

2022 Prescription Drug List

Effective January 1, 2022



Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine) | NF | QL(3 ea daily);MP |
| ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine) | NF | QL(2 ea daily) |
| ADDERALL XR CP24 12.5 MG-12.5 MG, 3.125 MG-3.125 MG, 3.75 MG-3.75 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG (Use amphetamine-dextroamphetamine) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine) | NF | QL(1 ea daily);MP |
| ADDERALL XR CP24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine) | NF | QL(2 ea daily);MP |
| amphetamine sulfate tabs | 1B | MP;PA |
| amphetamine-dextroamphetamine tabs 7.5 MG-7.5 MG-7.5 MG | 1B | QL(2 ea daily) |
| amphetamine-dextroamphetamine cp24 1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG | 1B | QL(1 ea daily);MP |
| DESOXYN (Use methamphetamine hcl) | NF | QL(5 ea daily);AL(At least 6 yrs old) |
| DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) | NF | QL(4 ea daily);MP |
| DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate) | NF | MP |
| dextroamphetamine sulfate tabs 5 MG, 10 MG | 1B | QL(4 ea daily);MP |
| dextroamphetamine sulfate cp24 5 MG | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| <i>dextroamphetamine sulfate cp24 10 MG, 15 MG</i> | 1B | QL(4 ea daily);MP |
| <i>EVEKEO TABS (Use amphetamine sulfate)</i> | 3 | MP;PA |
| <i>methamphetamine hcl</i> | 1B | QL(5 ea daily);AL(At least 6 yrs old) |
| VYVANSE CAPS | 3 | QL(1 ea daily);ST |
| Anorexiants Non-Amphetamine | | |
| <i>ADIPEX-P CAPS (Use phentermine hcl)</i> | NF | PA |
| <i>phendimetrazine tartrate tabs</i> | 1B | PA |
| <i>phentermine hcl caps</i> | 1B | PA |
| Anti-Obesity Agents | | |
| CONTRAVE 90 MG-8 MG | 3 | QL(4 ea daily);PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i> | 1B | QL(2 ea daily);AL(At least 6 yrs old);MP |
| <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i> | 1B | QL(1 ea daily);AL(At least 6 yrs old);MP |
| <i>clonidine hcl (adhd) tb12</i> | 1B | MP |
| <i>guanfacine hcl (adhd)</i> | 1B | QL(1 ea daily);AL(At least 6 yrs old);MP |
| <i>INTUNIV (Use guanfacine hcl (adhd))</i> | NF | QL(1 ea daily);AL(At least 6 yrs old);MP |
| <i>KAPVAY TB12 (Use clonidine hcl (adhd))</i> | NF | MP |
| STRATTERA 60 MG, 80 MG, 100 MG (Use <i>atomoxetine hcl</i>) | NF | QL(1 ea daily);AL(At least 6 yrs old);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (Use <i>atomoxetine hcl</i>) | NF | QL(2 ea daily);AL(At least 6 yrs old);MP |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| SUNOSI 150 MG | 3 | QL(1 ea daily);PA |
| SUNOSI 75 MG | 3 | QL(2 ea daily);PA |
| Stimulants - Misc. | | |
| <i>armodafinil</i> | 1B | QL(1 ea daily);AL(At least 17 yrs old);MP;PA |
| CONCERTA TBCR 18 MG, 27 MG (Use <i>methylphenidate hcl</i>) | NF | QL(1 ea daily);AL(At least 6 yrs old) |
| CONCERTA TBCR 36 MG, 54 MG (Use <i>methylphenidate hcl</i>) | NF | QL(2 ea daily);AL(At least 6 yrs old);MP |
| DAYTRANA PTCH (Use <i>methylphenidate</i>) | 3 | QL(1 ea daily);PA |
| <i>dexmethylphenidate hcl tabs</i> | 1B | QL(2 ea daily);AL(At least 6 yrs old);MP |
| <i>dexmethylphenidate hcl cp24</i> | 1B | QL(1 ea daily) |
| FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>) | NF | QL(2 ea daily);AL(At least 6 yrs old);MP |
| FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>) | NF | QL(1 ea daily) |
| METHYLIN SOLN (Use <i>methylphenidate hcl</i>) | NF | QL(30 ml daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate ptch</i> | 1B | QL(1 ea daily);PA |
| <i>methylphenidate hcl tbc 36 MG, 54 MG</i> | 1B | QL(2 ea daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate hcl cpcr</i> | 1B | QL(1 ea daily);AL(At least 6 yrs old);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| <i>methylphenidate hcl soln</i> | 1B | QL(30 ml daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate hcl cp24 30 MG</i> | 1B | QL(3 ea daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate hcl tabs 10 MG, 20 MG</i> | 1B | QL(5 ea daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate hcl tbc 10 MG, 20 MG</i> | 1B | QL(3 ea daily);AL(At least 6 yrs old);MP |
| <i>methylphenidate hcl tabs 5 MG</i> | 1B | QL(6 ea daily);AL(At least 6 yrs old) |
| <i>methylphenidate hcl tbc 18 MG, 27 MG</i> | 1B | QL(1 ea daily);AL(At least 6 yrs old) |
| <i>methylphenidate hcl cp24 20 MG, 40 MG</i> | 1B | AL(At least 6 yrs old);MP |
| <i>modafinil 100 MG</i> | 1B | QL(1 ea daily);PA |
| <i>modafinil 200 MG</i> | 1B | QL(2 ea daily);PA |
| NUVIGIL (Use <i>armodafinil</i>) | NF | QL(1 ea daily);AL(At least 17 yrs old);MP;PA |
| PROVIGIL 200 MG (Use <i>modafinil</i>) | NF | QL(2 ea daily);PA |
| PROVIGIL 100 MG (Use <i>modafinil</i>) | NF | QL(1 ea daily);PA |
| RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>) | NF | QL(6 ea daily);AL(At least 6 yrs old) |
| RITALIN TABS 10 MG, 20 MG (Use <i>methylphenidate hcl</i>) | NF | QL(5 ea daily);AL(At least 6 yrs old);MP |
| RITALIN LA CP24 20 MG, 40 MG (Use <i>methylphenidate hcl</i>) | NF | AL(At least 6 yrs old);MP |
| RITALIN LA CP24 30 MG (Use <i>methylphenidate hcl</i>) | NF | QL(3 ea daily);AL(At least 6 yrs old);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | MP;PA |
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| <i>amikacin sulfate soln 1 GM/4ML, 500 MG/2ML</i> | 1B | |
| ARIKAYCE | 4 | PA |
| <i>gentamicin in saline 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.2 MG/ML, 0.9 %-1.6 MG/ML</i> | 1B | |
| <i>gentamicin sulfate ij 40 MG/ML</i> | 1B | |
| HUMATIN (Use <i>paromomycin sulfate</i>) | NF | |
| KITABIS PAK NEBU (Use <i>tobramycin</i>) | NF | PA |
| <i>neomycin sulfate tabs</i> | 1B | |
| <i>paromomycin sulfate</i> | 1B | |
| <i>streptomycin sulfate solr</i> | 3 | |
| TOBI NEBU (Use <i>tobramycin</i>) | NF | PA |
| <i>tobramycin nebu</i> | 4 | PA |
| <i>tobramycin sulfate soln ij 10 MG/ML, 40 MG/ML, 80 MG/2ML</i> | 1B | |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| RINVOQ 15 MG | 4 | QL(1 ea daily);PA |
| XELJANZ TABS 5 MG | 4 | QL(2 ea daily);SP;MP;PA |
| XELJANZ TABS 10 MG | 4 | QL(2 ea daily);PA |
| XELJANZ XR TB24 | 4 | QL(1 ea daily);PA |
| Antirheumatic Antimetabolites | | |
| METHOTREXATE | 4 | QL(1.714 ea daily);SP;MP;PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| HUMIRA PSKT | 4 | QL(0.143 ea daily);PA |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML | 4 | 1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA |
| HUMIRA PEN PNKT | 4 | QL(0.143 ea daily);PA |
| HUMIRA PEN PNKT 80 MG/0.8ML | 4 | QL(0.072 ea daily);PA |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | 4 | QL(0.143 ea daily);PA |
| HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML | 4 | 1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | 4 | 1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA |
| HUMIRA PEN-PS/UV STARTER PNKT | 4 | QL(0.143 ea daily);PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| HUMIRA PEN-PS/UV STARTER PNKT | 4 | 1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA |
| Gold Compounds | | |
| RIDAURA | 3 | QL(3 ea daily);MP |
| Interleukin-1 Blockers | | |
| ARCALYST | 4 | QL(0.286 ea daily);SP;MP;PA |
| Interleukin-6 Receptor Inhibitors | | |
| KEVZARA SOAJ | 4 | QL(0.082 ml daily);PA |
| KEVZARA SOSY | 4 | QL(0.082 ml daily);PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| ANAPROX DS TABS (Use naproxen sodium) | NF | MP |
| ARTHROTEC 50 TBEC 200 MCG-50 MG (Use diclofenac w/ misoprostol) | NF | MP |
| ARTHROTEC 75 TBEC 200 MCG-75 MG (Use diclofenac w/ misoprostol) | NF | MP |
| CELEBREX (Use celecoxib) | NF | MP;PA |
| celecoxib | 1B | MP;PA |
| CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) | NF | RX/OTC |
| CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) | NF | RX/OTC |
| DAYPRO (Use oxaprozin) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>diclofenac potassium tabs 50 MG</i> | 1B | MP |
| <i>diclofenac sodium tbec</i> | 1B | MP |
| <i>diclofenac sodium tb24</i> | 1B | MP |
| <i>diclofenac w/ misoprostol tbec</i> | 1B | MP |
| DUEXIS 26.6 MG-800 MG (Use <i>ibuprofen-famotidine</i>) | 3 | MP;PA |
| <i>etodolac tabs</i> | 1B | MP |
| <i>etodolac caps</i> | 1B | MP |
| FELDENE CAPS (Use <i>piroxicam</i>) | NF | MP |
| <i>fenoprofen calcium tabs</i> | 1B | QL(4 ea daily);ST |
| <i>flurbiprofen tabs</i> | 1B | MP |
| <i>ibuprofen susp 100 MG/5ML</i> | 1B | RX/OTC |
| <i>ibuprofen tabs 800 MG</i> | 1B | MP |
| <i>ibuprofen tabs 400 MG, 600 MG</i> | 1A | MP |
| <i>ibuprofen-famotidine 26.6 MG-800 MG</i> | 1B | MP;PA |
| <i>indomethacin cpcr</i> | 1B | MP |
| <i>indomethacin caps 25 MG, 50 MG</i> | 1B | MP |
| <i>ketoprofen caps 50 MG, 75 MG</i> | 1B | |
| <i>ketorolac tromethamine tabs</i> | 1B | QL(0.667 ea daily) |
| LODINE TABS (Use <i>etodolac</i>) | NF | MP |
| <i>meclofenamate sodium caps</i> | 1B | |
| <i>mefenamic acid caps</i> | 1B | Must try ibuprofen. ;QL(5 ea daily);ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>meloxicam tabs</i> | 1A | QL(1 ea daily);MP |
| MOBIC TABS (Use <i>meloxicam</i>) | NF | QL(1 ea daily);MP |
| <i>nabumetone</i> | 1B | MP |
| NALFON TABS (Use <i>fenoprofen calcium</i>) | NF | QL(4 ea daily);ST |
| NAPROSYN SUSP (Use <i>naproxen</i>) | NF | PA |
| NAPROSYN TABS 500 MG (Use <i>naproxen</i>) | NF | MP |
| <i>naproxen tabs</i> | 1B | MP |
| <i>naproxen tbec 500 MG</i> | 1B | MP |
| <i>naproxen susp</i> | 1B | PA |
| <i>naproxen sodium tabs 550 MG</i> | 1B | MP |
| <i>oxaprozin</i> | 1B | MP |
| <i>piroxicam caps</i> | 1B | MP |
| <i>sulindac tabs</i> | 1B | MP |
| TIVORBEX CAPS (Use <i>indomethacin</i>) | NF | |
| <i>tolmetin sodium caps</i> | 1B | |
| <i>tolmetin sodium tabs 600 MG</i> | 1B | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 4 | QL(2 ea daily);PA |
| OTEZLA TBPK | 4 | 1 rtl pack lmt amt,180 rtl pack lmt day(s);PA |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA (Use <i>leflunomide</i>) | NF | QL(1 ea daily);MP |
| <i>leflunomide</i> | 1B | QL(1 ea daily);MP |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL SOLN | 4 | QL(0.146 ml daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|-----------|--------------------------|
| ENBREL SOLR | 4 | QL(0.286 ea daily);SP;PA |
| ENBREL SOSY 50 MG/ML | 4 | QL(0.28 ml daily);SP;PA |
| ENBREL SOSY 25 MG/0.5ML | 4 | QL(0.146 ml daily);SP;PA |
| ENBREL MINI SOCT | 4 | QL(0.15 ml daily);PA |
| ENBREL SURECLICK SOAJ | 4 | QL(0.143 ml daily);SP;PA |

ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions

Analgesic Combinations

| | | |
|--|----|--|
| <i>butalbital-acetaminophen tabs 325 MG-50 MG</i> | 1B | |
| <i>butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG, 325 MG-40 MG-50 MG</i> | 1B | |
| <i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i> | 1B | |
| <i>butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG</i> | 1B | |
| ESGIC TABS 325 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i>) | NF | |
| FIORICET CAPS 300 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| FIORINAL CAPS 50 MG-325 MG-40 MG (Use <i>butalbital-aspirin-caffeine</i>) | NF | |

Salicylates

| | | |
|---|----|---|
| <i>aspirin tabs 325 MG</i> | 0 | AL(At least 45 yrs old- Up to 79 yrs old) |
| <i>aspirin tbec 325 MG</i> | 1A | |
| <i>aspirin tbec 81 MG</i> | 0 | AL(At least 45 yrs old- Up to 79 yrs old) |
| <i>aspirin chew</i> | 0 | AL(At least 45 yrs old- Up to 79 yrs old) |
| <i>diflunisal tabs</i> | 1B | MP |
| ECOTRIN TBEC (Use <i>aspirin</i>) | NF | |
| ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i>) | NF | |
| <i>salsalate</i> | 1B | MP |

ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions

Opioid Agonists

| | | |
|---|----|---|
| ACTIQ LPOP (Use <i>fentanyl citrate</i>) | NF | QL(4 ea daily);PA |
| <i>codeine sulfate tabs</i> | 1B | New starts limited to 7 day supply |
| CODEINE SULFATE TABS | 1B | New starts limited to 7 day supply |
| DEMEROL SOLN IJ (Use <i>meperidine hcl</i>) | NF | |
| DILAUDID TABS (Use <i>hydromorphone hcl</i>) | NF | New starts limited to 7 day supply;QL(8 ea daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| DILAUDID LIQD (<i>Use hydromorphone hcl</i>) | NF | New starts limited to 7 day supply |
| DILAUDID SOLN IJ (<i>Use hydromorphone hcl</i>) | NF | |
| DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (<i>Use fentanyl</i>) | NF | QL(0.34 ea daily) |
| <i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1B | QL(0.34 ea daily) |
| <i>fentanyl citrate lpop</i> | 1B | QL(4 ea daily);PA |
| <i>hydrocodone bitartrate cp12</i> | 1B | QL(2 ea daily);PA |
| <i>hydromorphone hcl tabs</i> | 1B | New starts limited to 7 day supply;QL(8 ea daily) |
| <i>hydromorphone hcl liqd</i> | 1B | New starts limited to 7 day supply |
| <i>hydromorphone hcl soln ij 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1B | |
| <i>hydromorphone hcl tb24 8 MG, 12 MG, 16 MG</i> | 1B | QL(2 ea daily);PA |
| <i>hydromorphone hcl tb24 32 MG</i> | 1B | QL(1 ea daily);PA |
| HYDROMORPHONE HYDROCHLORIDE SOLN IJ (<i>Use hydromorphone hcl</i>) | NF | |
| KADIAN CP24 10 MG, 40 MG, 200 MG (<i>Use morphine sulfate</i>) | NF | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use morphine sulfate</i>) | NF | QL(2 ea daily);PA |
| <i>levorphanol tartrate tabs 2 MG</i> | 1B | New starts limited to 7 day supply |
| <i>meperidine hcl soln ij 25 MG/ML, 50 MG/ML, 100 MG/ML</i> | 1B | |
| <i>meperidine hcl tabs 50 MG</i> | 1B | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>meperidine hcl soln or 50 MG/5ML</i> | 1B | New starts limited to 7 day supply;QL(500 ml per fill retail) |
| <i>methadone hcl soln ij 10 MG/ML</i> | 1B | |
| <i>methadone hcl tbso</i> | 1B | QL(2 ea daily) |
| <i>methadone hcl conc</i> | 1B | QL(10 ml daily) |
| <i>methadone hcl tabs 5 MG</i> | 1B | QL(4 ea daily) |
| <i>methadone hcl tabs 10 MG</i> | 1B | QL(10 ea daily) |
| <i>methadone hcl soln or 5 MG/5ML</i> | 1B | QL(100 ml daily) |
| <i>methadone hcl soln or 10 MG/5ML</i> | 1B | QL(50 ml daily) |
| METHADONE HCL SOLN IJ (<i>Use methadone hcl</i>) | 1B | |
| METHADOSE CONC (<i>Use methadone hcl</i>) | NF | QL(10 ml daily) |
| METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>) | NF | QL(10 ml daily) |
| <i>morphine sulfate soln or 10 MG/5ML</i> | 1B | New starts limited to 7 day supply;QL(100 ml daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| <i>morphine sulfate soln or 20 MG/5ML</i> | 1B | New starts limited to 7 day supply;QL(50 ml daily) |
| <i>morphine sulfate cp24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1B | QL(2 ea daily);PA |
| <i>morphine sulfate tbc</i> | 1B | QL(2 ea daily) |
| <i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i> | 1B | |
| <i>morphine sulfate tabs</i> | 1B | New starts limited to 7 day supply;QL(6 ea daily) |
| MS CONTIN TBCR (<i>Use morphine sulfate</i>) | NF | QL(2 ea daily) |
| NUCYNTA TABS | 2 | QL(6 ea daily);PA |
| NUCYNTA ER TB12 | 2 | QL(2 ea daily);PA |
| <i>oxycodone hcl tabs</i> | 1B | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>oxycodone hcl t12a</i> | 3 | QL(2 ea daily);PA |
| <i>oxymorphone hcl tb12 40 MG</i> | 1B | QL(4 ea daily);PA |
| <i>oxymorphone hcl tb12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | 1B | QL(2 ea daily);PA |
| <i>oxymorphone hcl tabs</i> | 1B | QL(12 ea daily);PA |
| ROXICODONE TABS (<i>Use oxycodone hcl</i>) | NF | New starts limited to 7 day supply;QL(12 ea daily) |
| SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG | 3 | QL(4 ea daily);PA |
| SUBSYS LIQD 100 MCG | 3 | QL(3 ea daily);PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG | 3 | QL(8 ea daily);PA |
| <i>tramadol hcl tabs 50 MG</i> | 1A | New starts limited to 7 day supply;QL(8 ea daily) |
| <i>tramadol hcl tb24</i> | 1B | QL(1 ea daily) |
| ULTRAM TABS (<i>Use tramadol hcl</i>) | NF | New starts limited to 7 day supply;QL(8 ea daily) |
| XTAMPZA ER | 2 | QL(2 ea daily);PA |
| ZOHYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>) | 1B | QL(2 ea daily);PA |
| Opioid Combinations | | |
| <i>acetaminophen w/ codeine tabs 300 MG-30 MG</i> | 1A | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i> | 1A | New starts limited to 7 day supply;QL(75 ml daily) |
| <i>acetaminophen w/ codeine tabs 300 MG-60 MG</i> | 1B | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i> | 1B | New starts limited to 7 day supply |
| <i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i> | 3 | New starts limited to 7 day supply;PA |
| <i>butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG</i> | 1B | New starts limited to 7 day supply |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| <i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i> | 1B | New starts limited to 7 day supply;QL(6 ea daily) |
| FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>) | NF | New starts limited to 7 day supply |
| FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (Use <i>butalbital-aspirin-caffeine w/cod</i>) | NF | New starts limited to 7 day supply;QL(6 ea daily) |
| <i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i> | 1B | New starts limited to 7 day supply;QL(180 ml daily) |
| <i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i> | 1B | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>hydrocodone-acetaminophen soln 10 MG/15ML-325 MG/15ML</i> | 1B | New starts limited to 7 day supply |
| <i>hydrocodone-ibuprofen 200 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply;QL(5 ea daily) |
| LORTAB ELIX 10 MG/15ML-300 MG/15ML | 2 | New starts limited to 7 day supply;QL(60 ml daily) |
| NORCO TABS (Use <i>hydrocodone-acetaminophen</i>) | NF | New starts limited to 7 day supply;QL(12 ea daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| <i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i> | 1B | New starts limited to 7 day supply;QL(12 ea daily) |
| PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/acetaminophen</i>) | NF | New starts limited to 7 day supply;QL(12 ea daily) |
| <i>tramadol-acetaminophen 37.5 MG-325 MG</i> | 1B | New starts limited to 7 day supply;QL(8 ea daily) |
| ULTRACET 37.5 MG-325 MG (Use <i>tramadol-acetaminophen</i>) | NF | New starts limited to 7 day supply;QL(8 ea daily) |
| Opioid Partial Agonists | | |
| BUPRENEX SOLN (Use <i>buprenorphine hcl</i>) | NF | |
| <i>buprenorphine ptwk</i> | 1B | QL(0.143 ea daily);PA |
| <i>buprenorphine hcl subl</i> | 1B | QL(3 ea daily) |
| <i>buprenorphine hcl soln</i> | 1B | |
| <i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i> | 1B | QL(3 ea daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl</i> | 1B | QL(3 ea daily) |
| <i>butorphanol tartrate ij 1 MG/ML, 2 MG/ML</i> | 1B | |
| <i>butorphanol tartrate na 10 MG/ML</i> | 1B | PA |
| BUTRANS PTWK (Use <i>buprenorphine</i>) | NF | QL(0.143 ea daily);PA |
| <i>nalbuphine hcl</i> | 1B | QL(8 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>pentazocine w/ naloxone hcl 50 MG-0.5 MG</i> | 1B | New starts limited to 7 day supply |
| SUBOXONE FILM SL 12 MG-3 MG, 8 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NF | QL(2 ea daily) |
| SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NF | QL(3 ea daily) |

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Anabolic Steroids

| | | |
|--------------------|----|--|
| ANADROL-50 | 3 | |
| <i>oxandrolone</i> | 1B | |

Androgens

| | | |
|--|----|----------------------|
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | QL(1 ea daily);MP;PA |
| <i>danazol caps</i> | 1B | |
| DEPO-TESTOSTERONE SOLN IM (Use <i>testosterone cypionate</i>) | NF | MP |
| METHITEST TABS | 3 | MP |
| <i>testosterone cypionate soln im</i> | 1B | MP |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 1B | |
| <i>testosterone enanthate soln im</i> | 1B | |

ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Intrarectal Steroids | | |
| CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>) | NF | |
| <i>hydrocortisone (intrarectal)</i> | 1B | |
| UCERIS | 4 | QL(3.2 gm daily);PA |
| Rectal Steroids | | |
| ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>) | NF | |
| <i>hydrocortisone (rectal) ex</i> | 1B | |
| <i>hydrocortisone acetate (rectal)</i> | 1B | |
| PROCTOCORT (Use <i>hydrocortisone acetate (rectal)</i>) | NF | |
| PROCTOCORT EX (Use <i>hydrocortisone (rectal)</i>) | NF | |
| Vasodilating Agents | | |
| RECTIV | 3 | QL(2 gm daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole</i> | 1B | PA |
| ALBENZA (Use <i>albendazole</i>) | NF | PA |
| BILTRICIDE (Use <i>praziquantel</i>) | NF | PA |
| EMVERM CHEW | 2 | 1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea daily,6 ea per fill retail,6 per fill mail MG) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| <i>ivermectin</i> | 1B | 1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG) |
| <i>praziquantel</i> | 1B | PA |
| STROMEKTOL (Use <i>ivermectin</i>) | NF | 1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG) |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| RANEXA TB12 500 MG (Use <i>ranolazine</i>) | NF | QL(3 ea daily) |
| RANEXA TB12 1000 MG (Use <i>ranolazine</i>) | NF | QL(2 ea daily) |
| <i>ranolazine tb12 500 MG</i> | 1B | QL(3 ea daily) |
| <i>ranolazine tb12 1000 MG</i> | 1B | QL(2 ea daily) |
| Nitrates | | |
| <i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B | MP |
| <i>isosorbide mononitrate tabs</i> | 1B | |
| <i>isosorbide mononitrate tb24</i> | 1B | MP |
| NITRO-BID OINT | 3 | MP |
| NITRO-DUR PT24 (Use <i>nitroglycerin</i>) | NF | |
| <i>nitroglycerin subl</i> | 1B | |
| <i>nitroglycerin cpcr</i> | 1B | QL(4 ea daily) |
| <i>nitroglycerin pt24</i> | 1B | |
| NITROGLYCERIN SOLN IV | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| NITROSTAT SUBL (Use <i>nitroglycerin</i>) | NF | |
| ANTIANGIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i> | 1B | |
| <i>buspirone hcl 5 MG</i> | 1A | |
| <i>hydroxyzine hcl syrp</i> | 1B | |
| <i>hydroxyzine hcl tabs</i> | 1B | |
| <i>hydroxyzine hcl soln 50 MG/ML</i> | 1B | |
| <i>hydroxyzine pamoate caps</i> | 1B | |
| <i>meprobamate</i> | 1B | |
| VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>) | NF | |
| Benzodiazepines | | |
| <i>alprazolam tb24</i> | 1B | |
| <i>alprazolam tbdp</i> | 1B | |
| <i>alprazolam tabs 2 MG</i> | 1B | QL(4 ea daily) |
| <i>alprazolam tabs .25 MG, .5 MG, 1 MG</i> | 1A | QL(4 ea daily) |
| ATIVAN TABS 1 MG (Use <i>lorazepam</i>) | NF | QL(4 ea daily) |
| ATIVAN TABS .5 MG, 2 MG (Use <i>lorazepam</i>) | NF | QL(3 ea daily) |
| <i>chlordiazepoxide hcl caps</i> | 1B | |
| <i>clorazepate dipotassium tabs</i> | 1B | |
| <i>diazepam tabs</i> | 1A | QL(4 ea daily) |
| <i>diazepam soln or 5 MG/5ML</i> | 1B | |
| <i>diazepam conc</i> | 1B | |
| <i>lorazepam tabs 1 MG</i> | 1A | QL(4 ea daily) |
| <i>lorazepam tabs .5 MG, 2 MG</i> | 1A | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>lorazepam conc</i> | 1B | |
| <i>oxazepam caps</i> | 1B | |
| TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>) | NF | |
| VALIUM TABS (Use <i>diazepam</i>) | NF | QL(4 ea daily) |
| XANAX TABS (Use <i>alprazolam</i>) | NF | QL(4 ea daily) |
| XANAX XR TB24 (Use <i>alprazolam</i>) | NF | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate caps</i> | 1B | MP |
| NORPACE CAPS (Use <i>disopyramide phosphate</i>) | NF | MP |
| <i>procainamide hcl soln 500 MG/ML</i> | 1B | |
| <i>quinidine sulfate tabs</i> | 1B | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl</i> | 1B | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | 1B | MP |
| <i>propafenone hcl cp12</i> | 1B | MP |
| <i>propafenone hcl tabs</i> | 1B | MP |
| RYTHMOL SR CP12 (Use <i>propafenone hcl</i>) | NF | MP |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl tabs</i> | 1B | MP |
| <i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i> | 1B | |
| <i>dofetilide</i> | 1B | MP |
| MULTAQ | 3 | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| TIKOSYN (Use <i>dofetilide</i>) | NF | MP |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| FASENRA SOSY | 4 | PA |
| FASENRA PEN SOAJ | 4 | PA |
| NUCALA SOAJ | 4 | PA |
| NUCALA SOLR | 4 | PA |
| NUCALA SOSY 100 MG/ML | 4 | PA |
| XOLAIR SOLR | 4 | SP;PA |
| XOLAIR SOSY | 4 | PA |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium nebu</i> | 1B | QL(8 ml daily);MP |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | 3 | QL(0.44 gm daily) |
| INCRUSE ELLIPTA | 2 | QL(1 ea daily) |
| <i>ipratropium bromide soln .02 %</i> | 1B | QL(15 ml daily);MP |
| SPIRIVA HANDIHALER CAPS | 2 | QL(1 ea daily) |
| SPIRIVA RESPIMAT AERS | 2 | QL(0.14 gm daily) |
| Leukotriene Modulators | | |
| ACCOLATE (Use <i>zafirlukast</i>) | NF | QL(2 ea daily);MP |
| <i>montelukast sodium pack</i> | 1B | QL(1 ea daily);MP;PA |
| <i>montelukast sodium chew</i> | 1B | QL(1 ea daily);MP |
| <i>montelukast sodium tabs</i> | 1B | QL(1 ea daily);MP |
| SINGULAIR TABS (Use <i>montelukast sodium</i>) | NF | QL(1 ea daily);MP |
| SINGULAIR CHEW (Use <i>montelukast sodium</i>) | NF | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| SINGULAIR PACK (<i>Use montelukast sodium</i>) | NF | QL(1 ea daily);MP;PA |
| <i>zafirlukast</i> | 1B | QL(2 ea daily);MP |
| <i>zileuton tb12</i> | 1B | QL(4 ea daily) |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP 250 MCG (<i>Use roflumilast</i>) | 3 | 30 rtl MAX day(s) supply,180 rtl lmt day(s);30 mail MAX day(s) supply,180 mail lmt day(s);QL(1 ea daily) |
| DALIRESP 500 MCG (<i>Use roflumilast</i>) | 3 | QL(1 ea daily) |
| <i>roflumilast 500 MCG</i> | 1B | QL(1 ea daily) |
| <i>roflumilast 250 MCG</i> | 1B | 30 rtl MAX day(s) supply,180 rtl lmt day(s);30 mail MAX day(s) supply,180 mail lmt day(s);QL(1 ea daily) |
| Steroid Inhalants | | |
| ALVESCO | 3 | PA |
| ARNUITY ELLIPTA | 2 | |
| <i>budesonide (inhalation) susp</i> | 1B | QL(4 ml daily);MP;PA |
| FLOVENT DISKUS AEPB | 2 | |
| FLOVENT HFA | 2 | |
| PULMICORT SUSP (<i>Use budesonide (inhalation)</i>) | NF | QL(4 ml daily);MP;PA |
| PULMICORT FLEXHALER AEPB | 2 | MP |
| QVAR REDIHALER | 2 | |
| Sympathomimetics | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>) | NF | |
| ADVAIR HFA AERO | 2 | MP |
| AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT (<i>Use fluticasone-salmeterol</i>) | NF | |
| AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT (<i>Use fluticasone-salmeterol</i>) | NF | |
| AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT (<i>Use fluticasone-salmeterol</i>) | NF | |
| <i>albuterol sulfate syrup</i> | 1B | MP |
| <i>albuterol sulfate aers</i> | 1B | Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply;1 mail pack lmt per fill,2 mail MAX fill;MP |
| <i>albuterol sulfate tabs</i> | 1B | MP |
| <i>albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML</i> | 1B | QL(15 ml daily);MP |
| <i>albuterol sulfate tb12</i> | 1B | |
| <i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i> | 1B | MP |
| ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH | 2 | QL(2 ea daily) |
| ARCAPTA NEOHALER | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>arformoterol tartrate</i> | 1B | QL(4 ml daily) |
| BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT | 2 | QL(0.36 gm daily) |
| BREO ELLIPTA | 2 | |
| BREZTRI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT-160 MCG/ACT | 2 | QL(0.38 gm daily);MP |
| BROVANA (<i>Use arformoterol tartrate</i>) | 3 | QL(4 ml daily) |
| <i>budesonide-formoterol fumarate dihydrate</i> | 1B | |
| <i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i> | 1B | |
| <i>formoterol fumarate nebu</i> | 1B | MP |
| <i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i> | 1B | QL(18 ml daily);MP |
| <i>levalbuterol hcl</i> | 1B | QL(12 ml daily);MP;PA |
| <i>levalbuterol hcl 1.25 MG/0.5ML</i> | 1B | MP;PA |
| <i>levalbuterol tartrate</i> | 3 | Limit 2 inhalers per month;QL(1 gm daily);PA |
| PERFOROMIST NEBU (<i>Use formoterol fumarate</i>) | 3 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| PROAIR HFA AERS (<i>Use albuterol sulfate</i>) | NF | Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply;1 mail pack lmt per fill,2 mail MAX fill;MP |
| PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>) | NF | Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply;1 mail pack lmt per fill,2 mail MAX fill;MP |
| SEREVENT DISKUS | 2 | |
| STRIVERDI RESPIMAT | 2 | |
| SYMBICORT | 2 | |
| <i>terbutaline sulfate soln</i> | 1B | |
| <i>terbutaline sulfate tabs</i> | 1B | MP |
| TRELEGY ELLIPTA | 2 | QL(2 ea daily) |
| UTIBRON NEOHALER 27.5 MCG-15.6 MCG | 3 | QL(2 ea daily);MP;PA |
| VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>) | NF | Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply;1 mail pack lmt per fill,2 mail MAX fill;MP |
| XOPENEX (<i>Use levalbuterol hcl</i>) | NF | QL(12 ml daily);MP;PA |
| XOPENEX CONCENTRATE (<i>Use levalbuterol hcl</i>) | NF | MP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| XOPENEX HFA (<i>Use levalbuterol tartrate</i>) | NF | Limit 2 inhalers per month;QL(1 gm daily);PA |
| Xanthines | | |
| <i>aminophylline soln</i> | 1B | |
| <i>theophylline soln</i> | 1B | QL(56 ml daily) |
| <i>theophylline tb24</i> | 1B | MP |
| <i>theophylline tb12 300 MG, 450 MG</i> | 1B | MP |
| <i>theophylline elix</i> | 1B | MP |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| <i>warfarin sodium tabs</i> | 1B | MP |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS TABS | 2 | QL(2 ea daily) |
| ELIQUIS STARTER PACK TBPK | 2 | 1 rtl MAX fill,180 rtl day(s) supply;QL(2.47 ea daily) |
| XARELTO SUSR | 2 | QL(900 ml per 30 days retail,900 ml per 30 days mail) |
| XARELTO TABS 10 MG, 20 MG | 2 | QL(1 ea daily);MP |
| XARELTO TABS 2.5 MG, 15 MG | 2 | QL(2 ea daily) |
| XARELTO STARTER PACK TBPK | 2 | 1 rtl MAX fill,365 rtl day(s) supply |
| Heparins And Heparinoid-Like Agents | | |
| ARIXTRA 10 MG/0.8ML (<i>Use fondaparinux sodium</i>) | NF | QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP |
| ARIXTRA 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>) | NF | QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| ARIXTRA 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>) | NF | QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP |
| ARIXTRA 5 MG/0.4ML (<i>Use fondaparinux sodium</i>) | NF | QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP |
| <i>enoxaparin sodium sosy 100 MG/ML, 150 MG/ML</i> | 4 | QL(2 ml daily) |
| <i>enoxaparin sodium soln ij 300 MG/3ML</i> | 4 | QL(6 ml daily) |
| <i>enoxaparin sodium sosy 30 MG/0.3ML</i> | 4 | QL(0.6 ml daily);SP |
| <i>enoxaparin sodium sosy 40 MG/0.4ML</i> | 4 | QL(0.8 ml daily);SP |
| <i>enoxaparin sodium sosy 80 MG/0.8ML, 120 MG/0.8ML</i> | 4 | QL(1.6 ml daily) |
| <i>enoxaparin sodium sosy 60 MG/0.6ML</i> | 4 | QL(1.2 ml daily);SP |
| <i>fondaparinux sodium 10 MG/0.8ML</i> | 4 | QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP |
| <i>fondaparinux sodium 7.5 MG/0.6ML</i> | 4 | QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP |
| <i>fondaparinux sodium 2.5 MG/0.5ML</i> | 4 | QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP |
| <i>fondaparinux sodium 5 MG/0.4ML</i> | 4 | QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP |
| FRAGMIN SOSY | 4 | SP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>heparin sodium (porcine) soln ij 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B | |
| HEPARIN SODIUM/NACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 % | 1B | |
| LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>) | NF | QL(1.2 ml daily);SP |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>) | NF | QL(1.6 ml daily) |
| LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>) | NF | QL(6 ml daily) |
| LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>) | NF | QL(0.8 ml daily);SP |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>) | NF | QL(2 ml daily) |
| LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>) | NF | QL(0.6 ml daily);SP |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| FYCOMPA TABS | 3 | MP;PA |
| Anticonvulsants - Benzodiazepines | | |
| <i>clobazam susp</i> | 1B | QL(16 ml daily);PA |
| <i>clobazam tabs</i> | 1B | QL(2 ea daily);PA |
| <i>clonazepam tabs</i> | 1A | |
| DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>) | NF | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---------------------------------|
| DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>) | NF | |
| <i>diazepam (anticonvulsant) gel</i> | 3 | |
| KLONOPIN TABS (<i>Use clonazepam</i>) | NF | |
| NAYZILAM | 3 | QL(10 ea per 30 days retail);PA |
| ONFI TABS (<i>Use clobazam</i>) | NF | QL(2 ea daily);PA |
| ONFI SUSP (<i>Use clobazam</i>) | NF | QL(16 ml daily);PA |
| VALTOCO LQPK | 4 | QL(10 ea per 30 days retail);PA |
| VALTOCO LIQD | 4 | QL(10 ea per 30 days retail);PA |
| Anticonvulsants - Misc. | | |
| APTIOM | 3 | QL(2 ea daily);ST;MP |
| BANZEL TABS 400 MG (<i>Use rufinamide</i>) | 2 | QL(8 ea daily);MP;PA |
| BANZEL SUSP (<i>Use rufinamide</i>) | NF | QL(80 ml daily);MP;PA |
| BANZEL TABS 200 MG (<i>Use rufinamide</i>) | 2 | QL(2 ea daily);MP;PA |
| BRIVIACT TABS | 3 | PA |
| BRIVIACT SOLN OR 10 MG/ML | 3 | PA |
| <i>carbamazepine chew</i> | 1B | MP |
| <i>carbamazepine cp12 300 MG</i> | 1B | QL(4 ea daily);MP |
| <i>carbamazepine tb12 200 MG</i> | 1B | QL(6 ea daily);MP |
| <i>carbamazepine tabs</i> | 1B | MP |
| <i>carbamazepine cp12 200 MG</i> | 1B | QL(6 ea daily);MP |
| <i>carbamazepine cp12 100 MG</i> | 1B | MP |
| <i>carbamazepine susp</i> | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>carbamazepine tb12 100 MG, 400 MG</i> | 1B | QL(4 ea daily);MP |
| CARBATROL CP12 100 MG (<i>Use carbamazepine</i>) | NF | MP |
| CARBATROL CP12 200 MG (<i>Use carbamazepine</i>) | NF | QL(6 ea daily);MP |
| CARBATROL CP12 300 MG (<i>Use carbamazepine</i>) | NF | QL(4 ea daily);MP |
| DIACOMIT CAPS 250 MG | 4 | QL(12 ea daily);PA |
| DIACOMIT PACK 500 MG | 4 | QL(6 ea daily);PA |
| DIACOMIT CAPS 500 MG | 4 | QL(6 ea daily);PA |
| DIACOMIT PACK 250 MG | 4 | QL(12 ea daily);PA |
| EPIDIOLEX | 3 | PA |
| <i>gabapentin caps</i> | 1B | MP |
| <i>gabapentin soln</i> | 1B | QL(60 ml daily);MP |
| <i>gabapentin tabs 600 MG, 800 MG</i> | 1B | MP |
| KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>) | NF | QL(4 ea daily);MP |
| KEPPRA TABS 500 MG (<i>Use levetiracetam</i>) | NF | QL(6 ea daily) |
| KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>) | NF | QL(3 ea daily);MP |
| KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>) | NF | QL(30 ml daily) |
| KEPPRA XR TB24 (<i>Use levetiracetam</i>) | NF | QL(4 ea daily);MP |
| <i>lacosamide tabs</i> | 1B | QL(2 ea daily);MP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|-----------------------|
| <i>lacosamide soln iv 200 MG/20ML</i> | 1B | QL(40 ml daily) |
| <i>lacosamide soln or 10 MG/ML</i> | 1B | QL(40 ml daily);MP;PA |
| LAMICTAL TABS (<i>Use lamotrigine</i>) | NF | |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>) | NF | QL(100 ea daily) |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>) | NF | QL(20 ea daily) |
| LAMICTAL ODT TBDP (<i>Use lamotrigine</i>) | NF | QL(1 ea daily) |
| <i>lamotrigine tabs</i> | 1B | |
| <i>lamotrigine tbdp</i> | 1B | QL(1 ea daily) |
| <i>lamotrigine chew 25 MG</i> | 1B | QL(20 ea daily) |
| <i>lamotrigine chew 5 MG</i> | 1B | QL(100 ea daily) |
| <i>levetiracetam tabs 500 MG</i> | 1B | QL(6 ea daily) |
| <i>levetiracetam tb24</i> | 1B | QL(4 ea daily);MP |
| <i>levetiracetam tabs 1000 MG</i> | 1B | QL(3 ea daily);MP |
| <i>levetiracetam soln iv 500 MG/5ML</i> | 1B | QL(30 ml daily) |
| <i>levetiracetam tabs 250 MG, 750 MG</i> | 1B | QL(4 ea daily);MP |
| LYRICA SOLN (<i>Use pregabalin</i>) | NF | QL(30 ml daily);PA |
| LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>) | NF | QL(2 ea daily);PA |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>Use pregabalin</i>) | NF | QL(3 ea daily);PA |
| MYSOLINE (<i>Use primidone</i>) | NF | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|-----------------------|
| NEURONTIN SOLN (Use gabapentin) | NF | QL(60 ml daily);MP |
| NEURONTIN TABS (Use gabapentin) | NF | MP |
| NEURONTIN CAPS (Use gabapentin) | NF | MP |
| <i>oxcarbazepine tabs 600 MG</i> | 1B | QL(4 ea daily);MP |
| <i>oxcarbazepine susp</i> | 1B | QL(40 ml daily);MP |
| <i>oxcarbazepine tabs 150 MG, 300 MG</i> | 1B | QL(3 ea daily);MP |
| <i>pregabalin caps 225 MG, 300 MG</i> | 1B | QL(2 ea daily);PA |
| <i>pregabalin soln</i> | 1B | QL(30 ml daily);PA |
| <i>pregabalin caps 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 1B | QL(3 ea daily);PA |
| <i>primidone</i> | 1B | |
| QUDEXY XR CS24 (Use topiramate) | NF | PA |
| <i>rufinamide tabs 400 MG</i> | 1B | QL(8 ea daily);MP;PA |
| <i>rufinamide susp</i> | 1B | QL(80 ml daily);MP;PA |
| <i>rufinamide tabs 200 MG</i> | 1B | QL(2 ea daily);MP;PA |
| TEGRETOL TABS (Use carbamazepine) | 2 | MP |
| TEGRETOL SUSP (Use carbamazepine) | 2 | MP |
| TEGRETOL-XR TB12 100 MG, 400 MG (Use carbamazepine) | NF | QL(4 ea daily);MP |
| TEGRETOL-XR TB12 200 MG (Use carbamazepine) | NF | QL(6 ea daily);MP |
| TOPAMAX TABS 200 MG (Use topiramate) | NF | QL(2 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|-----------------------|
| TOPAMAX TABS 25 MG, 100 MG (Use topiramate) | NF | QL(4 ea daily) |
| TOPAMAX TABS 50 MG (Use topiramate) | NF | QL(6 ea daily) |
| TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) | NF | QL(6 ea daily);MP |
| TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) | NF | QL(8 ea daily);MP |
| <i>topiramate tabs 50 MG</i> | 1B | QL(6 ea daily) |
| <i>topiramate tabs 200 MG</i> | 1B | QL(2 ea daily);MP |
| <i>topiramate csp 15 MG</i> | 1B | QL(6 ea daily);MP |
| <i>topiramate tabs 25 MG, 100 MG</i> | 1B | QL(4 ea daily) |
| <i>topiramate csp 25 MG</i> | 1B | QL(8 ea daily);MP |
| <i>topiramate cs24</i> | 3 | PA |
| TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine) | NF | QL(3 ea daily);MP |
| TRILEPTAL TABS 600 MG (Use oxcarbazepine) | NF | QL(4 ea daily);MP |
| TRILEPTAL SUSP (Use oxcarbazepine) | NF | QL(40 ml daily);MP |
| VIMPAT SOLN IV 200 MG/20ML (Use lacosamide) | 3 | QL(40 ml daily) |
| VIMPAT TABS (Use lacosamide) | 3 | QL(2 ea daily);MP;PA |
| VIMPAT SOLN OR 10 MG/ML (Use lacosamide) | 3 | QL(40 ml daily);MP;PA |
| ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide) | NF | QL(6 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>zonisamide caps</i> | 1B | QL(6 ea daily);MP |
| Carbamates | | |
| <i>felbamate tabs 600 MG</i> | 1B | QL(6 ea daily);MP |
| <i>felbamate susp</i> | 1B | QL(30 ml daily);MP |
| <i>felbamate tabs 400 MG</i> | 1B | QL(9 ea daily);MP |
| FELBATOL TABS 600 MG (<i>Use felbamate</i>) | NF | QL(6 ea daily);MP |
| FELBATOL TABS 400 MG (<i>Use felbamate</i>) | NF | QL(9 ea daily);MP |
| FELBATOL SUSP (<i>Use felbamate</i>) | NF | QL(30 ml daily);MP |
| GABA Modulators | | |
| GABITRIL (<i>Use tiagabine hcl</i>) | NF | |
| SABRIL PACK (<i>Use vigabatrin</i>) | NF | QL(6 ea daily);SP;PA |
| SABRIL TABS (<i>Use vigabatrin</i>) | NF | QL(6 ea daily);SP;PA |
| <i>tiagabine hcl</i> | 1B | |
| <i>vigabatrin pack</i> | 4 | QL(6 ea daily);SP;PA |
| <i>vigabatrin tabs</i> | 4 | QL(6 ea daily);SP;PA |
| Hydantoins | | |
| CEREBYX (<i>Use fosphenytoin sodium</i>) | NF | |
| DILANTIN | 2 | MP |
| DILANTIN (<i>Use phenytoin sodium extended</i>) | 2 | MP |
| DILANTIN INFATABS CHEW (<i>Use phenytoin</i>) | 2 | MP |
| DILANTIN-125 SUSP (<i>Use phenytoin</i>) | 2 | MP |
| <i>fosphenytoin sodium</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| PHENYTEK (<i>Use phenytoin sodium extended</i>) | 2 | MP |
| <i>phenytoin susp</i> | 1B | MP |
| <i>phenytoin chew</i> | 1B | MP |
| <i>phenytoin sodium soln</i> | 1B | |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B | MP |
| Succinimides | | |
| CELONTIN | 3 | QL(4 ea daily);MP |
| <i>ethosuximide soln</i> | 1B | QL(30 ml daily);MP |
| <i>ethosuximide caps</i> | 1B | QL(6 ea daily);MP |
| ZARONTIN SOLN (<i>Use ethosuximide</i>) | NF | QL(30 ml daily);MP |
| ZARONTIN CAPS (<i>Use ethosuximide</i>) | 2 | QL(6 ea daily);MP |
| Valproic Acid | | |
| DEPAKOTE TBEC (<i>Use divalproex sodium</i>) | NF | MP |
| DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>) | NF | MP |
| <i>divalproex sodium tbec</i> | 1B | MP |
| <i>divalproex sodium tb24</i> | 1B | MP |
| <i>valproate sodium soln or 250 MG/5ML</i> | 1B | MP |
| <i>valproic acid caps</i> | 1B | MP |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| <i>mirtazapine tabs 30 MG</i> | 1B | QL(1.5 ea daily) |
| <i>mirtazapine tabs 7.5 MG, 45 MG</i> | 1B | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>mirtazapine tbdp 15 MG</i> | 1B | QL(3 ea daily) |
| <i>mirtazapine tabs 15 MG</i> | 1B | QL(3 ea daily) |
| <i>mirtazapine tbdp 45 MG</i> | 1B | QL(1 ea daily) |
| <i>mirtazapine tbdp 30 MG</i> | 1B | QL(1.5 ea daily) |
| REMERON TABS 15 MG (<i>Use mirtazapine</i>) | NF | QL(3 ea daily) |
| REMERON TABS 30 MG (<i>Use mirtazapine</i>) | NF | QL(1.5 ea daily) |
| REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>) | NF | QL(1.5 ea daily) |
| REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>) | NF | QL(1 ea daily) |
| REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>) | NF | QL(3 ea daily) |
| Antidepressants - Misc. | | |
| <i>bupropion hcl tb24 150 MG</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl tb24 300 MG</i> | 1B | QL(1 ea daily);MP |
| <i>bupropion hcl tabs</i> | 1B | QL(3 ea daily);MP |
| <i>bupropion hcl tb12 100 MG</i> | 1B | QL(4 ea daily) |
| <i>bupropion hcl tb12 150 MG</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl tb12 200 MG</i> | 1B | QL(2 ea daily);MP |
| FORFIVO XL TB24 (<i>Use bupropion hcl</i>) | NF | |
| <i>maprotiline hcl</i> | 1B | |
| WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>) | NF | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>) | NF | QL(4 ea daily) |
| WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>) | NF | QL(2 ea daily);MP |
| WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>) | NF | QL(1 ea daily);MP |
| WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>) | NF | QL(3 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM | 3 | QL(1 ea daily);MP |
| MARPLAN | 2 | QL(6 ea daily);MP |
| NARDIL (<i>Use phenelzine sulfate</i>) | NF | MP |
| PARNATE (<i>Use tranylcypromine sulfate</i>) | NF | MP |
| <i>phenelzine sulfate</i> | 1B | MP |
| <i>tranylcypromine sulfate</i> | 1B | MP |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| SPRAVATO 56MG DOSE | 4 | PA |
| SPRAVATO 84MG DOSE | 4 | PA |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>) | NF | QL(2 ea daily) |
| CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>) | NF | QL(4 ea daily) |
| CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>) | NF | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>citalopram hydrobromide tabs 40 MG</i> | 1B | QL(1 ea daily);MP |
| <i>citalopram hydrobromide tabs 20 MG</i> | 1B | QL(2 ea daily) |
| <i>citalopram hydrobromide tabs 10 MG</i> | 1B | QL(4 ea daily) |
| <i>citalopram hydrobromide soln</i> | 1B | QL(20 ml daily);MP |
| <i>escitalopram oxalate tabs 5 MG</i> | 1B | QL(4 ea daily) |
| <i>escitalopram oxalate tabs 20 MG</i> | 1B | QL(1 ea daily);MP |
| <i>escitalopram oxalate soln</i> | 1B | QL(20 ml daily);MP |
| <i>escitalopram oxalate tabs 10 MG</i> | 1B | QL(2 ea daily) |
| <i>fluoxetine hcl caps 20 MG</i> | 1B | QL(3 ea daily);MP |
| <i>fluoxetine hcl cpdr</i> | 1B | MP |
| <i>fluoxetine hcl soln</i> | 1B | QL(20 ml daily);MP |
| <i>fluoxetine hcl tabs 20 MG</i> | 1B | QL(3 ea daily);MP |
| <i>fluoxetine hcl tabs 10 MG, 60 MG</i> | 1B | QL(1 ea daily) |
| <i>fluoxetine hcl caps 10 MG</i> | 1A | QL(1 ea daily);MP |
| <i>fluoxetine hcl caps 40 MG</i> | 1B | QL(2 ea daily);MP |
| FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>) | NF | QL(1 ea daily) |
| <i>flvoxamine maleate tabs 100 MG</i> | 1B | QL(3 ea daily);MP |
| <i>flvoxamine maleate tabs 25 MG, 50 MG</i> | 1B | QL(2 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>) | NF | QL(2 ea daily) |
| LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>) | NF | QL(4 ea daily) |
| LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>) | NF | QL(1 ea daily);MP |
| <i>paroxetine hcl susp</i> | 1B | QL(30 ml daily) |
| <i>paroxetine hcl tabs 10 MG</i> | 1B | QL(6 ea daily) |
| <i>paroxetine hcl tb24 25 MG, 37.5 MG</i> | 1B | QL(2 ea daily);MP |
| <i>paroxetine hcl tabs 40 MG</i> | 1B | QL(1 ea daily);MP |
| <i>paroxetine hcl tb24 12.5 MG</i> | 1B | QL(1 ea daily);MP |
| <i>paroxetine hcl tabs 30 MG</i> | 1B | QL(2 ea daily);MP |
| <i>paroxetine hcl tabs 20 MG</i> | 1B | QL(3 ea daily) |
| PAXIL TABS 30 MG (Use <i>paroxetine hcl</i>) | NF | QL(2 ea daily);MP |
| PAXIL TABS 40 MG (Use <i>paroxetine hcl</i>) | NF | QL(1 ea daily);MP |
| PAXIL SUSP (Use <i>paroxetine hcl</i>) | NF | QL(30 ml daily) |
| PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>) | NF | QL(6 ea daily) |
| PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>) | NF | QL(3 ea daily) |
| PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i>) | NF | QL(1 ea daily);MP |
| PAXIL CR TB24 25 MG, 37.5 MG (Use <i>paroxetine hcl</i>) | NF | QL(2 ea daily);MP |
| PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>) | NF | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| PROZAC CAPS 20 MG (Use fluoxetine hcl) | NF | QL(3 ea daily);MP |
| PROZAC CAPS 40 MG (Use fluoxetine hcl) | NF | QL(2 ea daily);MP |
| sertraline hcl tabs 100 MG | 1B | QL(2 ea daily);MP |
| sertraline hcl tabs 25 MG, 50 MG | 1B | QL(4 ea daily) |
| sertraline hcl conc | 1B | QL(10 ml daily);MP |
| ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl) | NF | QL(4 ea daily) |
| ZOLOFT CONC (Use sertraline hcl) | NF | QL(10 ml daily);MP |
| ZOLOFT TABS 100 MG (Use sertraline hcl) | NF | QL(2 ea daily);MP |
| Serotonin Modulators | | |
| nefazodone hcl | 1B | |
| trazodone hcl tabs | 1B | MP |
| TRINTELLIX | 3 | QL(1 ea daily);PA |
| VIIBRYD TABS (Use vilazodone hcl) | 3 | QL(1 ea daily);PA |
| VIIBRYD STARTER PACK KIT | 3 | 1 rtl pack lmt amt,180 rtl pack lmt day(s) |
| vilazodone hcl tabs | 1B | QL(1 ea daily) |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| CYMBALTA CPEP (Use duloxetine hcl) | NF | QL(2 ea daily);MP |
| desvenlafaxine succinate 100 MG | 1B | QL(4 ea daily);MP |
| desvenlafaxine succinate 25 MG, 50 MG | 1B | QL(1 ea daily);MP |
| duloxetine hcl cpep 20 MG, 30 MG, 60 MG | 1B | QL(2 ea daily);MP |
| duloxetine hcl cpep 40 MG | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) | NF | QL(5 ea daily) |
| EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl) | NF | QL(4 ea daily) |
| EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) | NF | QL(2 ea daily);MP |
| FETZIMA CP24 | 3 | MP;PA |
| FETZIMA TITRATION PACK C4PK | 3 | PA |
| PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate) | NF | QL(1 ea daily);MP |
| PRISTIQ 100 MG (Use desvenlafaxine succinate) | NF | QL(4 ea daily);MP |
| venlafaxine hcl cp24 150 MG | 1B | QL(2 ea daily);MP |
| venlafaxine hcl tb24 37.5 MG, 75 MG | 1B | QL(1 ea daily) |
| venlafaxine hcl tb24 150 MG | 1B | QL(2 ea daily) |
| venlafaxine hcl tb24 225 MG | 1B | QL(1 ea daily);ST |
| venlafaxine hcl cp24 75 MG | 1B | QL(5 ea daily) |
| venlafaxine hcl tabs | 1B | QL(3 ea daily);MP |
| venlafaxine hcl cp24 37.5 MG | 1B | QL(4 ea daily) |
| Tricyclic Agents | | |
| amitriptyline hcl tabs | 1B | MP |
| amoxapine | 1B | |
| ANAFRANIL (Use clomipramine hcl) | NF | |
| clomipramine hcl | 1B | |
| desipramine hcl tabs | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|-------------------------|
| <i>doxepin hcl conc</i> | 1B | MP |
| <i>doxepin hcl caps</i> | 1B | |
| <i>imipramine hcl tabs</i> | 1B | MP |
| <i>imipramine pamoate</i> | 1B | MP |
| NORPRAMIN TABS 10 MG, 25 MG (<i>Use desipramine hcl</i>) | NF | MP |
| <i>nortriptyline hcl soln</i> | 1B | |
| <i>nortriptyline hcl caps</i> | 1B | MP |
| PAMELOR CAPS (<i>Use nortriptyline hcl</i>) | NF | MP |
| <i>protriptyline hcl</i> | 1B | MP |
| <i>trimipramine maleate caps</i> | 1B | MP |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose</i> | 1B | QL(3 ea daily);MP |
| GLYSET 100 MG (<i>Use miglitol</i>) | NF | MP |
| <i>miglitol</i> | 1B | MP |
| PRECOSE (<i>Use acarbose</i>) | NF | QL(3 ea daily);MP |
| Antidiabetic - Amylin Analogs | | |
| SYMLINPEN 120 SOPN | 2 | QL(0.36 ml daily);MP;PA |
| SYMLINPEN 60 SOPN | 2 | QL(0.2 ml daily);MP;PA |
| Antidiabetic Combinations | | |
| ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>) | NF | QL(2 ea daily);MP |
| DUETACT (<i>Use pioglitazone hcl-glimepiride</i>) | NF | QL(1 ea daily) |
| <i>glipizide-metformin hcl 2.5 MG-250 MG, 2.5 MG-500 MG</i> | 1B | QL(2 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>glyburide-metformin 2.5 MG-500 MG, 5 MG-500 MG</i> | 1B | QL(4 ea daily) |
| GLYXAMBI | 2 | QL(1 ea daily) |
| JANUMET TABS | 2 | QL(2 ea daily) |
| JANUMET XR TB24 100 MG-1000 MG | 2 | QL(1 ea daily) |
| JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG | 2 | QL(2 ea daily) |
| <i>pioglitazone hcl-glimepiride</i> | 1B | QL(1 ea daily) |
| <i>pioglitazone hcl-metformin hcl tabs</i> | 1B | QL(2 ea daily);MP |
| SYNJARDY TABS | 2 | QL(2 ea daily) |
| SYNJARDY XR TB24 25 MG-1000 MG | 2 | QL(1 ea daily) |
| SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG | 2 | QL(2 ea daily) |
| TRIJARDY XR 12.5 MG-1000 MG-2.5 MG, 5 MG-1000 MG-2.5 MG | 2 | QL(2 ea daily) |
| TRIJARDY XR 10 MG-1000 MG-5 MG, 25 MG-1000 MG-5 MG | 2 | QL(1 ea daily) |
| XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG | 3 | QL(2 ea daily);MP;PA |
| XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG | 3 | QL(1 ea daily);MP;PA |
| XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML | 2 | QL(0.5 ml daily);PA |
| Biguanides | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| FORTAMET TB24 (<i>Use metformin hcl</i>) | NF | MP |
| <i>metformin hcl tabs 1000 MG</i> | 1B | QL(2.5 ea daily);MP |
| <i>metformin hcl tb24 750 MG</i> | 1B | QL(3 ea daily) |
| <i>metformin hcl tb24 500 MG</i> | 1B | QL(4 ea daily) |
| <i>metformin hcl tabs 850 MG</i> | 1B | QL(3 ea daily);MP |
| <i>metformin hcl tabs 500 MG</i> | 1B | QL(5 ea daily);MP |
| Diabetic Other | | |
| <i>diazoxide</i> | 1B | |
| GLUCAGEN HYPOKIT | 3 | QL(0.035 ea daily) |
| <i>glucagon (rdna)</i> | 1B | QL(0.035 ea daily) |
| GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>) | NF | QL(0.035 ea daily) |
| PROGLYCEM (<i>Use diazoxide</i>) | NF | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| <i>alogliptin benzoate</i> | 1B | QL(1 ea daily) |
| JANUVIA | 2 | QL(1 ea daily) |
| NESINA (<i>Use alogliptin benzoate</i>) | NF | |
| Dopamine Receptor Agonists - Antidiabetic | | |
| CYCLOSET | 3 | QL(6 ea daily);MP |
| Incretin Mimetic Agents | | |
| OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML | 2 | QL(0.108 ml daily);PA |
| OZEMPIC SOPN 2 MG/1.5ML | 2 | QL(0.054 ml daily);PA |
| TRULICITY | 2 | QL(0.143 ml daily);PA |
| VICTOZA | 2 | QL(0.3 ml daily);MP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Insulin | | |
| APIDRA SOLN | 3 | PA |
| APIDRA SOLOSTAR SOPN | 3 | PA |
| BASAGLAR KWIKPEN SOPN | 2 | MP |
| FIASP SOLN 100 UNIT/ML | 2 | MP |
| FIASP FLEXTOUCH SOPN 100 UNIT/ML | 2 | MP |
| FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML | 2 | |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | QL(1.34 ml daily) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | QL(1.34 ml daily) |
| INSULIN DEGLUDEC SOLN | 2 | MP |
| INSULIN DEGLUDEC FLEXTOUCH SOPN | 2 | MP |
| LEVEMIR SOLN | 2 | MP |
| LEVEMIR FLEXTOUCH SOPN | 2 | MP |
| NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLIN N SUSP | 2 | |
| NOVOLIN N FLEXPEN SUPN | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| NOVOLIN N FLEXPEN RELION SUPN | 2 | |
| NOVOLIN N RELION SUSP | 2 | |
| NOVOLIN R SOLN IJ | 2 | |
| NOVOLIN R RELION SOLN IJ | 2 | |
| NOVOLOG SOLN IJ | 2 | |
| NOVOLOG FLEXPEN SOPN | 2 | |
| NOVOLOG FLEXPEN RELION SOPN | 2 | |
| NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML | 2 | |
| NOVOLOG PENFILL SOCT | 2 | |
| TRESIBA SOLN | 2 | MP |
| TRESIBA FLEXTOUCH SOPN | 2 | MP |
| Insulin Sensitizing Agents | | |
| ACTOS (Use pioglitazone hcl) | NF | QL(1 ea daily);MP |
| AVANDIA 2 MG, 4 MG pioglitazone hcl | 3 1B | QL(1 ea daily);MP QL(1 ea daily);MP |
| Meglitinide Analogues | | |
| nateglinide | 1B | QL(3 ea daily);MP |
| repaglinide .5 MG, 1 MG | 1B | QL(4 ea daily);MP |
| repaglinide 2 MG | 1B | QL(8 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| STARLIX (Use nateglinide) | NF | QL(3 ea daily);MP |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| FARXIGA | 3 | QL(1 ea daily);PA |
| JARDIANCE | 2 | QL(1 ea daily) |
| Sulfonylureas | | |
| AMARYL 1 MG, 2 MG (Use glimepiride) | NF | QL(4 ea daily) |
| AMARYL 4 MG (Use glimepiride) | NF | QL(2 ea daily);MP |
| glimepiride 1 MG, 2 MG | 1B | QL(4 ea daily) |
| glimepiride 4 MG | 1B | QL(2 ea daily);MP |
| glipizide tabs | 1B | QL(4 ea daily);MP |
| glipizide tb24 | 1B | QL(2 ea daily);MP |
| GLUCOTROL TABS (Use glipizide) | NF | QL(4 ea daily);MP |
| GLUCOTROL XL TB24 (Use glipizide) | NF | QL(2 ea daily);MP |
| glyburide tabs | 1B | QL(4 ea daily) |
| glyburide micronized 1.5 MG, 3 MG, 6 MG | 1B | QL(4 ea daily);MP |
| GLYNASE (Use glyburide micronized) | NF | QL(4 ea daily);MP |
| tolbutamide | 1B | QL(6 ea daily) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG | 1B | |
| diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML | 1B | |
| IMODIUM A-D CAPS (Use loperamide hcl) | NF | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| LOMOTIL TABS 2.5 MG-0.025 MG (Use diphenoxylate w/ atropine) | NF | |
| <i>loperamide hcl caps</i> | 1B | RX/OTC |
| MOTOFEN 1 MG-0.025 MG | 3 | |

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

| | | |
|--|----|-------|
| CHEMET | 3 | |
| <i>deferasirox pack</i> | 4 | PA |
| <i>deferasirox tabs</i> | 4 | SP;PA |
| <i>deferasirox tbso</i> | 4 | SP;PA |
| <i>deferiprone tabs 500 MG</i> | 1B | MP |
| EXJADE TBSO (Use <i>deferasirox</i>) | NF | SP;PA |
| FERRIPROX TABS (Use <i>deferiprone</i>) | NF | MP |
| JADENU TABS (Use <i>deferasirox</i>) | NF | SP;PA |
| JADENU SPRINKLE PACK (Use <i>deferasirox</i>) | NF | PA |

Antidotes and Specific Antagonists

| | | |
|-----------|---|----|
| VISTOGARD | 4 | PA |
|-----------|---|----|

Opioid Antagonists

| | | |
|--|----|--|
| <i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i> | 1B | |
| <i>naloxone hcl liqd</i> | 1B | 2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail) |
| <i>naltrexone hcl</i> | 1B | |
| NARCAN LIQD (Use <i>naloxone hcl</i>) | 3 | 2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail) |

ANTIEMETICS - Drugs to Treat Nausea and

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS | 3 | QL(0.167 ea daily);PA |
| <i>granisetron hcl soln iv 1 MG/ML</i> | 1B | |
| <i>granisetron hcl tabs</i> | 1B | QL(0.34 ea daily) |
| <i>ondansetron tbdp 4 MG</i> | 1B | QL(1 ea daily) |
| <i>ondansetron tbdp 8 MG</i> | 1B | |
| <i>ondansetron hcl soln or 4 MG/5ML</i> | 1B | QL(3.34 ml daily) |
| <i>ondansetron hcl sosy</i> | 1B | |
| <i>ondansetron hcl tabs 8 MG</i> | 1B | QL(3 ea daily,45 ea per fill retail,45 per fill mail MG) |
| <i>ondansetron hcl tabs 24 MG</i> | 1B | QL(0.143 ea daily) |
| <i>ondansetron hcl soln ij 4 MG/2ML</i> | 1B | |
| <i>ondansetron hcl tabs 4 MG</i> | 1B | QL(4 ea daily,60 ea per fill retail,60 per fill mail MG) |
| <i>palonosetron hcl soln</i> | 1B | |
| ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i>) | NF | QL(4 ea daily,60 ea per fill retail,60 per fill mail MG) |
| Antiemetics - Anticholinergic | | |
| <i>meclizine hcl tabs 25 MG</i> | 1B | RX/OTC |
| <i>meclizine hcl tabs 12.5 MG</i> | 1A | RX/OTC |
| <i>scopolamine</i> | 1B | QL(0.34 ea daily) |
| TIGAN CAPS (Use <i>trimethobenzamide hcl</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TRANSDERM SCOP (Use scopolamine) | NF | QL(0.34 ea daily) |
| TRANSDERM-SCOP (Use scopolamine) | NF | QL(0.34 ea daily) |
| <i>trimethobenzamide hcl caps</i> | 1B | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO 300 MG-0.5 MG | 3 | PA |
| DICLEGIS TBEC 10 MG-10 MG (Use doxylamine-pyridoxine) | NF | 3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA |
| <i>doxylamine-pyridoxine tbec 10 MG-10 MG</i> | 1B | 3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA |
| <i>dronabinol caps</i> | 1B | |
| MARINOL CAPS (Use dronabinol) | NF | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| <i>aprepitant caps 80 MG</i> | 1B | QL(0.134 ea daily);PA |
| <i>aprepitant caps</i> | 1B | PA |
| <i>aprepitant caps 40 MG, 125 MG</i> | 1B | QL(0.067 ea daily);PA |
| <i>aprepitant misc</i> | 1B | PA |
| EMEND CAPS 80 MG (Use aprepitant) | NF | QL(0.134 ea daily);PA |
| EMEND TRIPACK CAPS (Use aprepitant) | NF | PA |
| VARUBI TBPK | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| CANCIDAS (Use caspofungin acetate) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>caspofungin acetate</i> | 1B | |
| ERAXIS | 3 | |
| <i>micafungin sodium</i> | 1B | PA |
| MYCAMINE (Use micafungin sodium) | NF | PA |
| Antifungals | | |
| ABELCET | 3 | |
| AMBISOME (Use amphotericin b liposome) | 3 | |
| <i>amphotericin b iv</i> | 3 | |
| <i>amphotericin b liposome</i> | 1B | |
| ANCOBON (Use flucytosine) | NF | |
| <i>flucytosine</i> | 1B | |
| <i>griseofulvin microsize susp</i> | 1B | AL(At least 2 yrs old) |
| <i>griseofulvin microsize tabs</i> | 1B | |
| <i>griseofulvin ultramicrosize</i> | 1B | |
| <i>nystatin tabs</i> | 1B | |
| <i>terbinafine hcl tabs</i> | 1B | QL(1 ea daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS | 3 | PA |
| DIFLUCAN SUSR (Use fluconazole) | NF | |
| DIFLUCAN TABS (Use fluconazole) | NF | |
| <i>fluconazole tabs</i> | 1B | |
| <i>fluconazole susr</i> | 1B | |
| <i>itraconazole caps</i> | 1B | QL(4 ea daily);PA |
| <i>itraconazole soln</i> | 1B | QL(20 ml daily);PA |
| <i>ketoconazole</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| NOXAFIL SUSP | 3 | QL(20 ml daily);MP |
| SPORANOX SOLN (Use itraconazole) | NF | QL(20 ml daily);PA |
| SPORANOX CAPS (Use itraconazole) | NF | QL(4 ea daily);PA |
| SPORANOX PULSEPAK CAPS (Use itraconazole) | NF | QL(4 ea daily);PA |
| TOLSURA CAPS | 4 | PA |
| VFEND TABS (Use voriconazole) | NF | QL(4 ea daily) |
| <i>voriconazole tabs</i> | 1B | QL(4 ea daily) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| <i>dexchlorpheniramine maleate soln</i> | 1B | |
| Antihistamines - Ethanolamines | | |
| BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) | NF | |
| <i>carbinoxamine maleate tabs 4 MG</i> | 1B | |
| <i>carbinoxamine maleate soln</i> | 1B | |
| <i>clemastine fumarate tabs 2.68 MG</i> | 1B | |
| CLEMASTINE FUMARATE SYRP | 1B | |
| <i>diphenhydramine hcl soln 50 MG/ML</i> | 1B | |
| <i>diphenhydramine hcl caps 50 MG</i> | 1A | |
| <i>diphenhydramine hcl elix 12.5 MG/5ML</i> | 1B | |
| <i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1B | |
| Antihistamines - Non-Sedating | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|------------------------|
| <i>cetirizine hcl tabs</i> | 1A | QL(1 ea daily) |
| CLARINEX TABS (Use desloratadine) | NF | QL(1 ea daily) |
| CLARITIN CAPS (Use loratadine) | NF | |
| CLARITIN CHEW (Use loratadine) | NF | |
| CLARITIN TABS (Use loratadine) | NF | |
| CLARITIN SYRP (Use loratadine) | NF | |
| CLARITIN ALLERGY CHILDRENS SYRP (Use loratadine) | NF | |
| CLARITIN CHILDRENS CHEW (Use loratadine) | NF | |
| CLARITIN REDITABS TBDP (Use loratadine) | NF | |
| <i>desloratadine tbdp 2.5 MG</i> | 1B | QL(1 ea daily) |
| <i>desloratadine tabs</i> | 1B | QL(1 ea daily) |
| <i>levocetirizine dihydrochloride tabs</i> | 1B | QL(1 ea daily);RX/OTC |
| <i>levocetirizine dihydrochloride soln</i> | 1B | QL(10 ml daily);RX/OTC |
| <i>loratadine tabs</i> | 1A | |
| <i>loratadine caps</i> | 1B | |
| <i>loratadine soln</i> | 1B | |
| <i>loratadine chew</i> | 1B | |
| <i>loratadine syrp</i> | 1B | |
| <i>loratadine tbdp</i> | 1B | |
| QUZYTIR SOLN IV | 3 | PA |
| XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) | NF | QL(1 ea daily);RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride) | NF | QL(10 ml daily);RX/OTC |
| ZYRTEC ALLERGY TABS (Use cetirizine hcl) | NF | QL(1 ea daily) |
| Antihistamines - Phenothiazines | | |
| PHENERGAN SOLN (Use promethazine hcl) | NF | |
| promethazine hcl soln 25 MG/ML, 50 MG/ML | 1B | |
| promethazine hcl tabs | 1B | |
| promethazine hcl supp | 1B | |
| promethazine hcl syrup | 1B | |
| Antihistamines - Piperidines | | |
| cyproheptadine hcl syrup | 1B | |
| cyproheptadine hcl tabs | 1B | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| ezetimibe-simvastatin | 1B | QL(1 ea daily) |
| VYTORIN (Use ezetimibe-simvastatin) | NF | QL(1 ea daily) |
| Antihyperlipidemics - Misc. | | |
| icosapent ethyl 1 GM | 1B | QL(4 ea daily);PA |
| icosapent ethyl .5 GM | 1B | QL(8 ea daily);PA |
| LOVAZA 1 GM-375 MG-465 MG (Use omega-3-acid ethyl esters) | NF | QL(4 ea daily);MP |
| omega-3-acid ethyl esters 1 GM-375 MG-465 MG | 1B | QL(4 ea daily);MP |
| VASCEPA 1 GM (Use icosapent ethyl) | NF | QL(4 ea daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| VASCEPA .5 GM (Use icosapent ethyl) | 3 | QL(8 ea daily);PA |
| Bile Acid Sequestrants | | |
| cholestyramine powd | 1B | QL(25.2 gm daily);MP |
| cholestyramine pack | 1B | QL(6 ea daily);MP |
| cholestyramine light powd | 1B | QL(24 gm daily);MP |
| cholestyramine light pack | 1B | QL(6 ea daily);MP |
| colesevelam hcl tabs | 1B | QL(7 ea daily) |
| colesevelam hcl pack | 1B | QL(1 ea daily);PA |
| COLESTID TABS (Use colestipol hcl) | NF | QL(16 ea daily);MP |
| COLESTID GRAN (Use colestipol hcl) | NF | QL(6 gm daily);MP |
| COLESTID PACK (Use colestipol hcl) | NF | QL(6 ea daily);MP |
| COLESTID FLAVORED PACK (Use colestipol hcl) | NF | QL(6 ea daily);MP |
| COLESTID FLAVORED GRAN (Use colestipol hcl) | NF | QL(6 gm daily);MP |
| colestipol hcl tabs | 1B | QL(16 ea daily);MP |
| colestipol hcl gran | 1B | QL(6 gm daily);MP |
| colestipol hcl pack | 1B | QL(6 ea daily);MP |
| QUESTRAN POWD (Use cholestyramine) | NF | QL(25.2 gm daily);MP |
| QUESTRAN PACK (Use cholestyramine) | NF | QL(6 ea daily);MP |
| QUESTRAN LIGHT POWD (Use cholestyramine light) | NF | QL(24 gm daily);MP |
| WELCHOL PACK (Use colesevelam hcl) | NF | QL(1 ea daily);PA |
| WELCHOL TABS (Use colesevelam hcl) | NF | QL(7 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Fibric Acid Derivatives | | |
| <i>choline fenofibrate</i> | 1B | QL(1 ea daily) |
| <i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B | QL(1 ea daily) |
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i> | 1B | QL(1 ea daily);MP |
| <i>gemfibrozil tabs</i> | 1B | QL(2 ea daily);MP |
| LOPID TABS (<i>Use gemfibrozil</i>) | NF | QL(2 ea daily);MP |
| TRICOR TABS (<i>Use fenofibrate</i>) | NF | QL(1 ea daily);MP |
| TRILIPIX (<i>Use choline fenofibrate</i>) | NF | QL(1 ea daily) |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG | 3 | QL(1 ea daily);ST;MP |
| <i>atorvastatin calcium</i> | 1B | QL(1 ea daily);MP |
| CRESTOR TABS (<i>Use rosuvastatin calcium</i>) | NF | QL(1 ea daily) |
| <i>fluvastatin sodium caps 40 MG</i> | 1B | QL(2 ea daily) |
| <i>fluvastatin sodium caps 20 MG</i> | 1B | QL(1 ea daily) |
| LIPITOR (<i>Use atorvastatin calcium</i>) | NF | QL(1 ea daily);MP |
| <i>lovastatin tabs 10 MG, 20 MG</i> | 1B | \$0 copay for generic only, age 40 to 76;QL(1 ea daily);MP;PV |
| <i>lovastatin tabs 40 MG</i> | 1B | \$0 copay for generic only, age 40 to 76;QL(2 ea daily);MP;PV |
| PRAVACHOL 20 MG, 40 MG (<i>Use pravastatin sodium</i>) | NF | QL(1 ea daily);MP |
| <i>pravastatin sodium</i> | 1B | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>rosuvastatin calcium tabs</i> | 3 | QL(1 ea daily) |
| <i>simvastatin tabs</i> | 1B | QL(1 ea daily);MP |
| ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>Use simvastatin</i>) | NF | QL(1 ea daily);MP |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | 1B | QL(1 ea daily);MP |
| ZETIA (<i>Use ezetimibe</i>) | NF | QL(1 ea daily);MP |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) tbc</i> | 1B | QL(2 ea daily);MP |
| NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>) | NF | QL(2 ea daily);MP |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| REPATHA SOSY | 4 | QL(0.0714 ml daily);PA |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(0.25 ml daily);PA |
| REPATHA SURECLICK SOAJ | 4 | QL(0.0714 ml daily);PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| ACCUPRIL (<i>Use quinapril hcl</i>) | NF | MP |
| ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>) | NF | MP |
| <i>benazepril hcl</i> | 1B | MP |
| <i>captopril</i> | 1B | MP |
| <i>enalapril maleate tabs</i> | 1B | MP |
| <i>fosinopril sodium</i> | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1B | MP |
| LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>) | NF | MP |
| <i>moexipril hcl</i> | 1B | MP |
| <i>perindopril erbumine</i> | 1B | MP |
| PRINIVIL TABS (Use <i>lisinopril</i>) | NF | MP |
| <i>quinapril hcl</i> | 1B | MP |
| <i>ramipril caps</i> | 1B | MP |
| <i>trandolapril</i> | 1B | MP |
| VASOTEC TABS (Use <i>enalapril maleate</i>) | NF | MP |
| ZESTRIL TABS (Use <i>lisinopril</i>) | NF | MP |
| Agents for Pheochromocytoma | | |
| DIBENZYLIN (Use <i>phenoxybenzamine hcl</i>) | NF | PA |
| <i>phenoxybenzamine hcl</i> | 3 | PA |
| Angiotensin II Receptor Antagonists | | |
| ATACAND (Use <i>candesartan cilexetil</i>) | NF | QL(1 ea daily);MP |
| AVAPRO (Use <i>irbesartan</i>) | NF | QL(1 ea daily);MP |
| BENICAR (Use <i>olmesartan medoxomil</i>) | NF | QL(1 ea daily);MP |
| <i>candesartan cilexetil</i> | 1B | QL(1 ea daily);MP |
| COZAAR (Use <i>losartan potassium</i>) | NF | QL(1 ea daily);MP |
| DIOVAN TABS (Use <i>valsartan</i>) | NF | QL(1 ea daily);MP |
| EDARBI | 3 | QL(1 ea daily);ST;MP |
| <i>irbesartan</i> | 1B | QL(1 ea daily);MP |
| <i>losartan potassium</i> | 1B | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| MICARDIS (Use <i>telmisartan</i>) | NF | QL(1 ea daily);MP |
| <i>olmesartan medoxomil</i> | 1B | QL(1 ea daily);MP |
| <i>telmisartan</i> | 1B | QL(1 ea daily);MP |
| <i>valsartan tabs</i> | 1B | QL(1 ea daily);MP |
| Antiadrenergic Antihypertensives | | |
| CARDURA (Use <i>doxazosin mesylate</i>) | NF | MP |
| CATAPRES TABS (Use <i>clonidine hcl</i>) | NF | QL(8 ea daily);MP |
| CATAPRES-TTS-1 (Use <i>clonidine</i>) | NF | QL(0.15 ea daily) |
| CATAPRES-TTS-2 (Use <i>clonidine</i>) | NF | QL(0.15 ea daily) |
| CATAPRES-TTS-3 (Use <i>clonidine</i>) | NF | QL(0.15 ea daily) |
| <i>clonidine</i> | 3 | QL(0.15 ea daily) |
| <i>clonidine hcl tabs</i> | 1B | QL(8 ea daily);MP |
| <i>doxazosin mesylate</i> | 1B | MP |
| <i>guanfacine hcl</i> | 1B | MP |
| <i>methyldopa tabs</i> | 1B | QL(6 ea daily);MP |
| MINIPRESS CAPS (Use <i>prazosin hcl</i>) | NF | QL(4 ea daily);MP |
| <i>prazosin hcl caps</i> | 1B | QL(4 ea daily);MP |
| <i>terazosin hcl</i> | 1B | MP |
| Antihypertensive Combinations | | |
| ACCURETIC 20 MG-25 MG (Use <i>quinapril-hydrochlorothiazide</i>) | NF | QL(2 ea daily);MP |
| ACCURETIC 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i>) | NF | QL(3 ea daily);MP |
| ACCURETIC 20 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i>) | NF | QL(4 ea daily);MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>amlodipine besylate-benazepril hcl</i> | 1B | MP |
| <i>amlodipine besylate-olmesartan medoxomil</i> | 1B | ST |
| <i>amlodipine besylate-valsartan</i> | 1B | |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> | 1B | |
| ATACAND HCT (Use <i>candesartan cilexetil-hydrochlorothiazide</i>) | NF | MP |
| <i>atenolol & chlorthalidone</i> | 1B | MP |
| AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>) | NF | MP |
| AZOR (Use <i>amlodipine besylate-olmesartan medoxomil</i>) | NF | ST |
| <i>benazepril & hydrochlorothiazide</i> | 1B | MP |
| BENICAR HCT (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>) | NF | MP |
| <i>bisoprolol & hydrochlorothiazide</i> | 1B | QL(2 ea daily) |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 1B | MP |
| DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>) | NF | MP |
| <i>enalapril maleate & hydrochlorothiazide</i> | 1B | MP |
| EXFORGE (Use <i>amlodipine besylate-valsartan</i>) | NF | |
| EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>fosinopril sodium & hydrochlorothiazide</i> | 1B | MP |
| HYZAAR 100 MG-12.5 MG, 100 MG-25 MG (Use <i>losartan potassium & hydrochlorothiazide</i>) | NF | QL(1 ea daily);MP |
| HYZAAR 50 MG-12.5 MG (Use <i>losartan potassium & hydrochlorothiazide</i>) | NF | QL(2 ea daily) |
| <i>irbesartan-hydrochlorothiazide</i> | 1B | MP |
| <i>lisinopril & hydrochlorothiazide</i> | 1B | MP |
| LOPRESSOR HCT TABS 50 MG-25 MG (Use <i>metoprolol & hydrochlorothiazide</i>) | NF | |
| <i>losartan potassium & hydrochlorothiazide 50 MG-12.5 MG</i> | 1B | QL(2 ea daily) |
| LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use <i>benazepril & hydrochlorothiazide</i>) | NF | MP |
| LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use <i>amlodipine besylate-benazepril hcl</i>) | NF | MP |
| <i>metoprolol & hydrochlorothiazide tabs</i> | 1B | |
| MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1B | ST |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1B | MP |
| <i>quinapril-hydrochlorothiazide 20 MG-25 MG</i> | 1B | QL(2 ea daily);MP |
| <i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i> | 1B | QL(4 ea daily);MP |
| TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use <i>trandolapril-verapamil hcl</i>) | NF | MP |
| <i>telmisartan-amlodipine</i> | 1B | MP |
| <i>telmisartan-hydrochlorothiazide</i> | 1B | MP |
| TENORETIC 100 100 MG-25 MG (Use <i>atenolol & chlorthalidone</i>) | NF | MP |
| TENORETIC 50 50 MG-25 MG (Use <i>atenolol & chlorthalidone</i>) | NF | MP |
| <i>trandolapril-verapamil hcl</i> | 1B | |
| TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) | NF | ST |
| TWYNSTA (Use <i>telmisartan-amlodipine</i>) | NF | MP |
| <i>valsartan-hydrochlorothiazide</i> | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| VASERETIC 10 MG-25 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>) | NF | MP |
| ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>) | NF | MP |
| ZIAC (Use <i>bisoprolol & hydrochlorothiazide</i>) | NF | QL(2 ea daily) |
| Antihypertensives - Misc. | | |
| VECAMYL | 3 | MP;PA |
| Direct Renin Inhibitors | | |
| <i>aliskiren fumarate</i> | 1B | QL(1 ea daily) |
| TEKTURNA (Use <i>aliskiren fumarate</i>) | NF | QL(1 ea daily) |
| Selective Aldosterone Receptor Antagonists (SARAs) | | |
| <i>eplerenone</i> | 1B | MP |
| INSPIRA (Use <i>eplerenone</i>) | NF | MP |
| Vasodilators | | |
| <i>hydralazine hcl tabs</i> | 1B | MP |
| <i>hydralazine hcl soln</i> | 1B | |
| <i>minoxidil 2.5 MG, 10 MG</i> | 1B | MP |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| <i>bacitracin</i> | 3 | |
| FLAGYL TABS 500 MG (Use <i>metronidazole</i>) | NF | |
| IMPAVIDO | 3 | QL(3 ea daily);PA |
| <i>metronidazole tabs</i> | 1B | |
| <i>trimethoprim tabs</i> | 1B | |
| XIFAXAN | 3 | AL(At least 12 yrs old);MP;PA |
| Anti-infective Misc. - Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim) | NF | |
| BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim) | NF | |
| sulfamethoxazole-trimethoprim tabs | 1A | |
| sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML | 1B | |
| sulfamethoxazole-trimethoprim soln 80 MG/5ML-400 MG/5ML | 1B | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 2 | PA |
| ALINIA TABS (Use nitazoxanide) | NF | PA |
| atovaquone | 1B | |
| MEPRON (Use atovaquone) | NF | |
| nitazoxanide tabs | 1B | PA |
| Carbapenems | | |
| ertapenem sodium ij | 1B | |
| imipenem-cilastatin iv | 1B | |
| INVANZ IJ (Use ertapenem sodium) | NF | |
| meropenem | 1B | |
| MERREM 500 MG (Use meropenem) | NF | |
| PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin) | NF | |
| Chloramphenicols | | |
| chloramphenicol sodium succinate | 4 | SP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| Cyclic Lipopeptides | | |
| CUBICIN (Use daptomycin) | NF | |
| CUBICIN RF (Use daptomycin) | NF | |
| daptomycin 500 MG | 1B | |
| DAPTOMYCIN (Use daptomycin) | NF | |
| Glycopeptides | | |
| FIRVANQ SOLR OR | 2 | QL(300 ml per fill retail) |
| VANCOCIN CAPS (Use vancomycin hcl) | NF | QL(4 ea daily,40 ea per fill retail) |
| vancomycin hcl caps | 1B | QL(4 ea daily,40 ea per fill retail) |
| vancomycin hcl solr iv 1 GM, 10 GM, 500 MG, 1000 MG | 1B | |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML | 2 | QL(300 ml per fill retail) |
| Leprostatics | | |
| dapsone | 1B | |
| Lincosamides | | |
| CLEOCIN (Use clindamycin hcl) | NF | |
| CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) | NF | |
| CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate) | NF | |
| clindamycin hcl | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>clindamycin palmitate hydrochloride</i> | 1B | |
| <i>clindamycin phosphate soln ij 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1B | |
| LINCOCIN (Use <i>lincomycin hcl</i>) | NF | |
| <i>lincomycin hcl</i> | 1B | |
| Monobactams | | |
| AZACTAM 1 GM (Use <i>aztreonam</i>) | NF | |
| <i>aztreonam 1 GM</i> | 1B | |
| CAYSTON | 4 | QL(3 ml daily);PA |
| Oxazolidinones | | |
| <i>linezolid susr</i> | 1B | |
| <i>linezolid tabs</i> | 1B | QL(2 ea daily);PA |
| SIVEXTRO TABS | 3 | PA |
| ZYVOX SUSR (Use <i>linezolid</i>) | NF | |
| ZYVOX TABS (Use <i>linezolid</i>) | NF | QL(2 ea daily);PA |
| Polymyxins | | |
| <i>polymyxin b sulfate solr</i> | 1B | |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | 1B | |
| HIPREX (Use <i>methenamine hippurate</i>) | NF | |
| MACROBID (Use <i>nitrofurantoin monohyd macro</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| MACRODANTIN (Use <i>nitrofurantoin macrocrystal</i>) | NF | |
| <i>methenamine hippurate</i> | 1B | |
| MONUROL (Use <i>fosfomycin tromethamine</i>) | NF | |
| <i>nitrofurantoin</i> | 1B | |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i> | 1B | |
| <i>nitrofurantoin monohyd macro</i> | 1B | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail) |
| COARTEM 120 MG-20 MG | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(24 ea per fill retail,24 per fill mail) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| MALARONE (<i>Use atovaquone-proguanil hcl</i>) | NF | Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail) |
| Antimalarials | | |
| <i>chloroquine phosphate tabs</i> | 1B | |
| DARAPRIM (<i>Use pyrimethamine</i>) | NF | QL(3 ea daily);PA |
| <i>hydroxychloroquine sulfate</i> | 1B | MP |
| KRINTAFEL | 3 | QL(2 ea per 30 days retail) |
| <i>mefloquine hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(5 ea daily) |
| PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>) | NF | MP |
| <i>primaquine phosphate tabs</i> | 3 | |
| PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>) | NF | |
| <i>pyrimethamine</i> | 1B | QL(3 ea daily);PA |
| QUALAQUIN CAPS (<i>Use quinine sulfate</i>) | NF | PA |
| <i>quinine sulfate caps 324 MG</i> | 1B | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| FIRDAPSE | 4 | PA |
| GUANIDINE HCL | 2 | |
| MESTINON TABS (<i>Use pyridostigmine bromide</i>) | NF | |
| MESTINON SOLN OR (<i>Use pyridostigmine bromide</i>) | NF | |
| MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>) | NF | |
| <i>neostigmine methylsulfate sosy</i> | 3 | PA |
| NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML | 3 | PA |
| <i>pyridostigmine bromide tbc</i> | 1B | |
| <i>pyridostigmine bromide soln or</i> | 1B | |
| <i>pyridostigmine bromide tabs 60 MG</i> | 1B | |
| RUZURGI | 4 | QL(10 ea daily);PA |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| CAPASTAT SULFATE | 3 | |
| <i>cycloserine</i> | 1B | QL(4 ea daily) |
| <i>ethambutol hcl tabs</i> | 1B | |
| <i>isoniazid soln</i> | 1B | |
| <i>isoniazid tabs</i> | 1B | |
| <i>isoniazid syr</i> | 1B | |
| MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MYCOBUTIN (Use rifabutin) | NF | PA |
| PASER PACK | 3 | QL(3 ea daily) |
| PRIFTIN | 3 | |
| pyrazinamide | 1B | |
| rifabutin | 1B | PA |
| RIFADIN SOLR (Use rifampin) | NF | |
| rifampin caps | 1B | |
| rifampin solr | 1B | |
| SIRTURO | 3 | PA |
| TRECTOR | 3 | QL(4 ea daily) |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN (Use melphalan hcl) | NF | |
| ALKERAN (Use melphalan) | NF | |
| BICNU (Use carmustine) | NF | SP;PA |
| busulfan soln | 4 | SP;PA |
| BUSULFEX SOLN (Use busulfan) | NF | SP;PA |
| carboplatin soln 50 MG/5ML | 4 | SP;PA |
| carmustine | 4 | SP;PA |
| cisplatin soln 100 MG/100ML | 4 | SP;PA |
| cyclophosphamide caps | 1B | PA |
| cyclophosphamide solr ij | 4 | SP;PA |
| GLEOSTINE 40 MG, 100 MG | 4 | PA |
| GLEOSTINE 10 MG | 4 | SP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| IFEX SOLR (Use ifosfamide) | NF | SP;PA |
| ifosfamide solr | 4 | SP;PA |
| ifosfamide soln 1 GM/20ML | 4 | SP;PA |
| LEUKERAN | 4 | SP;PA |
| melphalan | 1B | |
| melphalan hcl | 1B | |
| MYLERAN TABS | 4 | SP;PA |
| oxaliplatin soln 50 MG/10ML, 100 MG/20ML | 4 | SP;PA |
| TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide) | NF | SP;PA |
| TEMODAR SOLR | 4 | SP;PA |
| temozolomide caps | 4 | SP;PA |
| TEPADINA 15 MG (Use thiotepa) | NF | SP;PA |
| thiotepa 15 MG | 4 | SP;PA |
| TREANDA SOLR | 4 | SP;PA |
| ZANOSAR | 4 | SP;PA |
| Antimetabolites | | |
| ALIMTA SOLR 500 MG (Use pemetrexed disodium) | 4 | SP;PA |
| ARRANON (Use nelarabine) | 4 | SP;PA |
| azacitidine susr | 4 | SP;PA |
| capecitabine | 4 | SP;PA |
| clofarabine | 4 | SP;PA |
| CLOLAR (Use clofarabine) | NF | SP;PA |
| cytarabine soln | 4 | SP;PA |
| DACOGEN (Use decitabine) | NF | SP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>decitabine</i> | 4 | SP;PA |
| <i>floxuridine</i> | 4 | SP;PA |
| <i>fludarabine phosphate soln</i> | 4 | SP;PA |
| <i>fludarabine phosphate solr</i> | 4 | SP;PA |
| <i>fluorouracil 500 MG/10ML</i> | 4 | SP;PA |
| FOLOTYN 20 MG/ML | 4 | SP;PA |
| <i>gemcitabine hcl solr 200 MG</i> | 4 | SP;PA |
| <i>gemcitabine hcl solr 2 GM</i> | 4 | SP;PA |
| <i>mercaptopurine tabs</i> | 1B | |
| <i>methotrexate sodium tabs 2.5 MG</i> | 1B | SP |
| <i>methotrexate sodium soln 50 MG/2ML, 250 MG/10ML</i> | 1B | |
| <i>methotrexate sodium solr</i> | 1B | SP |
| <i>nelarabine</i> | 4 | SP;PA |
| <i>pemetrexed disodium solr 500 MG</i> | 4 | SP;PA |
| <i>pralatrexate 20 MG/ML</i> | 4 | SP;PA |
| TABLOID | 4 | SP;PA |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 4 | SP;PA |
| VIDAZA SUSR (<i>Use azacitidine</i>) | NF | SP;PA |
| XELODA (<i>Use capecitabine</i>) | NF | SP;PA |
| Antineoplastic - Angiogenesis Inhibitors | | |
| INLYTA | 4 | QL(2 ea daily);SP;PA |
| LENVIMA 10 MG DAILY DOSE | 4 | QL(1 ea daily);PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| LENVIMA 12MG DAILY DOSE | 4 | QL(3 ea daily);PA |
| LENVIMA 14 MG DAILY DOSE | 4 | QL(2 ea daily);PA |
| LENVIMA 18 MG DAILY DOSE | 4 | QL(3 ea daily);PA |
| LENVIMA 20 MG DAILY DOSE | 4 | QL(2 ea daily);PA |
| LENVIMA 24 MG DAILY DOSE | 4 | QL(3 ea daily);PA |
| LENVIMA 4 MG DAILY DOSE | 4 | QL(1 ea daily);PA |
| LENVIMA 8 MG DAILY DOSE | 4 | QL(2 ea daily);PA |
| MVASI | 4 | PA |
| ZALTRAP 100 MG/4ML | 4 | SP;PA |
| ZIRABEV | 4 | PA |
| Antineoplastic - Antibodies | | |
| ADCETRIS | 4 | SP;PA |
| ARZERRA | 4 | SP;PA |
| RITUXAN | 4 | SP;PA |
| RUXIENCE | 4 | PA |
| TRUXIMA | 4 | PA |
| YERVOY | 4 | SP;PA |
| Antineoplastic - Anti-HER2 Agents | | |
| KANJINTI | 4 | PA |
| OGIVRI | 4 | PA |
| PERJETA | 4 | SP;PA |
| TRAZIMERA | 4 | PA |
| TUKYSA | 4 | PA |
| Antineoplastic - EGFR Inhibitors | | |
| ERBITUX | 4 | SP;PA |
| <i>erlotinib hcl</i> | 4 | QL(1 ea daily);SP;PA |
| GILOTRIF | 4 | QL(1 ea daily);PA |
| IRESSA | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| TAGRISSEO | 4 | PA |
| TARCEVA (Use erlotinib hcl) | NF | QL(1 ea daily);SP;PA |
| VECTIBIX 100 MG/5ML | 4 | SP;PA |
| VIZIMPRO | 4 | PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 4 | PA |
| ERIVEDGE | 4 | QL(1 ea daily);SP;PA |
| ODOMZO | 4 | QL(1 ea daily);PA |
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate 500 MG</i> | 4 | QL(2 ea daily);PA |
| <i>abiraterone acetate 250 MG</i> | 4 | QL(4 ea daily);SP;PA |
| <i>anastrozole</i> | 1B | QL(1 ea daily) |
| ARIMIDEX (Use anastrozole) | NF | QL(1 ea daily) |
| AROMASIN (Use exemestane) | NF | QL(1 ea daily);SP |
| <i>bicalutamide</i> | 4 | QL(1 ea daily);SP;PA |
| CASODEX (Use bicalutamide) | NF | QL(1 ea daily);SP;PA |
| ELIGARD SC 30 MG | 4 | SP;PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 ea daily);SP;PA |
| EMCYT | 4 | SP;PA |
| ERLEADA | 4 | QL(4 ea daily);PA |
| EULEXIN | 4 | QL(6 ea daily);SP;PA |
| <i>exemestane</i> | 4 | QL(1 ea daily);SP |
| FARESTON (Use toremifene citrate) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| FEMARA (Use letrozole) | NF | |
| FIRMAGON | 4 | QL(0.143 ea daily);SP;PA |
| <i>flutamide</i> | 4 | QL(6 ea daily);SP;PA |
| <i>letrozole</i> | 1B | |
| <i>leuprolide acetate kit ij 1 MG/0.2ML</i> | 4 | SP;PA |
| LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0357 ea daily);SP;PA |
| LUPRON DEPOT (3-MONTH) IM | 4 | SP;PA |
| LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 ea daily);SP;PA |
| LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 ea daily);SP;PA |
| LYSODREN | 4 | SP;PA |
| <i>megestrol acetate susp</i> | 1B | |
| <i>megestrol acetate tabs</i> | 1B | |
| NILANDRON (Use nilutamide) | NF | QL(2 ea daily) |
| <i>nilutamide</i> | 1B | QL(2 ea daily) |
| NUBEQA | 4 | QL(4 ea daily);PA |
| <i>tamoxifen citrate tabs 10 MG</i> | 0 | |
| <i>tamoxifen citrate tabs 20 MG</i> | 0 | |
| <i>toremifene citrate</i> | 1B | |
| TRELSTAR MIXJECT | 4 | SP;PA |
| XTANDI TABS 40 MG | 4 | QL(4 ea daily);PA |
| XTANDI CAPS | 4 | QL(4 ea daily);SP;PA |
| XTANDI TABS 80 MG | 4 | QL(2 ea daily);PA |
| YONSA | 4 | QL(4 ea daily);PA |
| ZOLADEX 3.6 MG | 4 | QL(0.0357 ea daily);SP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---------------------------|
| ZOLADEX 10.8 MG | 4 | QL(0.0119 ea daily);SP;PA |
| ZYTIGA 250 MG (<i>Use abiraterone acetate</i>) | NF | QL(4 ea daily);SP;PA |
| ZYTIGA 500 MG (<i>Use abiraterone acetate</i>) | NF | QL(2 ea daily);PA |
| Antineoplastic - Immunomodulators | | |
| POMALYST | 4 | QL(1 ea daily);PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | |
| AYVAKIT | 4 | QL(1 ea daily);PA |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO 100 MG ONCE WEEKLY | 4 | PA |
| XPOVIO 60 MG ONCE WEEKLY | 4 | PA |
| XPOVIO 80 MG ONCE WEEKLY | 4 | PA |
| XPOVIO 80 MG TWICE WEEKLY | 4 | PA |
| Antineoplastic Antibiotics | | |
| <i>bleomycin sulfate 15 UNIT</i> | 4 | SP;PA |
| COSMEGEN (<i>Use dactinomycin</i>) | NF | SP;PA |
| <i>dactinomycin</i> | 4 | SP;PA |
| DOXIL (<i>Use doxorubicin hcl liposomal</i>) | NF | SP;PA |
| <i>doxorubicin hcl solr 10 MG</i> | 4 | PA |
| <i>doxorubicin hcl solr 50 MG</i> | 4 | SP;PA |
| <i>doxorubicin hcl soln</i> | 4 | SP;PA |
| <i>doxorubicin hcl liposomal</i> | 4 | SP;PA |
| <i>epirubicin hcl soln 50 MG/25ML</i> | 4 | SP;PA |
| IDAMYCIN PFS 20 MG/20ML (<i>Use idarubicin hcl</i>) | NF | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (<i>Use idarubicin hcl</i>) | NF | SP;PA |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4 | SP;PA |
| <i>idarubicin hcl 20 MG/20ML</i> | 4 | PA |
| <i>mitomycin solr iv 20 MG</i> | 4 | SP;PA |
| <i>mitoxantrone hcl 2 MG/ML</i> | 4 | SP;PA |
| <i>valrubicin</i> | 4 | SP;PA |
| VALSTAR (<i>Use valrubicin</i>) | NF | SP;PA |
| Antineoplastic Combinations | | |
| KISQALI FEMARA 200 DOSE 200 MG-2.5 MG | 3 | PA |
| KISQALI FEMARA 400 DOSE 200 MG-2.5 MG | 3 | PA |
| KISQALI FEMARA 600 DOSE 200 MG-2.5 MG | 3 | PA |
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR TABS (<i>Use everolimus</i>) | NF | QL(1 ea daily);SP;PA |
| ALECENSA | 4 | QL(4 ea daily);PA |
| ALUNBRIG TBPK | 4 | QL(1 ea daily);PA |
| ALUNBRIG TABS | 4 | QL(1 ea daily);PA |
| BALVERSA | 4 | PA |
| <i>bortezomib solr ij</i> | 4 | SP;PA |
| BORTEZOMIB SOLR IV 3.5 MG | 4 | PA |
| BOSULIF 400 MG | 4 | PA |
| BOSULIF 100 MG, 500 MG | 4 | QL(1 ea daily);SP;PA |
| BRAFTOVI 75 MG | 4 | SP;PA |
| BRUKINSA | 4 | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| CABOMETYX TABS | 4 | QL(1 ea daily);PA |
| CALQUENCE | 4 | QL(2 ea daily);PA |
| CALQUENCE | 4 | QL(2 ea daily);PA |
| CAPRELSA | 4 | QL(1 ea daily);SP;PA |
| COMETRIQ KIT 0 | 4 | QL(4 ea daily);SP;PA |
| COMETRIQ KIT | 4 | QL(3 ea daily);SP;PA |
| COMETRIQ KIT 0 | 4 | QL(2 ea daily);SP;PA |
| COPIKTRA | 4 | PA |
| <i>everolimus tabs</i> | 4 | QL(1 ea daily);SP;PA |
| GLEEVEC (<i>Use imatinib mesylate</i>) | NF | QL(2 ea daily);SP;PA |
| IBRANCE CAPS | 3 | PA |
| IBRANCE TABS | 3 | PA |
| ICLUSIG 10 MG, 30 MG, 45 MG | 4 | QL(1 ea daily);PA |
| ICLUSIG 15 MG | 4 | QL(2 ea daily);PA |
| <i>imatinib mesylate</i> | 4 | QL(2 ea daily);SP;PA |
| IMBRUVICA CAPS 70 MG | 4 | QL(1 ea daily);PA |
| IMBRUVICA CAPS 140 MG | 4 | QL(3 ea daily);PA |
| IMBRUVICA SUSP | 4 | QL(8 ml daily);PA |
| IMBRUVICA TABS | 4 | QL(1 ea daily);PA |
| INREBIC | 4 | PA |
| ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>) | 4 | SP;PA |
| JAKAFI 10 MG, 20 MG | 4 | SP;PA |
| JAKAFI 5 MG, 15 MG, 25 MG | 4 | QL(2 ea daily);SP;PA |
| KISQALI | 3 | PA |
| KOSELUGO | 4 | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|-----------------------|
| KYPROLIS | 4 | PA |
| <i>lapatinib ditosylate</i> | 4 | QL(6 ea daily);SP;PA |
| LORBRENA | 4 | QL(1 ea daily);PA |
| LYNPARZA TABS | 4 | QL(4 ea daily);PA |
| MEKINIST .5 MG | 4 | QL(3 ea daily);PA |
| MEKINIST 2 MG | 4 | QL(1 ea daily);PA |
| MEKTOVI | 4 | SP;PA |
| NEXAVAR (<i>Use sorafenib tosylate</i>) | 4 | QL(4 ea daily);SP;PA |
| NINLARO | 4 | QL(0.143 ea daily);PA |
| PEMAZYRE | 4 | QL(1 ea daily);PA |
| PIQRAY 200MG DAILY DOSE | 4 | PA |
| PIQRAY 250MG DAILY DOSE | 4 | PA |
| PIQRAY 300MG DAILY DOSE | 4 | PA |
| QINLOCK | 4 | PA |
| RETEVMO | 4 | PA |
| <i>romidepsin solr</i> | 4 | SP;PA |
| ROZLYTREK | 4 | PA |
| RUBRACA | 4 | QL(4 ea daily);PA |
| <i>sorafenib tosylate</i> | 4 | QL(4 ea daily);SP;PA |
| SPRYCEL | 4 | QL(1 ea daily);SP;PA |
| STIVARGA | 4 | QL(4 ea daily);SP;PA |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4 | QL(1 ea daily);SP;PA |
| SUTENT 12.5 MG, 25 MG, 50 MG (<i>Use sunitinib malate</i>) | 4 | QL(1 ea daily);SP;PA |
| TABRECTA | 4 | PA |
| TAFINLAR | 4 | QL(4 ea daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| TALZENNA | 4 | QL(1 ea daily);PA |
| TASIGNA 150 MG, 200 MG | 4 | QL(4 ea daily);SP;PA |
| TASIGNA 50 MG | 4 | QL(4 ea daily);PA |
| TAZVERIK | 4 | PA |
| <i>temsirolimus</i> | 4 | QL(0.143 ml daily);SP;PA |
| TIBSOVO | 4 | PA |
| TORISEL (Use <i>temsirolimus</i>) | NF | QL(0.143 ml daily);SP;PA |
| TURALIO | 4 | AC;PA |
| TYKERB (Use <i>lapatinib ditosylate</i>) | NF | QL(6 ea daily);SP;PA |
| VELCADE SOLR IJ (Use <i>bortezomib</i>) | 4 | SP;PA |
| VERZENIO | 4 | PA |
| VITRAKVI CAPS | 4 | PA |
| VITRAKVI SOLN | 4 | PA |
| VOTRIENT | 4 | QL(4 ea daily);SP;PA |
| XALKORI | 4 | QL(2 ea daily);SP;PA |
| XOSPATA | 4 | PA |
| ZEJULA | 4 | QL(3 ea daily);PA |
| ZELBORAF | 4 | SP;PA |
| ZOLINZA | 4 | QL(4 ea daily);SP;PA |
| ZYDELIG | 4 | QL(2 ea daily);PA |
| Antineoplastic Enzymes | | |
| ERWINASE | 4 | SP;PA |
| ERWINAZE | 4 | SP;PA |
| ONCASPAR | 4 | SP;PA |
| Antineoplastics Misc. | | |
| ACTIMMUNE | 4 | SP;MP;PA |
| <i>arsenic trioxide 10 MG/10ML</i> | 4 | SP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>bexarotene</i> | 4 | SP;PA |
| <i>dacarbazine solr 200 MG</i> | 4 | SP;PA |
| HYDREA (Use <i>hydroxyurea</i>) | NF | |
| <i>hydroxyurea</i> | 1B | |
| INTRON A SOLR 18000000 UNIT | 4 | SP;MP;PA |
| MATULANE | 4 | SP;PA |
| NIPENT | 4 | SP;PA |
| PHOTOFRIN | 4 | SP;PA |
| PROLEUKIN | 4 | SP;PA |
| SYNRIBO | 4 | SP;PA |
| TARGRETIN (Use <i>bexarotene</i>) | NF | SP;PA |
| <i>tretinoin (chemotherapy)</i> | 1B | |
| UVADEX | 4 | SP;PA |
| Chemotherapy Adjuncts | | |
| KEPIVANCE | 4 | SP;PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| <i>leucovorin calcium solr</i> | 1B | |
| <i>leucovorin calcium tabs</i> | 1B | |
| VORAXAZE | 4 | SP;PA |
| Mitotic Inhibitors | | |
| ABRAXANE 100 MG-900 MG (Use <i>paclitaxel protein-bound particles</i>) | 4 | SP;PA |
| <i>docetaxel conc 20 MG/ML</i> | 4 | SP;PA |
| <i>docetaxel soln 20 MG/2ML</i> | 4 | SP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| DOCETAXEL CONC 20 MG/ML (Use docetaxel) | NF | SP;PA |
| DOCETAXEL SOLN 20 MG/2ML (Use docetaxel) | 4 | SP;PA |
| ETOPOPHOS | 4 | SP;PA |
| <i>etoposide caps</i> | 4 | SP;PA |
| <i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i> | 4 | SP;PA |
| HALAVEN | 4 | SP;PA |
| IXEMPRA KIT 15 MG | 4 | SP;PA |
| JEVTANA | 4 | SP;PA |
| NAVELBINE 50 MG/5ML (Use vinorelbine tartrate) | NF | |
| NAVELBINE 10 MG/ML (Use vinorelbine tartrate) | NF | SP;PA |
| <i>paclitaxel 150 MG/25ML</i> | 4 | SP;PA |
| <i>paclitaxel 6 MG/ML, 100 MG/16.7ML</i> | 4 | SP;PA |
| <i>paclitaxel protein-bound particles 100 MG-900 MG</i> | 4 | SP;PA |
| PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use paclitaxel protein-bound particles) | 4 | SP;PA |
| TENIPOSIDE | 4 | SP;PA |
| <i>vincristine sulfate</i> | 4 | SP;PA |
| <i>vinorelbine tartrate 10 MG/ML</i> | 4 | SP;PA |
| Topoisomerase I Inhibitors | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl) | NF | SP;PA |
| HYCAMTIN CAPS | 4 | SP;PA |
| HYCAMTIN SOLR (Use topotecan hcl) | NF | SP;PA |
| <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i> | 4 | SP;PA |
| <i>topotecan hcl solr</i> | 4 | SP;PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa</i> | 1B | MP |
| LODOSYN (Use carbidopa) | NF | MP |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate tabs</i> | 1B | MP |
| <i>benztropine mesylate soln</i> | 1B | |
| COGENTIN SOLN (Use benztropine mesylate) | NF | |
| <i>trihexyphenidyl hcl tabs</i> | 1B | MP |
| <i>trihexyphenidyl hcl soln</i> | 1B | MP |
| Antiparkinson COMT Inhibitors | | |
| COMTAN (Use entacapone) | NF | QL(8 ea daily);MP |
| <i>entacapone</i> | 1B | QL(8 ea daily);MP |
| TASMAR (Use tolcapone) | NF | |
| <i>tolcapone</i> | 1B | |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl tabs</i> | 1B | MP |
| <i>amantadine hcl caps</i> | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| <i>amantadine hcl soln</i> | 1B | |
| APOKYN SOCT | 4 | PA |
| <i>apomorphine hydrochloride soct</i> | 4 | PA |
| <i>bromocriptine mesylate caps</i> | 1B | |
| <i>bromocriptine mesylate tabs 2.5 MG</i> | 1B | MP |
| <i>carbidopa-levodopa tabs</i> | 1B | MP |
| <i>carbidopa-levodopa tbc</i> | 1B | MP |
| <i>carbidopa-levodopa tbdp</i> | 1B | MP |
| <i>carbidopa-levodopa-entacapone</i> | 1B | |
| MIRAPEX TABS .125 MG (Use <i>pramipexole dihydrochloride</i>) | NF | QL(4 ea daily);MP |
| MIRAPEX TABS .5 MG, .75 MG, 1 MG (Use <i>pramipexole dihydrochloride</i>) | NF | MP |
| NEUPRO | 2 | MP |
| PARLODEL TABS (Use <i>bromocriptine mesylate</i>) | NF | MP |
| PARLODEL CAPS (Use <i>bromocriptine mesylate</i>) | NF | |
| <i>pramipexole dihydrochloride tabs .125 MG</i> | 1B | QL(4 ea daily);MP |
| <i>pramipexole dihydrochloride tabs .25 MG, .5 MG, .75 MG, 1 MG, 1.5 MG</i> | 1B | MP |
| <i>ropinirole hydrochloride tb24 2 MG, 4 MG, 6 MG</i> | 1B | QL(1 ea daily);ST;MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>ropinirole hydrochloride tabs</i> | 1B | MP |
| <i>ropinirole hydrochloride tb24 8 MG, 12 MG</i> | 1B | QL(2 ea daily);ST;MP |
| SINEMET TABS (Use <i>carbidopa-levodopa</i>) | NF | MP |
| STALEVO 100 200 MG-100 MG-25 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 125 200 MG-125 MG-31.25 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 150 200 MG-150 MG-37.5 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 200 200 MG-200 MG-50 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 50 200 MG-50 MG-12.5 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 75 200 MG-75 MG-18.75 MG (Use <i>carbidopa-levodopa-entacapone</i>) | NF | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT (Use <i>rasagiline mesylate</i>) | NF | QL(1 ea daily);MP;PA |
| <i>rasagiline mesylate</i> | 1B | QL(1 ea daily);MP;PA |
| <i>selegiline hcl caps</i> | 1B | MP |
| <i>selegiline hcl tabs</i> | 1B | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Antimanic Agents | | |
| <i>lithium carbonate caps</i> | 1B | |
| <i>lithium carbonate tbc</i> | 1B | MP |
| <i>lithium carbonate tabs</i> | 1B | MP |
| LITHOBID TBCR (<i>Use lithium carbonate</i>) | NF | MP |
| Antipsychotics - Misc. | | |
| EQUETRO 200 MG | 3 | QL(8 ea daily);ST |
| EQUETRO 300 MG | 3 | QL(4 ea daily);ST |
| EQUETRO 100 MG | 3 | QL(2 ea daily);ST |
| GEODON (<i>Use ziprasidone hcl</i>) | NF | QL(2 ea daily);AL(At least 18 yrs old);MP |
| LATUDA 20 MG, 40 MG, 60 MG, 120 MG | 3 | QL(1 ea daily);MP;PA |
| LATUDA 80 MG | 3 | QL(2 ea daily);PA |
| <i>ziprasidone hcl</i> | 1B | QL(2 ea daily);AL(At least 18 yrs old);MP |
| Benzisoxazoles | | |
| FANAPT | 2 | QL(2 ea daily);PA |
| FANAPT TITRATION PACK | 2 | PA |
| INVEGA 6 MG (<i>Use paliperidone</i>) | NF | QL(2 ea daily);MP |
| INVEGA 1.5 MG, 3 MG, 9 MG (<i>Use paliperidone</i>) | NF | QL(1 ea daily);MP |
| <i>paliperidone 1.5 MG, 3 MG, 9 MG</i> | 1B | QL(1 ea daily);MP |
| <i>paliperidone 6 MG</i> | 1B | QL(2 ea daily);MP |
| PERSERIS PRSY | 2 | QL(0.072 ea daily);PA |
| RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>) | NF | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| RISPERDAL SOLN (<i>Use risperidone</i>) | NF | QL(8 ml daily);MP |
| RISPERDAL CONSTA | 2 | QL(0.072 ea daily);PA |
| <i>risperidone soln</i> | 1B | QL(8 ml daily);MP |
| <i>risperidone tbdp</i> | 1B | QL(4 ea daily) |
| <i>risperidone tabs</i> | 1B | QL(4 ea daily) |
| Butyrophenones | | |
| HALDOL SOLN (<i>Use haloperidol lactate</i>) | NF | |
| HALDOL DECANOATE 100 (<i>Use haloperidol decanoate</i>) | NF | QL(0.036 ml daily) |
| HALDOL DECANOATE 50 (<i>Use haloperidol decanoate</i>) | NF | QL(0.036 ml daily) |
| <i>haloperidol tabs</i> | 1B | |
| <i>haloperidol decanoate</i> | 1B | QL(0.036 ml daily) |
| <i>haloperidol lactate soln</i> | 1B | |
| <i>haloperidol lactate conc</i> | 1B | |
| Dibenzapines | | |
| <i>asenapine maleate 5 MG, 10 MG</i> | 1B | QL(2 ea daily);PA |
| <i>asenapine maleate 2.5 MG</i> | 1B | QL(4 ea daily);PA |
| <i>clozapine tbdp 25 MG</i> | 1B | QL(3 ea daily) |
| <i>clozapine tabs</i> | 1B | |
| <i>clozapine tbdp 100 MG</i> | 1B | QL(9 ea daily) |
| <i>clozapine tbdp 12.5 MG, 150 MG</i> | 1B | QL(6 ea daily) |
| CLOZARIL TABS (<i>Use clozapine</i>) | NF | |
| <i>loxapine succinate</i> | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>olanzapine tabs 7.5 MG, 10 MG, 15 MG, 20 MG</i> | 1B | QL(2 ea daily) |
| <i>olanzapine tbdp 5 MG, 10 MG, 15 MG</i> | 1B | QL(2 ea daily) |
| <i>olanzapine tabs 2.5 MG, 5 MG</i> | 1B | QL(4 ea daily) |
| <i>olanzapine solr</i> | 1B | QL(0.215 ea daily) |
| <i>olanzapine tbdp 20 MG</i> | 1B | QL(1 ea daily) |
| <i>quetiapine fumarate tb24 50 MG, 150 MG, 200 MG</i> | 1B | QL(1 ea daily);PA |
| <i>quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG</i> | 1B | QL(4 ea daily);AL(At least 10 yrs old) |
| <i>quetiapine fumarate tb24 300 MG, 400 MG</i> | 1B | QL(2 ea daily);PA |
| <i>quetiapine fumarate tabs 300 MG, 400 MG</i> | 1B | QL(2 ea daily);AL(At least 10 yrs old);MP |
| <i>SAPHRIS 2.5 MG (Use asenapine maleate)</i> | NF | QL(4 ea daily);PA |
| <i>SAPHRIS 5 MG, 10 MG (Use asenapine maleate)</i> | NF | QL(2 ea daily);PA |
| <i>SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)</i> | NF | QL(2 ea daily);AL(At least 10 yrs old);MP |
| <i>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)</i> | NF | QL(4 ea daily);AL(At least 10 yrs old) |
| <i>SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use quetiapine fumarate)</i> | NF | QL(1 ea daily);PA |
| <i>SEROQUEL XR TB24 300 MG, 400 MG (Use quetiapine fumarate)</i> | NF | QL(2 ea daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>ZYPREXA SOLR (Use olanzapine)</i> | NF | QL(0.215 ea daily) |
| <i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i> | NF | QL(4 ea daily) |
| <i>ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG (Use olanzapine)</i> | NF | QL(2 ea daily) |
| <i>ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)</i> | NF | QL(1 ea daily) |
| <i>ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine)</i> | NF | QL(2 ea daily) |
| Phenothiazines | | |
| <i>chlorpromazine hcl tabs</i> | 1B | MP |
| <i>chlorpromazine hcl soln</i> | 3 | |
| <i>fluphenazine hcl tabs</i> | 1B | |
| <i>fluphenazine hcl conc</i> | 1B | |
| <i>fluphenazine hcl soln</i> | 1B | |
| <i>fluphenazine hcl elix</i> | 1B | |
| <i>perphenazine tabs</i> | 1B | MP |
| <i>prochlorperazine</i> | 1B | |
| <i>prochlorperazine maleate tabs</i> | 1B | MP |
| <i>thioridazine hcl</i> | 1B | MP |
| <i>trifluoperazine hcl tabs</i> | 1B | MP |
| Quinolinone Derivatives | | |
| <i>ABILIFY TABS (Use aripiprazole)</i> | NF | QL(1 ea daily);AL(At least 6 yrs old);MP |
| <i>aripiprazole tabs</i> | 1B | QL(1 ea daily);AL(At least 6 yrs old);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| <i>aripiprazole soln or</i> | 1B | QL(30 ml daily);AL(At least 6 yrs old) |
| REXULTI | 3 | PA |
| Thioxanthenes | | |
| <i>thiothixene</i> | 1B | MP |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| <i>abacavir sulfate tabs</i> | 1B | QL(2 ea daily);MP |
| <i>abacavir sulfate soln</i> | 1B | QL(32 ml daily) |
| <i>abacavir sulfate-lamivudine</i> | 1B | QL(1 ea daily) |
| <i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i> | 1B | QL(2 ea daily) |
| APTIVUS SOLN | 2 | QL(10 ml daily);MP |
| APTIVUS CAPS | 2 | QL(4 ea daily);MP |
| <i>atazanavir sulfate caps 150 MG, 300 MG</i> | 1B | QL(1 ea daily) |
| <i>atazanavir sulfate caps 200 MG</i> | 1B | QL(2 ea daily) |
| ATRIPLA 300 MG-200 MG-600 MG (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>) | 3 | QL(1 ea daily) |
| BIKTARVY 25 MG-200 MG-50 MG | 2 | QL(1 ea daily) |
| BIKTARVY 15 MG-120 MG-30 MG | 3 | QL(1 ea daily) |
| CIMDUO 300 MG-300 MG | 2 | QL(1 ea daily);ST |
| COMBIVIR 150 MG-300 MG (<i>Use lamivudine-zidovudine</i>) | NF | QL(2 ea daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| COMPLERA 25 MG-200 MG-300 MG | 3 | QL(1 ea daily) |
| CRIXIVAN 200 MG | 2 | QL(9 ea daily);MP |
| CRIXIVAN 400 MG | 2 | QL(6 ea daily);MP |
| DELSTRIGO 100 MG-300 MG-300 MG | 3 | QL(1 ea daily) |
| <i>didanosine cpdr 200 MG</i> | 1B | QL(2 ea daily) |
| <i>didanosine cpdr 250 MG, 400 MG</i> | 1B | QL(1 ea daily) |
| DOVATO 50 MG-300 MG | 2 | QL(1 ea daily) |
| EDURANT | 2 | QL(1 ea daily);MP |
| <i>efavirenz tabs</i> | 1B | QL(1 ea daily) |
| <i>efavirenz caps 50 MG</i> | 1B | QL(3 ea daily) |
| <i>efavirenz caps 200 MG</i> | 1B | QL(2 ea daily) |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i> | 1B | QL(1 ea daily) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 1B | QL(1 ea daily) |
| <i>emtricitabine caps</i> | 1B | QL(1 ea daily) |
| <i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i> | 0 | QL(1 ea daily) |
| <i>emtricitabine-tenofovir disoproxil fumarate 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG</i> | 1B | QL(1 ea daily) |
| EMTRIVA CAPS (<i>Use emtricitabine</i>) | NF | QL(1 ea daily) |
| EMTRIVA SOLN | 2 | QL(24 ml daily) |
| EPIVIR TABS 300 MG (<i>Use lamivudine</i>) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| EPIVIR SOLN (<i>Use lamivudine</i>) | NF | QL(30 ml daily) |
| EPIVIR TABS 150 MG (<i>Use lamivudine</i>) | NF | QL(2 ea daily) |
| EPZICOM 600 MG-300 MG (<i>Use abacavir sulfate-lamivudine</i>) | NF | QL(1 ea daily) |
| <i>etravirine 200 MG</i> | 1B | QL(2 ea daily);MP |
| <i>etravirine 100 MG</i> | 1B | QL(4 ea daily);MP |
| EVOTAZ 150 MG-300 MG | 3 | QL(1 ea daily) |
| <i>fosamprenavir calcium tabs</i> | 1B | QL(4 ea daily) |
| FUZEON SOLR | 4 | SP;MP;PA |
| GENVOYA 150 MG-200 MG-150 MG-10 MG | 2 | QL(1 ea daily) |
| INTELENCE 25 MG | 2 | QL(8 ea daily);MP |
| INTELENCE 100 MG (<i>Use etravirine</i>) | 2 | QL(4 ea daily);MP |
| INTELENCE 200 MG (<i>Use etravirine</i>) | 2 | QL(2 ea daily);MP |
| INVIRASE TABS | 2 | QL(4 ea daily);MP |
| ISENTRESS TABS | 2 | QL(2 ea daily);MP |
| ISENTRESS CHEW | 2 | QL(6 ea daily) |
| ISENTRESS HD TABS | 2 | QL(2 ea daily);MP |
| JULUCA 50 MG-25 MG | 3 | QL(1 ea daily) |
| KALETRA TABS (<i>Use lopinavir-ritonavir</i>) | 2 | QL(4 ea daily);MP |
| KALETRA SOLN 400 MG/5ML-100 MG/5ML (<i>Use lopinavir-ritonavir</i>) | NF | QL(12.5 ml daily) |
| <i>lamivudine tabs 150 MG</i> | 1B | QL(2 ea daily) |
| <i>lamivudine soln</i> | 1B | QL(30 ml daily) |
| <i>lamivudine tabs 300 MG</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>lamivudine-zidovudine 150 MG-300 MG</i> | 1B | QL(2 ea daily);MP |
| LEXIVA TABS (<i>Use fosamprenavir calcium</i>) | NF | QL(4 ea daily) |
| LEXIVA SUSP | 2 | QL(56 ml daily);MP |
| <i>lopinavir-ritonavir tabs</i> | 1B | QL(4 ea daily);MP |
| <i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i> | 1B | QL(12.5 ml daily) |
| <i>maraviroc tabs 300 MG</i> | 1B | QL(4 ea daily);MP |
| <i>maraviroc tabs 150 MG</i> | 1B | QL(2 ea daily);MP |
| <i>nevirapine susp</i> | 1B | QL(40 ml daily) |
| <i>nevirapine tb24 400 MG</i> | 1B | QL(1 ea daily) |
| <i>nevirapine tb24 100 MG</i> | 1B | QL(3 ea daily) |
| <i>nevirapine tabs</i> | 1B | QL(2 ea daily);MP |
| NORVIR TABS (<i>Use ritonavir</i>) | NF | QL(12 ea daily) |
| NORVIR PACK | 2 | QL(12 ea daily) |
| NORVIR SOLN | 2 | QL(15 ml daily);MP |
| ODEFSEY 25 MG-200 MG-25 MG | 2 | QL(1 ea daily) |
| PIFELTRO | 2 | QL(1 ea daily) |
| PREZCOBIX 800 MG-150 MG | 2 | QL(1 ea daily) |
| PREZISTA TABS 75 MG, 150 MG, 600 MG | 2 | QL(2 ea daily);MP |
| PREZISTA SUSP | 2 | QL(12 ml daily);MP |
| PREZISTA TABS 800 MG | 2 | QL(1 ea daily);MP |
| RETROVIR SYRP (<i>Use zidovudine</i>) | NF | QL(60 ml daily);MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| RETROVIR CAPS (<i>Use zidovudine</i>) | NF | QL(6 ea daily);MP |
| RETROVIR IV INFUSION SOLN | 1B | |
| REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>) | NF | QL(2 ea daily) |
| REYATAZ CAPS 150 MG, 300 MG (<i>Use atazanavir sulfate</i>) | NF | QL(1 ea daily) |
| <i>ritonavir tabs</i> | 1B | QL(12 ea daily) |
| RUKOBIA | 4 | PA |
| SELZENTRY TABS 25 MG, 75 MG, 150 MG | 2 | QL(2 ea daily) |
| SELZENTRY SOLN | 2 | QL(30 ml daily) |
| SELZENTRY TABS 300 MG (<i>Use maraviroc</i>) | 2 | QL(4 ea daily);MP |
| SELZENTRY TABS (<i>Use maraviroc</i>) | 2 | QL(2 ea daily);MP |
| <i>stavudine caps</i> | 1B | QL(2 ea daily) |
| STRIBILD 150 MG-200 MG-300 MG-150 MG | 3 | QL(1 ea daily) |
| SUSTIVA TABS (<i>Use efavirenz</i>) | NF | QL(1 ea daily) |
| SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>) | NF | QL(3 ea daily) |
| SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>) | NF | QL(2 ea daily) |
| SYMFI 300 MG-300 MG-600 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NF | QL(1 ea daily) |
| SYMFI LO 300 MG-300 MG-400 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NF | QL(1 ea daily) |
| SYMTUZA 800 MG-200 MG-10 MG-150 MG | 3 | QL(1 ea daily);ST |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| TEMIXYS 300 MG-300 MG | 2 | QL(1 ea daily);ST |
| <i>tenofovir disoproxil fumarate tabs</i> | 1B | |
| TIVICAY TABS | 3 | QL(2 ea daily) |
| TRIUMEQ TABS 50 MG-300 MG-600 MG | 2 | QL(1 ea daily) |
| TRIZIVIR 300 MG-300 MG-150 MG | 2 | QL(2 ea daily) |
| TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>) | NF | QL(1 ea daily) |
| TYBOST | 2 | QL(1 ea daily);MP |
| VIRACEPT TABS 625 MG | 2 | QL(4 ea daily);MP |
| VIRACEPT TABS 250 MG | 2 | QL(10 ea daily);MP |
| VIRAMUNE SUSP (<i>Use nevirapine</i>) | NF | QL(40 ml daily) |
| VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>) | NF | QL(1 ea daily) |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 2 | QL(1 ea daily);MP |
| VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>) | NF | |
| VIREAD POWD | 2 | MP |
| ZIAGEN SOLN (<i>Use abacavir sulfate</i>) | NF | QL(32 ml daily) |
| ZIAGEN TABS (<i>Use abacavir sulfate</i>) | NF | QL(2 ea daily);MP |
| <i>zidovudine caps</i> | 1B | QL(6 ea daily);MP |
| <i>zidovudine syrp</i> | 1B | QL(60 ml daily);MP |
| <i>zidovudine tabs</i> | 1B | QL(2 ea daily);MP |
| CMV Agents | | |
| <i>cidofovir</i> | 3 | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---------------------------|
| <i>ganciclovir sodium solr</i> | 1B | |
| VALCYTE TABS (<i>Use valganciclovir hcl</i>) | NF | QL(4 ea daily);MP;PA |
| <i>valganciclovir hcl tabs</i> | 1B | QL(4 ea daily);MP;PA |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil</i> | 4 | QL(1 ea daily);SP;PA |
| BARACLUDE SOLN | 4 | QL(20 ml daily);SP;MP;PA |
| BARACLUDE TABS (<i>Use entecavir</i>) | NF | QL(1 ea daily);SP;PA |
| <i>entecavir tabs</i> | 4 | QL(1 ea daily);SP;PA |
| EPCLUSA PACK | 4 | QL(1 ea daily);PA |
| EPCLUSA TABS | 4 | QL(1 ea daily);PA |
| EPCLUSA TABS | 4 | QL(1 ea daily);PA |
| EPIVIR HBV SOLN | 4 | QL(60 ml daily);SP;MP;PA |
| EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>) | NF | QL(3 ea daily);SP;MP |
| HEPSERA (<i>Use adefovir dipivoxil</i>) | NF | QL(1 ea daily);SP;PA |
| <i>lamivudine (hbv) tabs</i> | 1B | QL(3 ea daily);SP;MP |
| PEGASYS SOSY | 4 | QL(0.0714 ml daily) |
| PEGASYS SOLN | 4 | QL(0.0714 ml daily);SP;PA |
| PEGINTRON 50 MCG/0.5ML | 4 | QL(0.143 ea daily);SP;PA |
| <i>ribavirin (hepatitis c) caps</i> | 1B | QL(7 ea daily) |
| <i>ribavirin (hepatitis c) tabs 200 MG</i> | 1B | QL(7 ea daily) |
| SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG | 4 | QL(1 ea daily);PA |
| SOVALDI TABS 200 MG | 4 | QL(1 ea daily);PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| SOVALDI TABS 400 MG | 4 | QL(1 ea daily);SP;PA |
| VEMLIDY | 4 | QL(1 ea daily);SP;PA |
| VOSEVI 400 MG-100 MG-100 MG | 4 | QL(1 ea daily);PA |
| Herpes Agents | | |
| <i>acyclovir caps</i> | 1A | QL(5 ea daily,50 ea per fill retail,50 per fill mail MG) |
| <i>acyclovir tabs or</i> | 1B | QL(5 ea daily) |
| <i>acyclovir susp</i> | 1B | QL(13.34 ml daily) |
| <i>famciclovir 125 MG, 250 MG</i> | 1B | QL(3 ea daily) |
| <i>famciclovir 500 MG</i> | 1B | QL(4 ea daily) |
| <i>valacyclovir hcl 1 GM, 1000 MG</i> | 1B | QL(4 ea daily) |
| <i>valacyclovir hcl 500 MG</i> | 1B | QL(2 ea daily) |
| VALTREX 1 GM (<i>Use valacyclovir hcl</i>) | NF | QL(4 ea daily) |
| VALTREX 500 MG (<i>Use valacyclovir hcl</i>) | NF | QL(2 ea daily) |
| ZOVIRAX SUSP (<i>Use acyclovir</i>) | NF | QL(13.34 ml daily) |
| Influenza Agents | | |
| <i>oseltamivir phosphate susr</i> | 1B | Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail) |
| <i>oseltamivir phosphate caps</i> | 1B | Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| RELENZA DISKHALER | 2 | 1 rtl pack lmt amt,30 rtl pack lmt day(s) |
| <i>rimantadine hydrochloride tabs</i> | 1B | QL(2 ea daily) |
| TAMIFLU CAPS (<i>Use oseltamivir phosphate</i>) | NF | Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG) |
| TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>) | NF | Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail) |

BETA BLOCKERS - Drugs to Treat High Blood Pressure

Alpha-Beta Blockers

| | | |
|---------------------------------|----|----|
| <i>carvedilol</i> | 1B | MP |
| COREG (<i>Use carvedilol</i>) | NF | MP |
| <i>labetalol hcl soln</i> | 1B | |
| <i>labetalol hcl tabs</i> | 1B | MP |

Beta Blockers Cardio-Selective

| | | |
|---|----|----------------|
| <i>acebutolol hcl caps</i> | 1B | MP |
| <i>atenolol tabs</i> | 1B | MP |
| <i>betaxolol hcl</i> | 1B | MP |
| <i>bisoprolol fumarate</i> | 1B | MP |
| BYSTOLIC 2.5 MG, 5 MG, 10 MG (<i>Use nebivolol hcl</i>) | 2 | QL(1 ea daily) |
| BYSTOLIC 20 MG (<i>Use nebivolol hcl</i>) | 2 | QL(2 ea daily) |
| LOPRESSOR TABS (<i>Use metoprolol tartrate</i>) | NF | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>metoprolol succinate tb24</i> | 1B | MP |
| <i>metoprolol tartrate tabs 25 MG, 50 MG, 100 MG</i> | 1B | MP |
| <i>metoprolol tartrate soln iv 5 MG/5ML</i> | 1B | |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i> | 1B | QL(1 ea daily) |
| <i>nebivolol hcl 20 MG</i> | 1B | QL(2 ea daily) |
| TENORMIN TABS (<i>Use atenolol</i>) | NF | MP |
| TOPROL XL TB24 (<i>Use metoprolol succinate</i>) | NF | MP |
| Beta Blockers Non-Selective | | |
| BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>) | NF | QL(2 ea daily);MP |
| BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>) | NF | |
| CORGARD TABS 20 MG, 40 MG, 80 MG (<i>Use nadolol</i>) | NF | MP |
| HEMANGEOL SOLN OR | 4 | QL(75 ml daily);PA |
| INDERAL LA CP24 (<i>Use propranolol hcl</i>) | NF | MP |
| <i>nadolol tabs 20 MG, 40 MG, 80 MG</i> | 1B | MP |
| <i>pindolol tabs</i> | 1B | MP |
| <i>propranolol hcl cp24</i> | 1B | MP |
| <i>propranolol hcl tabs</i> | 1B | MP |
| <i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i> | 1B | |
| <i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i> | 1B | QL(2 ea daily);MP |
| <i>sotalol hcl tabs 240 MG</i> | 1B | MP |
| <i>sotalol hcl (afib/afl)</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>timolol maleate tabs</i> | 1B | MP |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| <i>amlodipine besylate tabs</i> | 1B | MP |
| <i>CALAN SR TBCR (Use verapamil hcl)</i> | NF | MP |
| <i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i> | NF | MP |
| <i>CARDIZEM CD CP24 (Use diltiazem hcl coated beads)</i> | NF | MP |
| <i>CARDIZEM LA TB24 (Use diltiazem hcl coated beads)</i> | NF | MP |
| <i>diltiazem hcl cp24</i> | 1B | |
| <i>diltiazem hcl cp12</i> | 1B | MP |
| <i>diltiazem hcl soln 50 MG/10ML</i> | 1B | |
| <i>diltiazem hcl tabs</i> | 1B | MP |
| <i>DILTIAZEM HCL SOLR</i> | 1B | |
| <i>diltiazem hcl coated beads cp24</i> | 1B | MP |
| <i>diltiazem hcl coated beads tb24</i> | 1B | MP |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i> | 1B | MP |
| <i>felodipine</i> | 1B | MP |
| <i>isradipine caps</i> | 1B | MP |
| <i>nicardipine hcl soln</i> | 1B | |
| <i>nicardipine hcl caps</i> | 1B | MP |
| <i>nifedipine caps</i> | 1B | MP |
| <i>nifedipine tb24</i> | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>nimodipine caps</i> | 1B | |
| <i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i> | 1B | |
| <i>NORVASC TABS (Use amlodipine besylate)</i> | NF | MP |
| <i>PROCARDIA CAPS (Use nifedipine)</i> | NF | MP |
| <i>PROCARDIA XL TB24 (Use nifedipine)</i> | NF | MP |
| <i>SULAR (Use nisoldipine)</i> | NF | MP |
| <i>verapamil hcl soln 2.5 MG/ML</i> | 1B | |
| <i>verapamil hcl cp24</i> | 1B | |
| <i>verapamil hcl tbc</i> | 1B | MP |
| <i>verapamil hcl tabs</i> | 1B | MP |
| <i>VERELAN CP24 (Use verapamil hcl)</i> | NF | |
| <i>VERELAN PM CP24 (Use verapamil hcl)</i> | NF | |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1B | MP |
| <i>digoxin soln or .05 MG/ML</i> | 1B | |
| <i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)</i> | 2 | MP |
| <i>LANOXIN SOLN IJ (Use digoxin)</i> | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------------|
| <i>amlodipine besylate-atorvastatin calcium</i> | 1B | QL(1 ea daily);MP |
| BIDIL 37.5 MG-20 MG (Use <i>isosorbide dinitrate-hydralazine hcl</i>) | 2 | MP |
| CADUET 10 MG-10 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG, 80 MG-10 MG, 80 MG-5 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>) | NF | QL(1 ea daily);MP |
| ENTRESTO | 3 | QL(2 ea daily);PA |
| <i>isosorbide dinitrate-hydralazine hcl</i> 37.5 MG-20 MG | 1B | MP |
| Impotence Agents | | |
| CIALIS 5 MG (Use <i>tadalafil</i>) | NF | BPH Only;QL(1 ea daily);PA |
| <i>sildenafil citrate</i> | 1B | QL(0.1334 ea daily);PA |
| STENDRA | 3 | QL(0.134 ea daily) |
| <i>tadalafil</i> 5 MG | 1B | BPH Only;QL(1 ea daily);PA |
| VIAGRA (Use <i>sildenafil citrate</i>) | NF | QL(0.1334 ea daily);PA |
| Prostaglandin Vasodilators | | |
| <i>epoprostenol sodium</i> | 4 | PA |
| FLOLAN (Use <i>epoprostenol sodium</i>) | NF | PA |
| ORENITRAM .125 MG, .25 MG, 1 MG, 2.5 MG | 3 | MP;PA |
| <i>treprostinil soln ij</i> | 4 | SP;PA |
| TYVASO SOLN IN | 4 | PA |
| TYVASO REFILL SOLN IN | 4 | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|-------------------------|
| TYVASO STARTER SOLN IN | 4 | PA |
| VELETRI (Use <i>epoprostenol sodium</i>) | NF | PA |
| VENTAVIS | 4 | SP;MP;PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| <i>ambrisentan</i> | 4 | QL(1 ea daily);SP;PA |
| <i>bosentan tabs 125 MG</i> | 4 | QL(2 ea daily);SP;PA |
| <i>bosentan tabs 62.5 MG</i> | 4 | QL(2 ea daily);PA |
| LETAIRIS (Use <i>ambrisentan</i>) | NF | QL(1 ea daily);SP;PA |
| OPSUMIT | 4 | QL(1 ea daily);MP;PA |
| TRACLEER TABS 62.5 MG (Use <i>bosentan</i>) | NF | QL(2 ea daily);PA |
| TRACLEER TBSO | 4 | QL(2 ea daily);SP;PA |
| TRACLEER TABS 125 MG (Use <i>bosentan</i>) | NF | QL(2 ea daily);SP;PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>) | NF | QL(2 ea daily);SP;PA |
| REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>) | NF | QL(6 ml daily);PA |
| REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>) | NF | QL(37.5 ml daily);SP;PA |
| REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>) | NF | QL(3 ea daily);SP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| <i>sildenafil citrate (pulmonary hypertension) tabs</i> | 4 | QL(3 ea daily);SP;PA |
| <i>sildenafil citrate (pulmonary hypertension) susr</i> | 4 | QL(6 ml daily);PA |
| <i>sildenafil citrate (pulmonary hypertension) soln</i> | 4 | QL(37.5 ml daily);SP;PA |
| <i>tadalafil (pulmonary hypertension) tabs</i> | 4 | QL(2 ea daily);SP;PA |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |
| UPTRAVI TABS 200 MCG | 4 | MP;PA |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4 | QL(2 ea daily);MP;PA |
| UPTRAVI TITRATION PACK TBPK | 4 | 1 rtl MAX fill,180 rtl day(s) supply;PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 4 | QL(3 ea daily);PA |
| Sinus Node Inhibitors | | |
| CORLANOR TABS | 3 | QL(2 ea daily);PA |
| CORLANOR SOLN | 3 | QL(15 ml daily);PA |
| Transthyretin Stabilizers | | |
| VYNDAMAX | 4 | QL(1 ea daily);PA |
| VYNDAQEL | 4 | QL(4 ea daily);PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil caps</i> | 1B | |
| <i>cefadroxil tabs</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>cefadroxil susr</i> | 1B | |
| <i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i> | 1B | |
| <i>cephalexin caps</i> | 1B | |
| <i>cephalexin susr</i> | 1B | |
| <i>cephalexin tabs</i> | 1B | |
| KEFLEX CAPS (Use cephalexin) | NF | |
| Cephalosporins - 2nd Generation | | |
| <i>cefaclor caps</i> | 1B | |
| <i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i> | 1B | |
| CEFOTAN IJ (Use cefotetan disodium) | NF | |
| <i>cefotetan disodium ij 1 GM, 2 GM</i> | 1B | |
| <i>cefoxitin sodium iv</i> | 1B | |
| <i>cefprozil susr</i> | 1B | |
| <i>cefprozil tabs</i> | 1B | |
| <i>cefuroxime axetil tabs</i> | 1B | |
| <i>cefuroxime sodium ij 750 MG</i> | 1B | |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir caps</i> | 1B | |
| <i>cefdinir susr</i> | 1B | |
| <i>cefixime susr</i> | 1B | ST |
| <i>cefixime caps</i> | 1B | |
| <i>cefotaxime sodium ij 1 GM, 2 GM</i> | 1B | |
| CEFOTAXIME SODIUM IJ 1 GM | 2 | |
| <i>cefpodoxime proxetil susr</i> | 1B | |
| <i>cefpodoxime proxetil tabs</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ceftazidime iv 2 GM, 6 GM</i> | 1B | |
| <i>ceftriaxone sodium inj 250 MG</i> | 1A | |
| <i>ceftriaxone sodium inj 1 GM, 2 GM, 500 MG</i> | 1B | |
| FORTAZ IV 1 GM, 2 GM (Use <i>ceftazidime</i>) | NF | |
| SUPRAX CAPS (Use <i>cefixime</i>) | NF | |
| SUPRAX SUSR (Use <i>cefixime</i>) | NF | ST |
| Cephalosporins - 4th Generation | | |
| <i>cefepime hcl solr inj</i> | 1B | |
| Cephalosporins - 5th Generation | | |
| TEFLARO | 3 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| BALCOLTRA 36.5 MG-20 MCG-0.1 MG | 0 | |
| BEYAZ 0.451 MG-0.02 MG-3 MG (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) | NF | |
| <i>desogestrel & ethinyl estradiol</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | 0 | |
| <i>drospirenone-ethinyl estradiol</i> | 0 | |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>) | NF | |
| <i>ethynodiol diacet & eth estrad</i> | 0 | |
| FALESSA 1 MG-20 MCG-0.1 MG | 0 | |
| GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone & ethinyl estradiol-fe</i>) | NF | |
| <i>levonorgestrel & eth estradiol tabs</i> | 0 | |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | 0 | |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i> | 0 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i> | 0 | |
| LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG | 0 | |
| LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>) | NF | |
| MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG (Use <i>norethin acet & estrad-fe</i>) | NF | |
| MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>) | NF | |
| NATAZIA | 0 | |
| NEXTSTELLIS 14.2 MG-3 MG | 0 | QL(1 ea daily) |
| <i>norethin acet & estrad-fe caps 75 MG-1 MG-20 MCG</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i> | 0 | |
| <i>norethin acet & estrad-fe chew 75 MG-1 MG-20 MCG</i> | 0 | |
| <i>norethindrone & eth estradiol</i> | 0 | |
| <i>norethindrone & ethinyl estradiol-fe</i> | 0 | |
| <i>norethindrone acet & eth estra</i> | 0 | |
| <i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i> | 0 | |
| <i>norethindrone-eth estradiol (triphasic) 0</i> | 0 | |
| <i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i> | 0 | |
| <i>norgestimate-ethinyl estradiol (triphasic) 0</i> | 0 | |
| <i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i> | 0 | |
| QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>) | NF | |
| SAFYRAL 0.451 MG-0.03 MG-3 MG (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) | NF | |
| SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>) | NF | |
| TAYTULLA CAPS 75 MG-1 MG-20 MCG (Use <i>norethin acet & estrad-fe</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| TYBLUME CHEW 0.1 MG-20 MCG | 0 | |
| YASMIN 28 3 MG-0.03 MG (Use <i>drospirenone-ethinyl estradiol</i>) | NF | |
| YAZ 3 MG-0.02 MG (Use <i>drospirenone-ethinyl estradiol</i>) | NF | |
| Combination Contraceptives - Transdermal | | |
| <i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i> | 0 | |
| TWIRLA 120 MCG/24HR-30 MCG/24HR | 0 | QL(3 ea per 28 days retail) |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA 0.15 MG/24HR-0.013 MG/24HR | 0 | PA |
| <i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i> | 0 | |
| NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use <i>etonogestrel-ethinyl estradiol</i>) | NF | |
| Emergency Contraceptives | | |
| ELLA | 0 | |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | 0 | |
| PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>) | NF | |
| Progestin Contraceptives - Injectable | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) | NF | |
| DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) | NF | QL(90 Day(s) limit MG/ML,1 ml per 90 days retail) |
| DEPO-SUBQ PROVERA 104 SUSY SC | 0 | |
| medroxyprogesterone acetate (contraceptive) susy im | 0 | QL(90 Day(s) limit MG/ML,1 ml per 90 days retail) |
| medroxyprogesterone acetate (contraceptive) susp im | 0 | |
| Progestin Contraceptives - Oral | | |
| norethindrone (contraceptive) | 0 | |
| ORTHO MICRONOR (Use norethindrone (contraceptive)) | NF | |
| SLYND | 0 | QL(1 ea daily) |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| budesonide cpep | 1B | QL(3 ea daily) |
| CORTEF TABS (Use hydrocortisone) | NF | |
| DEPO-MEDROL SUSP | 3 | |
| DEPO-MEDROL SUSP (Use methylprednisolone acetate) | NF | |
| dexamethasone elix | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| dexamethasone tabs .5 MG, .75 MG | 1A | |
| dexamethasone soln | 1B | |
| dexamethasone tabs 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG | 1B | |
| DEXAMETHASONE INTENSOL CONC | 1B | |
| dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML | 1B | |
| EMFLAZA SUSP | 4 | PA |
| EMFLAZA TABS | 4 | PA |
| ENTOCORT EC CPEP (Use budesonide) | NF | QL(3 ea daily) |
| hydrocortisone tabs | 1B | |
| KENALOG-40 SUSP (Use triamcinolone acetonide) | NF | |
| MEDROL TABS | 3 | |
| MEDROL TABS (Use methylprednisolone) | NF | |
| MEDROL DOSEPAK TBPK (Use methylprednisolone) | NF | |
| methylprednisolone tbpk | 1B | |
| methylprednisolone tabs | 1B | |
| methylprednisolone acetate susp | 1B | |
| methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG | 1B | |
| MILLIPRED TABS | 3 | |
| MILLIPRED DP TBPK | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| ORAPRED ODT TBDP (Use prednisolone sodium phosphate) | NF | |
| PEDIAPRED SOLN (Use prednisolone sodium phosphate) | NF | |
| <i>prednisolone soln</i> | 1B | |
| <i>prednisolone sodium phosphate soln</i> | 1B | |
| <i>prednisolone sodium phosphate tbdp</i> | 3 | |
| <i>prednisone tbpk</i> | 1B | |
| <i>prednisone tabs 2.5 MG, 10 MG, 20 MG, 50 MG</i> | 1A | |
| <i>prednisone soln</i> | 1B | |
| <i>prednisone tabs 1 MG, 5 MG</i> | 1B | |
| SOLU-CORTEF 100 MG, 500 MG, 1000 MG | 3 | 2 rtl MAX fill,30 rtl day(s) supply |
| SOLU-CORTEF 250 MG | 3 | |
| SOLU-MEDROL 40 MG, 125 MG, 500 MG, 1000 MG (Use methylprednisolone sod succ) | NF | |
| SOLU-MEDROL 2 GM | 3 | |
| <i>triamcinolone acetonide susp 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i> | 1B | |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate tabs</i> | 1B | MP |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate 150 MG</i> | 1B | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>benzonatate 200 MG</i> | 1B | QL(3 ea daily) |
| <i>benzonatate 100 MG</i> | 1B | QL(6 ea daily) |
| TESSALON PERLES (Use benzonatate) | NF | QL(6 ea daily) |
| Cough/Cold/Allergy Combinations | | |
| ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 60 MG-120 MG (Use fexofenadine-pseudoephedrine) | NF | QL(2 ea daily) |
| ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 180 MG-240 MG (Use fexofenadine-pseudoephedrine) | NF | QL(1 ea daily) |
| <i>cetirizine-pseudoephedrine 5 MG-120 MG</i> | 1B | QL(2 ea daily) |
| CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use loratadine & pseudoephedrine) | NF | QL(2 ea daily) |
| CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use loratadine & pseudoephedrine) | NF | QL(1 ea daily) |
| <i>fexofenadine-pseudoephedrine tb24 180 MG-240 MG</i> | 1B | QL(1 ea daily) |
| <i>fexofenadine-pseudoephedrine tb12 60 MG-120 MG</i> | 1B | QL(2 ea daily) |
| <i>hydrocodone polistirex-chlorpheniramine polistirex suer 10 MG/5ML-8 MG/5ML</i> | 1B | |
| <i>loratadine & pseudoephedrine tb12 5 MG-120 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>loratadine & pseudoephedrine tb24 10 MG-240 MG</i> | 1B | QL(1 ea daily) |
| TUZISTRA XR 14.7 MG/5ML-2.8 MG/5ML | 2 | PA |
| ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use cetirizine-pseudoephedrine) | NF | QL(2 ea daily) |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU (Use sodium chloride (inhalant)) | NF | |
| HYPERSAL NEBU | 1B | |
| NEBUSAL NEBU | 1B | |
| <i>sodium chloride (inhalant) nebu 3.5 %, 6 %, 7 %</i> | 1B | |
| Mucolytics | | |
| <i>acetylcysteine soln</i> | 1B | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin) | NF | AL(At least 12 yrs old);PA |
| <i>adapalene crea</i> | 1B | AL(At least 12 yrs old);PA |
| <i>adapalene gel .1 %</i> | 1B | AL(At least 12 yrs old);PA;RX/OTC |
| <i>adapalene gel .3 %</i> | 1B | AL(At least 12 yrs old);ST |
| <i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i> | 1B | AL(At least 12 yrs old);ST |
| AZELEX | 3 | AL(At least 12 yrs old);ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| BENZAACLIN GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide) | NF | AL(At least 12 yrs old);PA |
| BENZAACLIN WITH PUMP GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide) | NF | AL(At least 12 yrs old);PA |
| BENZAMYCIN GEL 3 %-5 % (Use benzoyl peroxide-erythromycin) | NF | AL(At least 12 yrs old);PA |
| <i>benzoyl peroxide gel 5 %, 10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>benzoyl peroxide foam</i> | 1B | AL(At least 12 yrs old);RX/OTC |
| <i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i> | 1B | AL(At least 12 yrs old) |
| BENZOYL PEROXIDE CLEANSER LIQD | 2 | AL(At least 12 yrs old) |
| <i>benzoyl peroxide-erythromycin gel 3 %-5 %</i> | 1B | AL(At least 12 yrs old);PA |
| CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) | NF | AL(At least 12 yrs old) |
| CLINDAGEL GEL (Use clindamycin phosphate (topical)) | NF | |
| <i>clindamycin phosphate (topical) soln</i> | 1B | QL(4 ml daily);AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) swab</i> | 1B | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) gel</i> | 1B | |
| <i>clindamycin phosphate (topical) lotn</i> | 1B | AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| <i>clindamycin phosphate (topical) foam</i> | 1B | AL(At least 12 yrs old);PA |
| <i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i> | 1B | AL(At least 12 yrs old);PA |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i> | 1B | AL(At least 12 yrs old);PA |
| <i>clindamycin phosphate-tretinoin 1.2 %-0.025 %</i> | 1B | AL(At least 12 yrs old);ST |
| DIFFERIN GEL .3 % (Use adapalene) | NF | AL(At least 12 yrs old);ST |
| DIFFERIN CREA (Use adapalene) | NF | AL(At least 12 yrs old);PA |
| DIFFERIN GEL .1 % (Use adapalene) | NF | AL(At least 12 yrs old);PA;RX/OTC |
| DIFFERIN LOTN | 2 | AL(At least 12 yrs old);ST |
| EPIDUO GEL 0.1 %-2.5 % (Use adapalene-benzoyl peroxide) | NF | AL(At least 12 yrs old);ST |
| <i>erythromycin (acne aid) pads</i> | 1B | AL(At least 12 yrs old) |
| <i>erythromycin (acne aid) soln</i> | 1B | AL(At least 12 yrs old) |
| EVOClin FOAM (Use clindamycin phosphate (topical)) | NF | AL(At least 12 yrs old);PA |
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i> | 3 | AL(At least 12 yrs old);PA |
| KLARON (Use sulfacetamide sodium (acne)) | NF | AL(At least 12 yrs old) |
| RETIN-A CREA (Use tretinoin) | NF | AL(At least 12 yrs old- Up to 30 yrs old) |
| RETIN-A GEL (Use tretinoin) | NF | AL(At least 12 yrs old- Up to 30 yrs old) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| RETIN-A MICRO .1 % (Use tretinoin microsphere) | NF | AL(At least 12 yrs old- Up to 30 yrs old);PA |
| RETIN-A MICRO PUMP .1 % (Use tretinoin microsphere) | NF | AL(At least 12 yrs old- Up to 30 yrs old);PA |
| <i>sulfacetamide sodium (acne)</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur liqd 5 %-10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i> | 1B | AL(At least 12 yrs old);ST |
| <i>sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %</i> | 1B | AL(At least 12 yrs old) |
| SUMADAN WASH LIQD 4.5 %-9 % (Use sulfacetamide sodium w/ sulfur) | NF | AL(At least 12 yrs old);ST |
| SUMAXIN WASH LIQD 4 %-9 % (Use sulfacetamide sodium w/ sulfur) | NF | |
| <i>tretinoin gel .01 %, .025 %</i> | 1B | AL(At least 12 yrs old- Up to 30 yrs old) |
| <i>tretinoin crea .025 %, .05 %, .1 %</i> | 1B | AL(At least 12 yrs old- Up to 30 yrs old) |
| <i>tretinoin microsphere .1 %</i> | 1B | AL(At least 12 yrs old- Up to 30 yrs old);PA |
| VELTIN 1.2 %-0.025 % (Use clindamycin phosphate-tretinoin) | NF | AL(At least 12 yrs old);ST |
| ZIANA 1.2 %-0.025 % (Use clindamycin phosphate-tretinoin) | NF | AL(At least 12 yrs old);ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | 3 | |
| Antibiotics - Topical | | |
| ALTABAX | 2 | |
| <i>gentamicin sulfate (topical) oint</i> | 1B | |
| <i>gentamicin sulfate (topical) crea</i> | 1B | QL(1 gm daily) |
| <i>mupirocin oint</i> | 1B | |
| NEO-SYNALAR 0.5 %-0.025 % | 3 | PA |
| Antifungals - Topical | | |
| <i>butenafine hcl</i> | 1B | RX/OTC |
| <i>ciclopirox sham</i> | 1B | |
| <i>ciclopirox gel</i> | 1B | |
| <i>ciclopirox soln</i> | 1B | |
| <i>ciclopirox olamine susp</i> | 1B | |
| <i>ciclopirox olamine crea</i> | 1B | 1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail) |
| <i>clotrimazole (topical) soln</i> | 1B | RX/OTC |
| <i>clotrimazole (topical) crea</i> | 1B | RX/OTC |
| <i>clotrimazole w/ betamethasone crea 1 %-0.05 %</i> | 1B | |
| <i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i> | 1B | |
| <i>econazole nitrate crea</i> | 1B | QL(85 gm per fill retail,85 per fill mail %) |
| ERTACZO | 3 | QL(2.15 gm daily) |
| EXELDERM CREA (<i>Use sulconazole nitrate</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| EXELDERM SOLN (<i>Use sulconazole nitrate</i>) | NF | 1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill |
| JUBLIA | 3 | PA |
| KERYDIN (<i>Use tavaborole</i>) | NF | PA |
| <i>ketoconazole (topical) sham 2 %</i> | 1B | |
| <i>ketoconazole (topical) crea</i> | 1B | |
| LOPROX SUSP (<i>Use ciclopirox olamine</i>) | NF | |
| LOPROX CREA (<i>Use ciclopirox olamine</i>) | NF | 1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail) |
| LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>) | NF | |
| LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>) | NF | RX/OTC |
| LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>) | NF | RX/OTC |
| LOTRIMIN ULTRA (<i>Use butenafine hcl</i>) | NF | RX/OTC |
| <i>luliconazole</i> | 1B | PA |
| LUZU (<i>Use luliconazole</i>) | NF | PA |
| <i>naftifine hcl crea 1 %</i> | 1B | 1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily) |
| <i>naftifine hcl crea 2 %</i> | 1B | 1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| <i>naftifine hcl gel</i> | 1B | 1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily) |
| NAFTIN CREA 2 % (Use <i>naftifine hcl</i>) | NF | 1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily) |
| <i>nystatin (topical) crea</i> | 1B | |
| <i>nystatin (topical) powd ex</i> | 1B | |
| <i>nystatin (topical) oint</i> | 1B | |
| <i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i> | 1B | |
| <i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i> | 1B | |
| <i>oxiconazole nitrate crea</i> | 1B | Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily) |
| OXISTAT LOTN | 2 | Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 ml daily) |
| OXISTAT CREA (Use <i>oxiconazole nitrate</i>) | NF | Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily) |
| <i>sulconazole nitrate crea</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--|
| <i>sulconazole nitrate soln</i> | 1B | 1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill |
| <i>tavaborole</i> | 1B | PA |
| Anti-inflammatory Agents - Topical | | |
| <i>diclofenac epolamine ptch ex</i> | 1B | QL(2 ea daily);PA |
| <i>diclofenac sodium (topical) gel ex</i> | 1B | QL(3.34 gm daily);RX/OTC |
| FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>) | NF | QL(2 ea daily);PA |
| VOLTAREN GEL EX (Use <i>diclofenac sodium (topical)</i>) | NF | QL(3.34 gm daily);RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| <i>bexarotene (topical)</i> | 4 | SP;PA |
| CARAC CREA (Use <i>fluorouracil (topical)</i>) | NF | |
| <i>diclofenac sodium (actinic keratoses) ex</i> | 1B | QL(3.34 gm daily);PA |
| EFUDEX CREA (Use <i>fluorouracil (topical)</i>) | NF | |
| <i>fluorouracil (topical) crea 5 %</i> | 1B | |
| <i>fluorouracil (topical) soln</i> | 1B | |
| PANRETIN | 3 | |
| PICATO .05 % | 2 | 1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea per fill retail,2 per fill mail %) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| PICATO .015 % | 2 | 1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(3 ea per fill retail,3 per fill mail %) |
| TARGRETIN (Use bexarotene (topical)) | 4 | SP;PA |
| Antipruritics - Topical | | |
| doxepin hcl (antipruritic) | 3 | Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA |
| PRUDOXIN (Use doxepin hcl (antipruritic)) | NF | Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA |
| ZONALON (Use doxepin hcl (antipruritic)) | NF | Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA |
| Antipsoriatics | | |
| acitretin 25 MG | 1B | QL(2 ea daily) |
| acitretin 10 MG, 17.5 MG | 1B | QL(1 ea daily) |
| calcipotriene crea | 1B | QL(4 gm daily);PA |
| calcipotriene soln | 1B | QL(4 ml daily);PA |
| calcipotriene oint | 1B | QL(4 gm daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| calcitriol (topical) | 1B | QL(3.34 gm daily) |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.036 ml daily);PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(0.072 ml daily);PA |
| COSENTYX SENSOREADY PEN SOAJ | 4 | QL(0.072 ml daily);PA |
| DOVONEX CREA (Use calcipotriene) | NF | QL(4 gm daily);PA |
| methoxsalen rapid | 1B | QL(4 ea daily) |
| OXSORALEN ULTRA (Use methoxsalen rapid) | NF | QL(4 ea daily) |
| SKYRIZI SOSY | 4 | QL(0.025 ml daily);PA |
| SKYRIZI PSKT | 4 | QL(0.025 ea daily);PA |
| SKYRIZI PEN SOAJ | 4 | QL(0.025 ml daily);PA |
| SORIATANE 25 MG (Use acitretin) | NF | QL(2 ea daily) |
| SORIATANE 10 MG (Use acitretin) | NF | QL(1 ea daily) |
| STELARA SOSY 90 MG/ML | 4 | QL(0.018 ml daily);SP;PA |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.012 ml daily);PA |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.012 ml daily);PA |
| tazarotene crea | 1B | QL(1 gm daily) |
| TAZORAC CREA (Use tazarotene) | NF | QL(1 gm daily) |
| TREMFYA SOPN | 4 | QL(0.018 ml daily);PA |
| TREMFYA SOSY | 4 | QL(0.018 ml daily);PA |
| VECTICAL (Use calcitriol (topical)) | NF | QL(3.34 gm daily) |
| Antiseborrheic Products | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>selenium sulfide lotn 2.5 %</i> | 1B | |
| Antivirals - Topical | | |
| <i>acyclovir topical oint</i> | 1B | |
| <i>acyclovir topical crea</i> | 1B | |
| DENAVIR 1 % (<i>Use penciclovir</i>) | 3 | QL(0.18 gm daily) |
| <i>penciclovir 1 %</i> | 1B | QL(0.18 gm daily) |
| ZOVIRAX CREA (<i>Use acyclovir topical</i>) | NF | |
| ZOVIRAX OINT (<i>Use acyclovir topical</i>) | NF | |
| Burn Products | | |
| <i>mafenide acetate pack</i> | 3 | |
| SILVADENE (<i>Use silver sulfadiazine</i>) | NF | |
| <i>silver sulfadiazine</i> | 1B | |
| SULFAMYLON CREA | 3 | |
| SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>) | NF | |
| Corticosteroids - Topical | | |
| <i>alclometasone dipropionate crea</i> | 1B | |
| <i>alclometasone dipropionate oint</i> | 1B | |
| <i>amcinonide lotn</i> | 3 | |
| <i>amcinonide crea</i> | 1B | 1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(60 gm per fill retail,60 per fill mail %) |
| AMCINONIDE OINT | 3 | |
| <i>betamethasone dipropionate (topical) crea</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>betamethasone dipropionate (topical) lotn</i> | 1B | |
| <i>betamethasone dipropionate (topical) oint</i> | 1B | |
| <i>betamethasone dipropionate augmented lotn</i> | 1B | |
| <i>betamethasone dipropionate augmented oint</i> | 1B | |
| <i>betamethasone dipropionate augmented crea</i> | 1B | |
| <i>betamethasone valerate lotn</i> | 1B | |
| <i>betamethasone valerate oint</i> | 1B | |
| <i>betamethasone valerate crea</i> | 1B | |
| <i>betamethasone valerate foam</i> | 1B | QL(1.67 gm daily) |
| <i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i> | 1B | ST |
| <i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i> | 1B | ST |
| <i>clobetasol propionate soln .05 %</i> | 1B | QL(3.34 ml daily);PA |
| <i>clobetasol propionate crea .05 %</i> | 1B | QL(3 gm daily);PA |
| <i>clobetasol propionate foam</i> | 1B | QL(3 gm daily);ST |
| <i>clobetasol propionate gel .05 %</i> | 1B | QL(2 gm daily);ST |
| <i>clobetasol propionate oint .05 %</i> | 1B | QL(1 gm daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>clobetasol propionate emollient base .05 %</i> | 1B | QL(1 gm daily);PA |
| <i>clocortolone pivalate</i> | 3 | |
| CLODERM (Use <i>clocortolone pivalate</i>) | NF | |
| CORDRAN TAPE | 3 | |
| CORDRAN LOTN (Use <i>flurandrenolide</i>) | NF | |
| CORDRAN CREA (Use <i>flurandrenolide</i>) | NF | |
| CUTIVATE LOTN (Use <i>fluticasone propionate</i>) | NF | QL(6 ml daily) |
| DERMA-SMOOTHIE/FS BODY OIL (Use <i>fluocinolone acetonide</i>) | NF | 1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail) |
| DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>) | NF | |
| <i>desonide lotn</i> | 1B | QL(4 ml daily) |
| <i>desonide crea</i> | 1B | QL(4 gm daily) |
| <i>desonide oint</i> | 1B | QL(3 gm daily) |
| DESOWEN CREA (Use <i>desonide</i>) | NF | QL(4 gm daily) |
| <i>desoximetasone crea .25 %</i> | 1B | |
| <i>desoximetasone oint .25 %</i> | 1B | |
| <i>desoximetasone gel</i> | 1B | |
| <i>diflorasone diacetate oint</i> | 1B | PA |
| <i>diflorasone diacetate crea</i> | 1B | PA |
| DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>) | NF | |
| <i>fluocinolone acetonide oint</i> | 1B | |
| <i>fluocinolone acetonide oil</i> | 1B | 1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail) |
| <i>fluocinolone acetonide crea</i> | 1B | |
| <i>fluocinolone acetonide soln</i> | 1B | |
| <i>fluocinonide crea .05 %</i> | 1B | QL(2 gm daily) |
| <i>fluocinonide gel</i> | 1B | |
| <i>fluocinonide soln</i> | 1B | QL(2 ml daily) |
| <i>fluocinonide oint</i> | 1B | QL(2 gm daily) |
| <i>fluocinonide emulsified base</i> | 1B | QL(2 gm daily) |
| <i>flurandrenolide lotn</i> | 2 | QL(2 ml daily) |
| <i>flurandrenolide crea</i> | 2 | |
| <i>fluticasone propionate crea .05 %</i> | 1B | |
| <i>fluticasone propionate lotn</i> | 1B | QL(6 ml daily) |
| <i>fluticasone propionate oint</i> | 1B | |
| <i>halcinonide crea</i> | 1B | PA |
| <i>halobetasol propionate oint</i> | 1B | |
| <i>halobetasol propionate crea</i> | 1B | |
| HALOG CREA (Use <i>halcinonide</i>) | NF | PA |
| HALOG OINT | 3 | PA |
| <i>hydrocortisone (topical) crea 1 %, 2.5 %</i> | 1B | RX/OTC |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| <i>hydrocortisone (topical) oint 1 %, 2.5 %</i> | 1B | RX/OTC |
| <i>hydrocortisone (topical) lotn 2.5 %</i> | 1B | |
| <i>hydrocortisone butyrate oint</i> | 1B | |
| <i>hydrocortisone butyrate soln</i> | 1B | |
| <i>hydrocortisone butyrate crea</i> | 1B | |
| <i>hydrocortisone valerate oint</i> | 1B | |
| <i>hydrocortisone valerate crea</i> | 1B | |
| LUXIQ FOAM (Use <i>betamethasone valerate</i>) | NF | QL(1.67 gm daily) |
| <i>mometasone furoate oint</i> | 1B | |
| <i>mometasone furoate soln</i> | 1B | |
| <i>mometasone furoate crea</i> | 1B | |
| MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>) | NF | RX/OTC |
| OLUX FOAM (Use <i>clobetasol propionate</i>) | NF | QL(3 gm daily);ST |
| <i>prednicarbate crea</i> | 1B | |
| <i>prednicarbate oint</i> | 1B | |
| SYNALAR OINT (Use <i>fluocinolone acetonide</i>) | NF | |
| SYNALAR SOLN (Use <i>fluocinolone acetonide</i>) | NF | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| SYNALAR CREA (Use <i>fluocinolone acetonide</i>) | NF | |
| TACLONEX OINT 0.005 %-0.064 % (Use <i>calcipotriene-betamethasone dipropionate</i>) | NF | ST |
| TACLONEX SUSP 0.005 %-0.064 % (Use <i>calcipotriene-betamethasone dipropionate</i>) | NF | ST |
| TEMOVATE CREA (Use <i>clobetasol propionate</i>) | NF | QL(3 gm daily);PA |
| TEMOVATE OINT (Use <i>clobetasol propionate</i>) | NF | QL(1 gm daily);PA |
| TOPICORT GEL (Use <i>desoximetasone</i>) | NF | |
| <i>triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %</i> | 1B | |
| <i>triamcinolone acetonide (topical) lotn</i> | 1B | |
| <i>triamcinolone acetonide (topical) crea .025 %, .5 %</i> | 1B | |
| <i>triamcinolone acetonide (topical) crea .1 %</i> | 1B | QL(3.34 gm daily) |
| <i>triamcinolone acetonide-dimethicone-silicone 5 %-0.1 %</i> | 1B | PA |
| TRIDESILON CREA .05 % (Use <i>desonide</i>) | NF | QL(4 gm daily) |
| Eczema Agents | | |
| DUPIXENT SOPN 300 MG/2ML | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML | 4 | PA |
| Emollients | | |
| <i>lactic acid (ammonium lactate) crea</i> | 1B | RX/OTC |
| <i>lactic acid (ammonium lactate) lotn 12 %</i> | 1B | RX/OTC |
| Enzymes - Topical | | |
| SANTYL OINT | 3 | PA |
| Immunomodulating Agents - Topical | | |
| ALDARA (Use <i>imiquimod</i>) | NF | QL(12 ea per fill retail,12 per fill mail %) |
| <i>imiquimod 5 %</i> | 1B | QL(12 ea per fill retail,12 per fill mail %) |
| ZYCLARA (Use <i>imiquimod</i>) | NF | |
| ZYCLARA PUMP (Use <i>imiquimod</i>) | NF | |
| Immunosuppressive Agents - Topical | | |
| ELIDEL (Use <i>pimecrolimus</i>) | NF | AL(At least 2 yrs old);PA |
| <i>pimecrolimus</i> | 1B | AL(At least 2 yrs old);PA |
| PROTOPIC OINT (Use <i>tacrolimus (topical)</i>) | NF | AL(At least 2 yrs old);PA |
| <i>tacrolimus (topical) oint</i> | 1B | AL(At least 2 yrs old);PA |
| Keratolytic/Antimitotic Agents | | |
| <i>podofilox soln</i> | 1B | |
| Local Anesthetics - Topical | | |
| <i>lidocaine ptch 5 %</i> | 1B | PA |
| <i>lidocaine hcl prsy</i> | 1B | QL(4 ml daily) |
| <i>lidocaine hcl soln</i> | 1B | |
| <i>lidocaine hcl gel 2 %</i> | 1B | QL(4 ml daily) |
| <i>lidocaine-prilocaine crea</i> | 1B | QL(1 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| LIDODERM PTCH (Use <i>lidocaine</i>) | NF | PA |
| SYNERA PTCH 70 MG-70 MG | 3 | 1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail) |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 3 | QL(2 gm daily);PA |
| Rosacea Agents | | |
| <i>azelaic acid gel</i> | 1B | |
| FINACEA GEL (Use <i>azelaic acid</i>) | NF | |
| METROCREAM CREA (Use <i>metronidazole (topical)</i>) | NF | |
| METROGEL GEL 1 % (Use <i>metronidazole (topical)</i>) | NF | |
| METROLOTION LOTN (Use <i>metronidazole (topical)</i>) | NF | |
| <i>metronidazole (topical) gel</i> | 1B | |
| <i>metronidazole (topical) lotn</i> | 1B | |
| <i>metronidazole (topical) crea</i> | 1B | |
| MIRVASO | 3 | QL(1 gm daily);PA |
| Scabicides & Pediculicides | | |
| <i>crotamiton lotn</i> | 1B | PA |
| ELIMITE CREA (Use <i>permethrin</i>) | NF | |
| <i>ivermectin (pediculicide)</i> | 1B | PA;RX/OTC |
| <i>lindane sham</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>malathion</i> | 1B | |
| NATROBA (<i>Use spinosad</i>) | NF | PA |
| NIX CREME RINSE LIQD EX (<i>Use permethrin</i>) | NF | |
| OVIDE (<i>Use malathion</i>) | NF | |
| <i>permethrin liqd ex</i> | 1B | |
| <i>permethrin crea</i> | 1B | |
| SKLICE (<i>Use ivermectin (pediculicide)</i>) | NF | PA;RX/OTC |
| <i>spinosad</i> | 1B | PA |
| Wound Care Products | | |
| REGRANEX | 3 | |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| GLUCAGEN DIAGNOSTIC | 3 | QL(0.035 ea daily) |
| THYROGEN .9 MG | 3 | 1 rtl MAX fill,365 rtl day(s) supply;1 mail MAX fill;PA |
| Diagnostic Tests | | |
| CHEMSTRIP-K STRP | 1B | |
| FORA GTEL BLOOD KETONE TEST STRIPS | 1B | |
| GOJJI BLOOD KETONE TEST STRIPS | 1B | |
| KETONE STRP | 1B | |
| KETONE TEST STRIPS STRP | 1B | |
| KETOSTIX STRP | 1B | |
| NOVA MAX PLUS KETONE TESTSTRIPS | 1B | |
| PRECISION XTRA | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| PTS PANELS KETONE TEST | 1B | |
| RELION KETONE TEST STRIPS STRP | 1B | |
| TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP | 1B | Limit 100 per month;QL(3.34 ea daily);RX/OTC |
| TRUETRACK TEST STRP | 1B | Limit 100 per month;QL(3.34 ea daily);RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | 2 | Non-FDA approved uses require Prior Authorization |
| SUCRAID | 3 | MP |
| ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 12000 UNIT-60000 UNIT-38000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 24000 UNIT-120000 UNIT-76000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 3000 UNIT-15000 UNIT-9500 UNIT, 36000 UNIT-180000 UNIT-114000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT, 6000 UNIT-30000 UNIT-19000 UNIT | 2 | Non-FDA approved uses require Prior Authorization |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide cp12</i> | 1B | QL(2 ea daily);MP |
| <i>acetazolamide tabs 250 MG</i> | 1B | QL(4 ea daily);MP |
| <i>acetazolamide tabs 125 MG</i> | 1B | QL(8 ea daily);MP |
| <i>acetazolamide sodium</i> | 1B | |
| KEVEYIS | 4 | QL(4 ea daily);PA |
| <i>methazolamide tabs</i> | 1B | QL(6 ea daily);MP |
| Diuretic Combinations | | |
| ALDACTAZIDE 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>) | NF | MP |
| <i>amiloride & hydrochlorothiazide 5 MG-50 MG</i> | 1B | MP |
| DYAZIDE CAPS 37.5 MG-25 MG (<i>Use triamterene & hydrochlorothiazide</i>) | NF | MP |
| MAXZIDE TABS 75 MG-50 MG (<i>Use triamterene & hydrochlorothiazide</i>) | NF | MP |
| MAXZIDE-25 TABS 37.5 MG-25 MG (<i>Use triamterene & hydrochlorothiazide</i>) | NF | MP |
| <i>spironolactone & hydrochlorothiazide 25 MG-25 MG</i> | 1B | MP |
| <i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i> | 1B | MP |
| <i>triamterene & hydrochlorothiazide tabs</i> | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| Loop Diuretics | | |
| <i>bumetanide soln .25 MG/ML</i> | 1B | |
| <i>bumetanide tabs</i> | 1B | QL(5 ea daily);MP |
| BUMEX TABS (<i>Use bumetanide</i>) | NF | QL(5 ea daily);MP |
| EDECIN (<i>Use ethacrynic acid</i>) | NF | QL(16 ea daily);MP |
| <i>ethacrynic acid</i> | 1B | QL(16 ea daily);MP |
| <i>furosemide soln or 10 MG/ML, 40 MG/5ML</i> | 1B | |
| <i>furosemide tabs</i> | 1B | MP |
| LASIX TABS (<i>Use furosemide</i>) | NF | MP |
| <i>torseamide tabs</i> | 1B | MP |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS (<i>Use spironolactone</i>) | NF | MP |
| <i>amiloride hcl tabs</i> | 1B | MP |
| DYRENIUM CAPS (<i>Use triamterene</i>) | NF | QL(3 ea daily) |
| <i>spironolactone tabs</i> | 1B | MP |
| <i>triamterene caps</i> | 1B | QL(3 ea daily) |
| Thiazides and Thiazide-Like Diuretics | | |
| <i>chlorthalidone 25 MG, 50 MG</i> | 1B | MP |
| DIURIL SUSP | 2 | QL(20 ml daily) |
| <i>hydrochlorothiazide tabs 12.5 MG</i> | 1B | QL(2 ea daily);MP |
| <i>hydrochlorothiazide tabs 25 MG, 50 MG</i> | 1A | QL(2 ea daily);MP |
| <i>hydrochlorothiazide caps</i> | 1B | QL(2 ea daily);MP |
| <i>indapamide tabs 2.5 MG</i> | 1B | QL(2 ea daily);MP |
| <i>indapamide tabs 1.25 MG</i> | 1B | QL(1 ea daily);MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>metolazone</i> | 1B | QL(2 ea daily);MP |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>) | NF | QL(0.143 ea daily);MP;PA |
| ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>) | NF | QL(0.036 ea daily);MP;PA |
| <i>alendronate sodium tabs 35 MG, 70 MG</i> | 1B | QL(0.143 ea daily);MP |
| <i>alendronate sodium tabs 5 MG, 10 MG</i> | 1B | QL(1 ea daily) |
| ATELVIA TBEC (Use <i>risedronate sodium</i>) | NF | MP;PA |
| BONIVA TABS (Use <i>ibandronate sodium</i>) | NF | QL(0.036 ea daily);MP |
| BONIVA SOLN (Use <i>ibandronate sodium</i>) | NF | SP;PA |
| <i>calcitonin (salmon) na</i> | 1B | MP |
| FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>) | NF | QL(0.143 ea daily);MP |
| FOSAMAX PLUS D | 3 | QL(0.143 ea daily);MP;PA |
| <i>ibandronate sodium soln</i> | 4 | SP;PA |
| <i>ibandronate sodium tabs</i> | 1B | QL(0.036 ea daily);MP |
| <i>pamidronate disodium soln</i> | 4 | SP;PA |
| PAMIDRONATE DISODIUM SOLN | 4 | SP;PA |
| PROLIA SOSY | 4 | 1 rtl MAX fill,180 rtl day(s) supply;SP;PA |
| RECLAST SOLN (Use <i>zoledronic acid</i>) | NF | SP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>risedronate sodium tabs 150 MG</i> | 1B | QL(0.036 ea daily);MP;PA |
| <i>risedronate sodium tabs 35 MG</i> | 1B | QL(0.143 ea daily);MP;PA |
| <i>risedronate sodium tabs 5 MG, 30 MG</i> | 1B | QL(1 ea daily);MP;PA |
| <i>risedronate sodium tbec</i> | 1B | MP;PA |
| TYMLOS | 4 | MP;PA |
| XGEVA SOLN | 4 | SP;PA |
| <i>zoledronic acid soln</i> | 4 | SP;PA |
| <i>zoledronic acid conc</i> | 4 | SP;PA |
| Corticotropin | | |
| ACTHAR | 4 | PA |
| CORTROPHIN | 4 | PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN IM | 4 | SP;PA |
| NOVAREL IM 10000 UNIT | 4 | SP;PA |
| PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM | 4 | SP;PA |
| GnRH/LHRH Antagonists | | |
| <i>cetorelix acetate</i> | 4 | PA |
| CETROTIDE .25 MG (Use <i>cetorelix acetate</i>) | 4 | PA |
| <i>ganirelix acetate</i> | 4 | PA |
| GANIRELIX ACETATE (Use <i>ganirelix acetate</i>) | NF | PA |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT 10 MG, 15 MG, 20 MG | 4 | SP;MP;PA |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA 2 MG | 4 | MP;PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| EGRIFTA SV | 4 | MP;PA |
| Growth Hormones | | |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 4 | PA |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | SP;MP;PA |
| ZORBTIVE SC | 4 | SP;MP;PA |
| Hormone Receptor Modulators | | |
| EVISTA (<i>Use raloxifene hcl</i>) | NF | QL(1 ea daily);MP |
| OSPHENA | 3 | MP;PA |
| <i>raloxifene hcl</i> | 0 | QL(1 ea daily);MP |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 4 | SP;MP;PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI | 4 | SP;PA |
| LUPANETA PACK | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH) | 4 | SP;PA |
| LUPRON DEPOT-PED (3-MONTH) 30 MG | 4 | SP;PA |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG | 4 | PA |
| SYNAREL | 4 | SP;PA |
| Metabolic Modifiers | | |
| ALDURAZYME | 4 | SP;PA |
| <i>betaine</i> | 4 | SP;MP;PA |
| BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>) | NF | PA |
| BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>) | NF | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| <i>calcitriol caps</i> | 1B | MP |
| <i>calcitriol soln iv</i> | 1B | |
| <i>cinacalcet hcl</i> | 4 | QL(4 ea daily);SP;PA |
| CYSTADANE (<i>Use betaine</i>) | 4 | SP;MP;PA |
| <i>doxercalciferol soln</i> | 1B | |
| <i>doxercalciferol caps</i> | 1B | MP |
| ELAPRASE | 4 | SP;PA |
| FABRAZYME 35 MG | 4 | SP;PA |
| GALAFOLD | 4 | QL(0.5 ea daily);PA |
| HECTOROL SOLN (<i>Use doxercalciferol</i>) | NF | |
| KUVAN TABS (<i>Use sapropterin dihydrochloride</i>) | NF | PA |
| KUVAN PACK (<i>Use sapropterin dihydrochloride</i>) | NF | PA |
| LUMIZYME | 4 | SP;PA |
| MYALEPT | 4 | MP;PA |
| NAGLAZYME | 4 | SP;PA |
| <i>nitisinone caps</i> | 4 | SP;PA |
| ORFADIN CAPS (<i>Use nitisinone</i>) | NF | SP;PA |
| PALYNZIQ | 4 | PA |
| <i>paricalcitol soln</i> | 1B | |
| <i>paricalcitol caps</i> | 1B | MP |
| ROCALTROL CAPS (<i>Use calcitriol</i>) | NF | MP |
| ROCALTROL SOLN OR (<i>Use calcitriol</i>) | NF | MP |
| <i>sapropterin dihydrochloride tabs</i> | 4 | PA |
| <i>sapropterin dihydrochloride pack</i> | 4 | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| SENSIPAR (Use cinacalcet hcl) | NF | QL(4 ea daily);SP;PA |
| sodium phenylbutyrate tabs | 1B | PA |
| sodium phenylbutyrate powd | 1B | PA |
| ZEMPLAR SOLN (Use paricalcitol) | NF | |
| ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol) | NF | MP |
| Posterior Pituitary Hormones | | |
| DDAVP TABS .1 MG (Use desmopressin acetate) | NF | QL(6 ea daily);MP |
| DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) | NF | PA |
| DDAVP TABS .2 MG (Use desmopressin acetate) | NF | QL(8 ea daily);MP |
| DDAVP .01 % (Use desmopressin acetate spray) | NF | MP |
| desmopressin acetate tabs .2 MG | 1B | QL(8 ea daily);MP |
| desmopressin acetate soln ij | 1B | PA |
| desmopressin acetate tabs .1 MG | 1B | QL(6 ea daily);MP |
| DESMOPRESSIN ACETATE SOLN NA | 4 | SP;MP;PA |
| desmopressin acetate spray | 1B | MP |
| desmopressin acetate spray refrigerated | 1B | MP |
| STIMATE SOLN NA | 4 | SP;MP;PA |
| Prolactin Inhibitors | | |
| cabergoline | 1B | |
| Somatostatic Agents | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---------------------------|
| LANREOTIDE ACETATE | 4 | QL(0.0179 ml daily);SP;PA |
| octreotide acetate soln | 4 | SP;PA |
| octreotide acetate sosy | 4 | MP |
| SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) | NF | SP;PA |
| SIGNIFOR | 4 | MP;PA |
| SOMATULINE DEPOT 120 MG/0.5ML | 4 | QL(0.0179 ml daily);SP;PA |
| SOMATULINE DEPOT 90 MG/0.3ML | 4 | QL(0.011 ml daily);SP;PA |
| SOMATULINE DEPOT 60 MG/0.2ML | 4 | QL(0.0075 ml daily);SP;PA |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TBPK 0 | 4 | SP;PA |
| JYNARQUE TABS | 4 | QL(2 ea daily);SP;PA |
| SAMSCA TABS (Use tolvaptan) | 4 | QL(2 ea daily);SP;PA |
| tolvaptan tabs | 4 | QL(2 ea daily);SP;PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY | 3 | MP |
| DUAVEE 20 MG-0.45 MG | 3 | MP;PA |
| FEMHRT 2.5 MCG-0.5 MG (Use norethindrone acetate-ethinyl estradiol) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>norethindrone acetate-ethinyl estradiol</i> | 1B | MP |
| PREMPHASE 0.625 MG-5 MG | 2 | MP |
| PREMPRO | 2 | MP |
| Estrogens | | |
| CLIMARA PTWK (<i>Use estradiol</i>) | NF | MP |
| DELESTROGEN 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>) | NF | |
| DELESTROGEN | 1B | |
| DEPO-ESTRADIOL | 3 | |
| DIVIGEL GEL (<i>Use estradiol</i>) | 3 | |
| DIVIGEL GEL | 3 | |
| ELESTRIN GEL | 3 | MP |
| ESTRACE TABS (<i>Use estradiol</i>) | NF | MP |
| <i>estradiol ptwk</i> | 1B | MP |
| <i>estradiol gel</i> | 1B | |
| <i>estradiol tabs</i> | 1B | MP |
| <i>estradiol pttw</i> | 1B | QL(0.286 ea daily) |
| <i>estradiol valerate</i> | 1B | |
| ESTROGEL GEL | 3 | |
| EVAMIST SOLN | 3 | MP |
| MENEST .3 MG, .625 MG, 1.25 MG | 3 | MP |
| MENOSTAR PTWK | 3 | MP |
| MINIVELLE PTTW (<i>Use estradiol</i>) | NF | QL(0.286 ea daily) |
| PREMARIN TABS | 2 | MP |
| PREMARIN SOLR | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| VIVELLE-DOT PTTW (<i>Use estradiol</i>) | NF | QL(0.286 ea daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA SOLR | 3 | PA |
| BAXDELA TABS | 3 | PA |
| CIPRO SUSR | 2 | 2 rtl MAX fill,30 rtl day(s) supply |
| CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>) | NF | |
| <i>ciprofloxacin hcl tabs</i> | 1B | |
| <i>ciprofloxacin in d5w 200 MG/100ML-5 %</i> | 3 | |
| <i>levofloxacin soln or</i> | 1B | |
| <i>levofloxacin tabs 250 MG, 750 MG</i> | 1B | |
| <i>levofloxacin tabs 500 MG</i> | 1A | |
| <i>levofloxacin in d5w 500 MG/100ML-5 %</i> | 1B | |
| <i>moxifloxacin hcl tabs</i> | 1B | |
| <i>moxifloxacin hcl in sodium chloride 400 MG/250ML-0.8 %</i> | 1B | |
| <i>ofloxacin 300 MG, 400 MG</i> | 1B | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM | 4 | SP;MP;PA |
| Gallstone Solubilizing Agents | | |
| ACTIGALL CAPS (<i>Use ursodiol</i>) | NF | MP |
| URSO 250 TABS (<i>Use ursodiol</i>) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| URSO FORTE TABS (Use ursodiol) | NF | MP |
| ursodiol caps | 1B | MP |
| ursodiol tabs | 1B | MP |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA (Use lubiprostone) | NF | QL(2 ea daily);MP;PA |
| lubiprostone | 1B | QL(2 ea daily);MP;PA |
| LUBIPROSTONE (Use lubiprostone) | NF | QL(2 ea daily);MP;PA |
| Gastrointestinal Stimulants | | |
| metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML | 1B | QL(60 ml daily) |
| metoclopramide hcl tabs | 1A | QL(6 ea daily) |
| metoclopramide hcl soln ij 5 MG/ML | 1B | |
| REGLAN TABS (Use metoclopramide hcl) | NF | QL(6 ea daily) |
| Inflammatory Bowel Agents | | |
| APRISO CP24 (Use mesalamine) | NF | |
| ASACOL HD TBEC (Use mesalamine) | NF | QL(6 ea daily) |
| AVSOLA | 4 | PA |
| AZULFIDINE TABS (Use sulfasalazine) | NF | MP |
| AZULFIDINE EN-TABS TBEC (Use sulfasalazine) | NF | MP |
| balsalazide disodium caps | 1B | |
| CANASA SUPP (Use mesalamine) | NF | |
| COLAZAL CAPS (Use balsalazide disodium) | NF | |
| DELZICOL CPDR (Use mesalamine) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DIPENTUM | 2 | MP |
| INFLECTRA | 4 | PA |
| LIALDA TBEC (Use mesalamine) | NF | MP |
| mesalamine tbec 800 MG | 1B | QL(6 ea daily) |
| mesalamine cpdr | 1B | |
| mesalamine enem | 1B | |
| mesalamine supp | 1B | |
| mesalamine cp24 | 1B | |
| mesalamine tbec 1.2 GM | 1B | MP |
| RENFLEXIS | 4 | PA |
| STELARA 130 MG/26ML | 4 | PA |
| sulfasalazine tbec | 1B | MP |
| sulfasalazine tabs | 1B | MP |
| Intestinal Acidifiers | | |
| lactulose (encephalopathy) | 1B | MP |
| Irritable Bowel Syndrome (IBS) Agents | | |
| alosetron hcl | 1B | QL(2 ea daily) |
| LINZESS | 2 | QL(1 ea daily);PA |
| LOTRONEX (Use alosetron hcl) | NF | QL(2 ea daily) |
| Peripheral Opioid Receptor Antagonists | | |
| alvimopan | 1B | |
| ENTEREG (Use alvimopan) | NF | |
| RELISTOR SOLN | 3 | PA |
| Phosphate Binder Agents | | |
| calcium acetate (phosphate binder) caps | 1B | MP |
| calcium acetate (phosphate binder) tabs | 1B | RX/OTC |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| FOSRENOL CHEW (Use lanthanum carbonate) | NF | |
| lanthanum carbonate chew | 1B | |
| PHOSLYRA SOLN | 2 | MP |
| RENVELA PACK (Use sevelamer carbonate) | NF | MP |
| RENVELA TABS (Use sevelamer carbonate) | NF | MP |
| sevelamer carbonate tabs | 1B | MP |
| sevelamer carbonate pack | 1B | MP |
| VELPHORO | 3 | MP;PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| potassium citrate (alkalinizer) tbc 10 MEQ, 1080 MG | 1B | |
| sodium citrate & citric acid 334 MG/5ML-500 MG/5ML | 1B | RX/OTC |
| UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer)) | NF | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | MP;PA |
| Genitourinary Irrigants | | |
| acetic acid .25 % | 1B | |
| glycine (gu irrigant) soln 1.5 % | 1B | |
| RESECTISOL | 1B | |
| sodium chloride (gu irrigant) .9 % | 1B | |
| SORBITOL 3 %, 3.3 % | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| SORBITOL/MANNITOL IRRIGATION 0.54 GM/100ML-2.7 GM/100ML | 1B | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | |
| Prostatic Hypertrophy Agents | | |
| alfuzosin hcl | 1B | QL(1 ea daily);MP |
| AVODART (Use dutasteride) | NF | QL(1 ea daily);MP |
| dutasteride | 1B | QL(1 ea daily);MP |
| dutasteride-tamsulosin hcl 0.5 MG-0.4 MG | 1B | MP;PA |
| finasteride | 1B | 5 mg only |
| FLOMAX (Use tamsulosin hcl) | NF | MP |
| JALYN 0.5 MG-0.4 MG (Use dutasteride-tamsulosin hcl) | 3 | MP;PA |
| PROSCAR (Use finasteride) | NF | 5 mg only |
| RAPAFLO (Use silodosin) | NF | |
| silodosin | 1B | |
| tamsulosin hcl | 1B | MP |
| UROXATRAL (Use alfuzosin hcl) | NF | QL(1 ea daily);MP |
| Urinary Analgesics | | |
| phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG | 1B | |
| PYRIDIDIUM TABS (Use phenazopyridine hcl) | NF | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| colchicine w/ probenecid 0.5 MG-500 MG | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| Gout Agents | | |
| <i>allopurinol</i> | 1B | MP |
| <i>colchicine tabs</i> | 1B | QL(1 ea daily) |
| COLCRYS TABS (<i>Use colchicine</i>) | NF | QL(1 ea daily) |
| <i>febuxostat</i> | 1B | QL(1 ea daily);PA |
| ULORIC (<i>Use febuxostat</i>) | NF | QL(1 ea daily);PA |
| ZYLOPRIM (<i>Use allopurinol</i>) | NF | MP |
| Uricosurics | | |
| <i>probenecid</i> | 1B | MP |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Bradykinin B2 Receptor Antagonists | | |
| FIRAZYR (<i>Use icatibant acetate</i>) | NF | QL(9 ml daily);PA |
| <i>icatibant acetate</i> | 4 | QL(9 ml daily);PA |
| Complement Inhibitors | | |
| CINRYZE SOLR IV | 4 | PA |
| HAEGARDA SOLR SC | 4 | PA |
| RUCONEST | 4 | QL(0.143 ea daily);PA |
| Hematorheologic Agents | | |
| <i>pentoxifylline</i> | 1B | QL(3 ea daily);MP |
| Plasma Kallikrein Inhibitors | | |
| TAKHZYRO SOLN | 4 | PA |
| Platelet Aggregation Inhibitors | | |
| AGRYLIN .5 MG (<i>Use anagrelide hcl</i>) | NF | MP |
| <i>anagrelide hcl</i> | 1B | MP |
| <i>aspirin-dipyridamole 200 MG-25 MG</i> | 1B | QL(2 ea daily);MP;PA |
| BRILINTA | 2 | QL(2 ea daily) |
| CABLIVI | 4 | PA |
| <i>cilostazol</i> | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>clopidogrel bisulfate 300 MG</i> | 1B | |
| <i>clopidogrel bisulfate 75 MG</i> | 1B | QL(1 ea daily);MP |
| <i>dipyridamole</i> | 1B | MP |
| EFFIENT (<i>Use prasugrel hcl</i>) | NF | QL(1 ea daily) |
| PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>) | NF | QL(1 ea daily);MP |
| <i>prasugrel hcl</i> | 1B | QL(1 ea daily) |
| ZONTIVITY | 3 | MP;PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | 4 | QL(2 ea daily);MP;PA |
| CEREZYME 400 UNIT | 4 | SP;PA |
| <i>miglustat</i> | 4 | QL(3 ea daily);SP;PA |
| ZAVESCA (<i>Use miglustat</i>) | NF | QL(3 ea daily);SP;PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 3 | MP |
| OXBRYTA TABS | 4 | PA |
| Cobalamins | | |
| <i>cyanocobalamin soln ij</i> | 1B | QL(1 ml daily) |
| Folic Acid/Folates | | |
| <i>folic acid tabs</i> | 0 | MP |
| Hematopoietic Growth Factors | | |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | SP;PA |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 4 | SP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4 | SP;PA |
| DOPTELET | 4 | QL(3 ea daily);PA |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 3 | SP;PA |
| LEUKINE SOLR IJ | 4 | SP;PA |
| MIRCERA | 4 | PA |
| MULPLETA | 4 | QL(1 ea daily);PA |
| NPLATE 250 MCG, 500 MCG | 4 | SP;PA |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 3 | SP;PA |
| PROCRIT 40000 UNIT/ML | 4 | SP;PA |
| PROMACTA PACK 12.5 MG | 4 | QL(1 ea daily);PA |
| PROMACTA TABS | 4 | SP;MP;PA |
| RETACRIT | 4 | PA |
| RETACRIT | 4 | PA |
| ZARXIO | 4 | PA |
| ZIEXTENZO | 4 | PA |
| Hematopoietic Mixtures | | |
| <i>ferrous fumarate-folic acid 324 MG-1 MG</i> | 1B | QL(1 ea daily) |
| Iron | | |
| FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>) | 0 | AL(Up to 1 yrs old) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--|
| <i>ferrous sulfate tabs 65 MG, 325 MG</i> | 0 | |
| <i>ferrous sulfate tbec</i> | 0 | |
| <i>ferrous sulfate soln</i> | 0 | AL(Up to 1 yrs old) |
| Stem Cell Mobilizers | | |
| MOZOBIL | 4 | SP;PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| AMICAR TABS (<i>Use aminocaproic acid</i>) | NF | PA |
| <i>aminocaproic acid tabs</i> | 1B | PA |
| CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>) | NF | |
| LYSTEDA TABS (<i>Use tranexamic acid</i>) | NF | |
| <i>tranexamic acid soln 1000 MG/10ML</i> | 1B | |
| <i>tranexamic acid tabs</i> | 1B | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i> | 1B | |
| <i>phenobarbital elix</i> | 1B | MP |
| Hypnotics - Tricyclic Agents | | |
| <i>doxepin hcl (sleep)</i> | 1B | QL(1 ea daily);PA |
| SILENOR (<i>Use doxepin hcl (sleep)</i>) | NF | QL(1 ea daily);PA |
| Non-Barbiturate Hypnotics | | |
| AMBIEN TABS (<i>Use zolpidem tartrate</i>) | NF | QL(1 ea daily);AL(At least 18 yrs old) |
| AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| <i>estazolam</i> | 1B | |
| <i>eszopiclone</i> | 1B | QL(1 ea daily);AL(At least 18 yrs old);ST |
| <i>flurazepam hcl</i> | 1B | PA |
| HALCION .25 MG (<i>Use triazolam</i>) | NF | |
| LUNESTA (<i>Use eszopiclone</i>) | NF | QL(1 ea daily);AL(At least 18 yrs old);ST |
| RESTORIL (<i>Use temazepam</i>) | NF | QL(1 ea daily) |
| <i>temazepam 15 MG, 30 MG</i> | 1A | QL(1 ea daily) |
| <i>temazepam 7.5 MG, 22.5 MG</i> | 1B | QL(1 ea daily) |
| <i>triazolam</i> | 1B | |
| <i>zaleplon 10 MG</i> | 1B | QL(2 ea daily);AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i> | 1B | QL(1 ea daily);AL(At least 18 yrs old) |
| <i>zolpidem tartrate tbc</i> | 1B | QL(1 ea daily) |
| <i>zolpidem tartrate tabs</i> | 1A | QL(1 ea daily);AL(At least 18 yrs old) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| HETLIOZ CAPS | 3 | QL(1 ea daily);PA |
| <i>ramelteon</i> | 1B | QL(1 ea daily);AL(At least 18 yrs old) |
| ROZEREM (<i>Use ramelteon</i>) | NF | QL(1 ea daily);AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>calcium polycarbophil tabs</i> | 1B | |
| FIBERCON TABS (<i>Use calcium polycarbophil</i>) | NF | |
| Laxative Combinations | | |
| GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | 0 | |
| MOVIPREP 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) | NF | |
| NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | 3 | PA |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM</i> | 1B | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM</i> | 0 | |
| Laxatives - Miscellaneous | | |
| <i>lactulose soln</i> | 1B | MP |
| Saline Laxatives | | |
| OSMOPREP 1.102 GM-0.398 GM | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Stimulant Laxatives | | |
| <i>bisacodyl supp</i> | 1A | |
| <i>bisacodyl tbec</i> | 1A | |
| DULCOLAX TBEC (Use <i>bisacodyl</i>) | NF | |
| DULCOLAX SUPP (Use <i>bisacodyl</i>) | NF | |
| DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i>) | NF | |
| Surfactant Laxatives | | |
| COLACE CAPS 100 MG (Use <i>docusate sodium</i>) | NF | |
| <i>docusate calcium</i> | 1A | |
| <i>docusate sodium caps 100 MG, 250 MG</i> | 1A | |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i> | 1B | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin tabs 250 MG</i> | 1B | QL(6 ea per fill retail,6 per fill mail MG) |
| <i>azithromycin solr</i> | 1B | |
| <i>azithromycin tabs 600 MG</i> | 1B | QL(0.286 ea daily) |
| <i>azithromycin tabs 500 MG</i> | 1B | QL(4 ea per fill retail,4 per fill mail MG) |
| <i>azithromycin susr</i> | 1B | |
| <i>azithromycin pack</i> | 1B | |
| ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>) | NF | QL(4 ea per fill retail,4 per fill mail MG) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ZITHROMAX SOLR (Use <i>azithromycin</i>) | NF | |
| ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>) | NF | QL(6 ea per fill retail,6 per fill mail MG) |
| ZITHROMAX PACK (Use <i>azithromycin</i>) | NF | |
| ZITHROMAX SUSR (Use <i>azithromycin</i>) | NF | |
| ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>) | NF | QL(4 ea per fill retail,4 per fill mail MG) |
| ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>) | NF | QL(6 ea per fill retail,6 per fill mail MG) |
| Clarithromycin | | |
| <i>clarithromycin tb24</i> | 1B | |
| <i>clarithromycin tabs</i> | 1B | |
| <i>clarithromycin susr</i> | 1B | |
| Erythromycins | | |
| E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>) | NF | |
| ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>) | NF | |
| ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>) | 3 | |
| <i>erythromycin base tbec</i> | 1B | |
| <i>erythromycin base cpep</i> | 3 | |
| <i>erythromycin base tabs</i> | 3 | |
| <i>erythromycin ethylsuccinate tabs</i> | 3 | |
| <i>erythromycin ethylsuccinate susr</i> | 1B | |
| Fidaxomicin | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| DIFICID TABS | 2 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 0 | QL(2 ea daily) |
| CAYA DPRH | 0 | |
| DUREX EXTRA SENSITIVE DEVI | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED MISC | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) |
| FC2 FEMALE CONDOM | 0 | QL(4 ea per fill retail,4 per fill mail) |
| FEMCAP DEVI 0 | 0 | |
| KAMELEON LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO COLORS DEVI | 0 | QL(2 ea daily) |
| KIMONO LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PS LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO SENSATION LUBRICATED MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| KIMONO SPECIAL DEVI | 0 | QL(2 ea daily) |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | 0 | QL(2 ea daily) |
| K-Y ME & YOU INTENSE DEVI | 0 | QL(2 ea daily) |
| MAXX LUBRICATED MISC | 0 | QL(2 ea daily) |
| MAXX PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| OMNIFLEX DIAPHRAGM | 0 | |
| PREMIUM CONDOMS LUBRICATED MISC | 0 | QL(2 ea daily) |
| REALITY LATEX CONDOMS/LUBRICATED MISC | 0 | QL(2 ea daily) |
| REALITY LATEX/ULTRA TEXTURED DEVI | 0 | QL(2 ea daily) |
| REALITY LATEX/ULTRA THIN DEVI | 0 | QL(2 ea daily) |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED EXTRALARGE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/RIBBED/STUDED MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 0 | QL(2 ea daily) |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 0 | QL(2 ea daily) |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 0 | QL(2 ea daily) |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 0 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 0 | |
| Diabetic Supplies | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM | 3 | 1 rtl MAX fill,365 rtl day(s) supply;PA |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM | 3 | QL(0.072 ea daily);PA |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 3 | 1 rtl MAX fill,365 rtl day(s) supply;PA |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily);PA |
| FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM | 3 | 1 rtl MAX fill,365 rtl day(s) supply;PA |
| FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM | 3 | QL(0.1 ea daily);PA |
| SELECT LANCETS | 1B | 6.66/day |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1B | |
| Parenteral Therapy Supplies | | |
| SELECT INSULIN SYRINGES | 1B | 5/day |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG | 2 | QL(0.04 ml daily);PA |
| EMGALITY SOAJ | 2 | QL(0.07 ml daily);PA |
| EMGALITY SOSY 120 MG/ML | 2 | QL(0.07 ml daily);PA |
| EMGALITY SOSY 100 MG/ML | 3 | QL(0.1 ml daily);PA |
| UBRELVY | 3 | QL(10 ea per 30 days retail);ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Migraine Combinations | | |
| CAFERGOT TABS 1 MG-100 MG (Use ergotamine w/ caffeine) | NF | QL(1.5 ea daily) |
| ergotamine w/ caffeine tabs 1 MG-100 MG | 1B | QL(1.5 ea daily) |
| sumatriptan-naproxen sodium 85 MG-500 MG | 3 | QL(10 ea per 30 days retail,10 ea per 30 days mail) |
| TREXIMET 85 MG-500 MG (Use sumatriptan-naproxen sodium) | NF | QL(10 ea per 30 days retail,10 ea per 30 days mail) |
| Migraine Products | | |
| D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate) | NF | |
| dihydroergotamine mesylate soln ij 1 MG/ML | 1B | |
| dihydroergotamine mesylate soln na 4 MG/ML | 1B | QL(0.267 ml daily) |
| ERGOMAR SUBL | 3 | QL(0.667 ea daily) |
| MIGRANAL SOLN NA (Use dihydroergotamine mesylate) | NF | QL(0.267 ml daily) |
| Serotonin Agonists | | |
| almotriptan malate 12.5 MG | 1B | QL(0.4 ea daily);AL(At least 12 yrs old);ST |
| almotriptan malate 6.25 MG | 1B | QL(0.3 ea daily);AL(At least 12 yrs old);ST |
| AMERGE (Use naratriptan hcl) | NF | QL(0.3 ea daily);AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| eletriptan hydrobromide | 1B | QL(0.2 ea daily);AL(At least 18 yrs old);ST |
| FROVA (Use frovatriptan succinate) | NF | QL(0.4 ea daily);AL(At least 18 yrs old);ST |
| frovatriptan succinate | 1B | QL(0.4 ea daily);AL(At least 18 yrs old);ST |
| IMITREX TABS (Use sumatriptan succinate) | NF | QL(0.3 ea daily);AL(At least 18 yrs old) |
| IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) | NF | QL(0.2 ea daily);AL(At least 18 yrs old) |
| IMITREX SOLN 6 MG/0.5ML (Use sumatriptan succinate) | NF | QL(0.134 ml daily);AL(At least 18 yrs old) |
| IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate) | NF | QL(0.134 ml daily);AL(At least 18 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ (Use sumatriptan succinate) | NF | QL(0.134 ml daily);AL(At least 18 yrs old) |
| MAXALT TABS 10 MG (Use rizatriptan benzoate) | NF | QL(0.6 ea daily);AL(At least 6 yrs old) |
| MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) | NF | QL(0.6 ea daily);AL(At least 6 yrs old) |
| naratriptan hcl | 1B | QL(0.3 ea daily);AL(At least 18 yrs old) |
| RELPAK (Use eletriptan hydrobromide) | NF | QL(0.2 ea daily);AL(At least 18 yrs old);ST |
| rizatriptan benzoate tabs 10 MG | 1B | QL(0.6 ea daily);AL(At least 6 yrs old) |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| <i>rizatriptan benzoate tbdp 10 MG</i> | 1B | QL(0.6 ea daily);AL(At least 6 yrs old) |
| <i>rizatriptan benzoate tbdp 5 MG</i> | 1B | QL(0.4 ea daily);AL(At least 6 yrs old) |
| <i>rizatriptan benzoate tabs 5 MG</i> | 1B | QL(0.4 ea daily);AL(At least 6 yrs old) |
| <i>sumatriptan</i> | 1B | QL(0.2 ea daily);AL(At least 18 yrs old) |
| <i>sumatriptan succinate soln 6 MG/0.5ML</i> | 1B | QL(0.134 ml daily);AL(At least 18 yrs old) |
| <i>sumatriptan succinate tabs</i> | 1B | QL(0.3 ea daily);AL(At least 18 yrs old) |
| <i>sumatriptan succinate sosy 6 MG/0.5ML</i> | 1B | QL(0.134 ml daily);AL(At least 18 yrs old) |
| <i>sumatriptan succinate soaj</i> | 1B | QL(0.134 ml daily);AL(At least 18 yrs old) |
| <i>sumatriptan succinate soct</i> | 1B | QL(0.134 ml daily);AL(At least 18 yrs old) |
| <i>zolmitriptan soln</i> | 1B | QL(0.2 ea daily);AL(At least 12 yrs old);ST |
| <i>zolmitriptan tbdp</i> | 1B | QL(0.3 ea daily);AL(At least 12 yrs old);ST |
| <i>zolmitriptan tabs</i> | 1B | QL(0.3 ea daily);AL(At least 12 yrs old);ST |
| ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>) | NF | QL(0.3 ea daily);AL(At least 12 yrs old);ST |
| ZOMIG SOLN (Use <i>zolmitriptan</i>) | 3 | QL(0.2 ea daily);AL(At least 12 yrs old);ST |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|---|
| ZOMIG ZMT TBDP (Use <i>zolmitriptan</i>) | NF | QL(0.3 ea daily);AL(At least 12 yrs old);ST |
| MINERALS & ELECTROLYTES | | |
| Bicarbonates | | |
| <i>sodium acetate soln</i> | 1B | |
| SODIUM ACETATE SOLN (Use <i>sodium acetate</i>) | 1B | |
| Calcium | | |
| <i>calcium chloride (dihydrate) soln</i> | 1B | |
| Electrolyte Mixtures | | |
| <i>dextrose in lactated ringers</i> | 1B | |
| IONOSOL-MB/DEXTROSE 5% 23 MEQ/L-5 %-3 MMOLE/L-22 MEQ/L-25 MEQ/L-3 MEQ/L-20 MEQ/L | 1B | |
| ISOLYTE-P/DEXTROSE 5% 20 MEQ/L-5 %-23 MEQ/L-3 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L | 1B | |
| ISOLYTE-S 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L | 1B | |
| KCL 0.3%/D5W/NACL 0.9% 0.9 %-5 %-40 MEQ/L | 1B | |
| <i>lactated ringer's 28 MEQ/L-3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L</i> | 1B | |
| NORMOSOL-M IN D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| NORMOSOL-M/D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L | 1B | |
| NORMOSOL-R 98 MEQ/L-27 MEQ/L-23 MEQ/L-3 MEQ/L-5 MEQ/L-140 MEQ/L | 1B | |
| PLASMA-LYTE A 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L | 1B | |
| PLASMA-LYTE-148 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L | 1B | |
| <i>potassium chloride in dextrose 20 MEQ/L-5 %</i> | 1B | |
| <i>potassium chloride in dextrose & sodium chloride 0.2 %-5 %-20 MEQ/L, 0.45 %-5 %-0.075 %, 0.45 %-5 %-10 MEQ/L, 0.45 %-5 %-20 MEQ/L, 0.45 %-5 %-30 MEQ/L, 0.45 %-5 %-40 MEQ/L, 0.9 %-5 %-0.15 %, 0.9 %-5 %-20 MEQ/L, 0.9 %-5 %-40 MEQ/L</i> | 1B | |
| <i>potassium chloride in nacl</i> | 1B | |
| POTASSIUM CHLORIDE/DEXTROSE/ LACTATED RINGERS | 1B | |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i>) | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i>) | NF | |
| <i>ringer's 4 MEQ/L-4 MEQ/L-155 MEQ/L-147 MEQ/L</i> | 1B | |
| Fluoride | | |
| <i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i> | 0 | QL(1 ea daily) |
| Magnesium | | |
| <i>magnesium sulfate ij 50 %</i> | 1B | |
| Phosphate | | |
| <i>potassium phosphates 224 MG/ML-236 MG/ML</i> | 1B | |
| Potassium | | |
| K-TAB TBCR (Use <i>potassium chloride</i>) | NF | |
| <i>potassium acetate soln 2 MEQ/ML</i> | 1B | |
| <i>potassium bicarbonate tbef</i> | 1B | MP |
| <i>potassium chloride cpcr</i> | 1B | MP |
| <i>potassium chloride soln iv 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i> | 1B | |
| <i>potassium chloride tbc 8 MEQ, 10 MEQ</i> | 1B | |
| <i>potassium chloride pack or 20 MEQ</i> | 1B | MP;PA |
| POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML (Use <i>potassium chloride</i>) | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|-------------------------|
| <i>potassium chloride microencapsulated crystals er</i> | 1B | |
| Sodium | | |
| <i>sodium chloride soln iv .45 %, .9 %, 3 %, 4 MEQ/ML, 5 %</i> | 1B | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| CUPRIMINE CAPS (<i>Use penicillamine</i>) | NF | PA |
| DEPEN TITRATABS TABS (<i>Use penicillamine</i>) | NF | QL(8 ea daily) |
| <i>penicillamine caps</i> | 1B | PA |
| <i>penicillamine tabs</i> | 1B | QL(8 ea daily) |
| SYPRINE (<i>Use trientine hcl</i>) | NF | QL(8 ea daily);SP;PA |
| <i>trientine hcl</i> | 4 | QL(8 ea daily);SP;PA |
| Immunomodulators | | |
| <i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i> | 4 | QL(1 ea daily);SP;PA |
| <i>lenalidomide 20 MG</i> | 4 | PA |
| REVLIMID 20 MG | 4 | PA |
| REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG | 4 | QL(1 ea daily);SP;PA |
| THALOMID | 4 | QL(3 ea daily);SP;MP;PA |
| Immunosuppressive Agents | | |
| ATGAM | 4 | SP;PA |
| <i>azathioprine tabs</i> | 1B | MP |
| AZATHIOPRINE | 1B | |
| CELLCEPT TABS (<i>Use mycophenolate mofetil</i>) | NF | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|-----------------------|
| CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>) | NF | MP |
| <i>cyclosporine caps</i> | 1B | MP |
| <i>cyclosporine soln iv 50 MG/ML</i> | 1B | |
| <i>cyclosporine modified (for microemulsion) caps</i> | 1B | |
| <i>cyclosporine modified (for microemulsion) soln</i> | 1B | MP |
| <i>everolimus (immunosuppressant) .25 MG, .5 MG, .75 MG</i> | 4 | QL(20 ea daily);SP;PA |
| IMURAN TABS (<i>Use azathioprine</i>) | NF | MP |
| <i>mycophenolate mofetil caps</i> | 1B | MP |
| <i>mycophenolate mofetil tabs</i> | 1B | MP |
| <i>mycophenolate sodium</i> | 1B | |
| MYFORTIC (<i>Use mycophenolate sodium</i>) | NF | |
| NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>) | NF | MP |
| NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>) | NF | MP |
| NULOJIX | 4 | SP;PA |
| PROGRAF SOLN | 2 | |
| PROGRAF CAPS (<i>Use tacrolimus</i>) | NF | |
| PROGRAF PACK | 2 | PA |
| RAPAMUNE TABS (<i>Use sirolimus</i>) | NF | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine) | NF | |
| SANDIMMUNE CAPS (Use cyclosporine) | NF | MP |
| SIMULECT | 3 | |
| sirolimus tabs | 1B | MP |
| tacrolimus caps | 1B | |
| THYMOGLOBULIN | 4 | SP;PA |
| ZORTRESS .25 MG, .5 MG, .75 MG (Use everolimus (immunosuppressant)) | NF | QL(20 ea daily);SP;PA |
| Irrigation Solutions | | |
| irrigation solutions, physiological 30 MG/100ML-222 MG/100ML-502 MG/100ML-37 MG/100ML-526 MG/100ML | 1B | |
| lactated ringer's (irrigation) 20 MG/100ML-310 MG/100ML-30 MG/100ML-600 MG/100ML | 1B | |
| ringer's irrigation 4 MEQ/L-4.5 MEQ/L-156 MEQ/L-147.5 MEQ/L | 1B | |
| water for irrigation, sterile | 1B | |
| Potassium Removing Agents | | |
| sodium polystyrene sulfonate powd | 1B | |
| sodium polystyrene sulfonate susp or 15 GM/60ML | 1B | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| lidocaine hcl (mouth-throat) 4 % | 1B | |
| lidocaine hcl (mouth-throat) 2 % | 1B | QL(4 ml daily) |
| Anti-infectives - Throat | | |
| clotrimazole | 1B | |
| nystatin (mouth-throat) | 1B | |
| Antiseptics - Mouth/Throat | | |
| chlorhexidine gluconate (mouth-throat) | 1B | |
| DEBACTEROL 50 %-30 % | 2 | |
| PERIDEX (Use chlorhexidine gluconate (mouth-throat)) | NF | |
| Dental Products | | |
| stannous fluoride conc | 0 | MP;RX/OTC |
| Steroids - Mouth/Throat/Dental | | |
| triamcinolone acetonide (mouth) | 1B | |
| Throat Products - Misc. | | |
| cevimeline hcl | 1B | MP |
| EVOXAC (Use cevimeline hcl) | NF | MP |
| pilocarpine hcl (oral) | 1B | MP |
| SALAGEN (Use pilocarpine hcl (oral)) | NF | MP |
| MULTIVITAMINS | | |
| Ped MV w/ Fluoride | | |
| pediatric multivitamins w/fl chew | 1A | RX/OTC |
| Prenatal Vitamins | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT | 2 | QL(1 ea daily) |
| CVS PRENATAL TABS | 2 | QL(1 ea daily) |
| EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG | 2 | QL(1 ea daily) |
| GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG | 2 | QL(1 ea daily) |
| M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG | 2 | QL(1 ea daily);RX/OTC |
| MULTI PRENATAL TABS 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT | 2 | QL(1 ea daily) |
| NEONATAL COMPLETE TABS | 2 | QL(1 ea daily);RX/OTC |
| NEONATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG | 2 | QL(1 ea daily);RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NEONATAL PRENATAL VITAMIN TABS 0.05 MG-50 MG-1 MG-0.8 MG-400 UNIT-2 MCG-4000 UNIT-2 MG-10 MG-27 MG-3 MG-0.15 MG-0.085 MG-0.01 MG-0.15 MG-250 MG-0.835 MG, 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG, 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG, 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG, 0.2 MG-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-20 MG-10 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-2 MG, 10 MG-120 MG-10 MG-1 | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG, 11 UNIT-100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-263 MG, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG, 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG, 160 MG-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.84 MG-25 MG-200 MG-11 UNIT, 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| MG-330 MCG-44 MG, 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG, 200 MG-100 MG-2.6 MG-5 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG, 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG, 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG, 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT, 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG, 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| UNIT, 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG, 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG, 25 MG-100 MG-2.6 MG-11 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-200 MG-1.5 MG, 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-4000 UNIT-200 MG, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG, 30 UNIT-120 MG-800 | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 4000 UNIT-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT, 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT, 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG, 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|----------------------|
| MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG, 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG, 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG, 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG | | |
| NEONATAL VITAMIN TABS 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG | 2 | QL(1 ea daily);RX/OTC |
| ONE VITE WOMENS PRENATALVITAMIN TABS 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG | 2 | QL(1 ea daily) |
| ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG | 2 | QL(1 ea daily);RX/OTC |
| PRENATAL TABS | 2 | QL(1 ea daily) |
| PRENATAL LOW IRON TABS | 2 | QL(1 ea daily) |
| PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| PRENATAL ONE DAILY TABS 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG | 2 | QL(1 ea daily) |
| PRENATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT | 2 | QL(1 ea daily);RX/OTC |
| PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG | 2 | QL(1 ea daily);RX/OTC |
| PRENATAL VITAMIN TABS 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG | 2 | QL(1 ea daily) |
| PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| PRENATAL VITAMINS TABS | 2 | QL(1 ea daily) |
| PRENATAL VITAMINS PLUS LOW IRON TABS 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG | 2 | QL(1 ea daily);RX/OTC |
| PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG | 2 | QL(1 ea daily);RX/OTC |
| PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG | 2 | QL(1 ea daily);RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG | 2 | QL(1 ea daily);RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| QC PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| RA PRENATAL FORMULA/FOLICACID TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| RIGHT STEP PRENATAL TABS 0.05 MG-50 MG-1 MG-0.8 MG-400 UNIT-2 MCG-4000 UNIT-2 MG-10 MG-27 MG-3 MG-0.15 MG-0.085 MG-0.01 MG-0.15 MG-250 MG-0.835 MG | 2 | QL(1 ea daily) |
| SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT | 2 | QL(1 ea daily) |
| THERANATAL CORE NUTRITION TABS 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG | 2 | QL(1 ea daily);RX/OTC |
| TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG | 2 | QL(1 ea daily);RX/OTC |
| VITATHELY/GINGER TABS 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27 MG-330 MCG-44 MG | 2 | QL(1 ea daily);RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| VOL-PLUS TABS 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG | 2 | QL(1 ea daily);RX/OTC |
| WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG | 2 | QL(1 ea daily);RX/OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen tabs 10 MG, 20 MG</i> | 1B | |
| <i>carisoprodol tabs</i> | 1B | |
| <i>chlorzoxazone tabs 500 MG</i> | 1B | QL(6 ea daily) |
| <i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i> | 1A | QL(3 ea daily) |
| <i>metaxalone 800 MG</i> | 1B | QL(4 ea daily) |
| <i>methocarbamol tabs</i> | 1B | |
| <i>orphenadrine citrate tb12</i> | 1B | QL(2 ea daily) |
| ROBAXIN-750 TABS (Use methocarbamol) | NF | |
| SKELAXIN (Use metaxalone) | NF | QL(4 ea daily) |
| SOMA TABS (Use carisoprodol) | NF | |
| <i>tizanidine hcl caps</i> | 1B | |
| <i>tizanidine hcl tabs</i> | 1B | |
| ZANAFLEX TABS 4 MG (Use tizanidine hcl) | NF | |
| ZANAFLEX CAPS (Use tizanidine hcl) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS 25 MG, 50 MG (Use <i>dantrolene sodium</i>) | NF | QL(4 ea daily) |
| <i>dantrolene sodium caps</i> | 1B | QL(4 ea daily) |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| <i>azelastine hcl</i> | 1B | RX/OTC |
| <i>olopatadine hcl (nasal)</i> | 1B | |
| PATANASE (Use <i>olopatadine hcl (nasal)</i>) | NF | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) .06 %</i> | 1B | MP |
| <i>ipratropium bromide (nasal) .03 %</i> | 1B | QL(1 ml daily);MP |
| Nasal Steroids | | |
| <i>budesonide (nasal)</i> | 1B | |
| FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>) | NF | Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC |
| FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>) | NF | Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC |
| <i>flunisolide (nasal) .025 %</i> | 1B | 1 rtl pack lmt per fill |
| <i>fluticasone propionate (nasal) susp</i> | 1B | Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC |
| <i>mometasone furoate (nasal) susp</i> | 1B | QL(1.14 gm daily);PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i>) | NF | |
| NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>triamcinolone acetonide (nasal)</i>) | NF | |
| NASONEX SUSP (Use <i>mometasone furoate (nasal)</i>) | NF | QL(1.14 gm daily);PA |
| <i>triamcinolone acetonide (nasal) aero</i> | 1B | |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RILUTEK TABS (Use <i>riluzole</i>) | NF | |
| <i>riluzole tabs</i> | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX IJ | 3 | PA |
| DYSPORT | 3 | PA |
| XEOMIN | 3 | PA |
| Nondepolarizing Muscle Relaxants | | |
| <i>atracurium besylate 100 MG/10ML</i> | 3 | PA |
| NUTRIENTS | | |
| Proteins | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CLINIMIX 4.25%/DEXTROSE 10% 17 MEQ/L-10 GM/100ML-438 MG/100ML-880 MG/100ML-213 MG/100ML-17 MG/100ML-311 MG/100ML-170 MG/100ML-238 MG/100ML-204 MG/100ML-37 MEQ/L-247 MG/100ML-179 MG/100ML-77 MG/100ML-255 MG/100ML-489 MG/100ML-289 MG/100ML-247 MG/100ML | 3 | |
| CLINIMIX 4.25%/DEXTROSE 5% 17 MEQ/L-5 GM/100ML-438 MG/100ML-880 MG/100ML-213 MG/100ML-17 MG/100ML-311 MG/100ML-170 MG/100ML-238 MG/100ML-204 MG/100ML-37 MEQ/L-247 MG/100ML-179 MG/100ML-77 MG/100ML-255 MG/100ML-489 MG/100ML-289 MG/100ML-247 MG/100ML | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CLINIMIX E 5%/DEXTROSE 20% 33 MG/100ML-20 GM/100ML-515 MG/100ML-1035 MG/100ML-250 MG/100ML-20 MG/100ML-365 MG/100ML-200 MG/100ML-280 MG/100ML-240 MG/100ML-290 MG/100ML-210 MG/100ML-90 MG/100ML-300 MG/100ML-575 MG/100ML-340 MG/100ML-290 MG/100ML-340 MG/100ML-59 MG/100ML-826 MG/100ML-261 MG/100ML-51 MG/100ML | 3 | |

OPHTHALMIC AGENTS - Drugs to Treat the Eye

Artificial Tears and Lubricants

| | | |
|-----------|---|--|
| LACRISERT | 3 | |
|-----------|---|--|

Beta-blockers - Ophthalmic

| | | |
|---|----|----|
| <i>betaxolol hcl (ophth) soln</i> | 1B | MP |
| <i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i> | 1B | MP |
| <i>carteolol hcl (ophth)</i> | 1B | |
| COMBIGAN 0.2 %-0.5 % (Use <i>brimonidine tartrate-timolol maleate</i>) | 2 | MP |
| COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>dorzolamide hcl-timolol maleate</i> | 1B | |
| <i>levobunolol hcl .5 %</i> | 1B | |
| <i>timolol maleate (ophth) soln</i> | 1B | MP |
| <i>timolol maleate (ophth) solg</i> | 1B | |
| TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>) | NF | MP |
| TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i>) | NF | |
| Cycloplegic Mydriatics | | |
| MYDRIACYL SOLN (Use <i>tropicamide</i>) | NF | MP |
| <i>tropicamide soln</i> | 1B | MP |
| Miotics | | |
| ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>) | NF | MP |
| PHOSPHOLINE IODIDE | 3 | MP |
| <i>pilocarpine hcl soln 1 %, 2 %, 4 %</i> | 1B | MP |
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P (Use <i>brimonidine tartrate</i>) | NF | MP |
| <i>apraclonidine hcl</i> | 1B | |
| <i>brimonidine tartrate</i> | 1B | MP |
| IOPIDINE | 3 | |
| SIMBRINZA 1 %-0.2 % | 3 | MP;PA |
| Ophthalmic Anti-infectives | | |
| AZASITE | 3 | |
| <i>bacitracin (ophthalmic)</i> | 3 | |
| BESIVANCE | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BLEPH-10 SOLN (Use <i>sulfacetamide sodium (ophth)</i>) | NF | |
| CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i>) | NF | |
| <i>ciprofloxacin hcl (ophth) soln</i> | 1B | |
| <i>erythromycin (ophth)</i> | 1B | |
| <i>gatifloxacin (ophth)</i> | 1B | |
| <i>gentamicin sulfate (ophth) oint</i> | 1B | |
| <i>gentamicin sulfate (ophth) soln</i> | 1B | |
| KLARITY-A | 3 | |
| <i>levofloxacin (ophth) .5 %</i> | 1B | |
| MOXEZA SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>) | NF | |
| <i>moxifloxacin hcl (ophth) soln op</i> | 1B | |
| NATACYN | 2 | |
| <i>neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM</i> | 1B | |
| OCUFLOX (Use <i>ofloxacin (ophth)</i>) | NF | |
| <i>ofloxacin (ophth)</i> | 1B | |
| <i>polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML</i> | 1B | |
| POLYTRIM 0.1 %-10000 UNIT/ML (Use <i>polymyxin b-trimethoprim</i>) | NF | |
| <i>sulfacetamide sodium (ophth) soln</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tobramycin (ophth) soln</i> | 1B | |
| TOBEX SOLN (Use <i>tobramycin (ophth)</i>) | NF | |
| <i>trifluridine</i> | 1B | |
| VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>) | NF | |
| ZIRGAN GEL | 2 | |
| ZYMAXID (Use <i>gatifloxacin (ophth)</i>) | NF | |
| Ophthalmic Immunomodulators | | |
| <i>cyclosporine (ophth) emul</i> | 3 | PA |
| RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>) | NF | PA |
| Ophthalmic Local Anesthetics | | |
| ALCAINE (Use <i>proparacaine hcl</i>) | NF | |
| <i>proparacaine hcl</i> | 1B | |
| Ophthalmic Nerve Growth Factors | | |
| OXERVATE | 4 | PA |
| Ophthalmic Steroids | | |
| ALREX SUSP | 3 | PA |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B | |
| <i>difluprednate</i> | 1B | PA |
| DUREZOL (Use <i>difluprednate</i>) | 3 | PA |
| <i>fluorometholone (ophth) susp</i> | 1B | |
| FML OINT | 3 | PA |
| FML FORTE SUSP | 3 | PA |
| FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>) | NF | |
| LOTEMAX OINT | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| LOTEMAX GEL (Use <i>loteprednol etabonate</i>) | 3 | PA |
| LOTEMAX SUSP (Use <i>loteprednol etabonate</i>) | NF | PA |
| <i>loteprednol etabonate gel</i> | 1B | PA |
| <i>loteprednol etabonate susp</i> | 1B | PA |
| MAXIDEX SUSP OP | 3 | PA |
| MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML (Use <i>neomycin-polymyx-dexameth</i>) | NF | |
| MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (Use <i>neomycin-polymyx-dexameth</i>) | NF | |
| <i>neomycin-polymyx-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM</i> | 1B | |
| <i>neomycin-polymyx-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML</i> | 1B | |
| <i>neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML</i> | 1B | |
| PRED FORTE (Use <i>prednisolone acetate (ophth)</i>) | NF | |
| PRED MILD | 3 | PA |
| PRED-G SUSP 0.3 %-1 % | 3 | PA |
| <i>prednisolone acetate (ophth)</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|-----------------------|
| PREDNISOLONE SODIUM PHOSPHATE | 3 | |
| <i>sulfacetamide sod-prednisolone soln 10 %-0.23 %</i> | 1B | PA |
| TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>) | NF | |
| <i>tobramycin-dexamethasone susp 0.3 %-0.1 %</i> | 1B | |
| ZYLET 0.5 %-0.3 % | 3 | PA |
| Ophthalmic Surgical Aids | | |
| HEALON PRO SOSY | 3 | PA |
| PROVISC SOSY | 3 | PA |
| Ophthalmics - Misc. | | |
| ACULAR (<i>Use ketorolac tromethamine (ophth)</i>) | NF | |
| ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>) | NF | |
| ALOCRIAL | 3 | PA |
| ALOMIDE | 3 | PA |
| <i>azelastine hcl (ophth)</i> | 1B | |
| AZOPT (<i>Use brinzolamide</i>) | NF | |
| <i>bepotastine besilate</i> | 3 | PA |
| BEPREVE (<i>Use bepotastine besilate</i>) | 3 | PA |
| <i>brinzolamide</i> | 1B | |
| <i>bromfenac sodium (ophth)</i> | 1B | |
| <i>cromolyn sodium (ophth)</i> | 1B | |
| CYSTARAN | 2 | QL(2.143 ml daily);PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>diclofenac sodium (ophth)</i> | 1B | |
| <i>dorzolamide hcl</i> | 1B | |
| <i>epinastine hcl (ophth)</i> | 1B | |
| <i>flurbiprofen sodium</i> | 1B | |
| ILEVRO | 3 | QL(0.2 ml daily);ST |
| <i>ketorolac tromethamine (ophth)</i> | 1B | |
| <i>ketotifen fumarate (ophth) .025 %</i> | 1B | |
| LASTACFT | 3 | PA;RX/OTC |
| NEVANAC | 3 | QL(0.2 ml daily);ST |
| <i>olopatadine hcl</i> | 1B | RX/OTC |
| PATADAY (<i>Use olopatadine hcl</i>) | NF | RX/OTC |
| TRUSOPT (<i>Use dorzolamide hcl</i>) | NF | |
| ZADITOR (<i>Use ketotifen fumarate (ophth)</i>) | NF | |
| ZERVIAE | 3 | PA |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost soln</i> | 3 | MP |
| <i>latanoprost soln</i> | 1B | |
| <i>tafluprost .015 MG/ML</i> | 1B | MP |
| TRAVATAN Z (<i>Use travoprost</i>) | NF | |
| <i>travoprost</i> | 1B | |
| XALATAN SOLN (<i>Use latanoprost</i>) | NF | |
| ZIOPTAN | 2 | MP |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Otic Anti-infectives | | |
| CETRAXAL (Use ciprofloxacin hcl (otic)) | NF | |
| ciprofloxacin hcl (otic) | 1B | |
| ofloxacin (otic) | 1B | |
| Otic Combinations | | |
| CIPRO HC 0.2 %-1 % | 3 | |
| CIPRODEX 0.3 %-0.1 % (Use ciprofloxacin-dexamethasone) | NF | PA |
| ciprofloxacin-dexamethasone 0.3 %-0.1 % | 1B | PA |
| ciprofloxacin-fluocinolone acetamide 0.3 %-0.025 % | 1B | QL(0.5 ea daily);PA |
| CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML | 3 | |
| neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML | 1B | |
| neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML | 1B | |
| OTOVEL 0.3 %-0.025 % (Use ciprofloxacin-fluocinolone acetamide) | NF | QL(0.5 ea daily);PA |
| Otic Steroids | | |
| DERMOTIC (Use fluocinolone acetamide (otic)) | NF | |
| fluocinolone acetamide (otic) | 1B | |
| hydrocortisone w/ acetic acid 2 %-1 % | 1B | |
| PASSIVE IMMUNIZING AND TREATMENT | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 10 GM/50ML | 4 | SP;PA |
| GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 4 | SP;PA |
| GAMMAGARD LIQUID 30 GM/300ML | 4 | PA |
| GAMMAGARD LIQUID 1 GM/10ML | 4 | SP;PA |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 4 | SP;PA |
| GAMMAKED 1 GM/10ML | 4 | SP;PA |
| GAMMAKED | 4 | SP;PA |
| GAMUNEX-C 1 GM/10ML | 4 | SP;PA |
| GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 4 | SP;PA |
| HIZENTRA SOLN | 4 | SP;PA |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| amoxicillin chew 125 MG, 250 MG | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>amoxicillin caps</i> | 1A | |
| <i>amoxicillin tabs</i> | 1B | |
| <i>amoxicillin susr 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i> | 1B | |
| <i>amoxicillin susr 125 MG/5ML</i> | 1A | |
| <i>ampicillin caps 500 MG</i> | 1B | |
| <i>ampicillin sodium ij 1 GM</i> | 1B | |
| Natural Penicillins | | |
| <i>penicillin g potassium 5000000 UNIT</i> | 1B | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| PENICILLIN G PROCAINE | 3 | |
| <i>penicillin g sodium</i> | 3 | |
| <i>penicillin v potassium solr</i> | 1B | |
| <i>penicillin v potassium tabs</i> | 1B | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate tb12 1000 MG-62.5 MG</i> | 1B | |
| <i>amoxicillin & pot clavulanate chew</i> | 1B | |
| <i>amoxicillin & pot clavulanate susr</i> | 1B | |
| <i>amoxicillin & pot clavulanate tabs</i> | 1B | |
| <i>ampicillin & sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| AUGMENTIN SUSR (Use amoxicillin & pot clavulanate) | NF | |
| AUGMENTIN TABS 500 MG-125 MG (Use amoxicillin & pot clavulanate) | NF | |
| AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (Use amoxicillin & pot clavulanate) | NF | |
| <i>piperacillin sodium-tazobactam sodium</i> | 1B | |
| UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use ampicillin & sulbactam sodium) | NF | |
| UNASYN BULK PACK IV 5 GM-10 GM (Use ampicillin & sulbactam sodium) | NF | |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium</i> | 1B | |
| <i>nafcilin sodium iv 10 GM</i> | 1B | |
| <i>oxacillin sodium iv 10 GM</i> | 1B | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| AYGESTIN TABS (Use norethindrone acetate) | NF | |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i> | 1B | MP |
| <i>medroxyprogesterone acetate 10 MG</i> | 1A | MP |
| <i>megestrol acetate (appetite)</i> | 1B | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>norethindrone acetate tabs</i> | 0 | |
| <i>progesterone caps</i> | 1B | MP |
| PROMETRIUM CAPS (Use progesterone) | NF | MP |
| PROVERA (Use medroxyprogesterone acetate) | NF | MP |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium</i> | 1B | MP |
| <i>disulfiram</i> | 1B | MP |
| LUCEMYRA | 3 | QL(224 ea per 14 days retail);PA |
| Antidementia Agents | | |
| ARICEPT TABS 5 MG (Use donepezil hydrochloride) | NF | QL(1 ea daily);MP |
| ARICEPT TABS 10 MG (Use donepezil hydrochloride) | NF | QL(2 ea daily);MP |
| <i>donepezil hydrochloride tbdp 5 MG</i> | 1B | QL(1 ea daily);MP |
| <i>donepezil hydrochloride tabs 5 MG</i> | 1B | QL(1 ea daily);MP |
| <i>donepezil hydrochloride tabs 10 MG</i> | 1B | QL(2 ea daily);MP |
| <i>donepezil hydrochloride tbdp 10 MG</i> | 1B | QL(2 ea daily);MP |
| <i>galantamine hydrobromide tabs</i> | 1B | QL(2 ea daily);MP |
| <i>galantamine hydrobromide soln</i> | 1B | QL(6 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>galantamine hydrobromide cp24</i> | 1B | QL(1 ea daily);MP |
| <i>memantine hcl tabs</i> | 1B | QL(2 ea daily) |
| <i>memantine hcl tabs</i> | 1B | |
| NAMENDA TABS (Use memantine hcl) | NF | QL(2 ea daily) |
| NAMENDA TITRATION PAK TABS (Use memantine hcl) | NF | |
| RAZADYNE ER CP24 (Use galantamine hydrobromide) | NF | QL(1 ea daily);MP |
| <i>rivastigmine tartrate caps</i> | 1B | MP |
| Combination Psychotherapeutics | | |
| <i>chlordiazepoxide-amitriptyline 12.5 MG-5 MG</i> | 1B | PA |
| <i>perphenazine-amitriptyline</i> | 1B | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| SAVELLA TABS | 2 | QL(2 ea daily);MP;PA |
| SAVELLA TITRATION PACK MISC | 2 | PA |
| Movement Disorder Drug Therapy | | |
| AUSTEDO | 4 | QL(4 ea daily);PA |
| INGREZZA CAPS | 4 | QL(1 ea daily);PA |
| INGREZZA CPPK | 4 | 1 rtl MAX fill,180 rtl day(s) supply;PA |
| <i>tetrabenazine</i> | 4 | QL(3 ea daily);SP;PA |
| XENAZINE (Use tetrabenazine) | NF | QL(3 ea daily);SP;PA |
| Multiple Sclerosis Agents | | |
| AMPYRA (Use dalfampridine) | NF | QL(2 ea daily);SP;PA |
| AUBAGIO | 4 | PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|------------------------------|
| AVONEX PSKT | 4 | QL(0.0714 ml daily);SP;MP;PA |
| AVONEX PEN AJKT | 4 | QL(0.0714 ml daily);SP;MP;PA |
| BETASERON KIT | 4 | QL(0.5 ea daily);SP;PA |
| COPAXONE SOSY 40 MG/ML | 3 | QL(0.43 ml daily);PA |
| COPAXONE SOSY 20 MG/ML | 3 | QL(1 ml daily);PA |
| <i>dalfampridine</i> | 4 | QL(2 ea daily);SP;PA |
| <i>dimethyl fumarate cpdr</i> | 4 | PA |
| <i>dimethyl fumarate misc</i> | 4 | PA |
| EXTAVIA KIT | 4 | QL(0.5 ea daily);SP;PA |
| <i>fingolimod hcl</i> | 4 | PA |
| GILENYA | 4 | PA |
| <i>glatiramer acetate sosal 40 MG/ML</i> | 3 | QL(0.43 ml daily);PA |
| <i>glatiramer acetate sosal 20 MG/ML</i> | 3 | QL(1 ml daily);PA |
| KESIMPTA | 4 | QL(0.0144 ml daily);PA |
| MAVENCLAD | 4 | PA |
| PLEGRIDY SOSY IM | 4 | QL(0.036 ml daily);MP;PA |
| PLEGRIDY SOPN | 4 | QL(0.036 ml daily);MP;PA |
| PLEGRIDY STARTER PACK SOSY SC | 4 | QL(0.0357 ml daily);PA |
| PLEGRIDY STARTER PACK SOPN | 4 | QL(0.036 ml daily);PA |
| REBIF SOSY | 4 | QL(0.214 ml daily);SP;MP;PA |
| REBIF REBIDOSE SOAJ | 4 | QL(0.214 ml daily);SP;MP;PA |

| Drug Name | Drug Tier | Requirement s/Limits |
|--|-----------|--------------------------|
| REBIF REBIDOSE TITRATIONPACK SOAJ | 4 | SP;MP;PA |
| REBIF TITRATION PACK SOSY | 4 | SP;MP;PA |
| TECFIDERA CPDR (<i>Use dimethyl fumarate</i>) | NF | PA |
| TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>) | NF | PA |
| TYSABRI | 4 | QL(0.536 ml daily);SP;PA |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| LYRICA CR 82.5 MG, 165 MG (<i>Use pregabalin (once-daily)</i>) | 3 | QL(1 ea daily);PA |
| LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>) | 3 | QL(2 ea daily);PA |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i> | 3 | QL(1 ea daily);PA |
| <i>pregabalin (once-daily) 330 MG</i> | 3 | QL(2 ea daily);PA |
| Pseudobulbar Affect (PBA) Agents | | |
| NUDEXTA 10 MG-20 MG | 3 | PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| <i>ergoloid mesylates tabs</i> | 1B | |
| <i>pimozide</i> | 1B | |
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT | 3 | QL(2 ea daily);PA |
| Smoking Deterrents | | |
| APO-VARENICLINE TABS | 0 | QL(2 ea daily) |
| <i>bupropion hcl (smoking deterrent)</i> | 0 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CHANTIX TABS (<i>Use varenicline tartrate</i>) | NF | QL(2 ea daily) |
| CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>) | NF | QL(2 ea daily) |
| CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>) | NF | |
| NICODERM CQ PT24 (<i>Use nicotine</i>) | NF | QL(1 ea daily) |
| NICORETTE LOZG (<i>Use nicotine polacrilex</i>) | NF | |
| NICORETTE GUM (<i>Use nicotine polacrilex</i>) | NF | |
| NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>) | NF | |
| NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>) | NF | |
| <i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | 0 | QL(1 ea daily) |
| <i>nicotine polacrilex lozg</i> | 0 | |
| <i>nicotine polacrilex gum</i> | 0 | |
| NICOTINE TRANSDERMAL SYSTEM KIT | 0 | |
| NICOTROL INHALER INHA | 0 | |
| NICOTROL NS SOLN | 0 | |
| <i>varenicline tartrate tabs</i> | 0 | QL(2 ea daily) |
| <i>varenicline tartrate tbpk</i> | 0 | |
| Transthyretin Amyloidosis Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| TEGSEDI | 4 | PA |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 1000 MG | 4 | SP;PA |
| ARALAST NP SOLR 500 MG | 4 | PA |
| PROLASTIN-C SOLR | 4 | SP;PA |
| PROLASTIN-C SOLN | 4 | PA |
| ZEMAIRA SOLR | 4 | SP;PA |
| Cystic Fibrosis Agents | | |
| KALYDECO TABS | 4 | QL(2 ea daily);SP;MP;PA |
| ORKAMBI TABS | 4 | QL(4 ea daily);PA |
| ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG | 4 | QL(2 ea daily);PA |
| PULMOZYME | 4 | QL(2.5 ml daily);SP;MP;PA |
| TRIKAFTA 50 MG-100 MG | 4 | QL(3 ea daily);PA |
| Pulmonary Fibrosis Agents | | |
| ESBRIET TABS (<i>Use pirfenidone</i>) | 4 | QL(1 ea daily);MP;PA |
| ESBRIET CAPS | 4 | QL(1 ea daily);MP;PA |
| OFEV | 4 | QL(2 ea daily);PA |
| <i>pirfenidone tabs 267 MG, 801 MG</i> | 4 | QL(1 ea daily);MP;PA |
| <i>pirfenidone tabs 534 MG</i> | 4 | QL(3 ea daily);PA |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| <i>sulfadiazine tabs</i> | 1B | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Fluorocyclines | | |
| XERAVA | 4 | PA |
| Glycylcyclines | | |
| <i>tigecycline</i> | 1B | |
| TYGACIL (Use <i>tigecycline</i>) | NF | |
| Tetracyclines | | |
| <i>demeclocycline hcl tabs</i> | 1B | |
| <i>doxycycline (monohydrate) tabs 50 MG</i> | 1B | |
| <i>doxycycline (monohydrate) caps 75 MG</i> | 1B | |
| <i>doxycycline (monohydrate) caps 50 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline (monohydrate) tabs 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline hyclate solr</i> | 1B | |
| <i>doxycycline hyclate tabs 20 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline hyclate caps</i> | 1B | QL(2 ea daily) |
| <i>minocycline hcl caps</i> | 1B | QL(3 ea daily) |
| <i>minocycline hcl tabs</i> | 1B | QL(3 ea daily) |
| TARGADOX TABS (Use <i>doxycycline hyclate</i>) | NF | |
| <i>tetracycline hcl caps</i> | 1B | |
| VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>) | NF | QL(2 ea daily) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole tabs</i> | 1B | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>propylthiouracil</i> | 1B | MP |
| TAPAZOLE TABS 10 MG (Use <i>methimazole</i>) | NF | MP |
| Thyroid Hormones | | |
| ARMOUR THYROID TABS | 2 | QL(1 ea daily) |
| CYTOMEL TABS (Use <i>liothyronine sodium</i>) | NF | MP |
| <i>levothyroxine sodium tabs</i> | 1B | MP |
| <i>liothyronine sodium soln</i> | 1B | |
| <i>liothyronine sodium tabs</i> | 1B | MP |
| SYNTHROID TABS (Use <i>levothyroxine sodium</i>) | 2 | MP |
| <i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i> | 1B | QL(1 ea daily) |
| TRIOSTAT SOLN (Use <i>liothyronine sodium</i>) | NF | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML | 0 | |
| BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML | 0 | |
| BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML | 0 | |
| DAPTACEL 23 MCG/0.5ML-15 LF/0.5ML-5 LF/0.5ML | 0 | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML | 0 | |
| KINRIX SUSP 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML | 0 | |
| KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML | 0 | |
| PEDIARIX SUSY 58 MCG/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML | 0 | |
| PENTACEL 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML | 0 | |
| QUADRACEL SUSP 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML | 0 | |
| QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML | 0 | |
| TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML | 0 | |
| TENIVAC INJ 5 LFU-2 LFU | 0 | |
| TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| <i>atropine sulfate soln ij .4 MG/ML, 1 MG/ML</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>atropine sulfate sosy ij .25 MG/5ML</i> | 1B | |
| ATROPINE SULFATE SOSY IJ (Use <i>atropine sulfate</i>) | NF | |
| <i>chlordiazepoxide hcl-clidinium bromide 2.5 MG-5 MG</i> | 1B | |
| <i>dicyclomine hcl soln or</i> | 1B | |
| <i>dicyclomine hcl caps</i> | 1B | |
| <i>dicyclomine hcl tabs</i> | 1B | |
| <i>glycopyrrolate soln ij 4 MG/20ML</i> | 1B | |
| <i>glycopyrrolate tabs 1 MG, 2 MG</i> | 1B | |
| LIBRAX 2.5 MG-5 MG (Use <i>chlordiazepoxide hcl-clidinium bromide</i>) | NF | |
| <i>methscopolamine bromide</i> | 1B | |
| ROBINUL TABS (Use <i>glycopyrrolate</i>) | NF | |
| ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>) | NF | |
| H-2 Antagonists | | |
| <i>cimetidine tabs</i> | 1B | RX/OTC |
| <i>cimetidine hcl or 300 MG/5ML, 400 MG/6.67ML</i> | 1B | QL(20 ml daily) |
| <i>famotidine tabs 20 MG, 40 MG</i> | 1B | MP;RX/OTC |
| <i>famotidine susr</i> | 1B | QL(10 ml daily);MP |
| <i>famotidine soln 40 MG/4ML, 200 MG/20ML</i> | 1B | |
| <i>famotidine soln 20 MG/2ML</i> | 1A | |
| <i>famotidine in nacl soln 0.4 MG/ML-0.9 %</i> | 1B | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|-----------------------|
| <i>nizatidine caps</i> | 1B | |
| <i>nizatidine soln</i> | 1B | QL(20 ml daily) |
| PEPCID TABS (<i>Use famotidine</i>) | NF | MP;RX/OTC |
| PEPCID AC TABS (<i>Use famotidine</i>) | NF | MP;RX/OTC |
| PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>) | NF | MP;RX/OTC |
| <i>ranitidine hcl tabs 150 MG</i> | 1B | MP |
| TAGAMET HB TABS (<i>Use cimetidine</i>) | NF | RX/OTC |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP (<i>Use sucralfate</i>) | NF | QL(40 ml daily) |
| CARAFATE TABS (<i>Use sucralfate</i>) | NF | QL(4 ea daily);MP |
| <i>sucralfate susp</i> | 1B | QL(40 ml daily) |
| <i>sucralfate tabs</i> | 1B | QL(4 ea daily);MP |
| Proton Pump Inhibitors | | |
| ACIPHEX TBEC (<i>Use rabeprazole sodium</i>) | NF | QL(1 ea daily);MP |
| DEXILANT (<i>Use dexlansoprazole</i>) | 3 | QL(1 ea daily);PA |
| <i>dexlansoprazole</i> | 1B | QL(1 ea daily);PA |
| <i>esomeprazole magnesium tbec</i> | 1B | QL(2 ea daily) |
| <i>esomeprazole magnesium cpdr 40 MG</i> | 3 | QL(1 ea daily);MP |
| <i>esomeprazole magnesium cpdr 20 MG</i> | 1B | QL(2 ea daily);RX/OTC |
| <i>lansoprazole cpdr 30 MG</i> | 1B | MP |
| <i>lansoprazole cpdr 15 MG</i> | 1B | QL(2 ea daily);RX/OTC |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|--------------------------|
| NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>) | NF | MP;RX/OTC |
| NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>) | NF | QL(1 ea daily);MP |
| NEXIUM 24HR TBEC (<i>Use esomeprazole magnesium</i>) | 1B | QL(2 ea daily) |
| <i>omeprazole tbec</i> | 1B | QL(2 ea daily) |
| <i>omeprazole cpdr</i> | 1B | QL(2 ea daily);MP;RX/OTC |
| <i>omeprazole magnesium cpdr</i> | 1B | QL(4 ea daily) |
| <i>pantoprazole sodium tbec 20 MG</i> | 1B | QL(1 ea daily);MP |
| <i>pantoprazole sodium tbec 40 MG</i> | 1B | MP |
| PREVACID CPDR 30 MG (<i>Use lansoprazole</i>) | NF | MP |
| PREVACID CPDR 15 MG (<i>Use lansoprazole</i>) | NF | QL(2 ea daily);RX/OTC |
| PREVACID 24HR CPDR (<i>Use lansoprazole</i>) | NF | QL(2 ea daily);RX/OTC |
| PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>) | NF | MP |
| PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>) | NF | QL(1 ea daily);MP |
| <i>rabeprazole sodium tbec</i> | 1B | QL(1 ea daily);MP |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC (<i>Use misoprostol</i>) | NF | QL(4 ea daily);MP |
| <i>misoprostol</i> | 1B | QL(4 ea daily);MP |
| Ulcer Therapy Combinations | | |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|---|
| <i>amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG</i> | 1B | 14 rtl MAX day(s) supply,365 rtl lmt day(s);14 mail MAX day(s) supply,365 mail lmt day(s) |
| <i>omeprazole-sodium bicarbonate caps 20 MG-1100 MG</i> | 1B | QL(1 ea daily);MP;RX/OT C |
| ZEGERID CAPS 20 MG-1100 MG (<i>Use omeprazole-sodium bicarbonate</i>) | NF | QL(1 ea daily);MP;RX/OT C |
| ZEGERID OTC CAPS 20 MG-1100 MG (<i>Use omeprazole-sodium bicarbonate</i>) | NF | QL(1 ea daily);MP;RX/OT C |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>darifenacin hydrobromide</i> | 1B | QL(1 ea daily) |
| DETROL TABS (<i>Use tolterodine tartrate</i>) | NF | MP |
| DETROL LA CP24 (<i>Use tolterodine tartrate</i>) | NF | QL(1 ea daily);MP |
| DITROPAN XL TB24 5 MG, 10 MG (<i>Use oxybutynin chloride</i>) | NF | MP |
| ENABLEX 7.5 MG (<i>Use darifenacin hydrobromide</i>) | NF | QL(1 ea daily) |
| <i>fesoterodine fumarate</i> | 1B | QL(1 ea daily);MP;PA |
| <i>oxybutynin chloride tabs</i> | 1B | MP |
| <i>oxybutynin chloride syrup</i> | 1B | MP |
| <i>oxybutynin chloride tb24</i> | 1B | MP |

| Drug Name | Drug Tier | Requirement s/Limits |
|---|-----------|----------------------|
| <i>solifenacin succinate tabs</i> | 1B | QL(1 ea daily);PA |
| <i>tolterodine tartrate cp24</i> | 1B | QL(1 ea daily);MP |
| <i>tolterodine tartrate tabs</i> | 1B | MP |
| TOVIAZ (<i>Use fesoterodine fumarate</i>) | 3 | QL(1 ea daily);MP;PA |
| <i>trospium chloride cp24</i> | 1B | QL(1 ea daily);MP |
| <i>trospium chloride tabs</i> | 1B | MP |
| VESICARE TABS (<i>Use solifenacin succinate</i>) | NF | QL(1 ea daily);PA |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i> | 1B | QL(4 ea daily) |
| <i>bethanechol chloride 25 MG</i> | 1B | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl</i> | 1B | MP |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | 0 | |
| BEXSERO | 0 | |
| HIBERIX SOLR IJ | 0 | |
| MENACTRA | 0 | |
| MENVEO | 0 | |
| PEDVAX HIB SUSP | 0 | |
| PNEUMOVAX 23 | 0 | |
| PNEUMOVAX 23/1 DOSE | 0 | |
| PREVNAR 13 | 0 | |
| PREVNAR 20 | 0 | |
| TRUMENBA | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|--|
| VAXNEUVANCE | 0 | |
| Viral Vaccines | | |
| AFLURIA QUADRIVALENT 2020-2021 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2020-2021 SUSY 0 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2021-2022 SUSY 0 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| ENGERIX-B SUSP 20 MCG/ML | 0 | 3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill |
| FLUAD 2020-2021 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUAD QUADRIVALENT 2021-2022 | 0 | 1 rtl MAX fill,180 rtl day(s) supply |
| FLUAD QUADRIVALENT 2022-2023 | 0 | 1 rtl MAX fill,180 rtl day(s) supply |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS | 0 | 1 rtl MAX fill,180 rtl day(s) supply |
| FLUARIX QUADRIVALENT 2020-2021 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUARIX QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUARIX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2020-2021 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2021-2022 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2022-2023 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2020-2021 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2020-2021 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |

| Drug Name | Drug Tier | Requirement s/Limits |
|---------------------------------------|-----------|--|
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLULAVAL QUADRIVALENT 2020-2021 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLULAVAL QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLULAVAL QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUMIST QUADRIVALENT | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE HIGH-DOSE PF 2020-2021 | 0 | 1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE HIGH-DOSE PF 2021-2022 | 0 | 1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE HIGH-DOSE PF 2022-2023 | 0 | 1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE QUADRIVALENT 2020-2021 SUSP 0 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE QUADRIVALENT 2020-2021 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE QUADRIVALENT 2021-2022 SUSP 0 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |

| Drug Name | Drug Tier | Requirement s/Limits |
|---------------------------------------|-----------|--|
| FLUZONE QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| FLUZONE QUADRIVALENT 2022-2023 SUSP 0 | 0 | Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply |
| GARDASIL 9 SUSP | 0 | 3 rtl MAX fill,365 rtl day(s) supply |
| GARDASIL 9 SUSY | 0 | 3 rtl MAX fill,365 rtl day(s) supply |
| HAVRIX | 0 | |
| HEPLISAV-B SOSY | 0 | 2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill |
| IPOL INACTIVATED IPV | 0 | |
| M-M-R II SOLR | 0 | 1 rtl MAX fill,365 rtl day(s) supply |
| RECOMBIVAX HB SUSP | 0 | |
| ROTARIX | 0 | |
| ROTATEQ SOLN | 0 | |
| SHINGRIX | 0 | 2 rtl MAX fill,999 rtl day(s) supply |
| TWINRIX SUSY 720 ELU/ML-20 MCG/ML | 0 | |
| VAQTA | 0 | |
| VARIVAX INJ | 0 | 2 rtl MAX fill,365 rtl day(s) supply |
| VAGINAL AND RELATED PRODUCTS | | |
| Miscellaneous Vaginal Products | | |
| INTRAROSA | 3 | PA |
| Spermicides | | |
| SHUR-SEAL GEL | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TODAY SPONGE MISC | 0 | |
| Vaginal Anti-infectives | | |
| CLEOCIN CREA (Use clindamycin phosphate vaginal) | NF | |
| clindamycin phosphate vaginal crea | 1B | |
| clotrimazole vaginal crea 1 % | 1B | |
| GYNAZOLE-1 | 3 | |
| GYNE-LOTRIMIN CREA (Use clotrimazole vaginal) | NF | |
| metronidazole vaginal | 1B | |
| miconazole nitrate vaginal supp 200 MG | 1B | |
| terconazole vaginal crea .8 % | 1B | |
| terconazole vaginal supp | 1B | |
| terconazole vaginal crea .4 % | 1B | |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI 0.4 %-1.8 %-1 % | 0 | PV |
| Vaginal Estrogens | | |
| ESTRACE CREA (Use estradiol vaginal) | NF | |
| estradiol vaginal tabs | 1B | |
| estradiol vaginal crea | 1B | |
| FEMRING | 3 | MP;PA |
| PREMARIN | 2 | MP |
| VAGIFEM TABS (Use estradiol vaginal) | NF | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| epinephrine (anaphylaxis) soaj .15 MG/0.3ML | 1B | 2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML) |
| epinephrine (anaphylaxis) soaj .3 MG/0.3ML | 2 | 2 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail) |
| EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) | NF | |
| EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) | 2 | 2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML) |
| Vasopressors | | |
| midodrine hcl | 1B | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| cholecalciferol tabs 400 UNIT | 0 | |
| cholecalciferol caps 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT | 1A | |
| DRISDOL CAPS (Use ergocalciferol) | 0 | |
| ergocalciferol soln or | 1B | |
| ergocalciferol caps | 0 | |
| VITAMIN D2 TABS 400 UNIT | 0 | AL(At least 65 yrs old) |
| Water Soluble Vitamins | | |
| niacin cpcr 250 MG, 500 MG | 1A | |
| niacin tbc | 1A | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|----------------------------|
| <i>niacin tabs</i> | 1A | |
| NIACIN TR TBCR | 1B | |
| <i>niacinamide tabs 500 MG</i> | 1A | |
| <i>niacinamide tabs 100 MG</i> | 1B | |
| SLO-NIACIN TBCR (<i>Use niacin</i>) | NF | |

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