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# 2022 Prescription Drug List

Effective January 1, 2022



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# Formulary Introduction

## FORMULARY

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

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

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

### Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case. Drugs are covered under different copay tiers depending on your benefit:

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1<sub>A</sub>** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1<sub>B</sub>** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4** - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter’s “specialty” or “hemophilia” networks. For additional information on which pharmacies are within our “specialty” or “hemophilia” networks, please consult Ambetter website’s pharmacy information section.
- Tier 6** - Coverage for this tier is for oncology or anti-cancer drugs. Cost-share is set to be equivalent to member's medical benefit cost-share.

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG (Use <i>amphetamine-dextroamphetamine</i> )	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i> )	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG (Use <i>amphetamine-dextroamphetamine</i> )	NF	QL(1 ea daily)
ADDERALL XR CP24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CP24 12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG, 3.75 MG-3.75 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG (Use <i>amphetamine-dextroamphetamine</i> )	NF	
<i>amphetamine-dextroamphetamine</i> tabs 1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG, 3.125 MG-3.125 MG, 3.75 MG-3.75 MG, 5 MG-5 MG-5 MG	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine</i> cp24 3.75 MG-3.75 MG-3.75 MG	1B	
DESOXYN (Use <i>methamphetamine hcl</i> )	NF	QL(5 ea daily);AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use <i>dextroamphetamine sulfate</i> )	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use <i>dextroamphetamine sulfate</i> )	NF	

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

Drug Name	Drug Tier	Requirement s/Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG <i>(Use atomoxetine hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old)
STRATTERA 60 MG, 80 MG, 100 MG <i>(Use atomoxetine hcl)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI 150 MG	3	QL(1 ea daily);PA
SUNOSI 75 MG	3	QL(2 ea daily);PA
<b>Stimulants - Misc.</b>		
<i>armodafinil</i>	1B	QL(1 ea daily);AL(At least 17 yrs old);PA
CONCERTA TBCR 18 MG, 27 MG <i>(Use methylphenidate hcl)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG <i>(Use methylphenidate hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old)
DAYTRANA PTCH <i>(Use methylphenidate)</i>	3	QL(1 ea daily);PA
<i>dexmethylphenidate hcl cp24</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN TABS <i>(Use dexmethylphenidate hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN XR CP24 <i>(Use dexmethylphenidate hcl)</i>	NF	QL(1 ea daily)
METHYLIN SOLN <i>(Use methylphenidate hcl)</i>	NF	QL(30 ml daily);AL(At least 6 yrs old)
<i>methylphenidate ptch</i>	1B	QL(1 ea daily);PA
<i>methylphenidate hcl tabs 5 MG</i>	1B	QL(6 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>methylphenidate hcl cp24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 MG</i>	1B	QL(3 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 36 MG, 54 MG</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 MG, 27 MG</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG</i>	1B	QL(3 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 MG, 20 MG</i>	1B	QL(5 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl soln</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
<i>modafinil 200 MG</i>	1B	QL(2 ea daily);PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily);PA
<i>NUVIGIL (Use armodafinil)</i>	NF	QL(1 ea daily);AL(At least 17 yrs old);PA
<i>PROVIGIL 200 MG (Use modafinil)</i>	NF	QL(2 ea daily);PA
<i>PROVIGIL 100 MG (Use modafinil)</i>	NF	QL(1 ea daily);PA
<i>RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)</i>	NF	QL(5 ea daily);AL(At least 6 yrs old)
<i>RITALIN TABS 5 MG (Use methylphenidate hcl)</i>	NF	QL(6 ea daily);AL(At least 6 yrs old)
<i>RITALIN LA CP24 20 MG, 40 MG (Use methylphenidate hcl)</i>	NF	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>RITALIN LA CP24 30 MG (Use methylphenidate hcl)</i>	NF	QL(3 ea daily);AL(At least 6 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
<i>GRASTEK SUBL</i>	3	PA
<b>AMEBICIDES</b>		
<b>Amebicides</b>		
<i>SOLOSEC</i>	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln 1 GM/4ML, 500 MG/2ML</i>	1B	
<i>ARIKAYCE</i>	4	PA
<i>gentamicin in saline 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.2 MG/ML, 0.9 %-1.6 MG/ML</i>	1B	
<i>gentamicin sulfate ij 40 MG/ML</i>	1B	
<i>HUMATIN (Use paromomycin sulfate)</i>	NF	
<i>KITABIS PAK NEBU (Use tobramycin)</i>	NF	PA
<i>neomycin sulfate tabs</i>	1B	
<i>paromomycin sulfate</i>	1B	
<i>streptomycin sulfate solr</i>	3	
<i>TOBI NEBU (Use tobramycin)</i>	NF	PA
<i>tobramycin nebu</i>	4	PA
<i>tobramycin sulfate soln ij 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ 15 MG	4	QL(1 ea daily);PA
XELJANZ TABS 5 MG	4	QL(2 ea daily);SP;PA
XELJANZ TABS 10 MG	4	QL(2 ea daily);PA
XELJANZ XR TB24	4	QL(1 ea daily);PA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	6	QL(1.714 ea daily);SP;PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PSKT	4	QL(0.143 ea daily);PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily);PA
HUMIRA PEN PNKT	4	QL(0.143 ea daily);PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	QL(0.143 ea daily);PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN-PS/UV STARTER PNKT	4	QL(0.143 ea daily);PA

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

Drug Name	Drug Tier	Requirement s/Limits
<i>diclofenac potassium tabs 50 MG</i>	1B	
<i>diclofenac sodium tbec</i>	1B	
<i>diclofenac sodium tb24</i>	1B	
<i>diclofenac w/ misoprostol tbec</i>	1B	
DUEXIS 26.6 MG-800 MG (Use <i>ibuprofen-famotidine</i> )	3	PA
<i>etodolac caps</i>	1B	
<i>etodolac tabs</i>	1B	
FELDENE CAPS (Use <i>piroxicam</i> )	NF	
<i>fenoprofen calcium tabs</i>	1B	QL(4 ea daily);ST
<i>flurbiprofen tabs</i>	1B	
<i>ibuprofen tabs 400 MG, 600 MG</i>	1A	
<i>ibuprofen tabs 800 MG</i>	1B	
<i>ibuprofen susp 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen-famotidine 26.6 MG-800 MG</i>	3	PA
<i>indomethacin cpcr</i>	1B	
<i>indomethacin caps 25 MG, 50 MG</i>	1B	
<i>ketoprofen caps 50 MG, 75 MG</i>	1B	
<i>ketorolac tromethamine tabs</i>	1B	QL(0.667 ea daily)
LODINE TABS (Use <i>etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	1B	
<i>mefenamic acid caps</i>	1B	QL(6 ea daily);ST
<i>meloxicam susp</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>meloxicam tabs</i>	1A	QL(1 ea daily)
MELOXICAM SUSP	1B	
MOBIC TABS (Use <i>meloxicam</i> )	NF	QL(1 ea daily)
<i>nabumetone</i>	1B	
NALFON TABS (Use <i>fenoprofen calcium</i> )	NF	QL(4 ea daily);ST
NAPROSYN SUSP (Use <i>naproxen</i> )	NF	PA
NAPROSYN TABS 500 MG (Use <i>naproxen</i> )	NF	
<i>naproxen susp</i>	1B	PA
<i>naproxen tabs</i>	1B	
<i>naproxen tbec 500 MG</i>	1B	
<i>naproxen sodium tabs 550 MG</i>	1B	
<i>oxaprozin</i>	1B	
<i>piroxicam caps</i>	1B	
<i>sulindac tabs</i>	1B	
<i>tolmetin sodium caps</i>	1B	
<i>tolmetin sodium tabs 600 MG</i>	1B	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	QL(2 ea daily);PA
OTEZLA TBPK	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);PA
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA (Use <i>leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	4	QL(0.286 ea daily);SP;PA



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

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

#### Analgesic Combinations

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

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

#### Salicylates

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

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

#### Opioid Agonists

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

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

Drug Name	Drug Tier	Requirement s/Limits
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG ( <i>Use morphine sulfate</i> )	NF	QL(2 ea daily);PA
KADIAN CP24 10 MG, 40 MG, 200 MG ( <i>Use morphine sulfate</i> )	NF	
<i>levorphanol tartrate tabs 2 MG</i>	1B	New starts limited to 7 day supply
<i>meperidine hcl tabs 50 MG</i>	1B	QL(6 ea daily)
<i>meperidine hcl soln or 50 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl soln ij 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>methadone hcl conc</i>	1B	QL(10 ml daily)
<i>methadone hcl soln or 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>methadone hcl tabs 10 MG</i>	1B	QL(10 ea daily)
<i>methadone hcl tbso</i>	1B	QL(2 ea daily)
<i>methadone hcl soln or 10 MG/5ML</i>	1B	QL(50 ml daily)
<i>methadone hcl tabs 5 MG</i>	1B	QL(4 ea daily)
<i>methadone hcl soln ij 10 MG/ML</i>	1B	
METHADONE HCL SOLN IJ ( <i>Use methadone hcl</i> )	1B	
METHADOSE CONC ( <i>Use methadone hcl</i> )	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC ( <i>Use methadone hcl</i> )	NF	QL(10 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>morphine sulfate soln or 20 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tabs</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate cp24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily);PA
<i>morphine sulfate soln or 10 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate tbc</i>	1B	QL(2 ea daily)
<i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i>	1B	
MS CONTIN TBCR (Use <i>morphine sulfate</i> )	NF	QL(2 ea daily)
NUCYNTA TABS	2	QL(6 ea daily);PA
NUCYNTA ER TB12	2	QL(2 ea daily);PA
<i>oxycodone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a</i>	3	QL(2 ea daily);PA
<i>oxymorphone hcl tb12 40 MG</i>	1B	QL(4 ea daily);PA
<i>oxymorphone hcl tb12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily);PA
<i>oxymorphone hcl tabs</i>	1B	QL(12 ea daily);PA
ROXICODONE TABS (Use <i>oxycodone hcl</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily);PA
SUBSYS LIQD 100 MCG	3	QL(3 ea daily);PA
<i>tramadol hcl tabs 50 MG</i>	1A	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24</i>	1B	QL(1 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER	2	QL(2 ea daily);PA
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i> )	1B	QL(2 ea daily);PA
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine tabs 300 MG-30 MG</i>	1A	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 MG-60 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	1A	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	3	New starts limited to 7 day supply;PA
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG</i>	1B	New starts limited to 7 day supply

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

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

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

### ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

#### Anabolic Steroids

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

#### Androgens

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

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

Drug Name	Drug Tier	Requirement s/Limits
<b>Intrarectal Steroids</b>		
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i> )	NF	
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS	4	QL(3.2 gm daily);PA

#### Rectal Steroids

ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i> )	NF	
<i>hydrocortisone (rectal) ex</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
PROCTOCORT EX (Use <i>hydrocortisone (rectal)</i> )	NF	
PROCTOCORT (Use <i>hydrocortisone acetate (rectal)</i> )	NF	

#### Vasodilating Agents

RECTIV	3	QL(2 gm daily)
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### ANTHELMINTICS - Drugs to Treat Worm Infections

#### Anthelmintics

<i>albendazole</i>	1B	PA
ALBENZA (Use <i>albendazole</i> )	NF	PA
BILTRICIDE (Use <i>praziquantel</i> )	NF	PA
EMVERM CHEW	2	1 rtl MAX fill,60 rtl day(s) supply;QL(2 ea daily,6 ea per fill retail)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs .5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam caps</i>	1B	
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i> )	NF	
VALIUM TABS (Use <i>diazepam</i> )	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i> )	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i> )	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1B	
NORPACE CAPS (Use <i>disopyramide phosphate</i> )	NF	
<i>procainamide hcl soln 500 MG/ML</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i> )	NF	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs</i>	1B	
<i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i>	1B	
<i>dofetilide</i>	1B	
MULTAQ	3	

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN (Use <i>dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA SOSY	4	PA
FASENRA PEN SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOAJ	4	PA
NUCALA SOSY 100 MG/ML	4	PA
XOLAIR SOLR	4	QL(0.214 ea daily);SP;PA
XOLAIR SOSY	4	PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
ACCOLATE (Use <i>zafirlukast</i> )	NF	QL(2 ea daily)
<i>montelukast sodium chew</i>	1B	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack</i>	1B	QL(1 ea daily);PA
SINGULAIR PACK (Use <i>montelukast sodium</i> )	NF	QL(1 ea daily);PA
SINGULAIR CHEW (Use <i>montelukast sodium</i> )	NF	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
<i>albuterol sulfate syrup</i>	1B	
<i>albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)
<i>albuterol sulfate tabs</i>	1B	
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate aers</i>	1B	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
<i>albuterol sulfate tb12</i>	1B	
ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH	2	QL(2 ea daily)
ARCAPTA NEOHALER	2	
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)



Drug Name	Drug Tier	Requirement s/Limits
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	2	QL(0.36 gm daily)
BREO ELLIPTA	2	
BREZTRI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT-160 MCG/ACT	2	QL(0.38 gm daily)
BROVANA (Use <i>arformoterol tartrate</i> )	3	QL(4 ml daily)
<i>budesonide- formoterol fumarate dihydrate</i>	1B	
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	1B	
<i>formoterol fumarate nebu</i>	1B	
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	PA
<i>levalbuterol hcl</i>	1B	QL(12 ml daily);PA
<i>levalbuterol tartrate</i>	3	Limit 2 inhalers per month;QL(1 gm daily);PA
PERFOROMIST NEBU (Use <i>formoterol fumarate</i> )	3	
PROAIR HFA AERS (Use <i>albuterol sulfate</i> )	NF	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply

Drug Name	Drug Tier	Requirement s/Limits
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i> )	NF	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>terbutaline sulfate tabs</i>	1B	
<i>terbutaline sulfate soln</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG	3	QL(2 ea daily);PA
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	NF	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
XOPENEX (Use <i>levalbuterol hcl</i> )	NF	QL(12 ml daily);PA
XOPENEX CONCENTRATE (Use <i>levalbuterol hcl</i> )	NF	PA
XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NF	Limit 2 inhalers per month;QL(1 gm daily);PA
<b>Xanthines</b>		
<i>aminophylline soln</i>	1B	
<i>theophylline elix</i>	1B	
<i>theophylline tb24</i>	1B	
<i>theophylline tb12 300 MG, 450 MG</i>	1B	
<i>theophylline soln</i>	1B	QL(56 ml daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		

Drug Name	Drug Tier	Requirement s/Limits
<i>warfarin sodium tabs</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	2	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	2	1 rtl MAX fill,180 rtl day(s) supply;QL(2.47 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail,900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 10 MG/0.8ML ( <i>Use fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
ARIXTRA 2.5 MG/0.5ML ( <i>Use fondaparinux sodium</i> )	NF	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
ARIXTRA 7.5 MG/0.6ML ( <i>Use fondaparinux sodium</i> )	NF	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
ARIXTRA 5 MG/0.4ML ( <i>Use fondaparinux sodium</i> )	NF	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
<i>enoxaparin sodium soty 60 MG/0.6ML</i>	4	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soty 30 MG/0.3ML</i>	4	QL(0.6 ml daily);SP

Drug Name	Drug Tier	Requirement s/Limits
<i>enoxaparin sodium soty 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soty 40 MG/0.4ML</i>	4	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
<i>enoxaparin sodium soty 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
FRAGMIN SOSY	4	SP;PA
<i>heparin sodium (porcine) soln ij 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 %	1B	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use enoxaparin sodium</i> )	NF	QL(1.6 ml daily)
LOVENOX SOSY 30 MG/0.3ML ( <i>Use enoxaparin sodium</i> )	NF	QL(0.6 ml daily);SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS	3	PA
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp</i>	1B	QL(16 ml daily);PA
<i>clobazam tabs</i>	1B	QL(2 ea daily);PA
<i>clonazepam tabs</i>	1A	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NF	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM	3	QL(10 ea per 30 days retail);PA
ONFI SUSP (Use clobazam)	NF	QL(16 ml daily);PA
ONFI TABS (Use clobazam)	NF	QL(2 ea daily);PA
VALTOCO LQPK	4	QL(10 ea per 30 days retail);PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO LIQD	4	QL(10 ea per 30 days retail);PA
<b>Anticonvulsants - Misc.</b>		
APTIOM	3	QL(2 ea daily);ST
BANZEL TABS 400 MG (Use rufinamide)	2	QL(8 ea daily);PA
BANZEL TABS 200 MG (Use rufinamide)	2	QL(2 ea daily);PA
BANZEL SUSP (Use rufinamide)	NF	QL(80 ml daily);PA
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS	3	PA
<i>carbamazepine cp12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine tb12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine cp12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine cp12 100 MG</i>	1B	
<i>carbamazepine tb12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine tabs</i>	1B	
<i>carbamazepine chew</i>	1B	
<i>carbamazepine susp</i>	1B	
CARBATROL CP12 100 MG (Use carbamazepine)	NF	
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 ea daily)
DIACOMIT PACK 500 MG	4	QL(6 ea daily);PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
DIACOMIT PACK 250 MG	4	QL(12 ea daily);PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily);PA
EPIDIOLEX	3	PA
<i>gabapentin soln</i>	1B	QL(60 ml daily)
<i>gabapentin caps</i>	1B	
<i>gabapentin tabs 600 MG, 800 MG</i>	1B	
KEPPRA TABS 500 MG (Use levetiracetam)	NF	QL(6 ea daily)
KEPPRA TABS 1000 MG (Use levetiracetam)	NF	QL(3 ea daily)
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	NF	QL(4 ea daily)
KEPPRA XR TB24 (Use levetiracetam)	NF	QL(4 ea daily)
<i>lacosamide soln iv 200 MG/20ML</i>	1B	QL(40 ml daily)
<i>lacosamide tabs</i>	1B	QL(2 ea daily);PA
<i>lacosamide soln or 10 MG/ML</i>	1B	QL(40 ml daily);PA
LAMICTAL TABS (Use lamotrigine)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine)	NF	QL(100 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine)	NF	QL(20 ea daily)
LAMICTAL ODT TBDP (Use lamotrigine)	NF	QL(1 ea daily)
<i>lamotrigine tbdp</i>	1B	QL(1 ea daily)
<i>lamotrigine chew 5 MG</i>	1B	QL(100 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>lamotrigine tabs</i>	1B	
<i>lamotrigine chew 25 MG</i>	1B	QL(20 ea daily)
<i>levetiracetam tabs 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam tabs 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam tabs 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam tb24</i>	1B	QL(4 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin)	NF	QL(3 ea daily);PA
LYRICA CAPS 225 MG, 300 MG (Use pregabalin)	NF	QL(2 ea daily);PA
LYRICA SOLN (Use pregabalin)	NF	QL(30 ml daily);PA
MYSOLINE (Use primidone)	NF	
NEURONTIN CAPS (Use gabapentin)	NF	
NEURONTIN SOLN (Use gabapentin)	NF	QL(60 ml daily)
NEURONTIN TABS (Use gabapentin)	NF	
<i>oxcarbazepine susp</i>	1B	QL(40 ml daily)
<i>oxcarbazepine tabs 600 MG</i>	1B	QL(4 ea daily)
<i>oxcarbazepine tabs 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>pregabalin soln</i>	1B	QL(30 ml daily);PA
<i>pregabalin caps 225 MG, 300 MG</i>	1B	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
<i>pregabalin caps 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 ea daily);PA
<i>primidone</i>	1B	
QUDEXY XR CS24 ( <i>Use topiramate</i> )	NF	PA
<i>rufinamide tabs 200 MG</i>	1B	QL(2 ea daily);PA
<i>rufinamide tabs 400 MG</i>	1B	QL(8 ea daily);PA
<i>rufinamide susp</i>	1B	QL(80 ml daily);PA
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	2	
TEGRETOL TABS ( <i>Use carbamazepine</i> )	2	
TEGRETOL-XR TB12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
TEGRETOL-XR TB12 100 MG, 400 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
TOPAMAX TABS 25 MG, 100 MG ( <i>Use topiramate</i> )	NF	QL(4 ea daily)
TOPAMAX TABS 50 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NF	QL(2 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	NF	QL(8 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
<i>topiramate cpsp 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate cpsp 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate tabs 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>topiramate tabs 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate cs24</i>	3	PA
<i>topiramate tabs 25 MG, 100 MG</i>	1B	QL(4 ea daily)
TRILEPTAL SUSP ( <i>Use oxcarbazepine</i> )	NF	QL(40 ml daily)
TRILEPTAL TABS 600 MG ( <i>Use oxcarbazepine</i> )	NF	QL(4 ea daily)
TRILEPTAL TABS 150 MG, 300 MG ( <i>Use oxcarbazepine</i> )	NF	QL(3 ea daily)
VIMPAT TABS ( <i>Use lacosamide</i> )	3	QL(2 ea daily);PA
VIMPAT SOLN OR 10 MG/ML ( <i>Use lacosamide</i> )	3	QL(40 ml daily);PA
VIMPAT SOLN IV 200 MG/20ML ( <i>Use lacosamide</i> )	3	QL(40 ml daily)
ZONEGRAN CAPS 25 MG, 100 MG ( <i>Use zonisamide</i> )	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate susp</i>	1B	QL(30 ml daily)
<i>felbamate tabs 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate tabs 600 MG</i>	1B	QL(6 ea daily)
FELBATOL TABS 600 MG ( <i>Use felbamate</i> )	NF	QL(6 ea daily)
FELBATOL TABS 400 MG ( <i>Use felbamate</i> )	NF	QL(9 ea daily)
FELBATOL SUSP ( <i>Use felbamate</i> )	NF	QL(30 ml daily)
<b>GABA Modulators</b>		
GABITRIL ( <i>Use tiagabine hcl</i> )	NF	

Drug Name	Drug Tier	Requirement s/Limits
SABRIL TABS ( <i>Use vigabatrin</i> )	NF	QL(6 ea daily);SP;PA
SABRIL PACK ( <i>Use vigabatrin</i> )	NF	QL(6 ea daily);SP;PA
<i>tiagabine hcl</i>	1B	
<i>vigabatrin tabs</i>	4	QL(6 ea daily);SP;PA
<i>vigabatrin pack</i>	4	QL(6 ea daily);SP;PA
<b>Hydantoins</b>		
CEREBYX ( <i>Use fosphenytoin sodium</i> )	NF	
DILANTIN ( <i>Use phenytoin sodium extended</i> )	2	
DILANTIN	2	
DILANTIN INFATABS CHEW ( <i>Use phenytoin</i> )	2	
DILANTIN-125 SUSP ( <i>Use phenytoin</i> )	2	
<i>fosphenytoin sodium</i>	1B	
PHENYTEK ( <i>Use phenytoin sodium extended</i> )	2	
<i>phenytoin chew</i>	1B	
<i>phenytoin susp</i>	1B	
<i>phenytoin sodium soln</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<b>Succinimides</b>		
CELONTIN	3	QL(4 ea daily)
<i>ethosuximide soln</i>	1B	QL(30 ml daily)
<i>ethosuximide caps</i>	1B	QL(6 ea daily)
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily)
ZARONTIN CAPS ( <i>Use ethosuximide</i> )	2	QL(6 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<b>Valproic Acid</b>		
DEPAKOTE TBEC ( <i>Use divalproex sodium</i> )	NF	
DEPAKOTE ER TB24 ( <i>Use divalproex sodium</i> )	NF	
<i>divalproex sodium tb24</i>	1B	
<i>divalproex sodium tbec</i>	1B	
<i>valproate sodium soln or 250 MG/5ML</i>	1B	
<i>valproic acid caps</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine tabs 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tbdp 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl tb24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl tb12 100 MG</i>	1B	QL(4 ea daily)
<i>bupropion hcl tb24 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 150 MG</i>	1B	QL(3 ea daily)
FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	NF	
<i>maprotiline hcl</i>	1B	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	NF	QL(2 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>Use bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>Use bupropion hcl</i> )	NF	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>Use bupropion hcl</i> )	NF	QL(3 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
NARDIL ( <i>Use phenelzine sulfate</i> )	NF	
PARNATE ( <i>Use tranylcypromine sulfate</i> )	NF	
<i>phenelzine sulfate</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(1 ea daily)
CELEXA TABS 10 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(4 ea daily)
CELEXA TABS 20 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(2 ea daily)
<i>citalopram hydrobromide soln</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide tabs 40 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide tabs 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide tabs 10 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate tabs 5 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate soln</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl caps 40 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>fluoxetine hcl tabs 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl caps 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl caps 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl tabs 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl cpdr</i>	1B	
<i>fluoxetine hcl soln</i>	1B	QL(20 ml daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 25 MG, 50 MG</i>	1B	QL(2 ea daily)
<i>fluvoxamine maleate tabs 100 MG</i>	1B	QL(3 ea daily)
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i> )	NF	QL(2 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i> )	NF	QL(4 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i> )	NF	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl tabs 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl tabs 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl tabs 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tb24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tabs 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl susp</i>	1B	QL(30 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i> )	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i> )	NF	QL(6 ea daily)
PAXIL SUSP (Use <i>paroxetine hcl</i> )	NF	QL(30 ml daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i> )	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i> )	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
<i>sertraline hcl conc</i>	1B	QL(10 ml daily)
<i>sertraline hcl tabs 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>sertraline hcl tabs 100 MG</i>	1B	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i> )	NF	QL(4 ea daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i> )	NF	QL(2 ea daily)
ZOLOFT CONC (Use <i>sertraline hcl</i> )	NF	QL(10 ml daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl tabs</i>	1B	
TRINTELLIX	3	QL(1 ea daily);PA
VIIBRYD TABS (Use <i>vilazodone hcl</i> )	3	QL(1 ea daily);PA



Drug Name	Drug Tier	Requirement s/Limits
VIIBRYD STARTER PACK KIT	3	1 rtl pack lmt amt,180 rtl pack lmt day(s)
<i>vilazodone hcl tabs</i>	1B	QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
CYMBALTA CPEP ( <i>Use duloxetine hcl</i> )	NF	QL(2 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>duloxetine hcl cpep 40 MG</i>	1B	
<i>duloxetine hcl cpep 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
EFFEXOR XR CP24 150 MG ( <i>Use venlafaxine hcl</i> )	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG ( <i>Use venlafaxine hcl</i> )	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG ( <i>Use venlafaxine hcl</i> )	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ 100 MG ( <i>Use desvenlafaxine succinate</i> )	NF	QL(4 ea daily)
PRISTIQ 25 MG, 50 MG ( <i>Use desvenlafaxine succinate</i> )	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl cp24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl tabs</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>venlafaxine hcl cp24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tb24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tb24 37.5 MG, 75 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl tb24 225 MG</i>	1B	QL(1 ea daily);ST
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1B	
<i>amoxapine</i>	1B	
ANAFRANIL ( <i>Use clomipramine hcl</i> )	NF	PA
<i>clomipramine hcl</i>	1B	PA
<i>desipramine hcl tabs</i>	1B	
<i>doxepin hcl caps</i>	1B	
<i>doxepin hcl conc</i>	1B	
<i>imipramine hcl tabs</i>	1B	
<i>imipramine pamoate</i>	1B	
NORPRAMIN TABS 10 MG, 25 MG ( <i>Use desipramine hcl</i> )	NF	
<i>nortriptyline hcl soln</i>	1B	
<i>nortriptyline hcl caps</i>	1B	
PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )	NF	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate caps</i>	1B	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1B	QL(3 ea daily)
GLYSET 100 MG ( <i>Use miglitol</i> )	NF	
<i>miglitol</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
PRECOSE ( <i>Use acarbose</i> )	NF	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily);PA
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily);PA
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS ( <i>Use pioglitazone hcl-metformin hcl</i> )	NF	QL(2 ea daily)
DUETACT ( <i>Use pioglitazone hcl-glimepiride</i> )	NF	QL(1 ea daily)
<i>glipizide-metformin hcl 2.5 MG-250 MG, 2.5 MG-500 MG</i>	1B	QL(2 ea daily)
<i>glyburide-metformin 2.5 MG-500 MG, 5 MG-500 MG</i>	1B	QL(4 ea daily)
<i>glyburide-metformin 1.25 MG-250 MG</i>	1B	QL(2 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1B	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
TRIJARDY XR 10 MG-1000 MG-5 MG, 25 MG-1000 MG-5 MG	2	QL(1 ea daily)
TRIJARDY XR 12.5 MG-1000 MG-2.5 MG, 5 MG-1000 MG-2.5 MG	2	QL(2 ea daily)
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG	3	QL(2 ea daily);PA
XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	QL(1 ea daily);PA
XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML	2	QL(0.5 ml daily);PA
<b>Biguanides</b>		
FORTAMET TB24 ( <i>Use metformin hcl</i> )	NF	
<i>metformin hcl tb24 750 MG</i>	1B	QL(3 ea daily)
<i>metformin hcl tb24 500 MG</i>	1B	QL(4 ea daily)
<i>metformin hcl tabs 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl tabs 1000 MG</i>	1B	QL(2.5 ea daily)
<i>metformin hcl tabs 850 MG</i>	1B	QL(3 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	1B	
GLUCAGEN HYPOKIT	3	QL(0.035 ea daily)
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT ( <i>Use glucagon (rdna)</i> )	NF	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM ( <i>Use diazoxide</i> )	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
NESINA ( <i>Use alogliptin benzoate</i> )	NF	
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET	3	QL(6 ea daily)
<b>Incretin Mimetic Agents</b>		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily);PA
OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML	2	QL(0.108 ml daily);PA
TRULICITY	2	QL(0.143 ml daily);PA
VICTOZA	2	QL(0.3 ml daily);PA
<b>Insulin</b>		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP SOLN 100 UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100 UNIT/ML	2	
FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN DEGLUDEC SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
LEVEMIR FLEXTOUCH SOPN	2	
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN N SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N FLEXPEN RELION SUPN	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN R SOLN IJ	2	
NOVOLIN R RELION SOLN IJ	2	
NOVOLOG SOLN IJ	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG FLEXPEN RELION SOPN	2	
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLOG PENFILL SOCT	2	
TRESIBA SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
<b>Insulin Sensitizing Agents</b>		
ACTOS (Use <i>pioglitazone hcl</i> )	NF	QL(1 ea daily)
AVANDIA 2 MG, 4 MG	3	QL(1 ea daily)
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
<i>repaglinide .5 MG, 1 MG</i>	1B	QL(4 ea daily)
STARLIX (Use <i>nateglinide</i> )	NF	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
FARXIGA	3	QL(1 ea daily);PA
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL 1 MG, 2 MG (Use <i>glimepiride</i> )	NF	QL(4 ea daily)
AMARYL 4 MG (Use <i>glimepiride</i> )	NF	QL(2 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide tabs</i>	1B	QL(4 ea daily)
<i>glipizide tb24</i>	1B	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TB24 (Use <i>glipizide</i> )	NF	QL(2 ea daily)
<i>glyburide tabs</i>	1B	QL(4 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
GLYNASE (Use <i>glyburide micronized</i> )	NF	QL(4 ea daily)
<i>tolbutamide</i>	1B	QL(6 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG</i>	1B	
<i>diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML</i>	1B	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i> )	NF	RX/OTC
LOMOTIL TABS 2.5 MG-0.025 MG (Use <i>diphenoxylate w/ atropine</i> )	NF	
<i>loperamide hcl caps</i>	1B	RX/OTC
MOTOFEN 1 MG-0.025 MG	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	3	
<i>deferasirox tabs</i>	4	SP;PA
<i>deferasirox pack</i>	4	PA
<i>deferasirox tbso</i>	4	SP;PA
<i>deferiprone tabs 500 MG</i>	1B	
EXJADE TBSO (Use <i>deferasirox</i> )	NF	SP;PA
FERRIPROX TABS (Use <i>deferiprone</i> )	NF	

Drug Name	Drug Tier	Requirement s/Limits
JADENU TABS ( <i>Use deferasirox</i> )	NF	SP;PA
JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )	NF	PA
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD	4	PA
<b>Opioid Antagonists</b>		
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	1B	
<i>naloxone hcl liqd</i>	1B	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)
<i>naltrexone hcl</i>	1B	
NARCAN LIQD ( <i>Use naloxone hcl</i> )	3	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS	3	QL(0.167 ea daily);PA
<i>granisetron hcl tabs</i>	1B	QL(0.34 ea daily)
<i>granisetron hcl soln iv 1 MG/ML</i>	1B	
<i>ondansetron tbdp 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron tbdp 8 MG</i>	1B	
<i>ondansetron hcl soln ij 4 MG/2ML</i>	1B	
<i>ondansetron hcl sosy</i>	1B	
<i>ondansetron hcl soln or 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl tabs 4 MG</i>	1B	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)

Drug Name	Drug Tier	Requirement s/Limits
<i>ondansetron hcl tabs 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl tabs 8 MG</i>	1B	QL(3 ea daily,45 ea per fill retail,45 per fill mail MG)
<i>palonosetron hcl soln</i>	1B	
ZOFRAN TABS 4 MG ( <i>Use ondansetron hcl</i> )	NF	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl tabs 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl tabs 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
TIGAN CAPS ( <i>Use trimethobenzamide hcl</i> )	NF	
TRANSDERM SCOP ( <i>Use scopolamine</i> )	NF	QL(0.34 ea daily)
TRANSDERM-SCOP ( <i>Use scopolamine</i> )	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO 300 MG-0.5 MG	3	PA
BONJESTA TBCR 20 MG-20 MG	3	3 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily)
DICLEGIS TBEC 10 MG-10 MG ( <i>Use doxylamine-pyridoxine</i> )	NF	3 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily);PA
<i>doxylamine-pyridoxine tbec 10 MG-10 MG</i>	1B	3 rtl MAX fill,365 rtl day(s) supply;QL(4 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol caps</i>	1B	
MARINOL CAPS ( <i>Use dronabinol</i> )	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant misc</i>	1B	PA
<i>aprepitant caps</i>	1B	PA
<i>aprepitant caps 40 MG, 125 MG</i>	1B	QL(0.067 ea daily);PA
<i>aprepitant caps 80 MG</i>	1B	QL(0.134 ea daily);PA
EMEND CAPS 80 MG ( <i>Use aprepitant</i> )	NF	QL(0.134 ea daily);PA
EMEND TRIPACK CAPS ( <i>Use aprepitant</i> )	NF	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
CANCIDAS ( <i>Use caspofungin acetate</i> )	NF	
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
MYCAMINE ( <i>Use micafungin sodium</i> )	NF	PA
<b>Antifungals</b>		
ABELCET	3	
AMBISOME ( <i>Use amphotericin b liposome</i> )	3	
<i>amphotericin b iv</i>	3	
<i>amphotericin b liposome</i>	1B	
ANCOBON ( <i>Use flucytosine</i> )	NF	
<i>flucytosine</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize susp</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin tabs</i>	1B	
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS	3	PA
DIFLUCAN TABS ( <i>Use fluconazole</i> )	NF	
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	NF	
<i>fluconazole tabs</i>	1B	
<i>fluconazole susr</i>	1B	
<i>itraconazole caps</i>	1B	QL(4 ea daily);PA
<i>itraconazole soln</i>	1B	QL(20 ml daily);PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP	3	QL(20 ml daily)
SPORANOX SOLN ( <i>Use itraconazole</i> )	NF	QL(20 ml daily);PA
SPORANOX CAPS ( <i>Use itraconazole</i> )	NF	QL(4 ea daily);PA
SPORANOX PULSEPAK CAPS ( <i>Use itraconazole</i> )	NF	QL(4 ea daily);PA
TOLSURA CAPS	4	PA
VFEND TABS ( <i>Use voriconazole</i> )	NF	QL(4 ea daily)
<i>voriconazole tabs</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate soln</i>	1B	
<b>Antihistamines - Ethanolamines</b>		

Drug Name	Drug Tier	Requirement s/Limits
BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl)	NF	
carbinoxamine maleate tabs 4 MG	1B	
carbinoxamine maleate soln	1B	
clemastine fumarate tabs 2.68 MG	1B	
CLEMASTINE FUMARATE SYRP	1B	
diphenhydramine hcl soln 50 MG/ML	1B	
diphenhydramine hcl elix 12.5 MG/5ML	1B	
diphenhydramine hcl caps 50 MG	1A	
diphenhydramine hcl liqd 12.5 MG/5ML	1B	
<b>Antihistamines - Non-Sedating</b>		
cetirizine hcl tabs	1A	QL(1 ea daily)
CLARINEX TABS (Use desloratadine)	NF	QL(1 ea daily)
CLARITIN CHEW (Use loratadine)	NF	
CLARITIN TABS (Use loratadine)	NF	
CLARITIN CAPS (Use loratadine)	NF	
CLARITIN SYRP (Use loratadine)	NF	
CLARITIN ALLERGY CHILDRENS SYRP (Use loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
desloratadine tbdp 2.5 MG	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
desloratadine tabs	1B	QL(1 ea daily)
levocetirizine dihydrochloride soln	1B	QL(10 ml daily);RX/OTC
levocetirizine dihydrochloride tabs	1B	QL(1 ea daily);RX/OTC
loratadine tbdp	1B	
loratadine chew	1B	
loratadine soln	1B	
loratadine tabs	1A	
loratadine syrp	1B	
loratadine caps	1B	
QUZYTIR SOLN IV	3	PA
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NF	QL(1 ea daily);RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	NF	QL(10 ml daily);RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF	QL(1 ea daily)
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLN (Use promethazine hcl)	NF	
promethazine hcl tabs	1B	
promethazine hcl soln 25 MG/ML, 50 MG/ML	1B	
promethazine hcl supp	1B	
promethazine hcl syrp	1B	
<b>Antihistamines - Piperidines</b>		
cyproheptadine hcl tabs	1B	
cyproheptadine hcl syrp	1B	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
VYTORIN (Use <i>ezetimibe-simvastatin</i> )	NF	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl .5 GM</i>	1B	QL(8 ea daily);PA
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily);PA
LOVAZA 1 GM-375 MG-465 MG (Use <i>omega-3-acid ethyl esters</i> )	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters 1 GM-375 MG-465 MG</i>	1B	QL(4 ea daily)
VASCEPA .5 GM (Use <i>icosapent ethyl</i> )	3	QL(8 ea daily);PA
VASCEPA 1 GM (Use <i>icosapent ethyl</i> )	NF	QL(4 ea daily);PA
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine pack</i>	1B	QL(6 ea daily)
<i>cholestyramine powd</i>	1B	QL(25.2 gm daily)
<i>cholestyramine light pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd</i>	1B	QL(24 gm daily)
<i>colesevelam hcl pack</i>	1B	QL(1 ea daily);PA
<i>colesevelam hcl tabs</i>	1B	QL(7 ea daily);MP
COLESTID GRAN (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID TABS (Use <i>colestipol hcl</i> )	NF	QL(16 ea daily)
COLESTID PACK (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED PACK (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
<i>colestipol hcl pack</i>	1B	QL(6 ea daily)
<i>colestipol hcl tabs</i>	1B	QL(16 ea daily)
<i>colestipol hcl gran</i>	1B	QL(6 gm daily)
QUESTRAN PACK (Use <i>cholestyramine</i> )	NF	QL(6 ea daily)
QUESTRAN POWD (Use <i>cholestyramine</i> )	NF	QL(25.2 gm daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i> )	NF	QL(24 gm daily)
WELCHOL TABS (Use <i>colesevelam hcl</i> )	NF	QL(7 ea daily);MP
WELCHOL PACK (Use <i>colesevelam hcl</i> )	NF	QL(1 ea daily);PA
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
LOPID TABS (Use <i>gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i> )	NF	QL(1 ea daily)
TRILIPIX (Use <i>choline fenofibrate</i> )	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	3	QL(1 ea daily);ST
<i>atorvastatin calcium</i>	1B	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	QL(1 ea daily)



Drug Name	Drug Tier	Requirement s/Limits
<i>fluvastatin sodium caps 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium caps 40 MG</i>	1B	QL(2 ea daily)
LIPITOR (Use <i>atorvastatin calcium</i> )	NF	QL(1 ea daily)
<i>lovastatin tabs 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76;QL(2 ea daily);PV
<i>lovastatin tabs 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76;QL(1 ea daily);PV
PRAVACHOL 20 MG, 40 MG (Use <i>pravastatin sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs</i>	1B	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use <i>simvastatin</i> )	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	1B	QL(1 ea daily)
ZETIA (Use <i>ezetimibe</i> )	NF	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	1B	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i> )	NF	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
REPATHA SOSY	4	QL(0.0714 ml daily);PA

Drug Name	Drug Tier	Requirement s/Limits
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily);PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily);PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL (Use <i>quinapril hcl</i> )	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i> )	NF	
<i>benazepril hcl</i>	1B	
<i>captopril</i>	1B	
<i>enalapril maleate tabs</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i> )	NF	
<i>moexipril hcl</i>	1B	
<i>perindopril erbumine</i>	1B	
PRINIVIL TABS (Use <i>lisinopril</i> )	NF	
<i>quinapril hcl</i>	1B	
<i>ramipril caps</i>	1B	
<i>trandolapril</i>	1B	
VASOTEC TABS (Use <i>enalapril maleate</i> )	NF	
ZESTRIL TABS (Use <i>lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLINE (Use <i>phenoxybenzamine hcl</i> )	NF	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>phenoxybenzamine hcl</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND ( <i>Use candesartan cilexetil</i> )	NF	QL(1 ea daily)
AVAPRO ( <i>Use irbesartan</i> )	NF	QL(1 ea daily)
BENICAR ( <i>Use olmesartan medoxomil</i> )	NF	QL(1 ea daily)
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
COZAAR ( <i>Use losartan potassium</i> )	NF	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NF	QL(1 ea daily)
EDARBI	3	QL(1 ea daily);ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
MICARDIS ( <i>Use telmisartan</i> )	NF	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan tabs</i>	1B	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA ( <i>Use doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NF	QL(8 ea daily)
CATAPRES-TTS-1 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>methyldopa tabs</i>	1B	QL(6 ea daily)
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
<b>Antihypertensive Combinations</b>		
ACCURETIC 10 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(3 ea daily)
ACCURETIC 20 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(4 ea daily)
ACCURETIC 20 MG-25 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1B	
ATACAND HCT ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>atenolol &amp; chlorthalidone</i>	1B	
AVALIDE ( <i>Use irbesartan-hydrochlorothiazide</i> )	NF	
AZOR ( <i>Use amlodipine besylate-olmesartan medoxomil</i> )	NF	ST
<i>benazepril &amp; hydrochlorothiazide</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide	1B	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide	1B	
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide	1B	
EXFORGE (Use amlodipine besylate-valsartan)	NF	
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NF	
fosinopril sodium & hydrochlorothiazide	1B	
HYZAAR 50 MG-12.5 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
HYZAAR 100 MG-12.5 MG, 100 MG-25 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide	1B	
lisinopril & hydrochlorothiazide	1B	
LOPRESSOR HCT TABS 50 MG-25 MG (Use metoprolol & hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide 100 MG-12.5 MG, 100 MG-25 MG	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)	NF	
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)	NF	
metoprolol & hydrochlorothiazide tabs	1B	
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1B	ST
olmesartan medoxomil-hydrochlorothiazide	1B	
quinapril-hydrochlorothiazide 20 MG-12.5 MG	1B	QL(4 ea daily)
quinapril-hydrochlorothiazide 20 MG-25 MG	1B	QL(2 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Usetrandolapril-verapamil hcl)	NF	
telmisartan-amlodipine	1B	
telmisartan-hydrochlorothiazide	1B	

Drug Name	Drug Tier	Requirements/Limits
TENORETIC 100 100 MG-25 MG (Use atenolol & chlorthalidone)	NF	
TENORETIC 50 50 MG-25 MG (Use atenolol & chlorthalidone)	NF	
trandolapril-verapamil hcl	1B	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
TWYNSTA (Use telmisartan-amlodipine)	NF	
valsartan-hydrochlorothiazide	1B	
VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)	NF	
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NF	
ZIAC (Use bisoprolol & hydrochlorothiazide)	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL	3	PA
<b>Direct Renin Inhibitors</b>		
aliskiren fumarate	1B	QL(1 ea daily)
TEKTURN (Use aliskiren fumarate)	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
eplerenone	1B	
INSPRA (Use eplerenone)	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>Vasodilators</b>		
hydralazine hcl soln	1B	
hydralazine hcl tabs	1B	
minoxidil 2.5 MG, 10 MG	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
bacitracin	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
IMPAVIDO	3	QL(3 ea daily);PA
metronidazole tabs	1B	
trimethoprim tabs	1B	
XIFAXAN	3	AL(At least 12 yrs old);PA
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim)	NF	
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NF	
sulfamethoxazole-trimethoprim tabs	1A	
sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML	1B	
sulfamethoxazole-trimethoprim soln 80 MG/5ML-400 MG/5ML	1B	
<b>Antiprotozoal Agents</b>		
ALINIA TABS (Use nitazoxanide)	NF	PA
ALINIA SUSR	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone</i>	1B	
MEPRON (Use <i>atovaquone</i> )	NF	
<i>nitazoxanide tabs</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium ij</i>	1B	
<i>imipenem-cilastatin iv</i>	1B	
INVANZ IJ (Use <i>ertapenem sodium</i> )	NF	
<i>meropenem</i>	1B	
MERREM 500 MG (Use <i>meropenem</i> )	NF	
PRIMAXIN IV IV 500 MG-500 MG (Use <i>imipenem-cilastatin</i> )	NF	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP;PA
<b>Cyclic Lipopeptides</b>		
CUBICIN (Use <i>daptomycin</i> )	NF	
CUBICIN RF (Use <i>daptomycin</i> )	NF	
<i>daptomycin 500 MG</i>	1B	
DAPTOMYCIN (Use <i>daptomycin</i> )	NF	
<b>Glycopeptides</b>		
FIRVANQ SOLR OR	2	QL(300 ml per fill retail)
VANCOGIN CAPS (Use <i>vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps</i>	1B	QL(4 ea daily,40 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR OR 50 MG/ML, 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>Lincosamides</b>		
CLEOCIN (Use <i>clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES (Use <i>clindamycin palmitate hydrochloride</i> )	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use <i>clindamycin phosphate</i> )	NF	
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate soln ij 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
LINCOCIN (Use <i>lincomycin hcl</i> )	NF	
<i>lincomycin hcl</i>	1B	
<b>Monobactams</b>		
AZACTAM 1 GM (Use <i>aztreonam</i> )	NF	
<i>aztreonam 1 GM</i>	1B	
<b>Oxazolidinones</b>		
<i>linezolid susr</i>	1B	
<i>linezolid tabs</i>	1B	QL(2 ea daily);PA
SIVEXTRO TABS	3	PA
ZYVOX SUSR (Use <i>linezolid</i> )	NF	
ZYVOX TABS (Use <i>linezolid</i> )	NF	QL(2 ea daily);PA
<b>Polymyxins</b>		

Drug Name	Drug Tier	Requirement s/Limits
<i>polymyxin b sulfate solr</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1B	
HIPREX (Use <i>methenamine hippurate</i> )	NF	
MACROBID (Use <i>nitrofurantoin monohyd macro</i> )	NF	
<i>methenamine hippurate</i>	1B	
MONUROL (Use <i>fosfomycin tromethamine</i> )	NF	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail)

Drug Name	Drug Tier	Requirement s/Limits
COARTEM 120 MG-20 MG	2	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(24 ea per fill retail,24 per fill mail)
MALARONE (Use <i>atovaquone-proguanil hcl</i> )	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1B	
DARAPRIM (Use <i>pyrimethamine</i> )	NF	QL(3 ea daily);PA
<i>hydroxychloroquine sulfate</i>	1B	
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(5 ea daily)
PLAQUENIL (Use <i>hydroxychloroquine sulfate</i> )	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i> )	NF	
<i>pyrimethamine</i>	1B	QL(3 ea daily);PA
QUALAQUIN CAPS (Use <i>quinine sulfate</i> )	NF	PA
<i>quinine sulfate caps 324 MG</i>	1B	PA

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

#### Antimyasthenic/Cholinergic Agents

FIRDAPSE	4	PA
GUANIDINE HCL	2	
MESTINON SOLN OR (Use <i>pyridostigmine bromide</i> )	NF	
MESTINON TABS (Use <i>pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR (Use <i>pyridostigmine bromide</i> )	NF	
<i>neostigmine methylsulfate sosy</i>	3	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide tabs 60 MG</i>	1B	
<i>pyridostigmine bromide tbc</i>	1B	
<i>pyridostigmine bromide soln or</i>	1B	
RUZURGI	4	QL(10 ea daily);PA

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Drug Name	Drug Tier	Requirement s/Limits
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1B	
<i>isoniazid soln</i>	1B	
<i>isoniazid tabs</i>	1B	
<i>isoniazid syrp</i>	1B	
MYAMBUTOL TABS 400 MG (Use <i>ethambutol hcl</i> )	NF	
MYCOBUTIN (Use <i>rifabutin</i> )	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
RIFADIN SOLR (Use <i>rifampin</i> )	NF	
<i>rifampin caps</i>	1B	
<i>rifampin solr</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN (Use <i>melfalan</i> )	6	
ALKERAN (Use <i>melfalan hcl</i> )	6	
BELRAPZO SOLN	6	
BENDEKA SOLN	6	
BICNU (Use <i>carmustine</i> )	6	SP;PA
<i>busulfan soln</i>	6	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
BUSULFEX SOLN ( <i>Use busulfan</i> )	6	SP;PA
<i>carboplatin soln 50 MG/5ML</i>	6	SP;PA
<i>carboplatin soln 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	6	PA
<i>carmustine</i>	6	SP;PA
<i>cisplatin soln 100 MG/100ML</i>	6	SP;PA
<i>cisplatin soln 50 MG/50ML, 200 MG/200ML</i>	6	PA
CISPLATIN SOLR	6	
<i>cyclophosphamide caps</i>	1B	PA
<i>cyclophosphamide solr ij</i>	6	SP;PA
CYCLOPHOSPHAMIDE SOLN	6	
CYCLOPHOSPHAMIDE SOLN	6	
EVOMELA	6	
GLEOSTINE 10 MG, 40 MG, 100 MG	6	PA
IFEX SOLR	6	PA
<i>IFEX SOLR (Use ifosfamide)</i>	6	SP;PA
<i>ifosfamide soln 3 GM/60ML</i>	6	PA
<i>ifosfamide solr</i>	6	SP;PA
<i>ifosfamide soln 1 GM/20ML</i>	6	SP;PA
IFOSFAMIDE SOLR	6	PA
LEUKERAN	6	SP;PA
<i>melphalan</i>	1B	
<i>melphalan hcl</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
MYLERAN TABS	6	SP;PA
<i>oxaliplatin solr</i>	6	PA
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	6	SP;PA
<i>TEMODAR CAPS (Use temozolomide)</i>	6	SP;PA
TEMODAR SOLR	6	SP;PA
<i>temozolomide caps</i>	6	SP;PA
TEPADINA 15 MG ( <i>Use thiotepa</i> )	6	SP;PA
TEPADINA 100 MG ( <i>Use thiotepa</i> )	6	PA
<i>thiotepa 15 MG</i>	6	SP;PA
<i>thiotepa 100 MG</i>	6	PA
TREANDA SOLR	6	SP;PA
YONDELIS	6	
ZANOSAR	6	SP;PA
ZEPZELCA	6	
<b>Antimetabolites</b>		
<i>ALIMTA SOLR (Use pemetrexed disodium)</i>	6	PA
<i>ALIMTA SOLR 500 MG (Use pemetrexed disodium)</i>	6	SP;PA
<i>ARRANON (Use nelarabine)</i>	6	SP;PA
<i>azacitidine susr</i>	6	SP;PA
<i>capecitabine</i>	6	SP;PA
<i>cladribine 10 MG/10ML</i>	6	PA
<i>clofarabine</i>	6	SP;PA
<i>CLOLAR (Use clofarabine)</i>	6	SP;PA
<i>cytarabine soln</i>	6	SP;PA
<i>cytarabine soln 20 MG/ML</i>	6	PA



Drug Name	Drug Tier	Requirement s/Limits
DACOGEN ( <i>Use decitabine</i> )	6	SP;PA
<i>decitabine</i>	6	SP;PA
<i>floxuridine</i>	6	SP;PA
<i>fludarabine phosphate solr</i>	6	SP;PA
<i>fludarabine phosphate soln</i>	6	SP;PA
<i>fluorouracil 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML</i>	6	PA
<i>fluorouracil 500 MG/10ML</i>	6	SP;PA
FOLOTYN 20 MG/ML	6	SP;PA
FOLOTYN 40 MG/2ML	6	PA
<i>gemcitabine hcl solr 1 GM</i>	6	PA
<i>gemcitabine hcl solr 2 GM, 200 MG</i>	6	SP;PA
<i>gemcitabine hcl soln</i>	6	
<i>gemcitabine hcl soln</i>	6	PA
GEMCITABINE HYDROCHLORIDE SOLN	6	
GEMCITABINE HYDROCHLORIDE SOLN ( <i>Use gemcitabine hcl</i> )	6	PA
GEMCITABINE HYDROCHLORIDE SOLN ( <i>Use gemcitabine hcl</i> )	6	
INFUGEM	6	
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium soln 50 MG/2ML, 250 MG/10ML</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>methotrexate sodium soln 50 MG/2ML</i>	1B	
<i>methotrexate sodium solr</i>	1B	SP
<i>methotrexate sodium soln 1 GM/40ML, 250 MG/10ML</i>	6	PA
<i>methotrexate sodium tabs 2.5 MG</i>	1B	SP
<i>nelarabine</i>	6	SP;PA
ONUREG TABS	6	PA
PEMETREXED 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	6	PA
PEMETREXED	6	PA
PEMETREXED SOLN 500 MG/20ML	6	PA
<i>pemetrexed disodium solr 100 MG, 750 MG, 1000 MG</i>	6	PA
<i>pemetrexed disodium solr 500 MG</i>	6	SP;PA
PEMFEXY	6	PA
<i>pralatrexate 20 MG/ML</i>	6	SP;PA
<i>pralatrexate 40 MG/2ML</i>	6	PA
PURIXAN SUSP	6	PA
TABLOID	6	SP;PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	6	SP;PA
VIDAZA SUSR ( <i>Use azacitidine</i> )	6	SP;PA
XATMEP SOLN	6	PA
XELODA ( <i>Use capecitabine</i> )	6	SP;PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>		

Drug Name	Drug Tier	Requirement s/Limits
AVASTIN 100 MG/4ML	6	SP;PA
CYRAMZA	6	PA
INLYTA	6	QL(2 ea daily);SP;PA
LENVIMA 10 MG DAILY DOSE	6	QL(1 ea daily);PA
LENVIMA 12MG DAILY DOSE	6	QL(3 ea daily);PA
LENVIMA 14 MG DAILY DOSE	6	QL(2 ea daily);PA
LENVIMA 18 MG DAILY DOSE	6	QL(3 ea daily);PA
LENVIMA 20 MG DAILY DOSE	6	QL(2 ea daily);PA
LENVIMA 24 MG DAILY DOSE	6	QL(3 ea daily);PA
LENVIMA 4 MG DAILY DOSE	6	QL(1 ea daily);PA
LENVIMA 8 MG DAILY DOSE	6	QL(2 ea daily);PA
MVASI	6	PA
ZALTRAP 200 MG/8ML	6	PA
ZALTRAP 100 MG/4ML	6	SP;PA
ZIRABEV	6	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	6	SP;PA
ARZERRA	6	SP;PA
BAVENCIO	6	
BESPONSA	6	
BLENREP	6	
BLINCYTO	6	PA
DARZALEX	6	
EMPLICITI	6	
ENHERTU	6	
GAZYVA	6	PA
IMFINZI	6	

Drug Name	Drug Tier	Requirement s/Limits
KADCYLA	6	PA
KEYTRUDA	6	PA
LIBTAYO	6	
LUMOXITI	6	
MONJUVI	6	
MYLOTARG	6	
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	6	PA
PADCEV	6	
POLIVY 140 MG	6	
POTELIGEO	6	
RITUXAN	6	SP;PA
RUXIENCE	6	
SARCLISA	6	
TECENTRIQ	6	
TRUXIMA	4	PA
UNITUXIN	6	
YERVOY	6	SP;PA
ZEVALIN Y-90	6	PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
HERCEPTIN 150 MG	6	SP;PA
HERZUMA	6	
KANJINTI	4	PA
OGIVRI	6	PA
ONTRUZANT	6	
PERJETA	6	SP;PA
TRAZIMERA	6	PA
TUKYSA	6	PA
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA TABS	6	PA
VENCLEXTA STARTING PACK TBPK	6	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Cellular Immunotherapy</b>		
TECARTUS O	6	
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	6	SP;PA
<i>erlotinib hcl</i>	6	QL(1 ea daily);SP;PA
GILOTRIF	6	QL(1 ea daily);PA
IRESSA	6	
PORTRAZZA	6	
TAGRISO	6	PA
TARCEVA ( <i>Use erlotinib hcl</i> )	6	QL(1 ea daily);SP;PA
VECTIBIX 400 MG/20ML	6	PA
VECTIBIX 100 MG/5ML	6	SP;PA
VIZIMPRO	6	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	6	PA
ERIVEDGE	6	QL(1 ea daily);SP;PA
ODOMZO	6	QL(1 ea daily);PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	6	QL(2 ea daily);PA
<i>abiraterone acetate 250 MG</i>	6	QL(4 ea daily);SP;PA
<i>anastrozole</i>	1B	QL(1 ea daily)
ARIMIDEX ( <i>Use anastrozole</i> )	6	QL(1 ea daily)
AROMASIN ( <i>Use exemestane</i> )	6	QL(1 ea daily);SP
<i>bicalutamide</i>	6	QL(1 ea daily);SP;PA
CAMCEVI	6	PA

Drug Name	Drug Tier	Requirements/Limits
CASODEX ( <i>Use bicalutamide</i> )	6	QL(1 ea daily);SP;PA
ELIGARD KIT SC 7.5 MG	6	QL(0.0089 ea daily);SP;PA
ELIGARD SC 30 MG	6	SP;PA
EMCYT	6	SP;PA
ERLEADA	6	PA
EULEXIN	6	QL(6 ea daily);SP;PA
<i>exemestane</i>	6	QL(1 ea daily);SP
FARESTON ( <i>Use toremifene citrate</i> )	6	
FASLODEX SOSY ( <i>Use fulvestrant</i> )	6	QL(0.357 ml daily);SP;PA
FEMARA ( <i>Use letrozole</i> )	6	
FIRMAGON	6	QL(0.143 ea daily);SP;PA
<i>flutamide</i>	6	QL(6 ea daily);SP;PA
<i>fulvestrant sosy</i>	6	QL(0.357 ml daily);SP;PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	6	
<i>letrozole</i>	1B	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	6	SP;PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 25 MG/ML-5 MG/ML	6	
LUPRON DEPOT (1-MONTH) KIT IM	6	QL(0.0357 ea daily);SP;PA
LUPRON DEPOT (3-MONTH) IM	6	SP;PA
LUPRON DEPOT (4-MONTH) IM	6	QL(0.1339 ea daily);SP;PA
LUPRON DEPOT (6-MONTH) IM	6	QL(0.0089 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
LYSODREN	6	SP;PA
<i>megestrol acetate tabs</i>	1B	
<i>megestrol acetate susp</i>	1B	
NILANDRON ( <i>Use nilutamide</i> )	6	QL(2 ea daily)
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	6	QL(4 ea daily);PA
SOLTAMOX SOLN	6	PA
<i>tamoxifen citrate tabs 10 MG</i>	0	
<i>tamoxifen citrate tabs 20 MG</i>	0	
<i>toremifene citrate</i>	6	
TRELSTAR MIXJECT	6	SP;PA
VANTAS	6	PA
XTANDI TABS	6	
XTANDI CAPS	6	QL(4 ea daily);SP;PA
YONSA	6	QL(4 ea daily);PA
ZOLADEX 10.8 MG	6	QL(0.0119 ea daily);SP;PA
ZOLADEX 3.6 MG	6	QL(0.0357 ea daily);SP;PA
ZYTIGA 250 MG ( <i>Use abiraterone acetate</i> )	6	QL(4 ea daily);SP;PA
ZYTIGA 500 MG ( <i>Use abiraterone acetate</i> )	6	QL(2 ea daily);PA
<b>Antineoplastic - Hypoxia-Inducible Factor Inhibitors</b>		
WELIREG	6	
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	6	QL(1 ea daily);PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	6	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
LARTRUVO 190 MG/19ML	6	
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO	6	
XPOVIO 100 MG ONCE WEEKLY	6	PA
XPOVIO 40 MG ONCE WEEKLY	6	
XPOVIO 40 MG TWICE WEEKLY	6	
XPOVIO 60 MG ONCE WEEKLY	6	PA
XPOVIO 60 MG TWICE WEEKLY	6	
XPOVIO 80 MG ONCE WEEKLY	6	PA
XPOVIO 80 MG TWICE WEEKLY	6	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 30 UNIT</i>	6	PA
<i>bleomycin sulfate 15 UNIT</i>	6	SP;PA
COSMEGEN ( <i>Use dactinomycin</i> )	6	SP;PA
<i>dactinomycin</i>	6	SP;PA
<i>daunorubicin hcl soln</i>	6	
DAUNORUBICIN HYDROCHLORIDE SOLN ( <i>Use daunorubicin hcl</i> )	6	
DAUNORUBICIN HYDROCHLORIDE SOLN	6	
DOXIL ( <i>Use doxorubicin hcl liposomal</i> )	6	SP;PA
<i>doxorubicin hcl solr 10 MG, 50 MG</i>	6	SP;PA
<i>doxorubicin hcl soln</i>	6	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>doxorubicin hcl liposomal</i>	6	SP;PA
ELLECE SOLN 50 MG/25ML	6	SP;PA
ELLECE SOLN 200 MG/100ML	6	PA
<i>epirubicin hcl soln 50 MG/25ML</i>	6	SP;PA
<i>epirubicin hcl soln 200 MG/100ML</i>	6	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML ( <i>Use idarubicin hcl</i> )	6	SP;PA
IDAMYCIN PFS 20 MG/20ML ( <i>Use idarubicin hcl</i> )	6	PA
<i>idarubicin hcl 20 MG/20ML</i>	6	PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	6	SP;PA
JELMYTO SOLR UL	6	
<i>mitomycin solr iv 20 MG</i>	6	SP;PA
<i>mitomycin solr iv 5 MG, 40 MG</i>	6	PA
MITOMYCIN SOSY 20 MG/40ML	6	
<i>mitoxantrone hcl 2 MG/ML</i>	6	PA
<i>mitoxantrone hcl 2 MG/ML</i>	6	SP;PA
<i>valrubicin</i>	6	SP;PA
VALSTAR ( <i>Use valrubicin</i> )	6	SP;PA
<b>Antineoplastic Combinations</b>		
DARZALEX FASPRO 1800 MG/15ML-30000 UNIT/15ML	6	

Drug Name	Drug Tier	Requirement s/Limits
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	6	
INQOVI 100 MG-35 MG	6	
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	3	PA
LONSURF	6	PA
OPDUALAG 80 MG/20ML-240 MG/20ML	6	PA
PHESGO	6	
RITUXAN HYCELA	6	PA
VYXEOS 44 MG-100 MG	6	
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS ( <i>Use everolimus</i> )	6	QL(1 ea daily);SP;PA
AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> )	6	PA
ALECENSA	6	QL(4 ea daily);PA
ALIQOPA	6	
ALUNBRIG TBPK	6	QL(1 ea daily);PA
ALUNBRIG TABS	6	QL(1 ea daily);PA
BALVERSA	6	PA
BELEODAQ	6	PA
<i>bortezomib solr ij</i>	6	SP;PA
BORTEZOMIB SOLN	6	PA
BORTEZOMIB SOLR IV 3.5 MG	6	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	6	PA
BOSULIF 100 MG, 500 MG	6	QL(1 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
BOSULIF 400 MG	6	PA
BRAFTOVI 75 MG	6	PA
BRUKINSA	6	PA
CABOMETYX TABS	6	PA
CALQUENCE	6	PA
CALQUENCE	6	PA
CAPRELSA	6	QL(1 ea daily);SP;PA
COMETRIQ KIT	6	QL(3 ea daily);SP;PA
COMETRIQ KIT 0	6	QL(2 ea daily);SP;PA
COMETRIQ KIT 0	6	QL(4 ea daily);SP;PA
COPIKTRA	6	PA
COTELLIC	6	PA
<i>everolimus tbso</i>	6	PA
<i>everolimus tabs</i>	6	QL(1 ea daily);SP;PA
FARYDAK	6	PA
FOTIVDA	6	
GLEEVEC ( <i>Use imatinib mesylate</i> )	6	QL(2 ea daily);SP;PA
IBRANCE CAPS	6	PA
IBRANCE TABS	6	PA
ICLUSIG 15 MG, 45 MG	6	QL(1 ea daily);PA
ICLUSIG 10 MG, 30 MG	6	QL(1 ea daily);PA
IDHIFA	6	PA
<i>imatinib mesylate</i>	6	QL(2 ea daily);SP;PA
IMBRUVICA TABS	6	QL(1 ea daily);PA
IMBRUVICA CAPS 140 MG	6	QL(3 ea daily);PA
IMBRUVICA SUSP	6	QL(8 ml daily);PA

Drug Name	Drug Tier	Requirement s/Limits
IMBRUVICA CAPS 70 MG	6	QL(1 ea daily);PA
INREBIC	6	PA
ISTODAX (OVERFILL) SOLR ( <i>Use romidepsin</i> )	6	SP;PA
JAKAFI 5 MG, 15 MG, 25 MG	6	QL(2 ea daily);SP;PA
JAKAFI 10 MG, 20 MG	6	SP;PA
KISQALI	6	PA
KOSELUGO	4	PA
KYPROLIS	6	PA
<i>lapatinib ditosylate</i>	6	QL(6 ea daily);SP;PA
LORBRENA	6	QL(1 ea daily);PA
LUMAKRAS	6	
LYNPARZA TABS	6	QL(4 ea daily);PA
LYTGOBI	6	PA
MEKINIST 2 MG	6	QL(1 ea daily);PA
MEKINIST .5 MG	6	QL(3 ea daily);PA
MEKTOVI	6	PA
NERLYNX	6	PA
NEXAVAR ( <i>Use sorafenib tosylate</i> )	6	QL(4 ea daily);SP;PA
NINLARO	6	QL(0.143 ea daily);PA
PEMAZYRE	6	QL(1 ea daily);PA
PIQRAY 200MG DAILY DOSE	6	PA
PIQRAY 250MG DAILY DOSE	6	PA
PIQRAY 300MG DAILY DOSE	6	PA
QINLOCK	6	PA
RETEVMO	6	PA
<i>romidepsin solr</i>	6	SP;PA
ROMIDEPSIN SOLN	6	

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK	6	PA
RUBRACA	6	QL(4 ea daily);PA
RYDAPT	6	PA
<i>sorafenib tosylate</i>	6	QL(4 ea daily);SP;PA
SPRYCEL	6	QL(1 ea daily);SP;PA
STIVARGA	6	QL(4 ea daily);SP;PA
<i>sunitinib malate 37.5 MG</i>	6	PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	6	QL(1 ea daily);SP;PA
SUTENT 12.5 MG, 25 MG, 50 MG ( <i>Use sunitinib malate</i> )	6	QL(1 ea daily);SP;PA
SUTENT 37.5 MG ( <i>Use sunitinib malate</i> )	6	PA
TABRECTA	6	PA
TAFINLAR	6	QL(4 ea daily);PA
TALZENNA .5 MG, .75 MG	6	QL(1 ea daily);PA
TALZENNA .25 MG, 1 MG	6	QL(1 ea daily);PA
TASIGNA 150 MG, 200 MG	6	QL(4 ea daily);SP;PA
TASIGNA 50 MG	6	QL(4 ea daily);PA
TAZVERIK	6	PA
<i>temsirolimus</i>	6	QL(0.143 ml daily);SP;PA
TEPMETKO	6	PA
TIBSOVO	6	PA
TORISEL ( <i>Use temsirolimus</i> )	6	QL(0.143 ml daily);SP;PA
TRUSELTIQ	6	
TURALIO	6	AC;PA
TYKERB ( <i>Use lapatinib ditosylate</i> )	6	QL(6 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
UKONIQ	6	
VELCADE SOLR IJ ( <i>Use bortezomib</i> )	6	SP;PA
VERZENIO	6	PA
VITRAKVI SOLN	6	PA
VITRAKVI CAPS	6	PA
VONJO	6	QL(4 ea daily);PA
VOTRIENT	6	QL(4 ea daily);SP;PA
XALKORI	6	QL(2 ea daily);SP;PA
XOSPATA	6	PA
ZEJULA	6	QL(3 ea daily);PA
ZELBORAF	6	SP;PA
ZOLINZA	6	QL(4 ea daily);SP;PA
ZYDELIG	6	QL(2 ea daily);PA
ZYKADIA TABS	6	
<b>Antineoplastic Enzymes</b>		
ASPARLAS	6	
ERWINASE	6	SP;PA
ERWINAZE	6	SP;PA
ONCASPAR	6	SP;PA
<b>Antineoplastic Radiopharmaceuticals</b>		
AZEDRA DOSIMETRIC	6	
AZEDRA THERAPEUTIC	6	
LUTATHERA	6	
PLUVICTO	6	PA
QUADRAMET	6	PA
STRONTIUM CHLORIDE SR-89	6	PA
XOFIGO	6	PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE	6	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ALFERON N	6	PA
<i>arsenic trioxide 12 MG/6ML</i>	6	
<i>arsenic trioxide 10 MG/10ML</i>	6	SP;PA
<i>bexarotene</i>	6	SP;PA
<i>dacarbazine solr 200 MG</i>	6	SP;PA
<i>dacarbazine solr 100 MG</i>	6	PA
ELZONRIS	6	
HYDREA ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea</i>	1B	
INTRON A SOLR 10000000 UNIT, 50000000 UNIT	6	PA
INTRON A SOLN	6	PA
INTRON A SOLR 18000000 UNIT	6	SP;PA
MATULANE	6	SP;PA
NIPENT	6	SP;PA
PHOTOFRIN	6	SP;PA
PROLEUKIN	6	SP;PA
SYNRIBO	6	SP;PA
TARGRETIN ( <i>Use bexarotene</i> )	6	SP;PA
<i>tretinoin (chemotherapy)</i>	1B	
TRISENOX ( <i>Use arsenic trioxide</i> )	6	
UVADEX	6	SP;PA
<b>Chemotherapy Adjuncts</b>		
ELITEK	6	PA
KEPIVANCE	6	SP;PA
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane hcl</i>	6	PA
ETHYOL	6	
KHAPZORY	6	
<i>leucovorin calcium tabs</i>	1B	
<i>leucovorin calcium solr</i>	1B	
<i>leucovorin calcium soln ij 500 MG/50ML</i>	6	
<i>levoleucovorin calcium soln 250 MG/25ML</i>	6	
<i>levoleucovorin calcium solr</i>	6	PA
<i>levoleucovorin calcium soln 175 MG/17.5ML</i>	6	PA
<i>mesna soln</i>	6	PA
MESNEX TABS	6	PA
MESNEX SOLN ( <i>Use mesna</i> )	6	PA
TOTECT	6	PA
VORAXAZE	6	SP;PA
<b>Mitotic Inhibitors</b>		
ABRAXANE 100 MG-900 MG ( <i>Use paclitaxel protein-bound particles</i> )	6	SP;PA
<i>docetaxel soln 20 MG/2ML</i>	6	SP;PA
<i>docetaxel conc 20 MG/ML</i>	6	SP;PA
<i>docetaxel conc 80 MG/4ML, 160 MG/8ML</i>	6	PA
<i>docetaxel soln 80 MG/8ML, 160 MG/16ML</i>	6	PA
DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML	6	PA



Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	6	SP;PA
DOCETAXEL CONC 20 MG/ML	6	SP;PA
DOCETAXEL SOLN 80 MG/8ML, 160 MG/16ML (Use docetaxel)	6	PA
ETOPOPHOS	6	SP;PA
etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	6	SP;PA
etoposide caps	6	SP;PA
HALAVEN	6	SP;PA
IXEMPRA KIT 45 MG	6	PA
IXEMPRA KIT 15 MG	6	SP;PA
JEVTANA	6	SP;PA
MARQIBO	6	PA
NAVELBINE 50 MG/5ML (Use vinorelbine tartrate)	6	PA
NAVELBINE 10 MG/ML (Use vinorelbine tartrate)	6	SP;PA
paclitaxel 6 MG/ML, 30 MG/5ML, 300 MG/50ML	6	PA
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	6	SP;PA
paclitaxel protein-bound particles 100 MG-900 MG	6	SP;PA
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use paclitaxel protein-bound particles)	6	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TENIPOSIDE	6	SP;PA
vinblastine sulfate soln	6	PA
vincristine sulfate	6	SP;PA
vinorelbine tartrate 50 MG/5ML	6	PA
vinorelbine tartrate 10 MG/ML	6	SP;PA
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	6	SP;PA
CAMPTOSAR 300 MG/15ML, 500 MG/25ML (Use irinotecan hcl)	6	PA
HYCAMTIN CAPS	6	SP;PA
HYCAMTIN SOLR (Use topotecan hcl)	6	SP;PA
irinotecan hcl 300 MG/15ML, 500 MG/25ML	6	PA
irinotecan hcl 40 MG/2ML, 100 MG/5ML	6	SP;PA
ONIVYDE	6	
topotecan hcl solr	6	SP;PA
topotecan hcl soln	6	PA
TOPOTECAN HCL SOLN	6	PA
TRODELVY	6	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
carbidopa	1B	
LODOSYN (Use carbidopa)	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	1B	
<i>benztropine mesylate tabs</i>	1B	
COGENTIN SOLN (Use <i>benztropine mesylate</i> )	NF	
<i>trihexyphenidyl hcl tabs</i>	1B	
<i>trihexyphenidyl hcl soln</i>	1B	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN (Use <i>entacapone</i> )	NF	QL(8 ea daily)
<i>entacapone</i>	1B	QL(8 ea daily)
TASMAR (Use <i>tolcapone</i> )	NF	
<i>tolcapone</i>	1B	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl tabs</i>	1B	
<i>amantadine hcl soln</i>	1B	
<i>amantadine hcl caps</i>	1B	
APOKYN SOCT	4	PA
<i>apomorphine hydrochloride soct</i>	4	PA
<i>bromocriptine mesylate caps</i>	1B	
<i>bromocriptine mesylate tabs 2.5 MG</i>	1B	
<i>carbidopa-levodopa tbc</i>	1B	
<i>carbidopa-levodopa tabs</i>	1B	
<i>carbidopa-levodopa tbdp</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS .5 MG, .75 MG, 1 MG (Use <i>pramipexole dihydrochloride</i> )	NF	
MIRAPEX TABS .125 MG (Use <i>pramipexole dihydrochloride</i> )	NF	QL(4 ea daily)
NEUPRO	2	
PARLODEL TABS (Use <i>bromocriptine mesylate</i> )	NF	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i> )	NF	
<i>pramipexole dihydrochloride tabs .25 MG, .5 MG, .75 MG, 1 MG, 1.5 MG</i>	1B	
<i>pramipexole dihydrochloride tabs .125 MG</i>	1B	QL(4 ea daily)
<i>ropinirole hydrochloride tb24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily);ST
<i>ropinirole hydrochloride tabs</i>	1B	
<i>ropinirole hydrochloride tb24 8 MG, 12 MG</i>	1B	QL(2 ea daily);ST
SINEMET TABS (Use <i>carbidopa-levodopa</i> )	NF	
STALEVO 100 200 MG-100 MG-25 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 200 MG-125 MG-31.25 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 200 MG-150 MG-37.5 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 200 MG-200 MG-50 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 200 MG-50 MG-12.5 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 200 MG-75 MG-18.75 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT (Use <i>rasagiline mesylate</i> )	NF	QL(1 ea daily);PA
<i>rasagiline mesylate</i>	1B	QL(1 ea daily);PA
<i>selegiline hcl caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tbc</i>	1B	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO 300 MG	3	QL(4 ea daily);ST
EQUETRO 100 MG	3	QL(2 ea daily);ST
EQUETRO 200 MG	3	QL(8 ea daily);ST
GEODON (Use <i>ziprasidone hcl</i> )	NF	QL(2 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
LATUDA 80 MG	3	QL(2 ea daily);PA
LATUDA 20 MG, 40 MG, 60 MG, 120 MG	3	QL(1 ea daily);PA
<i>ziprasidone hcl</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT	2	QL(2 ea daily);PA
FANAPT TITRATION PACK	2	PA
INVEGA 6 MG (Use <i>paliperidone</i> )	NF	QL(2 ea daily)
INVEGA 1.5 MG, 3 MG, 9 MG (Use <i>paliperidone</i> )	NF	QL(1 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily);PA
RISPERDAL SOLN (Use <i>risperidone</i> )	NF	QL(8 ml daily)
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i> )	NF	QL(4 ea daily)
RISPERDAL CONSTA	2	QL(0.072 ea daily);PA
<i>risperidone tabs</i>	1B	QL(4 ea daily)
<i>risperidone tbdp</i>	1B	QL(4 ea daily)
<i>risperidone soln</i>	1B	QL(8 ml daily)
<b>Butyrophenones</b>		
HALDOL SOLN (Use <i>haloperidol lactate</i> )	NF	
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i> )	NF	QL(0.036 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs</i>	1B	
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate soln</i>	1B	
<i>haloperidol lactate conc</i>	1B	
<b>Dibenzapines</b>		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily);PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily);PA
<i>clozapine tbdp 100 MG</i>	1B	QL(9 ea daily)
<i>clozapine tbdp 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine tabs</i>	1B	
<i>clozapine tbdp 25 MG</i>	1B	QL(3 ea daily)
<i>CLOZARIL TABS (Use clozapine)</i>	NF	
<i>loxapine succinate</i>	1B	
<i>olanzapine tbdp 20 MG</i>	1B	QL(1 ea daily)
<i>olanzapine tabs 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine solr</i>	1B	QL(0.215 ea daily)
<i>olanzapine tabs 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine tbdp 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate tabs 300 MG, 400 MG</i>	1B	QL(2 ea daily);AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tb24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>SAPHRIS 2.5 MG (Use asenapine maleate)</i>	NF	QL(4 ea daily);PA
<i>SAPHRIS 5 MG, 10 MG (Use asenapine maleate)</i>	NF	QL(2 ea daily);PA
<i>SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)</i>	NF	QL(2 ea daily);AL(At least 10 yrs old)
<i>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)</i>	NF	QL(4 ea daily);AL(At least 10 yrs old)
<i>SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use quetiapine fumarate)</i>	NF	QL(1 ea daily)
<i>SEROQUEL XR TB24 300 MG, 400 MG (Use quetiapine fumarate)</i>	NF	QL(2 ea daily)
<i>ZYPREXA SOLR (Use olanzapine)</i>	NF	QL(0.215 ea daily)
<i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i>	NF	QL(4 ea daily)
<i>ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG (Use olanzapine)</i>	NF	QL(2 ea daily)
<i>ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)</i>	NF	QL(1 ea daily)
<i>ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine)</i>	NF	QL(2 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs</i>	1B	
<i>chlorpromazine hcl soln</i>	3	

Drug Name	Drug Tier	Requirement s/Limits
<i>fluphenazine hcl conc</i>	1B	
<i>fluphenazine hcl tabs 1 MG</i>	1B	
<i>fluphenazine hcl tabs 2.5 MG, 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>fluphenazine hcl soln</i>	1B	
<i>fluphenazine hcl elix</i>	1B	
<i>perphenazine tabs</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate tabs</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl tabs</i>	1B	
<b>Quinolinone Derivatives</b>		
<i>ABILIFY TABS (Use aripiprazole)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole tabs</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole soln or</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
REXULTI	3	PA
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1B	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate tabs</i>	1B	QL(2 ea daily)
<i>abacavir sulfate soln</i>	1B	QL(32 ml daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	1B	QL(2 ea daily)
APTIVUS SOLN	2	QL(10 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
APTIVUS CAPS	2	QL(4 ea daily)
<i>atazanavir sulfate caps 200 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate caps 150 MG, 300 MG</i>	1B	QL(1 ea daily)
ATRIPLA 300 MG-200 MG-600 MG ( <i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	3	QL(1 ea daily)
BIKTARVY 25 MG-200 MG-50 MG	2	QL(1 ea daily)
BIKTARVY 15 MG-120 MG-30 MG	3	QL(1 ea daily)
CIMDUO 300 MG-300 MG	2	QL(1 ea daily);ST
COMBIVIR 150 MG-300 MG ( <i>Use lamivudine-zidovudine</i> )	NF	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	3	QL(1 ea daily)
CRIXIVAN 400 MG	2	QL(6 ea daily)
CRIXIVAN 200 MG	2	QL(9 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	3	QL(1 ea daily)
<i>didanosine cpdr 250 MG, 400 MG</i>	1B	QL(1 ea daily)
<i>didanosine cpdr 200 MG</i>	1B	QL(2 ea daily)
DOVATO 50 MG-300 MG	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz tabs</i>	1B	QL(1 ea daily)
<i>efavirenz caps 50 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>emtricitabine caps</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	0	QL(1 ea daily)
EMTRIVA CAPS ( <i>Use emtricitabine</i> )	NF	QL(1 ea daily)
EMTRIVA SOLN	2	QL(24 ml daily)
EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )	NF	QL(1 ea daily)
EPIVIR SOLN ( <i>Use lamivudine</i> )	NF	QL(30 ml daily)
EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NF	QL(2 ea daily)
EPZICOM 600 MG-300 MG ( <i>Use abacavir sulfate-lamivudine</i> )	NF	QL(1 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
EVOTAZ 150 MG-300 MG	3	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP;PA
GENVOYA 150 MG-200 MG-150 MG-10 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
INTELENCE 200 MG ( <i>Use etravirine</i> )	2	QL(2 ea daily)
INTELENCE 100 MG ( <i>Use etravirine</i> )	2	QL(4 ea daily)
INTELENCE 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)
ISENTRESS CHEW	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
JULUCA 50 MG-25 MG	3	QL(1 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML ( <i>Use lopinavir-ritonavir</i> )	NF	QL(12.5 ml daily)
KALETRA TABS ( <i>Use lopinavir-ritonavir</i> )	2	QL(4 ea daily)
<i>lamivudine tabs 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine soln</i>	1B	QL(30 ml daily)
<i>lamivudine tabs 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine-zidovudine 150 MG-300 MG</i>	1B	QL(2 ea daily)
LEXIVA TABS ( <i>Use fosamprenavir calcium</i> )	NF	QL(4 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs</i>	1B	QL(4 ea daily)
<i>maraviroc tabs 150 MG</i>	1B	QL(2 ea daily)
<i>maraviroc tabs 300 MG</i>	1B	QL(4 ea daily)
<i>nevirapine susp</i>	1B	QL(40 ml daily)
<i>nevirapine tb24 400 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>nevirapine tb24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine tabs</i>	1B	QL(2 ea daily)
NORVIR SOLN	2	QL(15 ml daily)
NORVIR PACK	2	QL(12 ea daily)
NORVIR TABS ( <i>Use ritonavir</i> )	NF	QL(12 ea daily)
ODEFSEY 25 MG-200 MG-25 MG	2	QL(1 ea daily)
PIFELTRO	2	QL(1 ea daily)
PREZCOBIX 800 MG-150 MG	2	QL(1 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA SUSP	2	QL(12 ml daily)
RETROVIR CAPS ( <i>Use zidovudine</i> )	NF	QL(6 ea daily)
RETROVIR SYRP ( <i>Use zidovudine</i> )	NF	QL(60 ml daily)
RETROVIR IV INFUSION SOLN	1B	
REYATAZ CAPS 150 MG, 300 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY TABS ( <i>Use maraviroc</i> )	2	QL(2 ea daily)
SELZENTRY TABS 300 MG ( <i>Use maraviroc</i> )	2	QL(4 ea daily)
SELZENTRY SOLN	2	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
<i>stavudine caps</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
STRIBILD 150 MG-200 MG-300 MG-150 MG	3	QL(1 ea daily)
SUSTIVA TABS ( <i>Use efavirenz</i> )	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG ( <i>Use efavirenz</i> )	NF	QL(3 ea daily)
SUSTIVA CAPS 200 MG ( <i>Use efavirenz</i> )	NF	QL(2 ea daily)
SYMFI 300 MG-300 MG-600 MG ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMTUZA 800 MG-200 MG-10 MG-150 MG	3	QL(1 ea daily);ST
TEMIXYS 300 MG-300 MG	2	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	QL(1 ea daily)
TRIZIVIR 300 MG-300 MG-150 MG	2	QL(2 ea daily)
TRUVADA ( <i>Use emtricitabine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
TYBOST	2	QL(1 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRAMUNE SUSP ( <i>Use nevirapine</i> )	NF	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR TB24 400 MG (Use <i>nevirapine</i> )	NF	QL(1 ea daily)
VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i> )	NF	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD POWD	2	
ZIAGEN TABS (Use <i>abacavir sulfate</i> )	NF	QL(2 ea daily)
ZIAGEN SOLN (Use <i>abacavir sulfate</i> )	NF	QL(32 ml daily)
<i>zidovudine tabs</i>	1B	QL(2 ea daily)
<i>zidovudine syrup</i>	1B	QL(60 ml daily)
<i>zidovudine caps</i>	1B	QL(6 ea daily)
<b>CMV Agents</b>		
<i>cidofovir</i>	3	
<i>ganciclovir sodium solr</i>	1B	
VALCYTE TABS (Use <i>valganciclovir hcl</i> )	NF	QL(4 ea daily);PA
<i>valganciclovir hcl tabs</i>	1B	QL(4 ea daily);PA
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily);SP;PA
BARACLUDE TABS (Use <i>entecavir</i> )	NF	QL(1 ea daily);SP;PA
BARACLUDE SOLN	4	QL(20 ml daily);SP;PA
<i>entecavir tabs</i>	4	QL(1 ea daily);SP;PA
EPCLUSA TABS	4	QL(1 ea daily);PA
EPCLUSA PACK	4	QL(1 ea daily);PA
EPCLUSA TABS	4	QL(1 ea daily);PA
EPIVIR HBV SOLN	4	QL(60 ml daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV TABS (Use <i>lamivudine (hbv)</i> )	NF	QL(3 ea daily);SP
HEPSERA (Use <i>adefovir dipivoxil lamivudine (hbv) tabs</i> )	NF	QL(1 ea daily);SP;PA
	1B	QL(3 ea daily);SP
PEGASYS SOLN	4	QL(0.0714 ml daily);SP;PA
PEGASYS SOSY	4	QL(0.072 ml daily);PA
PEGINTRON 50 MCG/0.5ML	4	QL(0.143 ea daily);SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	4	QL(1 ea daily);PA
VEMLIDY	4	QL(1 ea daily);SP;PA
VOSEVI 400 MG-100 MG-100 MG	4	QL(1 ea daily);PA
<b>Herpes Agents</b>		
<i>acyclovir caps</i>	1A	QL(5 ea daily,50 ea per fill retail,50 per fill mail MG)
<i>acyclovir susp</i>	1B	QL(13.34 ml daily)
<i>acyclovir tabs or famciclovir 125 MG, 250 MG</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
VALTREX 500 MG (Use <i>valacyclovir hcl</i> )	NF	QL(2 ea daily)
VALTREX 1 GM (Use <i>valacyclovir hcl</i> )	NF	QL(4 ea daily)



Drug Name	Drug Tier	Requirement s/Limits
ZOVIRAX SUSP ( <i>Use acyclovir</i> )	NF	QL(13.34 ml daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate susr</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
<i>oseltamivir phosphate caps</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
RELENZA DISKHALER	2	1 rtl pack lmt amt,30 rtl pack lmt day(s)
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)
TAMIFLU SUSR ( <i>Use oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
TAMIFLU CAPS ( <i>Use oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
COREG ( <i>Use carvedilol</i> )	NF	
<i>labetalol hcl tabs</i>	1B	
<i>labetalol hcl soln</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	1B	
<i>pindolol tabs</i>	1B	
<i>propranolol hcl cp24</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl tabs 240 MG</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>timolol maleate tabs</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs</i>	1B	
<i>CALAN SR TBCR (Use verapamil hcl)</i>	NF	
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i>	NF	
<i>CARDIZEM CD CP24 (Use diltiazem hcl coated beads)</i>	NF	
<i>CARDIZEM LA TB24 (Use diltiazem hcl coated beads)</i>	NF	
<i>diltiazem hcl soln 50 MG/10ML</i>	1B	
<i>diltiazem hcl cp24</i>	1B	
<i>diltiazem hcl tabs</i>	1B	
<i>diltiazem hcl cp12</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cp24</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nicardipine hcl caps</i>	1B	
<i>nifedipine tb24</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
<i>NORVASC TABS (Use amlodipine besylate)</i>	NF	
<i>PROCARDIA CAPS (Use nifedipine)</i>	NF	
<i>PROCARDIA XL TB24 (Use nifedipine)</i>	NF	
<i>SULAR (Use nisoldipine)</i>	NF	
<i>TIAZAC (Use diltiazem hcl extended release beads)</i>	NF	
<i>verapamil hcl soln 2.5 MG/ML</i>	1B	
<i>verapamil hcl tbc</i>	1B	
<i>verapamil hcl cp24</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>VERELAN CP24 (Use verapamil hcl)</i>	NF	
<i>VERELAN PM CP24 (Use verapamil hcl)</i>	NF	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>Cardiac Glycosides</b>		
<i>digoxin soln or .05 MG/ML</i>	1B	
<i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use <i>digoxin</i> )	2	
LANOXIN SOLN IJ (Use <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
BIDIL 37.5 MG-20 MG (Use <i>isosorbide dinitrate-hydralazine hcl</i> )	2	
CADUET 10 MG-10 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG, 80 MG-10 MG, 80 MG-5 MG (Use <i>amlodipine besylate-atorvastatin calcium</i> )	NF	QL(1 ea daily)
ENTRESTO	3	QL(2 ea daily);PA
<i>isosorbide dinitrate-hydralazine hcl 37.5 MG-20 MG</i>	1B	
<b>Impotence Agents</b>		
CIALIS 5 MG (Use <i>tadalafil</i> )	NF	BPH Only;QL(1 ea daily);PA
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily);PA
STENDRA	3	QL(0.134 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>tadalafil 5 MG</i>	1B	BPH Only;QL(1 ea daily);PA
VIAGRA (Use <i>sildenafil citrate</i> )	NF	QL(0.1334 ea daily);PA
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium</i>	4	PA
FLOLAN (Use <i>epoprostenol sodium</i> )	NF	PA
ORENITRAM .125 MG, .25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln ij</i>	4	SP;PA
TYVASO SOLN IN	4	PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
VELETRI (Use <i>epoprostenol sodium</i> )	NF	PA
VENTAVIS	4	SP;PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	4	QL(1 ea daily);SP;PA
<i>bosentan tabs 62.5 MG</i>	4	QL(2 ea daily);PA
<i>bosentan tabs 125 MG</i>	4	QL(2 ea daily);SP;PA
LETAIRIS (Use <i>ambrisentan</i> )	NF	QL(1 ea daily);SP;PA
OPSUMIT	4	QL(1 ea daily);PA
TRACLEER TBSO	4	QL(2 ea daily);SP;PA
TRACLEER TABS 62.5 MG (Use <i>bosentan</i> )	NF	QL(2 ea daily);PA
TRACLEER TABS 125 MG (Use <i>bosentan</i> )	NF	QL(2 ea daily);SP;PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i> )	NF	QL(2 ea daily);SP;PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(6 ml daily);PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(37.5 ml daily);SP;PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(3 ea daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	QL(3 ea daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	QL(37.5 ml daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	QL(6 ml daily);PA
<i>tadalafil (pulmonary hypertension) tabs</i>	4	QL(2 ea daily);SP;PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily);PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TITRATION PACK TBPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	4	QL(3 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS	3	QL(2 ea daily);PA
CORLANOR SOLN	3	QL(15 ml daily);PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily);PA
VYNDAQEL	4	QL(4 ea daily);PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin tabs</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin caps</i>	1B	
KEFLEX CAPS (Use <i>cephalexin</i> )	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
CEFOTAN IJ (Use <i>cefotetan disodium</i> )	NF	
<i>cefotetan disodium ij 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium iv 1 GM, 2 GM</i>	1B	
<i>cefprozil susr</i>	1B	
<i>cefprozil tabs</i>	1B	
<i>cefuroxime axetil tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium ij 750 MG</i>	1B	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir susr</i>	1B	
<i>cefdinir caps</i>	1B	
<i>cefixime caps</i>	1B	
<i>cefixime susr</i>	1B	ST
<i>cefotaxime sodium ij 1 GM, 2 GM</i>	1B	
CEFOTAXIME SODIUM IJ 1 GM	2	
<i>cefpodoxime proxetil tabs</i>	1B	
<i>cefpodoxime proxetil susr</i>	1B	
<i>ceftazidime ij 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium ij 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium ij 250 MG</i>	1A	
FORTAZ IV 1 GM, 2 GM (Use <i>ceftazidime</i> )	NF	
SUPRAX SUSR (Use <i>cefixime</i> )	NF	ST
SUPRAX CAPS (Use <i>cefixime</i> )	NF	
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr ij</i>	1B	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	0	

Drug Name	Drug Tier	Requirements/Limits
BEYAZ 0.451 MG-0.02 MG-3 MG (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NF	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
FALESSA 1 MG-20 MCG-0.1 MG	0	
GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i>	0	
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	0	

Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG (Use norethin acet & estrad-fe)	NF	
MIRCETTE 0 (Use desogestrel-ethinyl estradiol (biphasic))	NF	
NATAZIA	0	
NEXTSTELLIS 14.2 MG-3 MG	0	QL(1 ea daily)
norethin acet & estrad-fe caps 75 MG-1 MG-20 MCG	0	
norethin acet & estrad-fe chew 75 MG-1 MG-20 MCG	0	
norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG	0	
norethindrone & eth estradiol	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra	0	
norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG	0	
norethindrone-eth estradiol (triphasic) 0	0	
norgestimate-ethinyl estradiol 0.25 MG-35 MCG	0	
norgestimate-ethinyl estradiol (triphasic) 0	0	

Drug Name	Drug Tier	Requirements/Limits
norgestrel & ethinyl estradiol 0.3 MG-30 MCG	0	
QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
SAFYRAL 0.451 MG-0.03 MG-3 MG (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
TAYTULLA CAPS 75 MG-1 MG-20 MCG (Use norethin acet & estrad-fe)	NF	
TYBLUME CHEW 0.1 MG-20 MCG	0	
YASMIN 28 3 MG-0.03 MG (Use drospirenone-ethinyl estradiol)	NF	
YAZ 3 MG-0.02 MG (Use drospirenone-ethinyl estradiol)	NF	
<b>Combination Contraceptives - Transdermal</b>		
norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR	0	
TWIRLA 120 MCG/24HR-30 MCG/24HR	0	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA 0.15 MG/24HR-0.013 MG/24HR	0	PA

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	0	
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use <i>etonogestrel-ethinyl estradiol</i> )	NF	
<b>Emergency Contraceptives</b>		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i> )	NF	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NF	90 rtl lmt day(s);QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY SC	0	90 rtl lmt day(s);QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	0	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	0	90 rtl lmt day(s);QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive)</i>	0	
ORTHO MICRONOR (Use <i>norethindrone (contraceptive)</i> )	NF	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep</i>	1B	QL(3 ea daily)
CORTEF TABS (Use <i>hydrocortisone</i> )	NF	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP (Use <i>methylprednisolone acetate</i> )	NF	
<i>dexamethasone tabs 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone elix</i>	1B	
<i>dexamethasone soln</i>	1B	
<i>dexamethasone tabs .5 MG, .75 MG</i>	1A	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
EMFLAZA TABS	4	PA
EMFLAZA SUSP	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i> )	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL TABS	3	
MEDROL TABS (Use methylprednisolone)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
methylprednisolone tabs	1B	
methylprednisolone tbpk	1B	
methylprednisolone acetate susp	1B	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
MILLIPRED TABS	3	
MILLIPRED DP TBPK	3	
ORAPRED ODT TBDP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
prednisolone soln	1B	
prednisolone sodium phosphate soln	1B	
prednisolone sodium phosphate tbdp	3	
prednisone tabs 1 MG, 5 MG	1B	
prednisone tabs 2.5 MG, 10 MG, 20 MG, 50 MG	1A	
prednisone soln	1B	
prednisone tbpk	1B	
SOLU-CORTEF 250 MG	3	

Drug Name	Drug Tier	Requirement s/Limits
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill,30 rtl day(s) supply
SOLU-MEDROL 2 GM	3	
SOLU-MEDROL 40 MG, 125 MG, 500 MG, 1000 MG (Use methylprednisolone sod succ)	NF	
triamcinolone acetonide susp 40 MG/ML, 200 MG/5ML, 400 MG/10ML	1B	
<b>Mineralocorticoids</b>		
fludrocortisone acetate tabs	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
benzonatate 100 MG	1B	QL(6 ea daily)
benzonatate 200 MG	1B	QL(3 ea daily)
benzonatate 150 MG	1B	QL(4 ea daily)
TESSALON PERLES (Use benzonatate)	NF	QL(6 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 60 MG-120 MG (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 180 MG-240 MG (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
cetirizine-pseudoephedrine 5 MG-120 MG	1B	QL(2 ea daily)



Drug Name	Drug Tier	Requirement s/Limits
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 MG-240 MG</i>	1B	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60 MG-120 MG</i>	1B	QL(2 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer 10 MG/5ML-8 MG/5ML</i>	1B	
<i>loratadine &amp; pseudoephedrine tb24 10 MG-240 MG</i>	1B	QL(1 ea daily)
<i>loratadine &amp; pseudoephedrine tb12 5 MG-120 MG</i>	1B	QL(2 ea daily)
TUZISTRA XR 14.7 MG/5ML-2.8 MG/5ML	2	PA
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) nebu 3.5 %, 6 %, 7 %</i>	1B	
<b>Mucolytics</b>		

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Drug Name	Drug Tier	Requirement s/Limits
<i>acetylcysteine soln</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	NF	AL(At least 12 yrs old);PA
<i>adapalene gel .3 %</i>	1B	AL(At least 12 yrs old);ST
<i>adapalene crea</i>	1B	AL(At least 12 yrs old);PA
<i>adapalene gel .1 %</i>	1B	AL(At least 12 yrs old);PA;RX/OTC
<i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i>	1B	AL(At least 12 yrs old);ST
AZELEX	3	AL(At least 12 yrs old);ST
BENZAACLIN GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(At least 12 yrs old);PA
BENZAACLIN WITH PUMP GEL 1 %-5 % (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(At least 12 yrs old);PA
BENZAMYCIN GEL 3 %-5 % (Use benzoyl peroxide-erythromycin)	NF	AL(At least 12 yrs old);PA
<i>benzoyl peroxide foam</i>	1B	AL(At least 12 yrs old);RX/OTC
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1B	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel 3 %-5 %</i>	1B	AL(At least 12 yrs old);PA

Drug Name	Drug Tier	Requirement s/Limits
CLEOCIN-T LOTN ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
CLINDAGEL GEL ( <i>Use clindamycin phosphate (topical)</i> )	NF	
<i>clindamycin phosphate (topical) foam</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily);AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1B	
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-tretinoin 1.2 %-0.025 %</i>	1B	AL(At least 12 yrs old);ST
DIFFERIN CREA ( <i>Use adapalene</i> )	NF	AL(At least 12 yrs old);PA
DIFFERIN LOTN	1B	AL(At least 12 yrs old);ST
DIFFERIN GEL .1 % ( <i>Use adapalene</i> )	NF	AL(At least 12 yrs old);PA;RX/OTC
DIFFERIN GEL .3 % ( <i>Use adapalene</i> )	NF	AL(At least 12 yrs old);ST
EPIDUO GEL 0.1 %-2.5 % ( <i>Use adapalene-benzoyl peroxide</i> )	NF	AL(At least 12 yrs old);ST

Drug Name	Drug Tier	Requirement s/Limits
<i>erythromycin (acne aid) pads</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1B	AL(At least 12 yrs old)
EVOCLIN FOAM ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old);PA
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old);PA
KLARON ( <i>Use sulfacetamide sodium (acne)</i> )	NF	AL(At least 12 yrs old)
RETIN-A CREA ( <i>Use tretinoin</i> )	NF	AL(At least 12 yrs old- Up to 30 yrs old)
RETIN-A GEL ( <i>Use tretinoin</i> )	NF	AL(At least 12 yrs old- Up to 30 yrs old)
RETIN-A MICRO .1 % ( <i>Use tretinoin microsphere</i> )	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
RETIN-A MICRO PUMP .1 % ( <i>Use tretinoin microsphere</i> )	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1B	AL(At least 12 yrs old);ST
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %</i>	1B	AL(At least 12 yrs old)
SUMADAN WASH LIQD 4.5 %-9 % ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	AL(At least 12 yrs old);ST
SUMAXIN WASH LIQD 4 %-9 % ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>tretinoin gel .01 %, .025 %</i>	1B	AL(At least 12 yrs old- Up to 30 yrs old)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	1B	AL(At least 12 yrs old- Up to 30 yrs old)
<i>tretinoin microsphere .1 %</i>	1B	AL(At least 12 yrs old- Up to 30 yrs old);PA
VELTIN 1.2 %-0.025 % <i>(Use clindamycin phosphate-tretinoin)</i>	NF	AL(At least 12 yrs old);ST
ZIANA 1.2 %-0.025 % <i>(Use clindamycin phosphate-tretinoin)</i>	NF	AL(At least 12 yrs old);ST
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	3	
<b>Antibiotics - Topical</b>		
ALTABAX	2	
<i>gentamicin sulfate (topical) oint</i>	1B	
<i>gentamicin sulfate (topical) crea</i>	1B	QL(1 gm daily)
<i>mupirocin oint</i>	1B	
NEO-SYNALAR 0.5 %-0.025 %	3	PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl</i>	1B	RX/OTC
<i>ciclopirox soln</i>	1B	
<i>ciclopirox gel</i>	1B	
<i>ciclopirox sham</i>	1B	
<i>ciclopirox olamine susp</i>	1B	
<i>ciclopirox olamine crea</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>clotrimazole (topical) crea</i>	1B	RX/OTC
<i>clotrimazole (topical) soln</i>	1B	RX/OTC
<i>clotrimazole w/ betamethasone crea 1 %-0.05 %</i>	1B	
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	1B	
<i>econazole nitrate crea</i>	1B	QL(85 gm per fill retail,85 per fill mail %)
ERTACZO	3	QL(2.15 gm daily)
EXELDERM CREA <i>(Use sulconazole nitrate)</i>	NF	
EXELDERM SOLN <i>(Use sulconazole nitrate)</i>	NF	1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
JUBLIA	3	PA
KERYDIN <i>(Use tavaborole)</i>	NF	PA
<i>ketoconazole (topical) sham 2 %</i>	1B	
<i>ketoconazole (topical) crea</i>	1B	
LOPROX SUSP <i>(Use ciclopirox olamine)</i>	NF	
LOPROX CREA <i>(Use ciclopirox olamine)</i>	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail)
LOPROX SHAMPOO SHAM <i>(Use ciclopirox)</i>	NF	
LOTRIMIN AF CREA <i>(Use clotrimazole (topical))</i>	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA <i>(Use clotrimazole (topical))</i>	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LOTRIMIN ULTRA (Use butenafine hcl)	NF	RX/OTC
<i>luliconazole</i>	1B	PA
LUZU (Use <i>luliconazole</i> )	NF	PA
<i>naftifine hcl gel</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
<i>naftifine hcl crea 2 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily)
<i>naftifine hcl crea 1 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
NAFTIN CREA 2 % (Use <i>naftifine hcl</i> )	NF	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily)
<i>nystatin (topical) crea</i>	1B	
<i>nystatin (topical) powd ex</i>	1B	
<i>nystatin (topical) oint</i>	1B	
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	1B	
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	1B	
<i>oxiconazole nitrate crea</i>	1B	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 ml daily)
OXISTAT CREA (Use <i>oxiconazole nitrate</i> )	NF	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
<i>sulconazole nitrate soln</i>	1B	1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
<i>sulconazole nitrate crea</i>	1B	
<i>tavaborole</i>	1B	PA
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine ptch ex</i>	1B	QL(2 ea daily);PA
<i>diclofenac sodium (topical) gel ex</i>	1B	QL(3.34 gm daily);RX/OTC
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i> )	NF	QL(2 ea daily);PA
VOLTAREN GEL EX (Use <i>diclofenac sodium (topical)</i> )	NF	QL(3.34 gm daily);RX/OTC
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>bexarotene (topical)</i>	6	SP;PA
CARAC CREA (Use <i>fluorouracil (topical)</i> )	6	PA
<i>diclofenac sodium (actinic keratoses) ex</i>	1B	QL(3.34 gm daily);PA
EFUDEX CREA (Use <i>fluorouracil (topical)</i> )	NF	
FLUOROPLEX CREA	6	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>fluorouracil (topical) crea 5 %</i>	1B	
<i>fluorouracil (topical) soln 5 %</i>	1B	PA
<i>fluorouracil (topical) soln 2 %</i>	1B	
LEVULAN KERASTICK SOLR	6	PA
PANRETIN	6	
PICATO .05 %	6	1 rtl MAX fill,60 rtl day(s) supply;QL(2 ea per fill retail)
PICATO .015 %	6	1 rtl MAX fill,60 rtl day(s) supply;QL(3 ea per fill retail)
TARGRETIN ( <i>Use bexarotene (topical)</i> )	6	SP;PA
VALCHLOR	6	PA
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic)</i>	3	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
<i>PRUDOXIN (Use doxepin hcl (antipruritic))</i>	NF	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
<i>ZONALON (Use doxepin hcl (antipruritic))</i>	NF	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA

Drug Name	Drug Tier	Requirement s/Limits
<b>Antipsoriatics</b>		
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>calcipotriene oint</i>	1B	QL(4 gm daily);PA
<i>calcipotriene soln</i>	1B	QL(4 ml daily);PA
<i>calcipotriene crea</i>	1B	QL(4 gm daily);PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily);PA
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily);PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily);PA
DOVONEX CREA ( <i>Use calcipotriene</i> )	NF	QL(4 gm daily);PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
OXSORALEN ULTRA ( <i>Use methoxsalen rapid</i> )	NF	QL(4 ea daily)
SKYRIZI SOSY	4	QL(0.025 ml daily);PA
SKYRIZI PSKT	4	QL(0.025 ea daily);PA
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily);PA
SORIATANE 10 MG ( <i>Use acitretin</i> )	NF	QL(1 ea daily)
SORIATANE 25 MG ( <i>Use acitretin</i> )	NF	QL(2 ea daily)
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily);PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily);SP;PA
<i>tazarotene crea</i>	1B	QL(1 gm daily)
TAZORAC CREA ( <i>Use tazarotene</i> )	NF	QL(1 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
TREMFYA SOPN	4	QL(0.018 ml daily);PA
TREMFYA SOSY	4	QL(0.018 ml daily);PA
VECTICAL ( <i>Use calcitriol (topical)</i> )	NF	QL(3.34 gm daily)
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn 2.5 %</i>	1B	
<b>Antivirals - Topical</b>		
<i>acyclovir topical oint</i>	1B	
<i>acyclovir topical crea</i>	1B	
DENAVIR 1 % ( <i>Use penciclovir</i> )	3	QL(0.18 gm daily)
<i>penciclovir 1 %</i>	1B	QL(0.18 gm daily)
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NF	
ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE ( <i>Use silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine</i>	1B	
SULFAMYLON PACK 5 % ( <i>Use mafenide acetate</i> )	NF	
SULFAMYLON CREA	3	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1B	
<i>alclometasone dipropionate oint</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>amcinonide crea</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(60 gm per fill retail,60 per fill mail %)
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) lotn</i>	1B	
<i>betamethasone dipropionate (topical) oint</i>	1B	
<i>betamethasone dipropionate (topical) crea</i>	1B	
<i>betamethasone dipropionate augmented oint</i>	1B	
<i>betamethasone dipropionate augmented crea</i>	1B	
<i>betamethasone dipropionate augmented lotn</i>	1B	
<i>betamethasone valerate lotn</i>	1B	
<i>betamethasone valerate oint</i>	1B	
<i>betamethasone valerate foam</i>	1B	QL(1.67 gm daily)
<i>betamethasone valerate crea</i>	1B	
<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	1B	ST

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	1B	ST
<i>clobetasol propionate gel .05 %</i>	1B	QL(2 gm daily);ST
<i>clobetasol propionate soln .05 %</i>	1B	QL(3.34 ml daily);PA
<i>clobetasol propionate crea .05 %</i>	1B	QL(3 gm daily);PA
<i>clobetasol propionate foam</i>	1B	QL(3 gm daily);ST
<i>clobetasol propionate oint .05 %</i>	1B	QL(1 gm daily);PA
<i>clobetasol propionate emollient base .05 %</i>	1B	QL(1 gm daily);PA
<i>clocortolone pivalate</i>	3	
CLODERM (Use <i>clocortolone pivalate</i> )	NF	
CORDRAN CREA (Use <i>flurandrenolide</i> )	NF	
CORDRAN LOTN (Use <i>flurandrenolide</i> )	NF	
CORDRAN TAPE	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i> )	NF	QL(6 ml daily)
DERMA-SMOOTHIE/FS BODY OIL (Use <i>fluocinolone acetonide</i> )	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NF	
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone crea .25 %</i>	1B	
<i>desoximetasone gel</i>	1B	
<i>desoximetasone oint .25 %</i>	1B	
<i>diflorasone diacetate oint</i>	1B	PA
<i>diflorasone diacetate crea</i>	1B	PA
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i> )	NF	
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i> )	NF	
<i>fluocinolone acetonide soln</i>	1B	
<i>fluocinolone acetonide oil</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
<i>fluocinolone acetonide crea</i>	1B	
<i>fluocinolone acetonide oint</i>	1B	
<i>fluocinonide oint</i>	1B	QL(2 gm daily)
<i>fluocinonide soln</i>	1B	QL(2 ml daily)
<i>fluocinonide crea .05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide gel</i>	1B	
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>fluticasone propionate crea .05 %</i>	1B	
<i>fluticasone propionate oint</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate lotn</i>	1B	QL(6 ml daily)
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG OINT	3	PA
HALOG CREA (Use <i>halcinonide</i> )	NF	PA
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone butyrate oint</i>	1B	
<i>hydrocortisone butyrate soln</i>	1B	
<i>hydrocortisone butyrate crea</i>	1B	
<i>hydrocortisone valerate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
LUXIQ FOAM (Use <i>betamethasone valerate</i> )	NF	QL(1.67 gm daily)
<i>mometasone furoate soln</i>	1B	
<i>mometasone furoate crea</i>	1B	
<i>mometasone furoate oint</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i> )	NF	RX/OTC
OLUX FOAM (Use <i>clobetasol propionate</i> )	NF	QL(3 gm daily);ST
<i>prednicarbate crea</i>	1B	
<i>prednicarbate oint</i>	1B	
SYNALAR SOLN (Use <i>fluocinolone acetonide</i> )	NF	
SYNALAR CREA (Use <i>fluocinolone acetonide</i> )	NF	
SYNALAR OINT (Use <i>fluocinolone acetonide</i> )	NF	
TACLONEX SUSP 0.005 %-0.064 % (Use <i>calcipotriene-betamethasone dipropionate</i> )	NF	ST
TACLONEX OINT 0.005 %-0.064 % (Use <i>calcipotriene-betamethasone dipropionate</i> )	NF	ST
TEMOVATE OINT (Use <i>clobetasol propionate</i> )	NF	QL(1 gm daily);PA
TEMOVATE CREA (Use <i>clobetasol propionate</i> )	NF	QL(3 gm daily);PA
TOPICORT GEL (Use <i>desoximetasone</i> )	NF	
<i>triamcinolone acetonide (topical) crea .1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) crea .025 %, .5 %</i>	1B	



Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %</i>	1B	
<i>triamcinolone acetonide (topical) lotn</i>	1B	
<i>triamcinolone acetonide-dimethicone-silicone 5 %-0.1 %</i>	1B	PA
TRIDESILON CREA .05 % (Use desonide)	NF	QL(4 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) crea</i>	1B	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA (Use imiquimod)	NF	QL(12 ea per fill retail,12 per fill mail %)
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail,12 per fill mail %)
ZYCLARA (Use imiquimod)	NF	
ZYCLARA PUMP (Use imiquimod)	NF	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL (Use pimecrolimus)	NF	AL(At least 2 yrs old);PA
<i>pimecrolimus</i>	1B	AL(At least 2 yrs old);PA

Drug Name	Drug Tier	Requirements/Limits
PROTOPIC OINT (Use tacrolimus (topical))	NF	AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint</i>	1B	AL(At least 2 yrs old);PA
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox soln</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine ptch 5 %</i>	1B	PA
<i>lidocaine hcl soln</i>	1B	
<i>lidocaine hcl gel 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl prsy</i>	1B	QL(4 ml daily)
<i>lidocaine-prilocaine crea</i>	1B	QL(1 gm daily)
LIDODERM PTCH (Use lidocaine)	NF	PA
SYNERA PTCH 70 MG-70 MG	3	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail)
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily);PA
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	1B	
FINACEA GEL (Use azelaic acid)	NF	
METROCREAM CREA (Use metronidazole (topical))	NF	
METROGEL GEL 1 % (Use metronidazole (topical))	NF	
METROLOTION LOTN (Use metronidazole (topical))	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) crea</i>	1B	
<i>metronidazole (topical) gel</i>	1B	
<i>metronidazole (topical) lotn</i>	1B	
MIRVASO	3	QL(1 gm daily);PA
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	1B	PA
ELIMITE CREA ( <i>Use permethrin</i> )	NF	
<i>ivermectin (pediculicide)</i>	1B	PA;RX/OTC
<i>lindane sham</i>	1B	
<i>malathion</i>	1B	
NATROBA ( <i>Use spinosad</i> )	NF	PA
NIX CREME RINSE LIQD EX ( <i>Use permethrin</i> )	NF	
OVIDE ( <i>Use malathion</i> )	NF	
<i>permethrin crea</i>	1B	
<i>permethrin liqd ex</i>	1B	
SKLICE ( <i>Use ivermectin (pediculicide)</i> )	NF	PA;RX/OTC
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGANEX	3	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN .9 MG	3	1 rtl MAX fill,365 rtl day(s) supply;1 mail MAX fill;PA

Drug Name	Drug Tier	Requirements/Limits
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily);RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily);RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID	3	

Drug Name	Drug Tier	Requirement s/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 12000 UNIT-60000 UNIT-38000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 24000 UNIT-120000 UNIT-76000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 3000 UNIT-15000 UNIT-9500 UNIT, 36000 UNIT-180000 UNIT-114000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT, 6000 UNIT-30000 UNIT-19000 UNIT	2	Non-FDA approved uses require Prior Authorization

### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

#### Carbonic Anhydrase Inhibitors

<i>acetazolamide tabs 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide cp12</i>	1B	QL(2 ea daily)
<i>acetazolamide tabs 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide sodium</i>	1B	
KEVEYIS	4	QL(4 ea daily);PA
<i>methazolamide tabs</i>	1B	QL(6 ea daily)

#### Diuretic Combinations

ALDACTAZIDE 25 MG-25 MG ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NF	
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Drug Name	Drug Tier	Requirement s/Limits
<i>amiloride &amp; hydrochlorothiazide 5 MG-50 MG</i>	1B	
DYAZIDE CAPS 37.5 MG-25 MG ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE TABS 75 MG-50 MG ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS 37.5 MG-25 MG ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide 25 MG-25 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide caps 37.5 MG-25 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1B	

#### Loop Diuretics

<i>bumetanide soln .25 MG/ML</i>	1B	
<i>bumetanide tabs</i>	1B	QL(5 ea daily)
BUMEX TABS ( <i>Use bumetanide</i> )	NF	QL(5 ea daily)
EDECIN ( <i>Use ethacrynic acid</i> )	NF	QL(16 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide tabs</i>	1B	
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	1B	
LASIX TABS ( <i>Use furosemide</i> )	NF	
<i>torseamide tabs</i>	1B	

#### Potassium Sparing Diuretics

Drug Name	Drug Tier	Requirement s/Limits
ALDACTONE TABS (Use spironolactone)	NF	
<i>amiloride hcl tabs</i>	1B	
DYRENIUM CAPS (Use triamterene)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
<i>hydrochlorothiazide tabs 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>hydrochlorothiazide caps</i>	1B	QL(2 ea daily)
<i>indapamide tabs 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide tabs 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 35 MG (Use risedronate sodium)	NF	QL(0.143 ea daily);PA
ACTONEL TABS 150 MG (Use risedronate sodium)	NF	QL(0.036 ea daily);PA
<i>alendronate sodium tabs 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
AELVIA TBEC (Use risedronate sodium)	NF	PA
BONIVA TABS (Use ibandronate sodium)	NF	QL(0.036 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
BONIVA SOLN (Use ibandronate sodium)	NF	SP;PA
<i>calcitonin (salmon) na</i>	1B	
FORTEO SOPN	4	QL(0.09 ml daily);SP;PA
FOSAMAX TABS 70 MG (Use alendronate sodium)	NF	QL(0.143 ea daily)
FOSAMAX PLUS D	3	QL(0.143 ea daily);PA
<i>ibandronate sodium tabs</i>	1B	QL(0.036 ea daily)
<i>ibandronate sodium soln</i>	4	SP;PA
<i>pamidronate disodium soln</i>	4	SP;PA
PAMIDRONATE DISODIUM SOLN	4	SP;PA
PROLIA SOSY	4	1 rtl MAX fill,180 rtl day(s) supply;SP;PA
RECLAST SOLN (Use zoledronic acid)	NF	SP;PA
<i>risedronate sodium tabs 35 MG</i>	1B	QL(0.143 ea daily);PA
<i>risedronate sodium tabs 150 MG</i>	1B	QL(0.036 ea daily);PA
<i>risedronate sodium tbec</i>	1B	PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	1B	QL(1 ea daily);PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily);PA
TYMLOS	4	PA
XGEVA SOLN	4	SP;PA
<i>zoledronic acid conc</i>	4	SP;PA
<i>zoledronic acid soln</i>	4	SP;PA
<b>Corticotropin</b>		
ACTHAR	4	PA

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN	4	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN IM	4	SP;PA
<i>clomiphene citrate tabs</i>	3	PA
NOVAREL IM 10000 UNIT	4	SP;PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAC L IM	4	SP;PA
<b>GnRH/LHRH Antagonists</b>		
<i>cetrorelix acetate</i>	4	PA
CETROTIDE .25 MG (Use <i>cetrorelix acetate</i> )	4	PA
<i>ganirelix acetate</i>	4	PA
GANIRELIX ACETATE (Use <i>ganirelix acetate</i> )	NF	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP;PA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
<b>Growth Hormones</b>		
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP;PA
ZORBTIVE SC	4	SP;PA
<b>Hormone Receptor Modulators</b>		
EVISTA (Use <i>raloxifene hcl</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX	4	SP;PA
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
FENSOLVI	6	SP;PA
LUPANETA PACK	4	PA
LUPRON DEPOT-PED (1-MONTH)	6	SP;PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	6	SP;PA
SYNAREL	4	SP;PA
<b>Metabolic Modifiers</b>		
ALDURAZYME	4	SP;PA
<i>betaine</i>	4	SP;PA
BUPHENYL POWD (Use <i>sodium phenylbutyrate</i> )	NF	PA
BUPHENYL TABS (Use <i>sodium phenylbutyrate</i> )	NF	PA
<i>calcitriol caps</i>	1B	
<i>calcitriol soln iv</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily);SP;PA
CYSTADANE (Use <i>betaine</i> )	4	SP;PA
<i>doxercalciferol caps</i>	1B	
<i>doxercalciferol soln</i>	1B	
ELAPRASE	4	SP;PA
FABRAZYME 35 MG	4	SP;PA
GALAFOLD	4	QL(0.5 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
HECTOROL SOLN ( <i>Use doxercalciferol</i> )	NF	
KUVAN PACK ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
KUVAN TABS ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
LUMIZYME	4	SP;PA
MYALEPT	4	PA
NAGLAZYME	4	SP;PA
<i>nitisinone caps</i>	4	SP;PA
ORFADIN CAPS ( <i>Use nitisinone</i> )	NF	SP;PA
PALYNZIQ	4	PA
<i>paricalcitol soln</i>	1B	
<i>paricalcitol caps</i>	1B	
ROCALTROL SOLN OR ( <i>Use calcitriol</i> )	NF	
ROCALTROL CAPS ( <i>Use calcitriol</i> )	NF	
<i>sapropterin dihydrochloride tabs</i>	4	PA
<i>sapropterin dihydrochloride pack</i>	4	PA
SENSIPAR ( <i>Use cinacalcet hcl</i> )	NF	QL(4 ea daily);SP;PA
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
ZEMPLAR SOLN ( <i>Use paricalcitol</i> )	NF	
ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>Use paricalcitol</i> )	NF	
<b>Posterior Pituitary Hormones</b>		

Drug Name	Drug Tier	Requirement s/Limits
DDAVP TABS .2 MG ( <i>Use desmopressin acetate</i> )	NF	QL(8 ea daily)
DDAVP SOLN IJ 4 MCG/ML ( <i>Use desmopressin acetate</i> )	NF	PA
DDAVP TABS .1 MG ( <i>Use desmopressin acetate</i> )	NF	QL(6 ea daily)
DDAVP .01 % ( <i>Use desmopressin acetate spray</i> )	NF	
<i>desmopressin acetate tabs .2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate soln ij</i>	1B	PA
<i>desmopressin acetate tabs .1 MG</i>	1B	QL(6 ea daily)
DESMOPRESSIN ACETATE SOLN NA	4	SP;PA
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
STIMATE SOLN NA	4	SP;PA
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily);SP;PA
<i>octreotide acetate soln</i>	4	SP;PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>Use octreotide acetate</i> )	NF	SP;PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily);SP;PA
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily);SP;PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBPK 0	4	PA
JYNARQUE TABS	4	QL(2 ea daily);SP;PA
SAMSCA TABS ( <i>Use tolvaptan</i> )	4	QL(2 ea daily);SP;PA
<i>tolvaptan tabs</i>	4	QL(2 ea daily);SP;PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	3	
DUAVEE 20 MG-0.45 MG	3	PA
FEMHRT 2.5 MCG-0.5 MG ( <i>Use norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE 0.625 MG-5 MG	2	
PREMPRO	2	
<b>Estrogens</b>		
CLIMARA PTWK ( <i>Use estradiol</i> )	NF	
DELESTROGEN	1B	
DELESTROGEN 20 MG/ML, 40 MG/ML ( <i>Use estradiol valerate</i> )	NF	
DEPO-ESTRADIOL	3	

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL	3	
DIVIGEL GEL ( <i>Use estradiol</i> )	3	
ELESTRIN GEL	3	
ESTRACE TABS ( <i>Use estradiol</i> )	NF	
<i>estradiol pttw</i>	1B	QL(0.286 ea daily)
<i>estradiol tabs</i>	1B	
<i>estradiol ptwk</i>	1B	
<i>estradiol gel</i>	1B	
<i>estradiol valerate</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST .3 MG, .625 MG, 1.25 MG	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )	NF	
CIPRO SUSR	2	2 rtl MAX fill,30 rtl day(s) supply
<i>ciprofloxacin hcl tabs</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML-5 %</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs 500 MG</i>	1A	
<i>levofloxacin tabs 250 MG, 750 MG</i>	1B	
<i>levofloxacin soln or</i>	1B	
<i>levofloxacin in d5w 500 MG/100ML-5 %</i>	1B	
<i>moxifloxacin hcl tabs</i>	1B	
<i>moxifloxacin hcl in sodium chloride 400 MG/250ML-0.8 %</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	4	SP;PA
<b>Gallstone Solubilizing Agents</b>		
<i>ACTIGALL CAPS (Use ursodiol)</i>	NF	
<i>URSO 250 TABS (Use ursodiol)</i>	NF	
<i>URSO FORTE TABS (Use ursodiol)</i>	NF	
<i>ursodiol caps</i>	1B	
<i>ursodiol tabs</i>	1B	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>AMITIZA (Use lubiprostone)</i>	NF	QL(2 ea daily);PA
<i>lubiprostone</i>	1B	QL(2 ea daily);PA
<i>LUBIPROSTONE (Use lubiprostone)</i>	NF	QL(2 ea daily);PA
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 MG/ML</i>	1B	
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tabs</i>	1A	QL(6 ea daily)
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
<i>APRISO CP24 (Use mesalamine)</i>	NF	
<i>ASACOL HD TBEC (Use mesalamine)</i>	NF	QL(6 ea daily)
AVSOLA	4	PA
<i>AZULFIDINE TABS (Use sulfasalazine)</i>	NF	
<i>AZULFIDINE EN-TABS TBEC (Use sulfasalazine)</i>	NF	
<i>balsalazide disodium caps</i>	1B	
<i>CANASA SUPP (Use mesalamine)</i>	NF	
<i>COLAZAL CAPS (Use balsalazide disodium)</i>	NF	
<i>DELZICOL CPDR (Use mesalamine)</i>	NF	
DIPENTUM	2	
INFLECTRA	4	PA
<i>LIALDA TBEC (Use mesalamine)</i>	NF	
<i>mesalamine supp</i>	1B	
<i>mesalamine cp24</i>	1B	
<i>mesalamine cpdr</i>	1B	
<i>mesalamine enem</i>	1B	
<i>mesalamine tbec 800 MG</i>	1B	QL(6 ea daily)
<i>mesalamine tbec 1.2 GM</i>	1B	
RENFLEXIS	4	PA
STELARA 130 MG/26ML	4	PA



Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tabs</i>	1B	
<i>sulfasalazine tbec</i>	1B	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	1B	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alose tron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily);PA
LOTRONEX ( <i>Use alose tron hcl</i> )	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan</i>	1B	
ENTEREG ( <i>Use alvimopan</i> )	NF	
RELISTOR SOLN	3	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC
<i>calcium acetate (phosphate binder) caps</i>	1B	
FOSRENOL CHEW ( <i>Use lanthanum carbonate</i> )	NF	
<i>lanthanum carbonate chew</i>	1B	
PHOSLYRA SOLN	2	
RENVELA TABS ( <i>Use sevelamer carbonate</i> )	NF	
RENVELA PACK ( <i>Use sevelamer carbonate</i> )	NF	
<i>sevelamer carbonate pack</i>	1B	
<i>sevelamer carbonate tabs</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc r 10 MEQ, 1080 MG</i>	1B	
<i>sodium citrate &amp; citric acid 334 MG/5ML-500 MG/5ML</i>	1B	RX/OTC
UROCIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	NF	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid .25 %</i>	1B	
<i>glycine (gu irrigant) soln 1.5 %</i>	1B	
RESECTISOL	1B	
<i>sodium chloride (gu irrigant) .9 %</i>	1B	
SORBITOL 3 %, 3.3 %	1B	
SORBITOL/MANNITOL IRRIGATION 0.54 GM/100ML-2.7 GM/100ML	1B	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
AVODART ( <i>Use dutasteride</i> )	NF	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl 0.5 MG-0.4 MG</i>	3	PA
<i>finasteride</i>	1B	5 mg only
FLOMAX ( <i>Use tamsulosin hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
JALYN 0.5 MG-0.4 MG (Use dutasteride-tamsulosin hcl)	3	PA
PROSCAR (Use finasteride)	NF	5 mg only
RAPAFLO (Use silodosin)	NF	
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
UROXATRAL (Use alfuzosin hcl)	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	1B	
PYRIDIUM TABS (Use phenazopyridine hcl)	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	1B	
<b>Gout Agents</b>		
<i>allopurinol</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
COLCRYS TABS (Use colchicine)	NF	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily);PA
ULORIC (Use febuxostat)	NF	QL(1 ea daily);PA
ZYLOPRIM (Use allopurinol)	NF	
<b>Uricosurics</b>		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
FIRAZYR (Use icatibant acetate)	NF	QL(9 ml daily);PA
<i>icatibant acetate</i>	4	QL(9 ml daily);PA
<b>Complement Inhibitors</b>		
CINRYZE SOLR IV	4	PA
HAEGARDA SOLR SC	4	PA
RUCONEST	4	QL(0.143 ea daily);PA
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE	4	QL(2 ea daily);PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA
<b>Platelet Aggregation Inhibitors</b>		
AGRYLIN .5 MG (Use anagrelide hcl)	NF	
<i>anagrelide hcl</i>	1B	
ASPIRIN/OMEPRAZOLE 40 MG-81 MG	3	PA
ASPIRIN/OMEPRAZOLE ER 40 MG-81 MG	3	PA
<i>aspirin-dipyridamole 200 MG-25 MG</i>	1B	QL(2 ea daily);PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
EFFIENT (Use prasugrel hcl)	NF	QL(1 ea daily)
PLAVIX 75 MG (Use clopidogrel bisulfate)	NF	QL(1 ea daily)
<i>prasugrel hcl</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA	4	QL(2 ea daily);PA
CEREZYME 400 UNIT	4	SP;PA
<i>miglustat</i>	4	QL(3 ea daily);SP;PA
ZAVESCA ( <i>Use miglustat</i> )	NF	QL(3 ea daily);SP;PA
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij</i>	1B	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	0	RX/OTC
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOLN 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP;PA
DOPTELET	4	QL(3 ea daily);PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	4	SP;PA
MIRCERA 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 200 MCG/0.3ML	4	PA
MULPLETA	4	QL(1 ea daily);PA
NPLATE 250 MCG, 500 MCG	4	SP;PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA
PROCRIT 40000 UNIT/ML	4	SP;PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily);PA
PROMACTA TABS	4	SP;PA
RETACRIT	4	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid 324 MG-1 MG</i>	1B	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tbec</i>	0	
<i>ferrous sulfate soln</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBIL	4	SP;PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS ( <i>Use aminocaproic acid</i> )	NF	PA
<i>aminocaproic acid tabs</i>	1B	PA
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	NF	
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NF	
<i>tranexamic acid tabs</i>	1B	
<i>tranexamic acid soln 1000 MG/10ML</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix</i>	1B	
<i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily);PA
SILENOR ( <i>Use doxepin hcl (sleep)</i> )	NF	QL(1 ea daily);PA
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old)
AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily)
DORAL ( <i>Use quazepam</i> )	3	PA
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily);AL(At least 18 yrs old);ST
<i>flurazepam hcl</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
HALCION .25 MG ( <i>Use triazolam</i> )	NF	
LUNESTA ( <i>Use eszopiclone</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old);ST
<i>quazepam</i>	3	PA
RESTORIL ( <i>Use temazepam</i> )	NF	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tabs</i>	1A	QL(1 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr</i>	1B	QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	3	QL(1 ea daily);PA
<i>ramelteon</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
ROZEREM ( <i>Use ramelteon</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	1B	
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		

Drug Name	Drug Tier	Requirement s/Limits
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	0	
MOVIPREP 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	NF	
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	3	PA
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	3	PA
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM	1B	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM	0	
peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM	1B	PA

Drug Name	Drug Tier	Requirement s/Limits
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP 1.102 GM-0.398 GM	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec</i>	1A	
<i>bisacodyl supp</i>	1A	
DULCOLAX TBEC (Use <i>bisacodyl</i> )	NF	
DULCOLAX SUPP (Use <i>bisacodyl</i> )	NF	
DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS 100 MG (Use <i>docusate sodium</i> )	NF	
<i>docusate calcium</i>	1A	
<i>docusate sodium caps 100 MG, 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i>	1B	
XYLOCAINE SOLN .5 %, 1 %, 1.5 %, 2 %, 4 % (Use <i>lidocaine hcl (local anesth.)</i> )	NF	
XYLOCAINE-MPF SOLN (Use <i>lidocaine hcl (local anesth.)</i> )	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin susr</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 500 MG</i>	1B	QL(4 ea per fill retail,4 per fill mail MG)
<i>azithromycin solr</i>	1B	
<i>azithromycin pack</i>	1B	
<i>azithromycin tabs 250 MG</i>	1B	QL(6 ea per fill retail,6 per fill mail MG)
<i>azithromycin tabs 600 MG</i>	1B	QL(0.286 ea daily)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NF	QL(6 ea per fill retail,6 per fill mail MG)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i> )	NF	QL(4 ea per fill retail,4 per fill mail MG)
ZITHROMAX SUSR (Use <i>azithromycin</i> )	NF	
ZITHROMAX PACK (Use <i>azithromycin</i> )	NF	
ZITHROMAX SOLR (Use <i>azithromycin</i> )	NF	
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )	NF	QL(4 ea per fill retail,4 per fill mail MG)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )	NF	QL(6 ea per fill retail,6 per fill mail MG)
<b>Clarithromycin</b>		
<i>clarithromycin susr</i>	1B	
<i>clarithromycin tb24</i>	1B	
<i>clarithromycin tabs</i>	1B	
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	3	
<i>erythromycin base tabs</i>	3	
<i>erythromycin base tbec</i>	1B	
<i>erythromycin base cpep</i>	3	
<i>erythromycin ethylsuccinate tabs</i>	3	
<i>erythromycin ethylsuccinate susr</i>	1B	
<b>Fidaxomicin</b>		
DIFICID TABS	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC2 FEMALE CONDOM	0	QL(4 ea per fill retail,4 per fill mail)
FEMCAP DEVI 0	0	
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
<b>Diabetic Supplies</b>		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily);PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily);PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.1 ea daily);PA
LANCETS 28G	1B	QL(6.6667 ea daily)
LANCETS ULTRA FINE	1B	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1B	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G	1B	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G	1B	QL(6.6667 ea daily)
SELECT LANCETS	1B	6.66/day

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
<b>Parenteral Therapy Supplies</b>		
SELECT INSULIN SYRINGES	1B	5/day
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AIMOVIG	2	QL(0.04 ml daily);PA
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily);PA
EMGALITY SOAJ	2	QL(0.07 ml daily);PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily);PA
UBRELVY	3	QL(10 ea per 30 days retail);ST
<b>Migraine Combinations</b>		
CAFERGOT TABS 1 MG-100 MG ( <i>Use ergotamine w/ caffeine</i> )	NF	QL(1.5 ea daily)
<i>ergotamine w/ caffeine tabs 1 MG-100 MG</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium 85 MG-500 MG</i>	3	QL(10 ea per 30 days retail,10 ea per 30 days mail)
TREXIMET 85 MG-500 MG ( <i>Use sumatriptan-naproxen sodium</i> )	NF	QL(10 ea per 30 days retail,10 ea per 30 days mail)



Drug Name	Drug Tier	Requirements/Limits
<b>Migraine Products</b>		
D.H.E. 45 SOLN IJ ( <i>Use dihydroergotamine mesylate</i> )	NF	
<i>dihydroergotamine mesylate soln ij 1 MG/ML</i>	1B	
<i>dihydroergotamine mesylate soln na 4 MG/ML</i>	1B	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN NA ( <i>Use dihydroergotamine mesylate</i> )	NF	QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily);AL(At least 12 yrs old);ST
AMERGE ( <i>Use naratriptan hcl</i> )	NF	QL(0.3 ea daily);AL(At least 18 yrs old)
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily);AL(At least 18 yrs old);ST
FROVA ( <i>Use frovatriptan succinate</i> )	NF	QL(0.4 ea daily);AL(At least 18 yrs old);ST
<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily);AL(At least 18 yrs old);ST
IMITREX TABS ( <i>Use sumatriptan succinate</i> )	NF	QL(0.3 ea daily);AL(At least 18 yrs old)
IMITREX SOLN 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NF	QL(0.134 ml daily);AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirement s/Limits
<i>sumatriptan succinate soaj</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soct</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan soln</i>	1B	QL(0.2 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan tbdp</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST
ZOMIG SOLN (Use <i>zolmitriptan</i> )	3	QL(0.2 ea daily);AL(At least 12 yrs old);ST
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i> )	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
<i>sodium acetate soln</i>	1B	
SODIUM ACETATE SOLN (Use <i>sodium acetate</i> )	1B	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) soln</i>	1B	
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
IONOSOL-MB/DEXTROSE 5% 23 MEQ/L-5 %-3 MMOLE/L-22 MEQ/L-25 MEQ/L-3 MEQ/L-20 MEQ/L	1B	
ISOLYTE-P/DEXTROSE 5% 20 MEQ/L-5 %-23 MEQ/L-3 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L	1B	
ISOLYTE-S 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
KCL 0.3%/D5W/NACL 0.9% 0.9 %-5 %-40 MEQ/L	1B	
<i>lactated ringer's 28 MEQ/L-3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L</i>	1B	
NORMOSOL-M IN D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-M/D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-R 98 MEQ/L-27 MEQ/L-23 MEQ/L-3 MEQ/L-5 MEQ/L-140 MEQ/L	1B	
PLASMA-LYTE A 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
PLASMA-LYTE-148 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose 20 MEQ/L-5 %</i>	1B	
<i>potassium chloride in dextrose &amp; sodium chloride 0.2 %-5 %-20 MEQ/L, 0.45 %-5 %-0.075 %, 0.45 %-5 %-10 MEQ/L, 0.45 %-5 %-20 MEQ/L, 0.45 %-5 %-30 MEQ/L, 0.45 %-5 %-40 MEQ/L, 0.9 %-5 %-0.15 %, 0.9 %-5 %-20 MEQ/L, 0.9 %-5 %-40 MEQ/L</i>	1B	
<i>potassium chloride in nacl</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i> )	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i> )	NF	
<i>ringer's 4 MEQ/L-4 MEQ/L-155 MEQ/L-147 MEQ/L</i>	1B	
<b>Fluoride</b>		
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
<b>Magnesium</b>		
<i>magnesium sulfate ij 50 %</i>	1B	
<b>Phosphate</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphates 224 MG/ML-236 MG/ML</i>	1B	
<b>Potassium</b>		
<i>K-TAB TBCR (Use potassium chloride)</i>	NF	
<i>potassium acetate soln 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate tbef</i>	1B	
<i>potassium chloride soln iv 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>potassium chloride cpcr</i>	1B	
<i>potassium chloride pack or 20 MEQ</i>	1B	PA
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	1B	
POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML (Use <i>potassium chloride</i> )	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B	
<b>Sodium</b>		
<i>sodium chloride soln iv .45 %, .9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>CUPRIMINE CAPS (Use penicillamine)</i>	NF	PA
<i>DEPEN TITRATABS TABS (Use penicillamine)</i>	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
SYPRINE (Use <i>trientine hcl</i> )	NF	QL(8 ea daily);SP;PA
<i>trientine hcl</i>	4	QL(8 ea daily);SP;PA
<b>Immunomodulators</b>		
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	6	QL(1 ea daily);SP;PA
<i>lenalidomide 20 MG</i>	6	PA
REVLIMID 20 MG	6	PA
REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	6	QL(1 ea daily);SP;PA
THALOMID	4	QL(3 ea daily);SP;PA
<b>Immunosuppressive Agents</b>		
ATGAM	4	SP;PA
<i>azathioprine tabs</i>	1B	
AZATHIOPRINE	1B	
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i> )	NF	
CELLCEPT TABS (Use <i>mycophenolate mofetil</i> )	NF	
<i>cyclosporine soln iv 50 MG/ML</i>	1B	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine modified (for microemulsion) soln</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	
<i>everolimus (immunosuppressant) .25 MG, .5 MG, .75 MG</i>	4	QL(20 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
IMURAN TABS (Use <i>azathioprine</i> )	NF	
<i>mycophenolate mofetil tabs</i>	1B	
<i>mycophenolate mofetil caps</i>	1B	
<i>mycophenolate sodium</i>	1B	
MYFORTIC (Use <i>mycophenolate sodium</i> )	NF	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i> )	NF	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i> )	NF	
NULOJIX	4	SP;PA
PROGRAF SOLN	2	
PROGRAF CAPS (Use <i>tacrolimus</i> )	NF	
PROGRAF PACK	2	PA
RAPAMUNE TABS (Use <i>sirolimus</i> )	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i> )	NF	
SANDIMMUNE CAPS (Use <i>cyclosporine</i> )	NF	
SIMULECT	3	
<i>sirolimus tabs</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN	4	SP;PA
ZORTRESS .25 MG, .5 MG, .75 MG (Use <i>everolimus (immunosuppressant)</i> )	NF	QL(20 ea daily);SP;PA
<b>Irrigation Solutions</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>irrigation solutions, physiological 30 MG/100ML-222 MG/100ML-502 MG/100ML-37 MG/100ML-526 MG/100ML</i>	1B	
<i>lactated ringer's (irrigation) 20 MG/100ML-310 MG/100ML-30 MG/100ML-600 MG/100ML</i>	1B	
<i>ringer's irrigation 4 MEQ/L-4.5 MEQ/L-156 MEQ/L-147.5 MEQ/L</i>	1B	
<i>water for irrigation, sterile</i>	1B	
<b>Lymphatic Agents</b>		
SYLVANT	6	PA
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	1B	
<i>sodium polystyrene sulfonate powd</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DEBACTEROL 50 %-30 %	2	
PERIDEX ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NF	
<b>Dental Products</b>		
<i>stannous fluoride conc</i>	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth)</i>	1B	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1B	
EVOXAC ( <i>Use cevimeline hcl</i> )	NF	
<i>pilocarpine hcl (oral)</i>	1B	
SALAGEN ( <i>Use pilocarpine hcl (oral)</i> )	NF	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
<i>pediatric multivitamins w/fl chew</i>	1A	RX/OTC
<b>Prenatal Vitamins</b>		
CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	2	QL(1 ea daily)
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG	2	QL(1 ea daily)

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

### OPHTHALMIC AGENTS - Drugs to Treat the Eye

#### Artificial Tears and Lubricants

LACRISERT	3	
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#### Beta-blockers - Ophthalmic

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

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

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

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
<b>Otic Combinations</b>		
CIPRO HC 0.2 %-1 %	3	
CIPRODEX 0.3 %-0.1 % (Use <i>ciprofloxacin-dexamethasone</i> )	NF	PA
<i>ciprofloxacin-dexamethasone 0.3 %-0.1 %</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetamide 0.3 %-0.025 %</i>	1B	QL(0.5 ea daily);PA
CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML	3	
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML</i>	1B	
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML</i>	1B	
OTOVEL 0.3 %-0.025 % (Use <i>ciprofloxacin-fluocinolone acetamide</i> )	NF	QL(0.5 ea daily);PA
<b>Otic Steroids</b>		
DERMOTIC (Use <i>fluocinolone acetamide (otic)</i> )	NF	
<i>fluocinolone acetamide (otic)</i>	1B	
<i>hydrocortisone w/ acetic acid 2 %-1 %</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Immune Serums</b>		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 10 GM/50ML	4	SP;PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID	4	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP;PA
GAMMAKED	4	SP;PA
GAMUNEX-C	4	SP;PA
HIZENTRA SOLN	4	SP;PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin susr 125 MG/5ML</i>	1A	
<i>amoxicillin tabs</i>	1B	
<i>amoxicillin chew 125 MG, 250 MG</i>	1B	
<i>amoxicillin caps</i>	1A	
<i>amoxicillin susr 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>ampicillin caps 500 MG</i>	1B	
<i>ampicillin sodium ij 1 GM</i>	1B	
<b>Natural Penicillins</b>		
<i>penicillin g potassium 5000000 UNIT</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium solr</i>	1B	
<i>penicillin v potassium tabs</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate tabs</i>	1B	
<i>amoxicillin &amp; pot clavulanate chew</i>	1B	
<i>amoxicillin &amp; pot clavulanate susr</i>	1B	
<i>amoxicillin &amp; pot clavulanate tb12 1000 MG-62.5 MG</i>	1B	
<i>ampicillin &amp; sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i>	1B	
AUGMENTIN TABS 500 MG-125 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
<i>piperacillin sodium-tazobactam sodium</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use <i>ampicillin &amp; sulbactam sodium</i> )	NF	
UNASYN BULK PACK IV 5 GM-10 GM (Use <i>ampicillin &amp; sulbactam sodium</i> )	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium ij 1 GM</i>	1B	
<i>oxacillin sodium iv 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use <i>norethindrone acetate</i> )	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps</i>	1B	
PROMETRIUM CAPS (Use <i>progesterone</i> )	NF	
PROVERA (Use <i>medroxyprogesterone acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail);PA
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i> )	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use <i>donepezil hydrochloride</i> )	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tabs 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 MG</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide tabs</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide soln</i>	1B	QL(6 ml daily)
<i>memantine hcl tabs</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs</i>	1B	
NAMENDA TABS (Use <i>memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i> )	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i> )	NF	QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1B	
<b>Combination Psychotherapeutics</b>		

Drug Name	Drug Tier	Requirement s/Limits
<i>chlordiazepoxide-amitriptyline 12.5 MG-5 MG</i>	3	PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO	4	QL(4 ea daily);PA
INGREZZA CAPS	4	QL(1 ea daily);PA
INGREZZA CPPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
<i>tetrabenazine</i>	4	QL(3 ea daily);SP;PA
XENAZINE (Use <i>tetrabenazine</i> )	NF	QL(3 ea daily);SP;PA
<b>Multiple Sclerosis Agents</b>		
AMPYRA (Use <i>dalfampridine</i> )	NF	QL(2 ea daily);SP;PA
AUBAGIO	4	PA
AVONEX PSKT	4	QL(0.0714 ml daily);SP;PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily);SP;PA
BETASERON KIT	4	QL(0.0357 ea daily);SP;PA
COPAXONE SOSY 20 MG/ML	3	QL(1 ml daily);PA
COPAXONE SOSY 40 MG/ML	3	QL(0.43 ml daily);PA
<i>dalfampridine</i>	4	QL(2 ea daily);SP;PA
<i>dimethyl fumarate misc</i>	4	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>dimethyl fumarate cpdr</i>	4	PA
EXTAVIA KIT	4	QL(0.0357 ea daily);SP;PA
<i>fingolimod hcl</i>	4	PA
GILENYA	4	PA
<i>glatiramer acetate sosal 40 MG/ML</i>	3	QL(0.43 ml daily);PA
<i>glatiramer acetate sosal 20 MG/ML</i>	3	QL(1 ml daily);PA
KESIMPTA	6	QL(0.0144 ml daily);PA
MAVENCLAD	4	PA
OCREVUS	4	PA
PLEGRIDY SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily);PA
REBIF SOSY	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	SP;PA
REBIF TITRATION PACK SOSY	4	SP;PA
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NF	PA
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NF	PA
TYSABRI	4	QL(0.536 ml daily);SP;PA
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>		

Drug Name	Drug Tier	Requirement s/Limits
LYRICA CR 82.5 MG, 165 MG ( <i>Use pregabalin (once-daily)</i> )	3	QL(1 ea daily);PA
LYRICA CR 330 MG ( <i>Use pregabalin (once-daily)</i> )	3	QL(2 ea daily);PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily);PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily);PA
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUDEXTA 10 MG-20 MG	3	PA
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
<i>ergoloid mesylates tabs</i>	1B	
<i>pimozide</i>	1B	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT	3	QL(2 ea daily);PA
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
CHANTIX TABS ( <i>Use varenicline tartrate</i> )	NF	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS ( <i>Use varenicline tartrate</i> )	NF	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TBPK ( <i>Use varenicline tartrate</i> )	NF	
NICODERM CQ PT24 ( <i>Use nicotine</i> )	NF	QL(1 ea daily)
NICORETTE GUM ( <i>Use nicotine polacrilex</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NF	
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine polacrilex gum</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
<i>varenicline tartrate tbpk</i>	0	
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 500 MG	4	PA
ARALAST NP SOLR 1000 MG	4	SP;PA
PROLASTIN-C SOLR	4	SP;PA
PROLASTIN-C SOLN	4	PA
ZEMAIRA SOLR	4	SP;PA
<b>Cystic Fibrosis Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS	4	QL(2 ea daily);SP;PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	QL(2 ea daily);PA
ORKAMBI TABS	4	QL(4 ea daily);PA
PULMOZYME	4	QL(2.5 ml daily);SP;PA
TRIKAFTA 50 MG-100 MG	4	QL(3 ea daily);PA
<b>Pleural Sclerosing Agents</b>		
SCLEROSOL INTRAPLEURAL AERP	6	PA
STERILE TALC POWDER SUSR	6	PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	4	QL(2 ea daily);PA
<i>pirfenidone tabs 534 MG</i>	4	QL(3 ea daily);PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Fluorocyclines</b>		
XERAVA	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1B	
TYGACIL ( <i>Use tigecycline</i> )	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) tabs 100 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>doxycycline (monohydrate) tabs 50 MG</i>	1B	
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 MG</i>	1B	
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr</i>	1B	
<i>doxycycline hyclate caps</i>	1B	QL(2 ea daily)
<i>minocycline hcl tabs</i>	1B	QL(3 ea daily)
<i>minocycline hcl caps</i>	1B	QL(3 ea daily)
TARGADOX TABS (Use <i>doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	NF	QL(2 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil</i>	1B	
TAPAZOLE TABS 10 MG (Use <i>methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS	2	QL(1 ea daily)
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs</i>	1B	
<i>liothyronine sodium soln</i>	1B	

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Drug Name	Drug Tier	Requirement s/Limits
<i>liothyronine sodium tabs</i>	1B	
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	2	
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i>	1B	QL(1 ea daily)
TRIOSTAT SOLN (Use <i>liothyronine sodium</i> )	NF	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	
KINRIX SUSP 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
QUADRACEL SUSP 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate soln ij .4 MG/ML, 1 MG/ML</i>	1B	

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tabs</i>	1B	QL(1 ea daily);PA
<i>tolterodine tartrate tabs</i>	1B	
<i>tolterodine tartrate cp24</i>	1B	QL(1 ea daily)
TOVIAZ ( <i>Use fesoterodine fumarate</i> )	3	QL(1 ea daily);PA
<i>tropium chloride cp24</i>	1B	QL(1 ea daily)
<i>tropium chloride tabs</i>	1B	
VESICARE TABS ( <i>Use solifenacin succinate</i> )	NF	QL(1 ea daily);PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>bethanechol chloride 25 MG</i>	1B	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
BCG VACCINE	6	PA
MENACTRA	0	
MENQUADFI	0	
MENVEO	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	1 rtl MAX fill,999 rtl day(s) supply
VAXNEUVANCE	0	1 rtl MAX fill,999 rtl day(s) supply
<b>Viral Vaccines</b>		

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

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

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

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply
HAVRIX	0	1 rtl MAX fill,365 rtl day(s) supply
HEPLISAV-B SOSY	0	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill
IPOL INACTIVATED IPV	0	1 rtl MAX fill,365 rtl day(s) supply
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	3 rtl MAX fill,365 rtl day(s) supply
ROTARIX	0	1 rtl MAX fill,365 rtl day(s) supply
ROTATEQ SOLN	0	1 rtl MAX fill,365 rtl day(s) supply
SHINGRIX	0	2 rtl MAX fill,999 rtl day(s) supply;AL(At least 18 yrs old)
TWINRIX SUSY 720 ELU/ML-20 MCG/ML	0	3 rtl MAX fill,365 rtl day(s) supply
VAQTA	0	1 rtl MAX fill,365 rtl day(s) supply
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA	3	PA
<b>Spermicides</b>		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tbcr</i>	1A	
NIACIN TR TBCR	1B	
<i>niacinamide tabs 500 MG</i>	1A	
<i>niacinamide tabs 100 MG</i>	1B	
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