Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at absolutetotalcare.com or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

Notice of Non-Discrimination

Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Absolute Total Care:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, contact Member Services, by mail at: 100 Center Point Circle, Suite 100, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that **Absolute Total Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:
1557 Coordinator
PO Box 31384, Tampa, FL 33631
855-577-8234 (TTY: 711)
FAX: 866-388-1769
SM_Section1557Coord@centene.com
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html

This notice is available at **Absolute Total Care's** website:
https://www.absolutetotalcare.com/members/medicaid/nondiscrimination-notice.html

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا.اتصل على الرقم:

1-866-433-6041(رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-866-433-6041 (TTY: 711)**

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ှင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001.** This document can be found on the Absolute Total Care website, absolutetotalcare.com. All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506.**

Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

Medicaid Drug Rebate Program

Absolute Total Care only covers rebated drugs that are in the Medicaid Drug Rebate program and Food and Drug Administration (FDA) approved are covered on the pharmacy benefit. Requests for coverage of a non-rebated drug will require an appeal for medical necessity review on a case-by-case basis

340B Program

Per SCDHHS Pharmacy Services Provider Manual "340B Program Effective with dates of service on or after July 1, 2019, the following policy will apply regarding the submission of claims for drugs purchased through the 340B Program, as described in Section 340B of the Public Health Act of 1992.

For drugs purchased through the 340B Program, covered entities must submit a value of "20" in the Submission Clarification Code field (420-DK). When submitting Medicaid FFS claims, an amount not to exceed the 340B ceiling price plus an enhanced 340B dispensing fee should be submitted in the usual and customary field.

Claims submitted by covered entities without a value of "20" in the Submission Clarification Code field will be considered eligible for Medicaid rebates. This policy applies to all covered entities, regardless."

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If
Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at absolutetotalcare.com and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

Copayments

Effective July 1, 2024, Absolute Total Care charges $0.00 for each prescription.

Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

Abbreviations		
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription or within a specific timeframe.
Max Day(s) Supply	Day(s) Supply	There is a limit on the amount of the drug that is covered per time.
Max Fill	Fill Limit	There is a limit on the number of times the drug can be filled.
Opiod Smart PA	Unique Limits for Opioid Drugs	There may be limits on use such as maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl	Retail	The limit or restriction applies to coverage at a retail pharmacy.
RX/OTC	Prescription/Over-the-Counter	The drug is available as both prescription and over-the-counter.
SP	Specialty Drug	High-cost drugs used to treat complex or rare conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

Contact Information

Contact Information	
Absolute Total Care	Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: www.absolutetotalcare.com
AcariaHealth Specialty Pharmacy	Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: www.acariahealth.com
Pharmacy Services	PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988
Pharmacy Help Desk	Phone: 1-833-750-4506

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	P	QL(2 EA daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 EA daily); AL(At least 3 yrs old)
DYANAVEL XR SUER	P	
DYANAVEL XR TBCR	NP	
EVEKEO TABS *(amphetamine sulfate)*	NP	
lisdexamfetamine dimesylate CAPS	NP	Brand Preferred; QL(1 EA daily)
lisdexamfetamine dimesylate CAPS 10 MG	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	Brand Preferred
lisdexamfetamine dimesylate CHEW	NP	
methamphetamine hcl	NP	
MYDAYIS CP24 *(amphetamine-dextroamphetamine)*	NP	
VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
VYVANSE CHEW	P	Brand Preferred
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
Anti-Obesity Agents		
SAXENDA	NP	
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(3 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	P	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV *(guanfacine hcl (adhd))*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	
QELBREE	NP	
STRATTERA *(atomoxetine hcl)*	NP	AL(At least 6 yrs old)
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	NP	
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG *(methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG *(methylphenidate hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH *(methylphenidate)*	P	Brand Preferred
dexmethylphenidate hcl CP24	P	
dexmethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NP	
FOCALIN TABS *(dexmethylphenidate hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
JORNAY PM CP24	NP	
METHYLIN SOLN *(methylphenidate hcl)*	NP	
methylphenidate hcl CHEW	NP	
methylphenidate hcl CP24	NP	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	
methylphenidate hcl CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	P	
methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 EA daily)
methylphenidate hcl TB24 36 MG	P	QL(2 EA daily)
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	NP	Brand Preferred
modafinil	NP	
NUVIGIL *(armodafinil)*	NP	
PROVIGIL *(modafinil)*	NP	
QUILLICHEW ER CHER	P	
QUILLIVANT XR SRER	P	

Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 45 MG, 63 MG, 72 MG *(methylphenidate hcl)*	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 *(methylphenidate hcl)*	NP	
RITALIN TABS 5 MG *(methylphenidate hcl)*	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG *(methylphenidate hcl)*	NP	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
SOLOSEC	NP	ST
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU *(tobramycin)*	NP	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	NP	SP
neomycin sulfate TABS	NP	
TOBI PODHALER CAPS	PA	SP; PA
TOBI NEBU *(tobramycin)*	NP	SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	C	PA
tobramycin sulfate SOLR	C	PA
tobramycin NEBU	PA	SP; PA
tobramycin NEBU	PA	PA
tobramycin NEBU	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
XELJANZ XR TB24	NP	SP
XELJANZ SOLN	NP	SP
XELJANZ TABS	NP	SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	NP	
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO (2 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	P	QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP
HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO (2 PEN) AJKT	NP	SP
IDACIO (2 SYRINGE) PSKT	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
YUFLYMA (1 PEN) AJKT	NP	SP
YUFLYMA (2 PEN) AJKT	NP	SP
YUFLYMA (2 SYRINGE) PSKT	NP	SP
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	C	SP; PA
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
TYENNE SOAJ	NP	SP
TYENNE SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	NP	
celecoxib	C	QL(2 EA daily); PA
DAYPRO TABS *(oxaprozin)*	NP	
diclofenac potassium CAPS	NP	
diclofenac potassium TABS	NP	
diclofenac sodium TB24	P	
diclofenac sodium TBEC	P	
diclofenac w/ misoprostol TBEC	NP	
etodolac CAPS	NP	
etodolac TABS	NP	
etodolac TB24	NP	

Drug Name	Drug Tier	Requirements/ Limits
fenoprofen calcium CAPS 400 MG	NP	
fenoprofen calcium TABS	NP	
FENOPRON CAPS	NP	
flurbiprofen TABS 100 MG	NP	
ibuprofen CHEW	C	
ibuprofen-famotidine	NP	
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	C	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	P	RX/OTC
ibuprofen TABS 400 MG, 600 MG, 800 MG	P	
ibuprofen TABS 200 MG	C	
indomethacin CAPS 25 MG, 50 MG	P	
indomethacin CPCR	NP	
indomethacin SUPP	NP	
indomethacin SUSP	NP	
ketoprofen CAPS 25 MG	NP	
ketoprofen CP24	NP	
ketorolac tromethamine TABS	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)
meclofenamate sodium CAPS	NP	
mefenamic acid CAPS	NP	
meloxicam CAPS	NP	
meloxicam TABS	P	
nabumetone	P	
NALFON CAPS *(fenoprofen calcium)*	NP	
NALFON TABS 600 MG	NP	
NAPRELAN TB24 *(naproxen sodium)*	NP	
NAPROSYN SUSP *(naproxen)*	NP	
naproxen sodium TABS 275 MG, 550 MG	NP	
naproxen sodium TABS 220 MG	C	QL(2 EA daily)
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	
naproxen SUSP	P	
naproxen TABS	P	
naproxen TBEC	P	QL(2 EA daily)
oxaprozin TABS	NP	
piroxicam CAPS	P	
RELAFEN DS	NP	
sulindac TABS	P	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS 600 MG	NP	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
leflunomide	C	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	C	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	C	QL(4 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	C	
butalbital-aspirin-caffeine CAPS	C	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	P	Does not exceed healthplan QL; QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail); AL(At least 18 yrs old)
Analgesics Other		
acetaminophen CHEW	C	
acetaminophen LIQD 160 MG/5ML	C	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	C	QL(240 ML per fill retail)
acetaminophen SUPP 120 MG, 650 MG	C	QL(12 EA per 31 day(s) retail)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	C	
acetaminophen TABS 325 MG, 500 MG	C	
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	C	
aspirin CHEW	C	
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)
aspirin TABS 325 MG	C	
aspirin TBEC 81 MG, 325 MG	C	
diflunisal TABS	NP	
salsalate	C	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	P	Opioid Smart PA; AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
CONZIP CP24 *(tramadol hcl)*	NP	Opioid Smart PA
DILAUDID LIQD *(hydromorphone hcl)*	NP	Opioid Smart PA
DILAUDID TABS 4 MG *(hydromorphone hcl)*	NP	Opioid Smart PA
DILAUDID TABS 2 MG *(hydromorphone hcl)*	NP	Opioid Smart PA; QL(8 EA daily)
DILAUDID TABS 8 MG *(hydromorphone hcl)*	NP	Opioid Smart PA; QL(4 EA daily)
fentanyl citrate LPOP	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	Opioid Smart PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)
FENTORA TABS *(fentanyl citrate)*	NP	Opioid Smart PA
hydrocodone bitartrate CP12	NP	Opioid Smart PA
hydrocodone bitartrate T24A	NP	Opioid Smart PA
hydromorphone hcl LIQD	P	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)
hydromorphone hcl TABS 8 MG	P	Opioid Smart PA; QL(4 EA daily)
hydromorphone hcl TABS 4 MG	P	Opioid Smart PA
hydromorphone hcl TABS 2 MG	P	Opioid Smart PA; QL(8 EA daily)
hydromorphone hcl TB24	NP	Opioid Smart PA
HYSINGLA ER T24A	NP	Opioid Smart PA
levorphanol tartrate TABS	NP	Opioid Smart PA
meperidine hcl SOLN PO 50 MG/5ML	P	Opioid Smart PA
meperidine hcl TABS 50 MG	P	Opioid Smart PA; QL(6 EA daily)
methadone hcl TABS 10 MG	C	Opioid Smart PA; QL(10 EA daily); PA
methadone hcl TABS 5 MG	C	Opioid Smart PA; QL(4 EA daily); PA
morphine sulfate beads	NP	Opioid Smart PA
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	P	Opioid Smart PA
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	Opioid Smart PA; QL(16.67 ML daily)
morphine sulfate SUPP	P	Opioid Smart PA; QL(0.78 EA daily)
morphine sulfate TABS	P	Opioid Smart PA; QL(6 EA daily)
morphine sulfate TBCR	P	Opioid Smart PA; QL(3 EA daily)
MS CONTIN TBCR *(morphine sulfate)*	NP	Opioid Smart PA; QL(3 EA daily)
oxycodone hcl CAPS	P	Opioid Smart PA; QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	P	QL(4 ML daily)
oxycodone hcl CONC 100 MG/5ML	P	Opioid Smart PA; QL(4 ML daily)
oxycodone hcl SOLN	P	
oxycodone hcl SOLN	P	Opioid Smart PA
oxycodone hcl T12A 10 MG, 20 MG, 40 MG	NP	Brand Preferred; Opioid Smart PA
oxycodone hcl TABS	P	Opioid Smart PA; QL(6 EA daily)
OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA
oxymorphone hcl TABS	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
oxymorphone hcl TB12	NP	Opioid Smart PA
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	NP	Opioid Smart PA; QL(6 EA daily)
ROXYBOND TABA	NP	Opioid Smart PA
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	Opioid Smart PA
tramadol hcl SOLN	NP	Opioid Smart PA
TRAMADOL HCL SOLN *(tramadol hcl)*	NP	Opioid Smart PA
tramadol hcl TABS 50 MG	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
tramadol hcl TABS 75 MG, 100 MG	NP	
tramadol hcl TABS 50 MG	P	QL(8 EA daily); AL(At least 18 yrs old)
tramadol hcl TABS 25 MG	P	Opioid Smart PA
tramadol hcl TB24	P	Opioid Smart PA
tramadol hcl TB24	NP	Opioid Smart PA
Opioid Combinations		
acetaminophen w/ codeine SOLN	P	QL(30 ML daily); AL(At least 12 yrs old)
acetaminophen w/ codeine SOLN	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	P	Opioid Smart PA
butalbital-aspirin-caffeine w/cod	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NP	Opioid Smart PA
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	Opioid Smart PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	Opioid Smart PA; QL(180 ML daily)
HYDROCODONE-ACETAMINOPHEN SOLN	P	
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(10 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	P	Opioid Smart PA
hydrocodone-acetaminophen TABS 325 MG-2.5 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(10 EA daily)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	Opioid Smart PA
NALOCET TABS	NP	Opioid Smart PA
oxycodone w/ acetaminophen SOLN	NP	Opioid Smart PA
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	P	Opioid Smart PA
oxycodone w/ acetaminophen TABS	P	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(6 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(oxycodone w/ acetaminophen)*	NP	Opioid Smart PA
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NP	Opioid Smart PA; QL(6 EA daily)
PROLATE SOLN	NP	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA
tramadol-acetaminophen	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	Opioid Smart PA
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate FILM SL	NP	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
buprenorphine hcl SUBL	P	Opioid Smart PA
buprenorphine PTWK	NP	Brand Preferred; Opioid Smart PA
butorphanol tartrate NA 10 MG/ML	NP	Opioid Smart PA
BUTRANS PTWK *(buprenorphine)*	P	Brand Preferred; Opioid Smart PA
pentazocine w/ naloxone hcl	NP	Opioid Smart PA
SUBLOCADE SOSY	P	Opioid Smart PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD *(testosterone)*	NP	
methyltestosterone TABS	C	
NATESTO GEL NA	NP	
TESTIM GEL TD *(testosterone)*	PA	Brand Preferred; PA
testosterone cypionate SOLN IM 200 MG/ML	C	QL(4 ML per 31 day(s) retail)
testosterone cypionate SOLN IM 100 MG/ML	C	QL(0.2858 ML daily)
testosterone enanthate SOLN IM	C	QL(0.1429 ML daily)
testosterone GEL TD 1 %, 50 MG/5GM	NP	Brand Preferred
testosterone GEL TD 1.62 %, 1.62 %	PA	PA
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	NP	
testosterone SOLN	NP	
VOGELXO PUMP GEL TD *(testosterone)*	NP	
VOGELXO GEL TD *(testosterone)*	NP	Brand Preferred
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
hydrocortisone (intrarectal)	C	
UCERIS *(budesonide (intrarectal))*	NP	
Rectal Steroids		
hydrocortisone (rectal) EX 2.5 %	C	
hydrocortisone (rectal) EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	C	QL(24 ML daily)
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	C	QL(24 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	C	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	C	QL(3.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	C	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	C	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	C	QL(1 EA per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12	P	
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	C	
isosorbide mononitrate TABS	C	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	C	QL(2 EA daily)
isosorbide mononitrate TB24	C	QL(1 EA daily)
NITRO-BID OINT	C	
nitroglycerin CPCR	C	
nitroglycerin PT24	C	
nitroglycerin SUBL	C	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 15 MG	C	QL(4 EA daily)
buspirone hcl 5 MG, 10 MG	C	QL(6 EA daily)
buspirone hcl 7.5 MG, 30 MG	C	QL(3 EA daily)
hydroxyzine hcl SYRP	C	
hydroxyzine hcl TABS	C	
hydroxyzine pamoate CAPS	C	
meprobamate	C	
Benzodiazepines		
alprazolam TABS	C	QL(3 EA daily)
chlordiazepoxide hcl CAPS	C	QL(4 EA daily)
clorazepate dipotassium TABS	C	QL(3 EA daily)
diazepam SOLN PO 5 MG/5ML	C	
diazepam TABS	C	QL(4 EA daily)
lorazepam TABS 1 MG	C	QL(4 EA daily)
lorazepam TABS 0.5 MG, 2 MG	C	QL(3 EA daily)
oxazepam CAPS	C	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	C	
NORPACE CR CP12 150 MG	C	
quinidine gluconate TBCR	C	
quinidine sulfate TABS	C	
Antiarrhythmics Type I-B		
mexiletine hcl	C	
Antiarrhythmics Type I-C		
flecainide acetate	C	
propafenone hcl CP12	C	
propafenone hcl TABS	C	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	C	
dofetilide	C	
ANTIASTHMATIC AND BRONCHODILATOR		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	Brand Preferred; SP; PA
FASENRA SOSY	PA	Brand Preferred; SP; PA
NUCALA SOAJ	NP	SP
NUCALA SOLR	NP	SP
NUCALA SOSY	NP	SP
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOAJ	PA	Brand Preferred; SP; PA
XOLAIR SOLR	PA	Brand Preferred; SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
XOLAIR SOSY	PA	Brand Preferred; SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	C	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail
ipratropium bromide SOLN 0.02 %	P	QL(375 ML per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	P	Brand Preferred
SPIRIVA RESPIMAT AERS	NP	
tiotropium bromide monohydrate CAPS	NP	Brand Preferred
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NP	
montelukast sodium CHEW	P	QL(1 EA daily)
montelukast sodium PACK	P	QL(1 EA daily)
montelukast sodium TABS	P	QL(1 EA daily)
SINGULAIR CHEW *(montelukast sodium)*	NP	QL(1 EA daily)
SINGULAIR PACK *(montelukast sodium)*	NP	QL(1 EA daily)
SINGULAIR TABS *(montelukast sodium)*	NP	QL(1 EA daily)
zafirlukast	P	
zileuton TB12	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NP	QL(1 EA daily)
roflumilast	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	P	
ARNUITY ELLIPTA	P	QL(1 EA daily)
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AERO	P	QL(0.44 GM daily)
budesonide (inhalation) SUSP 1 MG/2ML	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)
fluticasone propionate (inhalation) AEPB	NP	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per 25 day(s) retail)
fluticasone propionate hfa 44 MCG/ACT	P	QL(11 GM per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 GM daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO *(fluticasone-salmeterol)*	P	Brand Preferred
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRSUPRA	NP	
albuterol sulfate AERS	NP	Brand Preferred - Ventolin HFA; QL(36 GM per 30 day(s) retail)
albuterol sulfate AERS	NP	Brand Preferred - Ventolin HFA; QL(17 GM per 30 day(s) retail)
albuterol sulfate AERS	P	Brand Preferred - Ventolin HFA; QL(13.4 GM per 30 day(s) retail)
albuterol sulfate NEBU	P	
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ML per 31 day(s) retail)
albuterol sulfate NEBU 0.083 %	P	QL(12.5 ML daily)
albuterol sulfate SYRP	P	
albuterol sulfate TABS	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	P	Brand Preferred
arformoterol tartrate	P	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	
BROVANA *(arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)
DUAKLIR PRESSAIR	NP	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)
DULERA	P	QL(39 GM per 30 day(s) retail)
fluticasone furoate-vilanterol	NP	
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
fluticasone-salmeterol AERO	NP	Brand Preferred
formoterol fumarate NEBU	NP	
ipratropium-albuterol SOLN	P	QL(12 ML daily)
levalbuterol hcl	NP	
levalbuterol tartrate	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
PERFOROMIST NEBU *(formoterol fumarate)*	NP	
PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)
SEREVENT DISKUS	P	1 package(s) per fill retail
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	NP	
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(18 GM per 30 day(s) retail)
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
terbutaline sulfate TABS	NP	ST
TRELEGY ELLIPTA	NP	
umeclidinium-vilanterol	NP	Brand Preferred
VENTOLIN HFA AERS *(albuterol sulfate)*	P	Brand Preferred; QL(36 GM per 30 day(s) retail)
VENTOLIN HFA AERS *(albuterol sulfate)*	P	Brand Preferred; QL(16 GM per 30 day(s) retail)
XOPENEX HFA *(levalbuterol tartrate)*	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
Xanthines		
THEO-24 CP24	C	
theophylline ELIX	C	
theophylline SOLN	C	QL(475 ML per fill retail)
theophylline TB12	C	
theophylline TB24	C	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)
ELIQUIS TABS	P	QL(2 EA daily)
rivaroxaban TABS 2.5 MG	NP	Brand Preferred
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	Brand Preferred
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	P	Brand Preferred
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(rivaroxaban)*	P	Brand Preferred
XARELTO TABS	P	Brand Preferred
Heparins And Heparinoid-Like Agents		
ARIXTRA *(fondaparinux sodium)*	NP	SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	QL(126 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	QL(33.6 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(25.2 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(42 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(12.6 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(16.8 ML per 180 day(s) retail); SP
fondaparinux sodium	NP	SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
FRAGMIN SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	C	
HEPARIN SODIUM (PORCINE) SOSY IJ	C	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	QL(126 ML per 180 day(s) retail); SP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	QL(16.8 ML per 180 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	QL(25.2 ML per 180 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	QL(42 ML per 180 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	QL(12.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	QL(33.6 ML per 180 day(s) retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	NP	Brand Preferred
dabigatran etexilate mesylate CAPS	NP	
PRADAXA CAPS *(dabigatran etexilate mesylate)*	P	Brand Preferred
PRADAXA PACK	NP	Brand Preferred; SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	PA	PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(perampanel)*	PA	Brand Preferred; PA
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	Brand Preferred
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	PA
clobazam TABS	P	PA
clonazepam TABS	C	QL(4 EA daily)
diazepam (anticonvulsant) GEL	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
LIBERVANT FILM	NP	
NAYZILAM	P	QL(10 EA per 30 day(s) retail)
ONFI SUSP *(clobazam)*	NP	
ONFI TABS *(clobazam)*	NP	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(eslicarbazepine acetate)*	NP	
BANZEL SUSP *(rufinamide)*	NP	SP; PA
BANZEL TABS *(rufinamide)*	PA	Brand Preferred; SP; PA
BRIVIACT SOLN PO 10 MG/ML	NP	SP
BRIVIACT TABS	NP	SP
carbamazepine CHEW	P	
carbamazepine CP12	NP	Brand Preferred
carbamazepine SUSP	NP	
carbamazepine TABS	P	
carbamazepine TB12	NP	Brand Preferred
CARBATROL CP12 *(carbamazepine)*	P	Brand Preferred
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	SP
EPRONTIA SOLN 25 MG/ML *(topiramate)*	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	
FINTEPLA	NP	SP
gabapentin CAPS	P	QL(9 EA daily)
gabapentin SOLN	P	
gabapentin TABS 800 MG	P	QL(4 EA daily)
gabapentin TABS 600 MG	P	QL(6 EA daily)
GABARONE TABS 100 MG, 400 MG	NP	
KEPPRA XR TB24 *(levetiracetam)*	NP	
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	NP	QL(16 ML daily)
KEPPRA TABS 250 MG, 750 MG *(levetiracetam)*	NP	QL(4 EA daily)
KEPPRA TABS 1000 MG *(levetiracetam)*	NP	
KEPPRA TABS 500 MG *(levetiracetam)*	NP	QL(6 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
lacosamide TABS	P	
LAMICTAL ODT KIT *(lamotrigine)*	NP	
LAMICTAL ODT TBDP *(lamotrigine)*	NP	
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 *(lamotrigine)*	NP	QL(1 EA daily)
LAMICTAL CHEW *(lamotrigine)*	NP	
LAMICTAL TABS *(lamotrigine)*	NP	
lamotrigine CHEW	P	
lamotrigine KIT 25 MG	NP	
lamotrigine TABS	NP	
lamotrigine TABS	P	
lamotrigine TB24	P	QL(1 EA daily)
lamotrigine TBDP	P	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)
levetiracetam TABS 1000 MG	P	
levetiracetam TABS 500 MG	P	QL(6 EA daily)
levetiracetam TB24	P	
LEVETIRACETAM TB3D	NP	
LYRICA CAPS *(pregabalin)*	NP	
LYRICA SOLN *(pregabalin)*	NP	
MOTPOLY XR CP24	NP	
MYSOLINE *(primidone)*	NP	
NEURONTIN CAPS *(gabapentin)*	NP	QL(9 EA daily)
NEURONTIN SOLN *(gabapentin)*	NP	
NEURONTIN TABS 600 MG *(gabapentin)*	NP	QL(6 EA daily)
NEURONTIN TABS 800 MG *(gabapentin)*	NP	QL(4 EA daily)
oxcarbazepine SUSP	NP	
oxcarbazepine SUSP	NP	Brand Preferred
oxcarbazepine TABS	P	
oxcarbazepine TB24	NP	
OXTELLAR XR TB24 *(oxcarbazepine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
pregabalin CAPS	P	
pregabalin SOLN	NP	
primidone	P	
QUDEXY XR CS24 *(topiramate)*	NP	
rufinamide SUSP	PA	SP; PA
rufinamide TABS	NP	Brand Preferred; SP
SPRITAM TB3D	NP	
SPRITAM TB3D	NP	
TEGRETOL SUSP *(carbamazepine)*	NP	
TEGRETOL TABS *(carbamazepine)*	NP	
TEGRETOL-XR TB12 *(carbamazepine)*	P	Brand Preferred
TOPAMAX SPRINKLE CPSP 15 MG *(topiramate)*	NP	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG *(topiramate)*	NP	QL(8 EA daily)
TOPAMAX TABS 25 MG, 50 MG *(topiramate)*	NP	QL(6 EA daily)
TOPAMAX TABS 200 MG *(topiramate)*	NP	QL(2 EA daily)
TOPAMAX TABS 100 MG *(topiramate)*	NP	QL(4 EA daily)
topiramate CP24	NP	
topiramate CPSP 25 MG	P	QL(8 EA daily)
topiramate CPSP 50 MG	P	
topiramate CPSP 15 MG	P	QL(6 EA daily)
topiramate CS24	NP	
topiramate TABS 100 MG	P	QL(4 EA daily)
topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily)
topiramate TABS 200 MG	P	QL(2 EA daily)
TRILEPTAL SUSP *(oxcarbazepine)*	P	Brand Preferred
TRILEPTAL TABS *(oxcarbazepine)*	NP	
TROKENDI XR CP24 *(topiramate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	NP	PA
VIMPAT TABS *(lacosamide)*	NP	PA
ZONISADE SUSP	NP	
zonisamide CAPS	P	
ZTALMY	NP	
Carbamates		
felbamate SUSP	P	
felbamate TABS	P	
FELBATOL TABS *(felbamate)*	NP	
XCOPRI (250 MG DAILY DOSE) TBPK	NP	
XCOPRI (350 MG DAILY DOSE) TBPK	NP	
XCOPRI TABS	NP	
XCOPRI TBPK	NP	
GABA Modulators		
SABRIL PACK *(vigabatrin)*	PA	Brand Preferred; SP; PA
SABRIL TABS *(vigabatrin)*	NP	SP; PA
tiagabine hcl	PA	PA
vigabatrin PACK	PA	Brand Preferred; SP; PA
vigabatrin PACK	NP	Brand Preferred; SP
vigabatrin TABS	NP	SP
vigabatrin TABS	PA	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN *(phenytoin sodium extended)*	NP	
DILANTIN	NP	
DILANTIN INFATABS CHEW *(phenytoin)*	NP	
DILANTIN-125 SUSP *(phenytoin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	
phenytoin sodium extended 200 MG, 300 MG	NP	
phenytoin CHEW	P	
phenytoin SUSP 125 MG/5ML	P	
Succinimides		
CELONTIN *(methsuximide)*	P	Brand Preferred
ethosuximide CAPS	P	
ethosuximide SOLN	P	
methsuximide	NP	Brand Preferred
ZARONTIN CAPS *(ethosuximide)*	NP	
ZARONTIN SOLN *(ethosuximide)*	NP	
Valproic Acid		
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	NP	QL(7 EA daily)
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	NP	QL(3 EA daily)
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	NP	QL(8 EA daily)
DEPAKOTE TBEC 250 MG *(divalproex sodium)*	NP	QL(3 EA daily)
DEPAKOTE TBEC 500 MG *(divalproex sodium)*	NP	QL(7 EA daily)
DEPAKOTE TBEC 125 MG *(divalproex sodium)*	NP	QL(2 EA daily)
divalproex sodium CSDR	P	QL(8 EA daily)
divalproex sodium TB24 500 MG	P	QL(7 EA daily)
divalproex sodium TB24 250 MG	P	QL(3 EA daily)
divalproex sodium TBEC 250 MG	P	QL(3 EA daily)
divalproex sodium TBEC 500 MG	P	QL(7 EA daily)
divalproex sodium TBEC 125 MG	P	QL(2 EA daily)
valproate sodium SOLN PO 250 MG/5ML	P	
valproate sodium SOLN PO 500 MG/10ML	NP	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	C	PA
valproic acid CAPS	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS 30 MG	P	QL(1.5 EA daily)
mirtazapine TABS 7.5 MG, 45 MG	P	QL(1 EA daily)
mirtazapine TABS 15 MG	P	QL(3 EA daily)
mirtazapine TBDP 15 MG	P	QL(3 EA daily)
mirtazapine TBDP 45 MG	P	QL(1 EA daily)
mirtazapine TBDP 30 MG	P	QL(1.5 EA daily)
REMERON SOLTAB TBDP 45 MG *(mirtazapine)*	NP	QL(1 EA daily)
REMERON SOLTAB TBDP 30 MG *(mirtazapine)*	NP	QL(1.5 EA daily)
REMERON SOLTAB TBDP 15 MG *(mirtazapine)*	NP	QL(3 EA daily)
REMERON TABS 30 MG *(mirtazapine)*	NP	QL(1.5 EA daily)
REMERON TABS 15 MG *(mirtazapine)*	NP	QL(3 EA daily)
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TABS	P	QL(3 EA daily)
bupropion hcl TB12 150 MG	P	QL(3 EA daily)
bupropion hcl TB12 100 MG	P	QL(4 EA daily)
bupropion hcl TB12 200 MG	P	QL(2 EA daily)
bupropion hcl TB24 450 MG	NP	
bupropion hcl TB24 150 MG	P	QL(3 EA daily)
bupropion hcl TB24 300 MG	P	QL(1 EA daily)
FORFIVO XL TB24 *(bupropion hcl)*	NP	
WELLBUTRIN SR TB12 150 MG *(bupropion hcl)*	NP	QL(3 EA daily)
WELLBUTRIN SR TB12 200 MG *(bupropion hcl)*	NP	QL(2 EA daily)
WELLBUTRIN SR TB12 100 MG *(bupropion hcl)*	NP	QL(4 EA daily)
WELLBUTRIN XL TB24 300 MG *(bupropion hcl)*	NP	QL(1 EA daily)
WELLBUTRIN XL TB24 150 MG *(bupropion hcl)*	NP	QL(3 EA daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL *(phenelzine sulfate)*	NP	
phenelzine sulfate	P	
tranylcypromine sulfate	NP	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG *(citalopram hydrobromide)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG *(citalopram hydrobromide)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
CELEXA TABS 10 MG *(citalopram hydrobromide)*	NP	QL(4 EA daily)
CITALOPRAM HYDROBROMIDE CAPS	NP	
citalopram hydrobromide SOLN	P	
citalopram hydrobromide TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 10 MG	P	QL(4 EA daily)
citalopram hydrobromide TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
escitalopram oxalate SOLN	NP	
escitalopram oxalate TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 5 MG	P	QL(4 EA daily)
escitalopram oxalate TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CAPS 10 MG, 20 MG	P	QL(4 EA daily)
fluoxetine hcl CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CPDR	NP	
fluoxetine hcl SOLN	P	QL(120 ML per fill retail)
fluoxetine hcl TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
fluoxetine hcl TABS 60 MG	NP	
fluoxetine hcl TABS 20 MG	P	QL(4 EA daily)
FLUOXETINE HCL TABS *(fluoxetine hcl)*	NP	
fluvoxamine maleate CP24	NP	
fluvoxamine maleate TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate TABS 100 MG	P	QL(3 EA daily)
LEXAPRO TABS 5 MG *(escitalopram oxalate)*	NP	QL(4 EA daily)
LEXAPRO TABS 20 MG *(escitalopram oxalate)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
paroxetine hcl SUSP	NP	QL(40 ML daily)
paroxetine hcl TABS 10 MG	P	QL(6 EA daily)
paroxetine hcl TABS 20 MG	P	QL(3 EA daily)
paroxetine hcl TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
paroxetine hcl TB24	NP	QL(1 EA daily); AL(At least 7 yrs old)
PAXIL CR TB24 *(paroxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
PAXIL SUSP *(paroxetine hcl)*	NP	QL(40 ML daily)
PAXIL TABS 20 MG *(paroxetine hcl)*	NP	QL(3 EA daily)
PAXIL TABS 10 MG *(paroxetine hcl)*	NP	QL(6 EA daily)
PAXIL TABS 30 MG, 40 MG *(paroxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
PROZAC CAPS 40 MG *(fluoxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
PROZAC CAPS 10 MG, 20 MG *(fluoxetine hcl)*	NP	QL(4 EA daily)
SERTRALINE HCL CAPS 150 MG, 200 MG *(sertraline hcl)*	NP	
sertraline hcl CONC	NP	QL(186 ML per 31 day(s) retail)
sertraline hcl TABS 25 MG, 50 MG	P	QL(4 EA daily)
sertraline hcl TABS 100 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
ZOLOFT CONC *(sertraline hcl)*	NP	QL(186 ML per 31 day(s) retail)
ZOLOFT TABS 25 MG, 50 MG *(sertraline hcl)*	NP	QL(4 EA daily)
ZOLOFT TABS 100 MG *(sertraline hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
Serotonin Modulators		
nefazodone hcl	P	
RALDESY SOLN PO 10 MG/ML	NP	
trazodone hcl TABS 300 MG	P	QL(2 EA daily)
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	
TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
VIIBRYD TABS *(vilazodone hcl)*	NP	QL(1 EA daily)
vilazodone hcl TABS	P	QL(1 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
DESVENLAFAXINE ER	NP	
desvenlafaxine succinate 100 MG	P	QL(4 EA daily)
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 EA daily)
DRIZALMA SPRINKLE CSDR	NP	
duloxetine hcl CPEP 40 MG	NP	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 37.5 MG *(venlafaxine hcl)*	NP	QL(4 EA daily)
EFFEXOR XR CP24 75 MG *(venlafaxine hcl)*	NP	QL(5 EA daily)
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 25 MG, 50 MG *(desvenlafaxine succinate)*	NP	QL(1 EA daily)
PRISTIQ 100 MG *(desvenlafaxine succinate)*	NP	QL(4 EA daily)
VENLAFAXINE BESYLATE ER	NP	
venlafaxine hcl CP24 75 MG	P	QL(5 EA daily)
venlafaxine hcl CP24 37.5 MG	P	QL(4 EA daily)
venlafaxine hcl CP24 150 MG	P	QL(2 EA daily)
venlafaxine hcl TABS	P	
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	NP	QL(1 EA daily); AL(At least 7 yrs old)
venlafaxine hcl TB24 150 MG	NP	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	C	
amoxapine	C	
clomipramine hcl 75 MG	C	
desipramine hcl TABS 25 MG	C	QL(2 EA daily)
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	C	
doxepin hcl CAPS	C	
doxepin hcl CONC	C	
imipramine hcl TABS	C	
nortriptyline hcl CAPS	C	
nortriptyline hcl SOLN	C	QL(20 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	
miglitol	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	NP	QL(2 EA daily)
alogliptin-metformin hcl	NP	QL(2 EA daily)
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl	NP	Brand Preferred
DUETACT *(pioglitazone hcl-glimepiride)*	NP	
glipizide-metformin hcl	NP	
glyburide-metformin	P	
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	ST
JANUMET XR TB24	NP	
JANUMET TABS	P	ST
JENTADUETO XR TB24	NP	
JENTADUETO TABS	P	ST
KAZANO *(alogliptin-metformin hcl)*	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	NP	QL(1 EA daily)
pioglitazone hcl-glimepiride	NP	
pioglitazone hcl-metformin hcl TABS	NP	QL(2 EA daily)
QTERN	NP	
saxagliptin-metformin hcl	NP	QL(1 EA daily)
SEGLUROMET	NP	QL(2 EA daily)
SITAGLIPT BASE-METFORM HCL ER TB24	NP	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
SOLIQUA	NP	QL(18 ML per 31 day(s) retail)
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	NP	
TRIJARDY XR	NP	
XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	P	Brand Preferred
XULTOPHY	NP	
ZITUVIMET XR TB24	NP	
ZITUVIMET TABS	NP	
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	NP	
metformin hcl SOLN	NP	
metformin hcl TABS 625 MG	NP	
metformin hcl TABS 500 MG	P	QL(5 EA daily)
metformin hcl TABS 1000 MG	P	QL(2 EA daily)
metformin hcl TABS 750 MG	P	
metformin hcl TABS 850 MG	P	QL(3 EA daily)
metformin hcl TB24 500 MG	P	QL(4 EA daily)
metformin hcl TB24 750 MG	P	QL(3 EA daily)
metformin hcl TB24 500 MG, 1000 MG	NP	
RIOMET SOLN *(metformin hcl)*	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
diazoxide	NP	
glucagon (rdna)	P	QL(4 EA per 365 day(s) retail)
GLUCAGON EMERGENCY	NP	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	
PROGLYCEM *(diazoxide)*	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 EA daily)
JANUVIA	P	ST
NESINA *(alogliptin benzoate)*	NP	QL(1 EA daily)
saxagliptin hcl	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SITAGLIPTIN	NP	
TRADJENTA	P	ST
ZITUVIO	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(3.4 ML per 28 day(s) retail)
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
exenatide SOPN 10 MCG/0.04ML	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
exenatide SOPN 5 MCG/0.02ML	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
liraglutide	NP	QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
liraglutide	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
RYBELSUS TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
VICTOZA *(liraglutide)*	PA	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
ADMELOG SOLN IJ	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
AFREZZA POWD	NP	
APIDRA SOLOSTAR SOPN	P	
APIDRA SOLN	NP	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred
FIASP FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP	
FIASP SOLN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic
HUMALOG MIX 75/25 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG MIX 75/25 SUSP	P	USE BRAND NAME or Authorized Generic
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
HUMULIN N SUSP	P	Limit 40mls per month
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
HUMULIN R U-500 KWIKPEN SOPN SC	P	
HUMULIN R SOLN IJ	P	Limit 40mls per month
INSULIN ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART PROT & ASPART SUSP	P	Brand Preferred; QL(40 ML per 31 day(s) retail)
INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
LANTUS SOLOSTAR SOPN	P	Brand Preferred
LANTUS SOLN	P	Brand Preferred
LEVEMIR FLEXPEN SOPN	P	
LEVEMIR SOLN	P	
LYUMJEV KWIKPEN SOPN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERILOG SOLN SC 100 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	NP	Limit 40mls per month
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
NOVOLIN R FLEXPEN SOPN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	NP	Limit 40mls per month
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
REZVOGLAR KWIKPEN	NP	Brand Preferred
SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 ML daily)
TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NP	QL(1 EA daily)
pioglitazone hcl	P	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	P	QL(3 EA daily)
repaglinide	NP	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol 5 MG	NP	Brand Preferred; ST
dapagliflozin propanediol 10 MG	NP	ST
FARXIGA *(dapagliflozin propanediol)*	P	Brand Preferred; ST
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
glimepiride 1 MG, 2 MG	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
glimepiride 4 MG	P	QL(2 EA daily)
glimepiride 3 MG	P	
glipizide TABS	P	
glipizide TB24	P	
GLUCOTROL XL TB24 5 MG, 10 MG *(glipizide)*	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	C	
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	C	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	C	
diphenoxylate w/ atropine TABS	C	
loperamide hcl CAPS	C	QL(8 EA daily); RX/OTC
loperamide hcl TABS	C	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	C	
deferasirox PACK	C	SP; PA
deferasirox TABS	C	SP; PA
deferasirox TBSO	C	SP; PA
Opioid Antagonists		
KLOXXADO LIQD	NP	
naloxone hcl LIQD	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
naloxone hcl LIQD	NP	QL(4 EA per 90 day(s) retail); RX/OTC
naloxone hcl SOCT	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOSY 2 MG/2ML	P	QL(4 ML per 90 day(s) retail)
naloxone hcl SOSY 0.4 MG/ML	P	
naltrexone hcl	C	
NARCAN LIQD *(naloxone hcl)*	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl TABS	NP	
ondansetron hcl SOLN IJ	C	
ondansetron hcl SOLN PO 4 MG/5ML	P	QL(50 ML per 31 day(s) retail)
ondansetron hcl SOSY	C	
ondansetron hcl TABS 4 MG, 8 MG	P	QL(20 EA per 31 day(s) retail)
ondansetron TBDP 16 MG	P	
ondansetron TBDP 4 MG, 8 MG	P	QL(20 EA per 31 day(s) retail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(meclizine hcl)*	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ANTIVERT TABS 50 MG *(meclizine hcl)*	NP	
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	NP	RX/OTC
scopolamine	P	
TRANSDERM-SCOP *(scopolamine)*	NP	
trimethobenzamide hcl CAPS	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC *(doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	
MARINOL CAPS 2.5 MG *(dronabinol)*	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	P	
aprepitant MISC	P	
EMEND BIPACK CAPS 80 MG *(aprepitant)*	NP	
EMEND TRIPACK CAPS *(aprepitant)*	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	NP	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 EA daily)
terbinafine hcl TABS	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR 40 MG/ML *(fluconazole)*	NP	QL(70 ML per fill retail)
DIFLUCAN TABS 100 MG, 200 MG *(fluconazole)*	NP	
fluconazole SUSR	P	QL(70 ML per fill retail)
fluconazole TABS 150 MG	P	QL(2 EA per fill retail)
fluconazole TABS 100 MG, 200 MG	P	
fluconazole TABS 50 MG	P	QL(3 EA per 14 day(s) retail)
itraconazole CAPS	NP	QL(1 EA daily)
itraconazole SOLN	NP	
ketoconazole	NP	
SPORANOX CAPS *(itraconazole)*	NP	QL(1 EA daily)
SPORANOX SOLN *(itraconazole)*	NP	
VFEND SUSR *(voriconazole)*	NP	
VFEND TABS 50 MG *(voriconazole)*	NP	
voriconazole SUSR	NP	
voriconazole TABS	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	C	
dexchlorpheniramine maleate SOLN	C	
Antihistamines - Ethanolamines		
diphenhydramine hcl CAPS	C	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl ELIX 12.5 MG/5ML	C	QL(240 ML per fill retail)
diphenhydramine hcl TABS 25 MG	C	QL(4 EA daily)
Antihistamines - Non-Sedating		
cetirizine hcl CHEW	C	QL(1 EA daily)
cetirizine hcl SOLN PO	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl TABS	P	QL(1 EA daily)
CLARINEX TABS *(desloratadine)*	NP	
desloratadine TABS	NP	
desloratadine TBDP	NP	AL(Up to 12 yrs old)
fexofenadine hcl TABS 60 MG	C	QL(2 EA daily)
fexofenadine hcl TABS 180 MG	C	QL(1 EA daily)
levocetirizine dihydrochloride SOLN	NP	AL(Up to 12 yrs old); RX/OTC
levocetirizine dihydrochloride TABS	P	QL(1 EA daily); RX/OTC
loratadine CHEW	P	
loratadine TABS	P	QL(1 EA daily)
loratadine TBDP 10 MG	P	QL(1 EA daily); AL(Up to 12 yrs old)
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
PROMETHAZINE HCL SYRP 6.25 MG/5ML	P	
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	C	
cyproheptadine hcl TABS	C	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	QL(1 EA daily)
VYTORIN *(ezetimibe-simvastatin)*	NP	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	P	
omega-3-acid ethyl esters	P	
Bile Acid Sequestrants		
cholestyramine light PACK	NP	
cholestyramine light PACK	P	
cholestyramine light POWD	NP	
cholestyramine light POWD	P	
cholestyramine PACK	P	
cholestyramine POWD	P	
colesevelam hcl PACK	NP	
colesevelam hcl TABS	NP	
COLESTID GRAN *(colestipol hcl)*	NP	
COLESTID TABS *(colestipol hcl)*	NP	
colestipol hcl GRAN	P	
colestipol hcl PACK	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD *(cholestyramine light)*	NP	
QUESTRAN PACK *(cholestyramine)*	NP	
QUESTRAN POWD *(cholestyramine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
WELCHOL PACK *(colesevelam hcl)*	NP	
WELCHOL TABS *(colesevelam hcl)*	NP	
Fibric Acid Derivatives		
choline fenofibrate	NP	
fenofibrate micronized 134 MG, 200 MG	NP	QL(1 EA daily)
fenofibrate micronized 43 MG, 90 MG, 130 MG	NP	
fenofibrate micronized 67 MG	NP	QL(2 EA daily)
fenofibrate CAPS	NP	
fenofibrate TABS 48 MG, 145 MG	P	
fenofibrate TABS 40 MG, 120 MG	NP	
fenofibrate TABS 54 MG	NP	QL(3 EA daily)
fenofibrate TABS 160 MG	NP	QL(1 EA daily)
fenofibric acid	NP	
FENOGLIDE TABS *(fenofibrate)*	NP	
FIBRICOR *(fenofibric acid)*	NP	
gemfibrozil TABS	P	QL(2 EA daily)
LIPOFEN CAPS *(fenofibrate)*	NP	
LOPID TABS *(gemfibrozil)*	NP	QL(2 EA daily)
TRICOR TABS *(fenofibrate)*	NP	
TRILIPIX *(choline fenofibrate)*	NP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	P	QL(1 EA daily)
CRESTOR TABS *(rosuvastatin calcium)*	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
FLOLIPID SUSP	NP	
fluvastatin sodium CAPS	P	
fluvastatin sodium TB24	NP	
LESCOL XL TB24 *(fluvastatin sodium)*	NP	
LIPITOR TABS *(atorvastatin calcium)*	NP	QL(1 EA daily)
LIVALO *(pitavastatin calcium)*	NP	
lovastatin TABS 40 MG	P	QL(2 EA daily)
lovastatin TABS 10 MG, 20 MG	P	QL(1 EA daily)
pitavastatin calcium	NP	
pravastatin sodium	P	QL(1 EA daily)
rosuvastatin calcium TABS	P	QL(1 EA daily)
simvastatin TABS 10 MG, 20 MG, 40 MG, 80 MG	P	
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	
ZETIA *(ezetimibe)*	NP	
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)
benazepril hcl 40 MG	P	QL(2 EA daily)
captopril	P	QL(3 EA daily)
enalapril maleate SOLN	NP	
enalapril maleate TABS	P	QL(2 EA daily)
EPANED SOLN *(enalapril maleate)*	NP	
fosinopril sodium	NP	QL(1 EA daily)
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
LOTENSIN 40 MG *(benazepril hcl)*	NP	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG *(benazepril hcl)*	NP	QL(1 EA daily)
moexipril hcl	NP	
perindopril erbumine	NP	
QBRELIS SOLN	NP	
quinapril hcl	NP	
ramipril CAPS	NP	QL(2 EA daily)
trandolapril 1 MG, 2 MG	NP	QL(1 EA daily)
trandolapril 4 MG	NP	QL(2 EA daily)
VASOTEC TABS *(enalapril maleate)*	NP	QL(2 EA daily)
ZESTRIL TABS *(lisinopril)*	NP	
Angiotensin II Receptor Antagonists		
ATACAND *(candesartan cilexetil)*	NP	
AVAPRO 150 MG, 300 MG *(irbesartan)*	NP	QL(1 EA daily)
BENICAR *(olmesartan medoxomil)*	NP	QL(1 EA daily)
candesartan cilexetil	NP	
COZAAR *(losartan potassium)*	NP	QL(1 EA daily)
DIOVAN TABS *(valsartan)*	NP	QL(1 EA daily)
EDARBI	NP	
irbesartan	P	QL(1 EA daily)
losartan potassium	P	QL(1 EA daily)
MICARDIS *(telmisartan)*	NP	
olmesartan medoxomil	P	QL(1 EA daily)
telmisartan	P	
valsartan SOLN	NP	
valsartan TABS	P	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	NP	
clonidine hcl TABS	P	
clonidine PTWK	P	
clonidine TB24	NP	
doxazosin mesylate	P	
guanfacine hcl	P	
methyldopa TABS	P	
methyldopa TABS 500 MG	C	
NEXICLON XR TB24 *(clonidine)*	NP	
prazosin hcl CAPS	C	
terazosin hcl	P	
TEZRULY PO 1 MG/ML	NP	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG *(quinapril-hydrochlorothiazide)*	NP	QL(3 EA daily)
ACCURETIC 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	NP	QL(4 EA daily)
amlodipine besylate-benazepril hcl	P	QL(1 EA daily)
amlodipine besylate-olmesartan medoxomil	NP	ST
amlodipine besylate-valsartan	P	
amlodipine-valsartan-hydrochlorothiazide	P	

Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NP	
atenolol & chlorthalidone	P	QL(2 EA daily)
AVALIDE *(irbesartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
AZOR *(amlodipine besylate-olmesartan medoxomil)*	NP	ST
benazepril & hydrochlorothiazide	P	QL(1 EA daily)
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	NP	QL(1 EA daily)
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	P	
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	P	QL(1 EA daily)
candesartan cilexetil-hydrochlorothiazide	NP	
captopril & hydrochlorothiazide 25 MG-50 MG	NP	QL(3 EA daily)
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	NP	QL(2 EA daily)
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily)
EXFORGE *(amlodipine besylate-valsartan)*	NP	
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NP	QL(1 EA daily)
irbesartan-hydrochlorothiazide	P	QL(1 EA daily)
lisinopril & hydrochlorothiazide	P	
losartan potassium & hydrochlorothiazide	P	QL(1 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NP	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	NP	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	NP	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	NP	QL(2 EA daily)
metoprolol & hydrochlorothiazide TABS	NP	
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST
olmesartan medoxomil-hydrochlorothiazide	P	QL(1 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-20 MG	NP	QL(4 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	NP	QL(3 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-amlodipine	NP	ST
telmisartan-hydrochlorothiazide	P	QL(1 EA daily)
TENORETIC 100 *(atenolol & chlorthalidone)*	NP	QL(2 EA daily)
TENORETIC 50 *(atenolol & chlorthalidone)*	NP	QL(2 EA daily)
trandolapril-verapamil hcl	P	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	ST
valsartan-hydrochlorothiazide	P	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NP	QL(2 EA daily)
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NP	
Direct Renin Inhibitors		
aliskiren fumarate	NP	Brand Preferred; ST
TEKTURNA *(aliskiren fumarate)*	P	Brand Preferred; ST
Vasodilators		
hydralazine hcl TABS	C	
minoxidil 10 MG	C	QL(10 EA daily)
minoxidil 2.5 MG	C	QL(3 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
LIKMEZ SUSP	NP	
metronidazole CAPS	P	
metronidazole TABS	P	
tinidazole	NP	ST
trimethoprim TABS	C	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	C	
sulfamethoxazole-trimethoprim SUSP	C	
sulfamethoxazole-trimethoprim TABS	C	
URETRON D/S TABS 81.6 MG	C	
Antiprotozoal Agents		
nitazoxanide TABS	NP	ST
Glycopeptides		
FIRVANQ SOLR PO *(vancomycin hcl)*	NP	QL(300 ML per fill retail; 300 per fill mail)
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	NP	QL(8 EA daily)
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	NP	QL(4 EA daily)
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
vancomycin hcl SOLR IV 1 GM	C	QL(14 EA per fill retail)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ML per fill retail; 300 per fill mail)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
Leprostatics		
dapsone	C	
Lincosamides		
clindamycin hcl 150 MG, 300 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin palmitate hydrochloride	C	QL(300 ML per fill retail)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
methenamine mandelate	C	
nitrofurantoin	C	QL(40 ML daily)
nitrofurantoin macrocrystal 50 MG, 100 MG	C	
nitrofurantoin monohyd macro	C	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
chloroquine phosphate TABS 500 MG	C	QL(1 EA daily)
chloroquine phosphate TABS 250 MG	C	
hydroxychloroquine sulfate 100 MG, 200 MG	C	
KRINTAFEL	C	QL(0.67 EA daily)
mefloquine hcl	C	
primaquine phosphate TABS	C	
SOVUNA 200 MG	C	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide TABS 60 MG	C	
pyridostigmine bromide TBCR	C	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	C	
isoniazid SYRP	C	
isoniazid TABS	C	
pyrazinamide	C	
rifabutin	C	
rifampin CAPS	C	
TRECATOR	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
LEUKERAN	C	
MYLERAN TABS	C	
Antimetabolites		
JYLAMVO SOLN PO	NP	SP
mercaptopurine SUSP 2000 MG/100ML	C	
mercaptopurine TABS	C	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium SOLR	P	
methotrexate sodium TABS 2.5 MG	P	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
ENHERTU	C	SP; PA
PADCEV	C	SP; PA
RUXIENCE	C	SP; PA
TRUXIMA	C	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	C	SP; PA
OGIVRI	C	SP; PA
TRAZIMERA 420 MG	C	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	C	SP; PA
anastrozole	C	
bicalutamide	C	QL(1 EA daily)
EULEXIN	C	
exemestane	C	
letrozole	C	
megestrol acetate SUSP	P	
megestrol acetate TABS	C	
tamoxifen citrate TABS	C	
toremifene citrate	C	PA
Antineoplastic Combinations		
PHESGO	C	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
IBRANCE CAPS	C	SP; PA
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA
MEKTOVI	C	SP; PA
ROZLYTREK CAPS	C	SP; PA
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
Antineoplastics Misc.		
hydroxyurea	P	
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	C	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	C	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	C	
trihexyphenidyl hcl SOLN	C	QL(16.67 ML daily)
trihexyphenidyl hcl TABS	C	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	C	
amantadine hcl SOLN	C	
bromocriptine mesylate CAPS	C	
bromocriptine mesylate TABS 2.5 MG	C	
carbidopa-levodopa TABS	C	
carbidopa-levodopa TBCR	C	
DHIVY TABS	C	
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
pramipexole dihydrochloride TABS	P	QL(3 EA daily); AL(At least 18 yrs old)
pramipexole dihydrochloride TB24	NP	
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 EA daily)
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 EA daily)
ropinirole hydrochloride TB24	NP	
Antiparkinson Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
selegiline hcl CAPS	C	
selegiline hcl TABS	C	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	C	QL(10 ML daily)
lithium carbonate CAPS	C	
LITHIUM CARBONATE POWD	C	
lithium carbonate TABS	C	
lithium carbonate TBCR	C	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON *(ziprasidone hcl)*	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA *(lurasidone hcl)*	NP	AL(At least 10 yrs old)
lurasidone hcl	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)
ziprasidone hcl	P	QL(2 EA daily); AL(At least 18 yrs old)
ziprasidone mesylate	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
FANAPT	NP	AL(At least 18 yrs old); ST
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST
INVEGA 3 MG, 6 MG, 9 MG *(paliperidone)*	NP	AL(At least 12 yrs old); ST
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
paliperidone	NP	AL(At least 12 yrs old); ST
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
RISPERDAL CONSTA *(risperidone microspheres)*	P	2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL SOLN *(risperidone)*	NP	QL(4 ML daily); AL(At least 7 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	NP	QL(4 EA daily); AL(At least 7 yrs old)
risperidone SOLN	P	QL(4 ML daily); AL(At least 7 yrs old)
risperidone TABS 2 MG, 3 MG, 4 MG	P	QL(4 EA daily); AL(At least 7 yrs old)
risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL(4 EA daily); AL(At least 7 yrs old)
risperidone TABS 0.25 MG	P	QL(4 EA daily); AL(At least 7 yrs old); ST
risperidone TBDP	P	QL(2 EA daily); AL(At least 7 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY	NP	AL(At least 18 yrs old); SP
Butyrophenones		
haloperidol decanoate	C	
haloperidol lactate CONC	C	
haloperidol TABS 20 MG	C	
haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	C	QL(3 EA daily)
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old); ST
asenapine maleate	P	AL(At least 10 yrs old)
clozapine TABS 100 MG	P	QL(9 EA daily); AL(At least 18 yrs old)
clozapine TABS 25 MG, 50 MG, 200 MG	P	QL(3 EA daily); AL(At least 18 yrs old)
clozapine TBDP	NP	AL(At least 18 yrs old); ST
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(clozapine)*	NP	QL(3 EA daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG *(clozapine)*	NP	QL(9 EA daily); AL(At least 18 yrs old)
loxapine succinate	C	QL(4 EA daily); AL(At least 18 yrs old)
olanzapine TABS 7.5 MG, 10 MG	P	QL(2 EA daily); AL(At least 10 yrs old)
olanzapine TABS 2.5 MG, 5 MG	P	QL(4 EA daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
olanzapine TABS 15 MG, 20 MG	P	QL(1 EA daily); AL(At least 10 yrs old)
olanzapine TBDP	NP	AL(At least 10 yrs old); ST
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	P	QL(4 EA daily); AL(At least 10 yrs old)
quetiapine fumarate TABS 150 MG	P	AL(At least 10 yrs old); ST
quetiapine fumarate TABS 300 MG, 400 MG	P	QL(2 EA daily); AL(At least 10 yrs old)
quetiapine fumarate TB24	P	AL(At least 10 yrs old)
SAPHRIS *(asenapine maleate)*	NP	AL(At least 10 yrs old)
SECUADO	NP	AL(At least 18 yrs old); ST
SEROQUEL XR TB24 *(quetiapine fumarate)*	NP	AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	NP	QL(2 EA daily); AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(quetiapine fumarate)*	NP	QL(4 EA daily); AL(At least 10 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST
ZYPREXA TABS 2.5 MG, 5 MG *(olanzapine)*	NP	QL(4 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 20 MG *(olanzapine)*	NP	QL(1 EA daily); AL(At least 10 yrs old)
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST
COBENFY CAPS	NP	AL(At least 18 yrs old)
Phenothiazines		
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	C	QL(3 EA daily)
chlorpromazine hcl TABS 10 MG	C	QL(10 EA daily)
fluphenazine decanoate	C	
fluphenazine hcl TABS	C	
perphenazine TABS	C	QL(4 EA daily); AL(At least 12 yrs old)
prochlorperazine	P	
prochlorperazine	NP	
prochlorperazine maleate TABS	P	
thioridazine hcl	C	QL(3 EA daily)
trifluoperazine hcl TABS	C	QL(2 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY MYCITE STARTER KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY TABS 5 MG *(aripiprazole)*	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG *(aripiprazole)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
aripiprazole SOLN PO	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole SOLN PO	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)
aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
aripiprazole TABS 5 MG	P	QL(1.5 EA daily); AL(At least 7 yrs old)
aripiprazole TBDP	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA INITIO	P	QL(2.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
OPIPZA FILM	NP	AL(At least 7 yrs old); ST
REXULTI	NP	AL(At least 13 yrs old); ST
Thioxanthenes		
thiothixene	C	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
chlorhexidine gluconate SOLN EX 4 %	C	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	QL(1 EA daily)
abacavir sulfate SOLN	P	QL(30 ML daily)
abacavir sulfate TABS	C	QL(2 EA daily)
abacavir sulfate TABS	P	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 200 MG	P	QL(2 EA daily)
atazanavir sulfate CAPS 300 MG	P	
atazanavir sulfate CAPS 200 MG	C	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
darunavir TABS 600 MG	P	QL(2 EA daily)
darunavir TABS 800 MG	P	QL(1 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DOVATO	P	QL(1 EA daily)
EDURANT	P	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P	
efavirenz CAPS 200 MG	P	QL(1 EA daily)
efavirenz CAPS 50 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz TABS	C	QL(1 EA daily)
efavirenz TABS	P	QL(1 EA daily)
emtricitabine CAPS	P	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	C	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	P	
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	P	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	P	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)
EPIVIR SOLN *(lamivudine)*	P	QL(30 ML daily)
EPIVIR TABS 150 MG *(lamivudine)*	P	QL(2 EA daily)
EPIVIR TABS 300 MG *(lamivudine)*	P	QL(1 EA daily)
etravirine 200 MG	C	QL(2 EA daily)
etravirine 100 MG	P	QL(4 EA daily)
etravirine 100 MG	C	QL(4 EA daily)
etravirine 200 MG	P	QL(2 EA daily)
EVOTAZ	P	QL(1 EA daily)
fosamprenavir calcium TABS	P	QL(4 EA daily)
FUZEON SOLR	NP	SP
GENVOYA	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 200 MG *(etravirine)*	P	QL(2 EA daily)
INTELENCE	P	QL(4 EA daily)
INTELENCE *(etravirine)*	P	QL(4 EA daily)
ISENTRESS HD TABS	P	
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)
JULUCA	P	QL(1 EA daily)
KALETRA SOLN	P	QL(16 ML daily)
KALETRA TABS 50 MG-200 MG *(lopinavir-ritonavir)*	P	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG *(lopinavir-ritonavir)*	P	QL(4 EA daily)
KALETRA TABS 50 MG-200 MG *(lopinavir-ritonavir)*	P	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG *(lopinavir-ritonavir)*	P	QL(4 EA daily)
lamivudine SOLN	C	QL(30 ML daily)
lamivudine SOLN	P	QL(30 ML daily)
lamivudine TABS 300 MG	P	QL(1 EA daily)
lamivudine TABS 150 MG	P	QL(2 EA daily)
lamivudine TABS 150 MG	C	QL(2 EA daily)
lamivudine-zidovudine	P	
LEXIVA SUSP	C	QL(56 ML daily)
lopinavir-ritonavir SOLN	P	QL(16 ML daily)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily)
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)
maraviroc TABS 150 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
maraviroc TABS 300 MG	C	QL(4 EA daily)
maraviroc TABS 300 MG	P	QL(4 EA daily)
maraviroc TABS 150 MG	C	QL(2 EA daily)
nevirapine SUSP	P	QL(40 ML daily)
nevirapine TABS	P	QL(2 EA daily)
nevirapine TB24 100 MG	P	QL(3 EA daily)
nevirapine TB24 400 MG	P	QL(1 EA daily)
NORVIR PACK	P	
NORVIR TABS *(ritonavir)*	P	QL(12 EA daily)
ODEFSEY	P	
PIFELTRO	P	QL(1 EA daily)
PREZCOBIX	P	QL(1 EA daily)
PREZISTA SUSP	P	QL(12 ML daily)
PREZISTA TABS *(darunavir)*	P	QL(2 EA daily)
PREZISTA TABS 800 MG *(darunavir)*	P	QL(1 EA daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)
RETROVIR CAPS *(zidovudine)*	P	QL(6 EA daily)
RETROVIR SYRP *(zidovudine)*	P	QL(60 ML daily)
REYATAZ CAPS 300 MG *(atazanavir sulfate)*	P	
REYATAZ CAPS 200 MG *(atazanavir sulfate)*	P	QL(2 EA daily)
REYATAZ PACK	P	QL(6 EA daily)
ritonavir TABS	P	QL(12 EA daily)
RUKOBIA	P	PA
SELZENTRY SOLN	P	QL(35 ML daily)
SELZENTRY TABS 150 MG *(maraviroc)*	P	QL(2 EA daily)
SELZENTRY TABS 300 MG *(maraviroc)*	P	QL(4 EA daily)
STRIBILD	P	QL(1 EA daily)
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
SYMTUZA	P	
tenofovir disoproxil fumarate TABS	P	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	C	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS *(tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
VIREAD TABS	P	QL(1 EA daily)
ZIAGEN SOLN *(abacavir sulfate)*	P	QL(30 ML daily)
ZIAGEN TABS *(abacavir sulfate)*	C	QL(2 EA daily)
zidovudine CAPS	P	QL(6 EA daily)
zidovudine SYRP	P	QL(60 ML daily)
zidovudine TABS	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Antiviral Combinations		
PAXLOVID (150/100)	C	QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
PAXLOVID (150/100)	C	QL(20 EA per 90 day(s) retail; 20 EA per 90 days mail)
PAXLOVID (150/100)	C	
PAXLOVID (300/100)	C	QL(30 EA per 90 day(s) retail; 30 EA per 90 days mail)
PAXLOVID (300/100)	C	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
PAXLOVID (300/100)	C	
CMV Agents		
valganciclovir hcl TABS	C	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE SOLN	P	
BARACLUDE TABS *(entecavir)*	NP	
entecavir TABS	P	
EPCLUSA PACK	PA	SP; PA
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
lamivudine (hbv) TABS	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	PA	QL(6 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) CAPS	NP	SP
ribavirin (hepatitis c) TABS 200 MG	NP	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	P	SP
VOSEVI	PA	SP; PA
ZEPATIER	NP	SP
Herpes Agents		
acyclovir CAPS	P	QL(50 EA per 31 day(s) retail)
acyclovir SUSP	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
acyclovir TABS PO 800 MG	P	QL(50 EA per 31 day(s) retail)
acyclovir TABS PO 400 MG	P	QL(3 EA daily)
famciclovir	NP	
valacyclovir hcl 1 GM	P	QL(42 EA per 21 day(s) retail)
valacyclovir hcl 1 GM	P	
valacyclovir hcl 500 MG	P	QL(2 EA daily)
VALTREX 1 GM *(valacyclovir hcl)*	NP	QL(42 EA per 21 day(s) retail)
VALTREX 500 MG *(valacyclovir hcl)*	NP	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate CAPS 30 MG	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate SUSR	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(2 EA daily)
carvedilol 25 MG	P	QL(4 EA daily)
carvedilol phosphate	NP	QL(1 EA daily)
labetalol hcl TABS 300 MG	P	QL(8 EA daily)
labetalol hcl TABS 200 MG	P	QL(6 EA daily)
labetalol hcl TABS 400 MG	P	
labetalol hcl TABS 100 MG	P	QL(3 EA daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	P	
atenolol TABS	P	QL(2 EA daily)
betaxolol hcl	NP	
bisoprolol fumarate	P	QL(1 EA daily)
bisoprolol fumarate 2.5 MG	P	
BYSTOLIC *(nebivolol hcl)*	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	NP	QL(4.5 EA daily)
LOPRESSOR TABS 50 MG *(metoprolol tartrate)*	NP	QL(4 EA daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(4 EA daily)
metoprolol succinate TB24	P	
metoprolol succinate TB24 200 MG	P	QL(2 EA daily)
metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 EA daily)
metoprolol tartrate TABS 37.5 MG, 75 MG	P	
metoprolol tartrate TABS 100 MG	P	QL(4.5 EA daily)
nebivolol hcl	NP	
TENORMIN TABS *(atenolol)*	NP	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(metoprolol succinate)*	NP	QL(4 EA daily)
TOPROL XL TB24 200 MG *(metoprolol succinate)*	NP	QL(2 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	NP	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NP	
HEMANGEOL SOLN PO	NP	SP
INDERAL LA CP24 *(propranolol hcl)*	NP	QL(2 EA daily)
INDERAL XL	NP	
INNOPRAN XL	NP	
nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 EA daily)
pindolol TABS	NP	
propranolol hcl CP24	P	QL(2 EA daily)
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	
propranolol hcl TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (afib/afl)	P	QL(2 EA daily)
sotalol hcl TABS	P	
SOTYLIZE SOLN PO	NP	
timolol maleate TABS	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	QL(1 EA daily)
CARDIZEM CD CP24 360 MG *(diltiazem hcl coated beads)*	NP	
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(diltiazem hcl coated beads)*	NP	QL(1 EA daily)
CARDIZEM CD CP24 240 MG *(diltiazem hcl coated beads)*	NP	QL(2 EA daily)
CARDIZEM LA TB24 *(diltiazem hcl)*	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NP	QL(3 EA daily)
diltiazem hcl coated beads CP24 360 MG	P	
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 EA daily)
diltiazem hcl coated beads CP24 240 MG	P	QL(2 EA daily)
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	P	QL(1 EA daily)
diltiazem hcl extended release beads 240 MG	P	QL(2 EA daily)
diltiazem hcl CP12	P	QL(2 EA daily)
diltiazem hcl CP24 240 MG	P	QL(2 EA daily)
diltiazem hcl CP24 120 MG, 180 MG	P	QL(1 EA daily)
diltiazem hcl TABS	P	QL(3 EA daily)
diltiazem hcl TB24	P	
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	
felodipine	P	QL(1 EA daily)
isradipine CAPS	P	
KATERZIA	NP	
levamlodipine maleate	NP	
nicardipine hcl CAPS	P	
nifedipine CAPS	NP	QL(4 EA daily)
nifedipine TB24 30 MG, 90 MG	P	QL(1 EA daily)
nifedipine TB24 60 MG	P	QL(2 EA daily)
nimodipine CAPS	NP	
nimodipine SOLN	NP	
nisoldipine	NP	
NORLIQVA SOLN	NP	
NORVASC TABS *(amlodipine besylate)*	NP	QL(1 EA daily)
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 30 MG, 90 MG *(nifedipine)*	NP	QL(1 EA daily)
PROCARDIA XL TB24 60 MG *(nifedipine)*	NP	QL(2 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NP	
TIAZAC 240 MG *(diltiazem hcl extended release beads)*	NP	QL(2 EA daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG *(diltiazem hcl extended release beads)*	NP	QL(1 EA daily)
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	NP	
verapamil hcl CP24 100 MG, 200 MG, 300 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	P	QL(1 EA daily)
verapamil hcl TABS	P	QL(3 EA daily)
verapamil hcl TBCR	P	QL(2 EA daily)
VERELAN PM CP24 *(verapamil hcl)*	NP	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	C	
digoxin TABS 125 MCG, 250 MCG	C	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	
ENTRESTO CPSP	P	
ENTRESTO TABS	P	Brand Preferred
OPSYNVI	NP	SP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	P	SP
bosentan TABS	P	SP
LETAIRIS *(ambrisentan)*	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS *(bosentan)*	NP	SP
TRACLEER TBSO	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	NP	SP
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NP	SP
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP
sildenafil citrate (pulmonary hypertension) TABS	PA	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	PA	PA
tadalafil (pulmonary hypertension) TABS	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	NP	
cephalexin CAPS	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
cephalexin TABS	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	P	
cefprozil SUSR 250 MG/5ML	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
cefprozil SUSR 125 MG/5ML	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
cefprozil TABS	P	QL(20 EA per fill retail)
cefuroxime axetil TABS	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 EA per fill retail)
cefdinir SUSR	P	1 package(s) per fill retail
cefixime CAPS	P	
cefixime SUSR	P	
cefpodoxime proxetil SUSR	P	
cefpodoxime proxetil TABS	P	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYUREA	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	C	
desogestrel-ethinyl estradiol (biphasic)	C	
desogestrel-ethinyl estradiol (triphasic)	C	
drospirenone-ethinyl estradiol 0.03 MG-3 MG	C	
drospirenone-ethinyl estradiol 0.02 MG-3 MG	C	QL(1 EA daily)
ethynodiol diacet & eth estrad 35 MCG-1 MG	C	
ethynodiol diacet & eth estrad 50 MCG-1 MG	C	QL(1 EA daily)
levonorgestrel & eth estradiol TABS	C	
levonorgestrel-eth estradiol (triphasic)	C	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	C	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	C	
norethindrone & eth estradiol	C	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone & ethinyl estradiol-fe	C	
norethindrone acet & eth estra TABS	C	
norethindrone acetate-ethinyl estradiol-fe	C	
norethindrone-eth estradiol (triphasic)	C	
norgestimate-ethinyl estradiol	C	
norgestimate-ethinyl estradiol (triphasic)	C	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	C	QL(2 EA daily)
TYBLUME CHEW	C	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	C	
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	C	QL(6 EA per fill retail)
Emergency Contraceptives		
ELLA	C	QL(4 EA per 365 day(s) retail)
levonorgestrel (emergency oc) 1.5 MG	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSP IM	C	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	C	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	C	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	P	
budesonide TB24	NP	
CORTEF TABS *(hydrocortisone)*	NP	
CORTISONE ACETATE TABS	P	
deflazacort SUSP	NP	SP
deflazacort TABS	NP	SP
deflazacort TABS	NP	
DEXAMETHASONE INTENSOL CONC	NP	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	C	QL(150 ML per 31 day(s) retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
dexamethasone TBPK	P	
dexamethasone TBPK	NP	
EMFLAZA SUSP *(deflazacort)*	NP	SP
EMFLAZA TABS *(deflazacort)*	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone TABS	P	
MEDROL TABS *(methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL TBPK *(methylprednisolone)*	NP	
methylprednisolone TABS	P	
methylprednisolone TBPK	P	
prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	P	
prednisolone SOLN	P	
prednisolone SOLN	NP	
prednisolone TABS	NP	
PREDNISONE INTENSOL CONC	NP	
prednisone SOLN	P	
prednisone TABS	P	
prednisone TBPK	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(budesonide)*	NP	
Mineralocorticoids		
fludrocortisone acetate TABS	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)
benzonatate 100 MG	C	QL(6 EA daily); AL(At least 10 yrs old)
dextromethorphan polistirex SUER	C	QL(240 ML per 6 day(s) retail)
hydrocodone bitartrate-homatropine methylbromide SOLN	C	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
cetirizine-pseudoephedrine	C	QL(2 EA daily)
CLARINEX-D 12 HOUR TB12	NP	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	C	QL(240 ML per fill retail)
dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	C	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	C	QL(240 ML per fill retail)
dextromethorphan-guaifenesin TB12 600 MG-30 MG	C	QL(2 EA daily)
dextromethorphan-phenylephrine-acetaminophen CAPS	C	
ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)
guaifenesin-codeine SOLN	C	
guaifenesin-codeine SYRP	C	
LOHIST-D LIQD	C	

Drug Name	Drug Tier	Requirements/ Limits
loratadine & pseudoephedrine TB12	C	QL(2 EA daily)
MAXI-TUSS PE MAX LIQD	C	QL(240 ML per 6 day(s) retail)
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	C	QL(240 ML per fill retail)
promethazine & phenylephrine SYRP	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
promethazine w/codeine SOLN	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine-dm SYRP	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine-phenylephrine-codeine	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	C	QL(240 ML per fill retail)
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	C	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	C	QL(210 EA per fill retail)
Expectorants		
guaifenesin TB12 1200 MG	C	
guaifenesin TB12 600 MG	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
potassium iodide (expectorant) SOLN	C	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 10 %	C	
Mucolytics		
acetylcysteine SOLN	C	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	
adapalene-benzoyl peroxide GEL	NP	
adapalene CREA	NP	
adapalene GEL 0.3 %	P	
adapalene GEL 0.3 %	NP	
AKLIEF	NP	
ALTRENO LOTN	NP	
ARAZLO LOTN	NP	
ATRALIN GEL *(tretinoin)*	NP	Brand Preferred
AVAR LS CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
AVAR-E LS CREA *(sulfacetamide sodium w/ sulfur)*	NP	
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NP	
benzoyl peroxide-erythromycin GEL	NP	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	C	
BENZOYL PEROXIDE GEL	C	
benzoyl peroxide LIQD 5 %, 10 %	P	
benzoyl peroxide LOTN 5 %, 10 %	C	

Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE LOTN 5 %	C	
CABTREO	NP	
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NP	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NP	QL(60 ML per fill retail; 60 per fill mail)
clindamycin phosphate (topical) FOAM	NP	
clindamycin phosphate (topical) GEL	NP	QL(60 ML per fill retail; 60 per fill mail)
clindamycin phosphate (topical) LOTN	NP	
clindamycin phosphate (topical) SOLN	P	
clindamycin phosphate (topical) SWAB	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
clindamycin phosphate-benzoyl peroxide GEL	NP	
clindamycin phosphate-tretinoin	NP	
dapsone (topical)	NP	
DIFFERIN CREA *(adapalene)*	NP	
DIFFERIN GEL *(adapalene)*	NP	RX/OTC
DIFFERIN LOTN	NP	
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NP	
EPSOLAY CREA	NP	
ERYGEL GEL *(erythromycin (acne aid))*	NP	1 package(s) per fill retail
erythromycin (acne aid) GEL	NP	1 package(s) per fill retail
erythromycin (acne aid) PADS	P	
erythromycin (acne aid) SOLN	P	
FABIOR FOAM	NP	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 EA daily); AL(At least 12 yrs old); PA
KLARON *(sulfacetamide sodium (acne))*	NP	QL(118 ML per fill retail)
ONEXTON GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	
RETIN-A MICRO *(tretinoin microsphere)*	NP	Brand Preferred
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	Brand Preferred
RETIN-A MICRO PUMP	NP	Brand Preferred
RETIN-A CREA *(tretinoin)*	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % *(tretinoin)*	P	Brand Preferred; AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % *(tretinoin)*	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
sulfacetamide sodium (acne)	NP	QL(118 ML per fill retail)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
sulfacetamide sodium w/ sulfur FOAM	NP	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium w/ sulfur LIQD	NP	
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	NP	1 package(s) per 31 day(s) retail
sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
SUMADAN	NP	
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
SUMADAN XLT KIT	NP	
SUMAXIN CP	NP	
SUMAXIN PADS	NP	
TAZAROTENE FOAM	NP	
tretinoin microsphere	NP	Brand Preferred
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	NP	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
tretinoin GEL 0.01 %	NP	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
tretinoin GEL 0.05 %	NP	Brand Preferred
tretinoin GEL 0.025 %	NP	Brand Preferred; AL(Up to 35 yrs old)
TWYNEO	NP	
WINLEVI	NP	
ZIANA *(clindamycin phosphate-tretinoin)*	NP	
ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
bacitracin (topical) OINT	C	1 package(s) per fill retail
bacitracin zinc OINT	C	1 package(s) per fill retail
CENTANY AT KIT	NP	
gentamicin sulfate (topical) CREA	C	QL(1 GM daily; 30 GM per fill retail)
gentamicin sulfate (topical) OINT	P	QL(1 GM daily; 30 GM per fill retail)
mupirocin calcium (topical)	NP	1 package(s) per 31 day(s) retail
mupirocin OINT	P	QL(30 GM per 31 day(s) retail)
mupirocin OINT	P	
neomycin-bacitracin-polymyxin OINT	C	QL(60 GM per 31 day(s) retail)
neomycin-polymyxin w/ pramoxine	C	1 package(s) per fill retail
XEPI	NP	
Antifungals - Topical		
ciclopirox olamine CREA	P	
ciclopirox olamine SUSP	P	
ciclopirox GEL	NP	
ciclopirox KIT	NP	
ciclopirox SHAM	NP	
ciclopirox SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
ciclopirox SOLN	P	
clotrimazole (topical) CREA	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
clotrimazole (topical) SOLN	P	1 package(s) per fill retail; RX/OTC
clotrimazole w/ betamethasone CREA	P	QL(45 GM per 31 day(s) retail)
clotrimazole w/ betamethasone LOTN	P	QL(31 ML per 31 day(s) retail)
econazole nitrate CREA	P	QL(30 GM per fill retail)
ERTACZO	NP	
JUBLIA	NP	
ketoconazole (topical) CREA	P	1 package(s) per 31 day(s) retail
ketoconazole (topical) FOAM	NP	
ketoconazole (topical) SHAM 2 %	P	QL(120 ML per fill retail)
KETODAN	NP	
LOPROX	NP	
LOPROX SUSP *(ciclopirox olamine)*	NP	
luliconazole	NP	
LUZU *(luliconazole)*	NP	
miconazole nitrate (topical) CREA	C	QL(200 GM per 31 day(s) retail)
miconazole-zinc oxide-white petrolatum	NP	
naftifine hcl CREA	NP	
naftifine hcl GEL 2 %	NP	
NAFTIN GEL 2 % *(naftifine hcl)*	NP	
nystatin (topical) CREA	P	1 package(s) per 31 day(s) retail
nystatin (topical) OINT	P	1 package(s) per fill retail
nystatin (topical) POWD EX	P	1 package(s) per 31 day(s) retail
nystatin-triamcinolone CREA	P	1 package(s) per fill retail
nystatin-triamcinolone OINT	P	1 package(s) per fill retail
oxiconazole nitrate CREA	NP	
OXISTAT LOTN	NP	
tavaborole	NP	
terbinafine hcl (topical) CREA	C	
tolnaftate CREA	C	QL(30 GM per fill retail)
VUSION *(miconazole-zinc oxide-white petrolatum)*	NP	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	NP	
diclofenac sodium (topical) GEL EX	P	QL(6.68 GM daily); RX/OTC
diclofenac sodium (topical) SOLN EX	NP	
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA	C	
fluorouracil (topical) CREA 5 %	C	QL(40 GM per 31 day(s) retail)
fluorouracil (topical) CREA 0.5 %	C	
fluorouracil (topical) SOLN	C	QL(10 ML per 31 day(s) retail)
Antipruritics - Topical		
camphor & menthol LOTN	C	1 package(s) per fill retail
Antipsoriatics		
BIMZELX SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BIMZELX SOSY	NP	SP
calcipotriene CREA	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
CALCIPOTRIENE FOAM	NP	
calcipotriene OINT	P	
calcipotriene SOLN	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
calcitriol (topical)	NP	
COSENTYX (300 MG DOSE) SOSY	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX UNOREADY SOAJ	NP	SP
COSENTYX SOSY	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SILIQ	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SKYRIZI SOSY	NP	SP
SORILUX FOAM	NP	
SOTYKTU	NP	SP
SPEVIGO SOSY	NP	SP
STELARA SOSY	NP	SP
STEQEYMA	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
tazarotene CREA 0.1 %	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
tazarotene CREA 0.05 %	NP	AL(Up to 18 yrs old)
tazarotene GEL	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	NP	SP
TREMFYA PEN SOAJ 100 MG/ML	NP	
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB-TTWE	NP	
VECTICAL *(calcitriol (topical))*	NP	
VTAMA	NP	
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
OVACE PLUS WASH GEL *(sulfacetamide sodium)*	NP	
OVACE PLUS WASH LIQD *(sulfacetamide sodium)*	NP	
OVACE PLUS CREA	NP	
OVACE PLUS LOTN	NP	
OVACE PLUS SHAM *(sulfacetamide sodium)*	NP	
OVACE WASH LIQD *(sulfacetamide sodium)*	NP	
selenium sulfide LOTN 1 %	C	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
selenium sulfide LOTN 2.5 %	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
selenium sulfide SHAM 1 %	C	1 package(s) per fill retail
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	
sulfacetamide sodium SHAM 10 %	NP	
Antivirals - Topical		
acyclovir topical CREA	P	1 package(s) per 31 day(s) retail
acyclovir topical OINT	NP	1 package(s) per fill retail
DENAVIR *(penciclovir)*	NP	
penciclovir	NP	
XERESE	NP	
ZOVIRAX CREA *(acyclovir topical)*	NP	1 package(s) per 31 day(s) retail
ZOVIRAX OINT *(acyclovir topical)*	NP	1 package(s) per fill retail
Burn Products		
silver sulfadiazine	C	
Corticosteroids - Topical		
alclometasone dipropionate CREA	P	
alclometasone dipropionate OINT	P	
amcinonide CREA	NP	
APEXICON E CREA	NP	
betamethasone dipropionate (topical) CREA	P	1 package(s) per 30 day(s) retail
betamethasone dipropionate (topical) LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) OINT	NP	
betamethasone dipropionate augmented CREA	P	1 package(s) per fill retail
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	P	
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	P	
betamethasone valerate OINT	NP	
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
CAPEX SHAM	NP	
clobetasol propionate emollient base 0.05 %	P	1 package(s) per fill retail
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.025 %	P	
clobetasol propionate CREA 0.05 %	P	1 package(s) per fill retail
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	1 package(s) per fill retail
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	1 package(s) per fill retail
CLOBEX SPRAY LIQD *(clobetasol propionate)*	NP	
CLOBEX SHAM *(clobetasol propionate)*	NP	
clocortolone pivalate	NP	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NP	
desonide CREA	P	QL(2 GM daily)
desonide LOTN	P	
desonide OINT	P	QL(2 GM daily)
desoximetasone CREA	NP	1 package(s) per fill retail
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	
diflorasone diacetate CREA	NP	
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	C	
fluocinolone acetonide CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide OIL	P	
fluocinolone acetonide OINT	NP	
fluocinolone acetonide SOLN	NP	
fluocinonide emulsified base	P	1 package(s) per fill retail
fluocinonide CREA 0.1 %	P	
fluocinonide CREA 0.05 %	P	1 package(s) per fill retail
fluocinonide GEL	P	1 package(s) per fill retail
fluocinonide OINT	NP	1 package(s) per fill retail
fluocinonide SOLN	P	1 package(s) per fill retail
flurandrenolide LOTN	NP	
fluticasone propionate CREA 0.05 %	NP	1 package(s) per 31 day(s) retail
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	NP	1 package(s) per fill retail
halcinonide CREA	NP	
halcinonide SOLN 0.1 %	NP	
halobetasol propionate CREA	P	
halobetasol propionate FOAM	NP	
halobetasol propionate OINT	P	
HALOG CREA *(halcinonide)*	NP	
HALOG OINT	NP	
hydrocortisone (topical) CREA 0.5 %	C	1 package(s) per fill retail
hydrocortisone (topical) CREA 2.5 %	P	QL(120 GM per 31 day(s) retail)
hydrocortisone (topical) CREA 1 %	P	1 package(s) per fill retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) LOTN 2.5 %	P	1 package(s) per fill retail
hydrocortisone (topical) OINT 1 %	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
hydrocortisone (topical) OINT 2.5 %	P	
hydrocortisone (topical) SOLN 2.5 %	NP	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	P	
hydrocortisone butyrate SOLN	P	
hydrocortisone valerate CREA	P	
hydrocortisone valerate OINT	NP	
HYDROXYM GEL	NP	
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LOCOID LIPOCREAM	NP	
mometasone furoate CREA	P	1 package(s) per fill retail
mometasone furoate OINT	P	1 package(s) per fill retail
mometasone furoate SOLN	P	1 package(s) per fill retail
PANDEL	NP	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
SYNALAR SOLN *(fluocinolone acetonide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NP	
TOPICORT SPRAY LIQD *(desoximetasone)*	NP	
TOPICORT CREA *(desoximetasone)*	NP	1 package(s) per fill retail
TOPICORT GEL *(desoximetasone)*	NP	
TOPICORT OINT *(desoximetasone)*	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.1 %	P	
triamcinolone acetonide (topical) CREA 0.025 %	P	QL(30 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) LOTN	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	P	
ULTRAVATE LOTN	NP	
VANOS CREA *(fluocinonide)*	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA
ADBRY SOSY	PA	SP; PA
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	NP	SP
EBGLYSS SOSY	NP	SP
OPZELURA	NP	

Drug Name	Drug Tier	Requirements/ Limits
Emollient/Keratolytic Agents		
urea CREA 40 %	C	RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	C	QL(385 GM per 31 day(s) retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	C	QL(567 GM per 31 day(s) retail); RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	
LITFULO	NP	SP
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP
Immunomodulating Agents - Topical		
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail)
imiquimod 3.75 %	NP	
ZYCLARA *(imiquimod)*	NP	
ZYCLARA PUMP	NP	
ZYCLARA PUMP *(imiquimod)*	NP	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	P	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
HYFTOR	NP	
pimecrolimus	NP	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.03 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(podofilox)*	NP	
podofilox GEL	NP	
podofilox SOLN	NP	
salicylic acid GEL 6 %	C	
SALICYLIC ACID OINT	NP	RX/OTC
Local Anesthetics - Topical		
capsaicin CREA 0.025 %, 0.075 %, 0.1 %	C	1 package(s) per fill retail
dibucaine	C	1 package(s) per fill retail
lidocaine hcl CREA 3 %, 4 %	C	1 package(s) per fill retail
lidocaine hcl GEL 2 %	C	
lidocaine CREA 4 %	C	1 package(s) per fill retail
lidocaine-prilocaine CREA	C	1 package(s) per fill retail
Misc. Topical		
zinc oxide (topical) OINT 20 %	C	1 package(s) per fill retail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	NP	
ZORYVE CREA EX	NP	
Rosacea Agents		
azelaic acid GEL	P	
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	

Drug Name	Drug Tier	Requirements/ Limits
ivermectin (rosacea)	NP	
METROCREAM CREA *(metronidazole (topical))*	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % *(metronidazole (topical))*	NP	
metronidazole (topical) CREA	P	QL(45 GM per 31 day(s) retail)
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per 31 day(s) retail)
metronidazole (topical) GEL 1 %	NP	
metronidazole (topical) GEL 1 %	P	
metronidazole (topical) LOTN	P	
MIRVASO *(brimonidine tartrate (topical))*	NP	
NORITATE CREA	NP	
ORACEA *(doxycycline (rosacea))*	NP	
RHOFADE	NP	
SOOLANTRA *(ivermectin (rosacea))*	NP	
Scabicides & Pediculicides		
crotamiton LOTN	NP	1 package(s) per fill retail
ELIMITE CREA *(permethrin)*	NP	QL(60 GM per fill retail)
malathion	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA *(spinosad)*	P	Brand Preferred
OVIDE *(malathion)*	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
permethrin CREA	P	QL(60 GM per fill retail)
permethrin LIQD EX	P	

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	C	
spinosad	NP	Brand Preferred
Tar Products		
coal tar extract SHAM 0.5 %	C	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC
ADVANCE INTUITION TEST STRP	NP	RX/OTC
ADVANCE MICRO-DRAW TEST STRP	NP	RX/OTC
ADVOCATE REDI-CODE+ TEST STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC
ADVOCATE TEST STRP	NP	RX/OTC
AGAMATRIX AMP TEST STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	RX/OTC
ASSURE 3 TEST STRP	NP	RX/OTC
ASSURE 4 TEST STRP	NP	RX/OTC
ASSURE II CHECK STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC
ASSURE PLATINUM STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI TEST STRP	NP	RX/OTC
ASSURE PRO TEST STRP	NP	RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRP	NP	RX/OTC
CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
CARETOUCH TEST STRP	NP	RX/OTC
CHEMSTRIP K STRP	C	
CLEVER CHEK AUTO-CODE TEST STRP	NP	RX/OTC
CLEVER CHEK AUTO-CODE VOICE STRP	NP	RX/OTC
CLEVER CHEK TEST STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE TEST STRP	NP	RX/OTC
CLEVER CHOICE MICRO TEST STRP	NP	RX/OTC
CLEVER CHOICE NO CODING STRP	NP	RX/OTC
CLEVER CHOICE TALK SYSTEM STRP	NP	RX/OTC
CONTOUR NEXT TEST STRP	NP	RX/OTC
CONTOUR PLUS TEST STRP	NP	RX/OTC
CONTOUR TEST STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE+ GLUCOSE TEST STRP	NP	RX/OTC
DIATRUE PLUS TEST STRP	NP	RX/OTC
DUO-CARE TEST STRP	NP	RX/OTC
EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY PLUS II GLUCOSE TEST STRP	NP	RX/OTC
EASY STEP TEST STRP	NP	RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
EASY TOUCH TEST STRP	NP	RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC
EASYMAX 15 TEST STRP	NP	RX/OTC
EASYMAX TEST STRP	NP	RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASYPRO PLUS STRP	NP	RX/OTC
ELEMENT COMPACT TEST STRP	NP	RX/OTC
ELEMENT TEST STRP	NP	RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST 2.0 STRP	NP	RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	RX/OTC
FORA GD20 TEST STRP	NP	RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO STRP	NP	RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORACARE GD40 TEST STRP	NP	RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	RX/OTC
FORACARE TEST N GO TEST STRP	NP	RX/OTC
FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC
FORTISCARE TEST STRP	NP	RX/OTC
FREESTYLE INSULINX TEST STRP	NP	RX/OTC
FREESTYLE LITE TEST STRP	NP	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
FREESTYLE TEST STRP	NP	RX/OTC
GE100 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GENULTIMATE TEST STRP	NP	RX/OTC
GHT TEST STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC
GLUCOCOM TEST STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE METER TEST STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	RX/OTC
HW EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
HW EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
IGLUCOSE TEST STRIPS STRP	NP	RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
IN TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC
KETONE TEST STRP	C	
KETOSTIX STRP	C	
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	RX/OTC
LIBERTY TEST STRP	NP	RX/OTC
MEIJER TRUETEST TEST STRP	NP	RX/OTC
MEIJER TRUETRACK TEST STRP	NP	RX/OTC
MICRODOT TEST STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE STRP	NP	RX/OTC
MYGLUCOHEALTH TEST STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	RX/OTC
ONE DROP TEST STRP	NP	RX/OTC
OPTIUMEZ TEST STRP	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING STRP	NP	RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
POCKETCHEM EZ TEST STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC
PRO VOICE V8/V9 GLUCOSE STRP	NP	RX/OTC
PRODIGY NO CODING BLOOD GLUC STRP	NP	RX/OTC
PTS PANELS EGLU TEST STRP	NP	RX/OTC
QUICKTEK TEST STRP	NP	RX/OTC
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	RX/OTC
RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION KETONE TEST STRP	C	
RELION PREMIER TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PRIME TEST STRP	NP	RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC
RELION ULTIMA TEST STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRP	NP	RX/OTC
SOLUS V2 TEST STRP	NP	RX/OTC
SUPREME TEST STRP	NP	RX/OTC
TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC
TRUETEST TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
CREON CPEP	P	Smart PA
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	C	
acetazolamide TABS	C	
methazolamide TABS	C	
Diuretic Combinations		
amiloride & hydrochlorothiazide	C	QL(1 EA daily)
spironolactone & hydrochlorothiazide	C	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	C	
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	C	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	C	QL(2 EA daily)
Loop Diuretics		
bumetanide TABS	C	
furosemide SOLN PO 8 MG/ML, 10 MG/ML	C	
furosemide TABS	C	
SOAANZ TABS 20 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
torsemide TABS 5 MG, 10 MG, 100 MG	C	QL(1 EA daily)
torsemide TABS 20 MG	C	
Potassium Sparing Diuretics		
amiloride hcl TABS	C	QL(4 EA daily)
spironolactone TABS	C	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	C	
hydrochlorothiazide CAPS	C	
hydrochlorothiazide TABS 25 MG, 50 MG	C	
indapamide TABS 1.25 MG, 2.5 MG	C	
metolazone	C	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(risedronate sodium)*	NP	
ACTONEL TABS 35 MG *(risedronate sodium)*	NP	QL(4 EA per 28 day(s) retail)
alendronate sodium SOLN	NP	QL(10.8 ML daily)
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.15 EA daily)
alendronate sodium TABS 10 MG	P	QL(1 EA daily)
ATELVIA TBEC *(risedronate sodium)*	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEF	NP	
BONSITY SOPN 560 MCG/2.24ML	NP	
calcitonin (salmon) NA	P	1 package(s) per fill retail
calcitonin (salmon) IJ	C	QL(2 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CONEXXENCE SOSY SC 60 MG/ML	NP	
FORTEO SOPN *(teriparatide)*	NP	SP
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG *(alendronate sodium)*	NP	QL(0.15 EA daily)
ibandronate sodium TABS	P	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
risedronate sodium TABS 5 MG, 30 MG	NP	QL(1 EA daily)
risedronate sodium TABS 150 MG	NP	
risedronate sodium TABS 35 MG	NP	QL(4 EA per 28 day(s) retail)
risedronate sodium TBEC	NP	QL(4 EA per 28 day(s) retail)
teriparatide SOPN	P	SP
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	NP	QL(1 EA daily)
raloxifene hcl	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		
calcitriol CAPS	C	
GALAFOLD	C	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	C	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	C	QL(3 EA daily)
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
desmopressin acetate spray	C	QL(5 ML per fill retail); PA
desmopressin acetate spray refrigerated 0.01 %	C	QL(5 ML per fill retail); PA
desmopressin acetate TABS	C	QL(6 EA daily)
Somatostatic Agents		
octreotide acetate KIT	C	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
estradiol & norethindrone acetate TABS	C	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol	C	
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
estradiol PTTW 0.0375 MG/24HR	C	QL(0.286 EA daily)
estradiol PTWK	C	Limit 4 patches per month; QL(0.143 EA daily)
estradiol TABS	C	
PREMARIN TABS	C	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NP	
levofloxacin SOLN PO	NP	
levofloxacin TABS	P	QL(14 EA per fill retail)
moxifloxacin hcl TABS	NP	
ofloxacin 300 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
ofloxacin 400 MG	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	NP	
prucalopride succinate	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
simethicone CHEW 80 MG	C	
simethicone SUSP	C	
Gallstone Solubilizing Agents		
ursodiol CAPS	C	
ursodiol TABS 250 MG	C	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	NP	
lubiprostone	P	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS *(metoclopramide hcl)*	NP	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	P	Brand Preferred
AVSOLA	C	SP; PA
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NP	
AZULFIDINE TABS *(sulfasalazine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
balsalazide disodium CAPS	P	QL(9 EA daily)
CANASA SUPP *(mesalamine)*	NP	
CIMZIA (2 SYRINGE) PSKT	NP	SP
CIMZIA KIT	NP	SP
CIMZIA-STARTER PSKT	NP	SP
COLAZAL CAPS *(balsalazide disodium)*	NP	QL(9 EA daily)
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC *(mesalamine)*	NP	
mesalamine w/ cleanser	NP	
mesalamine CP24	NP	Brand Preferred
mesalamine CPCR	NP	Brand Preferred
mesalamine CPDR	NP	
mesalamine ENEM	P	QL(60 ML daily)
mesalamine SUPP	P	
mesalamine TBEC 1.2 GM	NP	
mesalamine TBEC 800 MG	NP	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR	P	Brand Preferred
RENFLEXIS	C	SP; PA
ROWASA *(mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX *(alosetron hcl)*	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG *(ferric citrate)*	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
calcium acetate (phosphate binder) TABS	NP	RX/OTC
FOSRENOL CHEW *(lanthanum carbonate)*	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
RENVELA PACK *(sevelamer carbonate)*	NP	
RENVELA TABS *(sevelamer carbonate)*	NP	
sevelamer carbonate PACK	NP	
sevelamer carbonate TABS	P	
sevelamer hcl	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	C	
sodium citrate & citric acid	C	QL(16.67 EA daily); RX/OTC
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	C	
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
CARDURA XL	NP	
dutasteride	P	
dutasteride-tamsulosin hcl	NP	
finasteride	P	QL(1 EA daily)
PROSCAR *(finasteride)*	NP	QL(1 EA daily)
RAPAFLO *(silodosin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
silodosin	NP	
tamsulosin hcl	P	QL(2 EA daily)
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	C	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol 100 MG, 300 MG	P	
allopurinol 200 MG	NP	
colchicine CAPS	NP	
colchicine TABS	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS *(colchicine)*	NP	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
febuxostat	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS *(colchicine)*	NP	
ULORIC *(febuxostat)*	NP	
ZYLOPRIM 100 MG *(allopurinol)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Bradykinin B2 Receptor Antagonists		
icatibant acetate SOSY	C	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	C	SP; PA
TAVNEOS	NP	SP
Hematorheologic Agents		
pentoxifylline	C	
Platelet Aggregation Inhibitors		
aspirin-dipyridamole	NP	
BRILINTA 60 MG, 90 MG *(ticagrelor)*	P	Brand Preferred; QL(2 EA daily)
cilostazol	C	QL(2 EA daily)
clopidogrel bisulfate 75 MG	P	QL(1 EA daily)
clopidogrel bisulfate 300 MG	P	
dipyridamole	NP	
EFFIENT *(prasugrel hcl)*	NP	QL(1 EA daily)
PLAVIX 75 MG *(clopidogrel bisulfate)*	NP	QL(1 EA daily)
prasugrel hcl	P	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	NP	Brand Preferred; QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS	P	Brand Preferred
ENDARI *(glutamine (sickle cell))*	PA	SP; PA
glutamine (sickle cell)	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
folic acid TABS 400 MCG	C	QL(1 EA daily)
folic acid TABS 1 MG	C	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP
MIRCERA	NP	SP
PROCRIT	NP	SP
PROCRIT	NP	SP
REBLOZYL	C	SP
RETACRIT	P	SP
VAFSEO	NP	SP
ZARXIO	C	SP; PA
Iron		
ferrous fumarate TABS	C	QL(2 EA daily)
FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 EA daily)
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	C	
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	C	QL(3.4 ML daily)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	C	
ferrous sulfate TBEC	C	
IRON CHEWS PEDIATRIC CHEW	C	
polysaccharide iron complex CAPS	C	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
tranexamic acid TABS	C	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) TABS 25 MG	C	QL(1 EA daily)
doxylamine succinate (sleep)	C	
Barbiturate Hypnotics		
phenobarbital ELIX	C	
phenobarbital TABS	C	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(zolpidem tartrate)*	NP	
AMBIEN TABS *(zolpidem tartrate)*	NP	QL(1 EA daily)
DORAL *(quazepam)*	NP	
EDLUAR SUBL	NP	
estazolam	NP	
eszopiclone	NP	
flurazepam hcl	NP	QL(1 EA daily)
HALCION 0.25 MG *(triazolam)*	NP	
IGALMI FILM	NP	
midazolam hcl SOLN IJ	C	

Drug Name	Drug Tier	Requirements/ Limits
MIDAZOLAM HCL SOLN IJ	C	
quazepam	NP	
RESTORIL 15 MG, 30 MG *(temazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG *(temazepam)*	NP	
temazepam 7.5 MG, 22.5 MG	P	
temazepam 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 18 yrs old)
triazolam	NP	
zaleplon 10 MG	NP	QL(2 EA daily); AL(At least 18 yrs old)
zaleplon 5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
ZOLPIDEM TARTRATE CAPS	NP	
zolpidem tartrate SUBL	NP	
zolpidem tartrate TABS	P	QL(1 EA daily)
zolpidem tartrate TBCR	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP
HETLIOZ CAPS *(tasimelteon)*	NP	SP
ramelteon	NP	
ROZEREM *(ramelteon)*	NP	
tasimelteon CAPS	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	C	QL(10 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NP	1 package(s) per fill retail
MOVIPREP *(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NP	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	NP	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	1 package(s) per fill retail
peg 3350-potassium chloride-sod bicarbonate-sod chloride	NP	1 package(s) per fill retail
PLENVU	NP	
sennosides-docusate sodium TABS	C	QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	NP	
SUFLAVE	NP	
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	NP	
SUTAB	NP	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 2 GM	C	
lactulose PACK	NP	
lactulose SOLN	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	QL(34 GM daily)
Saline Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	C	QL(32 ML daily)
sodium phosphates ENEM	C	
Stimulant Laxatives		
bisacodyl SUPP	C	QL(12 EA per fill retail)
bisacodyl TBEC	C	QL(1 EA daily)
sennosides TABS 8.6 MG	C	
Surfactant Laxatives		
docusate sodium CAPS 100 MG, 250 MG	C	QL(3 EA daily)
docusate sodium CAPS 50 MG	C	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	C	
DOCUSATE SODIUM SYRP	C	
docusate sodium TABS	C	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 EA per fill retail)
azithromycin SUSR 100 MG/5ML	P	1 package(s) per fill retail
azithromycin SUSR 200 MG/5ML	P	QL(60 ML per fill retail)
azithromycin TABS 250 MG	P	QL(6 EA per fill retail)
azithromycin TABS 500 MG	P	QL(4 EA daily)
azithromycin TABS 600 MG	P	QL(8 EA per 28 day(s) retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS *(azithromycin)*	NP	QL(6 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX PACK	NP	QL(2 EA per fill retail)
ZITHROMAX SUSR 100 MG/5ML *(azithromycin)*	NP	1 package(s) per fill retail
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	NP	QL(60 ML per fill retail)
ZITHROMAX TABS 250 MG *(azithromycin)*	NP	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	NP	QL(4 EA daily)
Clarithromycin		
clarithromycin SUSR 250 MG/5ML	P	2 package(s) per fill retail
clarithromycin SUSR 125 MG/5ML	P	1 package(s) per fill retail
clarithromycin TABS	P	QL(28 EA per fill retail)
clarithromycin TB24	NP	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	NP	
erythromycin base TABS	NP	
erythromycin base TBEC	NP	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	NP	
erythromycin stearate TABS 250 MG	P	
Fidaxomicin		
DIFICID SUSR	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
DIFICID TABS 200 MG *(fidaxomicin)*	P	Brand Preferred
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
ADVOCATE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
ADVOCATE RAPID-SAFE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTO-LANCET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTO-LANCET MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTOLET LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTOLET MINI MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
AUTOLET PLUS MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CARDIOCOM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CAREONE ADVANCED LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CARETOUCH LANCING/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CHOSEN LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
CVS LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA
DIATHRIVE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
DROPLET GENTEEL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DROPLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
DRUG MART LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EASY MINI EJECT LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EASY MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EASY TOUCH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
EMBRACE LANCING DEVICE/EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FORA LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREDS PHARMACY AUTOLET LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GENTEEL PLUS LANCING (PURPLE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GENTEEL PLUS LANCING (WHITE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GENTEEL PLUS LANCING DEV(PINK) MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GNP LANCING SYSTEM DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
HEALTHY ACCENTS LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
H-E-B INCONTROL ADV LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
IHEALTH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
IN TOUCH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
KROGER AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCET DEVICE WITH EJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCET DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LANZO MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LEADER ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LIBERTY MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LITE TOUCH LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
LIVE BETTER ADV LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MICROLET NEXT LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MINI LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MM LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
MULTI-LANCET DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
NOVA SUREFLEX LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	PA	QL(1 EA per 365 day(s) retail); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	QL(10 EA per 30 day(s) retail); PA
OMNIPOD DASH INTRO (GEN 4) KIT	PA	QL(1 EA per 365 day(s) retail); PA
OMNIPOD DASH PODS (GEN 4) MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA
PRODIGY LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
PX ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
PX LANCET AUTO INJECTOR MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
QC ADVANCED LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RELION LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SELECT-LITE LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SHOPKO AUTOLET LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SIMPLE DIAGNOSTICS LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SM TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SMART DIABETES VANTAGE LANCING MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SOLUS V2 LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
SURE COMFORT LANCING PEN MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
TODAYS HEALTH LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
TRUEDRAW LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
ULTI-LANCE AUTOMATIC MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
VIDA MIA AUTOLET LANCING DEV MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
VIVAGUARD LANCING DEVICE MISC	C	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
Parenteral Therapy Supplies		
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	C	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	C	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	C	RX/OTC
EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
Respiratory Therapy Supplies		
AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/ADULT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)
INSPIREASE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX PEDIATRIC MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
PEDIATRIC PANDA MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	NP	SP
AJOVY SOAJ	NP	SP
AJOVY SOSY	NP	SP
EMGALITY (300 MG DOSE) SOSY	NP	SP
EMGALITY SOAJ	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY	PA	SP; PA
NURTEC	NP	
QULIPTA	NP	
UBRELVY	PA	PA
ZAVZPRET	NP	
Migraine Combinations		
sumatriptan-naproxen sodium	NP	
SYMBRAVO TABS PO	NP	
Serotonin Agonists		
almotriptan malate	NP	
eletriptan hydrobromide	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
FROVA *(frovatriptan succinate)*	NP	
frovatriptan succinate	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(sumatriptan succinate)*	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(sumatriptan succinate)*	NP	
IMITREX TABS *(sumatriptan succinate)*	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
naratriptan hcl	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
RELPAX 20 MG *(eletriptan hydrobromide)*	P	QL(6 EA per 31 day(s) retail)
RELPAX *(eletriptan hydrobromide)*	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)
RELPAX *(eletriptan hydrobromide)*	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
rizatriptan benzoate TABS	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
rizatriptan benzoate TBDP	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
sumatriptan 20 MG/ACT	NP	20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan 5 MG/ACT	NP	5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOCT 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate TABS	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
TOSYMRA	NP	Brand Preferred
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan SOLN 5 MG	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
zolmitriptan SOLN 2.5 MG	NP	
zolmitriptan TABS	NP	QL(6 EA per 31 day(s) retail)
zolmitriptan TBDP	NP	QL(6 EA per 31 day(s) retail)
ZOMIG SOLN 2.5 MG *(zolmitriptan)*	NP	
ZOMIG SOLN 5 MG *(zolmitriptan)*	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	C	QL(2 EA daily)
calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	C	
oyster shell	C	
Electrolyte Mixtures		
BIOLYTE SOLN	C	
CERASPORT EX1 SOLN	C	
CERASPORT SOLN	C	

Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL ENFALYTE SOLN	C	
FT ELECTROLYTE SOLN	C	
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	C	
GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
HYDRALYTE FREEZER POPS SOLN	C	
HYDRALYTE SOLN	C	
KINDERLYTE PREMAX SOLN	C	
KINDERLYTE SOLN	C	
oral electrolytes SOLN	C	
PEDIALYTE IMMUNE SUPPORT SOLN	C	
TRUELYTE SOLN	C	
Fluoride		
sodium fluoride CHEW	C	
sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	C	RX/OTC
SOLUVITA SOLN	C	RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG	C	
Phosphate		
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	C	QL(8 EA daily)
Potassium		

Drug Name	Drug Tier	Requirements/ Limits
potassium bicarbonate TBEF	C	
potassium chloride microencapsulated crystals er	C	
potassium chloride CPCR 8 MEQ	C	QL(1 EA daily)
potassium chloride CPCR 10 MEQ	C	
potassium chloride PACK PO 20 MEQ	C	
potassium chloride SOLN PO 10 %, 20 %, 10 %	C	
potassium chloride TBCR 8 MEQ, 10 MEQ	C	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine TABS	C	
Immunomodulators		
REZUROCK	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine TABS 75 MG, 100 MG	NP	
azathioprine TABS	P	
CELLCEPT CAPS *(mycophenolate mofetil)*	NP	
CELLCEPT SUSR *(mycophenolate mofetil)*	NP	
CELLCEPT TABS *(mycophenolate mofetil)*	NP	
cyclosporine modified (for microemulsion) CAPS	P	
cyclosporine modified (for microemulsion) SOLN	P	
cyclosporine CAPS	P	USE BRAND NAME or Authorized Generic
ENSPRYNG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(azathioprine)*	NP	
mycophenolate mofetil CAPS	P	
mycophenolate mofetil SUSR	P	
mycophenolate mofetil TABS	P	
mycophenolate sodium	P	
MYFORTIC *(mycophenolate sodium)*	NP	
MYHIBBIN SUSP	NP	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NP	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NP	
PROGRAF CAPS *(tacrolimus)*	NP	
PROGRAF PACK	NP	
SANDIMMUNE CAPS *(cyclosporine)*	P	
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	
ZORTRESS *(everolimus (immunosuppressant))*	NP	
Potassium Removing Agents		
LOKELMA	P	Brand Preferred
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
sodium polystyrene sulfonate SUSP PR 30 GM/120ML	P	

Drug Name	Drug Tier	Requirements/ Limits
VELTASSA	P	Brand Preferred
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	C	QL(100 ML per fill retail)
Anti-infectives - Throat		
NYSTATIN *(nystatin (mouth-throat))*	P	2 package(s) per fill retail
nystatin (mouth-throat)	P	2 package(s) per fill retail
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	C	
Dental Products		
sodium fluoride (dental) CREA	C	QL(113 GM per 60 day(s) retail)
sodium fluoride (dental) GEL	C	QL(113 GM per 60 day(s) retail)
sodium fluoride (dental) PSTE DT	C	QL(113 GM per 60 day(s) retail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	C	1 package(s) per fill retail
Throat Products - Misc.		
pilocarpine hcl (oral) 5 MG	C	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	C	QL(1 EA daily)
b-complex vitamins TABS	C	QL(1 EA daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium TABS	C	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC
APETIBEX CAPS	C	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC
BONEUP CAPS	C	QL(1 EA daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC
DEXATRAN CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 2 CAPS	C	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC
MULTIA CAPS	C	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC
VITABEX CAPS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
Multivitamins		
ALTRIXA TABS	C	QL(1 EA daily); RX/OTC
AMLADEX TABS	C	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC
FOLAWISE TABS	C	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
MINCORA TABS	C	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC
multiple vitamin TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC
OMNICAP TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
QUINTABS TABS	C	QL(1 EA daily); RX/OTC
RELCARE TABS	C	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
THERA TABS	C	QL(1 EA daily); RX/OTC
THEREMS TABS	C	QL(1 EA daily); RX/OTC
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
Prenatal Vitamins		
SELECT-OB+DHA MISC	C	QL(1 EA daily)
VITAFOL-ONE CAPS	C	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	AL(Up to 12 yrs old)
baclofen SUSP	NP	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS 375 MG, 750 MG	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
FLEQSUVY SUSP *(baclofen)*	NP	
LYVISPAH PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
metaxalone	NP	
METAXALONE 640 MG	NP	
methocarbamol TABS	P	
methocarbamol TABS 1000 MG	NP	
orphenadrine citrate TB12	P	QL(2 EA daily)
SOMA TABS *(carisoprodol)*	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NP	
dantrolene sodium CAPS	P	
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
saline SOLN 0.65 %	C	1 package(s) per fill retail
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	1 package(s) per 31 day(s) retail
azelastine hcl 0.15 %	NP	1 package(s) per 31 day(s) retail; RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	C	QL(26 ML per 31 day(s) retail)
olopatadine hcl (nasal)	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal)	P	
ipratropium bromide (nasal) 0.03 %	P	QL(31 ML per 31 day(s) retail)
ipratropium bromide (nasal) 0.06 %	P	QL(15 ML per 31 day(s) retail)
Nasal Steroids		
budesonide (nasal)	C	QL(9 ML per 31 day(s) retail)
flunisolide (nasal)	NP	QL(25 ML per 31 day(s) retail)
fluticasone propionate (nasal) SUSP	P	1 package(s) per fill retail; RX/OTC
mometasone furoate (nasal) SUSP	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
pseudoephedrine hcl TABS	C	
pseudoephedrine hcl TB12	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

Drug Name	Drug Tier	Requirements/ Limits
riluzole TABS	C	PA
Muscular Dystrophy Agents		
VYONDYS 53	C	SP; PA
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 1000 MG	C	QL(6 EA daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
polyvinyl alcohol 1.4 %	C	
white petrolatum-mineral oil	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	1 package(s) per 31 day(s) retail
BETIMOL *(timolol)*	NP	
BETIMOL	NP	
BETOPTIC-S SUSP	NP	
brimonidine tartrate-timolol maleate	NP	
brimonidine tartrate-timolol maleate	NP	Brand Preferred
carteolol hcl (ophth)	P	1 max fill(s) per 31 day(s) retail
COMBIGAN *(brimonidine tartrate-timolol maleate)*	P	Brand Preferred
COSOPT *(dorzolamide hcl-timolol maleate)*	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF *(dorzolamide hcl-timolol maleate)*	NP	
dorzolamide hcl-timolol maleate	P	QL(10 ML per 31 day(s) retail)
dorzolamide hcl-timolol maleate	NP	
ISTALOL SOLN *(timolol maleate (ophth))*	NP	
levobunolol hcl 0.5 %	P	QL(15 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
timolol	NP	
timolol maleate (ophth) SOLG	P	
timolol maleate (ophth) SOLN 0.5 %	NP	
timolol maleate (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	QL(15 EA per 31 day(s) retail)
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	C	QL(4 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	C	
ATROPINE SULFATE SOLN 1 %	C	
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
CYCLOGYL 0.5 %	C	
cyclopentolate hcl 1 %	C	
ISOPTO ATROPINE SOLN	C	
tropicamide SOLN	C	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	C	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOSY	C	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	P	Brand Preferred
apraclonidine hcl	NP	
brimonidine tartrate 0.1 %, 0.15 %	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
brimonidine tartrate 0.2 %	P	1 package(s) per 31 day(s) retail
IOPIDINE	NP	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 GM per 31 day(s) retail)
bacitracin-polymyxin b (ophth)	P	QL(4 GM per 31 day(s) retail)
BESIVANCE	NP	
CILOXAN OINT	NP	1 package(s) per fill retail
ciprofloxacin hcl (ophth) SOLN	P	1 package(s) per fill retail
ERYTHROMYCIN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	2 package(s) per fill retail
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ML per fill retail)
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per 31 day(s) retail)
neomycin-polymyxin-gramicidin	P	1 package(s) per fill retail
OCUFLOX *(ofloxacin (ophth))*	NP	QL(10 ML per 31 day(s) retail)
ofloxacin (ophth)	P	QL(10 ML per 31 day(s) retail)
polymyxin b-trimethoprim	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
POLYTRIM *(polymyxin b-trimethoprim)*	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	C	QL(15 ML per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
tobramycin (ophth) SOLN	NP	QL(5 ML per 31 day(s) retail)
TOBREX OINT	NP	
trifluridine	C	QL(8 ML per 31 day(s) retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	QL(3 ML per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.3 %-0.025 %	C	QL(15 ML per 31 day(s) retail)
naphazoline w/ pheniramine 0.315 %-0.027 %	C	
tetrahydrozoline hcl (ophth) 0.05 %	C	1 package(s) per 31 day(s) retail
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	Brand Preferred
RESTASIS EMUL *(cyclosporine (ophth))*	P	Brand Preferred
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	C	
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
ALREX SUSP *(loteprednol etabonate)*	NP	
bacitracin-poly-neomycin-hc	P	
dexamethasone sodium phosphate (ophth)	P	
difluprednate	NP	Brand Preferred
DUREZOL *(difluprednate)*	P	Brand Preferred
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	P	1 package(s) per 31 day(s) retail
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NP	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL *(loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP *(loteprednol etabonate)*	NP	
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NP	QL(4 GM per 31 day(s) retail)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NP	QL(10 ML per 31 day(s) retail)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NP	QL(10 ML per 31 day(s) retail)
neomycin-polymy-dexameth OINT	P	QL(4 GM per 31 day(s) retail)
neomycin-polymy-dexameth SUSP	P	QL(10 ML per 31 day(s) retail)
neomycin-polymyxin-hc (ophth)	P	QL(15 ML per 31 day(s) retail)
PRED FORTE *(prednisolone acetate (ophth))*	NP	QL(15 ML per 31 day(s) retail)
PRED MILD	P	1 package(s) per 31 day(s) retail
prednisolone acetate (ophth)	P	QL(15 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
sulfacetamide sod-prednisolone SOLN	P	QL(10 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
tobramycin-dexamethasone SUSP	P	1 package(s) per 31 day(s) retail
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	1 package(s) per 31 day(s) retail
ACULAR LS *(ketorolac tromethamine (ophth))*	NP	1 max fill(s) per 31 day(s) retail
ACUVAIL	NP	
azelastine hcl (ophth)	NP	QL(6 ML per 31 day(s) retail)
AZOPT *(brinzolamide)*	P	Brand Preferred; 1 package(s) per 31 day(s) retail
bepotastine besilate	NP	
BEPREVE *(bepotastine besilate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
brinzolamide	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
bromfenac sodium (ophth)	NP	
BROMSITE *(bromfenac sodium (ophth))*	NP	
cromolyn sodium (ophth)	P	QL(10 ML per 31 day(s) retail)
diclofenac sodium (ophth)	P	QL(3 ML per 31 day(s) retail)
dorzolamide hcl	P	QL(10 ML per 31 day(s) retail)
epinastine hcl (ophth)	NP	
flurbiprofen sodium	P	QL(5 ML per 31 day(s) retail)
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	P	1 max fill(s) per 31 day(s) retail
ketorolac tromethamine (ophth) 0.5 %	P	1 package(s) per 31 day(s) retail
ketotifen fumarate (ophth) 0.035 %	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
olopatadine hcl 0.2 %	P	RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	NP	
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	P	QL(10 ML per 31 day(s) retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	Brand Preferred
tafluprost	NP	
TRAVATAN Z SOLN *(travoprost)*	P	Brand Preferred
travoprost SOLN	NP	
travoprost SOLN	NP	Brand Preferred
VYZULTA	NP	
XALATAN SOLN *(latanoprost)*	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN *(tafluprost)*	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	C	QL(15 ML per 31 day(s) retail)
carbamide peroxide (otic) 6.5 %	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC	NP	
ciprofloxacin-dexamethasone	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	1 package(s) per fill retail
Otic Steroids		
fluocinolone acetonide (otic)	C	1 package(s) per 31 day(s) retail
hydrocortisone w/acetic acid	C	QL(20 ML per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		

Drug Name	Drug Tier	Requirements/ Limits
Oxytocics		
methylergonovine maleate TABS	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD	C	SP; PA
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	C	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	2 package(s) per fill retail
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML	P	1 package(s) per fill retail
amoxicillin & pot clavulanate TABS 125 MG-875 MG	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG	P	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TB12	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	NP	QL(30 EA per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		

Drug Name	Drug Tier	Requirements/ Limits
SORBITOL XX 70 %	C	RX/OTC
Semi Solid Vehicles		
lanolin XX	C	
LANOLIN XX	C	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	C	
megestrol acetate (appetite)	NP	
norethindrone acetate TABS	C	
progesterone CAPS	C	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
disulfiram 250 MG	C	
Antidementia Agents		
ADLARITY PTWK	NP	
ARICEPT TABS 5 MG, 10 MG *(donepezil hydrochloride)*	NP	QL(1 EA daily)
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	NP	
donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(1 EA daily)
donepezil hydrochloride TABS 23 MG	NP	
donepezil hydrochloride TBDP	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(rivastigmine)*	P	Brand Preferred; QL(1 EA daily)
EXELON 13.3 MG/24HR *(rivastigmine)*	P	Brand Preferred
galantamine hydrobromide CP24	NP	QL(1 EA daily)
galantamine hydrobromide SOLN	NP	QL(6 ML daily)
galantamine hydrobromide TABS	NP	QL(2 EA daily)
memantine hcl CP24	NP	
memantine hcl-donepezil hcl CP24	NP	
memantine hcl SOLN	P	QL(10 ML daily)
memantine hcl TABS	NP	
memantine hcl TABS	P	QL(2 EA daily)
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	Titration pack
NAMENDA XR CP24 7 MG *(memantine hcl)*	NP	
NAMZARIC C4PK	NP	
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	NP	
NAMZARIC CP24	NP	
rivastigmine 13.3 MG/24HR	NP	Brand Preferred
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	NP	Brand Preferred; QL(1 EA daily)
rivastigmine tartrate CAPS	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old); ST
olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG	NP	ST
olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG	NP	AL(At least 10 yrs old); ST
perphenazine-amitriptyline	C	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS	NP	QL(2 EA daily)
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
INGREZZA CPPK	P	SP
INGREZZA CPSP	P	SP
tetrabenazine	P	SP
XENAZINE *(tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	NP	SP
AUBAGIO *(teriflunomide)*	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP
AVONEX PREFILLED PSKT	P	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	NP	SP
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	P	Brand Preferred; SP
dalfampridine	P	SP
dalfampridine	P	
dimethyl fumarate CDPK	P	SP
dimethyl fumarate CPDR	P	
dimethyl fumarate CPDR	P	SP
fingolimod hcl	P	QL(1 EA daily); SP
GILENYA 0.25 MG	NP	SP
GILENYA *(fingolimod hcl)*	NP	QL(1 EA daily); SP
glatiramer acetate SOSY 20 MG/ML	NP	Brand Preferred; SP
glatiramer acetate SOSY 40 MG/ML	NP	SP
KESIMPTA	PA	SP; PA
MAVENCLAD (10 TABS)	NP	SP
MAVENCLAD (4 TABS)	NP	SP
MAVENCLAD (5 TABS)	NP	SP
MAVENCLAD (6 TABS)	NP	SP
MAVENCLAD (7 TABS)	NP	SP
MAVENCLAD (8 TABS)	NP	SP
MAVENCLAD (9 TABS)	NP	SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY STARTER PACK SOAJ	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOAJ	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY STARTER PACK TBPK	NP	
PONVORY TABS	NP	
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
REBIF REBIDOSE SOAJ	NP	SP
REBIF TITRATION PACK SOSY	NP	SP
REBIF SOSY	NP	SP
TASCENSO ODT	NP	SP
TECFIDERA CDPK *(dimethyl fumarate)*	NP	SP
TECFIDERA CPDR *(dimethyl fumarate)*	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
teriflunomide	P	QL(1 EA daily); SP
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	NP	
GRALISE TABS *(gabapentin (once-daily))*	NP	
GRALISE TABS	NP	
LYRICA CR *(pregabalin (once-daily))*	NP	
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)
APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
bupropion hcl (smoking deterrent)	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
nicotine polacrilex GUM	P	QL(24 EA daily)
nicotine polacrilex GUM	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)
nicotine polacrilex LOZG	P	QL(20 EA daily)
nicotine polacrilex LOZG	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
NICOTINE KIT	P	Limit: 2 Smoking Cessation Treatments per Year; QL(56 EA per fill retail); 2 max fill(s) per 365 day(s) retail
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL
varenicline tartrate TABS 0.5 MG	P	QL(2 EA daily)
varenicline tartrate TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
varenicline tartrate TABS 1 MG	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
varenicline tartrate TABS 0.5 MG	C	QL(2 EA daily)
varenicline tartrate TBPK	C	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
varenicline tartrate TBPK	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA
TRIKAFTA TBPK	C	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	C	SP; PA
pirfenidone CAPS	C	SP; PA
pirfenidone TABS	C	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
demeclocycline hcl TABS	NP	
DORYX MPC TBEC 60 MG	NP	
DORYX TBEC 200 MG *(doxycycline hyclate)*	NP	
doxycycline (monohydrate) CAPS	NP	
doxycycline (monohydrate) SUSR	NP	
doxycycline (monohydrate) TABS	NP	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS	P	
doxycycline hyclate TBEC	NP	
minocycline hcl CAPS	P	
minocycline hcl TABS	P	
minocycline hcl TB24	NP	
tetracycline hcl CAPS	P	
TETRACYCLINE HCL TABS	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	C	
propylthiouracil	C	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
ARMOUR THYROID TABS	C	
levothyroxine sodium TABS	C	
liothyronine sodium TABS	C	
NIVA THYROID TABS	C	
NP THYROID TABS	C	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
TDVAX SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
TENIVAC INJ	C	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
dicyclomine hcl CAPS	C	
dicyclomine hcl SOLN PO	C	QL(496 ML per 31 day(s) retail)
dicyclomine hcl TABS	C	
glycopyrrolate TABS 1 MG, 2 MG	C	QL(4 EA daily)
hyoscyamine sulfate ELIX	C	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	C	
hyoscyamine sulfate SUBL 0.125 MG	C	
hyoscyamine sulfate TABS 0.125 MG	C	
hyoscyamine sulfate TB12 0.375 MG	C	QL(4 EA daily)
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	NP	
cimetidine TABS	NP	RX/OTC
famotidine SUSR	P	
famotidine TABS 10 MG	C	
famotidine TABS 20 MG, 40 MG	P	RX/OTC
nizatidine CAPS	NP	
PEPCID TABS *(famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
sucralfate SUSP	C	QL(420 ML per fill retail)
sucralfate TABS	C	QL(4 EA daily)
Proton Pump Inhibitors		
DEXILANT *(dexlansoprazole)*	P	Brand Preferred
dexlansoprazole	NP	Brand Preferred
esomeprazole magnesium CPDR 20 MG	NP	QL(2 EA daily); RX/OTC
esomeprazole magnesium CPDR 40 MG	NP	
esomeprazole magnesium PACK	P	
lansoprazole CPDR 15 MG	NP	QL(4 EA daily); RX/OTC
lansoprazole CPDR 30 MG	NP	QL(2 EA daily)
lansoprazole TBDD	NP	RX/OTC
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	NP	QL(2 EA daily); RX/OTC
NEXIUM CPDR 40 MG *(esomeprazole magnesium)*	NP	
NEXIUM PACK *(esomeprazole magnesium)*	NP	
omeprazole magnesium TBEC	C	QL(1 EA daily)
omeprazole CPDR	P	QL(2 EA daily)
omeprazole TBEC	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
pantoprazole sodium PACK	NP	
pantoprazole sodium PACK	NP	Brand Preferred
pantoprazole sodium TBEC 20 MG	P	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	P	QL(2 EA daily)
PREVACID SOLUTAB TBDD *(lansoprazole)*	NP	RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NP	QL(2 EA daily)
PRILOSEC PACK	NP	
PROTONIX PACK *(pantoprazole sodium)*	P	Brand Preferred
PROTONIX TBEC 40 MG *(pantoprazole sodium)*	NP	QL(2 EA daily)
PROTONIX TBEC 20 MG *(pantoprazole sodium)*	NP	QL(1 EA daily)
rabeprazole sodium TBEC	NP	
Ulcer Drugs - Prostaglandins		
misoprostol	C	PA
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	C	14 day(s) max supply per 365 day(s) retail
KONVOMEP SUSR	NP	
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NP	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
(Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 *(tolterodine tartrate)*	NP	QL(1 EA daily)
DETROL TABS *(tolterodine tartrate)*	NP	QL(2 EA daily)
fesoterodine fumarate	P	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 5 MG	P	QL(3 EA daily)
oxybutynin chloride TABS 2.5 MG	P	
oxybutynin chloride TB24	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	
tolterodine tartrate CP24	NP	QL(1 EA daily)
tolterodine tartrate TABS	NP	QL(2 EA daily)
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	
VESICARE TABS *(solifenacin succinate)*	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron TB24	NP	Brand Preferred
MYRBETRIQ SRER	NP	Brand Preferred
MYRBETRIQ TB24 *(mirabegron)*	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	

Drug Name	Drug Tier	Requirements/ Limits
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)
CAPVAXIVE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
HIBERIX SOLR IJ	C	
MENACTRA	C	AL(Up to 55 yrs old)
MENQUADFI 0.5 ML	C	
MENVEO SOLN	C	AL(Up to 55 yrs old)
MENVEO SOLR	C	AL(Up to 55 yrs old)
PEDVAX HIB SUSP	C	
PENBRAYA	C	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 13	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 20	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
TRUMENBA 0.5 ML	C	
TYPHIM VI SOLN	C	
TYPHIM VI SOSY	C	
VAXCHORA	C	

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
VIVOTIF	C	
Viral Vaccines		
ABRYSVO	C	AL(At least 60 yrs old)
ACAM2000	C	
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail
AREXVY	C	AL(At least 60 yrs old)
AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	C	
COMIRNATY SUSY	C	
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail
ERVEBO	C	
FLUAD	C	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail
FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail
FLUMIST	PA	
FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail
FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail
GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	C	
HAVRIX 1440 EL U/ML	C	
HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	C	
IPOL	C	
IXIARO	C	

Drug Name	Drug Tier	Requirements/ Limits
JYNNEOS	C	
M-M-R II SOLR	C	
MODERNA COVID-19 BIVAL 6M-5Y	C	
MODERNA COVID-19 BIVALENT	C	
MODERNA COVID-19 VAC 6M-11Y SUSP	C	
MODERNA COVID-19 VAC 6M-11Y SUSY	C	
MODERNA COVID-19 VACCINE SUSP	C	
MRESVIA	C	AL(Up to 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	C	
NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail
PFIZER COVID-19 BIVAL 6MO-4YR	C	
PFIZER COVID-19 VAC BIVAL 5-11	C	
PFIZER COVID-19 VAC BIVALENT	C	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C	
PFIZER-BIONTECH COVID-19 VACC SUSP	C	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	C	
RABAVERT	C	
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX SUSP	C	
SPIKEVAX SUSY	C	
STAMARIL SUSR	C	
TICOVAC	C	
TWINRIX SUSY	C	
VAQTA	C	
VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	C	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
clindamycin phosphate vaginal CREA	C	
clotrimazole vaginal CREA 1 %	C	QL(45 GM per 31 day(s) retail)
clotrimazole vaginal CREA 2 %	C	QL(21 GM per 31 day(s) retail)
GYNAZOLE-1	C	
metronidazole vaginal	C	
MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
miconazole nitrate vaginal CREA 2 %	C	QL(45 GM per 31 day(s) retail)
miconazole nitrate vaginal KIT	C	1 package(s) per fill retail
miconazole nitrate vaginal SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
miconazole nitrate vaginal SUPP 200 MG	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
terconazole vaginal CREA	C	
terconazole vaginal SUPP	C	
tioconazole vaginal 6.5 %	C	
VANDAZOLE	C	
Vaginal Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal CREA	C	QL(43 GM per 31 day(s) retail)
estradiol vaginal TABS	C	
PREMARIN	C	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	Brand Preferred
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
epinephrine (anaphylaxis) SOAJ	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	NP	Brand Preferred
epinephrine (anaphylaxis) SOAJ	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
Vasopressors		
midodrine hcl	C	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS 1.25 MG, 50000 UNIT	C	QL(8 EA per 31 day(s) retail)
cholecalciferol CAPS 125 MCG, 5000 UNIT	C	QL(2 EA daily)
cholecalciferol CAPS	C	QL(100 EA per fill retail)
cholecalciferol LIQD PO 10 MCG/ML	C	
ergocalciferol CAPS	C	
ergocalciferol SOLN PO 200 MCG/ML	C	QL(60 ML per 90 day(s) retail)
phytonadione TABS 5 MG	C	
vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG	C	QL(2 EA daily)
Water Soluble Vitamins		
ascorbic acid TABS	C	QL(3.34 EA daily)
B-1 TABS	C	QL(3.34 EA daily)
niacin CPCR 250 MG	C	
niacin TABS 500 MG	C	
niacin TBCR	C	

Drug Name	Drug Tier	Requirements/ Limits
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	C	
riboflavin TABS	C	QL(3.34 EA daily)
thiamine hcl TABS 100 MG	C	QL(3.34 EA daily)
thiamine mononitrate TABS 100 MG	C	QL(3.34 EA daily)

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