California

AON Benefit Experience Drug List

The AON Benefit Experience 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 All previous versions are no longer in effect.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 http://www.healthnet.com/myaon or call us at 1-888-926-1692. Refer to the Evidence of Coverage for specific cost share information.

AON Benefit Experience Drug List

Go to Drug List Use the "AON Benefit Experience" Drug List - California.

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 **1-888-926-1692**

Hours of Operation
8:00am – 6:00pm Monday through Friday

Updated January 1, 2026

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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 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 latest 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 medical condition. 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 categorical or therapeutic categories. If you know what therapeutic category and class 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
phentermine hcl caps	1	PA

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

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

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 Class	Benefit Phase	Maximum Cost Share	Days Supply
Oral Cancer Drugs	Before Deductible Is Met	$250	30 Days
All other on-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 enrollee is required to pay shall not exceed two hundred fifty dollars ($250) for an individual prescription of up to a 30-day supply.

Nonpreferred Generic Drugs have been placed at Tier 2.

Tier Descriptions

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

Tier	*Description*
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

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).
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 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 approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
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 insulins, 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.
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.
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.

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 the tier placement of a drug results in an increase in cost sharing.
- Adding or changing utilization management procedures applicable to a drug.

If 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 insurer 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 enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when criteria is met.

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.
  - Poses 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 are 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.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the CVS Caremark 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. 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 Get Forms - Pharmacy mail order 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.

Are infertility drugs covered?

Check your plan documents for your specific coverage. A new regulation (SB 729) requires new and renewing Groups, after July 1, 2025, will pay only their Tier copayment. Many Groups currently have a 50% coinsurance, which will go away after their renewal.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that include diet, exercise and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	**Self-injected Medications**
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Saxenda
Phentermine	Zepbound
Orlistat (Xenical)	

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 insurer 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 for 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 health care provider 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 an 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)
amphetamine-dextroamphetamine TABS	1	
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	1	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily)
methamphetamine hcl	1	PA
VYVANSE CHEW	3	QL(1 EA daily)
Analeptics		
caffeine citrate SOLN PO	1	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily)
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily)
clonidine hcl (adhd) TB12	1	QL(4 EA daily)
guanfacine hcl (adhd)	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Stimulants - Misc.		
armodafinil	1	PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily)
dexmethylphenidate hcl TABS	1	QL(2 EA daily)
methylphenidate hcl CHEW	1	
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CP24 60 MG	1	QL(1 EA daily; 90 EA per fill retail)
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)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily)
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG	1	QL(1 EA daily)
methylphenidate hcl TBCR 10 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	1	QL(2 EA daily)
methylphenidate PTCH	1	QL(1 EA daily)
modafinil	1	QL(1 EA daily)
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

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs 5=Preventive Drugs 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
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	3	SP; PA
HUMATIN	2	SP
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	3	SP; PA
tobramycin NEBU	1	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	3	QL(12 ML daily); SP; PA
RINVOQ TB24	3	QL(1 EA daily); SP; PA
XELJANZ XR TB24	3	QL(1 EA daily); SP; PA
XELJANZ SOLN	3	QL(10 ML daily); SP; PA
XELJANZ TABS	3	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	SP; 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	SP; PA
RASUVO SOAJ 20 MG/0.4ML	3	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3	Check Plan Documents for coverage; QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3	QL(0.072 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY	3	QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3	Check plan documents for coverage; QL(0.143 ML daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	3	QL(0.143 ML daily); SP; PA
HADLIMA SOSY	3	QL(0.143 ML daily); SP; PA
HUMIRA (2 PEN) AJKT	3	QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT	3	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	3	QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	3	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PED>/=40KG CROHNS START PSKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-PED>/=40KG UC STARTER AJKT	3	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	QL(0.143 EA daily); SP; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
Gold Compounds		
AURANOFIN 3 MG	3	
RIDAURA	3	
Interleukin-1 Blockers		
ARCALYST	3	SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	3	QL(0.082 ML daily); SP; PA
KEVZARA SOSY	3	QL(0.082 ML daily); SP; 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	1	
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 CAPS 400 MG	1	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	1	
indomethacin SUSP	1	
ketoprofen CP24	1	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail)
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	1	
meloxicam SUSP	1	
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 10 MG	1	
piroxicam CAPS 20 MG	1	QL(1 EA daily)
sulindac TABS 150 MG	1	QL(2 EA daily)
sulindac TABS 200 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TABS	3	QL(2 EA daily); SP; PA
OTEZLA TBPK	3	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide 10 MG	1	QL(2 EA daily)
leflunomide 20 MG	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	3	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	3	QL(0.143 ML daily); SP; PA
ENBREL SOLN	3	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	3	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	3	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(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	1	
butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	1	
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	
codeine sulfate TABS 30 MG	1	
CODEINE SULFATE TABS	2	
fentanyl citrate LPOP 1600 MCG	1	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	1	PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
hydrocodone bitartrate CP12	1	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)
levorphanol tartrate TABS	1	PA
meperidine hcl SOLN PO 50 MG/5ML	1	
meperidine hcl TABS 50 MG	1	
methadone hcl CONC	1	
methadone hcl SOLN PO	1	
methadone hcl TABS	1	QL(12 EA daily)
morphine sulfate beads	1	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 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	
morphine sulfate SUPP	1	
morphine sulfate TABS	1	
morphine sulfate TBCR	1	QL(3 EA daily)
OXAYDO TABS 7.5 MG	3	QL(4 EA daily)
OXAYDO TABS 5 MG	2	
oxycodone hcl CAPS	1	
oxycodone hcl CONC 100 MG/5ML	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS 30 MG	1	QL(4 EA daily)
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
oxymorphone hcl TABS 5 MG	1	
oxymorphone hcl TABS 10 MG	1	QL(8 EA daily)
oxymorphone hcl TB12	1	QL(2 EA daily)
tramadol hcl TABS 50 MG	1	QL(8 EA daily)
tramadol hcl TABS 100 MG	1	
tramadol hcl TB24	1	
tramadol hcl TB24 100 MG	1	QL(3 EA daily)
tramadol hcl TB24 200 MG	1	QL(1 EA daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	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-5 MG	1	QL(6 EA daily)
acetaminophen w/ codeine SOLN	1	
acetaminophen w/ codeine TABS 60 MG-300 MG	1	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	
butalbital-acetaminophen-caffeine w/ codeine	1	
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 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	1	
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	QL(6 EA daily)
tramadol-acetaminophen	1	QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 EA daily)
buprenorphine hcl SUBL 8 MG	1	QL(4 EA daily)
buprenorphine hcl SUBL 2 MG	1	QL(3 EA daily)
buprenorphine PTWK	1	Limit 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		
(Methyltestosterone) METHITEST TABS	1	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
danazol CAPS	1	
methyltestosterone CAPS	1	
testosterone cypionate SOLN IM	1	QL(10 ML per fill retail)
testosterone enanthate SOLN IM	1	
testosterone GEL TD	1	QL(10 GM daily)
testosterone GEL TD 10 MG/ACT	1	QL(4 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
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	
Vasodilating Agents		
nitroglycerin (intra-anal)	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP
ivermectin	1	QL(5 EA per fill retail); PA
praziquantel	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 1000 MG	1	
ranolazine TB12 500 MG	1	QL(4 EA daily)
Nitrates		
isosorbide dinitrate TABS	1	
isosorbide mononitrate TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
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.		
buspirone hcl	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
meprobamate	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	1	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN PO 5 MG/5ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
diazepam TABS 2 MG, 5 MG	1	
diazepam TABS 10 MG	1	QL(4 EA daily)
lorazepam CONC	1	
lorazepam TABS	1	
oxazepam CAPS 30 MG	1	QL(2 EA daily)
oxazepam CAPS 10 MG, 15 MG	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	
NORPACE CR CP12	3	
quinidine gluconate TBCR	1	
quinidine sulfate TABS	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS 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	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	3	SP; PA
FASENRA SOSY 10 MG/0.5ML	3	SP; PA
FASENRA SOSY 30 MG/ML	3	SP; PA
NUCALA SOAJ	3	SP; PA
NUCALA SOLR	3	SP; PA
NUCALA SOSY	3	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 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
tiotropium bromide monohydrate CAPS	1	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	1	
ZYFLO TABS	3	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	1	QL(1 EA daily)
Steroid Inhalants		

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Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ML daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	1	QL(4 ML daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	1	QL(8 ML daily)
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1	QL(1 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 (inhalation) AEPB 100 MCG/ACT	1	QL(20 EA daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(0.8 GM daily)
fluticasone propionate hfa 44 MCG/ACT	1	Limit 2 inhalers per month; QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
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(0.47 GM daily)
albuterol sulfate AERS	1	QL(0.57 GM daily)
albuterol sulfate NEBU	1	
albuterol sulfate NEBU	1	
ALBUTEROL SULFATE NEBU	2	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
arformoterol tartrate	1	QL(4 ML daily)
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	1	QL(4 ML daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
levalbuterol tartrate	1	QL(0.5 GM daily)
PROAIR RESPICLICK AEPB	2	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	QL(0.14 GM daily)
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	2	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 450 MG	1	QL(1 EA daily)
theophylline TB12 300 MG	1	QL(2 EA daily)
theophylline TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
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 SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail)
rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 EA daily)
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)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(42 ML per 7 day(s) retail); SP; PA
enoxaparin sodium SOSY 40 MG/0.4ML	1	QL(5.6 ML per 7 day(s) retail); SP; PA
enoxaparin sodium SOSY 60 MG/0.6ML	1	QL(8.4 ML per 7 day(s) retail); SP; PA
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(14 ML per 7 day(s) retail); SP; PA
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(11.2 ML per 7 day(s) retail); SP; PA
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(4.2 ML per 7 day(s) retail); SP; PA
fondaparinux sodium 2.5 MG/0.5ML	1	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); SP; PA
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	1	SP; PA
FRAGMIN SOLN 95000 UNIT/3.8ML	3	SP; 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	3	SP; PA
FRAGMIN SOSY 2500 UNIT/0.2ML	3	QL(7 ML per 90 day(s) retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 110 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	1	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ML daily)
FYCOMPA TABS 6 MG	3	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily)
FYCOMPA TABS 2 MG	3	QL(6 EA daily)
FYCOMPA TABS 4 MG	3	QL(3 EA daily)
perampanel TABS 8 MG, 10 MG, 12 MG	1	QL(1 EA daily)
perampanel TABS 6 MG	1	QL(2 EA daily)
perampanel TABS 4 MG	1	QL(3 EA daily)
perampanel TABS 2 MG	1	QL(6 EA daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	
clobazam TABS 10 MG	1	QL(1 EA daily)
clobazam TABS 20 MG	1	QL(2 EA daily)
clonazepam TABS	1	
clonazepam TBDP	1	
diazepam (anticonvulsant) GEL	1	QL(0.14 EA daily)
NAYZILAM	3	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	1	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
carbamazepine CHEW 100 MG	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 100 MG	1	
carbamazepine TB12 200 MG	1	QL(8 EA daily)
carbamazepine TB12 400 MG	1	QL(4 EA daily)
DIACOMIT CAPS 250 MG	3	QL(12 EA daily); SP; PA
DIACOMIT CAPS 500 MG	3	QL(6 EA daily); SP; PA
DIACOMIT PACK 250 MG	3	QL(12 EA daily); SP; PA
DIACOMIT PACK 500 MG	3	QL(6 EA daily); SP; PA
EPIDIOLEX	3	SP; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1	QL(1 EA daily); ST
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	
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

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Drug Name	Drug Tier	Requirements/ Limits
lamotrigine CHEW	1	
lamotrigine KIT 25 MG	1	
lamotrigine KIT	1	PA
lamotrigine TABS	1	
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	1	QL(1 EA daily); PA
lamotrigine TB24 300 MG	1	QL(2 EA daily); PA
lamotrigine TB24 250 MG	1	PA
lamotrigine TBDP	1	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)
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 150 MG, 300 MG	1	
oxcarbazepine TB24 600 MG	1	QL(4 EA daily)
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	1	SP
rufinamide TABS 400 MG	1	QL(8 EA daily); SP
rufinamide TABS 200 MG	1	SP

Drug Name	Drug Tier	Requirements/ Limits
topiramate CP24 200 MG	1	QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	1	PA
topiramate CPSP 15 MG, 25 MG	1	
topiramate CS24 25 MG, 50 MG	1	QL(2 EA daily); PA
topiramate CS24 100 MG, 150 MG, 200 MG	1	QL(1 EA daily); PA
topiramate TABS 50 MG	1	QL(8 EA daily)
topiramate TABS 100 MG	1	QL(4 EA daily)
topiramate TABS 25 MG	1	
topiramate TABS 200 MG	1	QL(2 EA daily)
zonisamide CAPS 25 MG, 50 MG	1	
zonisamide CAPS 100 MG	1	QL(6 EA daily)
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 EA daily); SP
(Vigabatrin) VIGADRONE TABS	1	SP
tiagabine hcl	1	
vigabatrin PACK	1	QL(6 EA daily); SP
vigabatrin TABS	1	SP
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
Valproic Acid		
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	
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
bupropion hcl TB24 450 MG	1	QL(1 EA daily); ST
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	3	SP; PA
SPRAVATO (84 MG DOSE)	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)		
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 10 MG, 20 MG	1	
fluoxetine hcl CAPS 40 MG	1	QL(1 EA daily)
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)
fluoxetine hcl TABS 10 MG	1	
fluvoxamine maleate CP24 100 MG	1	QL(3 EA daily)
fluvoxamine maleate CP24 150 MG	1	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1	
paroxetine hcl SUSP	1	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
sertraline hcl CONC	1	
sertraline hcl TABS	1	QL(2 EA daily)
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl TABS	1	
TRINTELLIX	3	ST

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Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD STARTER PACK KIT	3	PA
vilazodone hcl TABS 20 MG	1	QL(2 EA daily)
vilazodone hcl TABS 10 MG, 40 MG	1	
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 150 MG	1	QL(2 EA daily)
venlafaxine hcl CP24 37.5 MG, 75 MG	1	QL(1 EA daily)
venlafaxine hcl TABS	1	
venlafaxine hcl TB24 225 MG	1	
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
clomipramine hcl	1	
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	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-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS	2	QL(2 EA daily)
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	1	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 *(dapagliflozin propanediol-metformin hcl)*	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)

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Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Biguanides		
metformin hcl SOLN	1	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	
metformin hcl TB24 500 MG, 750 MG	1	
Diabetic Other		
diazoxide	1	
glucagon (rdna)	3	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate 25 MG	1	QL(1 EA daily); PA
alogliptin benzoate 6.25 MG, 12.5 MG	1	PA
JANUVIA	2	QL(1 EA daily)
saxagliptin hcl	1	QL(1 EA daily)
Incretin Mimetic Agents		
liraglutide	1	Not available through mail order; QL(9 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(1.5 ML per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
TRULICITY	2	Not available through mail order; QL(2 ML per 28 day(s) retail); PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	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 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	QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
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 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	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 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
LANTUS SOLN	2	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	2	Limit 45mls per month; QL(1.5 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 *(dapagliflozin propanediol)*	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		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	1	SP; PA
deferasirox TABS	1	SP; PA
deferasirox TBSO	1	SP; PA
deferiprone TABS	1	SP

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Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX SOLN	3	Not available through mail order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	3	SP; PA
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP 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
naltrexone hcl	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl TABS	1	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	3	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
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 2.5 MG, 5 MG	1	PA
dronabinol CAPS 10 MG	1	PA
SYNDROS SOLN	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 EA daily)
aprepitant CAPS 40 MG	1	Limit 2 per month; QL(0.07 EA daily)
aprepitant CAPS	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		
flucytosine	1	
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)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	PA
itraconazole SOLN	1	PA
ketoconazole	1	
posaconazole SUSP	1	
posaconazole TBEC	1	
TOLSURA CAPS	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
voriconazole SUSR	1	
voriconazole TABS	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) CARBZAH SOLN	1	
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	1	
clemastine fumarate SYRP	1	
clemastine fumarate TABS 2.68 MG	1	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC
desloratadine TABS	1	QL(1 EA daily); PA
desloratadine TBDP	1	PA
levocetirizine dihydrochloride SOLN	1	PA; RX/OTC
levocetirizine dihydrochloride TABS	1	QL(1 EA daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
promethazine hcl SUPP 12.5 MG, 25 MG	1	
promethazine hcl TABS 25 MG	1	QL(6 EA daily)
promethazine hcl TABS 50 MG	1	QL(3 EA daily)
promethazine hcl TABS 12.5 MG	1	
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	
cholestyramine POWD	1	
colesevelam hcl PACK	1	QL(1 EA daily)
colesevelam hcl TABS	1	QL(7 EA daily)
colestipol hcl GRAN	1	
colestipol hcl PACK	1	
colestipol hcl TABS	1	
Fibric Acid Derivatives		

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Drug Name	Drug Tier	Requirements/ Limits
choline fenofibrate 45 MG	1	
choline fenofibrate 135 MG	1	QL(1 EA daily)
fenofibrate micronized 130 MG, 200 MG	1	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 134 MG	1	
fenofibrate CAPS	1	
fenofibrate TABS 54 MG	1	QL(2 EA daily)
fenofibrate TABS 48 MG	1	
fenofibrate TABS 145 MG, 160 MG	1	QL(1 EA daily)
fenofibric acid	1	
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 40 MG	1	QL(2 EA daily); PV
lovastatin TABS 10 MG, 20 MG	1	QL(1 EA daily); PV
pitavastatin calcium	1	QL(1 EA daily)
pravastatin sodium 10 MG, 20 MG, 80 MG	1	QL(1 EA daily)
pravastatin sodium 40 MG	1	QL(2 EA daily)
rosuvastatin calcium TABS	1	QL(1 EA daily)
simvastatin TABS	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	3	SP; PA
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
niacin (antihyperlipidemic) TABS	1	
niacin (antihyperlipidemic) TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	3	SP; 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 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
lisinopril TABS 40 MG	1	QL(2 EA daily)
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		
phenoxybenzamine hcl	1	Not available through mail order
Angiotensin II Receptor Antagonists		
candesartan cilexetil 32 MG	1	QL(1 EA daily)
candesartan cilexetil 4 MG, 8 MG, 16 MG	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil 5 MG, 20 MG	1	
olmesartan medoxomil 40 MG	1	QL(1 EA daily)
telmisartan 80 MG	1	QL(1 EA daily)
telmisartan 20 MG, 40 MG	1	
valsartan TABS 40 MG, 80 MG, 320 MG	1	
valsartan TABS 160 MG	1	QL(2 EA daily)
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	
prazosin hcl CAPS	1	
terazosin hcl 1 MG, 2 MG, 5 MG	1	
terazosin hcl 10 MG	1	QL(2 EA daily)
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
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-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 25 MG-20 MG	1	QL(2 EA daily)
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
losartan potassium & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide TABS	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
telmisartan-amlodipine	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	
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		
Anti-infective Agents - Misc.		
metronidazole CAPS	1	
metronidazole TABS 250 MG, 500 MG	1	
pentamidine isethionate IN	1	
tinidazole	1	
trimethoprim TABS	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(2 EA daily; 9 EA per fill retail); 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	1	
nitazoxanide TABS	1	
Glycopeptides		
vancomycin hcl CAPS	1	QL(2 EA daily)
Leprostatics		
dapsone 25 MG	1	
dapsone 100 MG	1	QL(4 EA daily)
Lincosamides		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Oxazolidinones		
linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
linezolid TABS	1	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
fosfomycin tromethamine	1	
methenamine hippurate	1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)
Antimalarials		
chloroquine phosphate TABS	1	
hydroxychloroquine sulfate 200 MG	1	
mefloquine hcl	1	QL(6 EA per fill retail; 6 per fill mail)
primaquine phosphate TABS	1	
quinine sulfate CAPS 324 MG	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	SP; PA
pyridostigmine bromide SOLN PO	1	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
rifampin CAPS	1	
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	1	SP; AC
Antimetabolites		
capecitabine	1	SP; AC
mercaptopurine SUSP 2000 MG/100ML	1	
mercaptopurine TABS	1	AC
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	3	SP; AC; PA
TABLOID	3	SP; AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	3	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	SP; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP; AC; PA
VENCLEXTA TABS 50 MG	3	SP; AC; PA
VENCLEXTA TABS 10 MG	3	QL(2 EA daily); SP; AC; PA
VENCLEXTA TABS 100 MG	3	QL(4 EA daily); SP; AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	1	SP; AC; PA
gefitinib	1	SP; AC; PA
GILOTRIF	3	SP; AC; PA
TAGRISSO	3	SP; AC; PA
VIZIMPRO	3	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	SP; PA
ERIVEDGE	3	SP; AC; PA
ODOMZO	3	SP; AC; PA
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	1	SP; AC; PA
abiraterone acetate	1	SP; AC; PA
anastrozole	1	QL(1 EA daily); PV; AC
bicalutamide	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG	3	SP; PA
EMCYT	2	SP; AC
ERLEADA	3	SP; AC; PA
EULEXIN	2	AC
exemestane	1	PV; AC

Drug Name	Drug Tier	Requirements/ Limits
letrozole	1	AC
leuprolide acetate KIT IJ 1 MG/0.2ML	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	3	SP; PA
LYSODREN	2	SP; AC
megestrol acetate SUSP	1	AC
megestrol acetate TABS	1	AC
nilutamide	1	AC
NUBEQA	3	SP; AC; PA
tamoxifen citrate TABS	1	PV; AC
toremifene citrate	1	AC
XTANDI CAPS	3	SP; AC; PA
XTANDI TABS	3	SP; AC; PA
YONSA	3	SP; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	3	SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	3	QL(1 EA daily); SP; PA
AYVAKIT	3	QL(1 EA daily); SP; AC; PA
Antineoplastic Combinations		
INQOVI	3	SP; PA
KISQALI FEMARA (200 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	2	SP; AC; PA
LONSURF	3	SP; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	1	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
ALECENSA	3	SP; AC; PA
ALUNBRIG TABS	3	SP; AC; PA
ALUNBRIG TBPK	3	SP; AC; PA
BALVERSA	3	SP; AC; PA
BOSULIF CAPS	3	SP; AC; PA
BOSULIF TABS	3	SP; AC; PA
BRAFTOVI 75 MG	3	SP; AC; PA
BRUKINSA	3	QL(4 EA daily); SP; PA
CABOMETYX TABS 20 MG, 60 MG	3	QL(1 EA daily); SP; AC; PA
CABOMETYX TABS 40 MG	3	QL(2 EA daily); SP; AC; PA
CALQUENCE	3	QL(2 EA daily); SP; AC; PA
CAPRELSA	3	SP; AC
COMETRIQ (100 MG DAILY DOSE) KIT	3	SP; AC
COMETRIQ (140 MG DAILY DOSE) KIT	3	SP; AC
COMETRIQ (60 MG DAILY DOSE) KIT	3	SP; AC
COPIKTRA	3	SP; AC; PA
COTELLIC	3	SP; AC; PA
dasatinib	1	SP; AC; PA
everolimus TABS	1	QL(1 EA daily); SP; AC; PA
everolimus TBSO	1	QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	3	SP; AC; PA
IBRANCE TABS	3	SP; AC; PA
ICLUSIG	3	QL(1 EA daily); SP; AC; PA
IDHIFA	3	SP; AC; PA
imatinib mesylate TABS 400 MG	1	QL(2 EA daily); SP; AC; PA
imatinib mesylate TABS 100 MG	1	QL(3 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	3	QL(1 EA daily); SP; AC; PA
IMBRUVICA CAPS 140 MG	3	QL(3 EA daily); SP; AC; PA
IMBRUVICA SUSP	3	QL(8 ML daily); SP; AC; PA
IMBRUVICA TABS	3	QL(1 EA daily); SP; AC; PA
INREBIC	3	SP; AC; PA
JAKAFI	3	QL(2 EA daily); SP; AC
KISQALI (200 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KISQALI (400 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
KOSELUGO	3	SP; PA
lapatinib ditosylate	1	SP; AC; PA
LORBRENA	3	SP; AC; PA
LUMAKRAS 320 MG	3	QL(3 EA daily); SP; PA
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); SP; PA
LYNPARZA TABS	3	QL(4 EA daily); SP; AC; PA
MEKINIST TABS	3	SP; AC; PA
MEKTOVI	3	SP; AC; PA
NERLYNX	3	SP; AC; PA
nilotinib hcl 50 MG, 150 MG, 200 MG	1	QL(4 EA daily); SP; PA
NINLARO	3	QL(0.1 EA daily); SP; AC; PA
pazopanib hcl	1	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	3	SP; PA
PIQRAY (250 MG DAILY DOSE)	3	SP; PA
PIQRAY (300 MG DAILY DOSE)	3	SP; PA
QINLOCK	3	SP; AC; PA
RETEVMO CAPS	3	SP; AC; PA
RUBRACA	3	SP; AC; PA
RYDAPT	3	SP; AC; PA
sorafenib tosylate	1	SP; AC; PA
STIVARGA	3	SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	1	QL(1 EA daily); SP; AC; PA
sunitinib malate 25 MG	1	SP; AC; PA
TABRECTA	3	SP; AC; PA
TAFINLAR CAPS	3	SP; AC; PA
TAFINLAR TBSO	3	SP; AC; PA
TALZENNA	3	SP; AC; PA
TAZVERIK	3	SP; PA
TIBSOVO	3	SP; PA
VERZENIO	3	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	3	SP; PA
VITRAKVI SOLN	3	SP; PA
VOTRIENT	3	SP; AC; PA
XALKORI CAPS	3	SP; AC; PA
XOSPATA	3	SP; PA
ZEJULA CAPS	3	SP; AC; PA
ZEJULA TABS	3	SP; PA
ZELBORAF	3	SP; AC; PA
ZOLINZA	3	SP; AC; PA
ZYDELIG	3	SP; AC; PA
ZYKADIA TABS	3	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	3	SP; PA
bexarotene	1	SP; AC; PA
hydroxyurea	1	AC
MATULANE	3	SP; AC
tretinoin (chemotherapy)	1	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	1	AC
mesna TABS	1	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
etoposide CAPS	1	SP; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
entacapone	1	
tolcapone	1	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 EA daily)
carbidopa-levodopa TBDP	1	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
pramipexole dihydrochloride TABS 1 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 EA daily)
pramipexole dihydrochloride TB24 3 MG	1	QL(1 EA daily)
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	1	
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
ropinirole hydrochloride TB24 12 MG	1	QL(2 EA daily)
RYTARY CPCR	3	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	
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	
Antipsychotics - Misc.		
EQUETRO	3	
lurasidone hcl	1	
NUPLAZID CAPS	3	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	3	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		
paliperidone	1	
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	1	
clozapine TABS	1	
clozapine TBDP	1	
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 300 MG, 400 MG	1	QL(2 EA daily)
quetiapine fumarate TABS 200 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TB24	1	
VERSACLOZ SUSP	3	QL(18 ML daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
chlorpromazine hcl TABS	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	QL(2 EA daily)
prochlorperazine maleate TABS	1	
thioridazine hcl 50 MG	1	QL(4 EA daily)
thioridazine hcl 10 MG, 25 MG, 100 MG	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
aripiprazole SOLN PO	1	
aripiprazole TABS 20 MG	1	QL(1 EA daily)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
aripiprazole TABS 15 MG	1	QL(2 EA daily)
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 TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY	2	
CIMDUO	2	
darunavir TABS	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	PV
DESCOVY 120 MG-15 MG	2	
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-rilpivirine-tenofovir disoproxil fumarate	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
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
FUZEON SOLR	3	SP; PA
GENVOYA	2	
INTELENCE 25 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
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	
nevirapine TABS	1	
nevirapine TB24 400 MG	1	
NORVIR CAPS	2	
NORVIR PACK	3	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG	2	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	3	
SELZENTRY SOLN	2	
STRIBILD	2	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TYBOST	2	
VIRACEPT TABS	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
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	QL(21 ML daily)
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	1	
entecavir TABS	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
lamivudine (hbv) TABS	1	
MAVYRET TABS	3	SP; PA
PEGASYS SOLN	3	SP; PA
ribavirin (hepatitis c) CAPS	1	SP; PA
VEMLIDY	3	SP; PA
VOSEVI	2	SP; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	

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Drug Name	Drug Tier	Requirements/ Limits
acyclovir TABS PO 800 MG	1	QL(5 EA daily)
acyclovir TABS PO 400 MG	1	
famciclovir	1	
valacyclovir hcl 1 GM	1	QL(4 EA daily)
valacyclovir hcl 500 MG	1	QL(8 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(0.67 EA daily)
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
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol 3.125 MG	1	QL(2 EA daily)
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		
HEMANGEOL SOLN PO	3	SP; 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	
timolol maleate TABS 10 MG	1	QL(6 EA daily)
timolol maleate TABS 5 MG, 20 MG	1	QL(2 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)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
amlodipine besylate TABS 5 MG, 10 MG	1	QL(1 EA daily)
amlodipine besylate TABS 2.5 MG	1	QL(2 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)
nimodipine CAPS	1	
nimodipine SOLN	1	
nisoldipine	1	
verapamil hcl CP24 360 MG	1	QL(1 EA daily)
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	1	
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	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1	PA
ENTRESTO CPSP	3	QL(2 EA daily); PA
isosorbide dinitrate-hydralazine hcl	1	
sacubitril-valsartan TABS	1	QL(2 EA daily)
Impotence Agents		
sildenafil citrate	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
tadalafil 5 MG, 10 MG, 20 MG	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
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	3	SP; PA
ORENITRAM MONTH 2 TEPK	3	SP; PA
ORENITRAM MONTH 3 TEPK	3	SP; PA
ORENITRAM TBCR	3	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	3	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI TITRATION KIT POWD	3	QL(7 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	3	SP; PA
TYVASO STARTER KIT SOLN IN	3	SP; PA
TYVASO SOLN IN	3	SP; PA
VENTAVIS IN	3	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	QL(1 EA daily); SP; PA
bosentan TABS	1	SP; PA
bosentan TBSO 32 MG	1	SP; PA
OPSUMIT	3	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	1	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	1	QL(3 EA daily); SP; PA
tadalafil (pulmonary hypertension) TABS	1	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	3	SP; PA
UPTRAVI TABS 200 MCG	3	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	SP; PA
Sinus Node Inhibitors		
ivabradine hcl TABS	1	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 EA daily); SP; PA
VYNDAQEL	3	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, 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
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 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

Drug Name	Drug Tier	Requirements/ Limits
(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, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(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	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

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Drug Name	Drug Tier	Requirements/ Limits
(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, 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, VYFEMLA, WERA 35 MCG-1 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, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, 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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(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), LUIZZA 1.5/30, LUIZZA 1/20, 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), LUIZZA 1.5/30, LUIZZA 1/20, 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	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
(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
desogestrel-ethinyl estradiol (biphasic)	5	PV
drospirenone-ethinyl estradiol	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV
ethynodiol diacet & eth estrad	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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
TYBLUME CHEW	5	PV
Combination Contraceptives - Transdermal		
(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
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
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, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, 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	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	3	SP; PA
budesonide CPEP	1	QL(3 EA daily)
budesonide TB24	1	PA
CORTISONE ACETATE TABS	2	
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
dexamethasone TBPK	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone TABS	1	
MEDROL TABS	2	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
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 TABS	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG	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	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
CODITUSSIN AC LIQD	3	
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
promethazine & phenylephrine SYRP	1	QL(30 ML daily)
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	
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 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
NEBUSAL NEBU	2	
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, GNP ADAPALENE GEL 0.1 %	1	Limited 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	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG	1	QL(2 EA daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
(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	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 GM daily)
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	1	
adapalene CREA	1	Limited 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	Limited 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	1	QL(1 GM daily)
dapsone (topical) 7.5 %	1	QL(2 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
dapsone (topical) 5 %	1	PA
DIFFERIN LOTN	2	Limit 59mls per month; QL(1.97 ML daily)
erythromycin (acne aid) GEL	1	
erythromycin (acne aid) SOLN	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
isotretinoin	1	QL(2 EA daily)
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LOTN	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	3	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
tretinoin microsphere 0.04 %	1	Limit 50gms per month; QL(1.7 GM daily)
tretinoin microsphere 0.1 %	1	QL(1.7 GM daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.05 %	1	Limit 45gms per month; QL(1.5 GM daily)
tretinoin GEL 0.01 %, 0.025 %	1	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
ALTABAX	3	

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin OINT	1	
NEO-SYNALAR	3	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	1	
(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	
iodoquinol-hydrocortisone in aloe vehicle	1	
ketoconazole (topical) CREA	1	QL(2 GM daily)
ketoconazole (topical) FOAM	1	
ketoconazole (topical) SHAM 2 %	1	
naftifine hcl CREA	1	
naftifine hcl GEL 2 %	1	
NAFTIN GEL 1 %	3	
nystatin (topical) CREA	1	

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Drug Name	Drug Tier	Requirements/ Limits
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	1	
OXISTAT LOTN	3	
sulconazole nitrate CREA	1	
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 1.5 %	1	QL(5 ML daily)
diclofenac sodium (topical) SOLN EX 2 %	1	QL(4 GM daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	1	SP; PA
diclofenac sodium (actinic keratoses) EX	1	PA
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) CREA 0.5 %	1	QL(1 GM daily)
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
VALCHLOR	3	SP; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	1	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
acitretin 17.5 MG	1	
acitretin 25 MG	1	QL(2 EA daily)
acitretin 10 MG	1	QL(1 EA daily)
calcipotriene CREA	1	QL(5 GM daily)
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	3	QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	3	QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	3	QL(0.72 ML daily); SP; PA
COSENTYX UNOREADY SOAJ	3	QL(0.72 ML daily); SP; PA
COSENTYX SOSY 150 MG/ML	3	QL(0.036 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SOSY 75 MG/0.5ML	3	QL(0.18 ML daily); SP; PA
methoxsalen rapid	1	
SKYRIZI PEN SOAJ	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
SORILUX FOAM	3	PA
STELARA SOLN 45 MG/0.5ML	3	SP; PA
STELARA SOSY 90 MG/ML	3	QL(1 ML per 45 day(s) retail); SP; PA
STELARA SOSY 45 MG/0.5ML	3	QL(0.012 ML daily); SP; PA
tazarotene CREA	1	QL(1 GM daily)
tazarotene GEL	1	QL(1 GM daily)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	3	QL(0.018 ML daily); SP; PA
Antiseborrheic Products		
OVACE PLUS LOTN	3	
selenium sulfide LOTN 2.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
sulfacetamide sodium LIQD	1	
Antivirals - Topical		
acyclovir topical CREA	1	
acyclovir topical OINT	1	QL(1 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
Burn Products		
(Silver Sulfadiazine) SSD	1	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
APEXICON E CREA	2	
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	

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Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	1	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	1	QL(2 GM daily)
calcipotriene-betamethasone dipropionate SUSP	1	QL(2 GM daily); ST
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	1	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	1	
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	1	
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	
desonide CREA	1	
desonide GEL	1	
desonide LOTN	1	
desonide OINT	1	
desoximetasone CREA	1	
desoximetasone GEL	1	
desoximetasone LIQD	1	ST
desoximetasone OINT	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	
flurandrenolide CREA	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	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) SOLN 2.5 %	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
LOCOID LIPOCREAM	3	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
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 300 MG/2ML	3	QL(0.29 ML daily); SP; PA
DUPIXENT SOAJ 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 100 MG/0.67ML	3	QL(0.048 ML daily); SP; PA
DUPIXENT SOSY 300 MG/2ML	3	QL(0.29 ML daily); SP; PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
(Urea) UREA NAIL GEL 45 %	1	
urea LOTN 40 %	1	
Emollients		
lactic acid (ammonium lactate) CREA	1	RX/OTC
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	
PODOCON-25 SOLN	3	
podofilox GEL	1	
podofilox SOLN	1	
salicylic acid SHAM 6 %	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl SOLN	1	
lidocaine-prilocaine CREA	1	
lidocaine PTCH 5 %	1	QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	
brimonidine tartrate (topical)	1	PA
doxycycline (rosacea)	1	QL(1 EA daily)
FINACEA FOAM	3	
ivermectin (rosacea)	1	QL(1.5 GM daily); PA
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 0.75 %	1	QL(1.5 GM daily)
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) LOTN	1	QL(2 ML daily)
RHOFADE	3	PA
Scabicides & Pediculicides		
malathion	1	
permethrin CREA	1	QL(2 GM daily)
spinosad	1	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
CHEMSTRIP K STRP	2	QL(50 EA per fill retail; 150 per fill mail)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
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
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)
KETOSTIX STRP	2	QL(50 EA per fill retail; 150 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
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)
RELION KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)
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	1	SP; PA
acetazolamide CP12	1	QL(2 EA daily)
acetazolamide TABS 125 MG	1	
acetazolamide TABS 250 MG	1	QL(4 EA daily)
dichlorphenamide	1	SP; PA
methazolamide TABS	1	
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	1	QL(1 EA daily)
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	1	QL(2 EA daily)
Loop Diuretics		
bumetanide TABS 0.5 MG, 1 MG	1	
bumetanide TABS 2 MG	1	QL(5 EA daily)
ethacrynic acid	1	ST
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	
furosemide TABS	1	
SOAANZ TABS 20 MG	2	
torsemide TABS 5 MG, 10 MG, 20 MG	1	
torsemide TABS 100 MG	1	QL(2 EA daily)
Potassium Sparing Diuretics		
amiloride hcl TABS	1	
spironolactone TABS	1	
triamterene CAPS	1	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	1	
alendronate sodium TABS 35 MG, 70 MG	1	Limit 4 tabs per month; QL(0.143 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
BINOSTO TBEF	3	QL(0.15 EA daily)
calcitonin (salmon) IJ	1	PA
calcitonin (salmon) NA	1	
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 EA daily)
PROLIA SOSY	3	SP; PA
risedronate sodium TABS 150 MG	1	Limited to 1 per month; QL(0.04 EA daily)
risedronate sodium TABS 5 MG, 30 MG, 35 MG	1	
teriparatide SOPN	3	PA
TYMLOS	3	SP; PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail); GL
CHORIONIC GONADOTROPIN IM	3	PA

Drug Name	Drug Tier	Requirements/ Limits
clomiphene citrate TABS	1	QL(15 EA per 30 day(s) retail); GL
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	3	PA
GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML, 450 UNT/0.72ML	3	PA
GONAL-F SOLR IJ 450 UNIT	3	PA
MENOPUR SC	3	PA
NOVAREL IM	3	PA
OVIDREL SOSY	3	PA
PREGNYL IM	3	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	3	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	3	SP; PA
Growth Hormones		
HUMATROPE CART IJ	3	SP; PA
NORDITROPIN FLEXPRO SOPN	3	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	3	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	QL(1 EA daily)
raloxifene hcl	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	3	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG	3	SP; PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (3-MONTH)	3	SP; PA
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	1	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	SP
calcitriol CAPS 0.5 MCG	1	QL(4 EA daily)
calcitriol CAPS 0.25 MCG	1	
calcitriol SOLN PO	1	
cinacalcet hcl	1	SP; PA
doxercalciferol CAPS	1	
GALAFOLD	3	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	1	
MYALEPT	3	SP; PA
nitisinone CAPS	1	SP; PA
ORFADIN SUSP	3	SP; PA
PALYNZIQ	3	SP; PA
paricalcitol CAPS	1	
sapropterin dihydrochloride PACK	1	SP
sapropterin dihydrochloride TABS	1	SP
sodium phenylbutyrate POWD	1	SP
sodium phenylbutyrate TABS	1	SP
STRENSIQ	3	SP; PA
Posterior Pituitary Hormones		
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated 0.01 %	1	
DESMOPRESSIN ACETATE SOLN NA	3	SP
desmopressin acetate TABS 0.1 MG	1	
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
mifepristone	5	PV
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN	1	SP; PA
octreotide acetate SOSY	1	SP; PA
SIGNIFOR	3	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	

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Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PRO	2	Limit 4 per month; QL(0.14 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	3	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	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 per month; QL(0.14 EA daily)
estradiol TABS	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 EA daily)
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 300 MG	1	
ofloxacin 400 MG	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	3	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	1	SP; PA
CTEXLI 250 MG	3	SP; PA
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	1	
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1	QL(9 EA daily; 280 EA per fill retail)
mesalamine CP24	1	QL(4 EA daily); PA
mesalamine CPCR	1	QL(8 EA daily); PA
mesalamine CPDR	1	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	1	QL(1 EA daily)
mesalamine TBEC 1.2 GM	1	QL(4 EA daily)
mesalamine TBEC 800 MG	1	
SFROWASA ENEM	2	
SKYRIZI SOCT	3	1 package(s) per fill retail; SP; PA
sulfasalazine TABS	1	QL(8 EA daily)
sulfasalazine TBEC	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
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	PA
FOSRENOL PACK	3	
lanthanum carbonate CHEW 750 MG	1	QL(4 EA daily)
lanthanum carbonate CHEW 1000 MG	1	QL(3 EA daily)
lanthanum carbonate CHEW 500 MG	1	
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate PACK 2.4 GM	1	QL(5 EA daily)
sevelamer carbonate TABS	1	
sevelamer hcl 400 MG	1	PA
sevelamer hcl 800 MG	1	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	3	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	SP; 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
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR	1	

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Drug Name	Drug Tier	Requirements/ Limits
potassium citrate-citric acid SOLN	1	RX/OTC
sodium citrate & citric acid	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	SP
PROCYSBI CPDR	3	SP
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 4 MG	1	
silodosin 8 MG	1	QL(1 EA daily)
tamsulosin hcl	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	1	SP
LITHOSTAT	3	
tiopronin TABS	1	SP
tiopronin TBEC	1	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG	1	QL(3 EA daily)
allopurinol 300 MG	1	QL(2 EA daily)
colchicine CAPS	1	
colchicine TABS	1	
febuxostat 40 MG	1	QL(2 EA daily)
febuxostat 80 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
ADYNOVATE 3000 UNIT	3	SP; PA
BENEFIX KIT	3	SP; PA
ELOCTATE 250 UNIT, 4000 UNIT, 5000 UNIT, 6000 UNIT	3	SP; PA
FEIBA 500 UNIT, 1000 UNIT	3	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	3	SP; PA
HEMLIBRA 12 MG/0.4ML	3	SP
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NUWIQ KIT	3	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	3	SP; PA
OBIZUR	3	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	3	SP; PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Platelet Aggregation Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
anagrelide hcl	1	
aspirin-dipyridamole	1	
cilostazol	1	QL(2 EA daily)
clopidogrel bisulfate	1	QL(2 EA daily)
dipyridamole	1	
prasugrel hcl	1	
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	3	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
glutamine (sickle cell)	1	QL(6 EA daily); SP; PA
SIKLOS TABS	3	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 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 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 800 MCG, 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, 25 MG	1	QL(1 EA daily); SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	1	QL(1 EA daily); SP; PA
MULPLETA	3	SP; PA
NYVEPRIA	3	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	3	SP; PA
RETACRIT 20000 UNIT/ML	3	SP; PA
UDENYCA ONBODY SOSY	3	SP; PA
UDENYCA SOAJ	3	SP; PA
UDENYCA SOSY	3	SP; PA
ZARXIO	3	SP; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		

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Drug Name	Drug Tier	Requirements/ Limits
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	1	SP
aminocaproic acid TABS	1	SP
tranexamic acid TABS	1	QL(6 EA daily)
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	1	QL(1 EA daily)
midazolam hcl SYRP	1	
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 0.25 MG	1	QL(1 EA daily)
triazolam 0.125 MG	1	
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
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
lactulose SOLN	1	
polyethylene glycol 3350 POWD	1	Limit 528gms per month; QL(17.6 GM daily)
Stimulant Laxatives		
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, 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	5	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, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	5	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 600 MG	1	QL(10 EA per fill retail)
azithromycin TABS 250 MG	1	QL(6 EA per fill retail)
azithromycin TABS 500 MG	1	QL(3 EA daily)
ZITHROMAX PACK	2	
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(14 EA per fill retail; 14 per fill mail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	1	
Fidaxomicin		
fidaxomicin TABS 200 MG	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
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); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
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); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/RIBBED/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
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		
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(6.67 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(6.67 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(6.67 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
INSPIREASE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; 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 IJ 1 MG/ML	1	PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	QL(0.27 ML daily)
ERGOMAR SUBL	3	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 tabs 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)

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Drug Name	Drug Tier	Requirements/ Limits
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 12 tabs per month; QL(0.4 EA daily)
sumatriptan 5 MG/ACT	1	Limit 6 per month; QL(0.2 EA daily)
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
sumatriptan succinate SOAJ 4 MG/0.5ML	1	PA
sumatriptan succinate SOAJ 6 MG/0.5ML	1	QL(0.14 ML daily; 2 ML per fill retail); PA
sumatriptan succinate SOCT	1	PA
sumatriptan succinate SOLN 6 MG/0.5ML	1	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 tabs per month; QL(0.2 EA daily)
zolmitriptan TBDP	1	Limit 6 tabs per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Fluoride		
sodium fluoride CHEW	5	AL(Up to 6 yrs old); PV
sodium fluoride SOLN 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS	5	AL(Up to 6 yrs old); PV
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 Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	2	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	1	
potassium chloride CPCR	1	
potassium chloride PACK PO 20 MEQ	1	
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine TABS	1	
trientine hcl 250 MG	1	SP; PA
trientine hcl 500 MG	1	SP; PA
Immunomodulators		
lenalidomide	1	QL(1 EA daily); SP; PA
THALOMID	3	SP; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
azathioprine TABS	1	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	1	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	1	
mycophenolate mofetil TABS	1	
mycophenolate sodium	1	
PROGRAF PACK	3	PA
sirolimus SOLN	1	
sirolimus TABS	1	
tacrolimus CAPS	1	
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	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Steroids - Mouth/Throat/Dental		

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Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 EA daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART		

Drug Name	Drug Tier	Requirements/ Limits
FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE		

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Drug Name	Drug Tier	Requirements/ Limits
DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY MULTIVIT/IRON-FREE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGE/HER, ONE-DAILY MULTI-VIT/MINERAL, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITS, PX COMPLETE SENIOR MULTIVITS, PX MENS MULTIVITAMINS, QC DAILY MULTIVIT/MULTIMINERAL, QC HAIR SKIN & NAILS, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM OPTI-VITAMINS, STRESS B COMPLEX/ANTIOXID/ZINC, STRESSTABS ADVANCED, SUPER AYTINAL, SUPER AYTINAL 50 PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ...(23) TABS		
ABC COMPLETE ADULT TABS	3	RX/OTC
ABC COMPLETE MENS TABS	3	RX/OTC
ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	3	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ABC COMPLETE WOMENS TABS	3	RX/OTC
AFLORA TABS	3	RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	3	RX/OTC
ALIVE DAILY ENERGY TABS	3	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC
ALIVE ENERGY 50+ TABS	3	RX/OTC
ALIVE GARDEN GOODNESS TABS	3	RX/OTC
ALIVE MENS 50+ ULTRA TABS	3	RX/OTC
ALIVE MENS 50+ TABS	3	RX/OTC
ALIVE MENS COMPLETE MULTI TABS	3	RX/OTC
ALIVE MENS ENERGY TABS	3	RX/OTC
ALIVE MENS ULTRA TABS	3	RX/OTC
ALIVE ONCE DAILY WOMENS TABS	3	RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	RX/OTC
ALIVE WOMENS 50+ TABS	3	RX/OTC
ALIVE WOMENS ENERGY TABS	3	RX/OTC
ALPHA BETIC TABS	3	RX/OTC
ANTIOXIDANT FORMULA TABS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	3	RX/OTC
BACMIN TABS	3	RX/OTC
BARIATRIC MULTIVITAMINS TABS	3	RX/OTC
BASIC AM TABS	3	RX/OTC
BASIC PM TABS	3	RX/OTC
BLOOD SUGAR MANAGER TABS	3	RX/OTC
BONEUP VEGETARIAN TABS	3	RX/OTC
CENTRAVITES 50 PLUS TABS	3	RX/OTC
CENTRAVITES ADULTS TABS	3	RX/OTC
CENTRUM CARDIO TABS	3	RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	3	RX/OTC
CENTRUM MEN TABS	3	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
CENTRUM SPECIALIST HEART TABS	3	RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	3	RX/OTC
CENTRUM SPECIALIST VISION TABS	3	RX/OTC
CENTRUM ULTRA WOMENS TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CERTAVITE SENIOR/ANTIOXIDANT TABS	3	RX/OTC
CERTAVITE SENIOR TABS	3	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC
CITRACAL +D3 TABS	3	RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	3	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	3	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	3	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC
EQL CENTURY MENS TABS	3	RX/OTC
EQL CENTURY WOMENS TABS	3	RX/OTC
EQL ONE DAILY MENS TABS	3	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC
EYE HEALTH + LUTEIN TABS	3	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
FINAZOL TABS	3	RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	3	RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	3	RX/OTC
FLORRAVITE TABS	3	RX/OTC
FLORRAXYL TABS	3	RX/OTC
FOLAMAX TABS	3	RX/OTC
FOLAPRIME TABS	3	RX/OTC
FOLIFLEX TABS	3	RX/OTC
FOLITIN-Z TABS	3	RX/OTC
FREEDAVITE TABS	3	RX/OTC
FT CENTURY 50+ TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FT CENTURY ADULTS TABS	3	RX/OTC
FT CENTURY MEN 50+ TABS	3	RX/OTC
FT CENTURY MEN TABS	3	RX/OTC
FT CENTURY WOMEN 50+ TABS	3	RX/OTC
FT CENTURY WOMEN TABS	3	RX/OTC
FT EYE HEALTH TABS	3	RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	3	RX/OTC
FT ONE DAILY MENS 50+ TABS	3	RX/OTC
FT ONE DAILY MENS TABS	3	RX/OTC
FT ONE DAILY WOMENS 50+ TABS	3	RX/OTC
FT ONE DAILY WOMENS TABS	3	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC
GNP CENTURY ADULTS MEN TABS	3	RX/OTC
GNP CENTURY ADULTS WOMEN TABS	3	RX/OTC
GNP CENTURY ADULT TABS	3	RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC
GNP THERAPEUTIC-M TABS	3	RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	3	RX/OTC
HAIR SKIN & NAILS TABS	3	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	3	RX/OTC
HM COMPLETE MEN TABS	3	RX/OTC
HM HAIR/SKIN/NAILS TABS	3	RX/OTC
HYLAZINC TABS	3	RX/OTC
ICAPS AREDS FORMULA TABS	3	RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	3	RX/OTC
KEYFOLIC TABS	3	RX/OTC
KEYLOSA TABS	3	RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	3	RX/OTC
LIVER DETOX TABS	3	RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	RX/OTC
MEDI TAB TABS	3	RX/OTC
MEGA MULTI FOR WOMEN TABS	3	RX/OTC
MEGA MULTI MEN TABS	3	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
MENS MULTI HEALTH FORMULA TABS	3	RX/OTC
MENS MULTIVITAMIN TABS	3	RX/OTC
multiple vitamins w/ minerals TABS	1	RX/OTC
MULTITOL-M TABS	3	RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	3	RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN MEN TABS	3	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC
MULTIVITAMIN WOMEN TABS	3	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	RX/OTC
MULTIVITAMIN-MINERALS TABS	3	RX/OTC
NAT-RUL THERAVITE-M TABS	3	RX/OTC
NATRUL-VITES TABS	3	RX/OTC
NEOVITE TABS	3	RX/OTC
NICADAN TABS	3	RX/OTC
NICAZEL FORTE TABS	3	RX/OTC
NICAZEL TABS	3	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	3	RX/OTC
NUTRALYN TABS	3	RX/OTC
NUTRICAP TABS	3	RX/OTC
OCULAR VITAMINS TABS	3	RX/OTC
ONCOVITE TABS	3	RX/OTC
ONE A DAY ENERGY TABS	3	RX/OTC
ONE A DAY MEN 50 PLUS TABS	3	RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	3	RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	3	RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	3	RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	3	RX/OTC
ONE DAILY WOMENS TABS	3	RX/OTC
ONE-A-DAY ENERGY TABS	3	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	3	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC
ONE-A-DAY MENS 50+ TABS	3	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC
ONE-A-DAY WOMENS TABS	3	RX/OTC
ONEVITE TABS	3	RX/OTC
OPURITY TABS	3	RX/OTC
OSTEOPRIME PLUS TABS	3	RX/OTC
PARVLEX TABS	3	RX/OTC
PHYTOMULTI TABS	3	RX/OTC
PRESERVISION AREDS TABS	3	RX/OTC
PREV-RX TABS	3	RX/OTC
PRO-CAL TABS	3	RX/OTC
PROCERV HP TABS	3	RX/OTC
PROFOLA TABS	3	RX/OTC
PRORENAL + D TABS	3	RX/OTC
PROVIT TABS	3	RX/OTC
QC MULTI-VITE TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
QUIN B STRONG TABS	3	RX/OTC
QUINTABS-M TABS	3	RX/OTC
RA CENTRAL-VITE TABS	3	RX/OTC
RAYAVIT TABS	3	RX/OTC
RENAL MULTIVITAMIN TABS	3	RX/OTC
RENAPLEX-D TABS	3	RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	RX/OTC
SENTRY TABS	3	RX/OTC
SIDEROL TABS	3	RX/OTC
SOLO TABS	3	RX/OTC
SPECTRAVITE TABS	3	RX/OTC
STROVITE ONE TABS	3	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC
THERA-VITE MAX-M TABS	3	RX/OTC
THEREMS-M TABS	3	RX/OTC
T-VITES TABS	3	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	RX/OTC
ULTRA BONEUP TABS	3	RX/OTC
VENEXA FE TABS	3	RX/OTC
VENEXA TABS	3	RX/OTC
VENTRIXYL FE TABS	3	RX/OTC
VENTRIXYL TABS	3	RX/OTC
VITABASIC COMPLETE TABS	3	RX/OTC
VITABASIC SENIOR TABS	3	RX/OTC
VITACORE TABS	3	RX/OTC
VITAMIN D3 COMPLETE TABS	3	RX/OTC
VITASANA TABS	3	RX/OTC
VITATRUM TABS	3	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
VITRAMYN TABS	3	RX/OTC
VITRANOL FE TABS	3	RX/OTC
VITRANOL TABS	3	RX/OTC
VITREXATE FE TABS	3	RX/OTC
VITREXATE TABS	3	RX/OTC
VITREXYL + IRON TABS	3	RX/OTC
VITREXYL TABS	3	RX/OTC
VITRUM 50+ ADULT-MULTI TABS	3	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	3	RX/OTC
WELLFOLA TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
WOMENS 50+ MULTI VITAMIN TABS	3	RX/OTC
YELETS TEENAGE FORMULA TABS	3	RX/OTC
Ped Multi Vitamins w/Fl & FE		
(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 5 yrs old); RX/OTC
ped multivitamins w/fl & iron SOLN	1	AL(Up to 5 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	AL(Up to 5 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 5 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 5 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 5 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	2	AL(Up to 5 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 5 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
MULTI-VIT-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	1	AL(Up to 5 yrs old); RX/OTC
POLY-VI-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
POLY-VI-FLOR SUSP	3	AL(Up to 5 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
TRI-VI-FLOR SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA 0.25 MG	3	AL(Up to 5 yrs old)
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	

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Drug Name	Drug Tier	Requirements/ Limits
(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
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 HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DUET DHA 400 MISC	3	
FOLIVANE-OB	2	
M-NATAL PLUS TABS	2	RX/OTC
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	

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	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/DHA	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC
PNV 27-CA/FE/FA TABS	2	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PREMESISRX	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	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATE AM	3	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
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	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX TABS	2	RX/OTC
PRENATRYL TABS	2	RX/OTC
PROVIDA OB	2	
SELECT-OB+DHA MISC	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
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER TABS	2	RX/OTC
VITATRUE	2	
WESCAP-C DHA	2	
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	
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1	
baclofen TABS 15 MG	1	QL(3 EA daily); PA
baclofen TABS 10 MG	1	QL(6 EA daily)
baclofen TABS 20 MG	1	QL(4 EA daily)
baclofen TABS 5 MG	1	
carisoprodol TABS	1	
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
cyclobenzaprine hcl TABS	1	
metaxalone 800 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
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	Limit 1 inhaler per month; QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 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)
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
(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	QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)
fluticasone propionate (nasal) SUSP	1	QL(1.2 GM daily); RX/OTC
mometasone furoate (nasal) SUSP	1	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		

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Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	3	SP; PA
RADICAVA ORS SUSP	3	SP; PA
riluzole TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	3	SP; PA
NUTRIENTS		
Lipids		
DOJOLVI	3	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	1	
betaxolol hcl (ophth) SOLN	1	
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	
Cycloplegic Mydriatics		
(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	1	
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)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	
erythromycin (ophth)	1	

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Drug Name	Drug Tier	Requirements/ Limits
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 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ML per fill retail; 3 per fill mail)
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	
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; 64 EA per fill retail)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
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)
bacitracin-poly-neomycin-hc	1	QL(4 GM per fill retail; 4 per fill mail)
dexamethasone sodium phosphate (ophth)	1	
difluprednate	1	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
LOTEMAX OINT	2	
loteprednol etabonate GEL	1	
loteprednol etabonate SUSP 0.5 %	1	QL(0.17 ML daily)
loteprednol etabonate SUSP 0.2 %	1	
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; 5 per fill mail)
ZYLET	3	QL(5 ML per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, 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	Limit 2.5mls per month; 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
brinzolamide	1	Limit 10mls per month; QL(0.4 ML daily)
bromfenac sodium (ophth)	1	
cromolyn sodium (ophth)	1	
CYSTARAN	3	Limit 1 bottle per month; QL(2.15 ML daily); SP
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
DORZOLAMIDE HCL	2	
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.2 %	1	Limit 2.5mls per month; QL(0.09 ML daily); RX/OTC
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
latanoprost SOLN	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 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)	1	
ofloxacin (otic)	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	

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Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin-dexamethasone	1	QL(8 ML per fill retail; 8 per fill mail)
ciprofloxacin-fluocinolone acetonide	1	QL(0.5 EA daily)
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(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 CAPS 500 MG	1	
Natural Penicillins		
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 10 MG	1	QL(1 EA daily)
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
megestrol acetate (appetite)	1	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	
disulfiram	1	
lofexidine hcl	1	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		

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Drug Name	Drug Tier	Requirements/ Limits
SODIUM OXYBATE SOLN	2	QL(18 ML daily); SP; 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	1	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl SOLN	1	
memantine hcl TABS 10 MG	1	QL(2 EA daily)
memantine hcl TABS 5 MG	1	QL(4 EA daily)
memantine hcl TABS	1	
NAMZARIC C4PK	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA
SAVELLA TABS	3	QL(2 EA daily); PA
Hypoactive Sexual Desire Disorder (HSDD) Agents		
ADDYI	3	QL(1 EA daily); PA
VYLEESI	3	SP; PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	3	QL(1 EA daily); SP; PA
AUSTEDO TABS 12 MG	3	QL(4 EA daily); SP; PA
AUSTEDO TABS 6 MG, 9 MG	3	QL(2 EA daily); SP; PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 EA daily); SP; PA
INGREZZA CAPS 60 MG	3	QL(1 EA daily); SP; PA
INGREZZA CPPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	3	QL(1 EA daily); SP; PA
tetrabenazine	1	SP
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail); SP
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily); SP
AVONEX PEN AJKT	3	SP; PA
AVONEX PREFILLED PSKT	3	SP; PA
BETASERON KIT	3	SP; PA
dalfampridine	1	SP; PA
dimethyl fumarate CDPK	1	QL(60 EA per 365 day(s) retail); SP
dimethyl fumarate CPDR	1	QL(2 EA daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
fingolimod hcl	1	QL(1 EA daily); SP
glatiramer acetate SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail); SP
glatiramer acetate SOSY 20 MG/ML	1	QL(1 ML daily); SP
PLEGRIDY STARTER PACK SOAJ	3	SP; PA
PLEGRIDY STARTER PACK SOSY SC	3	SP; PA
PLEGRIDY SOAJ	3	SP; PA
PLEGRIDY SOSY SC	3	SP; PA
PLEGRIDY SOSY IM	3	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	3	SP; PA
REBIF REBIDOSE SOAJ	3	SP; PA
REBIF TITRATION PACK SOSY	3	SP; PA
REBIF SOSY	3	SP; PA
teriflunomide	1	QL(1 EA daily); SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	1	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	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, 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, 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

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ 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
(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
(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

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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 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	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, 21 MG/24HR	5	PV
APO-VARENICLINE TABS	5	QL(2 EA daily); PV
bupropion hcl (smoking deterrent)	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	5	QL(2 EA daily); PV
varenicline tartrate TBPK	5	QL(53 EA per 365 day(s) retail); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	3	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	3	SP; PA
KALYDECO TABS	3	SP; PA
ORKAMBI PACK 94 MG-75 MG	3	SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
PULMOZYME	3	QL(5 ML daily); SP; PA
SYMDEKO	3	SP; PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA THPK	3	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	3	QL(2 EA daily); SP; PA
pirfenidone CAPS	1	QL(3 EA daily); SP; PA
pirfenidone TABS	1	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	1	
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS	1	
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	
doxycycline (monohydrate) TABS 150 MG	1	ST
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 75 MG, 100 MG, 150 MG	1	
minocycline hcl CAPS	1	
minocycline hcl CP24	3	
minocycline hcl TABS	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 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(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, 300 MCG	1	
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
(Liothyronine Sodium) LIOMNY TABS 5 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 EA daily)
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
levothyroxine sodium CAPS 125 MCG	1	QL(1 EA daily)
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
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 25 MCG, 50 MCG	1	QL(2 EA daily)
liothyronine sodium TABS 5 MCG	1	
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)
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	2	
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 TBDP 0.125 MG	1	
methscopolamine bromide	1	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	1	
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 EA daily)
famotidine SUSR	1	

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Drug Name	Drug Tier	Requirements/ Limits
famotidine TABS 40 MG	1	QL(2 EA daily)
nizatidine CAPS	1	
Misc. Anti-Ulcer		
sucralfate SUSP	1	
sucralfate TABS	1	QL(4 EA daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	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	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)
lansoprazole CPDR	1	QL(1 EA daily); RX/OTC
lansoprazole TBDD 30 MG	1	QL(1 EA daily); AL(Up to 12 yrs old)
lansoprazole TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
omeprazole magnesium CPDR	1	QL(1 EA daily)
omeprazole CPDR 10 MG	1	
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily)
pantoprazole sodium PACK	1	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
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

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Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily)
oxybutynin chloride TB24	1	
solifenacin succinate TABS 10 MG	1	QL(1 EA daily)
solifenacin succinate TABS 5 MG	1	
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		
COVID VACCINES	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
metronidazole vaginal	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail); PV
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	3	PA
ENDOMETRIN INST	3	PA
FIRST-PROGESTERONE VGS SUPP	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	1	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	1	SP; PA
Vasopressors		
midodrine hcl	1	
VITAMINS		

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Drug Name	Drug Tier	Requirements/ Limits
Oil Soluble Vitamins		
ergocalciferol CAPS	1	PV
phytonadione TABS 5 MG	1	

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