California

Essential Drug List
For Small Business Group

The Essential Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to Evidence of Coverage for specific cost share information.

Drug Lists Select Health Net Small Business Group – Formulary (pdf).

NOTE: To search the drug list online, open the (pdf) document. Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug, and press the "Enter" key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at 1-800-839-3366

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated June 1, 2025

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug. Press the "Enter" key.

Alphabetical Index: The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Categorical list: The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class.

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (***glecaprevir-pibrentasvir***) TABS	3	PA
terbutaline sulfate tabs	1	

The generic drug name for a brand drug is included after the brand name in parentheses and all are in ***Bold italicized lowercase*** letters.

Brand Drug Example: MAVYRET (***glecaprevir-pibrentasvir***) TABS

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: ***terbutaline sulfate tabs***

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

Drug	Benefit Phase	Maximum Cost Share	Days' Supply
Oral Cancer Drugs	Before Deductible Is Met	$250	30 Days
All other (non-oral cancer) Drugs	After Deductible Is Met	$250	30 Days
Bronze Plan Members	After Deductible Is Met	$500	30 Days

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an insured is required to pay shall not exceed two hundred dollars ($250) for an individual prescription of up to a 30-day supply.

Tier Descriptions

Below is a description for each tier. Refer to Evidence of Coverage for specific cost share information.

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over $600 (net of rebates) are placed at Tier 4.

Tier	*Description*
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower Tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars ($600) net of rebates for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

Abbreviation	*Definition*	*Description*
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum $250 copayment for a one-month supply, before any deductible has been met, per state law (or $750 maximum for a three-month supply through mail order, if applicable).

Abbreviation	*Definition*	*Description*
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary.
- Any change in tier placement of a drug that results in an increase in cost-sharing.
- Adding or changing utilization management procedures applicable to a drug.

Before these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health plan may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent

request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception:

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
    - Worsen a comorbid condition.
    - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
    - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies.

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our

website at Find a pharmacy or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation "LA" or a statement indicating the drug must be dispensed from a network specialty pharmacy.

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at Forms and Brochures - Pharmacy or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health plan begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee: Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list**: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the

plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescribing provider: This is a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug: Is a drug that by law requires a prescription.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

Step therapy exception is a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

Subscriber: Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(2 EA daily; 90 Day(s) limit)
amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG	1	
amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG	1	QL(90 EA per fill retail)
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	1	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	
lisdexamfetamine dimesylate CAPS	2	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW 60 MG	2	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	2	
methamphetamine hcl	1	PA
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	
VYVANSE CHEW 60 MG	3	QL(1 EA daily)
Analeptics		
caffeine citrate SOLN PO	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS *(phentermine hcl)*	4	Check plan documents for coverage; PA
ADIPEX-P TABS *(phentermine hcl)*	4	Check plan documents for coverage; PA
benzphetamine hcl 50 MG	2	PA
diethylpropion hcl TABS	4	Check plan documents for coverage; PA
diethylpropion hcl TB24	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
phentermine hcl CAPS	4	Check plan documents for coverage; PA
phentermine hcl TABS	4	Check plan documents for coverage; PA
phentermine hcl-topiramate	4	Check plan documents for coverage; QL(1 EA daily); PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG *(phentermine hcl-topiramate)*	4	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
orlistat	4	Check plan documents for coverage; PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ML daily); PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
XENICAL *(orlistat)*	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily)
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily)
clonidine hcl (adhd) TB12	1	QL(4 EA daily)
guanfacine hcl (adhd)	1	QL(1 EA daily)
Stimulants - Misc.		
armodafinil 150 MG, 200 MG, 250 MG	1	ST; PA
armodafinil 50 MG	1	ST; PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily)
dexmethylphenidate hcl TABS	1	QL(2 EA daily)
methylphenidate hcl CHEW	1	
methylphenidate hcl CP24 60 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	1	
methylphenidate hcl CPCR 20 MG, 30 MG	1	QL(2 EA daily)
methylphenidate hcl SOLN	1	
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TABS 20 MG	1	QL(3 EA daily)
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily; 90 Day(s) limit)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily; 90 Day(s) limit)
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	1	QL(2 EA daily)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	1	QL(1 EA daily)
methylphenidate PTCH	1	QL(1 EA daily)
modafinil	1	QL(1 EA daily); ST
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU *(tobramycin)*	4	PA
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
neomycin sulfate TABS	1	
paromomycin sulfate	1	
streptomycin sulfate SOLR	4	PA
TOBI PODHALER CAPS	4	PA
TOBI NEBU *(tobramycin)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
tobramycin NEBU	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
tobramycin NEBU	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA
HUMIRA-PED>/=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA-PED>/=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
Gold Compounds		
AURANOFIN 3 MG	4	
RIDAURA	4	
Interleukin-1 Blockers		
ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Flurbiprofen) LURBIPR TABS 100 MG	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
(Indomethacin) INDOCIN SUPP	4	
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 EA daily)
celecoxib 400 MG	1	QL(2 EA daily); PA
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	1	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	1	
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	1	QL(2 EA daily)
fenoprofen calcium TABS	6	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	4	
indomethacin SUSP	2	
ketoprofen CP24	1	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail)
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	2	
meloxicam TABS 15 MG	1	QL(1 EA daily)
meloxicam TABS 7.5 MG	1	QL(2 EA daily)
nabumetone 500 MG	1	QL(4 EA daily)
nabumetone 750 MG	1	QL(3 EA daily)
naproxen sodium TABS 275 MG, 550 MG	1	
naproxen SUSP	1	
naproxen TABS	1	
oxaprozin TABS	1	
piroxicam CAPS 20 MG	1	QL(1 EA daily)
piroxicam CAPS 10 MG	1	
sulindac TABS 200 MG	1	
sulindac TABS 150 MG	1	QL(2 EA daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide 20 MG	1	QL(1 EA daily)
leflunomide 10 MG	1	QL(2 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen CAPS 50 MG-300 MG	2	
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-acetaminophen TABS 50 MG-300 MG	2	
butalbital-aspirin-caffeine CAPS	1	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
aspirin CHEW	5	PV
aspirin TBEC 81 MG	5	PV
diflunisal TABS	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO	1	
codeine sulfate TABS	1	
CONZIP CP24 *(tramadol hcl)*	3	
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	2	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate LPOP 1600 MCG	2	ST; QL(4 EA daily); PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	Limit 15 patches per month; QL(0.5 EA daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
hydrocodone bitartrate T24A	2	PA
hydromorphone hcl LIQD	1	
hydromorphone hcl TABS	1	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(4 EA daily)
hydromorphone hcl TB24 32 MG	1	QL(2 EA daily)
HYSINGLA ER T24A	3	PA
levorphanol tartrate TABS 3 MG	4	
levorphanol tartrate TABS 2 MG	4	PA
meperidine hcl SOLN PO 50 MG/5ML	2	
meperidine hcl TABS 50 MG	1	
methadone hcl CONC	1	
methadone hcl SOLN PO	1	
methadone hcl TABS	1	QL(12 EA daily)
methadone hcl TBSO	1	
morphine sulfate beads	2	QL(1 EA daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily)
morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	Not available through mail order
morphine sulfate SOLN PO 10 MG/5ML	1	
morphine sulfate SUPP	2	
morphine sulfate TABS	1	
morphine sulfate TBCR	1	QL(3 EA daily)
OXAYDO TABS 5 MG	2	
OXAYDO TABS 7.5 MG	3	QL(4 EA daily)
oxycodone hcl CAPS	1	
oxycodone hcl CONC 100 MG/5ML	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
oxycodone hcl TABS 30 MG	1	QL(4 EA daily)
oxymorphone hcl TABS 10 MG	2	QL(8 EA daily)
oxymorphone hcl TABS 5 MG	2	
oxymorphone hcl TB12	2	QL(2 EA daily)
tramadol hcl CP24 100 MG, 200 MG, 300 MG	1	
tramadol hcl TABS 50 MG	1	QL(8 EA daily)
tramadol hcl TABS 100 MG	1	
tramadol hcl TB24 200 MG	1	QL(1 EA daily)
tramadol hcl TB24 100 MG	1	QL(3 EA daily)
tramadol hcl TB24	1	
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
acetaminophen w/ codeine SOLN	1	
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	
acetaminophen w/ codeine TABS 60 MG-300 MG	1	QL(6 EA daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1	PA
butalbital-aspirin-caffeine w/cod	1	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	1	QL(6 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(240 EA per fill retail)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	1	
hydrocodone-ibuprofen 5 MG-200 MG	2	
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	1	
NALOCET TABS	3	
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	
OXYCODONE-ACETAMINOPHEN TABS	3	
PROLATE TABS	3	
tramadol-acetaminophen	1	QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	
buprenorphine hcl SUBL 2 MG	1	QL(3 EA daily)
buprenorphine hcl SUBL 8 MG	1	QL(4 EA daily)
buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
butorphanol tartrate NA 10 MG/ML	1	Limit 7.5mls per month; QL(0.25 ML daily)
pentazocine w/ naloxone hcl	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		

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Drug Name	Drug Tier	Requirements/ Limits
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
danazol CAPS	1	
methyltestosterone CAPS	4	
TESTIM GEL TD *(testosterone)*	3	QL(10 GM daily); PA
testosterone cypionate SOLN IM	1	QL(10 ML per fill retail)
testosterone enanthate SOLN IM	1	
testosterone GEL TD	1	Limited to 300 gms per month; QL(10 GM daily)
testosterone GEL TD 10 MG/ACT	1	QL(4 GM daily)
testosterone GEL TD 1 %	1	QL(10 GM daily)
testosterone SOLN	1	QL(6 ML daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	2	PA
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
hydrocortisone (rectal) EX 2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
nitroglycerin (intra-anal)	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
ivermectin	1	QL(5 EA per fill retail); PA
praziquantel	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(4 EA daily)
ranolazine TB12 1000 MG	1	
Nitrates		
GONITRO PACK	3	PA
isosorbide dinitrate TABS 5 MG, 40 MG	2	
isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG	1	
isosorbide mononitrate TABS	1	
ISOSORBIDE MONONITRATE TABS	2	
isosorbide mononitrate TB24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
nitroglycerin PT24	1	QL(1 EA daily)
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	
nitroglycerin SUBL	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
buspirone hcl	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
alprazolam TABS	1	
alprazolam TB24	1	
alprazolam TBDP	2	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN PO 5 MG/5ML	1	
diazepam TABS 10 MG	1	QL(4 EA daily)
diazepam TABS 2 MG, 5 MG	1	
lorazepam CONC	1	
lorazepam TABS	1	
oxazepam CAPS 10 MG, 15 MG	1	
oxazepam CAPS 30 MG	1	QL(2 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	2	
NORPACE CR CP12	3	

Drug Name	Drug Tier	Requirements/ Limits
quinidine gluconate TBCR	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	2	
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 EA daily)
propafenone hcl TABS 150 MG	1	QL(6 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl TABS	1	
dofetilide	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA
NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
tiotropium bromide monohydrate CAPS	2	QL(1 EA daily)
Leukotriene Modulators		
montelukast sodium CHEW	1	QL(1 EA daily)
montelukast sodium PACK	1	QL(1 EA daily)
montelukast sodium TABS	1	QL(1 EA daily)
zafirlukast 20 MG	1	QL(2 EA daily)
zafirlukast 10 MG	1	
zileuton TB12	4	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ML daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	2	QL(4 ML daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	2	QL(8 ML daily)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	1	QL(20 EA daily)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	1	QL(40 EA daily)
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	1	QL(8 EA daily)
fluticasone propionate hfa 44 MCG/ACT	1	Limit 2 inhalers per month; QL(0.36 GM daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(0.8 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
albuterol sulfate AERS	1	QL(1.2 GM daily)
albuterol sulfate AERS	1	QL(0.72 GM daily)
albuterol sulfate AERS	1	QL(0.47 GM daily)
albuterol sulfate NEBU	1	
ALBUTEROL SULFATE NEBU	2	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
budesonide-formoterol fumarate dihydrate	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
fluticasone furoate-vilanterol	1	QL(2 EA daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)
formoterol fumarate NEBU	2	QL(4 ML daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	QL(0.6 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	1	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 300 MG	1	QL(2 EA daily)
theophylline TB12 450 MG	1	QL(1 EA daily)
theophylline TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		

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Drug Name	Drug Tier	Requirements/ Limits
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG *(rivaroxaban)*	2	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML *(fondaparinux sodium)*	4	PA
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA
enoxaparin sodium SOSY	1	QL(4 ML per 7 day(s) retail)
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	4	PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML	4	PA
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	1	QL(2 EA daily)
dabigatran etexilate mesylate CAPS 110 MG	1	QL(4 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	QL(24 ML daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
FYCOMPA TABS 4 MG	4	QL(3 EA daily)
FYCOMPA TABS 2 MG	4	QL(6 EA daily)
FYCOMPA TABS 6 MG	4	QL(2 EA daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	2	
clobazam TABS 20 MG	2	QL(2 EA daily)
clobazam TABS 10 MG	2	QL(1 EA daily)
clonazepam TABS	1	
clonazepam TBDP	1	
diazepam (anticonvulsant) GEL	2	QL(0.14 EA daily)
NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
BRIVIACT SOLN PO 10 MG/ML	4	
BRIVIACT TABS 100 MG	4	QL(2 EA daily)
BRIVIACT TABS 10 MG	4	ST
BRIVIACT TABS 25 MG, 50 MG, 75 MG	4	
carbamazepine CHEW 100 MG	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 400 MG	1	QL(4 EA daily)
carbamazepine TB12 200 MG	1	QL(8 EA daily)
carbamazepine TB12 100 MG	1	
CARBATROL CP12 *(carbamazepine)*	3	
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	4	ST; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1	QL(2 EA daily); ST
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	
KEPPRA XR TB24 *(levetiracetam)*	3	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	3	
KEPPRA TABS 1000 MG *(levetiracetam)*	3	QL(3 EA daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG *(levetiracetam)*	3	QL(6 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily)
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL XR KIT	3	PA
LAMICTAL CHEW *(lamotrigine)*	3	
LAMICTAL TABS *(lamotrigine)*	3	
lamotrigine CHEW	1	
lamotrigine KIT	2	PA
lamotrigine KIT 25 MG	2	
lamotrigine TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
lamotrigine TB24 250 MG	2	PA
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	2	QL(1 EA daily); PA
lamotrigine TB24 300 MG	2	QL(2 EA daily)
lamotrigine TBDP	2	PA
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	
levetiracetam TABS 1000 MG	1	QL(3 EA daily)
levetiracetam TABS 250 MG, 500 MG, 750 MG	1	QL(6 EA daily)
levetiracetam TB24	1	QL(4 EA daily)
MYSOLINE *(primidone)*	3	
NEURONTIN CAPS *(gabapentin)*	3	
NEURONTIN SOLN *(gabapentin)*	3	
NEURONTIN TABS *(gabapentin)*	3	
oxcarbazepine SUSP	1	QL(40 ML daily)
oxcarbazepine TABS 150 MG	1	
oxcarbazepine TABS 300 MG	1	QL(8 EA daily)
oxcarbazepine TABS 600 MG	1	QL(4 EA daily)
oxcarbazepine TB24 600 MG	1	QL(4 EA daily); ST
oxcarbazepine TB24 150 MG, 300 MG	1	ST
pregabalin CAPS 225 MG, 300 MG	1	QL(2 EA daily)
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily)
pregabalin SOLN	1	QL(30 ML daily)
primidone 50 MG, 250 MG	1	
rufinamide SUSP	2	
rufinamide TABS 400 MG	2	QL(8 EA daily)
rufinamide TABS 200 MG	2	
TEGRETOL SUSP *(carbamazepine)*	3	
TEGRETOL TABS *(carbamazepine)*	3	
TEGRETOL-XR TB12 100 MG *(carbamazepine)*	3	
TOPAMAX SPRINKLE CPSP *(topiramate)*	3	
TOPAMAX TABS 200 MG *(topiramate)*	3	QL(2 EA daily)
TOPAMAX TABS 100 MG *(topiramate)*	3	QL(4 EA daily)
TOPAMAX TABS 25 MG *(topiramate)*	3	
TOPAMAX TABS 50 MG *(topiramate)*	3	QL(8 EA daily)
topiramate CP24 25 MG, 50 MG, 100 MG	2	PA
topiramate CP24 200 MG	2	QL(2 EA daily); PA
topiramate CPSP 15 MG, 25 MG	1	
topiramate CS24 25 MG, 50 MG	2	QL(2 EA daily); PA
topiramate CS24 100 MG, 150 MG, 200 MG	2	QL(1 EA daily); PA
topiramate TABS 50 MG	1	QL(8 EA daily)
topiramate TABS 200 MG	1	QL(2 EA daily)
topiramate TABS 100 MG	1	QL(4 EA daily)
topiramate TABS 25 MG	1	
TRILEPTAL SUSP *(oxcarbazepine)*	3	QL(40 ML daily)
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	3	QL(4 EA daily)
TRILEPTAL TABS 300 MG *(oxcarbazepine)*	3	QL(8 EA daily)
TRILEPTAL TABS 150 MG *(oxcarbazepine)*	3	
ZONEGRAN CAPS 25 MG *(zonisamide)*	3	

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Drug Name	Drug Tier	Requirements/ Limits
ZONEGRAN CAPS 100 MG *(zonisamide)*	3	QL(6 EA daily)
zonisamide CAPS 100 MG	1	QL(6 EA daily)
zonisamide CAPS 25 MG, 50 MG	1	
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
FELBATOL SUSP *(felbamate)*	3	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	4	
SABRIL PACK *(vigabatrin)*	4	QL(6 EA daily)
SABRIL TABS *(vigabatrin)*	4	
tiagabine hcl	2	
vigabatrin PACK	4	QL(6 EA daily)
vigabatrin TABS	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN	3	
DILANTIN *(phenytoin sodium extended)*	3	
DILANTIN INFATABS CHEW *(phenytoin)*	3	
DILANTIN-125 SUSP *(phenytoin)*	3	
DILANTIN SUSP *(phenytoin)*	3	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
CELONTIN *(methsuximide)*	3	
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
ZARONTIN CAPS *(ethosuximide)*	3	
ZARONTIN SOLN *(ethosuximide)*	3	
Valproic Acid		
DEPAKOTE ER TB24 *(divalproex sodium)*	3	
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	3	
DEPAKOTE TBEC *(divalproex sodium)*	3	
divalproex sodium CSDR	1	
divalproex sodium TB24	1	
divalproex sodium TBEC	1	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	
valproic acid CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	
mirtazapine TBDP	1	
Antidepressants - Misc.		
bupropion hcl TABS	1	
bupropion hcl TB12	1	

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Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 450 MG	2	QL(1 EA daily)
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	3	
citalopram hydrobromide SOLN	1	QL(20 ML daily)
citalopram hydrobromide TABS	1	QL(1 EA daily)
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 5 MG	1	QL(2 EA daily)
escitalopram oxalate TABS 10 MG, 20 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 40 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	1	
fluoxetine hcl CPDR	2	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 10 MG	1	
fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate CP24 150 MG	2	
fluvoxamine maleate CP24 100 MG	2	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
paroxetine hcl SUSP	1	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
SERTRALINE HCL CAPS	2	
sertraline hcl CONC	1	
sertraline hcl TABS	1	QL(2 EA daily)
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl TABS	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	PA
vilazodone hcl TABS 10 MG, 40 MG	1	
vilazodone hcl TABS 20 MG	1	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	1	QL(1 EA daily)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
venlafaxine hcl CP24	1	QL(2 EA daily)
venlafaxine hcl TABS	1	
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl TB24 225 MG	1	
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
clomipramine hcl	2	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS 10 MG, 25 MG	1	
imipramine hcl TABS 50 MG	1	QL(4 EA daily)
imipramine pamoate	1	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
protriptyline hcl	2	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	
Antidiabetic Combinations		
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	1	QL(2 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	1	QL(1 EA daily)
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
metformin hcl SOLN	2	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier- Student Plans and all others at Tier 1 for generic; PV
metformin hcl TB24 500 MG, 750 MG	1	
Diabetic Other		
diazoxide	2	
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	2	
JANUVIA	2	QL(1 EA daily)
saxagliptin hcl	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Incretin Mimetic Agents		
liraglutide	2	Not available through Mail Order; SP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
Insulin		
AFREZZA POWD	3	
AFREZZA POWD	3	QL(3 EA daily)
AFREZZA POWD	3	QL(6 EA daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
pioglitazone hcl 15 MG	1	
pioglitazone hcl 30 MG, 45 MG	1	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	1	
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	1	QL(1 EA daily)
FARXIGA	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
glimepiride 1 MG, 2 MG, 4 MG	1	
glipizide TABS	1	
glipizide TB24	1	
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	
glyburide TABS	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
diphenoxylate w/ atropine LIQD	2	
diphenoxylate w/ atropine TABS	1	
loperamide hcl CAPS	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
deferasirox TABS	4	PA
deferasirox TBSO	4	PA
deferiprone TABS 500 MG	4	PA
EXJADE TBSO *(deferasirox)*	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG *(deferiprone)*	4	PA
JADENU SPRINKLE PACK *(deferasirox)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS *(deferasirox)*	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
(Naloxone Hcl) FT NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
naloxone hcl LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
naloxone hcl SOSY 2 MG/2ML	1	
naltrexone hcl	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 EA daily); PA
granisetron hcl TABS	1	ST; Limit 2 tablets per day; QL(2 EA daily); PA
ondansetron hcl SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily)
ondansetron hcl TABS 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
ondansetron TBDP 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	4	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
meclizine hcl CHEW	1	RX/OTC
scopolamine	1	
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
doxylamine-pyridoxine TBEC	1	QL(4 EA daily)
dronabinol CAPS 10 MG	2	PA
dronabinol CAPS 2.5 MG, 5 MG	1	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	1	Limit 3 per month; QL(0.1 EA daily)
aprepitant CAPS 40 MG	1	Limit 2 per month; QL(0.07 EA daily)
aprepitant CAPS 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 EA daily)
aprepitant MISC	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON *(flucytosine)*	4	
flucytosine	4	
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(1 EA daily; 90 EA per 365 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	ST; PA
itraconazole SOLN	1	PA
ketoconazole	1	
posaconazole SUSP	2	
posaconazole TBEC	2	
voriconazole SUSR	1	
voriconazole TABS	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	1	
CARBINOXAMINE MALEATE TABS	3	
clemastine fumarate TABS 2.68 MG	1	
diphenhydramine hcl SOLN 50 MG/ML	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
desloratadine TABS	1	ST; QL(1 EA daily); PA
desloratadine TBDP 2.5 MG	1	ST; PA
desloratadine TBDP 5 MG	1	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
promethazine hcl SUPP 12.5 MG, 25 MG	2	
promethazine hcl TABS 25 MG	1	QL(6 EA daily)
promethazine hcl TABS 12.5 MG	1	
promethazine hcl TABS 50 MG	1	QL(3 EA daily)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	PA
omega-3-acid ethyl esters	1	QL(4 EA daily)
VASCEPA *(icosapent ethyl)*	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
cholestyramine light PACK	1	
cholestyramine light POWD	1	
cholestyramine PACK	1	

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Drug Name	Drug Tier	Requirements/ Limits
cholestyramine POWD	1	
colesevelam hcl PACK	2	QL(1 EA daily)
colesevelam hcl TABS	2	QL(7 EA daily)
colestipol hcl GRAN	1	
colestipol hcl PACK	2	
colestipol hcl TABS	1	
Fibric Acid Derivatives		
choline fenofibrate 45 MG	1	
choline fenofibrate 135 MG	1	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 134 MG	1	
fenofibrate micronized 130 MG, 200 MG	1	QL(1 EA daily)
fenofibrate CAPS	1	
fenofibrate TABS 48 MG	1	
fenofibrate TABS 145 MG, 160 MG	1	QL(1 EA daily)
fenofibrate TABS 54 MG	1	QL(2 EA daily)
FIBRICOR *(fenofibric acid)*	2	
gemfibrozil TABS	1	
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 EA daily)
fluvastatin sodium CAPS	1	QL(1 EA daily)
fluvastatin sodium TB24	1	QL(1 EA daily)
lovastatin TABS	1	$0 copay for Generic only, age 40 to 75; PV
pitavastatin calcium	1	QL(1 EA daily); ST
pravastatin sodium	1	$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
rosuvastatin calcium TABS	1	QL(1 EA daily)
simvastatin TABS	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
niacin (antihyperlipidemic) TABS	1	
niacin (antihyperlipidemic) TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl	1	
captopril	1	
enalapril maleate TABS	1	QL(2 EA daily)
fosinopril sodium	1	
lisinopril TABS 40 MG	1	QL(2 EA daily)
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS SOLN	3	QL(5 ML daily)
quinapril hcl	1	
ramipril CAPS	1	QL(2 EA daily)
trandolapril	1	
Agents for Pheochromocytoma		

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Drug Name	Drug Tier	Requirements/ Limits
DEMSER *(metyrosine)*	4	
metyrosine	4	
phenoxybenzamine hcl	1	Not available through mail
Angiotensin II Receptor Antagonists		
candesartan cilexetil 4 MG, 8 MG, 16 MG	1	
candesartan cilexetil 32 MG	1	QL(1 EA daily)
EDARBI 80 MG	3	QL(1 EA daily)
EDARBI 40 MG	3	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil 40 MG	1	QL(1 EA daily)
olmesartan medoxomil 5 MG, 20 MG	1	
telmisartan 20 MG, 40 MG	1	
telmisartan 80 MG	1	QL(1 EA daily)
valsartan TABS 160 MG	1	QL(2 EA daily)
valsartan TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	
prazosin hcl CAPS	1	
terazosin hcl 10 MG	1	QL(2 EA daily)
terazosin hcl 1 MG, 2 MG, 5 MG	1	
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily)
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
amlodipine besylate-valsartan 10 MG-160 MG	1	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
EDARBYCLOR	3	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
losartan potassium & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide TABS	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST

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Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG	1	
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
TEKTURNA HCT 25 MG-150 MG	3	ST
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	
valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
Antihypertensives - Misc.		
VECAMYL	3	
Direct Renin Inhibitors		
aliskiren fumarate	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
Vasodilators		
hydralazine hcl TABS	1	
minoxidil 2.5 MG, 10 MG	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
metronidazole CAPS	2	
metronidazole TABS 250 MG, 500 MG	1	
pentamidine isethionate IN	2	
tinidazole 250 MG	1	
tinidazole 500 MG	1	ST
trimethoprim TABS	1	
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
XIFAXAN 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
atovaquone	2	
LAMPIT	4	PA
nitazoxanide TABS	2	
Carbapenems		
ertapenem sodium IJ	4	PA
imipenem-cilastatin IV	2	PA
INVANZ IJ *(ertapenem sodium)*	4	PA
meropenem 500 MG	4	PA
PRIMAXIN IV IV 500 MG-500 MG *(imipenem-cilastatin)*	4	PA
Glycopeptides		
vancomycin hcl CAPS	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Leprostatics		
dapsone 25 MG	1	
dapsone 100 MG	1	QL(4 EA daily)
Lincosamides		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
linezolid TABS	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
fosfomycin tromethamine	1	
methenamine hippurate	2	
methenamine mandelate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
Antimalarials		
chloroquine phosphate TABS	1	
DARAPRIM *(pyrimethamine)*	4	PA
hydroxychloroquine sulfate 200 MG	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
mefloquine hcl	1	QL(6 EA per fill retail; 6 per fill mail)
mefloquine hcl	6	
primaquine phosphate TABS	1	
pyrimethamine	4	PA
quinine sulfate CAPS 324 MG	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)*	4	PA
neostigmine methylsulfate SOSY	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
pyridostigmine bromide SOLN PO	2	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	4	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
PRIFTIN	3	
pyrazinamide	1	

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Drug Name	Drug Tier	Requirements/ Limits
rifabutin	2	
rifampin CAPS	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
melphalan	1	AC
MYLERAN TABS	2	AC
temozolomide CAPS	2	SP; AC
Antimetabolites		
capecitabine	2	SP; AC
fludarabine phosphate SOLR	4	PA
mercaptopurine SUSP 2000 MG/100ML	1	AL(Up to 13 yrs old); AC
mercaptopurine TABS	1	AC
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium SOLR	1	
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	4	AC; PA
TABLOID	4	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); AC; PA
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); AC; PA
VENCLEXTA TABS 50 MG	4	AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
gefitinib	2	SP; AC; PA
GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
TAGRISSO	4	SP; AC; PA
VIZIMPRO	4	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ODOMZO	4	AC
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
abiraterone acetate	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
anastrozole	5	QL(1 EA daily); PV; AC
ARIMIDEX *(anastrozole)*	5	QL(1 EA daily); PV; AC
AROMASIN *(exemestane)*	5	PV; AC
bicalutamide	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
exemestane	5	PV; AC
letrozole	1	AC
leuprolide acetate KIT IJ 1 MG/0.2ML	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
megestrol acetate SUSP	1	AC
megestrol acetate TABS	1	AC
NILANDRON *(nilutamide)*	4	AC; PA
nilutamide	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
tamoxifen citrate TABS	5	PV; AC
toremifene citrate	2	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA *(abiraterone acetate)*	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; PA
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA
Antineoplastic Combinations		
INQOVI	4	PA
KISQALI FEMARA (200 MG DOSE)	4	AC; PA
KISQALI FEMARA (400 MG DOSE)	4	AC; PA
KISQALI FEMARA (600 MG DOSE)	4	AC; PA
LONSURF	4	AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
AFINITOR DISPERZ TBSO *(everolimus)*	4	QL(1 EA daily); SP; AC; PA
AFINITOR TABS *(everolimus)*	4	QL(1 EA daily); SP; AC; PA
ALECENSA	4	AC; PA
ALUNBRIG TABS	4	AC; PA
ALUNBRIG TBPK	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
bortezomib SOLR IJ	4	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BRUKINSA	4	AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA
CALQUENCE	4	QL(2 EA daily); AC; PA
CAPRELSA	4	AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	AC; PA
COPIKTRA	4	AC; PA
COTELLIC	4	AC; PA
dasatinib	4	SP; AC; PA
everolimus TABS	4	QL(1 EA daily); SP; AC; PA
everolimus TBSO	4	QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
IDHIFA	4	AC; PA
imatinib mesylate TABS 100 MG	2	QL(3 EA daily); AC; PA
imatinib mesylate TABS 400 MG	2	QL(2 EA daily); AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); AC; PA
INREBIC	4	AC; PA
ISTODAX SOLR *(romidepsin)*	4	PA
JAKAFI	4	QL(2 EA daily); AC; PA
KISQALI (200 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
KISQALI (400 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
KOSELUGO	4	PA
lapatinib ditosylate	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA
LUMAKRAS 320 MG	4	QL(3 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
MEKINIST SOLR	4	SP; AC; PA
MEKINIST TABS	4	SP; AC; PA
MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR *(sorafenib tosylate)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
NINLARO	4	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
pazopanib hcl	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	4	AC; PA
PIQRAY (250 MG DAILY DOSE)	4	AC; PA
PIQRAY (300 MG DAILY DOSE)	4	AC; PA
QINLOCK	4	AC; PA
RETEVMO CAPS	4	AC; PA
romidepsin SOLR	4	PA
ROZLYTREK CAPS	4	AC; PA
RUBRACA	4	AC; PA
RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
sorafenib tosylate	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
sunitinib malate 25 MG	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
TABRECTA	4	AC; PA
TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
TALZENNA	4	SP; AC; PA
TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAZVERIK	4	PA
temsirolimus	4	PA
TIBSOVO	4	AC; PA
TORISEL *(temsirolimus)*	4	PA
TYKERB *(lapatinib ditosylate)*	4	AC; PA
VELCADE SOLR IJ *(bortezomib)*	4	PA
VERZENIO	4	QL(2 EA daily); AC; PA
VITRAKVI CAPS	4	AC; PA
VITRAKVI SOLN	4	AC; PA
VOTRIENT *(pazopanib hcl)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XOSPATA	4	AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
ALFERON N	4	PA
BESREMI	4	PA
bexarotene	4	SP; AC; PA
hydroxyurea	1	AC
MATULANE	4	AC; PA
TARGRETIN *(bexarotene)*	4	SP; AC; PA
tretinoin (chemotherapy)	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	4	PA
leucovorin calcium TABS	1	AC
mesna TABS	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
etoposide CAPS	2	AC
Topoisomerase I Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
HYCAMTIN CAPS	4	AC; PA
HYCAMTIN SOLR *(topotecan hcl)*	4	PA
topotecan hcl SOLR	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	2	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	4	administered under the medical benefit; PA
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
entacapone	1	
TASMAR *(tolcapone)*	4	
tolcapone	4	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	2	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 EA daily)
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBDP	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 EA daily)
pramipexole dihydrochloride TABS 1 MG	1	QL(4 EA daily)
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	2	
pramipexole dihydrochloride TB24 3 MG	2	QL(1 EA daily)
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 12 MG	1	QL(2 EA daily)
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
RYTARY CPCR	4	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	1	
selegiline hcl CAPS	1	QL(2 EA daily)
selegiline hcl TABS	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	

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Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate CAPS 150 MG, 600 MG	1	
lithium carbonate CAPS 300 MG	1	QL(6 EA daily)
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(lithium carbonate)*	3	
Antipsychotics - Misc.		
EQUETRO	3	
lurasidone hcl	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
ziprasidone hcl 20 MG, 40 MG	1	
ziprasidone hcl 60 MG, 80 MG	1	QL(2 EA daily)
Benzisoxazoles		
FANAPT	4	QL(2 EA daily)
FANAPT TITRATION PACK	4	
paliperidone	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
risperidone SOLN	1	
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	
risperidone TABS 3 MG	1	QL(2 EA daily)
risperidone TBDP	1	
Butyrophenones		
haloperidol lactate CONC	1	
haloperidol TABS	1	
Dibenzapines		
asenapine maleate	2	
clozapine TABS	1	
clozapine TBDP	2	
loxapine succinate	1	
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
olanzapine TABS 15 MG, 20 MG	1	QL(1 EA daily)
olanzapine TBDP	1	
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 EA daily)
quetiapine fumarate TABS 200 MG	1	QL(4 EA daily)
quetiapine fumarate TB24	1	
SECUADO	3	QL(1 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)
Dihydroindolones		
molindone hcl	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
chlorpromazine hcl TABS	2	
fluphenazine hcl CONC	1	
fluphenazine hcl ELIX	2	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	QL(2 EA daily)
prochlorperazine maleate TABS	1	
thioridazine hcl 10 MG, 25 MG, 100 MG	1	
thioridazine hcl 50 MG	1	QL(4 EA daily)
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		

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Drug Name	Drug Tier	Requirements/ Limits
aripiprazole SOLN PO	1	
aripiprazole TABS 15 MG	1	QL(2 EA daily)
aripiprazole TABS 20 MG	1	QL(1 EA daily)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
aripiprazole TBDP	1	PA
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate SOLN	1	
abacavir sulfate TABS	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMPLERA	2	
darunavir TABS	1	
DELSTRIGO	2	

Drug Name	Drug Tier	Requirements/ Limits
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
EDURANT	2	
efavirenz CAPS	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	
efavirenz TABS	1	
emtricitabine CAPS	1	
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	5	QL(1 EA daily); PV
EMTRIVA SOLN	2	
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
FUZEON SOLR	4	ST; PA
GENVOYA	2	
INTELENCE 25 MG	2	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN	2	
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
lopinavir-ritonavir SOLN	1	
lopinavir-ritonavir TABS	1	
maraviroc TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
nevirapine SUSP	1	
nevirapine TABS	1	
nevirapine TB24	1	
NORVIR PACK	2	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG	2	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	4	
SELZENTRY SOLN	2	
STRIBILD	2	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS 50 MG	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	5	QL(1 EA daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
valganciclovir hcl SOLR	1	Limit 630mls per month; QL(21 ML daily)
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	2	
entecavir TABS	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
lamivudine (hbv) TABS	2	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
ribavirin (hepatitis c) CAPS	1	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS PO 800 MG	1	QL(5 EA daily)
acyclovir TABS PO 400 MG	1	
famciclovir	1	
valacyclovir hcl 500 MG	1	QL(8 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
rimantadine hydrochloride TABS	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG	1	QL(2 EA daily)
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol phosphate	1	
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 EA daily)
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
HEMANGEOL SOLN PO	3	PA
INDERAL XL	3	
INNOPRAN XL	3	
nadolol TABS 20 MG, 40 MG, 80 MG	1	
pindolol TABS	1	
propranolol hcl CP24	1	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/afl)	1	
sotalol hcl TABS	1	
SOTYLIZE SOLN PO	3	
timolol maleate TABS 5 MG, 20 MG	1	QL(2 EA daily)
timolol maleate TABS 10 MG	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
amlodipine besylate TABS 2.5 MG	1	QL(2 EA daily)
amlodipine besylate TABS 5 MG, 10 MG	1	QL(1 EA daily)
diltiazem hcl coated beads CP24	1	QL(1 EA daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	
diltiazem hcl CP24	1	
diltiazem hcl TABS	1	
diltiazem hcl TB24	1	
felodipine 10 MG	1	QL(1 EA daily)
felodipine 2.5 MG, 5 MG	1	
isradipine CAPS	1	
nicardipine hcl CAPS	1	
nifedipine CAPS	1	
nifedipine TB24	1	QL(1 EA daily)
nifedipine TB24 30 MG, 60 MG	1	
nimodipine CAPS	2	
nimodipine SOLN	1	
nisoldipine	2	
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	1	
verapamil hcl CP24 360 MG	1	QL(1 EA daily)
verapamil hcl CP24 180 MG	1	QL(2 EA daily)
verapamil hcl TABS	1	
verapamil hcl TBCR 120 MG	1	
verapamil hcl TBCR 180 MG, 240 MG	1	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	
LANOXIN TABS 125 MCG, 250 MCG *(digoxin)*	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	
ENTRESTO TABS	3	QL(2 EA daily); PA
isosorbide dinitrate-hydralazine hcl	1	
Impotence Agents		
sildenafil citrate	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
tadalafil 5 MG, 10 MG, 20 MG	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
tadalafil 2.5 MG	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
VENTAVIS IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan 10 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
ambrisentan 5 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
bosentan TABS	4	PA
LETAIRIS 10 MG *(ambrisentan)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
LETAIRIS 5 MG *(ambrisentan)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
OPSUMIT	4	ST; PA
TRACLEER TABS *(bosentan)*	4	PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); PA
sildenafil citrate (pulmonary hypertension) SUSR	2	PA
sildenafil citrate (pulmonary hypertension) TABS	2	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	1	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	ST; PA
UPTRAVI TABS 200 MCG	4	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
ivabradine hcl TABS	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cefazolin sodium SOLR IV 1 GM	4	PA
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	1	
CEFOTAN IJ *(cefotetan disodium)*	4	PA
cefotetan disodium IJ 1 GM, 2 GM	4	PA
cefoxitin sodium IV 1 GM, 2 GM	4	PA
CEFOXITIN SODIUM-DEXTROSE	4	PA
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	1	
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	5	PV
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV
drospirenone-ethinyl estradiol	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV
ethynodiol diacet & eth estrad	5	PV
FEMLYV TBDP	5	PV
GENERESS FE *(norethindrone & ethinyl estradiol-fe)*	5	PV
levonorgestrel & eth estradiol TABS	5	PV
levonorgestrel-eth estradiol (triphasic)	5	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	PV
levonorgestrel-ethinyl estradiol (continuous)	5	PV
levonorgestrel-ethinyl estradiol-iron	5	PV
LO LOESTRIN FE TABS	5	PV
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	5	PV
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	5	PV
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	5	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
norethin acet & estrad-fe CAPS	5	PV
norethin acet & estrad-fe CHEW	5	PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	PV
norethindrone & ethinyl estradiol-fe	5	PV
norethindrone acet & eth estra TABS	5	PV
norethindrone acetate-ethinyl estradiol-fe	5	PV
norgestimate-ethinyl estradiol	5	PV
norgestimate-ethinyl estradiol (triphasic)	5	PV
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	5	PV
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	5	PV
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	5	PV
TAYTULLA CAPS *(norethin acet & estrad-fe)*	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 *(drospirenone-ethinyl estradiol)*	5	PV
YAZ *(drospirenone-ethinyl estradiol)*	5	PV
Combination Contraceptives - Transdermal		

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Drug Name	Drug Tier	Requirements/ Limits
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
norelgestromin-ethinyl estradiol	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
etonogestrel-ethinyl estradiol	5	PV
NUVARING ***(etonogestrel-ethinyl estradiol)***	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
levonorgestrel (emergency oc) 1.5 MG	5	PV
PLAN B ONE-STEP ***(levonorgestrel (emergency oc))***	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
norethindrone (contraceptive)	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
budesonide TB24	2	PA
deflazacort SUSP	4	SP; PA
deflazacort TABS	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
dexamethasone TBPK	1	
EMFLAZA SUSP ***(deflazacort)***	4	SP; PA
EMFLAZA TABS ***(deflazacort)***	4	SP; PA
hydrocortisone TABS	1	
MEDROL TABS	2	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	

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Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	1	
prednisolone sodium phosphate TBDP	1	
prednisolone SOLN	1	
prednisolone TABS	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	2	
prednisone TABS	1	
prednisone TBPK	1	
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate	1	
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
hydrocodone bitartrate-homatropine methylbromide TABS	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	

Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
NEOTUSS PLUS LIQD	3	
promethazine w/codeine SOLN	1	QL(30 ML daily)
promethazine w/codeine SYRP	1	QL(30 ML daily)
promethazine-dm SYRP	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
TUSSLIN LIQD	3	
Expectorants		
potassium iodide (expectorant) SOLN	1	
Misc. Respiratory Inhalants		

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	
(Tretinoin) AVITA GEL 0.025 %	1	
adapalene-benzoyl peroxide GEL	1	
adapalene CREA	1	Limit 45gms per month; QL(1.5 GM daily)
adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)
adapalene GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)
clindamycin phosphate (topical) FOAM	1	
clindamycin phosphate (topical) GEL	1	
clindamycin phosphate (topical) LOTN	1	
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate (topical) SWAB	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	
clindamycin phosphate-tretinoin	2	
dapsone (topical) 5 %	1	ST; PA
dapsone (topical) 7.5 %	1	QL(2 GM daily)
DIFFERIN LOTN	2	
erythromycin (acne aid) GEL	1	
erythromycin (acne aid) SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	2	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(1 GM daily)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	1	PA
SULFACETAMIDE-SULFUR IN UREA EMUL	2	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
tretinoin microsphere 0.04 %	1	Limit 45gms per month; QL(1.7 GM daily)
tretinoin microsphere 0.08 %	2	QL(1.7 GM daily)
tretinoin microsphere 0.1 %	1	QL(1.67 GM daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	1	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin OINT	1	
Antifungals - Topical		

Drug Name	Drug Tier	Requirements/ Limits
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	1	
ciclopirox SHAM	1	
ciclopirox SOLN	1	
clotrimazole w/ betamethasone CREA	1	Limit 1 tube per month; QL(1.5 GM daily)
clotrimazole w/ betamethasone LOTN	1	QL(2 ML daily)
econazole nitrate CREA	1	
ERTACZO	4	QL(1 GM daily); PA
EXELDERM SOLN	2	
EXODERM	3	
iodoquinol-hydrocortisone in aloe vehicle	2	
JUBLIA	4	QL(0.27 ML daily)
ketoconazole (topical) CREA	1	QL(2 GM daily)
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	
naftifine hcl CREA	2	
naftifine hcl GEL 2 %	2	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	

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Drug Name	Drug Tier	Requirements/ Limits
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	2	
OXISTAT LOTN	3	
sulconazole nitrate CREA	2	
sulconazole nitrate SOLN	1	
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	1	QL(4 GM daily); PA
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(5 ML daily)
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	SP; PA
CARAC CREA	4	QL(1 GM daily)
diclofenac sodium (actinic keratoses) EX	2	PA
fluorouracil (topical) CREA 0.5 %	4	QL(1 GM daily)
fluorouracil (topical) CREA 5 %	2	
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
TARGRETIN *(bexarotene (topical))*	4	SP; PA
VALCHLOR	4	ST; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	2	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
acitretin 10 MG	2	QL(1 EA daily)
acitretin 17.5 MG	2	
acitretin 25 MG	2	QL(2 EA daily)
calcipotriene CREA	2	QL(5 GM daily)
calcipotriene FOAM	1	PA
CALCIPOTRIENE FOAM	3	PA
calcipotriene OINT	1	QL(5 GM daily)
calcipotriene SOLN	1	
calcitriol (topical)	1	Limit 100gms per month; QL(3.4 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); PA
methoxsalen rapid	2	
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
SORILUX FOAM	3	PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA
tazarotene CREA	1	
tazarotene GEL	1	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
USTEKINUMAB SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
USTEKINUMAB SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
sulfacetamide sodium LIQD	1	
sulfacetamide sodium SHAM 10 %	1	
Antivirals - Topical		
acyclovir topical CREA	1	
acyclovir topical OINT	1	QL(1 GM daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
mafenide acetate PACK	1	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	2	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide LOTN	1	
APEXICON E CREA	3	
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	
betamethasone dipropionate augmented GEL 0.05 %	1	
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	2	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	2	ST
calcipotriene-betamethasone dipropionate SUSP	1	QL(2 GM daily); ST

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Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	2	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	2	
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	2	
clobetasol propionate LOTN	1	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	
clocortolone pivalate	1	
CORDRAN TAPE	3	
CORTANE-B	3	
desonide CREA	1	
desonide GEL	1	
desonide LOTN	1	
desonide OINT	1	
desoximetasone CREA	1	
desoximetasone GEL	1	
desoximetasone LIQD	2	ST
desoximetasone OINT 0.05 %	2	
desoximetasone OINT 0.25 %	1	
diflorasone diacetate CREA	1	
diflorasone diacetate OINT	1	
EPIFOAM FOAM	3	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	
fluocinonide CREA	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
hydrocortisone (topical) CREA 2.5 %	1	
hydrocortisone (topical) LOTN 2 %, 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	
hydrocortisone (topical) SOLN 2.5 %	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate LOTN	2	
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	
hydrocortisone valerate CREA	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone valerate OINT	1	
LOCOID LIPOCREAM	3	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
triamcinolone acetonide (topical) AERS	1	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA
DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
urea LOTN 40 %	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
imiquimod 5 %	1	
Immunosuppressive Agents - Topical		
pimecrolimus	1	QL(2 GM daily)
tacrolimus (topical) OINT 0.1 %	1	QL(2 GM daily); AL(At least 15 yrs old)
tacrolimus (topical) OINT 0.03 %	1	QL(2 GM daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
podofilox GEL	2	
podofilox SOLN	1	
SALICYLIC ACID OINT	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
salicylic acid SHAM 6 %	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
CETACAINE AERO	3	
lidocaine hcl SOLN	1	
lidocaine-prilocaine CREA	1	
lidocaine PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	
brimonidine tartrate (topical)	2	PA
doxycycline (rosacea)	2	QL(1 EA daily); PA
FINACEA FOAM	3	
ivermectin (rosacea)	1	QL(1.5 GM daily); PA
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 0.75 %	1	Limit 45gms per month; QL(1.5 GM daily)
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) LOTN	1	QL(2 ML daily)
NORITATE CREA	4	PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2	
ivermectin (pediculicide)	2	
malathion	2	
permethrin CREA	1	QL(2 GM daily)
spinosad	2	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(0.5 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	6	
KETOSTIX STRP	6	
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
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, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	4	PA
acetazolamide CP12	1	QL(2 EA daily)
acetazolamide TABS 250 MG	1	QL(4 EA daily)
acetazolamide TABS 125 MG	1	
dichlorphenamide	4	PA
KEVEYIS *(dichlorphenamide)*	4	PA
methazolamide TABS	1	
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	1	QL(2 EA daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	1	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS 0.5 MG, 1 MG	1	
bumetanide TABS 2 MG	1	QL(5 EA daily)
ethacrynic acid	2	ST
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	
furosemide TABS	1	
SOAANZ TABS 20 MG	2	
torsemide TABS 100 MG	1	QL(2 EA daily)
torsemide TABS 5 MG, 10 MG, 20 MG	1	
Potassium Sparing Diuretics		
amiloride hcl TABS	1	
spironolactone TABS	1	
triamterene CAPS	2	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
DIURIL SUSP	3	
hydrochlorothiazide CAPS	1	
hydrochlorothiazide TABS	1	
indapamide TABS 1.25 MG, 2.5 MG	1	
metolazone	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium SOLN	2	
alendronate sodium TABS 35 MG	1	Limit 1 tab per week; QL(0.144 EA daily)
alendronate sodium TABS 70 MG	1	Limit 1 tab per week; QL(0.15 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
calcitonin (salmon) IJ	4	PA
calcitonin (salmon) NA	1	
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ *(calcitonin (salmon))*	4	PA
PROLIA SOSY	4	PA
risedronate sodium TABS 150 MG	1	Limited to 1 per month; QL(0.04 EA daily); ST
risedronate sodium TABS 5 MG, 30 MG, 35 MG	1	ST
teriparatide SOPN	4	SP; PA
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
OSPHENA	3	QL(1 EA daily)
raloxifene hcl	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
betaine	4	PA
calcitriol CAPS 0.5 MCG	1	QL(4 EA daily)
calcitriol CAPS 0.25 MCG	1	
calcitriol SOLN PO	1	
cinacalcet hcl	2	PA
CYSTADANE ***(betaine)***	4	PA
doxercalciferol CAPS	2	
GALAFOLD	4	QL(0.5 EA daily); PA
KUVAN PACK ***(sapropterin dihydrochloride)***	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS ***(sapropterin dihydrochloride)***	4	Specialty Drug refer to Caremark SP RX

Drug Name	Drug Tier	Requirements/ Limits
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	2	
MYALEPT	4	PA
nitisinone CAPS 10 MG	1	PA
nitisinone CAPS 2 MG, 5 MG, 20 MG	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
paricalcitol CAPS	1	
sapropterin dihydrochloride PACK	4	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride TABS	4	Specialty Drug refer to Caremark SP RX
sodium phenylbutyrate POWD	2	SP; PA
sodium phenylbutyrate TABS	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated 0.01 %	1	
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.1 MG	1	
Progesterone Receptor Antagonists		
MIFEPREX ***(mifepristone)***	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
mifepristone	5	PV
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN 500 MCG/ML	4	PA
octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML	4	SP; PA
octreotide acetate SOSY	4	SP; PA
SANDOSTATIN SOLN 500 MCG/ML ***(octreotide acetate)***	4	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML ***(octreotide acetate)***	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG ***(tolvaptan)***	4	PA
tolvaptan TBPK 15 MG	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
estradiol valerate	1	QL(5 ML per fill retail)
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	1	
estradiol GEL	1	Limit 50gms per month; QL(1.67 GM daily)
estradiol PTTW	1	QL(0.29 EA daily)
estradiol PTWK	1	Limit 4 patches per month; QL(0.143 EA daily)
estradiol TABS	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	2	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
prucalopride succinate	1	QL(1 EA daily)
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
OCALIVA 10 MG	4	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	4	PA
CTEXLI 250 MG	4	PA
ursodiol CAPS	2	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	2	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	2	

Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1	Limit 280 caps per month; QL(9 EA daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	1	QL(8 EA daily); PA
mesalamine CPDR	1	QL(6 EA daily)
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	2	QL(1 EA daily)
mesalamine TBEC 800 MG	1	
mesalamine TBEC 1.2 GM	2	QL(4 EA daily)
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
sulfasalazine TABS	1	QL(8 EA daily)
sulfasalazine TBEC	1	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	4	
ENTEREG *(alvimopan)*	4	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
ferric citrate	1	ST; PA
FOSRENOL PACK	3	
lanthanum carbonate CHEW 1000 MG	2	QL(3 EA daily)
lanthanum carbonate CHEW 750 MG	2	QL(4 EA daily)
lanthanum carbonate CHEW 500 MG	2	
sevelamer carbonate PACK 2.4 GM	1	QL(5 EA daily)
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate TABS	1	
sevelamer hcl 400 MG	1	PA
sevelamer hcl 800 MG	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	RX/OTC
SOD CITRATE-CITRIC ACID	2	RX/OTC
sodium citrate & citric acid	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily)
CARDURA XL	3	
dutasteride	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl	1	
finasteride	1	QL(1 EA daily); AL(At least 40 yrs old)
silodosin 8 MG	1	QL(1 EA daily)
silodosin 4 MG	1	
tamsulosin hcl	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	
LITHOSTAT	3	
tiopronin TABS	2	
tiopronin TBEC	2	

Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 300 MG	1	QL(2 EA daily)
allopurinol 100 MG	1	QL(3 EA daily)
colchicine CAPS	1	
colchicine TABS	1	
febuxostat 40 MG	1	QL(2 EA daily)
febuxostat 80 MG	1	QL(1 EA daily)
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HEMLIBRA	4	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
KOVALTRY	4	PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN	4	SP; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIRAZYR SOSY *(icatibant acetate)*	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
icatibant acetate SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	4	ST; PA
TAVALISSE 150 MG	4	PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	4	PA
Platelet Aggregation Inhibitors		
anagrelide hcl	1	
aspirin-dipyridamole	2	
cilostazol	1	QL(2 EA daily)
clopidogrel bisulfate	1	QL(2 EA daily)
dipyridamole	1	
prasugrel hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
ticagrelor 60 MG, 90 MG	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
miglustat	4	ST; PA
ZAVESCA *(miglustat)*	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
glutamine (sickle cell)	2	SP; PA
SIKLOS TABS 1000 MG	4	AC; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
folic acid TABS 400 MCG, 800 MCG	5	PV
folic acid TABS 1 MG	1	RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 12.5 MG	4	QL(1 EA daily); PA
eltrombopag olamine PACK 25 MG	4	QL(1 EA daily); PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	QL(1 EA daily); PA
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG *(eltrombopag olamine)*	4	QL(1 EA daily); PA
PROMACTA PACK 12.5 MG *(eltrombopag olamine)*	4	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(eltrombopag olamine)*	4	QL(1 EA daily); PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	2	
aminocaproic acid TABS	2	
CYKLOKAPRON SOLN *(tranexamic acid)*	4	PA
tranexamic acid SOLN 1000 MG/10ML	4	PA
tranexamic acid TABS	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
Non-Barbiturate Hypnotics		
estazolam	1	
eszopiclone	1	QL(1 EA daily)
flurazepam hcl 15 MG	2	QL(2 EA daily)
flurazepam hcl 30 MG	2	QL(1 EA daily)
midazolam hcl SYRP	1	
quazepam	2	
temazepam 22.5 MG, 30 MG	1	QL(1 EA daily)
temazepam 15 MG	1	QL(2 EA daily)
temazepam 7.5 MG	1	
triazolam 0.125 MG	1	
triazolam 0.25 MG	1	QL(1 EA daily)
zaleplon	1	QL(1 EA daily)
zolpidem tartrate TABS	1	QL(1 EA daily)
zolpidem tartrate TBCR	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
ramelteon	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	5	QL(4000 ML per fill retail); PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	5	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	5	QL(4000 ML per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
lactulose SOLN	1	
polyethylene glycol 3350 POWD	1	Limit 528gms per month; QL(17.6 GM daily)
Saline Laxatives		
OSMOPREP	5	PV
Stimulant Laxatives		
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 250 MG	1	QL(6 EA per fill retail)
azithromycin TABS 600 MG	1	QL(10 EA per fill retail)
azithromycin TABS 500 MG	1	QL(3 EA daily)
ZITHROMAX PACK	3	
Clarithromycin		
clarithromycin SUSR	2	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
erythromycin base CPEP	2	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/RIBBED/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
WIDE-SEAL DIAPHRAGM 60	5	PV
WIDE-SEAL DIAPHRAGM 65	5	PV
WIDE-SEAL DIAPHRAGM 70	5	PV
WIDE-SEAL DIAPHRAGM 75	5	PV
WIDE-SEAL DIAPHRAGM 80	5	PV
WIDE-SEAL DIAPHRAGM 85	5	PV
WIDE-SEAL DIAPHRAGM 90	5	PV
WIDE-SEAL DIAPHRAGM 95	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARESENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ORIGINAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EQL THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS ULTRATHIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LITETOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS STANDARD	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MOBILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOLET OPD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURELITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TECHLITE AST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TGT LANCET THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TGT LANCET ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
THINLETS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD	2	Available through Mail Order; QL(6.67 EA daily)
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES	6	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY (300 MG DOSE) SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
ergotamine w/ caffeine TABS	1	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	2	QL(0.27 ML daily); PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	2	PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
almotriptan malate	1	Limit 6 per month; QL(0.2 EA daily)
eletriptan hydrobromide	1	Limit 6 tabs per month; QL(0.2 EA daily)
frovatriptan succinate	1	Limit 9 per month; QL(0.3 EA daily)
naratriptan hcl	1	Limit 9 per month; QL(0.3 EA daily)
rizatriptan benzoate TABS	1	Limit 18 tabs per month; QL(0.6 EA daily)
rizatriptan benzoate TBDP	1	Limit 18 tabs per month; QL(0.6 EA daily)
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
sumatriptan 5 MG/ACT	1	Limit 6 per month; QL(0.2 EA daily)
sumatriptan succinate SOAJ	1	PA
sumatriptan succinate SOCT	1	PA
sumatriptan succinate SOLN 6 MG/0.5ML	4	ST; Limit 2mls per month; QL(0.07 ML daily); PA
sumatriptan succinate TABS	1	Limit 9 per month; QL(2 EA daily)
zolmitriptan SOLN	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
zolmitriptan TABS	1	Limit 6 per month; QL(0.2 EA daily)
zolmitriptan TBDP	1	Limit 6 tabs per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		

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Drug Name	Drug Tier	Requirements/ Limits
Calcium		
CALCIFOL	3	
Fluoride		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
sodium fluoride CHEW 0.25 MG, 0.5 MG	5	AL(Up to 6 yrs old); PV
sodium fluoride CHEW 1 MG, 2.2 MG	1	AL(Up to 6 yrs old)
sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS 0.5 MG	5	AL(Up to 6 yrs old); PV
sodium fluoride TABS 1 MG	1	AL(Up to 6 yrs old)
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
potassium chloride microencapsulated crystals er	1	
potassium chloride CPCR	1	
potassium chloride PACK PO 20 MEQ	1	
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ***(potassium chloride)***	4	PA
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		

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Drug Name	Drug Tier	Requirements/ Limits
CUPRIMINE CAPS *(penicillamine)*	4	PA
DEPEN TITRATABS TABS *(penicillamine)*	4	
penicillamine CAPS	4	PA
penicillamine TABS	4	
SYPRINE *(trientine hcl)*	4	PA
trientine hcl 500 MG	4	PA
trientine hcl 250 MG	4	PA
Immunomodulators		
lenalidomide 10 MG, 15 MG, 20 MG, 25 MG	4	QL(1 EA daily); AC; PA
lenalidomide 2.5 MG, 5 MG	4	QL(1 EA daily); SP; AC; PA
lenalidomide 5 MG	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
THALOMID 50 MG, 100 MG	4	SP; AC; PA
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
azathioprine TABS 75 MG, 100 MG	2	
azathioprine TABS 50 MG	1	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	4	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	2	
mycophenolate mofetil TABS	1	
mycophenolate sodium	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN PO 100 MG/ML	3	
sirolimus SOLN	2	
sirolimus TABS	2	
tacrolimus CAPS	2	
THYMOGLOBULIN	3	administered under the medical benefit; PA
ZORTRESS *(everolimus (immunosuppressant))*	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MOUTH/THROAT/DENTAL AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
chlorhexidine gluconate (mouth-throat)	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 EA daily)
MUCOTROL WAFR	3	
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VITAMIN WITH FLUORIDE SOLN 0.25 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
ATABEX EC TBEC	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
CITRANATAL DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
C-NATE DHA CAPS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
FOLIVANE-OB	2	
M-NATAL PLUS TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
NEONATAL 19	3	
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	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC
NESTABS	3	
NESTABS DHA	2	
NESTABS ONE	3	
NIVA-PLUS TABS	2	RX/OTC
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX ONE (WITH DOCUSATE)	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PRENA 1 TRUE	2	
PRENA1	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
PRENATAL-U CAPS	2	
PRENATE	2	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
PRENATE ENHANCE	2	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX TABS	2	RX/OTC
PRENATRYL TABS	2	RX/OTC
RELNATE DHA CAPS	3	
SELECT-OB+DHA MISC	3	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-NATE DHA CAPS	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER TABS	2	RX/OTC
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
baclofen TABS 15 MG	1	QL(3 EA daily); PA
baclofen TABS 20 MG	1	QL(4 EA daily)
baclofen TABS 10 MG	1	QL(6 EA daily)
baclofen TABS 5 MG	1	
carisoprodol TABS	1	
chlorzoxazone TABS 250 MG	1	QL(4 EA daily)
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	
metaxalone 400 MG	1	
metaxalone 800 MG	1	QL(4 EA daily)
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	
tizanidine hcl CAPS	1	
tizanidine hcl TABS 4 MG	1	QL(9 EA daily)
tizanidine hcl TABS 2 MG	1	
Direct Muscle Relaxants		
dantrolene sodium CAPS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 sprayer per month; QL(1.2 ML daily)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)
fluticasone propionate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
mometasone furoate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1	QL(1.2 ML daily)
XHANCE EXHU	3	QL(1.07 ML daily); ST
NEUROMUSCULAR AGENTS - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	PA
RADICAVA ORS SUSP	4	PA
RELYVRIO	4	PA
riluzole TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
betaxolol hcl (ophth) SOLN	1	
BETIMOL 0.25 %	2	
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
dorzolamide hcl-timolol maleate	1	
levobunolol hcl 0.5 %	1	
timolol	1	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	1	
timolol maleate (ophth) SOLN	2	
Cycloplegic Mydriatics		

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Drug Name	Drug Tier	Requirements/ Limits
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
atropine sulfate (ophthalmic) OINT	1	
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOMYDRIL	3	
cyclopentolate hcl 1 %	1	
ISOPTO ATROPINE SOLN	2	
phenylephrine hcl (mydriatic) SOLN	1	
tropicamide SOLN	1	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
apraclonidine hcl	2	
brimonidine tartrate	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
bacitracin (ophthalmic)	2	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) SOLN	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
levofloxacin (ophth) 1.5 %	2	
moxifloxacin hcl (ophth) SOLN OP	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
ofloxacin (ophth)	1	QL(5 ML per fill retail; 5 per fill mail)
polymyxin b-trimethoprim	1	
POVIDONE-IODINE	3	
sulfacetamide sodium (ophth) OINT	1	
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	2	
trifluridine	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		

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Drug Name	Drug Tier	Requirements/ Limits
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
bacitracin-poly-neomycin-hc	1	QL(4 GM per fill retail; 4 per fill mail)
dexamethasone sodium phosphate (ophth)	1	
difluprednate	2	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
LOTEMAX OINT	3	
loteprednol etabonate GEL	2	
loteprednol etabonate SUSP	2	
MAXIDEX SUSP OP	2	
neomycin-polymy-dexameth OINT	1	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	
neomycin-polymyxin-hc (ophth)	1	
PRED MILD	2	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	
bepotastine besilate	1	QL(0.34 ML daily); ST

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Drug Name	Drug Tier	Requirements/ Limits
brinzolamide	1	Limit 10mls per month; QL(0.4 ML daily)
bromfenac sodium (ophth) 0.09 %	1	
bromfenac sodium (ophth) 0.07 %, 0.075 %	2	
cromolyn sodium (ophth)	1	
CYSTARAN	4	
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	Limit 10mls per month; QL(0.34 ML daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
olopatadine hcl 0.2 %	1	QL(0.09 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
latanoprost SOLN	1	QL(0.09 ML daily)
LATANOPROST SOLN	2	QL(0.09 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
tafluprost	1	QL(1 EA daily)
travoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	
Otic Anti-infectives		
ciprofloxacin hcl (otic)	2	QL(14 EA per fill retail)
ofloxacin (otic)	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		

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Drug Name	Drug Tier	Requirements/ Limits
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate TABS	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin sodium IJ 1 GM, 125 MG	4	PA
ampicillin CAPS 500 MG	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
PENICILLIN G POT IN DEXTROSE	4	PA
penicillin g potassium 5000000 UNIT, 20000000 UNIT	4	PA
penicillin g sodium	4	PA
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
ampicillin & sulbactam sodium IJ 2 GM-1 GM	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R	4	PA
BICILLIN C-R 900/300	4	PA
piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM	4	PA
UNASYN IJ 2 GM-1 GM *(ampicillin & sulbactam sodium)*	4	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IV 2 GM, 10 GM	4	PA
oxacillin sodium IV 10 GM	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
medroxyprogesterone acetate 10 MG	1	QL(1 EA daily)
megestrol acetate (appetite)	2	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 EA daily)
progesterone OIL	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	

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Drug Name	Drug Tier	Requirements/ Limits
disulfiram	1	
lofexidine hcl	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
donepezil hydrochloride TABS	1	QL(1 EA daily)
donepezil hydrochloride TBDP	1	QL(1 EA daily)
galantamine hydrobromide CP24	1	QL(1 EA daily)
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl-donepezil hcl CP24	1	PA
memantine hcl SOLN	1	
memantine hcl TABS	1	
memantine hcl TABS 10 MG	1	QL(2 EA daily)
memantine hcl TABS 5 MG	1	QL(4 EA daily)
NAMZARIC C4PK	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl 25 MG-6 MG	4	
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	2	
perphenazine-amitriptyline	1	
SYMBYAX 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	4	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 EA daily); SP; PA
tetrabenazine	2	SP; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
AVONEX PEN AJKT	4	PA
AVONEX PREFILLED PSKT	4	PA
BETASERON KIT	4	PA
dalfampridine	2	SP; PA
dimethyl fumarate CDPK	2	QL(60 EA per 365 day(s) retail)
dimethyl fumarate CPDR	2	QL(2 EA daily)
fingolimod hcl	2	QL(1 EA daily)
glatiramer acetate SOSY 20 MG/ML	2	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	4	SP; PA
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA
MAYZENT TABS 1 MG	4	SP; PA
PLEGRIDY STARTER PACK SOAJ	4	PA
PLEGRIDY STARTER PACK SOSY SC	4	PA
PLEGRIDY SOAJ	4	PA
PLEGRIDY SOSY IM	4	PA
PLEGRIDY SOSY SC	4	PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF TITRATION PACK SOSY	4	PA
REBIF SOSY	4	PA
teriflunomide	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	2	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
pimozide	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV
APO-VARENICLINE TABS 0.5 MG	5	QL(1 EA daily); PV
APO-VARENICLINE TABS 1 MG	5	QL(2 EA daily); PV
bupropion hcl (smoking deterrent)	5	PV
NICODERM CQ PT24 TD ***(nicotine)***	5	PV
NICORETTE MINI LOZG ***(nicotine polacrilex)***	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	5	PV
NICORETTE GUM *(nicotine polacrilex)*	5	PV
NICORETTE LOZG *(nicotine polacrilex)*	5	PV
nicotine polacrilex GUM	5	PV
nicotine polacrilex LOZG	5	PV
NICOTINE KIT	5	PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV
NICOTROL NS SOLN	5	PV
NICOTROL INHA	5	PV
varenicline tartrate TABS 1 MG	5	QL(2 EA daily); PV
varenicline tartrate TABS 0.5 MG	5	QL(1 EA daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ML daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
pirfenidone CAPS	2	QL(3 EA daily); SP; PA
pirfenidone TABS	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS 150 MG	2	ST
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	1	
doxycycline (monohydrate) TABS 75 MG	1	ST
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	1	
minocycline hcl CAPS	1	
minocycline hcl TABS 75 MG	1	PA
minocycline hcl TABS 50 MG, 100 MG	1	
tetracycline hcl CAPS	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	
propylthiouracil	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2	
ADTHYZA TABS 130 MG	3	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 EA daily)
levothyroxine sodium CAPS	2	
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
liothyronine sodium TABS 5 MCG	1	
liothyronine sodium TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
NIVA THYROID TABS	2	
NP THYROID TABS	2	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG *(levothyroxine sodium)*	2	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
BELLADONNA ALKALOIDS-OPIUM	3	
chlordiazepoxide hcl-clidinium bromide	1	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	
dicyclomine hcl TABS	1	
GLYCATE TABS	3	
glycopyrrolate SOLN PO 1 MG/5ML	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
methscopolamine bromide	1	
H-2 Antagonists		
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 EA daily)
famotidine SUSR	1	
famotidine TABS 40 MG	1	QL(2 EA daily)
famotidine TABS 20 MG	1	RX/OTC
nizatidine CAPS	1	
Misc. Anti-Ulcer		
sucralfate SUSP	1	

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Drug Name	Drug Tier	Requirements/ Limits
sucralfate TABS	1	QL(4 EA daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
lansoprazole CPDR	1	QL(1 EA daily); RX/OTC
lansoprazole TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
lansoprazole TBDD 30 MG	2	QL(1 EA daily); AL(Up to 12 yrs old)
omeprazole magnesium CPDR	1	QL(1 EA daily)
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily)
omeprazole CPDR 10 MG	1	
pantoprazole sodium PACK	2	QL(1 EA daily)
pantoprazole sodium TBEC	1	QL(1 EA daily)
PRILOSEC PACK	3	PA
RABEPRAZOLE SODIUM CPSP	3	PA
rabeprazole sodium TBEC	1	QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

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Drug Name	Drug Tier	Requirements/ Limits
darifenacin hydrobromide	2	
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily)
oxybutynin chloride TB24	1	
solifenacin succinate TABS 5 MG	1	
solifenacin succinate TABS 10 MG	1	QL(1 EA daily)
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Viral Vaccines		
ABRYSVO	5	PV
AFLURIA QUADRIVALENT SUSY 0.5 ML	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUAD QUADRIVALENT	5	PV
FLUARIX QUADRIVALENT SUSY	5	PV
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLULAVAL QUADRIVALENT SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV
FLUZONE QUADRIVALENT SUSY	5	PV
HEPLISAV-B SOSY	5	Medical Benefit; PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
SHUR-SEAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	3	
GYNAZOLE-1	3	
metronidazole vaginal	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	4	PA
NORTHERA *(droxidopa)*	4	PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
ergocalciferol CAPS	1	
phytonadione TABS 5 MG	2	

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