



2023 Formulary

Effective January 1, 2023



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost Tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions, excluding any deductible or maximum out of pocket requirements. The tool uses median cost for generic prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier you will be responsible only for the lesser of amount.

FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Virtual Access Gold \$0 Deductible (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Ambetter Virtual Access Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Ambetter Virtual Access Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Clear Value Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Gold Value (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Silver Value (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Virtual Access Basic Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
CMS Standard Virtual Access Basic Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Complete Value Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html

Everyday Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Everyday Value Gold (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Focused Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Focused Value Silver (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Gold 201 HSA (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Gold 202 (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 2021 HSA (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 203 (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 224 (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html
Silver 226 (2023)	Standard Formulary	https://ambetter.superiorhealthplan.com/2023-brochures.html

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	5.81%
1a	5.47%
1b	76.8%
2	1.29%
3	3.68%
4	6.95%

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A) FORMULARY COMPOSITION:

- a. Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members have access to appropriate drugs, we review and update our formulary on a monthly basis.

B) RIGHT TO APPEAL

- a. If we deny your request for Prior Authorization you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C) CONTINUATION OF COVERAGE

- a. Ambetter does not make changes to our formulary requiring a continuation of coverage. However if a formulary change is made requiring continuation of coverage, you would have the right to continue taking the drug at the coverage level or tier at which the drug was covered at the beginning of the plan year until your plan is renewed.

D) OFF-LABEL DRUG USE

- a. We provide coverage for off-label drug use. Off-label use indicates medications use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:
 - i. Use must be diagnosis specific as defined by ICD-10 code AND
 - ii. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

E) COSTSHARING

- a. Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescribed, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow those steps:
 - i. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
 - ii. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product
 - iii. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible
 - iv. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30 day supply of medication. Two co-pays will be charged for 2 month supply and three co-pays for 3 month supply of your medication, respectively
 - v. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.

- b. Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network-pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.
- c. Your cost share for maintenance medications obtained through either Mail Order or at retail pharmacies participating in our Extended Day supply retail network will be calculated based on the day supply that you obtain. For up to 30 day supply you will be charged one (1) copay or co-insurance, 31-60 day supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance.

F) MEDICAL MANAGEMENT REQUIREMENTS

- a. Prior Authorization (PA) – Drugs that have PA indication on the Formulary require Prior Authorization. You or your provider have to request an authorization from us to use this drug/product prior to be able to fill a prescription for the drug/product.
- b. Step Therapy (ST) – Drugs that have ST indication on the Formulary require that you try and fail other formulary products before you can obtain drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization to obtain the Step Therapy drug/product.
- c. Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exceptions will be processed under our Off-Label policy.
- d. Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs you provider would have to submit a regular Prior Authorization request. All requests for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

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

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

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

Drug List Key:

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

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

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

Tier 1_A- Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 1_B- Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 -High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.

Tier 4 - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may 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.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Pharmacy Services 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.
SP	Specialty Drug	These products are Specialty Drugs that may have special fill requirements.
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.

Opioid Medications:

Medications identified on the formulary by "**New starts limited to 7 day supply**" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate tabs</i>	3	PA
<i>amphetamine-dextroamphetamine cp24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)
<i>amphetamine-dextroamphetamine tabs 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate cp24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate cp24 5 MG</i>	1B	
<i>methamphetamine hcl</i>	1B	QL(5 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily);ST
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate tabs</i>	1B	PA
<i>phentermine hcl caps</i>	1B	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 ea daily);PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 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)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 ea daily);PA
SUNOSI 150 MG	3	QL(1 ea daily);PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 ea daily);AL(At least 17 yrs old);PA
DAYTRANA PTCH (<i>Use methylphenidate</i>)	3	QL(1 ea daily);PA
<i>dexmethylphenidate hcl tabs</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
<i>dexmethylphenidate hcl cp24</i>	1B	QL(1 ea daily)
<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)
<i>methylphenidate hcl cpcr</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 tabs 10 MG, 20 MG</i>	1B	QL(5 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)

Drug Name	Drug Tier	Requirement s/Limits
<i>methylphenidate hcl tbc</i> 18 MG, 27 MG	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cp24</i> 20 MG, 40 MG	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl soln</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cp24</i> 30 MG	1B	QL(3 ea daily);AL(At least 6 yrs old)
<i>modafinil</i> 200 MG	1B	QL(2 ea daily);PA
<i>modafinil</i> 100 MG	1B	QL(1 ea daily);PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i> 1 GM/4ML, 500 MG/2ML	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline</i> 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.6 MG/ML	1B	
<i>gentamicin sulfate ij</i> 40 MG/ML	1B	
<i>neomycin sulfate tabs</i>	1B	
<i>paromomycin sulfate</i>	1B	
<i>streptomycin sulfate solr</i>	3	
<i>tobramycin nebu</i>	4	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>tobramycin sulfate soln ij</i> 10 MG/ML, 40 MG/ML	1B	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
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
Antirheumatic Antimetabolites		
METHOTREXATE	4	QL(1.714 ea daily);SP;PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	4	QL(0.143 ea daily);PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN PNKT	4	QL(0.143 ea daily);PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily);PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	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

Drug Name	Drug Tier	Requirements/Limits
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	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
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily);SP;PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily);PA
KEVZARA SOSY	4	QL(0.082 ml daily);PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1B	PA
<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	
<i>etodolac tabs</i>	1B	
<i>etodolac caps</i>	1B	
<i>fenoprofen calcium tabs</i>	1B	QL(4 ea daily);ST

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen tabs 50 MG</i>	1B	
<i>ibuprofen tabs 800 MG</i>	1B	
<i>ibuprofen susp 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen tabs 400 MG, 600 MG</i>	1A	
<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)
<i>meclofenamate sodium caps</i>	1B	
<i>mefenamic acid caps</i>	1B	Must try ibuprofen. ;QL(5 ea daily);ST
<i>meloxicam susp</i>	1B	
<i>meloxicam tabs</i>	1A	QL(1 ea daily)
MELOXICAM SUSP	1B	
<i>nabumetone</i>	1B	
<i>naproxen tbec 500 MG</i>	1B	QL(3 ea daily)
<i>naproxen tabs</i>	1B	
<i>naproxen susp</i>	1B	PA
<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	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 ea daily);PA

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLN	4	QL(0.146 ml daily);PA
ENBREL SOLR	4	QL(0.286 ea daily);SP;PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily);SP;PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ml daily);SP;PA
ENBREL MINI SOCT	4	QL(0.15 ml daily);PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ml daily);SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG, 325 MG-40 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine tabs</i>	1B	
<i>butalbital-aspirin-caffeine caps</i>	1B	
Salicylates		
<i>aspirin chew</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tabs 325 MG</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>aspirin tbec 325 MG</i>	1A	
<i>aspirin tbec</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>diflunisal tabs</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate tabs 30 MG</i>	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
<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>hydromorphone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl liqd</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl tb24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily);PA
<i>hydromorphone hcl tb24 32 MG</i>	1B	QL(1 ea daily);PA
<i>hydromorphone hcl soln ij 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>levorphanol tartrate tabs 2 MG</i>	1B	New starts limited to 7 day supply
<i>meperidine hcl tabs 50 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>meperidine hcl soln ij 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>meperidine hcl soln or 50 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>methadone hcl soln 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 conc</i>	1B	QL(10 ml daily)
<i>methadone hcl tabs 5 MG</i>	1B	QL(4 ea daily)
<i>methadone hcl tbso</i>	1B	QL(2 ea daily)
<i>methadone hcl soln ij 10 MG/ML</i>	1B	
<i>methadone hcl soln or 10 MG/5ML</i>	1B	QL(50 ml daily)
METHADONE HCL SOLN IJ (Use <i>methadone hcl</i>)	1B	
<i>morphine sulfate soln or 10 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate cp24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily);PA
<i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i>	1B	
<i>morphine sulfate tbc</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>morphine sulfate tabs</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate soln or 20 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(50 ml daily)
NUCYNTA TABS	2	QL(6 ea daily);PA
NUCYNTA ER TB12	2	QL(2 ea daily);PA
<i>oxycodone hcl t12a</i>	3	QL(2 ea daily);PA
<i>oxycodone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<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 tb12 40 MG</i>	1B	QL(4 ea daily);PA
<i>oxymorphone hcl tabs</i>	1B	QL(12 ea daily);PA
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily);PA
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)
XTAMPZA ER	2	QL(2 ea daily);PA
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 300 MG-30 MG</i>	1A	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<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 tabs 300 MG-15 MG</i>	1B	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine soln</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>	1B	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	3	New starts limited to 7 day supply;PA
<i>butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-aspirin-caffeine w/cod</i>	1B	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)

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Drug Name	Drug Tier	Requirement s/Limits
<i>hydrocodone-ibuprofen 200 MG-7.5 MG</i>	1B	New starts limited to 7 day supply;QL(5 ea daily)
<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)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine ptwk</i>	1B	QL(0.143 ea daily);PA
<i>buprenorphine hcl soln</i>	1B	
<i>buprenorphine hcl subl</i>	1B	QL(3 ea daily)
<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	QL(0.34 ml daily);PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>ANADROL-50</i>	3	
<i>oxandrolone</i>	1B	
Androgens		

Drug Name	Drug Tier	Requirements/Limits
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily);PA
<i>danazol caps</i>	1B	
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		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS	4	QL(3.2 gm daily);PA
Rectal Steroids		
<i>hydrocortisone (rectal) ex 2.5 %</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
RECTIV	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea daily,6 ea per fill retail,6 per fill mail MG)

Drug Name	Drug Tier	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
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12 500 MG</i>	1B	QL(3 ea daily)
<i>ranolazine tb12 1000 MG</i>	1B	QL(2 ea daily)
Nitrates		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin subl</i>	1B	
<i>nitroglycerin pt24</i>	1B	
<i>nitroglycerin cpr</i>	1B	QL(4 ea daily)
NITROGLYCERIN SOLN IV	1B	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate caps 100 MG</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam tb24</i>	1B	
<i>alprazolam tbdp</i>	1B	
<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam tabs 2 MG</i>	1B	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam soln or 5 MG/5ML</i>	1B	
<i>diazepam tabs</i>	1A	QL(4 ea daily)
<i>diazepam conc</i>	1B	
<i>lorazepam tabs .5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam tabs 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam conc</i>	1B	
<i>oxazepam caps</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1B	
<i>procainamide hcl soln 500 MG/ML</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl cp12</i>	1B	
<i>propafenone hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1B	
<i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	4	PA:QL
FASENRA PEN SOAJ	4	PA;QL
NUCALA SOLR	4	PA;QL
NUCALA SOSY 100 MG/ML	4	PA;QL
NUCALA SOAJ	4	PA;QL
XOLAIR SOLR	4	SP;PA;QL
XOLAIR SOSY	4	PA;QL
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack</i>	1B	QL(1 ea daily);PA
<i>montelukast sodium tabs</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>zileuton tb12</i>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP 500 MCG	3	QL(1 ea daily)
DALIRESP 250 MCG	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)
Steroid Inhalants		
ALVESCO	3	3 rtl pack lmt amt,30 rtl pack lmt day(s);3 mail pack lmt amt,30 mail pack lmt day(s);PA
ARNUITY ELLIPTA 50 MCG/ACT	2	3 rtl pack lmt amt,30 rtl pack lmt day(s);3 mail pack lmt amt,30 mail pack lmt day(s)
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
<i>budesonide (inhalation) susp</i>	1B	QL(4 ml daily);PA
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	3 rtl pack lmt amt,30 rtl pack lmt day(s);3 mail pack lmt amt,30 mail pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	2	4 rtl pack lmt amt,30 rtl pack lmt day(s);4 mail pack lmt amt,30 mail pack lmt day(s)
FLOVENT HFA	2	2 rtl pack lmt amt,30 rtl pack lmt day(s);2 mail pack lmt amt,30 mail pack lmt day(s)
PULMICORT FLEXHALER AEPB	2	3 rtl pack lmt amt,30 rtl pack lmt day(s);3 mail pack lmt amt,30 mail pack lmt day(s)
QVAR REDHALER	2	2 rtl pack lmt amt,30 rtl pack lmt day(s);2 mail pack lmt amt,30 mail pack lmt day(s)
Sympathomimetics		
ADVAIR HFA AERO	2	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
<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 nebu .5 %, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate tabs</i>	1B	
<i>albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)
<i>albuterol sulfate tb12</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate syrup</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
ARCAPTA NEOHALER	2	
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BEVESPI AEROSPHERE	2	QL(0.36 gm daily)
BREO ELLIPTA	2	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	1B	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
<i>formoterol fumarate nebu</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol soln</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	QL(12 ml daily);PA
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	PA
SEREVENT DISKUS	2	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
STRIVERDI RESPIMAT	2	

Drug Name	Drug Tier	Requirement s/Limits
<i>terbutaline sulfate soln</i>	1B	
<i>terbutaline sulfate tabs</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
UTIBRON NEOHALER	3	QL(2 ea daily);PA
Xanthines		
<i>aminophylline soln</i>	1B	
ELIXOPHYLLIN ELIX	1B	
<i>theophylline tb12 300 MG, 450 MG</i>	1B	
<i>theophylline soln</i>	1B	QL(56 ml daily)
<i>theophylline tb24</i>	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	1B	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	2	1 rtl MAX fill,180 rtl day(s) supply;QL(2.47 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail,900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium sosal 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium sosal 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium sosal 40 MG/0.4ML</i>	4	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
<i>enoxaparin sodium sosal 30 MG/0.3ML</i>	4	QL(0.6 ml daily);SP
<i>enoxaparin sodium sosal 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<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 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
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	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	3	PA;QL
Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam tabs</i>	1B	QL(2 ea daily);PA
<i>clobazam susp</i>	1B	QL(16 ml daily);PA
<i>clonazepam tabs</i>	1A	
<i>diazepam (anticonvulsant) gel</i>	3	
NAYZILAM	3	QL(10 ea per 30 days retail);PA
VALTOCO LIQD	4	QL(10 ea per 30 days retail);PA
VALTOCO LQPK	4	QL(10 ea per 30 days retail);PA
Anticonvulsants - Misc.		
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
BRIVIACT SOLN OR 10 MG/ML	3	PA;QL
BRIVIACT TABS	3	PA;QL
<i>carbamazepine chew</i>	1B	
<i>carbamazepine cp12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine susp</i>	1B	
<i>carbamazepine tb12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine cp12 100 MG</i>	1B	
<i>carbamazepine tb12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine tabs</i>	1B	
<i>carbamazepine cp12 300 MG</i>	1B	QL(4 ea daily)
DIACOMIT PACK 250 MG	4	QL(12 ea daily);PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500 MG	4	QL(6 ea daily);PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily);PA
EPIDIOLEX	3	PA
<i>gabapentin caps</i>	1B	
<i>gabapentin soln</i>	1B	QL(60 ml daily)
<i>gabapentin tabs 600 MG, 800 MG</i>	1B	
<i>lacosamide soln iv 200 MG/20ML</i>	3	QL(40 ml daily)
<i>lacosamide soln or 10 MG/ML</i>	3	QL(40 ml daily);PA
<i>lacosamide tabs</i>	3	QL(2 ea daily);PA
<i>lamotrigine tabs</i>	1B	
<i>lamotrigine chew 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine chew 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine tbdp</i>	1B	QL(1 ea daily)
<i>levetiracetam tabs 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam tb24</i>	1B	QL(4 ea daily)
<i>levetiracetam soln iv 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam tabs 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam tabs 1000 MG</i>	1B	QL(3 ea daily)
<i>oxcarbazepine tabs 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>oxcarbazepine tabs 600 MG</i>	1B	QL(4 ea daily)
<i>oxcarbazepine susp</i>	1B	QL(40 ml daily)
<i>pregabalin caps 225 MG, 300 MG</i>	3	QL(2 ea daily);PA
<i>pregabalin soln</i>	3	QL(30 ml daily);PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily);PA
<i>primidone</i>	1B	
<i>rufinamide tabs 200 MG</i>	1B	QL(2 ea daily);PA
<i>rufinamide susp</i>	1B	QL(80 ml daily);PA
<i>rufinamide tabs 400 MG</i>	1B	QL(8 ea daily);PA
TEGRETOL SUSP (Use carbamazepine)	2	
TEGRETOL TABS (Use carbamazepine)	2	
<i>topiramate cs24</i>	3	PA
<i>topiramate tabs 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate tabs 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate csp 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate tabs 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate csp 25 MG</i>	1B	QL(8 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate tabs 600 MG</i>	1B	QL(6 ea daily)
<i>felbamate tabs 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate susp</i>	1B	QL(30 ml daily)
GABA Modulators		
<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

Drug Name	Drug Tier	Requirement s/Limits
Hydantoins		
DILANTIN (Use phenytoin sodium extended)	2	
DILANTIN 30 MG	2	
DILANTIN INFATABS CHEW (Use phenytoin)	2	
DILANTIN-125 SUSP (Use phenytoin)	2	
fosphenytoin sodium	1B	
PEGANONE	3	
PHENYTEK (Use phenytoin sodium extended)	2	
phenytoin chew	1B	
phenytoin susp	1B	
phenytoin sodium soln	1B	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B	
Succinimides		
CELONTIN	3	QL(4 ea daily)
ethosuximide caps	1B	QL(6 ea daily)
ethosuximide soln	1B	QL(30 ml daily)
ZARONTIN CAPS (Use ethosuximide)	2	QL(6 ea daily)
Valproic Acid		
divalproex sodium tbec	1B	
divalproex sodium tb24	1B	
valproate sodium soln or 250 MG/5ML	1B	
valproic acid caps	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		

Drug Name	Drug Tier	Requirement s/Limits
mirtazapine tbdp 30 MG	1B	QL(1.5 ea daily)
mirtazapine tbdp 15 MG	1B	QL(3 ea daily)
mirtazapine tabs 15 MG	1B	QL(3 ea daily)
mirtazapine tabs 7.5 MG, 45 MG	1B	QL(1 ea daily)
mirtazapine tbdp 45 MG	1B	QL(1 ea daily)
mirtazapine tabs 30 MG	1B	QL(1.5 ea daily)
Antidepressants - Misc.		
bupropion hcl tb12 200 MG	1B	QL(2 ea daily)
bupropion hcl tb24 300 MG	1B	QL(1 ea daily)
bupropion hcl tabs	1B	QL(3 ea daily)
bupropion hcl tb12 150 MG	1B	QL(3 ea daily)
bupropion hcl tb12 100 MG	1B	QL(4 ea daily)
bupropion hcl tb24 150 MG	1B	QL(3 ea daily)
maprotiline hcl	1B	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
phenelzine sulfate	1B	
tranylcypromine sulfate	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		

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Drug Name	Drug Tier	Requirement s/Limits
<i>citalopram hydrobromide tabs 40 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide soln</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate tabs 5 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate tabs 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate soln</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate tabs 20 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl caps 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl soln</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl cpdr</i>	1B	
<i>fluoxetine hcl caps 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl caps 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl tabs 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl tabs 10 MG, 60 MG</i>	1B	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)
<i>paroxetine hcl tabs 40 MG</i>	1B	QL(1 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)

Drug Name	Drug Tier	Requirement s/Limits
<i>paroxetine hcl tb24 12.5 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>sertraline hcl tabs 100 MG</i>	1B	QL(2 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)
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl tabs</i>	1B	
TRINTELLIX	3	QL(1 ea daily);PA
VIIBRYD TABS (Use vilazodone hcl)	NF	QL(1 ea daily);PA
VIIBRYD STARTER PACK KIT	NF	1 rtl pack lmt amt,180 rtl pack lmt day(s);PA
<i>vilazodone hcl tabs</i>	1B	QL(1 ea daily);PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<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 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
<i>duloxetine hcl cpep 40 MG</i>	1B	
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
<i>venlafaxine hcl tb24 37.5 MG, 75 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl tb24 150 MG</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
<i>venlafaxine hcl tabs</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl tb24 225 MG</i>	1B	QL(1 ea daily);ST
<i>venlafaxine hcl cp24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 MG</i>	1B	QL(5 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1B	
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl tabs</i>	1B	
<i>doxepin hcl conc</i>	1B	
<i>doxepin hcl caps</i>	1B	
<i>imipramine hcl tabs</i>	1B	
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl soln</i>	1B	
<i>nortriptyline hcl caps</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate caps</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily);PA
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily);PA
Antidiabetic Combinations		

Drug Name	Drug Tier	Requirement s/Limits
<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)
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)
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 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	QL(1 ea daily);PA
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG	3	QL(2 ea daily);PA
XULTOPHY 100/3.6	2	QL(0.5 ml daily);PA

Drug Name	Drug Tier	Requirement s/Limits
Biguanides		
<i>metformin hcl tabs 850 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 tb24 750 MG</i>	1B	QL(3 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 12.5 MG</i>	1B	QL(1 ea daily)
<i>alogliptin benzoate 6.25 MG, 25 MG</i>	1B	
JANUVIA	2	QL(1 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
OZEMPIC SOPN	2	QL(0.108 ml daily);PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily);PA
TRULICITY	2	QL(0.143 ml daily);PA
VICTOZA	2	QL(0.3 ml daily);PA
Insulin		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP SOLN	2	

Drug Name	Drug Tier	Requirement s/Limits
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	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)
LEVEMIR SOLN	2	
LEVEMIR FLEXTOUCH SOPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 RELION SUSP	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 MIX 70/30 SUSP	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG PENFILL SOCT	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
Insulin Sensitizing Agents		
AVANDIA 2 MG, 4 MG	3	QL(1 ea daily)
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<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)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	3	QL(1 ea daily);PA
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide tabs</i>	1B	QL(4 ea daily)
<i>glipizide tb24</i>	1B	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)
<i>tolbutamide</i>	1B	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1B	
<i>diphenoxylate w/ atropine tabs</i>	1B	
<i>loperamide hcl caps</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox pack</i>	4	PA
<i>deferasirox tabs</i>	4	SP;PA
<i>deferasirox tbso</i>	4	SP;PA
<i>deferiprone tabs 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl liqd</i>	1B	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	3	QL(0.167 ea daily);PA
<i>granisetron hcl soln iv 1 MG/ML</i>	1B	
<i>granisetron hcl tabs</i>	1B	QL(0.34 ea daily)
<i>ondansetron tbdp 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron tbdp 8 MG</i>	1B	
<i>ondansetron hcl soln or 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl sosy</i>	1B	
<i>ondansetron hcl tabs 24 MG</i>	1B	QL(0.143 ea 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 8 MG</i>	1B	QL(3 ea daily,45 ea per fill retail,45 per fill mail MG)
<i>ondansetron hcl soln ij 4 MG/2ML</i>	1B	
<i>palonosetron hcl soln</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 25 MG</i>	1B	RX/OTC
<i>meclizine hcl tabs 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine tbec</i>	1B	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA
<i>dronabinol caps</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant caps 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant caps 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant misc</i>	1B	PA
<i>aprepitant caps</i>	1B	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA

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Drug Name	Drug Tier	Requirement s/Limits
Antifungals		
ABELCET	3	
<i>AMBISOME (Use amphotericin b liposome)</i>	3	
<i>amphotericin b iv</i>	3	
<i>amphotericin b liposome</i>	1B	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize susp</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin tabs</i>	1B	
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	PA
<i>fluconazole susr</i>	1B	
<i>fluconazole tabs</i>	1B	
<i>itraconazole soln</i>	1B	QL(20 ml daily);PA
<i>itraconazole caps</i>	1B	QL(4 ea daily);PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP	3	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole tabs</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>carbinoxamine maleate tabs 4 MG</i>	1B	
<i>clemastine fumarate tabs 2.68 MG</i>	1B	
CLEMASTINE FUMARATE SYRP	1B	
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl soln 50 MG/ML</i>	1B	
<i>diphenhydramine hcl caps 50 MG</i>	1A	
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl tabs</i>	1A	QL(1 ea daily)
<i>desloratadine tbdp 2.5 MG</i>	1B	QL(1 ea daily)
<i>desloratadine tabs</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride tabs</i>	1B	QL(1 ea daily);RX/OTC
<i>levocetirizine dihydrochloride soln</i>	1B	QL(10 ml daily);RX/OTC
<i>loratadine tbdp</i>	1B	
<i>loratadine soln</i>	1B	
<i>loratadine tabs</i>	1A	
<i>loratadine caps</i>	1B	
<i>loratadine chew</i>	1B	
<i>loratadine syrup</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl supp 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>promethazine hcl soln 25 MG/ML, 50 MG/ML</i>	1B	
<i>promethazine hcl syrup</i>	1B	
<i>promethazine hcl supp 50 MG</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl tabs</i>	1B	
<i>cyproheptadine hcl syrup</i>	1B	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	1B	QL(4 ea daily);PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine powd</i>	1B	QL(25.2 gm daily)
<i>cholestyramine pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd</i>	1B	QL(24 gm daily)
<i>cholestyramine light pack</i>	1B	QL(6 ea daily)
<i>colesevelam hcl pack</i>	1B	QL(1 ea daily);PA
<i>colesevelam hcl tabs</i>	1B	QL(7 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)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium caps 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium caps 40 MG</i>	1B	QL(2 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
<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)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA SOSY	4	QL(0.0714 ml daily);PA
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily);PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily);PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<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	
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>ramipril caps</i>	1B	
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	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)
<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)
Antiadrenergic Antihypertensives		
<i>clonidine</i>	3	QL(0.15 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tabs</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa tabs</i>	1B	QL(6 ea daily)
<i>prazosin hcl caps</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	
<i>benazepril & hydrochlorothiazide 10 MG-12.5 MG, 20 MG-25 MG</i>	1B	QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 5 MG-12.5 MG</i>	1B	QL(2 ea daily)
EXFORGE HCT	3	
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	3	
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril & hydrochlorothiazide</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide 50 MG-12.5 MG</i>	1B	QL(2 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 50 MG-25 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	1B	QL(2 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 1 MG-240 MG, 2 MG-180 MG</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl tabs</i>	1B	
<i>hydralazine hcl soln</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily);PA
<i>metronidazole tabs</i>	1B	
<i>trimethoprim tabs</i>	1B	
XIFAXAN 550 MG	3	QL(3 ea daily);AL(At least 12 yrs old);PA
XIFAXAN 200 MG	3	QL(3 ea daily,9 ea per 3 days retail,9 ea per 3 days mail);AL(At least 12 yrs old);PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim soln</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs</i>	1A	
<i>sulfamethoxazole-trimethoprim susp</i>	1B	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide tabs</i>	1B	PA
Carbapenems		
<i>ertapenem sodium ij</i>	1B	
<i>imipenem-cilastatin iv 250 MG-250 MG</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP;PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Glycopeptides		
FIRVANQ SOLR OR	2	QL(300 ml per fill retail)
<i>vancomycin hcl caps</i>	1B	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostostatics		
<i>dapsone</i>	1B	
Lincosamides		
<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	
<i>lincomycin hcl</i>	1B	
Monobactams		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily);PA
Oxazolidinones		
<i>linezolid tabs</i>	1B	QL(2 ea daily);PA
<i>linezolid susr</i>	1B	
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate solr</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohydrate</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail)
COARTEM	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)
Antimalarials		
<i>chloroquine phosphate tabs 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate tabs 500 MG</i>	1B	
<i>hydroxychloroquine sulfate</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>primaquine phosphate tabs</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily);PA
<i>quinine sulfate caps 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
GUANIDINE HCL	2	
<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 soln or</i>	1B	
<i>pyridostigmine bromide tbcr</i>	1B	
RUZURGI	4	QL(10 ea daily);PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs 100 MG</i>	1B	
<i>isoniazid soln</i>	1B	
<i>isoniazid syrp</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin caps</i>	1B	
<i>rifampin solr</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>busulfan soln</i>	4	SP;PA
<i>carboplatin soln 50 MG/5ML</i>	4	SP;PA
<i>carmustine</i>	4	SP;PA
<i>cisplatin soln 100 MG/100ML</i>	4	SP;PA
<i>cyclophosphamide caps</i>	1B	PA
<i>cyclophosphamide solr ij</i>	4	
GLEOSTINE 10 MG	4	SP;PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide soln 1 GM/20ML</i>	4	SP;PA
<i>ifosfamide solr</i>	4	SP;PA
LEUKERAN	4	SP;PA
<i>melphalan</i>	1B	
<i>melphalan hcl</i>	1B	
MYLERAN TABS	4	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	4	SP;PA
TEMODAR SOLR	4	
<i>temozolomide caps</i>	4	SP;PA
<i>thiotepa 15 MG</i>	4	SP;PA
TREANDA SOLR	4	SP;PA
ZANOSAR	4	SP;PA
Antimetabolites		
ALIMTA SOLR 500 MG (Use pemetrexed disodium)	4	SP;PA
<i>azacitidine susr</i>	4	SP;PA
<i>capecitabine</i>	4	SP;PA
<i>clofarabine</i>	4	SP;PA
<i>cytarabine soln</i>	4	SP;PA
<i>decitabine</i>	4	SP;PA
<i>floxuridine</i>	4	SP;PA
<i>fludarabine phosphate solr</i>	4	SP;PA
<i>fludarabine phosphate soln</i>	4	SP;PA
<i>fluorouracil 500 MG/10ML</i>	4	SP;PA
FOLOTYN 20 MG/ML	4	SP;PA
<i>gemcitabine hcl solr 2 GM, 200 MG</i>	4	SP;PA
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium tabs 2.5 MG</i>	1B	SP
<i>methotrexate sodium soln 250 MG/10ML</i>	1B	
<i>methotrexate sodium solr</i>	1B	SP
<i>nelarabine</i>	4	SP;PA
<i>pemetrexed disodium solr 500 MG</i>	4	SP;PA

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Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	SP;PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP;PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	QL(2 ea daily);SP;PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily);PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP;PA
ZIRABEV	4	PA
Antineoplastic - Antibodies		
ADCETRIS	4	SP;PA
ARZERRA	4	SP;PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP;PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP;PA
TRAZIMERA	4	PA

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	4	PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	4	SP;PA
<i>erlotinib hcl</i>	4	QL(1 ea daily);SP;PA
GILOTRIF	4	QL(1 ea daily);PA
IRESSA	4	PA
TAGRISO	4	PA
VECTIBIX 100 MG/5ML	4	SP;PA
VIZIMPRO	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily);SP;PA
ODOMZO	4	QL(1 ea daily);PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily);SP;PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily);PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	4	QL(1 ea daily);SP;PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily);SP;PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP;PA
EMCYT	4	SP;PA
EULEXIN	4	QL(6 ea daily);SP;PA
<i>exemestane</i>	4	QL(1 ea daily);SP
FIRMAGON	4	QL(0.143 ea daily);SP;PA

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Drug Name	Drug Tier	Requirements/Limits
<i>flutamide</i>	4	QL(6 ea daily);SP;PA
<i>fulvestrant</i>	4	QL(0.357 ml daily);SP;PA
<i>letrozole</i>	1B	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	4	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily);SP;PA
LUPRON DEPOT (3-MONTH) IM	4	SP;PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily);SP;PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily);SP;PA
LYSODREN	4	SP;PA
<i>megestrol acetate susp</i>	1B	
<i>megestrol acetate tabs</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily);PA
<i>tamoxifen citrate tabs 20 MG</i>	0	
<i>tamoxifen citrate tabs 10 MG</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP;PA
XTANDI CAPS	4	QL(4 ea daily);SP;PA
YONSA	4	QL(4 ea daily);PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily);SP;PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily);SP;PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 ea daily);PA
Antineoplastic - PDGFR-alpha Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily);PA
AYVAKIT 100 MG, 200 MG, 300 MG	4	QL(1 ea daily);SL;PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY	4	PA
XPOVIO 60 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP;PA
<i>dactinomycin</i>	4	SP;PA
<i>doxorubicin hcl soln</i>	4	SP;PA
<i>doxorubicin hcl solr 50 MG</i>	4	SP;PA
<i>doxorubicin hcl liposomal</i>	4	SP;PA
<i>epirubicin hcl soln 50 MG/25ML</i>	4	SP;PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP;PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin solr iv 20 MG</i>	4	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP;PA
<i>valrubicin</i>	4	SP;PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE	3	PA
KISQALI FEMARA 400 DOSE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	3	PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	4	QL(4 ea daily);PA
ALUNBRIG TABS	4	QL(1 ea daily);PA
ALUNBRIG TBPK	4	QL(1 ea daily);PA
BALVERSA	4	PA
<i>bortezomib solr ij</i>	4	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF 100 MG, 500 MG	4	QL(1 ea daily);SP;PA
BOSULIF 400 MG	4	QL(1 ea daily);PA
BRAFTOVI 75 MG	4	SP;PA
BRUKINSA	4	PA
CAPRELSA	4	QL(1 ea daily);SP;PA
COMETRIQ KIT	4	QL(4 ea daily);SP;PA
COMETRIQ KIT	4	QL(2 ea daily);SP;PA
COMETRIQ KIT	4	QL(3 ea daily);SP;PA
COPIKTRA	4	PA
<i>everolimus tabs</i>	4	QL(1 ea daily);SP;PA
IBRANCE TABS	3	PA
IBRANCE CAPS	3	PA
ICLUSIG	4	QL(1 ea daily);PA
<i>imatinib mesylate</i>	4	QL(2 ea daily);SP;PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily);PA
IMBRUVICA TABS	4	QL(1 ea daily);PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily);PA
INREBIC	4	PA

Drug Name	Drug Tier	Requirements/Limits
ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>)	4	SP;PA
JAKAFI	4	QL(2 ea daily);SP;PA
KISQALI	3	PA
KOSELUGO	4	PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily);SP;PA
LORBRENA	4	QL(1 ea daily);PA
LYNPARZA TABS	4	QL(4 ea daily);PA
MEKINIST .5 MG	4	QL(3 ea daily);PA
MEKINIST 2 MG	4	QL(1 ea daily);PA
MEKTOVI	4	SP;PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	4	QL(4 ea daily);SP;PA
NINLARO	4	QL(0.143 ea daily);PA
PEMAZYRE	4	QL(1 ea daily);PA
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
QINLOCK	4	PA
RETEVMO	4	PA
<i>romidepsin solr</i>	4	SP;PA
ROZLYTREK	4	PA
RUBRACA	4	QL(4 ea daily);PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily);SP;PA
SPRYCEL	4	QL(1 ea daily);SP;PA
STIVARGA	4	QL(4 ea daily);SP;PA

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Drug Name	Drug Tier	Requirement s/Limits
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily);SP;PA
TABRECTA	4	PA
TAFINLAR	4	QL(4 ea daily);PA
TALZENNA	4	QL(1 ea daily);PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily);SP;PA
TASIGNA 50 MG	4	QL(4 ea daily);PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily);SP;PA
TIBSOVO	4	PA
TURALIO	4	PA
VELCADE SOLR IJ (<i>Use bortezomib</i>)	4	SP;PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT	4	QL(4 ea daily);SP;PA
XALKORI	4	QL(2 ea daily);SP;PA
XOSPATA	4	PA
ZEJULA	4	QL(3 ea daily);PA
ZELBORAF	4	SP;PA
ZOLINZA	4	QL(4 ea daily);SP;PA
ZYDELIG	4	QL(2 ea daily);PA
Antineoplastic Enzymes		
ERWINASE	4	SP;PA
ERWINAZE	4	SP;PA
ONCASPAR	4	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>arsenic trioxide 10 MG/10ML</i>	4	SP;PA
<i>bexarotene</i>	4	SP;PA
<i>dacarbazine solr 200 MG</i>	4	SP;PA
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP;PA
MATULANE	4	SP;PA
NIPENT	4	SP;PA
PHOTOFRIN	4	SP;PA
PROLEUKIN	4	SP;PA
SYNRIBO	4	SP;PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP;PA
Chemotherapy Adjuncts		
KEPIVANCE	4	SP;PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium tabs</i>	1B	
<i>leucovorin calcium solr</i>	1B	
VORAXAZE	4	SP;PA
Mitotic Inhibitors		
ABRAXANE (<i>Use paclitaxel protein-bound particles</i>)	4	SP;PA
<i>docetaxel conc 20 MG/ML</i>	4	SP;PA
<i>docetaxel soln 20 MG/2ML</i>	4	SP;PA
ETOPOPHOS	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	
<i>etoposide caps</i>	4	SP;PA
HALAVEN	4	SP;PA
IXEMPRA KIT 15 MG	4	SP;PA
JEVTANA	4	SP;PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML</i>	4	SP;PA
<i>paclitaxel protein-bound particles</i>	4	SP;PA
PACLITAXEL PROTEIN-BOUND PARTICLES (Use <i>paclitaxel protein-bound particles</i>)	4	SP;PA
TENIPOSIDE	4	SP;PA
<i>vincristine sulfate</i>	4	SP;PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP;PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP;PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP;PA
<i>topotecan hcl solr</i>	4	
<i>topotecan hcl soln</i>	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	1B	
<i>benztropine mesylate soln</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>trihexyphenidyl hcl tabs</i>	1B	
<i>trihexyphenidyl hcl soln</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1B	
<i>amantadine hcl tabs</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 tbdp</i>	1B	
<i>carbidopa-levodopa tabs</i>	1B	
<i>carbidopa-levodopa tbcrr</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride tabs .125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs .25 MG, .5 MG, .75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride tb24 8 MG, 12 MG</i>	1B	QL(2 ea daily);ST
<i>ropinirole hydrochloride tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tb24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily);ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily);PA
<i>selegiline hcl caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate tbcr</i>	1B	
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tabs</i>	1B	
Antipsychotics - Misc.		
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
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)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily);PA
FANAPT TITRATION PACK	2	PA
<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 CONSTA	2	QL(0.072 ea daily);PA
<i>risperidone soln</i>	1B	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tbdp .25 MG</i>	1B	QL(4 ea daily)
<i>risperidone tabs</i>	1B	QL(4 ea daily)
Butyrophenones		
<i>haloperidol tabs</i>	1B	
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1B	
<i>haloperidol lactate soln</i>	1B	
Dibenzapines		
<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 tabs</i>	1B	
<i>clozapine tbdp 25 MG</i>	1B	QL(3 ea daily)
<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>loxapine succinate</i>	1B	
<i>olanzapine tabs 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine tbdp 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine 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 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate tb24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 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)

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Drug Name	Drug Tier	Requirement s/Limits
<i>quetiapine fumarate tb24 300 MG, 400 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)
Phenothiazines		
<i>chlorpromazine hcl soln 25 MG/ML</i>	3	
<i>chlorpromazine hcl tabs</i>	1B	
<i>fluphenazine hcl tabs</i>	1B	
<i>fluphenazine hcl elix</i>	1B	
<i>fluphenazine hcl conc</i>	1B	
<i>fluphenazine hcl soln</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	
Quinolinone Derivatives		
<i>aripiprazole soln or</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
<i>aripiprazole tabs</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<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)

Drug Name	Drug Tier	Requirement s/Limits
<i>abacavir sulfate-lamivudine-zidovudine</i>	1B	QL(2 ea daily)
APTIVUS SOLN	2	QL(10 ml daily)
APTIVUS CAPS	2	QL(4 ea daily)
<i>atazanavir sulfate caps 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate caps 200 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily);ST
COMBIVIR (Use lamivudine-zidovudine)	3	QL(2 ea daily)
COMPLERA	3	QL(1 ea daily)
CRIXIVAN 200 MG	2	QL(9 ea daily)
CRIXIVAN 400 MG	2	QL(6 ea daily)
DELSTRIGO	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	3	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz caps 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz tabs</i>	1B	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</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)

Drug Name	Drug Tier	Requirements/Limits
<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 SOLN	2	QL(24 ml daily)
EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	3	QL(1 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
EVOTAZ	3	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP;PA
GENVOYA	3	QL(1 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	3	QL(1 ea daily)
KALETRA TABS (Use <i>lopinavir-ritonavir</i>)	3	QL(4 ea daily)
<i>lamivudine tabs 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine tabs 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine soln</i>	1B	QL(30 ml daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)
<i>lopinavir-ritonavir tabs</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln</i>	1B	QL(12.5 ml 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 tabs</i>	1B	QL(2 ea daily)
<i>nevirapine tb24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine tb24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine susp</i>	1B	QL(40 ml daily)
NORVIR SOLN	2	QL(15 ml daily)
NORVIR PACK	2	QL(12 ea daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	2	QL(1 ea daily)
PREZCOBIX	3	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 IV INFUSION SOLN	1B	
<i>ritonavir tabs</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY TABS 150 MG (Use <i>maraviroc</i>)	2	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG (Use <i>maraviroc</i>)	2	QL(4 ea daily)
SELZENTRY SOLN	2	QL(30 ml daily)
<i>stavudine caps</i>	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
TEMIXYS	3	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 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)
VIREAD POWD	2	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
<i>zidovudine caps</i>	1B	QL(6 ea daily)
<i>zidovudine tabs</i>	1B	QL(2 ea daily)
<i>zidovudine syrp</i>	1B	QL(60 ml daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium solr</i>	1B	
<i>valganciclovir hcl tabs</i>	1B	QL(4 ea daily);PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	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
EPCLUSA TABS 200 MG-50 MG	4	QL(1 ea daily);PA
EPCLUSA PACK	4	QL(1 ea daily);PA
EPCLUSA TABS 400 MG-100 MG	4	QL(1 ea daily);PA
EPIVIR HBV SOLN	4	QL(60 ml daily);SP;PA
<i>lamivudine (hbv) tabs</i>	1B	QL(3 ea daily);SP
PEGASYS SOLN	4	QL(0.0714 ml daily);SP;PA
PEGINTRON 50 MCG/0.5ML	4	QL(0.143 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) tabs 200 MG</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
SOVALDI TABS 200 MG	4	QL(1 ea daily);PA
SOVALDI TABS 400 MG	4	QL(1 ea daily);SP;PA
VOSEVI	4	QL(1 ea daily);PA
Herpes Agents		
<i>acyclovir caps</i>	1A	QL(5 ea daily,50 ea per fill retail,50 per fill mail MG)
<i>acyclovir susp</i>	1B	QL(13.34 ml daily)
<i>acyclovir tabs or</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)
Influenza Agents		
<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)
<i>oseltamivir phosphate susr</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt,30 rtl pack lmt day(s)

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Drug Name	Drug Tier	Requirement s/Limits
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
<i>labetalol hcl tabs</i>	1B	
<i>labetalol hcl tabs</i>	1B	QL(8 ea daily)
<i>labetalol hcl soln</i>	1B	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1B	
<i>atenolol tabs</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate tb24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol succinate tb24 200 MG</i>	1B	QL(2 ea daily)
<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>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
Beta Blockers Non-Selective		
HEMANGEOL SOLN OR	4	QL(75 ml daily);PA
<i>nadolol tabs 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol tabs 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol tabs 80 MG</i>	1B	
<i>pindolol tabs</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>propranolol hcl cp24</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>propranolol hcl soln or 20 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/afl)</i>	1B	
<i>timolol maleate tabs</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	1B	
<i>diltiazem hcl cp24</i>	1B	
<i>diltiazem hcl soln 50 MG/10ML</i>	1B	
<i>diltiazem hcl cp12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl coated beads cp24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	
<i>diltiazem hcl coated beads cp24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<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 caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nifedipine tb24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine tb24 90 MG</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine caps 10 MG</i>	1B	
<i>nifedipine caps 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine tb24</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine 20 MG, 30 MG, 40 MG</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl soln</i>	1B	
<i>verapamil hcl cp24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl tbc</i>	1B	
<i>verapamil hcl cp24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Cardiac Glycosides

<i>digoxin tabs</i>	1B	
<i>digoxin soln or .05 MG/ML</i>	1B	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	
LANOXIN SOLN IJ (<i>Use digoxin</i>)	2	

CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

Cardiovascular Agents Misc. - Combinations

<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	2	
ENTRESTO	3	QL(2 ea daily);PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	

Impotence Agents

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily);PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only;QL(1 ea daily);PA

Prostaglandin Vasodilators

<i>epoprostenol sodium</i>	4	PA
ORENITRAM	4	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

Pulmonary Hypertension - Endothelin Receptor Antagonists

<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
OPSUMIT	4	QL(1 ea daily);PA
TRACLEER TBSO	4	QL(2 ea daily);SP;PA

Pulmonary Hypertension - Phosphodiesterase Inhibitors

<i>sildenafil citrate (pulmonary hypertension) sus</i>	4	QL(6 ml daily);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>tadalafil (pulmonary hypertension)</i>	4	QL(2 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TBPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily);PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily);PA
Sinus Node Inhibitors		
CORLANOR TABS	3	QL(2 ea daily);PA
CORLANOR SOLN	3	QL(15 ml daily);PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily);PA
VYNDAQEL	4	QL(4 ea daily);PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil tabs</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefadroxil caps</i>	1B	
<i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin caps</i>	1B	
<i>cephalexin tabs</i>	1B	
<i>cephalexin susr</i>	1B	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefaclor caps</i>	1B	
<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	
<i>cefuroxime sodium ij 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1B	
<i>cefdinir susr</i>	1B	
<i>cefditoren pivoxil 200 MG</i>	3	
<i>cefditoren pivoxil 400 MG</i>	1B	
<i>cefixime caps</i>	1B	
<i>cefixime susr</i>	1B	ST
<i>cefotaxime sodium ij 1 GM, 2 GM</i>	1B	
<i>cefpodoxime proxetil tabs</i>	1B	
<i>cefpodoxime proxetil susr</i>	1B	
<i>ceftazidime ij 1 GM</i>	1B	
<i>ceftriaxone sodium ij 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium ij 250 MG</i>	1A	
Cephalosporins - 4th Generation		
<i>cefepime hcl solr ij</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA	0	
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium 0.451 MG-0.03 MG-3 MG</i>	0	
<i>ethynodiol diacet & eth estrad 1 MG-35 MCG</i>	0	
FALESSA	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	QL(1 ea daily)
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet & estrad-fe chew</i>	0	
<i>norethin acet & estrad-fe caps</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & eth estradiol 1 MG-35 MCG</i>	0	
<i>norethindrone & ethinyl estradiol-fe 75 MG-25 MCG-0.8 MG</i>	0	
<i>norethindrone acet & eth estra 20 MCG-1 MG</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	PA
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	

Drug Name	Drug Tier	Requirement s/Limits
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	0	90 rtl day(s) supply,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)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep</i>	1B	QL(3 ea daily)
DEPO-MEDROL SUSP	3	
<i>dexamethasone soln</i>	1B	
<i>dexamethasone tabs 1 MG, 2 MG</i>	1B	
<i>dexamethasone tabs .5 MG, .75 MG</i>	1A	
<i>dexamethasone elix</i>	1B	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
<i>hydrocortisone tabs</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone tbpk</i>	1B	
<i>methylprednisolone tabs</i>	1B	

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Drug Name	Drug Tier	Requirement s/Limits
<i>methylprednisolone acetate susp</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
MILLIPRED DP TBPK	3	
<i>prednisolone soln</i>	1B	
<i>prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate tbdp</i>	3	
<i>prednisone tabs 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone tbpk</i>	1B	
<i>prednisone soln</i>	1B	
<i>prednisone tabs 1 MG, 5 MG</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill,30 rtl day(s) supply
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetone susp 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
<i>cetirizine-pseudoephedrine</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24</i>	1B	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12</i>	1B	QL(2 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1B	
<i>loratadine & pseudoephedrine tb24</i>	1B	QL(1 ea daily)
<i>loratadine & pseudoephedrine tb12</i>	1B	QL(2 ea daily)
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) nebu 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine soln</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene gel .3 %</i>	1B	AL(At least 12 yrs old);ST
<i>adapalene gel .1 %</i>	1B	AL(At least 12 yrs old);PA;RX/OTC
<i>adapalene crea</i>	1B	AL(At least 12 yrs old);PA
<i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i>	1B	AL(At least 12 yrs old);ST

Drug Name	Drug Tier	Requirements/Limits
AZELEX	3	AL(At least 12 yrs old);ST
<i>benzoyl peroxide liqd 7 %</i>	1B	AL(At least 12 yrs old);RX/OTC
<i>benzoyl peroxide liqd 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %</i>	1B	QL(3 gm daily);AL(At least 12 yrs old)
<i>benzoyl peroxide gel 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 9.8 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1B	AL(At least 12 yrs old);RX/OTC
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate (topical) gel</i>	1B	QL(8 ml daily)
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily);AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old);ST

Drug Name	Drug Tier	Requirement s/Limits
DIFFERIN LOTN	2	AL(At least 12 yrs old);ST
<i>erythromycin (acne acid) soln</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne acid) pads</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old);PA
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1B	AL(At least 12 yrs old);ST
<i>sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	1B	QL(3 gm daily);AL(At least 12 yrs old- Up to 30 yrs old)
<i>tretinoin gel .01 %, .025 %</i>	1B	QL(3 gm daily);AL(At least 12 yrs old- Up to 30 yrs old)
<i>tretinoin microsphere .1 %</i>	1B	QL(3 gm daily);AL(At least 12 yrs old- Up to 30 yrs old);PA
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 gm daily)
Antibiotics - Topical		
ALTABAX	2	
<i>gentamicin sulfate (topical) crea</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1B	
<i>mupirocin oint</i>	1B	QL(6 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
NEO-SYNALAR	3	PA
Antifungals - Topical		
<i>butenafine hcl</i>	1B	QL(6 gm daily);RX/OTC
<i>ciclopirox gel</i>	1B	QL(3.35 gm daily)
<i>ciclopirox sham</i>	1B	QL(10 ml daily)
<i>ciclopirox soln</i>	1B	QL(0.22 ml daily)
<i>ciclopirox olamine susp</i>	1B	
<i>ciclopirox olamine crea</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail)
<i>clotrimazole (topical) soln</i>	1B	QL(10 ml daily);RX/OTC
<i>clotrimazole (topical) crea</i>	1B	QL(4.5 gm daily);RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone lotn</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)
JUBLIA	3	PA
<i>ketoconazole (topical) sham 2 %</i>	1B	QL(20 ml daily)
<i>ketoconazole (topical) crea</i>	1B	QL(10 gm daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl crea 2 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl crea 1 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
<i>naftifine hcl gel</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
<i>nystatin (topical) crea</i>	1B	QL(10 gm daily)
<i>nystatin (topical) oint</i>	1B	QL(6 gm daily)
<i>nystatin (topical) powd ex</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone crea</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone oint</i>	1B	QL(4 gm daily)
<i>oxiconazole nitrate crea</i>	1B	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
OXISTAT LOTN	2	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 ml daily)
<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
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch ex</i>	1B	QL(2 ea daily);PA
<i>diclofenac sodium (topical) gel ex</i>	1B	QL(3.34 gm daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP;PA
<i>diclofenac sodium (actinic keratoses) ex</i>	1B	QL(3.34 gm daily);PA
<i>fluorouracil (topical) crea 5 %</i>	1B	QL(4 gm daily)
<i>fluorouracil (topical) soln</i>	1B	QL(2 ml daily)
PANRETIN	3	
PICATO .05 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea per fill retail,2 per fill mail %)
PICATO .015 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(3 ea per fill retail,3 per fill mail %)
TARGRETIN (<i>Use bexarotene (topical)</i>)	4	SP;PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
Antipsoriatics		
<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 crea</i>	1B	QL(4 gm daily);PA
<i>calcipotriene soln</i>	1B	QL(4 ml daily);PA

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Drug Name	Drug Tier	Requirement s/Limits
<i>calcipotriene oint</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
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
SKYRIZI PSKT	4	QL(0.025 ea daily);PA
SKYRIZI SOSY	4	QL(0.025 ml daily);PA
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily);PA
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)
TREMFYA SOSY	4	QL(0.018 ml daily);PA
TREMFYA SOPN	4	QL(0.018 ml daily);PA
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1B	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1B	1 rtl pack lmt per fill;1 mail pack lmt per fill
<i>acyclovir topical oint</i>	1B	1 rtl pack lmt per fill;1 mail pack lmt per fill
DENAVIR	3	QL(0.18 gm daily)
Burn Products		
<i>mafenide acetate pack</i>	3	

Drug Name	Drug Tier	Requirement s/Limits
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate oint</i>	1B	QL(3 gm daily)
<i>alclometasone dipropionate crea</i>	1B	QL(2 gm daily)
<i>amcinonide lotn</i>	3	
<i>amcinonide crea</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(60 gm per fill retail,60 per fill mail %)
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) lotn</i>	1B	
<i>betamethasone dipropionate (topical) oint</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate (topical) crea</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate augmented oint</i>	1B	QL(3.5 gm daily)
<i>betamethasone dipropionate augmented crea</i>	1B	QL(3.5 gm daily)
<i>betamethasone dipropionate augmented lotn</i>	1B	QL(5 ml daily)
<i>betamethasone valerate crea</i>	1B	QL(2.5 gm daily)
<i>betamethasone valerate oint</i>	1B	QL(3 gm daily)
<i>betamethasone valerate foam</i>	1B	QL(1.67 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate lotn</i>	1B	QL(5 ml daily)
<i>calcipotriene-betamethasone dipropionate susp</i>	1B	ST
<i>calcipotriene-betamethasone dipropionate oint</i>	1B	ST
<i>clobetasol propionate foam</i>	1B	QL(3 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 oint .05 %</i>	1B	QL(1 gm daily);PA
<i>clobetasol propionate gel .05 %</i>	1B	QL(2 gm daily);ST
<i>clobetasol propionate emollient base .05 %</i>	1B	QL(1 gm daily);PA
<i>clocortolone pivalate</i>	3	QL(3 gm daily)
CORDRAN TAPE	3	1 rtl pack lmt amt,30 rtl pack lmt day(s);1 mail pack lmt amt,30 mail pack lmt day(s)
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
<i>desoximetasone crea .25 %</i>	1B	QL(4 gm daily)
<i>desoximetasone oint .25 %</i>	1B	QL(4 gm daily)
<i>desoximetasone gel</i>	1B	QL(3 gm daily)
<i>diflorasone diacetate crea</i>	1B	PA
<i>diflorasone diacetate oint</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide crea .01 %</i>	1B	
<i>fluocinolone acetonide crea .025 %</i>	1B	QL(4 gm daily)
<i>fluocinolone acetonide oint</i>	1B	QL(4 gm daily)
<i>fluocinolone acetonide oil</i>	1B	QL(8 ml daily)
<i>fluocinolone acetonide soln</i>	1B	QL(4 ml daily)
<i>fluocinonide soln</i>	1B	QL(2 ml daily)
<i>fluocinonide gel</i>	1B	
<i>fluocinonide crea .05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide oint</i>	1B	QL(2 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>flurandrenolide crea</i>	2	
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate oint</i>	1B	QL(4 gm daily)
<i>fluticasone propionate lotn</i>	1B	QL(6 ml daily)
<i>fluticasone propionate crea .05 %</i>	1B	QL(4 gm daily)
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate oint</i>	1B	QL(3.5 gm daily)
<i>halobetasol propionate crea</i>	1B	QL(3.5 gm daily)
HALOG OINT	3	PA
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone (topical) crea 1 %</i>	1B	QL(15.15 gm daily);RX/OTC
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	1B	QL(15.15 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	1B	QL(15.15 gm daily)
<i>hydrocortisone (topical) oint 1 %</i>	1B	QL(15.15 gm daily);RX/OTC
<i>hydrocortisone butyrate oint</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate crea</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate soln</i>	1B	QL(5 ml daily)
<i>hydrocortisone valerate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
<i>mometasone furoate crea</i>	1B	QL(3 gm daily)
<i>mometasone furoate soln</i>	1B	QL(5 ml daily)
<i>mometasone furoate oint</i>	1B	QL(4 gm daily)
<i>prednicarbate crea</i>	1B	
<i>prednicarbate oint</i>	1B	
<i>triamcinolone acetonide (topical) oint .5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) crea .1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn .1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) crea .5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) crea .025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) oint .025 %, .1 %</i>	1B	QL(15.15 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) lotn .025 %</i>	1B	
<i>triamcinolone acetonide-dimethicone-silicone</i>	1B	PA
Emollients		
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1B	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1B	QL(12.9 gm daily);RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail,12 per fill mail %)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily);AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint</i>	1B	AL(At least 2 yrs old);PA
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine ptch 5 %</i>	1B	PA
<i>lidocaine hcl soln</i>	1B	QL(10 ml daily)
<i>lidocaine hcl gel 2 %</i>	1B	QL(4 gm daily);RX/OTC
<i>lidocaine hcl prsy</i>	1B	QL(4 ml daily)
<i>lidocaine hcl gel 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine-prilocaine crea</i>	1B	QL(1 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
SYNERA PTCH	3	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily);PA
Rosacea Agents		
<i>azelaic acid gel</i>	1B	QL(1.67 gm daily)
<i>metronidazole (topical) gel 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) gel .75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) lotn</i>	1B	
<i>metronidazole (topical) crea</i>	1B	QL(3 gm daily)
MIRVASO	3	QL(1 gm daily);PA
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA;RX/OTC
<i>lindane sham</i>	1B	
<i>malathion</i>	1B	
<i>permethrin liqd ex</i>	1B	
<i>permethrin crea</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/Limits
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
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization

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Drug Name	Drug Tier	Requirement s/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 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 tabs 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide cp12</i>	1B	QL(2 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

<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide tabs</i>	1B	
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	1B	

Loop Diuretics

<i>bumetanide tabs</i>	1B	QL(5 ea daily)
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Drug Name	Drug Tier	Requirement s/Limits
<i>bumetanide soln .25 MG/ML</i>	1B	
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide soln or 8 MG/ML</i>	1B	
<i>furosemide tabs</i>	1B	
<i>torseamide tabs</i>	1B	

Potassium Sparing Diuretics

<i>amiloride hcl tabs</i>	1B	
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)

Thiazides and Thiazide-Like Diuretics

<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide caps</i>	1B	QL(2 ea daily)
<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>indapamide tabs 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide tabs 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators

<i>alendronate sodium tabs 5 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>calcitonin (salmon) na</i>	1B	QL(0.14 ml daily)
FORTEO SOPN	4	QL(0.09 ml daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
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 30 MG/10ML, 90 MG/10ML</i>	4	SP;PA
PAMIDRONATE DISODIUM SOLN	4	SP;PA
PROLIA SOSY	4	1 rtl MAX fill,180 rtl day(s) supply;SP;PA
<i>risedronate sodium tbec</i>	1B	PA
<i>risedronate sodium tabs 150 MG</i>	1B	QL(0.036 ea daily);PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	1B	QL(1 ea daily);PA
<i>risedronate sodium tabs 35 MG</i>	1B	QL(0.143 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 4 MG/100ML</i>	4	SP;PA
Fertility Regulators		
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	NF	PA
GnRH/LHRH Antagonists		

Drug Name	Drug Tier	Requirement s/Limits
CETROTIDE .25 MG	NF	PA
<i>ganirelix acetate</i>	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP;PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP;PA
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP;PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	4	SP;PA
LUPANETA PACK	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP;PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP;PA
SYNAREL	4	SP;PA
Metabolic Modifiers		

Drug Name	Drug Tier	Requirement s/Limits
ALDURAZYME	4	SP;PA
<i>betaine</i>	4	SP;PA
<i>calcitriol soln iv</i>	1B	
<i>calcitriol caps</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily);SP;PA
CYSTADANE (<i>Use betaine</i>)	4	SP;PA
<i>doxercalciferol caps</i>	1B	
<i>doxercalciferol soln</i>	1B	
ELAPRASE	4	SP;PA
GALAFOLD	4	QL(0.5 ea daily);PA
LUMIZYME	4	SP;PA
MYALEPT	4	PA
NAGLAZYME	4	SP;PA
<i>nitisinone caps</i>	4	SP;PA
<i>paricalcitol caps</i>	1B	
<i>paricalcitol soln</i>	1B	
<i>sapropterin dihydrochloride tabs</i>	4	PA
<i>sapropterin dihydrochloride pack 100 MG</i>	4	PA
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate soln ij</i>	1B	PA
<i>desmopressin acetate tabs .1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate tabs .2 MG</i>	1B	QL(8 ea daily)
DESMOPRESSIN ACETATE SOLN NA	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
STIMATE SOLN NA	4	SP;PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily);SP;PA
<i>octreotide acetate soln</i>	4	SP;PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily);SP;PA
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily);SP;PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily);SP;PA
Vasopressin Receptor Antagonists		
<i>tolvaptan tabs</i>	4	QL(2 ea daily);SP;PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN	1B	
DEPO-ESTRADIOL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	

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Drug Name	Drug Tier	Requirement s/Limits
<i>estradiol tabs</i>	1B	
<i>estradiol pttw</i>	1B	QL(0.286 ea daily)
<i>estradiol ptwk</i>	1B	
<i>estradiol valerate 20 MG/ML, 40 MG/ML</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST .3 MG, .625 MG, 1.25 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	3	PA
BAXDELA SOLR	3	PA
CIPRO SUSR	2	2 rtl MAX fill,30 rtl day(s) supply
<i>ciprofloxacin hcl tabs 100 MG</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML-5 %</i>	3	
<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</i>	1B	
<i>ofloxacin 300 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirement s/Limits
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP;PA
Gallstone Solubilizing Agents		
<i>ursodiol tabs</i>	1B	
<i>ursodiol caps</i>	1B	QL(3 ea daily)
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily);PA
Gastrointestinal Stimulants		
<i>metoclopramide hcl tabs</i>	1A	QL(6 ea daily)
<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)
Inflammatory Bowel Agents		
AVSOLA	4	PA
<i>balsalazide disodium caps</i>	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA	4	PA
<i>mesalamine cp24</i>	1B	
<i>mesalamine tbec 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine tbec 1.2 GM</i>	3	
<i>mesalamine cpdr</i>	1B	
<i>mesalamine enem</i>	3	
<i>mesalamine supp</i>	3	
RENFLXIS	4	PA
STELARA 130 MG/26ML	4	PA
<i>sulfasalazine tbec</i>	1B	
<i>sulfasalazine tabs</i>	1B	
Intestinal Acidifiers		

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	3	QL(1 ea daily);PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
RELISTOR SOLN	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1B	
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC
<i>lanthanum carbonate chew</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate pack</i>	1B	
<i>sevelamer carbonate tabs</i>	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr 10 MEQ, 1080 MG</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid .25 %</i>	1B	
<i>glycine (gu irrigant) soln 1.5 %</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
RESECTISOL	1B	
<i>sodium chloride (gu irrigant) .9 %</i>	1B	
SORBITOL 3 %, 3.3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	1B	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily);PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate</i>	4	QL(9 ml daily);PA
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</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	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily);PA
CEREZYME 400 UNIT	4	SP;PA
<i>miglustat</i>	4	QL(3 ea daily);SP;PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	0	RX/OTC
<i>folic acid tabs</i>	0	
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP;PA
DOPTELET	4	QL(3 ea daily);PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP;PA
LEUKINE SOLR IJ	4	SP;PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily);PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP;PA
PROCRIT 40000 UNIT/ML	4	SP;PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML	4	PA
RETACRIT 40000 UNIT/ML	4	PA
ZARXIO	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate tbec</i>	0	
<i>ferrous sulfate tabs 325 MG</i>	0	
<i>ferrous sulfate soln</i>	0	AL(Up to 1 yrs old)
Stem Cell Mobilizers		
MOZOBIL	4	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid tabs</i>	1B	PA
<i>tranexamic acid tabs</i>	1B	
<i>tranexamic acid soln 1000 MG/10ML</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
<i>phenobarbital soln</i>	1B	
<i>phenobarbital elix</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily);PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily);AL(At least 18 yrs old);ST
<i>flurazepam hcl</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<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 tbc</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	PA
SUPREP BOWEL PREP KIT 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	3	PA
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1B	
Saline Laxatives		
OSMOPREP	3	PA
Stimulant Laxatives		
<i>bisacodyl supp</i>	1A	
<i>bisacodyl tbc</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium caps 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium caps 250 MG</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i>	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin tabs 500 MG</i>	1B	QL(4 ea per fill retail,4 per fill mail MG)
<i>azithromycin susr</i>	1B	
<i>azithromycin solr</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>azithromycin pack</i>	1B	
Clarithromycin		
<i>clarithromycin tb24</i>	1B	
<i>clarithromycin tabs</i>	1B	
<i>clarithromycin susr</i>	1B	
Erythromycins		
<i>erythromycin base tabs</i>	3	
<i>erythromycin base tbc</i>	1B	
<i>erythromycin base cpep</i>	3	
<i>erythromycin ethylsuccinate susr</i>	1B	
<i>erythromycin ethylsuccinate tabs</i>	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMIC IDE MISC	0	QL(2 ea daily)
FC2 FEMALE CONDOM	0	QL(4 ea per fill retail,4 per fill mail)
FEMCAP DEVI	0	

Drug Name	Drug Tier	Requirements/Limits
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
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)

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Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
Diabetic Supplies		
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)

Drug Name	Drug Tier	Requirements/Limits
LANCETS ULTRA FINE	1B	QL(6.6667 ea daily)
ON CALL LANCETS	1B	QL(6.6667 ea daily)
ON CALL PLUS LANCETS	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
SELECT LANCETS	1	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
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

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Drug Name	Drug Tier	Requirement s/Limits
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily);PA
Migraine Combinations		
<i>ergotamine w/ caffeine tabs</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 days retail,10 ea per 30 days mail)
Migraine Products		
<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)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily);AL(At least 12 yrs old);ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 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
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily);AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 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>rizatriptan benzoate tbdp 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>rizatriptan benzoate tbdp 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 ea daily);AL(At least 18 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soaj</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate tabs</i>	1B	QL(0.3 ea 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>zolmitriptan tbdp</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan tabs</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan soln</i>	1B	QL(0.2 ea daily);AL(At least 12 yrs old);ST

MINERALS & ELECTROLYTES

Bicarbonates

<i>sodium acetate soln</i>	1B	
SODIUM ACETATE SOLN (Use sodium acetate)	1B	

Calcium

<i>calcium chloride (dihydrate) soln</i>	1B	
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Electrolyte Mixtures

<i>dextrose in lactated ringers</i>	1B	
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Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB/DEXTROSE 5%	1B	
ISOLYTE-P/DEXTROSE 5%	1B	
ISOLYTE-S	1B	
KCL 0.3%/D5W/NACL 0.9%	1B	
<i>lactated ringer's</i>	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-M/D5W	1B	
NORMOSOL-R	1B	
PLASMA-LYTE A	1B	
PLASMA-LYTE-148	1B	
<i>potassium chloride in dextrose 20 MEQ/L-5 %</i>	1B	
<i>potassium chloride in dextrose & sodium chloride 0.2 %-5 %-20 MEQ/L, 0.45 %-5 %-0.075 %, 0.45 %-5 %-10 MEQ/L, 0.45 %-5 %-20 MEQ/L, 0.45 %-5 %-30 MEQ/L, 0.45 %-5 %-40 MEQ/L, 0.9 %-5 %-0.15 %, 0.9 %-5 %-20 MEQ/L</i>	1B	
<i>potassium chloride in nacl 0.9 %-0.3 %</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i>)	1B	
<i>ringer's</i>	1B	
Fluoride		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate ij 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 224 MG/ML-236 MG/ML</i>	1B	
Potassium		
<i>potassium acetate soln 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate tbef</i>	1B	
<i>potassium chloride cpcr</i>	1B	
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	1B	
<i>potassium chloride soln iv 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>potassium chloride pack or 20 MEQ</i>	1B	PA
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	
Sodium		
<i>sodium chloride soln iv .45 %, .9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine tabs</i>	1B	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine caps</i>	1B	PA
<i>trientine hcl</i>	4	QL(8 ea daily);SP;PA
Immunomodulators		
<i>lenalidomide</i>	4	PA
<i>lenalidomide</i>	4	QL(1 ea daily);SP;PA
REVLIMID	4	QL(1 ea daily);SP;PA
REVLIMID 20 MG	4	PA
THALOMID	4	QL(3 ea daily);SP;PA
Immunosuppressive Agents		
ATGAM	4	SP;PA
<i>azathioprine tabs</i>	1B	
AZATHIOPRINE	1B	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine soln iv 50 MG/ML</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	
<i>cyclosporine modified (for microemulsion) soln</i>	1B	
<i>everolimus (immunosuppressant) .25 MG, .5 MG, .75 MG</i>	4	QL(20 ea daily);SP;PA
<i>mycophenolate mofetil tabs</i>	1B	
<i>mycophenolate mofetil caps</i>	1B	
<i>mycophenolate sodium</i>	1B	
NULOJIX	4	SP;PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
SIMULECT	3	
<i>sirolimus tabs</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN	4	SP;PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	1B	
<i>sodium polystyrene sulfonate powd</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetone (mouth)</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl chew</i>	1A	RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs 10 MG, 20 MG</i>	1B	
<i>carisoprodol tabs</i>	1B	
<i>chlorzoxazone tabs 500 MG</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol tabs</i>	1B	
<i>orphenadrine citrate tb12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl tabs</i>	1B	
<i>tizanidine hcl caps</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1B	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl .1 %, .15 %, 137 MCG/SPRAY</i>	1B	
<i>azelastine hcl 205.5 MCG/SPRAY</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) .03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) .06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<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
<i>triamcinolone acetonide (nasal) aero</i>	1B	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	3	PA
DYSPORT	3	PA
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		

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Drug Name	Drug Tier	Requirement s/Limits
LACRISERT	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<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	
Cycloplegic Mydriatics		
<i>tropicamide soln 1 %</i>	1B	
<i>tropicamide soln .5 %</i>	1B	QL(2.5 ml daily)
Miotics		
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
AZASITE	3	
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) soln</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) oint</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>gentamicin sulfate (ophth) soln</i>	1B	
KLARITY-A	3	
<i>levofloxacin (ophth)</i>	1B	
<i>moxifloxacin hcl (ophth) soln op</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) soln</i>	1B	
<i>tobramycin (ophth) soln</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) emul</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) susp</i>	1B	
FML OINT	3	PA
FML FORTE SUSP	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate gel</i>	1B	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate susp</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymyxin-dexameth oint</i>	1B	
<i>neomycin-polymyxin-dexameth susp</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
<i>sulfacetamide sod-prednisolone soln</i>	3	PA
<i>tobramycin-dexamethasone susp</i>	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
BIOLON SOSY	3	PA
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>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	
LASTACFT	3	PA;RX/OTC
NEVANAC	3	QL(0.2 ml daily);ST
<i>olopatadine hcl .2 %</i>	1B	RX/OTC
<i>olopatadine hcl .1 %</i>	1B	QL(0.34 ml daily);RX/OTC
ZERVIATE	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1B	
<i>travoprost</i>	1B	
ZIOPTAN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily);PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) susp</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP;PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML	4	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP;PA
GAMMAKED 1 GM/10ML	4	SP;PA
GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP;PA
GAMUNEX-C 1 GM/10ML	4	SP;PA
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium iv 10 GM</i>	1B	
<i>oxacillin sodium iv 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail);PA
Antidementia Agents		
<i>donepezil hydrochloride tabs 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tbdp 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 MG</i>	1B	QL(2 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	
<i>rivastigmine tartrate caps</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline 12.5 MG-5 MG</i>	1B	QL(4 ea daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	2	PA;QL
Movement Disorder Drug Therapy		
AUSTEDO	4	QL(4 ea daily);PA
INGREZZA CPPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
INGREZZA CAPS	4	QL(1 ea daily);PA
<i>tetrabenazine</i>	4	QL(3 ea daily);SP;PA
Multiple Sclerosis Agents		
AUBAGIO	4	QL(1 ea daily);PA
AVONEX PSKT	4	QL(0.0714 ml daily);SP;PA

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Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN AJKT	4	QL(0.0714 ml daily);SP;PA
BETASERON KIT	4	QL(0.5 ea daily);SP;PA
<i>dalfampridine</i>	4	QL(2 ea daily);SP;PA
<i>dimethyl fumarate misc</i>	4	QL(2 ea daily);PA
<i>dimethyl fumarate cpdr</i>	4	QL(2 ea daily);PA
GILENYA	4	QL(1 ea daily);PA
<i>glatiramer acetate soty 20 MG/ML</i>	3	QL(1 ml daily);PA
<i>glatiramer acetate soty 40 MG/ML</i>	3	QL(0.43 ml daily);PA
PLEGRIDY SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOSY SC	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;QL
REBIF TITRATION PACK SOSY	4	SP;PA;QL
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily);PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily);PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	PA

Drug Name	Drug Tier	Requirements/Limits
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates tabs</i>	1B	
<i>pimozide</i>	1B	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	3	QL(2 ea daily);PA
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine pt24 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 misc</i>	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily);SP;PA
ORKAMBI TABS	4	QL(4 ea daily);PA

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Drug Name	Drug Tier	Requirement s/Limits
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	QL(2 ea daily);PA
PULMOZYME	4	QL(2.5 ml daily);SP;PA
TRIKAFTA 50 MG-100 MG	4	QL(3 ea daily);PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS	4	QL(1 ea daily);PA
ESBRIET TABS (<i>Use pirfenidone</i>)	4	QL(1 ea daily);PA
OFEV	4	QL(2 ea daily);PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	4	QL(1 ea daily);PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) caps 75 MG</i>	1B	
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 MG</i>	1B	
<i>doxycycline (monohydrate) tabs 100 MG</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
<i>doxycycline hyclate caps</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr</i>	1B	
<i>minocycline hcl tabs</i>	1B	QL(3 ea daily)
<i>minocycline hcl caps</i>	1B	QL(3 ea daily)
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use thyroid</i>)	2	QL(1 ea daily)
<i>levothyroxine sodium tabs</i>	1B	
<i>liothyronine sodium soln</i>	1B	
<i>liothyronine sodium tabs</i>	1B	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs 120 MG</i>	1B	QL(1 ea daily)
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL	0	

Drug Name	Drug Tier	Requirement s/Limits
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSP	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate sosy ij .25 MG/5ML</i>	1B	
<i>atropine sulfate soln ij .4 MG/ML, 1 MG/ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl tabs</i>	1B	
<i>dicyclomine hcl caps</i>	1B	
<i>dicyclomine hcl soln or</i>	1B	
<i>glycopyrrolate tabs 1 MG</i>	1B	
<i>glycopyrrolate tabs 2 MG</i>	1B	QL(6 ea daily)
<i>glycopyrrolate soln ij 4 MG/20ML</i>	1B	
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine tabs 200 MG</i>	1B	RX/OTC
<i>cimetidine tabs</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>famotidine soln 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine tabs 20 MG, 40 MG</i>	1B	
<i>famotidine tabs 20 MG</i>	1B	RX/OTC
<i>famotidine soln 20 MG/2ML</i>	1A	
<i>famotidine susr</i>	1B	QL(10 ml daily)
<i>famotidine in nacl soln</i>	1B	
<i>nizatidine caps</i>	1B	
<i>nizatidine soln</i>	1B	QL(20 ml daily)
<i>ranitidine hcl tabs 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate tabs</i>	1B	QL(4 ea daily)
<i>sucralfate susp</i>	1B	QL(40 ml daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily);PA
<i>esomeprazole magnesium cpdr 20 MG</i>	1B	QL(2 ea daily);RX/OTC
<i>esomeprazole magnesium cpdr 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec</i>	1B	QL(2 ea daily)
<i>lansoprazole cpdr 30 MG</i>	1B	
<i>lansoprazole cpdr</i>	1B	QL(2 ea daily);RX/OTC
<i>NEXIUM 24HR TBEC (Use esomeprazole magnesium)</i>	1B	QL(2 ea daily)
<i>omeprazole cpdr</i>	1B	QL(2 ea daily)
<i>omeprazole cpdr</i>	1B	QL(2 ea daily);RX/OTC
<i>omeprazole tbec</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole magnesium cpdr 20.6 MG</i>	1B	QL(4 ea daily)
<i>pantoprazole sodium tbec 40 MG</i>	1B	
<i>pantoprazole sodium tbec 20 MG</i>	1B	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	3	PA
<i>omeprazole-sodium bicarbonate caps 20 MG-1100 MG</i>	1B	QL(1 ea daily);RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily);PA
<i>oxybutynin chloride syrp</i>	1B	
<i>oxybutynin chloride tb24</i>	1B	
<i>oxybutynin chloride tabs</i>	1B	
<i>solifenacin succinate tabs</i>	1B	QL(1 ea daily);PA
<i>tolterodine tartrate cp24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1B	
<i>TOVIAZ (Use fesoterodine fumarate)</i>	3	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tabs</i>	1B	QL(3 ea daily)
<i>trospium chloride cp24</i>	1B	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENQUADFI	0	
MENVEO	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	1 rtl MAX fill,999 rtl day(s) supply
TRUMENBA	0	
VAXNEUVANCE	0	1 rtl MAX fill,999 rtl day(s) supply
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply

Drug Name	Drug Tier	Requirement s/Limits
AFLURIA QUADRIVALENT 2020-2021 SUSY	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 2021-2022 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
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill
ENGERIX-B SUSP	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 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2021-2022 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 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply

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

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSP	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 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply
HAVRIX	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	
ROTARIX	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 rtl MAX fill,999 rtl day(s) supply;AL(At least 18 yrs old)
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s);AL(At least 50 yrs old)

VAGINAL AND RELATED PRODUCTS

Miscellaneous Vaginal Products

INTRAROSA	3	PA
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Spermicides

SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	

Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal crea</i>	1B	
<i>clotrimazole vaginal crea 1 %</i>	1B	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal supp 200 MG</i>	1B	
<i>terconazole vaginal crea .4 %</i>	1B	
<i>terconazole vaginal crea .8 %</i>	1B	
<i>terconazole vaginal supp</i>	1B	
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal crea</i>	1B	QL(2 gm daily)
<i>estradiol vaginal tabs</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soaj .3 MG/0.3ML</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)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<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	
<i>ergocalciferol soln or</i>	1B	
<i>ergocalciferol caps</i>	0	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin tabs</i>	1A	
<i>niacin cpcr 250 MG, 500 MG</i>	1A	
<i>niacin tbcrcr</i>	1A	
NIACIN TR TBCRCR	1B	
<i>niacinamide tabs 100 MG</i>	1B	
<i>niacinamide tabs 500 MG</i>	1A	

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58	22	40
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23	22	30
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31	39	23
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46	70	4
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59	39	4
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49	39	50
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70	39	50
<i>cholestyramine</i>	CLINIMIX 4.25%/DEXTROSE 10%	<i>colesevelam hcl</i>
19	59	19
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19	59	19
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61	8	31
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49	58	8
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		<i>promethazine hcl</i>	19	REBIF.....	64
		<i>propafenone hcl</i>	8	REBIF REBIDOSE.....	64
		<i>proparacaine hcl</i>	60	REBIF REBIDOSE TITRATIONPACK.....	64

REBIF TITRATION PACK.....	64	<i>rivastigmine tartrate</i>	63	<i>hypertension</i>).....	35
RECOMBIVAX HB.....	69	<i>rizatriptan benzoate</i>	56	<i>silodosin</i>	50
RECTIV.....	7	<i>romidepsin</i>	27	<i>silver sulfadiazine</i>	42
REGRANEX.....	45	<i>ropinirole hydrochloride</i>	29,30	SIMULECT.....	58
RELENZA DISKHALER.....	33	<i>rosuvastatin calcium</i>	20	<i>simvastatin</i>	20
RELION KETONE TEST STRIPS..	45	ROTARIX.....	69	<i>sirolimus</i>	58
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS.	45	ROTATEQ.....	69	SIRTURO.....	24
RELISTOR.....	50	ROZLYTREK.....	27	SIVEXTRO.....	22
RENFLEXIS.....	49	RUBRACA.....	27	SKYRIZI.....	42
<i>repaglinide</i>	17	<i>rufinamide</i>	12	SKYRIZI PEN.....	42
REPATHA.....	20	RUKOBIA.....	32	SLYND.....	38
REPATHA PUSHTRONEX SYSTEM	20	RUXIENCE.....	25	<i>sodium acetate</i>	56
REPATHA SURECLICK.....	20	RUZURGI.....	23	SODIUM ACETATE.....	56
RESECTISOL.....	50	SAFETY SEAL LANCETS 28G....	55	<i>sodium chloride</i>	57
RETACRIT.....	51	SAFETY SEAL LANCETS 30G....	55	<i>sodium chloride (gu irrigant)</i> ..	50
RETEVMO.....	27	<i>salsalate</i>	4	<i>sodium chloride (inhalant)</i>	39
RETROVIR IV INFUSION.....	32	SANTYL.....	44	<i>sodium citrate & citric acid</i>	50
REVLIMID.....	58	<i>sapropterin dihydrochloride</i> ..	48	<i>sodium fluoride</i>	57
REXULTI.....	31	SAVELLA.....	63	<i>sodium phenylbutyrate</i>	48
<i>ribavirin (hepatitis c)</i>	33	SAVELLA TITRATION PACK.....	63	<i>sodium polystyrene sulfonate</i>	58
RIDAURA.....	3	<i>scopolamine</i>	18	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	53
<i>rifabutin</i>	24	SELECT INSULIN SYRINGES.....	55	<i>solifenacin succinate</i>	67
<i>rifampin</i>	24	SELECT LANCETS.....	55	SOLOSEC.....	2
<i>riluzole</i>	59	<i>selegiline hcl</i>	30	SOLU-CORTEF.....	38
<i>rimantadine hydrochloride</i>	34	<i>selenium sulfide</i>	42	SOLU-MEDROL.....	38
<i>ringer's</i>	57	SELZENTRY.....	32	SOMATULINE DEPOT.....	48
<i>ringer's irrigation</i>	58	SEREVENT DISKUS.....	10	SOMAVERT.....	47
RINVOQ.....	2	<i>sertraline hcl</i>	14	<i>sorafenib tosylate</i>	27
<i>risedronate sodium</i>	47	<i>sevelamer carbonate</i>	50	SORBITOL.....	50
RISPERDAL CONSTA.....	30	SHINGRIX.....	69	SORBITOL/MANNITOL IRRIGATION.....	50
<i>risperidone</i>	30	SHUR-SEAL.....	69	<i>sotalol hcl</i>	34
<i>ritonavir</i>	32	SIGNIFOR.....	48	<i>sotalol hcl (afib/afI)</i>	34
		<i>sildenafil citrate</i>	35		
		<i>sildenafil citrate (pulmonary</i>			

SOVALDI.....	33	<i>sulindac</i>	3	TEFLARO.....	36
<i>spinosad</i>	45	<i>sumatriptan</i>	56	TEGRETOL.....	12
SPIRIVA HANDIHALER.....	8	<i>sumatriptan succinate</i>	56	TEGSEDI.....	64
SPIRIVA RESPIMAT.....	8	<i>sumatriptan-naproxen sodium</i>	56	<i>telmisartan</i>	20
<i>spironolactone</i>	46	<i>sunitinib malate</i>	28	<i>telmisartan-amlodipine</i>	21
<i>spironolactone &</i> <i>hydrochlorothiazide</i>	46	SUNOSI.....	1	<i>telmisartan-hydrochlorothiazide</i>	21
SPRAVATO 56MG DOSE.....	13	SUPREP BOWEL PREP KIT.....	53	<i>temazepam</i>	52
SPRAVATO 84MG DOSE.....	13	SYMLINPEN 120.....	15	TEMIXYS.....	32
SPRYCEL.....	27	SYMLINPEN 60.....	15	TEMODAR.....	24
<i>stannous fluoride</i>	58	SYNAREL.....	47	<i>temozolomide</i>	24
<i>stavudine</i>	32	SYNERA.....	45	<i>temsirolimus</i>	28
STELARA.....	42,49	SYNJARDY.....	15	TENIPOSIDE.....	29
STENDRA.....	35	SYNJARDY XR.....	15	TENIVAC.....	66
STIMATE.....	48	SYNRIBO.....	28	<i>tenofovir disoproxil fumarate</i>	32
STIVARGA.....	27	SYNTHROID.....	65	<i>terazosin hcl</i>	21
<i>streptomycin sulfate</i>	2	TABLOID.....	25	<i>terbinafine hcl</i>	18
STRIBILD.....	32	TABRECTA.....	28	<i>terbutaline sulfate</i>	10
STRIVERDI RESPIMAT.....	10	<i>tacrolimus</i>	58	<i>terconazole vaginal</i>	70
SUBSYS.....	5	<i>tacrolimus (topical)</i>	44	TERIPARATIDE.....	47
<i>sucralfate</i>	66	<i>tadalafil</i>	35	<i>testosterone cypionate</i>	7
<i>sulconazole nitrate</i>	41	<i>tadalafil (pulmonary</i> <i>hypertension)</i>	35	TESTOSTERONE CYPIONATE.....	7
<i>sulfacetamide sodium (acne)</i>	40	TAFINLAR.....	28	<i>testosterone enanthate</i>	7
<i>sulfacetamide sodium (ophth)</i>	60	TAGRISSO.....	25	TETANUS/DIPHTHERIA	
<i>sulfacetamide sodium w/ sulfur</i>	40	TALZENNA.....	28	TOXOIDS-ADSORBED ADULT..	66
<i>sulfacetamide sodium-sulfur in</i> <i>urea vehicle</i>	40	<i>tamoxifen citrate</i>	26	<i>tetrabenazine</i>	63
<i>sulfacetamide sod-prednisolone</i>	61	<i>tamsulosin hcl</i>	50	<i>tetracycline hcl</i>	65
<i>sulfadiazine</i>	65	TARGRETIN.....	41	THALOMID.....	58
<i>sulfamethoxazole-trimethoprim</i>	22	TASIGNA.....	28	<i>theophylline</i>	10
SULFAMYLON.....	42	<i>tavorole</i>	41	<i>thioridazine hcl</i>	31
<i>sulfasalazine</i>	49	<i>tazarotene</i>	42	<i>thiotepa</i>	24
		TAZVERIK.....	28	<i>thiothixene</i>	31
		TDVAX.....	66	THYMOGLOBULIN.....	58
				<i>thyroid</i>	65

<i>tiagabine hcl</i>	12	TREATOR.....	24	TRIZIVIR.....	33
TIBSOVO.....	28	TRELEGY ELLIPTA.....	10	<i>tropicamide</i>	60
<i>tigecycline</i>	65	TRELSTAR MIXJECT.....	26	<i>trospium chloride</i>	67
<i>timolol maleate</i>	34	TREMFYA.....	42	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	45
<i>timolol maleate (ophth)</i>	60	<i>treprostinil</i>	35	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	55
TIVICAY.....	33	TRESIBA.....	17	TRUEPLUS PEN NEEDLES 31GX5MM.....	55
<i>tizanidine hcl</i>	59	TRESIBA FLEXTOUCH.....	17	TRUETRACK TEST.....	45
<i>tobramycin</i>	2	<i>tretinoin</i>	40	TRULICITY.....	16
<i>tobramycin (ophth)</i>	60	<i>tretinoin (chemotherapy)</i>	28	TRUMENBA.....	67
<i>tobramycin sulfate</i>	2	<i>tretinoin microsphere</i>	40	TRUSTEX COLOR CONDOMS + LUBE.....	54
<i>tobramycin-dexamethasone</i> ..	61	TREXALL.....	25	TRUSTEX LUBRICATED.....	54
TODAY SPONGE.....	69	<i>triamcinolone acetonide</i>	38	TRUSTEX LUBRICATED EXTRALARGE.....	54
<i>tolbutamide</i>	17	<i>triamcinolone acetonide (mouth)</i>	58	TRUSTEX LUBRICATED EXTRASTRENGTH.....	54
<i>tolcapone</i>	29	<i>triamcinolone acetonide (nasal)</i>	59	TRUSTEX LUBRICATED/RIBBED/STUDDED	54
<i>tolmetin sodium</i>	3	<i>triamcinolone acetonide (topical)</i>	44	TRUSTEX LUBRICATED/SPERMICIDE.....	54
TOLSURA.....	18	<i>triamcinolone acetonide- dimethicone-silicone</i>	44	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	54
<i>tolterodine tartrate</i>	67	<i>triamterene</i>	46	TRUSTEX LUBRICATED/SPERMICIDE.....	54
<i>tolvaptan</i>	48	<i>triamterene & hydrochlorothiazide</i>	46	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	54
<i>topiramate</i>	12	<i>triazolam</i>	52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	54
<i>topotecan hcl</i>	29	<i>trientine hcl</i>	58	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	54
<i>toremifene citrate</i>	26	<i>trifluoperazine hcl</i>	31	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDD ED.....	54
<i>torseimide</i>	46	<i>trifluridine</i>	60	TRUSTEX/RIA LUBRICATED.....	54
TOVIAZ.....	67	<i>trihexyphenidyl hcl</i>	29	TRUSTEX/RIA LUBRICATED SPERMICIDE.....	54
TRACLEER.....	35	TRIJARDY XR.....	15		
<i>tramadol hcl</i>	5	TRIKAFTA.....	65		
<i>tramadol-acetaminophen</i>	6	<i>trimethobenzamide hcl</i>	18		
<i>trandolapril</i>	20	<i>trimethoprim</i>	22		
<i>trandolapril-verapamil hcl</i>	21	<i>trimipramine maleate</i>	15		
<i>tranexamic acid</i>	52	TRINTELLIX.....	14		
<i>tranylcypromine sulfate</i>	13	TRIUMEQ.....	33		
<i>travoprost</i>	61				
TRAZIMERA.....	25				
<i>trazodone hcl</i>	14				
TREANDA.....	24				

TRUSTEX/RIA	<i>varenicline tartrate</i>	WIDE-SEAL SILICONE
LUBRICATED/SPERMICIDE.....	64	DIAPHRAGM KIT 60.....
TRUXIMA.....	69	55
TUKYSA.....	18	WIDE-SEAL SILICONE
25	VARUBI.....	DIAPHRAGM KIT 65.....
25	18	55
TURALIO.....	VAXNEUVANCE.....	WIDE-SEAL SILICONE
28	67	DIAPHRAGM KIT 70.....
TUZISTRA XR.....	VECAMEYL.....	55
39	21	WIDE-SEAL SILICONE
TWINRIX.....	VECTIBIX.....	DIAPHRAGM KIT 75.....
69	25	55
TWIRLA.....	VELCADE.....	WIDE-SEAL SILICONE
37	28	DIAPHRAGM KIT 80.....
TYBLUME.....	VELPHORO.....	55
37	50	WIDE-SEAL SILICONE
TYBOST.....	<i>venlafaxine hcl</i>	DIAPHRAGM KIT 85.....
33	14,15	55
TYMLOS.....	<i>verapamil hcl</i>	WIDE-SEAL SILICONE
47	35	DIAPHRAGM KIT 90.....
TYVASO.....	VEREGEN.....	55
35	40	WIDE-SEAL SILICONE
TYVASO REFILL.....	VERZENIO.....	DIAPHRAGM KIT 95.....
35	28	55
TYVASO STARTER.....	VICTOZA.....	WIDE-SEAL SILICONE
35	16	DIAPHRAGM KIT 95.....
UCERIS.....	<i>vigabatrin</i>	55
7	12	XALKORI.....
ULTIGUARD SAFEPACK/MINI	VIIBRYD.....	28
PEN NEEDLE/32G X	VIIBRYD STARTER PACK.....	XARELTO.....
1/4"/SHARPS CONTAIN.....	14	10
55	<i>vilazodone hcl</i>	XARELTO STARTER PACK.....
UPTRAVI.....	14	10
36	<i>vincristine sulfate</i>	XELJANZ.....
<i>ursodiol</i>	29	2
49	<i>vinorelbine tartrate</i>	2
UTIBRON NEOHALER.....	29	XEOMIN.....
10	VIRACEPT.....	59
UVADEX.....	33	XERAVA.....
28	VIREAD.....	65
<i>valacyclovir hcl</i>	VISTOGARD.....	XGEVA.....
33	17	47
<i>valganciclovir hcl</i>	VITAMIN D2.....	XIFAXAN.....
33	70	22
<i>valproate sodium</i>	VITRAKVI.....	XIGDUO XR.....
13	28	15
<i>valproic acid</i>	VIZIMPRO.....	XOLAIR.....
13	25	8
<i>valrubicin</i>	VORAXAZE.....	28
26	28	XOSPATA.....
<i>valsartan</i>	<i>voriconazole</i>	28
20	18	XPOVIO 100 MG ONCE WEEKLY
<i>valsartan-hydrochlorothiazide</i>	VOSEVI.....
.....	33	26
21	VOTRIENT.....	XPOVIO 60 MG ONCE WEEKLY
VALTOCO.....	28
11	VYNDAMAX.....	26
<i>vancomycin hcl</i>	36	XPOVIO 80 MG ONCE WEEKLY
22	VYNDAQEL.....
VANCOMYCIN HYDROCHLORIDE	36	26
.....	VYVANSE.....	XPOVIO 80 MG TWICE WEEKLY
22	1
VAQTA.....	<i>warfarin sodium</i>	26
69	10	XTAMPZA ER.....
<i>water for irrigation, sterile</i>	58	5

XTANDI.....	26
XULTOPHY 100/3.6.....	15
YERVOY.....	25
YONSA.....	26
<i>zafirlukast</i>	8
<i>zaleplon</i>	52
ZALTRAP.....	25
ZANOSAR.....	24
ZARONTIN.....	13
ZARXIO.....	51
ZEJULA.....	28
ZELBORAF.....	28
ZENPEP.....	46
ZERVIATE.....	61
<i>zidovudine</i>	33
ZIEXTENZO.....	52
<i>zileuton</i>	9
ZIOPTAN.....	61
<i>ziprasidone hcl</i>	30
ZIRABEV.....	25
ZIRGAN.....	60
ZOLADEX.....	26
<i>zoledronic acid</i>	47
ZOLINZA.....	28
<i>zolmitriptan</i>	56
<i>zolpidem tartrate</i>	52
<i>zonisamide</i>	12
ZONTIVITY.....	51
ZORBTIVE.....	47
ZOSTAVAX.....	69
ZYDELIG.....	28
ZYLET.....	61

