 ea daily); PA | <i>quetiapine fumarate TABS 300 MG, 400 MG</i> | 1B | QL(2 ea daily); AL(At least 10 yrs old) |
| FANAPT TITRATION PACK | 2 | PA | <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i> | 1B | QL(4 ea daily); AL(At least 10 yrs old) |
| <i>paliperidone 1.5 MG, 3 MG, 9 MG</i> | 1B | QL(1 ea daily) | <i>quetiapine fumarate TB24 300 MG, 400 MG</i> | 1B | QL(2 ea daily); PA |
| <i>paliperidone 6 MG</i> | 1B | QL(2 ea daily) | <i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i> | 1B | QL(1 ea daily); PA |
| PERSERIS PRSY | 2 | QL(0.072 ea daily); PA | Phenothiazines | | |
| <i>risperidone microspheres</i> | 1B | QL(0.072 ea daily); PA | <i>chlorpromazine hcl SOLN</i> | 3 | |
| <i>risperidone SOLN</i> | 1B | QL(8 ml daily) | <i>chlorpromazine hcl TABS</i> | 1B | |
| <i>risperidone TABS</i> | 1B | QL(4 ea daily) | <i>fluphenazine hcl CONC</i> | 1B | |
| <i>risperidone TBDP</i> | 1B | QL(4 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| <i>fluphenazine hcl ELIX</i> | 1B | | <i>efavirenz CAPS 200 MG</i> | 1B | QL(2 ea daily) |
| <i>fluphenazine hcl SOLN</i> | 1B | | <i>efavirenz CAPS 50 MG</i> | 1B | QL(3 ea daily) |
| <i>fluphenazine hcl TABS</i> | 1B | | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1B | QL(1 ea daily) |
| <i>perphenazine TABS</i> | 1B | | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 1B | QL(1 ea daily) |
| <i>prochlorperazine</i> | 1B | | <i>efavirenz TABS</i> | 1B | QL(1 ea daily) |
| <i>prochlorperazine maleate TABS</i> | 1B | | <i>emtricitabine CAPS</i> | 1B | QL(1 ea daily) |
| <i>thioridazine hcl</i> | 1B | | <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1B | QL(1 ea daily) |
| <i>trifluoperazine hcl TABS</i> | 1B | | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | 0 | QL(1 ea daily) |
| Quinolinone Derivatives | | | EMTRIVA SOLN | 3 | QL(24 ml daily) |
| <i>aripiprazole SOLN OR</i> | 1B | QL(30 ml daily); AL(At least 6 yrs old) | <i>etravirine 200 MG</i> | 1B | QL(2 ea daily) |
| <i>aripiprazole TABS</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) | <i>etravirine 100 MG</i> | 1B | QL(4 ea daily) |
| REXULTI | 3 | PA | EVOTAZ | 3 | QL(1 ea daily) |
| Thioxanthenes | | | <i>fosamprenavir calcium TABS</i> | 1B | QL(4 ea daily) |
| <i>thiothixene</i> | 1B | | FUZEON SOLR | 4 | SP; PA |
| ANTIVIRALS - Drugs to Treat Viral Infections | | | GENVOYA | 3 | QL(1 ea daily) |
| Antiretrovirals | | | INTELENCE 25 MG | 3 | QL(8 ea daily) |
| <i>abacavir sulfate-lamivudine</i> | 1B | QL(1 ea daily) | ISENTRESS HD TABS | 3 | QL(2 ea daily) |
| <i>abacavir sulfate SOLN</i> | 1B | QL(32 ml daily) | ISENTRESS CHEW | 3 | QL(6 ea daily) |
| <i>abacavir sulfate TABS</i> | 1B | QL(2 ea daily) | ISENTRESS TABS | 3 | QL(2 ea daily) |
| APTIVUS CAPS | 3 | QL(4 ea daily) | JULUCA | 3 | QL(1 ea daily) |
| <i>atazanavir sulfate CAPS 200 MG</i> | 1B | QL(2 ea daily) | <i>lamivudine SOLN</i> | 1B | QL(30 ml daily) |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i> | 1B | QL(1 ea daily) | <i>lamivudine TABS 150 MG</i> | 1B | QL(2 ea daily) |
| BIKTARVY | 3 | QL(1 ea daily) | <i>lamivudine TABS 300 MG</i> | 1B | QL(1 ea daily) |
| CIMDUO | 3 | QL(1 ea daily); ST | <i>lamivudine-zidovudine</i> | 1B | QL(2 ea daily) |
| COMPLERA | 3 | QL(1 ea daily) | LEXIVA SUSP | 3 | QL(56 ml daily) |
| <i>darunavir TABS 800 MG</i> | 1B | QL(1 ea daily) | <i>lopinavir-ritonavir SOLN</i> | 1B | QL(12.5 ml daily) |
| <i>darunavir TABS 600 MG</i> | 1B | QL(2 ea daily) | <i>lopinavir-ritonavir TABS</i> | 1B | QL(4 ea daily) |
| DELSTRIGO | 3 | QL(1 ea daily) | <i>maraviroc TABS 150 MG</i> | 1B | QL(2 ea daily) |
| DOVATO | 3 | QL(1 ea daily) | <i>maraviroc TABS 300 MG</i> | 1B | QL(4 ea daily) |
| EDURANT | 3 | QL(1 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nevirapine SUSP</i> | 1B | QL(40 ml daily) |
| <i>nevirapine TABS</i> | 1B | QL(2 ea daily) |
| <i>nevirapine TB24 400 MG</i> | 1B | QL(1 ea daily) |
| <i>nevirapine TB24 100 MG</i> | 1B | QL(3 ea daily) |
| NORVIR CAPS | 2 | QL(12 ea daily) |
| NORVIR PACK | 3 | QL(12 ea daily) |
| NORVIR SOLN | 3 | QL(15 ml daily) |
| ODEFSEY | 3 | QL(1 ea daily) |
| PIFELTRO | 3 | QL(1 ea daily) |
| PREZCOBIX | 3 | QL(1 ea daily) |
| PREZISTA SUSP | 3 | QL(12 ml daily) |
| PREZISTA TABS 75 MG, 150 MG | 3 | QL(2 ea daily) |
| RETROVIR IV INFUSION SOLN | 3 | |
| <i>ritonavir TABS</i> | 1B | QL(12 ea daily) |
| SELZENTRY SOLN | 3 | QL(30 ml daily) |
| SELZENTRY TABS 25 MG, 75 MG | 3 | QL(2 ea daily) |
| <i>stavudine CAPS</i> | 1B | QL(2 ea daily) |
| STRIBILD | 3 | QL(1 ea daily) |
| <i>tenofovir disoproxil fumarate TABS</i> | 1B | |
| TIVICAY TABS | 3 | QL(2 ea daily) |
| TRIUMEQ TABS | 3 | QL(1 ea daily) |
| TRIZIVIR | 3 | QL(2 ea daily) |
| 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 150 MG, 200 MG, 250 MG | 3 | QL(1 ea daily) |
| <i>zidovudine CAPS</i> | 1B | QL(6 ea daily) |
| <i>zidovudine SYRP</i> | 1B | QL(60 ml daily) |
| <i>zidovudine TABS</i> | 1B | QL(2 ea daily) |
| CMV Agents | | |
| <i>cidofovir</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>ganciclovir sodium SOLR</i> | 1B | |
| <i>valganciclovir hcl TABS</i> | 1B | QL(4 ea daily); PA |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil</i> | 4 | QL(1 ea daily); SP; PA |
| <i>entecavir TABS</i> | 4 | QL(1 ea daily); SP; PA |
| EPIVIR HBV SOLN | 4 | QL(60 ml daily); SP; PA |
| <i>lamivudine (hbv) TABS</i> | 1B | QL(3 ea daily); SP |
| PEGASYS SOLN | 4 | QL(0.072 ml daily); PA |
| PEGASYS SOSY | 4 | QL(0.072 ml daily); PA |
| <i>ribavirin (hepatitis c) CAPS</i> | 1B | QL(7 ea daily) |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B | QL(7 ea daily) |
| SOFOSBUVIR/VELPATA SVIR TABS | 1B | QL(1 ea daily); PA |
| SOVALDI TABS 400 MG | 4 | QL(1 ea daily); SP; PA |
| SOVALDI TABS 200 MG | 4 | QL(1 ea daily); PA |
| VOSEVI | 4 | QL(1 ea daily); PA |
| Herpes Agents | | |
| <i>acyclovir CAPS</i> | 1A | QL(5 ea daily; 50 ea per fill retail; 50 per fill mail) |
| <i>acyclovir SUSP</i> | 1B | QL(13.34 ml daily) |
| <i>acyclovir TABS OR</i> | 1B | QL(5 ea daily) |
| <i>famciclovir 125 MG, 250 MG</i> | 1B | QL(3 ea daily) |
| <i>famciclovir 500 MG</i> | 1B | QL(4 ea daily) |
| <i>valacyclovir hcl 500 MG</i> | 1B | QL(2 ea daily) |
| <i>valacyclovir hcl 1 GM, 1000 MG</i> | 1B | QL(4 ea daily) |
| Influenza Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>oseltamivir phosphate CAPS</i> | 1B | Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| <i>oseltamivir phosphate SUSR</i> | 1B | Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail |
| RELENZA DISKHALER | 2 | 1 package(s) per 30 day(s) retail |
| <i>rimantadine hydrochloride TABS</i> | 1B | QL(2 ea daily) |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| <i>carvedilol</i> | 1B | |
| <i>carvedilol phosphate</i> | 3 | QL(1 ea daily) |
| <i>labetalol hcl SOLN</i> | 1B | |
| <i>labetalol hcl TABS 100 MG, 200 MG</i> | 1B | |
| <i>labetalol hcl TABS 300 MG</i> | 1B | QL(8 ea daily) |
| Beta Blockers Cardio-Selective | | |
| <i>acebutolol hcl CAPS</i> | 1B | |
| <i>atenolol TABS</i> | 1B | |
| <i>betaxolol hcl</i> | 1B | |
| <i>bisoprolol fumarate</i> | 1B | |
| <i>metoprolol succinate TB24 200 MG</i> | 1B | QL(2 ea daily) |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1B | |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i> | 1B | |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i> | 3 | QL(1 ea daily) |
| <i>nebivolol hcl 20 MG</i> | 3 | QL(2 ea daily) |
| Beta Blockers Non-Selective | | |
| HEMANGEOL SOLN OR | 4 | QL(75 ml daily); PA |
| <i>nadolol TABS 40 MG</i> | 1B | QL(6 ea daily) |
| <i>nadolol TABS 20 MG</i> | 1B | QL(3 ea daily) |
| <i>nadolol TABS 80 MG</i> | 1B | |
| <i>pindolol TABS</i> | 1B | |
| <i>propranolol hcl CP24</i> | 1B | QL(2 ea daily) |
| <i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i> | 1B | |
| <i>propranolol hcl TABS</i> | 1B | |
| <i>sotalol hcl (afib/af)</i> | 1B | |
| <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i> | 1B | QL(2 ea daily) |
| <i>sotalol hcl TABS 240 MG</i> | 1B | |
| <i>timolol maleate TABS</i> | 1B | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| <i>amlodipine besylate TABS</i> | 1B | |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i> | 1B | |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i> | 1B | QL(2 ea daily) |
| <i>diltiazem hcl extended release beads</i> | 1B | |
| <i>diltiazem hcl CP12</i> | 1B | QL(2 ea daily) |
| <i>diltiazem hcl CP24</i> | 1B | |
| <i>diltiazem hcl SOLN 50 MG/10ML</i> | 1B | |
| DILTIAZEM HCL SOLR | 1B | |
| <i>diltiazem hcl TABS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>diltiazem hcl TB24</i> | 1B | |
| <i>felodipine</i> | 1B | |
| <i>isradipine CAPS</i> | 1B | |
| <i>nicardipine hcl CAPS</i> | 1B | |
| <i>nicardipine hcl SOLN</i> | 1B | |
| <i>nifedipine CAPS 10 MG</i> | 1B | |
| <i>nifedipine CAPS 20 MG</i> | 1B | QL(9 ea daily) |
| <i>nifedipine TB24 60 MG</i> | 1B | QL(2 ea daily) |
| <i>nifedipine TB24 90 MG</i> | 1B | QL(1 ea daily) |
| <i>nifedipine TB24</i> | 1B | |
| <i>nimodipine CAPS</i> | 1B | |
| <i>nisoldipine</i> | 1B | |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i> | 1B | QL(1 ea daily) |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i> | 1B | |
| <i>verapamil hcl SOLN 2.5 MG/ML</i> | 1B | |
| <i>verapamil hcl TABS</i> | 1B | |
| <i>verapamil hcl TBCR</i> | 1B | |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin SOLN OR 0.05 MG/ML</i> | 1B | |
| <i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1B | |
| LANOXIN SOLN IJ (<i>digoxin</i>) | 2 | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>) | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>amlodipine besylate-atorvastatin calcium</i> | 1B | QL(1 ea daily) |
| <i>isosorbide dinitrate-hydralazine hcl</i> | 1B | |
| Impotence Agents | | |
| <i>sildenafil citrate</i> | 1B | QL(0.1334 ea daily); PA |
| STENDRA | 3 | QL(0.134 ea daily) |
| <i>tadalafil 5 MG</i> | 1B | BPH Only; QL(1 ea daily); PA |
| Prostaglandin Vasodilators | | |
| <i>epoprostenol sodium</i> | 4 | PA |
| ORENITRAM TBCR | 4 | PA |
| <i>treprostinil SOLN IJ</i> | 4 | SP; PA |
| TYVASO REFILL KIT SOLN IN | 4 | PA |
| TYVASO STARTER KIT SOLN IN | 4 | PA |
| TYVASO SOLN IN | 4 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| <i>ambrisentan</i> | 4 | QL(1 ea daily); SP; PA |
| <i>bosentan TABS 125 MG</i> | 4 | QL(2 ea daily); SP; PA |
| <i>bosentan TABS 62.5 MG</i> | 4 | QL(2 ea daily); PA |
| OPSUMIT | 4 | QL(1 ea daily); PA |
| TRACLEER TBSO | 4 | QL(2 ea daily); SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i> | 4 | QL(37.5 ml daily); SP; PA |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | 4 | QL(6 ml daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>sildenafil citrate (pulmonary hypertension) TABS</i> | 4 | QL(3 ea daily); SP; PA |
| <i>tadalafil (pulmonary hypertension) TABS</i> | 4 | QL(2 ea daily); SP; PA |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |
| UPTRAVI TITRATION PACK TBPK | 4 | 1 max fill(s) per 180 day(s) retail; PA |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4 | QL(2 ea daily); PA |
| UPTRAVI TABS 200 MCG | 4 | PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 4 | QL(3 ea daily); PA |
| Sinus Node Inhibitors | | |
| <i>ivabradine hcl TABS</i> | 3 | QL(2 ea daily); PA |
| Transthyretin Stabilizers | | |
| VYNDAMAX | 4 | QL(1 ea daily); PA |
| VYNDAQEL | 4 | QL(4 ea daily); PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil CAPS</i> | 1B | |
| <i>cefadroxil SUSR</i> | 1B | |
| <i>cefadroxil TABS</i> | 1B | |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i> | 1B | |
| <i>cephalexin CAPS</i> | 1B | |
| <i>cephalexin SUSR</i> | 1B | |
| Cephalosporins - 2nd Generation | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefaclor CAPS</i> | 1B | |
| <i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i> | 1B | |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i> | 1B | |
| <i>cefoxitin sodium IV</i> | 1B | |
| <i>cefprozil SUSR</i> | 1B | |
| <i>cefprozil TABS</i> | 1B | |
| <i>cefuroxime axetil TABS</i> | 1B | |
| <i>cefuroxime sodium IJ 750 MG</i> | 1B | |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir CAPS</i> | 1B | |
| <i>cefdinir SUSR</i> | 1B | |
| <i>cefixime CAPS</i> | 1B | |
| <i>cefixime SUSR</i> | 1B | ST |
| <i>cefotaxime sodium IJ 1 GM, 2 GM</i> | 1B | |
| <i>cefpodoxime proxetil SUSR</i> | 1B | |
| <i>cefpodoxime proxetil TABS</i> | 1B | |
| <i>ceftazidime IV 6 GM</i> | 1B | |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i> | 1B | |
| <i>ceftriaxone sodium IJ 250 MG</i> | 1A | |
| Cephalosporins - 4th Generation | | |
| <i>cefepime hcl SOLR IV 2 GM</i> | 1B | |
| Cephalosporins - 5th Generation | | |
| TEFLARO | 3 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| <i>desogestrel & ethinyl estradiol</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---|
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | 0 | | <i>norgestimate-ethinyl estradiol</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | 0 | | <i>norgestimate-ethinyl estradiol (triphasic)</i> | 0 | |
| <i>drospirenone-ethinyl estradiol</i> | 0 | | <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i> | 0 | |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0 | | TYBLUME CHEW | 0 | |
| <i>ethynodiol diacet & eth estrad</i> | 0 | | Combination Contraceptives - Transdermal | | |
| <i>levonorgestrel & eth estradiol TABS</i> | 0 | | <i>norelgestromin-ethinyl estradiol</i> | 0 | |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | 0 | | TWIRLA | 0 | QL(3 ea per 28 day(s) retail) |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | 0 | | Combination Contraceptives - Vaginal | | |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i> | 0 | | ANNOVERA | 0 | |
| <i>levonorgestrel-ethinyl estradiol-iron</i> | 0 | | <i>etonogestrel-ethinyl estradiol</i> | 0 | QL(0.05 ea daily) |
| LO LOESTRIN FE TABS | 0 | | Copper Contraceptives - IUD | | |
| NATAZIA | 0 | | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A | 0 | |
| NEXTSTELLIS | 0 | | Emergency Contraceptives | | |
| <i>norethin acet & estrad-fe CAPS</i> | 0 | | ELLA | 0 | |
| <i>norethin acet & estrad-fe CHEW</i> | 0 | | <i>levonorgestrel (emergency oc) 1.5 MG</i> | 0 | |
| <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0 | | Progestin Contraceptives - Implants | | |
| <i>norethindrone & eth estradiol</i> | 0 | | NEXPLANON | 0 | |
| <i>norethindrone & ethinyl estradiol-fe</i> | 0 | | Progestin Contraceptives - Injectable | | |
| <i>norethindrone acet & eth estra TABS</i> | 0 | | DEPO-SUBQ PROVERA 104 SUSY SC | 0 | |
| <i>norethindrone acetate-ethinyl estradiol-fe</i> | 0 | | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0 | |
| <i>norethindrone-eth estradiol (triphasic)</i> | 0 | | <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | 0 | QL(90 Day(s) limit ; 1 ml per 90 day(s) retail) |
| | | | Progestin Contraceptives - IUD | | |
| | | | KYLEENA | 0 | |
| | | | LILETTA 20.1 MCG/DAY | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| MIRENA | 0 | |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive)</i> | 0 | |
| OPILL | 0 | |
| SLYND | 0 | QL(1 ea daily) |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| <i>budesonide CPEP</i> | 1B | QL(3 ea daily) |
| <i>deflazacort SUSP</i> | 4 | PA |
| <i>deflazacort TABS</i> | 4 | PA |
| DEPO-MEDROL SUSP | 3 | |
| DEXAMETHASONE INTENSOL CONC | 1B | |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1B | |
| <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i> | 1B | |
| <i>dexamethasone ELIX</i> | 1B | |
| <i>dexamethasone SOLN</i> | 1B | |
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i> | 1B | |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i> | 1A | |
| EMFLAZA SUSP (<i>deflazacort</i>) | 4 | PA |
| <i>hydrocortisone sod succinate 100 MG</i> | 1B | 2 max fill(s) per 30 day(s) retail |
| <i>hydrocortisone TABS</i> | 1B | |
| MEDROL TABS | 3 | |
| <i>methylprednisolone acetate SUSP</i> | 1B | |
| <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| <i>methylprednisolone TABS</i> | 1B | |
| <i>methylprednisolone TBPk</i> | 1B | |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1B | |
| <i>prednisolone sodium phosphate TBPk</i> | 3 | |
| <i>prednisolone SOLN</i> | 1B | |
| <i>prednisolone TABS</i> | 1B | |
| <i>prednisone SOLN</i> | 1B | |
| <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i> | 1A | |
| <i>prednisone TABS 1 MG, 5 MG</i> | 1B | |
| <i>prednisone TBPk</i> | 1B | |
| SOLU-CORTEF 250 MG | 3 | |
| SOLU-CORTEF 100 MG, 500 MG, 1000 MG | 3 | 2 max fill(s) per 30 day(s) retail |
| SOLU-MEDROL 2 GM | 3 | |
| <i>triamcinolone acetamide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i> | 1B | |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate TABS</i> | 1B | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate 150 MG</i> | 1B | QL(4 ea daily) |
| <i>benzonatate 200 MG</i> | 1B | QL(3 ea daily) |
| <i>benzonatate 100 MG</i> | 1B | QL(6 ea daily) |
| Cough/Cold/Allergy Combinations | | |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | 1B | |
| TUZISTRA XR | 2 | PA |
| Misc. Respiratory Inhalants | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| HYPERSAL NEBU | 1B | |
| NEBUSAL NEBU | 1B | |
| sodium chloride (inhalant) NEBU 7 % | 1B | |
| Mucolytics | | |
| acetylcysteine SOLN | 1B | |
| DERMATOLOGICALS - Drugs to Treat Skin | | |
| Conditions | | |
| Acne Products | | |
| adapalene-benzoyl peroxide GEL 2.5 %-0.1 % | 1B | AL(At least 12 yrs old); ST |
| adapalene CREA | 1B | AL(At least 12 yrs old); ST |
| adapalene GEL | 1B | AL(At least 12 yrs old); ST; RX/OTC |
| AZELEX | 3 | QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST |
| BENZEPRO CREAMY WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC |
| BENZEPRO FOAM 5.3 % | 2 | AL(At least 12 yrs old); RX/OTC |
| benzoyl peroxide-erythromycin GEL | 1B | AL(At least 12 yrs old); PA |
| benzoyl peroxide FOAM 5.3 %, 9.8 % | 1B | AL(At least 12 yrs old); RX/OTC |
| benzoyl peroxide GEL 10 % | 1B | AL(At least 12 yrs old) |
| benzoyl peroxide GEL 5 % | 1B | QL(3 gm daily); AL(At least 12 yrs old) |
| benzoyl peroxide LIQD 4 %, 7 %, 10 % | 1B | AL(At least 12 yrs old) |
| clindamycin phosphate (topical) FOAM | 1B | AL(At least 12 yrs old); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| clindamycin phosphate (topical) GEL | 1B | QL(8 gm daily) |
| clindamycin phosphate (topical) LOTN | 1B | AL(At least 12 yrs old) |
| clindamycin phosphate (topical) SOLN | 1B | QL(4 ml daily); AL(At least 12 yrs old) |
| clindamycin phosphate (topical) SWAB | 1B | AL(At least 12 yrs old) |
| clindamycin phosphate-benzoyl peroxide (refrigerate) | 1B | AL(At least 12 yrs old); PA |
| clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % | 1B | AL(At least 12 yrs old); PA |
| clindamycin phosphate-tretinoin | 1B | AL(At least 12 yrs old); ST |
| DIFFERIN LOTN | 2 | AL(At least 12 yrs old); ST |
| erythromycin (acne aid) PADS | 1B | AL(At least 12 yrs old) |
| erythromycin (acne aid) SOLN | 1B | AL(At least 12 yrs old) |
| isotretinoin 10 MG, 20 MG, 30 MG, 40 MG | 3 | AL(At least 12 yrs old); PA |
| PR BENZOYL PEROXIDE WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC |
| sulfacetamide sodium (acne) | 1B | AL(At least 12 yrs old) |
| sulfacetamide sodium w/ sulfur CREA 10 %-5 % | 1B | AL(At least 12 yrs old) |
| sulfacetamide sodium w/ sulfur LIQD 10 %-5 % | 1B | AL(At least 12 yrs old) |
| sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % | 1B | AL(At least 12 yrs old); ST |
| sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % | 1B | AL(At least 12 yrs old) |
| tretinoin microsphere 0.1 % | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>tretinoin GEL 0.01 %, 0.025 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | 3 | QL(1 gm daily) |
| Antibiotics - Topical | | |
| ALTABAX | 2 | QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail) |
| <i>gentamicin sulfate (topical) CREA</i> | 1B | QL(1 gm daily) |
| <i>gentamicin sulfate (topical) OINT</i> | 1B | |
| <i>mupirocin OINT</i> | 1B | QL(6 gm daily) |
| NEO-SYNALAR | 3 | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA |
| Antifungals - Topical | | |
| <i>butenafine hcl</i> | 1B | QL(6 gm daily); RX/OTC |
| <i>ciclopirox olamine CREA</i> | 1B | QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciclopirox olamine SUSP</i> | 1B | |
| <i>ciclopirox GEL</i> | 1B | QL(3.35 gm daily) |
| <i>ciclopirox SHAM</i> | 1B | QL(10 ml daily) |
| <i>ciclopirox SOLN</i> | 1B | QL(0.22 ml daily) |
| <i>clotrimazole (topical) CREA</i> | 1B | QL(4.5 gm daily); RX/OTC |
| <i>clotrimazole (topical) SOLN</i> | 1B | QL(10 ml daily); RX/OTC |
| <i>clotrimazole w/ betamethasone CREA</i> | 1B | QL(8 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>clotrimazole w/ betamethasone LOTN</i> | 1B | |
| <i>econazole nitrate CREA</i> | 1B | QL(85 gm per fill retail; 85 per fill mail) |
| ERTACZO | 3 | QL(2.15 gm daily) |
| <i>ketoconazole (topical) CREA</i> | 1B | QL(10 gm daily) |
| <i>ketoconazole (topical) SHAM 2 %</i> | 1B | QL(20 ml daily) |
| <i>luliconazole</i> | 1B | PA |
| <i>naftifine hcl CREA 2 %</i> | 1B | QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>naftifine hcl CREA 1 %</i> | 1B | QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <i>nystatin (topical) CREA</i> | 1B | QL(10 gm daily) |
| <i>nystatin (topical) OINT</i> | 1B | QL(6 gm daily) |
| <i>nystatin (topical) POWD EX</i> | 1B | QL(10 gm daily) |
| <i>nystatin-triamcinolone CREA</i> | 1B | QL(10 gm daily) |
| <i>nystatin-triamcinolone OINT</i> | 1B | QL(4 gm daily) |
| <i>oxiconazole nitrate CREA</i> | 1B | Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| 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 |
| <i>sulconazole nitrate CREA</i> | 1B | |
| <i>sulconazole nitrate SOLN</i> | 1B | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| <i>tavaborole</i> | 1B | PA |
| Anti-inflammatory Agents - Topical | | |
| <i>diclofenac epolamine PTCH EX</i> | 1B | QL(2 ea daily); PA |
| <i>diclofenac sodium (topical) GEL EX</i> | 1B | QL(3.34 gm daily); RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| <i>bexarotene (topical)</i> | 4 | SP; PA |
| <i>diclofenac sodium (actinic keratoses) EX</i> | 1B | QL(3.34 gm daily); PA |
| <i>fluorouracil (topical) CREA 5 %</i> | 1B | QL(4 gm daily) |
| <i>fluorouracil (topical) SOLN</i> | 1B | QL(2 ml daily) |
| PANRETIN | 3 | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail) |
| Antipruritics - Topical | | |
| <i>doxepin hcl (antipruritic)</i> | 3 | Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| Antipsoriatics | | |
| <i>acitretin 25 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|----------------------------|
| <i>acitretin 10 MG, 17.5 MG</i> | 1B | QL(1 ea daily) |
| <i>calcipotriene CREA</i> | 1B | QL(4 gm daily); PA |
| <i>calcipotriene OINT</i> | 1B | QL(4 gm daily); PA |
| <i>calcipotriene SOLN</i> | 1B | QL(4 ml daily); PA |
| <i>calcitriol (topical)</i> | 1B | QL(3.34 gm daily) |
| COSENTYX SENSOREADY PEN SOAJ | 4 | QL(0.072 ml daily); PA |
| COSENTYX UNOREADY SOAJ | 4 | QL(0.072 ml daily); PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.072 ml daily); PA |
| COSENTYX SOSY 75 MG/0.5ML | 4 | QL(0.18 ml daily); PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.036 ml daily); PA |
| <i>methoxsalen rapid</i> | 1B | QL(4 ea daily) |
| SKYRIZI PEN SOAJ | 4 | QL(0.025 ml daily); PA |
| SKYRIZI PSKT | 4 | QL(0.025 ea daily); PA |
| SKYRIZI SOSY | 4 | QL(0.025 ml daily); PA |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.012 ml daily); PA |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.012 ml daily); PA |
| STELARA SOSY 90 MG/ML | 4 | QL(0.018 ml daily); SP; PA |
| <i>tazarotene CREA 0.1 %</i> | 1B | QL(1 gm daily) |
| TREMFYA SOAJ | 4 | QL(0.018 ml daily); PA |
| TREMFYA SOSY 100 MG/ML | 4 | QL(0.018 ml daily); PA |
| Antiseborrheic Products | | |
| <i>selenium sulfide LOTN 2.5 %</i> | 1B | |
| Antivirals - Topical | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|--|
| <i>acyclovir topical CREA</i> | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone dipropionate augmented OINT</i> | 1B | QL(3.5 gm daily) |
| <i>acyclovir topical OINT</i> | 1B | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone valerate CREA</i> | 1B | QL(2.5 gm daily) |
| <i>penciclovir</i> | 3 | QL(0.18 gm daily) | <i>betamethasone valerate FOAM</i> | 1B | QL(1.67 gm daily) |
| Burn Products | | | <i>betamethasone valerate LOTN</i> | 1B | QL(5 ml daily) |
| <i>mafenide acetate PACK</i> | 3 | | <i>betamethasone valerate OINT</i> | 1B | QL(3 gm daily) |
| <i>silver sulfadiazine</i> | 1B | QL(20 gm daily) | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1B | ST |
| SULFAMYLON CREA | 3 | | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B | ST |
| Corticosteroids - Topical | | | <i>clobetasol propionate emollient base 0.05 %</i> | 1B | QL(1 gm daily); PA |
| <i>alclometasone dipropionate CREA</i> | 1B | QL(2 gm daily) | <i>clobetasol propionate CREA 0.05 %</i> | 1B | QL(3 gm daily); PA |
| <i>alclometasone dipropionate OINT</i> | 1B | QL(3 gm daily) | <i>clobetasol propionate FOAM</i> | 1B | QL(3 gm daily); ST |
| <i>amcinonide CREA</i> | 1B | QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail | <i>clobetasol propionate GEL 0.05 %</i> | 1B | QL(2 gm daily); ST |
| <i>amcinonide LOTN</i> | 3 | | <i>clobetasol propionate OINT 0.05 %</i> | 1B | QL(1 gm daily); PA |
| <i>amcinonide OINT</i> | 3 | | <i>clobetasol propionate SOLN 0.05 %</i> | 1B | QL(3.34 ml daily); PA |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B | QL(3 gm daily) | <i>clo cortolone pivalate</i> | 3 | QL(3 gm daily) |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B | | CORDRAN TAPE | 3 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail |
| <i>betamethasone dipropionate (topical) OINT</i> | 1B | QL(3 gm daily) | <i>desonide CREA</i> | 1B | QL(4 gm daily) |
| <i>betamethasone dipropionate augmented CREA</i> | 1B | QL(3.5 gm daily) | <i>desonide LOTN</i> | 1B | QL(4 ml daily) |
| <i>betamethasone dipropionate augmented LOTN</i> | 1B | QL(5 ml daily) | <i>desonide OINT</i> | 1B | QL(3 gm daily) |
| | | | <i>desoximetasone CREA 0.25 %</i> | 1B | QL(4 gm daily) |
| | | | <i>desoximetasone GEL</i> | 1B | QL(3 gm daily) |
| | | | <i>desoximetasone OINT 0.25 %</i> | 1B | QL(4 gm daily) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------------|---|-----------|----------------------------|
| <i>diflorasone diacetate</i> CREA | 1B | PA | <i>hydrocortisone (topical)</i> OINT 1 %, 2.5 % | 1B | QL(15.15 gm daily); RX/OTC |
| <i>diflorasone diacetate</i> OINT | 1B | PA | <i>hydrocortisone butyrate</i> CREA | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide</i> CREA 0.01 % | 1B | | <i>hydrocortisone butyrate</i> OINT | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide</i> CREA 0.025 % | 1B | QL(4 gm daily) | <i>hydrocortisone butyrate</i> SOLN | 1B | QL(5 ml daily) |
| <i>fluocinolone acetonide</i> OIL | 1B | QL(8 ml daily) | <i>hydrocortisone valerate</i> CREA | 1B | |
| <i>fluocinolone acetonide</i> OINT | 1B | QL(4 gm daily) | <i>hydrocortisone valerate</i> OINT | 1B | |
| <i>fluocinolone acetonide</i> SOLN | 1B | QL(4 ml daily) | <i>mometasone furoate</i> CREA | 1B | QL(3 gm daily) |
| <i>fluocinonide emulsified base</i> | 1B | QL(2 gm daily) | <i>mometasone furoate</i> OINT | 1B | QL(4 gm daily) |
| <i>fluocinonide CREA 0.1 %</i> | 1B | QL(4 gm daily) | <i>mometasone furoate</i> SOLN | 1B | QL(5 ml daily) |
| <i>fluocinonide CREA 0.05 %</i> | 1B | QL(2 gm daily) | <i>prednicarbate</i> OINT | 1B | |
| <i>fluocinonide GEL</i> | 1B | | <i>triamcinolone acetonide (topical)</i> CREA 0.5 % | 1B | QL(5 gm daily) |
| <i>fluocinonide OINT</i> | 1B | QL(2 gm daily) | <i>triamcinolone acetonide (topical)</i> CREA 0.025 % | 1B | QL(15.15 gm daily) |
| <i>fluocinonide SOLN</i> | 1B | QL(2 ml daily) | <i>triamcinolone acetonide (topical)</i> CREA 0.1 % | 1B | QL(3.34 gm daily) |
| <i>flurandrenolide CREA</i> | 2 | QL(2 gm daily) | <i>triamcinolone acetonide (topical)</i> LOTN 0.025 % | 1B | |
| <i>flurandrenolide LOTN</i> | 2 | QL(2 ml daily) | <i>triamcinolone acetonide (topical)</i> LOTN 0.1 % | 1B | QL(6 ml daily) |
| <i>fluticasone propionate</i> CREA 0.05 % | 1B | QL(4 gm daily) | <i>triamcinolone acetonide (topical)</i> OINT 0.5 % | 1B | QL(6 gm daily) |
| <i>fluticasone propionate</i> LOTN | 1B | QL(6 ml daily) | <i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 % | 1B | QL(15.15 gm daily) |
| <i>fluticasone propionate</i> OINT | 1B | QL(4 gm daily) | Eczema Agents | | |
| <i>halcinonide CREA</i> | 1B | PA | DUPIXENT SOAJ SC 300 MG/2ML | 4 | QL(0.29 ml daily); PA |
| <i>halobetasol propionate</i> CREA | 1B | QL(3.5 gm daily) | DUPIXENT SOAJ SC 200 MG/1.14ML | 4 | QL(0.082 ml daily); PA |
| <i>halobetasol propionate</i> OINT | 1B | QL(3.5 gm daily) | DUPIXENT SOSY 200 MG/1.14ML | 4 | QL(0.082 ml daily); PA |
| HALOG OINT | 3 | PA | | | |
| <i>hydrocortisone (topical)</i> CREA 1 %, 2.5 % | 1B | QL(15.15 ea daily); RX/OTC | | | |
| <i>hydrocortisone (topical)</i> LOTN 2.5 % | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| DUPIXENT SOSY 300 MG/2ML | 4 | QL(0.29 ml daily); PA |
| DUPIXENT SOSY 100 MG/0.67ML | 4 | QL(0.048 ml daily); PA |
| Emollients | | |
| <i>lactic acid (ammonium lactate) CREA</i> | 1B | QL(12.9 gm daily); RX/OTC |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | 1B | RX/OTC |
| Enzymes - Topical | | |
| SANTYL OINT | 3 | PA |
| Immunomodulating Agents - Topical | | |
| <i>imiquimod 5 %</i> | 1B | QL(12 ea per fill retail; 12 per fill mail) |
| Immunosuppressive Agents - Topical | | |
| <i>pimecrolimus</i> | 1B | QL(3 gm daily); AL(At least 2 yrs old); PA |
| <i>tacrolimus (topical) OINT</i> | 1B | AL(At least 2 yrs old); PA |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| <i>podofilox SOLN</i> | 1B | |
| Local Anesthetics - Topical | | |
| <i>lidocaine hcl GEL 2 %</i> | 1B | QL(4 ml daily) |
| <i>lidocaine hcl PRSY</i> | 1B | QL(4 ml daily) |
| <i>lidocaine hcl SOLN</i> | 1B | QL(10 ml daily) |
| <i>lidocaine-prilocaine CREA</i> | 1B | QL(1 gm daily) |
| <i>lidocaine PTCH 5 %</i> | 1B | PA |
| SYNERA PTCH | 3 | QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 3 | QL(2 gm daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Rosacea Agents | | |
| <i>azelaic acid GEL</i> | 1B | QL(1.67 gm daily) |
| <i>brimonidine tartrate (topical)</i> | 3 | QL(1 gm daily); PA |
| <i>metronidazole (topical) CREA</i> | 1B | QL(3 gm daily) |
| <i>metronidazole (topical) GEL 1 %</i> | 1B | QL(5 gm daily) |
| <i>metronidazole (topical) GEL 0.75 %</i> | 1B | QL(3 gm daily) |
| <i>metronidazole (topical) LOTN</i> | 1B | |
| Scabicides & Pediculicides | | |
| <i>crotamiton LOTN</i> | 1B | PA |
| <i>ivermectin (pediculicide)</i> | 1B | PA |
| <i>malathion</i> | 1B | |
| <i>permethrin CREA</i> | 1B | |
| <i>permethrin LIQD EX</i> | 1B | |
| <i>spinosad</i> | 1B | PA |
| Wound Care Products | | |
| REGRANEX | 3 | QL(0.5 gm daily) |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| GLUCAGEN DIAGNOSTIC | 3 | QL(0.035 ea daily) |
| THYROGEN 0.9 MG | 3 | 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA |
| Diagnostic Tests | | |
| CHEMSTRIP-K STRP | 1B | |
| FORA GTEL BLOOD KETONE TEST STRIPS | 1B | |
| FORA TEST N' GO ADVANCE/VOICE/6 CONNECT | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------|
| GOJJI BLOOD KETONE TEST STRIPS | 1B | | Conditions and Blood Pressure | | |
| KETONE TEST STRIPS STRP | 1B | | Carbonic Anhydrase Inhibitors | | |
| KETONE STRP | 1B | | <i>acetazolamide sodium</i> | 1B | |
| KETOSTIX STRP | 1B | | <i>acetazolamide CP12</i> | 1B | QL(2 ea daily) |
| NOVA MAX PLUS KETONE TESTSTRIPS | 1B | | <i>acetazolamide TABS 250 MG</i> | 1B | QL(4 ea daily) |
| PRECISION XTRA | 1B | | <i>acetazolamide TABS 125 MG</i> | 1B | QL(8 ea daily) |
| RELION KETONE TEST STRIPS STRP | 1B | | <i>dichlorphenamide</i> | 4 | QL(4 ea daily); PA |
| RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP | 1B | RX/OTC | <i>methazolamide TABS</i> | 1B | QL(6 ea daily) |
| TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP | 1B | Limit 100 per month; QL(3.34 ea daily); RX/OTC | Diuretic Combinations | | |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 1B | QL(3.34 ea daily); RX/OTC | <i>amiloride & hydrochlorothiazide</i> | 1B | |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | | <i>spironolactone & hydrochlorothiazide</i> | 1B | |
| Digestive Enzymes | | | <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1B | |
| CREON CPEP | 2 | Non-FDA approved uses require Prior Authorization | <i>triamterene & hydrochlorothiazide TABS</i> | 1B | |
| 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 | Loop Diuretics | | |
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT | 2 | | <i>bumetanide SOLN 0.25 MG/ML</i> | 1B | |
| DIURETICS - Drugs to Treat Heart, Circulation | | | <i>bumetanide TABS</i> | 1B | QL(5 ea daily) |
| | | | <i>ethacrynic acid</i> | 1B | QL(16 ea daily) |
| | | | <i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i> | 1B | |
| | | | <i>furosemide TABS</i> | 1B | |
| | | | <i>torseamide TABS</i> | 1B | |
| | | | Potassium Sparing Diuretics | | |
| | | | <i>amiloride hcl TABS</i> | 1B | |
| | | | <i>spironolactone TABS</i> | 1B | |
| | | | <i>triamterene CAPS</i> | 1B | QL(3 ea daily) |
| | | | Thiazides and Thiazide-Like Diuretics | | |
| | | | <i>chlorthalidone 25 MG, 50 MG</i> | 1B | |
| | | | DIURIL SUSP | 2 | QL(20 ml daily) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TYMLOS | 4 | PA |
| XGEVA SOLN | 4 | SP; PA |
| <i>zoledronic acid CONC</i> | 4 | SP; PA |
| <i>zoledronic acid SOLN</i> | 4 | SP; PA |
| Corticotropin | | |
| ACTHAR GEL | 3 | PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN IM | 4 | PA |
| GnRH/LHRH Antagonists | | |
| <i>ganirelix acetate</i> | 4 | PA |
| ORLISSA | 2 | PA |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA 2 MG | 4 | PA |
| EGRIFTA SV | 4 | PA |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK PRSY | 4 | PA |
| GENOTROPIN CART SC | 4 | PA |
| HUMATROPE CART IJ | 4 | SP; PA |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 4 | PA |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | SP; PA |
| ZORBTIVE SC | 4 | SP; PA |
| Hormone Receptor Modulators | | |
| OSPHENA | 3 | PA |
| <i>raloxifene hcl</i> | 0 | QL(1 ea daily) |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 4 | SP; PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI SC | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| LUPRON DEPOT-PED (1-MONTH) | 4 | SP; PA |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH) 30 MG | 4 | SP; PA |
| SYNAREL | 4 | SP; PA |
| Metabolic Modifiers | | |
| ALDURAZYME | 4 | SP; PA |
| <i>betaine</i> | 4 | SP; PA |
| <i>calcitriol CAPS</i> | 1B | |
| <i>calcitriol SOLN IV</i> | 1B | |
| <i>cinacalcet hcl</i> | 4 | QL(4 ea daily); SP; PA |
| <i>doxercalciferol CAPS</i> | 1B | |
| <i>doxercalciferol SOLN</i> | 1B | |
| ELAPRASE | 4 | SP; PA |
| LUMIZYME | 4 | SP; PA |
| MYALEPT | 4 | PA |
| <i>nitisinone CAPS</i> | 4 | PA |
| <i>paricalcitol CAPS</i> | 1B | |
| <i>paricalcitol SOLN</i> | 1B | |
| PHEBURANE PLLT | 4 | PA |
| <i>sapropterin dihydrochloride PACK</i> | 4 | PA |
| <i>sapropterin dihydrochloride TABS</i> | 4 | PA |
| <i>sodium phenylbutyrate POWD</i> | 1B | PA |
| <i>sodium phenylbutyrate TABS</i> | 1B | PA |
| STRENSIQ | 4 | PA |
| Posterior Pituitary Hormones | | |
| <i>desmopressin acetate spray</i> | 1B | |
| <i>desmopressin acetate spray refrigerated</i> | 1B | |
| <i>desmopressin acetate SOLN IJ</i> | 1B | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| DESMOPRESSIN ACETATE SOLN NA | 4 | SP; PA |
| <i>desmopressin acetate TABS 0.2 MG</i> | 1B | QL(8 ea daily) |
| <i>desmopressin acetate TABS 0.1 MG</i> | 1B | QL(6 ea daily) |
| Prolactin Inhibitors | | |
| <i>cabergoline</i> | 1B | |
| Somatostatic Agents | | |
| <i>octreotide acetate SOLN</i> | 4 | SP; PA |
| <i>octreotide acetate SOSY</i> | 4 | |
| SIGNIFOR | 4 | PA |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TBPK | 4 | SP; PA |
| <i>tolvaptan TABS</i> | 4 | QL(2 ea daily); SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>) | 3 | |
| ANGELIQ 0.5 MG-0.25 MG | 3 | |
| BIJUVA | 3 | |
| CLIMARA PRO | 3 | |
| COMBIPATCH PTTW | 3 | |
| DUAVEE | 3 | PA |
| <i>esterified estrogens & methyltestosterone</i> | 3 | |
| <i>estradiol & norethindrone acetate TABS</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol</i> | 1B | |
| PREFEST | 3 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | QL(1 ea daily) |
| Estrogens | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|--|-----------|------------------------|
| DEPO-ESTRADIOL | 3 | | <i>moxifloxacin hcl TABS</i> | 1B | |
| ELESTRIN GEL | 3 | | <i>ofloxacin 300 MG, 400 MG</i> | 1B | |
| <i>estradiol valerate</i> | 1B | | GASTROINTESTINAL AGENTS - MISC. - | | |
| <i>estradiol GEL 0.06 %</i> | 3 | | Miscellaneous Gastrointestinal Drugs | | |
| <i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i> | 1B | | Bile Acid Synthesis Disorder Agents | | |
| <i>estradiol PTTW</i> | 1B | QL(0.286 ea daily) | CHOLBAM | 4 | SP; PA |
| <i>estradiol PTWK</i> | 1B | | Gallstone Solubilizing Agents | | |
| <i>estradiol TABS</i> | 1B | | <i>ursodiol CAPS</i> | 1B | QL(3 ea daily) |
| ESTROGEL GEL (<i>estradiol</i>) | 3 | | <i>ursodiol TABS</i> | 1B | |
| EVAMIST SOLN | 3 | | Gastrointestinal Chloride Channel Activators | | |
| MENEST | 3 | | <i>lubiprostone</i> | 1B | QL(2 ea daily) |
| MENOSTAR PTWK | 3 | | Gastrointestinal Stimulants | | |
| PREMARIN SOLR | 2 | | <i>metoclopramide hcl SOLN IJ 5 MG/ML</i> | 1B | |
| PREMARIN TABS | 2 | QL(1 ea daily) | <i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i> | 1B | QL(60 ml daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | | <i>metoclopramide hcl TABS</i> | 1A | QL(6 ea daily) |
| Fluoroquinolones | | | Inflammatory Bowel Agents | | |
| BAXDELA SOLR | 3 | PA | <i>balsalazide disodium CAPS</i> | 1B | QL(9 ea daily) |
| BAXDELA TABS | 3 | PA | DIPENTUM | 2 | |
| <i>ciprofloxacin hcl TABS</i> | 1B | | INFLECTRA SOLR | 4 | PA |
| <i>ciprofloxacin in d5w 5 %-200 MG/100ML</i> | 3 | | <i>mesalamine CP24</i> | 1B | |
| <i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i> | 1B | 2 max fill(s) per 30 day(s) retail | <i>mesalamine CPDR</i> | 1B | |
| <i>levofloxacin in d5w 5 %-500 MG/100ML</i> | 1B | | <i>mesalamine ENEM</i> | 3 | |
| <i>levofloxacin SOLN OR</i> | 1B | | <i>mesalamine SUPP</i> | 3 | |
| <i>levofloxacin TABS 250 MG, 750 MG</i> | 1B | | <i>mesalamine TBEC 1.2 GM</i> | 3 | |
| <i>levofloxacin TABS 500 MG</i> | 1A | | <i>mesalamine TBEC 800 MG</i> | 3 | QL(6 ea daily) |
| <i>moxifloxacin hcl in sodium chloride</i> | 1B | | RENFLEXIS | 4 | PA |
| | | | SKYRIZI SOCT | 4 | QL(0.043 ml daily); PA |
| | | | SKYRIZI SOLN | 4 | QL(0.36 ml daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| STELARA 130 MG/26ML | 4 | QL(3.47 ml daily); PA |
| <i>sulfasalazine TABS</i> | 1B | |
| <i>sulfasalazine TBEC</i> | 1B | |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy)</i> | 1B | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl</i> | 1B | QL(2 ea daily) |
| LINZESS | 2 | QL(1 ea daily) |
| Peripheral Opioid Receptor Antagonists | | |
| <i>alvimopan</i> | 1B | |
| MOVANTIK | 3 | QL(1 ea daily); PA |
| Phosphate Binder Agents | | |
| <i>calcium acetate (phosphate binder) CAPS</i> | 1B | |
| <i>calcium acetate (phosphate binder) TABS</i> | 1B | RX/OTC |
| <i>lanthanum carbonate CHEW</i> | 1B | |
| <i>sevelamer carbonate PACK</i> | 1B | |
| <i>sevelamer carbonate TABS</i> | 1B | |
| VELPHORO | 3 | PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - | | |
| Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) TBCR</i> | 1B | |
| <i>sodium citrate & citric acid</i> | 1B | RX/OTC |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | PA |
| Genitourinary Irrigants | | |
| <i>acetic acid 0.25 %</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>glycine (gu irrigant) SOLN 1.5 %</i> | 1B | |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | 1B | |
| SORBITOL 3 % | 1B | |
| SORBITOL/MANNITOL IRRIGATION | 1B | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | QL(3 ea daily) |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl</i> | 1B | QL(1 ea daily) |
| <i>dutasteride</i> | 1B | QL(1 ea daily) |
| <i>dutasteride-tamsulosin hcl</i> | 3 | PA |
| <i>finasteride</i> | 1B | 5 mg only |
| <i>silodosin</i> | 1B | |
| <i>tamsulosin hcl</i> | 1B | |
| Urinary Analgesics | | |
| <i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i> | 1B | |
| Urinary Stone Agents | | |
| THIOLA EC TBEC 300 MG (<i>tiopronin</i>) | 3 | QL(10 ea daily); PA |
| THIOLA EC TBEC 100 MG (<i>tiopronin</i>) | 3 | QL(3 ea daily); PA |
| <i>tiopronin TBEC 300 MG</i> | 3 | QL(10 ea daily); PA |
| <i>tiopronin TBEC 100 MG</i> | 3 | QL(3 ea daily); PA |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid</i> | 1B | |
| Gout Agents | | |
| <i>allopurinol 100 MG, 300 MG</i> | 1B | |
| <i>colchicine TABS</i> | 1B | QL(1 ea daily) |
| <i>febuxostat</i> | 1B | QL(1 ea daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| Uricosurics | | |
| <i>probenecid</i> | 1B | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Antihemophilic Products | | |
| ADVATE | 4 | PA |
| ADYNOVATE | 4 | PA |
| AFSTYLA | 4 | PA |
| ALPROLIX | 4 | PA |
| ALTUVIIIIO | 4 | PA |
| BENEFIX KIT | 4 | PA |
| ELOCTATE | 4 | PA |
| ESPEROCT | 4 | PA |
| IDELVION | 4 | PA |
| JIVI | 4 | PA |
| KOGENATE FS KIT | 4 | PA |
| KOVALTRY | 4 | PA |
| NOVOEIGHT | 4 | PA |
| XYNTHA | 4 | PA |
| XYNTHA SOLOFUSE | 4 | PA |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant acetate SOLN</i> | 4 | QL(9 ml daily); PA |
| <i>icatibant acetate SOSY</i> | 4 | QL(9 ml daily); PA |
| Complement Inhibitors | | |
| GOHIBIC | 4 | PA |
| HAEGARDA SOLR SC | 4 | PA |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE | 4 | QL(2 ea daily); SP; PA |
| Hematorheologic Agents | | |
| <i>pentoxifylline</i> | 1B | QL(3 ea daily) |
| Plasma Kallikrein Inhibitors | | |
| ORLADEYO | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| TAKHZYRO SOLN | 4 | PA |
| TAKHZYRO SOSY | 4 | PA |
| Platelet Aggregation Inhibitors | | |
| <i>anagrelide hcl</i> | 1B | |
| <i>aspirin-dipyridamole</i> | 1B | QL(2 ea daily); PA |
| BRILINTA | 2 | QL(2 ea daily) |
| <i>cilostazol</i> | 1B | |
| <i>clopidogrel bisulfate 75 MG</i> | 1B | QL(1 ea daily) |
| <i>clopidogrel bisulfate 300 MG</i> | 1B | |
| <i>dipyridamole</i> | 1B | |
| <i>prasugrel hcl</i> | 1B | QL(1 ea daily) |
| ZONTIVITY | 3 | PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | 4 | QL(2 ea daily); PA |
| CEREZYME 400 UNIT | 4 | SP; PA |
| <i>miglustat</i> | 4 | QL(3 ea daily); SP; PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 3 | |
| Cobalamins | | |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i> | 1B | QL(1 ml daily) |
| Folic Acid/Folates | | |
| <i>folic acid TABS</i> | 0 | |
| Hematopoietic Growth Factors | | |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | SP; PA |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4 | SP; PA |
| DOPTELET | 4 | QL(3 ea daily); PA |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA |
| LEUKINE SOLR IJ | 4 | SP; PA |
| MIRCERA | 4 | PA |
| MULPLETA | 4 | QL(1 ea daily); PA |
| NYVEPRIA | 4 | PA |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA |
| PROCRIT 40000 UNIT/ML | 4 | SP; PA |
| PROMACTA PACK | 4 | QL(1 ea daily); PA |
| PROMACTA TABS | 4 | QL(1 ea daily); PA |
| RETACRIT | 4 | PA |
| UDENYCA ONBODY SOSY | 4 | PA |
| UDENYCA SOAJ | 4 | PA |
| UDENYCA SOSY | 4 | PA |
| ZARXIO | 4 | PA |
| Hematopoietic Mixtures | | |
| <i>ferrous fumarate-folic acid</i> | 1B | QL(1 ea daily) |
| Iron | | |
| <i>ferrous sulfate SOLN 15 MG/ML</i> | 0 | AL(Up to 1 yrs old) |
| <i>ferrous sulfate TABS 65 MG, 325 MG</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>ferrous sulfate TBEC 325 MG</i> | 0 | |
| Stem Cell Mobilizers | | |
| <i>plerixafor</i> | 4 | SP; PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| <i>aminocaproic acid TABS</i> | 1B | PA |
| <i>tranexamic acid SOLN 1000 MG/10ML</i> | 1B | |
| <i>tranexamic acid TABS</i> | 1B | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital ELIX</i> | 1B | |
| <i>phenobarbital TABS</i> | 1B | |
| Hypnotics - Tricyclic Agents | | |
| <i>doxepin hcl (sleep)</i> | 1B | QL(1 ea daily); PA |
| Non-Barbiturate Hypnotics | | |
| <i>estazolam</i> | 1B | |
| <i>eszopiclone</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old); ST |
| <i>flurazepam hcl</i> | 1B | PA |
| <i>temazepam 15 MG, 30 MG</i> | 1A | QL(1 ea daily) |
| <i>temazepam 7.5 MG, 22.5 MG</i> | 1B | QL(1 ea daily) |
| <i>triazolam</i> | 1B | |
| <i>zaleplon 10 MG</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate TABS</i> | 1A | QL(1 ea daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>zolpidem tartrate TBCR</i> | 1B | QL(1 ea daily) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| <i>ramelteon</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| <i>calcium polycarbophil TABS</i> | 1B | |
| Laxative Combinations | | |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | 1B | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i> | 0 | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1B | |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | 1B | |
| Laxatives - Miscellaneous | | |
| <i>lactulose SOLN</i> | 1B | |
| Saline Laxatives | | |
| OSMOPREP | 3 | PA |
| Stimulant Laxatives | | |
| <i>bisacodyl SUPP</i> | 1A | |
| <i>bisacodyl TBEC</i> | 1A | |
| Surfactant Laxatives | | |
| <i>docusate calcium</i> | 1A | QL(1 ea daily) |
| <i>docusate sodium CAPS 250 MG</i> | 1A | |
| <i>docusate sodium CAPS 100 MG</i> | 1A | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i> | 1B | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin PACK</i> | 1B | |
| <i>azithromycin SOLR</i> | 1B | |
| <i>azithromycin SUSR</i> | 1B | |
| <i>azithromycin TABS 500 MG</i> | 1B | QL(4 ea per fill retail; 4 per fill mail) |
| <i>azithromycin TABS 600 MG</i> | 1B | QL(0.286 ea daily) |
| <i>azithromycin TABS 250 MG</i> | 1B | QL(6 ea per fill retail; 6 per fill mail) |
| Clarithromycin | | |
| <i>clarithromycin SUSR</i> | 1B | |
| <i>clarithromycin TABS</i> | 1B | |
| <i>clarithromycin TB24</i> | 1B | |
| Erythromycins | | |
| <i>erythromycin base CPEP</i> | 3 | |
| <i>erythromycin base TABS</i> | 3 | |
| <i>erythromycin base TBEC</i> | 1B | |
| <i>erythromycin ethylsuccinate SUSR</i> | 1B | |
| <i>erythromycin ethylsuccinate TABS</i> | 3 | |
| Fidaxomicin | | |
| DIFICID TABS | 2 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| CAYA DPRH | 0 | | KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| DUREX EXTRA SENSITIVE THIN DEVI | 0 | QL(2 ea daily) | KIMONO SPECIAL DEVI | 0 | QL(2 ea daily) |
| DUREX EXTRA SENSITIVE THIN MISC | 0 | QL(2 ea daily) | K-Y ME & YOU EXTRA LUBRICATED DEVI | 0 | QL(2 ea daily) |
| DUREX TROPICAL MISC | 0 | QL(2 ea daily) | K-Y ME & YOU INTENSE DEVI | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | MAXX LUBRICATED MISC | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED MISC | 0 | QL(2 ea daily) | MAXX PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| FC2 FEMALE CONDOM | 0 | QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail | OMNIFLEX DIAPHRAGM | 0 | |
| FEMCAP DEVI | 0 | | REALITY LATEX CONDOMS/LUBRICATED MISC | 0 | QL(2 ea daily) |
| KAMELEON LUBRICATED MISC | 0 | QL(2 ea daily) | REALITY LATEX/ULTRA TEXTURED DEVI | 0 | QL(2 ea daily) |
| KIMONO COLORS DEVI | 0 | QL(2 ea daily) | REALITY LATEX/ULTRA THIN DEVI | 0 | QL(2 ea daily) |
| KIMONO LUBRICATED MISC | 0 | QL(2 ea daily) | TROJAN MAGNUM MISC | 0 | QL(2 ea daily) |
| KIMONO MAXX/LARGE FLARE MISC | 0 | QL(2 ea daily) | TROJAN ULTRA THIN LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) | TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) | TROJAN-ENZ LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) | TROJAN-ENZ W/SPERMICIDAL MISC | 0 | QL(2 ea daily) |
| KIMONO PS LUBRICATED MISC | 0 | QL(2 ea daily) | TRUE COVER DEVI | 0 | QL(2 ea daily) |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) | TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | QL(2 ea daily) |
| KIMONO SENSATION LUBRICATED MISC | 0 | QL(2 ea daily) | TRUSTEX LUBRICATED EXTRALARGE MISC | 0 | QL(2 ea daily) |
| | | | TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 0 | QL(2 ea daily) |
| | | | TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---|
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 0 | QL(2 ea daily) | Diabetic Supplies | | |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM | 3 | 1 max fill(s) per 365 day(s) retail; PA |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX LUBRICATED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 3 | 1 max fill(s) per 365 day(s) retail; PA |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM | 3 | 1 max fill(s) per 365 day(s) retail; PA |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 0 | | ONETOUCH DELICA SAFETY LANCING DEVICE | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 0 | | ONETOUCH DELICA SAFETY LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 0 | | RELION 2-IN-1 LANCET DEVICES 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 0 | | RELION 2-IN-1 LANCING DEVICE 25G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 0 | | RELION 2-IN-1 LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 0 | | SELECT LANCETS | 1B | 6.66/day |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 0 | | TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1B | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 0 | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|---|
| Parenteral Therapy Supplies | | | <i>almotriptan malate 12.5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 12 yrs old); ST |
| SELECT INSULIN SYRINGES | 1B | 5/day | <i>eletriptan hydrobromide</i> | 1B | QL(0.2 ea daily); AL(At least 18 yrs old); ST |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | | <i>frovatriptan succinate</i> | 1B | QL(0.4 ea daily); AL(At least 18 yrs old); ST |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | | <i>naratriptan hcl</i> | 1B | QL(0.3 ea daily); AL(At least 18 yrs old) |
| AIMOVIG | 2 | QL(0.04 ml daily); PA | <i>rizatriptan benzoate TABS 10 MG</i> | 1B | QL(0.6 ea daily); AL(At least 6 yrs old) |
| EMGALITY SOAJ | 2 | QL(0.07 ml daily); PA | <i>rizatriptan benzoate TABS 5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 6 yrs old) |
| EMGALITY SOSY 100 MG/ML | 2 | QL(0.1 ml daily); PA | <i>rizatriptan benzoate TBDP 10 MG</i> | 1B | QL(0.6 ea daily); AL(At least 6 yrs old) |
| EMGALITY SOSY 120 MG/ML | 2 | QL(0.07 ml daily); PA | <i>rizatriptan benzoate TBDP 5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 6 yrs old) |
| UBRELVY | 3 | QL(10 ea per 30 day(s) retail); ST | <i>sumatriptan</i> | 1B | QL(0.2 ea daily); AL(At least 18 yrs old) |
| Migraine Combinations | | | <i>sumatriptan succinate SOAJ</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| <i>ergotamine w/ caffeine TABS</i> | 1B | QL(1.5 ea daily) | <i>sumatriptan succinate SOCT</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| <i>sumatriptan-naproxen sodium</i> | 3 | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail) | <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| Migraine Products | | | <i>sumatriptan succinate TABS</i> | 1B | QL(0.3 ea daily); AL(At least 18 yrs old) |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1B | QL(0.267 ml daily) | | | |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1B | | | | |
| ERGOMAR SUBL | 3 | QL(0.667 ea daily) | | | |
| Serotonin Agonists | | | | | |
| <i>almotriptan malate 6.25 MG</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---------------------|
| <i>zolmitriptan SOLN</i> | 1B | QL(0.2 ea daily); AL(At least 12 yrs old); ST | <i>potassium chloride in dextrose 5 %-20 MEQ/L</i> | 1B | |
| <i>zolmitriptan TABS</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | <i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | 1B | |
| <i>zolmitriptan TBDP</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i> | 1B | |
| MINERALS & ELECTROLYTES | | | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS | 1B | |
| Bicarbonates | | | POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) | 1B | |
| <i>sodium acetate SOLN</i> | 1B | | <i>ringer's</i> | 1B | |
| SODIUM ACETATE SOLN (<i>sodium acetate</i>) | 1B | | Fluoride | | |
| Calcium | | | <i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i> | 0 | QL(1 ea daily) |
| <i>calcium chloride (dihydrate) SOLN</i> | 1B | | Magnesium | | |
| Electrolyte Mixtures | | | <i>magnesium sulfate IJ 50 %</i> | 1B | |
| <i>dextrose in lactated ringers</i> | 1B | | Phosphate | | |
| <i>electrolyte-148</i> | 1B | | <i>potassium phosphates 236 MG/ML-224 MG/ML</i> | 1B | |
| <i>electrolyte-a</i> | 1B | | Potassium | | |
| IONOSOL-MB/DEXTROSE 5% | 1B | | <i>potassium acetate SOLN 2 MEQ/ML</i> | 1B | |
| ISOLYTE-P/DEXTROSE 5% | 1B | | <i>potassium bicarbonate TBEF</i> | 1B | |
| ISOLYTE-S | 1B | | | | |
| KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>) | 1B | | | | |
| <i>lactated ringer's</i> | 1B | | | | |
| NORMOSOL-M/D5W | 1B | | | | |
| NORMOSOL-R | 1B | | | | |
| PLASMA-LYTE A (<i>electrolyte-a</i>) | 1B | | | | |
| PLASMA-LYTE-148 (<i>electrolyte-148</i>) | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>potassium chloride microencapsulated crystals er</i> | 1B | |
| <i>potassium chloride CPCR</i> | 1B | |
| <i>potassium chloride PACK OR 20 MEQ</i> | 1B | PA |
| <i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i> | 1B | |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>) | 1B | |
| <i>potassium chloride TBCR</i> | 1B | |
| Sodium | | |
| <i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i> | 1B | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| <i>penicillamine CAPS</i> | 1B | PA |
| <i>penicillamine TABS</i> | 1B | QL(8 ea daily) |
| <i>trientine hcl 250 MG</i> | 4 | QL(8 ea daily); SP; PA |
| Immunomodulators | | |
| <i>lenalidomide 20 MG</i> | 4 | QL(1 ea daily); PA |
| <i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i> | 4 | QL(1 ea daily); SP; PA |
| THALOMID | 4 | QL(3 ea daily); SP; PA |
| Immunosuppressive Agents | | |
| ATGAM IV 50 MG/ML | 4 | SP; PA |
| AZATHIOPRINE | 1B | |
| <i>azathioprine TABS</i> | 1B | |
| <i>cyclosporine modified (for microemulsion) CAPS</i> | 1B | |
| <i>cyclosporine modified (for microemulsion) SOLN</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>cyclosporine CAPS</i> | 1B | |
| <i>cyclosporine SOLN IV 50 MG/ML</i> | 1B | |
| ENSPRYNG | 4 | PA |
| <i>everolimus (immunosuppressant) 1 MG</i> | 4 | QL(10 ea daily); PA |
| <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4 | QL(20 ea daily); SP; PA |
| <i>mycophenolate mofetil CAPS</i> | 1B | |
| <i>mycophenolate mofetil TABS</i> | 1B | |
| <i>mycophenolate sodium</i> | 1B | |
| NULOJIX | 4 | SP; PA |
| PROGRAF PACK | 2 | PA |
| PROGRAF SOLN | 2 | |
| SIMULECT | 3 | |
| <i>sirolimus TABS</i> | 1B | |
| <i>tacrolimus CAPS</i> | 1B | |
| THYMOGLOBULIN | 4 | SP; PA |
| Irrigation Solutions | | |
| <i>irrigation solutions, physiological</i> | 1B | |
| <i>lactated ringer's (irrigation)</i> | 1B | |
| <i>ringer's irrigation</i> | 1B | |
| <i>water for irrigation, sterile</i> | 1B | |
| Potassium Removing Agents | | |
| LOKELMA | 3 | QL(1 ea daily); PA |
| <i>sodium polystyrene sulfonate POWD</i> | 1B | |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | 1B | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>lidocaine hcl (mouth-throat) 2 %</i> | 1B | QL(4 ml daily) |
| <i>lidocaine hcl (mouth-throat) 4 %</i> | 1B | |
| Anti-infectives - Throat | | |
| <i>clotrimazole</i> | 1B | |
| <i>nystatin (mouth-throat)</i> | 1B | |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1B | |
| DEBACTEROL | 2 | |
| Dental Products | | |
| <i>stannous fluoride CONC</i> | 0 | RX/OTC |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth)</i> | 1B | |
| Throat Products - Misc. | | |
| <i>cevimeline hcl</i> | 1B | |
| <i>pilocarpine hcl (oral)</i> | 1B | |
| MULTIVITAMINS | | |
| Ped MV w/ Fluoride | | |
| <i>pediatric multivitamins w/fl CHEW</i> | 1A | RX/OTC |
| Prenatal Vitamins | | |
| CLASSIC PRENATAL TABS | 2 | QL(1 ea daily) |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG- 1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2 | QL(1 ea daily) |
| EQL PRENATAL FORMULA TABS | 2 | QL(1 ea daily) |
| GNP PRENATAL TABS | 2 | QL(1 ea daily) |
| KP PRENATAL MULTIVITAMINS TABS | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| MASONATAL TABS | 2 | QL(1 ea daily) |
| M-NATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| MULTI PRENATAL TABS | 2 | QL(1 ea daily) |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | QL(1 ea daily); RX/OTC |
| NEONATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| NEONATAL PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| NEONATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| NIVA-PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| ONE VITE WOMENS PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| PRENATAL MULTIVITAMIN TABS | 2 | QL(1 ea daily) |
| PRENATAL ONE DAILY TABS | 2 | QL(1 ea daily) |
| PRENATAL PLUS VITAMIN AND MINERAL TABS | 2 | QL(1 ea daily); RX/OTC |
| PRENATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| PRENATAL VITAMIN & MINERAL TABS | 2 | QL(1 ea daily) |
| PRENATAL VITAMIN/IRON TABS | 2 | QL(1 ea daily) |
| PRENATAL VITAMINS PLUS LOW IRON TABS | 2 | QL(1 ea daily); RX/OTC |

| 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 VITAMIN TABS | 2 | QL(1 ea daily) |
| PRENATAL TABS | 2 | QL(1 ea daily) |
| PRENATRIX TABS | 2 | QL(1 ea daily); RX/OTC |
| PRENATRYL TABS | 2 | QL(1 ea daily); RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS | 2 | QL(1 ea daily) |
| QC PRENATAL TABS | 2 | QL(1 ea daily) |
| RA PRENATAL FORMULA/FOLICACID TABS | 2 | QL(1 ea daily) |
| RA PRENATAL TABS | 2 | QL(1 ea daily) |
| SM PRENATAL VITAMINS TABS | 2 | QL(1 ea daily) |
| THERANATAL CORE NUTRITION TABS | 2 | QL(1 ea daily); RX/OTC |
| TRICARE TABS | 2 | QL(1 ea daily); RX/OTC |
| VITATHELY/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 | | |
| <i>baclofen TABS 10 MG, 20 MG</i> | 1B | |
| <i>carisoprodol TABS</i> | 1B | |
| <i>chlorzoxazone TABS 500 MG</i> | 1B | QL(6 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>chlorzoxazone TABS 750 MG</i> | 1B | QL(4 ea daily) |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | 1A | QL(3 ea daily) |
| <i>metaxalone 800 MG</i> | 1B | QL(4 ea daily) |
| <i>methocarbamol TABS 500 MG, 750 MG</i> | 1B | |
| <i>orphenadrine citrate TB12</i> | 1B | QL(2 ea daily) |
| <i>tizanidine hcl CAPS</i> | 1B | |
| <i>tizanidine hcl TABS</i> | 1B | |
| Direct Muscle Relaxants | | |
| <i>dantrolene sodium CAPS</i> | 1B | QL(4 ea daily) |
| Muscle Relaxant Combinations | | |
| <i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i> | 3 | PA |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| <i>azelastine hcl</i> | 1B | RX/OTC |
| <i>olopatadine hcl (nasal)</i> | 1B | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) 0.06 %</i> | 1B | |
| <i>ipratropium bromide (nasal) 0.03 %</i> | 1B | QL(1 ml daily) |
| Nasal Steroids | | |
| <i>budesonide (nasal)</i> | 1B | |
| <i>flunisolide (nasal) 0.025 %</i> | 1B | 1 package(s) per fill retail |
| <i>fluticasone propionate (nasal) SUSP</i> | 1B | Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i> | 1B | QL(1.14 gm daily); PA; RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>triamcinolone acetonide (nasal) AERO</i> | 1B | |
| XHANCE EXHU | 3 | PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| <i>riluzole TABS</i> | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| XEOMIN | 3 | PA |
| Nondepolarizing Muscle Relaxants | | |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i> | 3 | PA |
| NUTRIENTS | | |
| Proteins | | |
| CLINIMIX 4.25%/DEXTROSE 10% | 3 | |
| CLINIMIX 4.25%/DEXTROSE 5% | 3 | |
| CLINIMIX E 5%/DEXTROSE 20% | 3 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| <i>betaxolol hcl (ophth) SOLN</i> | 1B | |
| <i>brimonidine tartrate-timolol maleate</i> | 1B | |
| <i>carteolol hcl (ophth)</i> | 1B | |
| <i>dorzolamide hcl-timolol maleate</i> | 1B | |
| <i>levobunolol hcl 0.5 %</i> | 1B | |
| <i>timolol maleate (ophth) SOLG</i> | 1B | |
| <i>timolol maleate (ophth) SOLN</i> | 1B | |
| Cycloplegic Mydriatics | | |
| <i>tropicamide SOLN 1 %</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>tropicamide SOLN 0.5 %</i> | 1B | QL(2.5 ml daily) |
| Miotics | | |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1B | |
| Ophthalmic Adrenergic Agents | | |
| <i>apraclonidine hcl</i> | 1B | |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i> | 1B | |
| IOPIDINE | 3 | |
| Ophthalmic Anti-infectives | | |
| <i>bacitracin (ophthalmic)</i> | 3 | |
| BESIVANCE | 3 | PA |
| <i>ciprofloxacin hcl (ophth) SOLN</i> | 1B | |
| <i>erythromycin (ophth)</i> | 1B | |
| <i>gatifloxacin (ophth)</i> | 1B | |
| <i>gentamicin sulfate (ophth) OINT</i> | 1B | |
| <i>gentamicin sulfate (ophth) SOLN</i> | 1B | |
| <i>levofloxacin (ophth) 0.5 %</i> | 1B | |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | 1B | |
| NATACYN | 2 | |
| <i>neomycin-bacitracin zn-polymyxin</i> | 1B | |
| <i>ofloxacin (ophth)</i> | 1B | |
| <i>polymyxin b-trimethoprim</i> | 1B | |
| <i>sulfacetamide sodium (ophth) SOLN</i> | 1B | |
| <i>tobramycin (ophth) SOLN</i> | 1B | |
| <i>trifluridine</i> | 1B | |
| ZIRGAN GEL | 2 | |
| Ophthalmic Immunomodulators | | |
| <i>cyclosporine (ophth) EMUL</i> | 3 | PA |
| Ophthalmic Local Anesthetics | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>proparacaine hcl</i> | 1B | |
| Ophthalmic Steroids | | |
| ALREX SUSP (<i>loteprednol etabonate</i>) | 3 | PA |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B | QL(0.4 ml daily) |
| <i>difluprednate</i> | 1B | PA |
| <i>fluorometholone (ophth) SUSP</i> | 1B | |
| FML FORTE SUSP | 3 | PA |
| FML OINT | 3 | PA |
| LOTEMAX OINT | 3 | PA |
| <i>loteprednol etabonate GEL</i> | 1B | PA |
| <i>loteprednol etabonate SUSP</i> | 1B | PA |
| MAXIDEX SUSP OP | 3 | PA |
| <i>neomycin-polymyxin-dexameth OINT</i> | 1B | |
| <i>neomycin-polymyxin-dexameth SUSP</i> | 1B | |
| <i>neomycin-polymyxin-hc (ophth)</i> | 1B | QL(2.5 ml daily) |
| PRED MILD | 3 | PA |
| PRED-G SUSP | 3 | PA |
| <i>prednisolone acetate (ophth)</i> | 1B | |
| PREDNISOLONE SODIUM PHOSPHATE | 3 | |
| <i>sulfacetamide sod-prednisolone SOLN</i> | 3 | PA |
| <i>tobramycin-dexamethasone SUSP</i> | 1B | |
| ZYLET | 3 | PA |
| Ophthalmic Surgical Aids | | |
| HEALON PRO SOSY | 3 | PA |
| PROVISC SOSY | 3 | PA |
| Ophthalmics - Misc. | | |
| ALOCRIIL | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| ALOMIDE | 3 | PA |
| <i>azelastine hcl (ophth)</i> | 1B | |
| <i>bepotastine besilate</i> | 3 | PA |
| <i>brinzolamide</i> | 1B | |
| <i>bromfenac sodium (ophth)</i> | 1B | |
| <i>cromolyn sodium (ophth)</i> | 1B | |
| CYSTARAN | 2 | QL(2.143 ml daily); PA |
| <i>diclofenac sodium (ophth)</i> | 1B | |
| <i>dorzolamide hcl</i> | 1B | |
| <i>epinastine hcl (ophth)</i> | 1B | |
| <i>flurbiprofen sodium</i> | 1B | |
| <i>ketorolac tromethamine (ophth)</i> | 1B | |
| <i>ketotifen fumarate (ophth) 0.035 %</i> | 1B | |
| LASTACAFT | 3 | PA |
| NEVANAC | 3 | QL(0.2 ml daily); ST |
| <i>olopatadine hcl 0.1 %</i> | 1B | QL(0.34 ml daily); RX/OTC |
| <i>olopatadine hcl 0.2 %</i> | 1B | RX/OTC |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost SOLN</i> | 3 | |
| <i>latanoprost SOLN</i> | 1B | |
| <i>tafluprost</i> | 1B | |
| <i>travoprost SOLN</i> | 1B | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | 1B | QL(0.5 ml daily) |
| Otic Anti-infectives | | |
| <i>ciprofloxacin hcl (otic)</i> | 1B | |
| <i>ofloxacin (otic)</i> | 1B | |
| Otic Combinations | | |
| <i>ciprofloxacin-dexamethasone</i> | 1B | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>ciprofloxacin-fluocinolone acetonide</i> | 1B | QL(0.5 ea daily); PA |
| CORTISPORIN-TC | 3 | |
| <i>neomycin-polymyxin-hc (otic) SOLN</i> | 1B | QL(2 ml daily) |
| <i>neomycin-polymyxin-hc (otic) SUSP</i> | 1B | |
| Otic Steroids | | |
| <i>fluocinolone acetonide (otic)</i> | 1B | |
| <i>hydrocortisone w/acetic acid</i> | 1B | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 4 | SP; PA |
| GAMMAGARD LIQUID 30 GM/300ML | 4 | PA |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 4 | SP; PA |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 4 | SP; PA |
| GAMUNEX-C | 4 | SP; PA |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin CAPS</i> | 1A | |
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | 1B | |
| <i>amoxicillin SUSR 125 MG/5ML</i> | 1A | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i> | 1B | |
| <i>amoxicillin TABS</i> | 1B | |
| <i>ampicillin sodium IJ 1 GM</i> | 1B | |
| <i>ampicillin CAPS 500 MG</i> | 1B | |
| Natural Penicillins | | |
| <i>penicillin g potassium 5000000 UNIT</i> | 1B | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| PENICILLIN G PROCAINE | 3 | |
| <i>penicillin g sodium</i> | 3 | |
| <i>penicillin v potassium SOLR</i> | 1B | |
| <i>penicillin v potassium TABS</i> | 1B | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate CHEW</i> | 1B | |
| <i>amoxicillin & pot clavulanate SUSR</i> | 1B | |
| <i>amoxicillin & pot clavulanate TABS</i> | 1B | |
| <i>amoxicillin & pot clavulanate TB12</i> | 1B | |
| <i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i> | 1B | |
| <i>piperacillin sodium-tazobactam sodium</i> | 1B | |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium</i> | 1B | |
| <i>nafcillin sodium IV 10 GM</i> | 1B | |
| <i>oxacillin sodium IV 10 GM</i> | 1B | |
| PROGESTINS - Hormone Replacement/Modifying | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| Drugs | | |
| Progestins | | |
| <i>medroxyprogesterone acetate 10 MG</i> | 1A | |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i> | 1B | |
| <i>megestrol acetate (appetite)</i> | 1B | PA |
| <i>norethindrone acetate TABS</i> | 0 | |
| <i>progesterone CAPS</i> | 1B | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium</i> | 1B | |
| <i>disulfiram</i> | 1B | |
| <i>lofexidine hcl</i> | 1B | QL(224 ea per 14 day(s) retail); PA |
| LUCEMYRA (<i>lofexidine hcl</i>) | 3 | QL(224 ea per 14 day(s) retail); PA |
| Antidementia Agents | | |
| <i>donepezil hydrochloride TABS 5 MG, 23 MG</i> | 1B | QL(1 ea daily) |
| <i>donepezil hydrochloride TABS 10 MG</i> | 1B | QL(2 ea daily) |
| <i>donepezil hydrochloride TBDP 10 MG</i> | 1B | QL(2 ea daily) |
| <i>donepezil hydrochloride TBDP 5 MG</i> | 1B | QL(1 ea daily) |
| <i>galantamine hydrobromide CP24</i> | 1B | QL(1 ea daily) |
| <i>galantamine hydrobromide SOLN</i> | 1B | QL(6 ml daily) |
| <i>galantamine hydrobromide TABS</i> | 1B | QL(2 ea daily) |
| <i>memantine hcl TABS</i> | 1B | |
| <i>memantine hcl TABS</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|--|
| <i>rivastigmine tartrate CAPS</i> | 1B | |
| Combination Psychotherapeutics | | |
| <i>chlordiazepoxide-amitriptyline</i> | 1B | |
| <i>perphenazine-amitriptyline</i> | 1B | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| SAVELLA TITRATION PACK MISC | 2 | 1 max fill(s) per 365 day(s) retail; PA |
| SAVELLA TABS | 2 | QL(2 ea daily); PA |
| Movement Disorder Drug Therapy | | |
| AUSTEDO PATIENT TITRATION KIT TBPk | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| AUSTEDO XR PATIENT TITRATION KIT TEPK | 4 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| AUSTEDO XR TB24 | 4 | QL(1 ea daily); PA |
| AUSTEDO TABS | 4 | QL(4 ea daily); PA |
| INGREZZA CAPS | 4 | QL(1 ea daily); PA |
| INGREZZA CPPK | 4 | 1 max fill(s) per 180 day(s) retail; PA |
| INGREZZA CPSP | 4 | QL(1 ea daily); PA |
| <i>tetrabenazine</i> | 4 | QL(3 ea daily); SP; PA |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | 4 | QL(0.0714 ml daily); SP; PA |
| AVONEX PSKT | 4 | QL(0.0714 ml daily); SP; PA |
| BETASERON KIT | 4 | QL(0.5 ea daily); SP; PA |
| <i>dalfampridine</i> | 4 | QL(2 ea daily); SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>dimethyl fumarate CDPK</i> | 1B | QL(2 ea daily) |
| <i>dimethyl fumarate CPDR</i> | 1B | QL(2 ea daily) |
| <i> fingolimod hcl</i> | 4 | QL(1 ea daily) |
| <i>glatiramer acetate SOSY 40 MG/ML</i> | 4 | QL(0.43 ml daily) |
| <i>glatiramer acetate SOSY 20 MG/ML</i> | 4 | QL(1 ml daily) |
| LEMTRADA | 4 | QL(1.2 ml daily); PA |
| PLEGRIDY STARTER PACK SOAJ SC | 4 | QL(0.036 ml daily); PA |
| PLEGRIDY STARTER PACK SOSY SC | 4 | QL(0.0357 ml daily); PA |
| PLEGRIDY SOAJ SC 125 MCG/0.5ML | 4 | QL(0.036 ml daily); PA |
| PLEGRIDY SOSY IM | 4 | QL(0.036 ml daily); PA |
| REBIF REBIDOSE TITRATIONPACK 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 |
| <i>teriflunomide</i> | 4 | QL(1 ea daily) |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| <i>pregabalin (once-daily) 330 MG</i> | 3 | QL(2 ea daily); PA |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i> | 3 | QL(1 ea daily); PA |
| Pseudobulbar Affect (PBA) Agents | | |
| NUEDEXTA | 3 | QL(2 ea daily); PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| <i>ergoloid mesylates TABS</i> | 1B | |
| <i>pimozide</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| Smoking Deterrents | | |
| <i>bupropion hcl (smoking deterrent)</i> | 0 | QL(2 ea daily) |
| <i>nicotine polacrilex GUM</i> | 0 | |
| <i>nicotine polacrilex LOZG</i> | 0 | |
| NICOTINE TRANSDERMAL SYSTEM KIT | 0 | |
| <i>nicotine MISC XX</i> | 0 | QL(1 ea daily) |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | 0 | QL(1 ea daily) |
| NICOTROL INHALER INHA | 0 | |
| NICOTROL NS SOLN | 0 | |
| <i>varenicline tartrate TABS</i> | 0 | QL(2 ea daily) |
| <i>varenicline tartrate TBPK</i> | 0 | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| PROLASTIN-C SOLN | 4 | PA |
| Cystic Fibrosis Agents | | |
| KALYDECO TABS | 4 | QL(2 ea daily); SP; PA |
| ORKAMBI PACK | 4 | QL(2 ea daily); PA |
| ORKAMBI TABS | 4 | QL(4 ea daily); PA |
| PULMOZYME | 4 | QL(2.5 ml daily); SP; PA |
| TRIKAFTA TBPK | 4 | QL(3 ea daily); PA |
| Pulmonary Fibrosis Agents | | |
| OFEV | 4 | QL(2 ea daily); PA |
| <i>pirfenidone CAPS</i> | 4 | QL(1 ea daily); PA |
| <i>pirfenidone TABS 267 MG, 801 MG</i> | 4 | QL(1 ea daily); PA |
| <i>pirfenidone TABS 534 MG</i> | 4 | QL(3 ea daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| <i>sulfadiazine TABS</i> | 1B | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Fluorocyclines | | |
| XERAVA | 4 | PA |
| Glycylcyclines | | |
| <i>tigecycline</i> | 1B | |
| Tetracyclines | | |
| <i>demeclocycline hcl TABS</i> | 1B | |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline (monohydrate) CAPS 75 MG</i> | 1B | |
| <i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i> | 1B | |
| <i>doxycycline (monohydrate) TABS 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline hyclate CAPS</i> | 1B | QL(2 ea daily) |
| <i>doxycycline hyclate SOLR</i> | 1B | |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>minocycline hcl CAPS</i> | 1B | QL(3 ea daily) |
| <i>minocycline hcl TABS</i> | 1B | QL(3 ea daily) |
| <i>tetracycline hcl CAPS</i> | 1B | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole TABS</i> | 1B | |
| <i>propylthiouracil</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Thyroid Hormones | | |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2 | |
| ARMOUR THYROID TABS | 2 | QL(1 ea daily) |
| <i>levothyroxine sodium TABS</i> | 1B | |
| <i>liothyronine sodium SOLN</i> | 1B | |
| <i>liothyronine sodium TABS</i> | 1B | |
| NP THYROID 120 TABS | 1B | QL(1 ea daily) |
| NP THYROID 15 TABS | 1B | QL(1 ea daily) |
| NP THYROID 30 TABS | 1B | QL(1 ea daily) |
| NP THYROID 60 TABS | 1B | QL(1 ea daily) |
| NP THYROID 90 TABS | 1B | QL(1 ea daily) |
| SYNTHROID TABS (<i>levothyroxine sodium</i>) | 2 | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | |
| BOOSTRIX SUSP | 0 | |
| BOOSTRIX SUSY | 0 | |
| DAPTACEL | 0 | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | 0 | |
| INFANRIX | 0 | |
| KINRIX SUSY | 0 | |
| PEDIARIX SUSY | 0 | |
| PENTACEL | 0 | |
| QUADRACEL SUSP | 0 | |
| QUADRACEL SUSY | 0 | |
| TDVAX SUSP | 0 | |
| TENIVAC INJ | 0 | |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| and Stomach Conditions | | |
| Antispasmodics | | |
| <i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i> | 1B | |
| <i>atropine sulfate SOSY IJ 0.25 MG/5ML</i> | 1B | |
| <i>chlordiazepoxide hcl-clidinium bromide</i> | 1B | |
| <i>dicyclomine hcl CAPS</i> | 1B | |
| <i>dicyclomine hcl SOLN OR</i> | 1B | |
| <i>dicyclomine hcl TABS</i> | 1B | |
| <i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i> | 1B | |
| <i>glycopyrrolate TABS 1 MG</i> | 1B | |
| <i>glycopyrrolate TABS 2 MG</i> | 1B | QL(6 ea daily) |
| <i>methscopolamine bromide</i> | 1B | |
| H-2 Antagonists | | |
| <i>cimetidine TABS</i> | 1B | RX/OTC |
| <i>famotidine in nacl SOLN</i> | 1B | |
| <i>famotidine SOLN 20 MG/2ML</i> | 1A | |
| <i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i> | 1B | |
| <i>famotidine SUSR</i> | 1B | QL(10 ml daily) |
| <i>famotidine TABS 20 MG, 40 MG</i> | 1B | RX/OTC |
| <i>nizatidine CAPS</i> | 1B | |
| <i>ranitidine hcl TABS 150 MG</i> | 1B | |
| Misc. Anti-Ulcer | | |
| <i>sucralfate SUSP</i> | 1B | QL(40 ml daily) |
| <i>sucralfate TABS</i> | 1B | QL(4 ea daily) |
| Proton Pump Inhibitors | | |
| <i>dexlansoprazole</i> | 3 | QL(1 ea daily) |
| <i>esomeprazole magnesium CPDR 40 MG</i> | 3 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>esomeprazole magnesium CPDR 20 MG</i> | 1B | QL(2 ea daily); RX/OTC |
| <i>esomeprazole magnesium TBEC</i> | 1B | QL(2 ea daily) |
| <i>lansoprazole CPDR 15 MG</i> | 1B | QL(2 ea daily); RX/OTC |
| <i>lansoprazole CPDR 30 MG</i> | 1B | |
| <i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i> | 1B | QL(2 ea daily) |
| <i>omeprazole magnesium CPDR</i> | 1B | QL(4 ea daily) |
| <i>omeprazole CPDR</i> | 1B | QL(2 ea daily) |
| <i>omeprazole TBEC</i> | 1B | QL(2 ea daily) |
| <i>pantoprazole sodium TBEC 20 MG</i> | 1B | QL(1 ea daily) |
| <i>pantoprazole sodium TBEC 40 MG</i> | 1B | |
| <i>rabeprazole sodium TBEC</i> | 3 | QL(1 ea daily) |
| Ulcer Drugs - Prostaglandins | | |
| <i>misoprostol</i> | 1B | QL(4 ea daily) |
| Ulcer Therapy Combinations | | |
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i> | 1B | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail |
| <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i> | 1B | QL(1 ea daily); RX/OTC |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>darifenacin hydrobromide</i> | 1B | QL(1 ea daily) |
| <i>fesoterodine fumarate</i> | 1B | QL(1 ea daily); PA |
| <i>oxybutynin chloride SOLN</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|-------------------------------------|-----------|--|
| <i>oxybutynin chloride TABS 5 MG</i> | 1B | | AFLURIA 2024-2025 SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| <i>oxybutynin chloride TB24</i> | 1B | | AFLURIA 2024-2025 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>solifenacin succinate TABS</i> | 1B | QL(1 ea daily); PA | AFLURIA QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>tolterodine tartrate CP24</i> | 1B | QL(1 ea daily) | AFLURIA QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>tolterodine tartrate TABS</i> | 1B | | AFLURIA QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>tropium chloride CP24</i> | 1B | QL(1 ea daily) | AFLURIA QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>tropium chloride TABS</i> | 1B | QL(3 ea daily) | AFLURIA QUADRIVALENT 2024 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| Urinary Antispasmodics - Cholinergic Agonists | | | AFLURIA QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i> | 1B | QL(4 ea daily) | AFLURIA QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>bethanechol chloride 25 MG</i> | 1B | | AREXVY | 0 | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | | COMIRNATY 2023-24 SUSP | 0 | |
| <i>flavoxate hcl</i> | 1B | | COMIRNATY 2023-24 SUSY | 0 | |
| VACCINES | | | | | |
| Bacterial Vaccines | | | | | |
| ACTHIB SOLR IM | 0 | | COMIRNATY 2024-25 SUSY | 0 | |
| BEXSERO | 0 | | COMIRNATY SUSP | 0 | |
| HIBERIX SOLR IJ | 0 | | ENGERIX-B SUSP 20 MCG/ML | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| MENACTRA | 0 | | ENGERIX-B SUSY | 0 | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |
| MENQUADFI | 0 | | | | |
| MENVEO SOLR | 0 | | | | |
| PEDVAX HIB SUSP | 0 | | | | |
| PNEUMOVAX 23 IJ 25 MCG/0.5ML | 0 | | | | |
| PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML | 0 | | | | |
| PREVNAR 13 | 0 | | | | |
| PREVNAR 20 | 0 | | | | |
| TRUMENBA | 0 | | | | |
| VAXNEUVANCE | 0 | 4 max fill(s) per 999 day(s) retail | | | |
| Viral Vaccines | | | | | |
| ABRYSVO | 0 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|--|---------------------------------------|-----------|--|
| FLUAD 2024-2025 | 0 | 1 max fill(s) per 180 day(s) retail | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUAD QUADRIVALENT 2022-2023 | 0 | 1 max fill(s) per 180 day(s) retail | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUAD QUADRIVALENT 2023-2024 | 0 | 1 max fill(s) per 180 day(s) retail | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUARIX 2024-2025 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | FLULAVAL 2024-2025 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUARIX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | FLULAVAL QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUARIX QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | FLULAVAL QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUBLOK 2024-2025 SOSY | 0 | 1 max fill(s) per 180 day(s) retail | FLUMIST NASAL VACCINE 2024-2025 | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUBLOK QUADRIVALENT 2022-2023 | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | FLUMIST QUADRIVALENT | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUBLOK QUADRIVALENT 2023-2024 | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | FLUZONE 2024-2025 SUSP | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX 2024-2025 SUSP | 0 | 1 max fill(s) per 180 day(s) retail | FLUZONE 2024-2025 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX 2024-2025 SUSY | 0 | 1 max fill(s) per 180 day(s) retail | FLUZONE HIGH-DOSE 2024-2025 SUSY | 0 | 1 max fill(s) per 180 day(s) retail |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---------------------|
| FLUZONE HIGH-DOSE PF 2022-2023 | 0 | 1 max fill(s) per 180 day(s) retail | MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY | 0 | |
| FLUZONE HIGH-DOSE PF 2023-2024 | 0 | 1 max fill(s) per 180 day(s) retail | MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y | 0 | |
| FLUZONE QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 | 0 | |
| FLUZONE QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | MODERNA COVID-19 VACCINE6MO-5Y SUSP | 0 | |
| FLUZONE QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | MODERNA COVID-19 VACCINE SUSP | 0 | |
| FLUZONE QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail | NOVAVAX COVID-19 VACCINE/2023-24 SUSP | 0 | |
| GARDASIL 9 SUSP | 0 | 3 max fill(s) per 365 day(s) retail | NOVAVAX COVID-19 VACCINE/2024-25 SUSY | 0 | |
| GARDASIL 9 SUSY | 0 | 3 max fill(s) per 365 day(s) retail | NOVAVAX COVID-19 VACCINE SUSP | 0 | |
| HAVRIX | 0 | | PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP | 0 | |
| HEPLISAV-B SOSY | 0 | 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail | PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP | 0 | |
| IPOL INACTIVATED IPV | 0 | | PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | 0 | |
| JANSSEN COVID-19 VACCINE | 0 | | PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP | 0 | |
| M-M-R II SOLR | 0 | 2 max fill(s) per 365 day(s) retail | PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP | 0 | |
| MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP | 0 | | PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE SUSP | 0 | |
| PREHEVBRIO | 0 | 3 max fill(s) per 365 day(s) retail |
| PRIORIX SUSR | 0 | 3 max fill(s) per 365 day(s) retail |
| RECOMBIVAX HB SUSP | 0 | |
| RECOMBIVAX HB SUSY | 0 | |
| ROTARIX SUSP | 0 | |
| ROTARIX SUSR | 0 | |
| ROTATEQ SOLN | 0 | |
| SHINGRIX | 0 | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| SPIKEVAX COVID-19 VACCINE/2023-24 SUSP | 0 | |
| SPIKEVAX COVID-19 VACCINE/2023-24 SUSY | 0 | |
| SPIKEVAX COVID-19 VACCINE/2024-25 SUSY | 0 | |
| SPIKEVAX COVID-19 VACCINE SUSP | 0 | |
| TWINRIX SUSY | 0 | |
| VAQTA | 0 | |
| VARIVAX SUSR IJ 1350 PFU/0.5ML | 0 | 2 max fill(s) per 365 day(s) retail |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| VAGINAL AND RELATED PRODUCTS | | |
| Spermicides | | |
| TODAY SPONGE MISC | 0 | |
| Vaginal Anti-infectives | | |
| <i>clindamycin phosphate vaginal CREA</i> | 1B | |
| <i>clotrimazole vaginal CREA 1 %</i> | 1B | |
| GYNAZOLE-1 | 3 | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail) |
| <i>metronidazole vaginal</i> | 1B | |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1B | |
| <i>terconazole vaginal CREA</i> | 1B | |
| <i>terconazole vaginal CREA</i> | 1B | |
| <i>terconazole vaginal SUPP</i> | 1B | |
| Vaginal Anti-inflammatory Agents | | |
| <i>hydrocortisone vaginal</i> | 1B | QL(15.15 gm daily) |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | 0 | PV |
| Vaginal Estrogens | | |
| <i>estradiol vaginal CREA</i> | 1B | QL(2 gm daily) |
| <i>estradiol vaginal TABS</i> | 1B | |
| FEMRING | 3 | PA |
| PREMARIN | 2 | QL(1.5 gm daily) |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i> | 1B | QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| <i>epinephrine (anaphylaxis)</i> <i>SOAJ 0.3 MG/0.3ML</i> | 2 | QL(2 ea per fill retail); 2 max fill(s) per 365 day(s) retail |
| Vasopressors | | |
| <i>midodrine hcl</i> | 1B | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| <i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i> | 1A | |
| <i>cholecalciferol TABS 10 MCG, 400 UNIT</i> | 0 | |
| <i>ergocalciferol CAPS</i> | 0 | |
| <i>ergocalciferol SOLN OR</i> | 1B | |
| VITAMIN D2 TABS 400 UNIT | 0 | AL(At least 65 yrs old) |
| Water Soluble Vitamins | | |
| NIACIN TR TBCR | 1B | |
| <i>niacinamide TABS 500 MG</i> | 1A | |
| <i>niacinamide TABS 100 MG</i> | 1B | |
| <i>niacin CPCR 250 MG, 500 MG</i> | 1A | |
| <i>niacin TABS</i> | 1A | |
| <i>niacin TBCR</i> | 1A | |

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