California

Ambetter by Health Net Drug List

For Ambetter by Health Net Individual & Family Plans

The Essential Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to Evidence of Coverage for specific cost share information.

For California Individual & Family Plans:

https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html

NOTE: To search the drug list online, open the (pdf) document. Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug, and press the "Enter" key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at 1-800-839-3366

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug. Press the "Enter" key.

Alphabetical Index: The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Categorical list: The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class. Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (***glecaprevir-pibrentasvir***) TABS	3	PA
terbutaline sulfate tabs	1	

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

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

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: ***terbutaline sulfate tabs***

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

Drug	Benefit Phase	Maximum Cost Share	Days' Supply
Oral Cancer Drugs	Before Deductible Is Met	$250	30 Days
All other (non-oral cancer) Drugs	After Deductible Is Met	$250	30 Days
Bronze Plan Members	After Deductible Is Met	$500	30 Days

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an insured is required to pay shall not exceed two hundred fifty dollars ($250) for an individual prescription of up to a 30-day supply.

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over $600 (net of rebates) are placed at Tier 4.

Tier Descriptions

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

Tier	*Description*
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars ($600) net of rebates for a one-month supply.
5	Tier five includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

Abbreviation	*Definition*	*Description*
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum $250 copayment for a one-month supply, before any deductible has been met, per state law (or $600 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.

QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary.
- Any change in the tier placement of a drug that results in an increase in cost-sharing.
- Adding or changing utilization management procedures applicable to a drug.

Before these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health plan may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception:

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
    - Worsen a comorbid condition.
    - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
    - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not

available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with "A" and "B" grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at Find a pharmacy or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation "LA" or a statement indicating the drug must be dispensed from a network specialty pharmacy.

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at Forms and Brochures - Pharmacy or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

Are infertility drugs covered?

Infertility drugs are not covered.

Are Immunizations covered through pharmacies?

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

- Covid-19
- Influenza (Flu)
- RSV

Are Weight Loss drugs Covered?

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

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

Are hemophilia drugs and blood factors Covered?

Hemophilia drugs and blood factors are covered through under the pharmacy benefit with a valid prescription, approved prior authorization, and provided by our contracted specialty pharmacy, Acaria Health.

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health plan begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays for the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee: Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a

current course of treatment using a non-formulary drug.

Formulary or **prescription drug list**: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescribing provider: This is a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug: Is a drug that by law requires a prescription.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

Step therapy exception is a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

Subscriber: Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	1	
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NF	QL(2 EA daily; 90 Day(s) limit)
ADDERALL TABS 7.5 MG, 15 MG *(amphetamine-dextroamphetamine)*	NF	QL(90 EA per fill retail)
ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG *(amphetamine-dextroamphetamine)*	NF	
ADDERALL TABS 10 MG *(amphetamine-dextroamphetamine)*	NF	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(2 EA daily; 90 Day(s) limit)
amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG	1	
amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG	1	QL(90 EA per fill retail)
amphetamine-dextroamphetamine TABS 10 MG	1	
DESOXYN *(methamphetamine hcl)*	NF	PA
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	NF	
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	1	
dextroamphetamine sulfate TABS 10 MG	1	
dextroamphetamine sulfate TABS 5 MG	1	
lisdexamfetamine dimesylate CAPS	2	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	1	Limited to 1 per day; QL(1 EA daily)
methamphetamine hcl	2	PA
Analeptics		
caffeine citrate SOLN PO	1	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily)
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily)
clonidine hcl (adhd) TB12	1	QL(4 EA daily)
guanfacine hcl (adhd)	1	QL(1 EA daily)
INTUNIV *(guanfacine hcl (adhd))*	NF	QL(1 EA daily)
KAPVAY TB12 *(clonidine hcl (adhd))*	NF	QL(4 EA daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(atomoxetine hcl)*	NF	QL(2 EA daily)
STRATTERA 60 MG, 80 MG, 100 MG *(atomoxetine hcl)*	NF	QL(1 EA daily)
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
armodafinil 50 MG	1	PA
armodafinil 150 MG, 200 MG, 250 MG	1	PA
CONCERTA TBCR 18 MG *(methylphenidate hcl)*	NF	QL(1 EA daily; 90 EA per fill retail)
CONCERTA TBCR 54 MG *(methylphenidate hcl)*	NF	QL(2 EA daily; 180 EA per fill retail)
CONCERTA TBCR 27 MG, 36 MG *(methylphenidate hcl)*	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
DAYTRANA PTCH *(methylphenidate)*	NF	QL(1 EA daily)
dexmethylphenidate hcl CP24	1	QL(1 EA daily; 90 EA per 90 day(s) retail)
dexmethylphenidate hcl TABS	1	QL(2 EA daily)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NF	QL(1 EA daily; 90 EA per 90 day(s) retail)
FOCALIN TABS *(dexmethylphenidate hcl)*	NF	QL(2 EA daily)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG *(methylphenidate hcl)*	NF	
METADATE CD CPCR 20 MG, 30 MG *(methylphenidate hcl)*	NF	QL(2 EA daily)
METHYLIN SOLN *(methylphenidate hcl)*	NF	
methylphenidate hcl CHEW	1	
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CP24 60 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	1	
methylphenidate hcl CPCR 20 MG, 30 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl SOLN	1	
methylphenidate hcl TABS 20 MG	1	QL(3 EA daily)
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily; 90 Day(s) limit)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily; 90 Day(s) limit)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	1	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	2	QL(2 EA daily; 180 EA per fill retail)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	1	QL(2 EA daily; 180 EA per fill retail)
methylphenidate PTCH	1	QL(1 EA daily)
modafinil	1	QL(1 EA daily); ST
NUVIGIL 50 MG *(armodafinil)*	NF	PA
NUVIGIL 150 MG, 200 MG, 250 MG *(armodafinil)*	NF	PA
PROVIGIL *(modafinil)*	NF	QL(1 EA daily); ST
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
RELEXXII TBCR 54 MG *(methylphenidate hcl)*	NF	QL(2 EA daily; 180 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 18 MG *(methylphenidate hcl)*	NF	QL(1 EA daily; 90 EA per fill retail)
RELEXXII TBCR 27 MG, 36 MG *(methylphenidate hcl)*	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
RITALIN LA CP24 *(methylphenidate hcl)*	NF	QL(1 EA daily)
RITALIN TABS 20 MG *(methylphenidate hcl)*	NF	QL(3 EA daily)
RITALIN TABS 5 MG, 10 MG *(methylphenidate hcl)*	NF	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	SP	PA
BETHKIS NEBU *(tobramycin)*	SP	PA
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	NF	
neomycin sulfate TABS	1	
streptomycin sulfate SOLR	SP	PA
TOBI PODHALER CAPS	SP	PA
TOBI NEBU *(tobramycin)*	NF	
tobramycin NEBU	SP	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	SP	QL(12 ML daily); PA
RINVOQ TB24	SP	QL(1 EA daily); PA
XELJANZ XR TB24	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA
XELJANZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA
OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
RASUVO SOAJ 20 MG/0.4ML	SP	PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	SP	QL(0.143 EA daily); PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	SP	QL(0.072 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	SP	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ML daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	SP	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	SP	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	SP	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
HUMIRA-PED>/=40KG CROHNS START PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
HUMIRA-PED>/=40KG UC STARTER AJKT	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
SIMLANDI (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
SIMLANDI (1 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
SIMLANDI (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
SIMLANDI (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
YUFLYMA (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
YUFLYMA (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
YUFLYMA-CD/UC/HS STARTER AJKT	SP	QL(0.143 EA daily); PA
Gold Compounds		
AURANOFIN 3 MG	SP	
RIDAURA	SP	

Updated January 2026
1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1 Blockers		
ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	SP	QL(3.6 ML per 28 day(s) retail); PA
ACTEMRA SOSY	SP	QL(3.6 ML per 28 day(s) retail); PA
KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
(Indomethacin) INDOCIN SUPP	SP	
ANAPROX DS TABS *(naproxen sodium)*	NF	
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	NF	
CELEBREX 400 MG *(celecoxib)*	NF	QL(2 EA daily); PA
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	NF	QL(2 EA daily)
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 EA daily)
celecoxib 400 MG	1	QL(2 EA daily); PA
DAYPRO TABS *(oxaprozin)*	NF	
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	1	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	1	
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	1	QL(2 EA daily)
FELDENE CAPS 20 MG *(piroxicam)*	NF	QL(1 EA daily)
FELDENE CAPS 10 MG *(piroxicam)*	NF	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
INDOCIN SUSP *(indomethacin)*	NF	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	SP	
indomethacin SUSP	2	
ketoprofen CP24	1	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail)
LODINE TABS *(etodolac)*	NF	
LURBIPR TABS 100 MG *(flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(flurbiprofen)*	NF	
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	1	
meloxicam TABS 15 MG	1	QL(1 EA daily)
meloxicam TABS 7.5 MG	1	QL(2 EA daily)
nabumetone 500 MG	1	QL(4 EA daily)
nabumetone 750 MG	1	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN SUSP *(naproxen)*	NF	
NAPROSYN TABS 500 MG *(naproxen)*	NF	
naproxen sodium TABS 275 MG, 550 MG	1	
naproxen SUSP	1	
naproxen TABS	1	
oxaprozin TABS	1	
piroxicam CAPS 10 MG	1	
piroxicam CAPS 20 MG	1	QL(1 EA daily)
sulindac TABS 200 MG	1	
sulindac TABS 150 MG	1	QL(2 EA daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	SP	QL(1 EA daily); SP; PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	SP	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); PA
OTEZLA TABS	SP	QL(2 EA daily); SP; PA
OTEZLA TBPK	SP	QL(2 EA daily); SP; PA
OTEZLA TBPK	SP	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG *(leflunomide)*	NF	QL(1 EA daily)
ARAVA 10 MG *(leflunomide)*	NF	QL(2 EA daily)
leflunomide 10 MG	1	QL(2 EA daily)
leflunomide 20 MG	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); PA
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen CAPS 50 MG-300 MG	2	
butalbital-acetaminophen TABS 50 MG-300 MG	2	
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	NF	
FIORICET CAPS *(butalbital-acetaminophen-caffeine)*	NF	
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, QC ASPIRIN LOW DOSE, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	PV	PV
aspirin CHEW	PV	PV
aspirin TBEC 81 MG	PV	PV
diflunisal TABS	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO	1	
ACTIQ LPOP 400 MCG *(fentanyl citrate)*	NF	PA
codeine sulfate TABS	1	First fill opioids limited to 7 days.
CONZIP CP24 *(tramadol hcl)*	3	
DILAUDID LIQD *(hydromorphone hcl)*	NF	First fill opioids limited to 7 days.
DILAUDID TABS *(hydromorphone hcl)*	NF	First fill opioids limited to 7 days.
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	2	PA
fentanyl citrate LPOP 1600 MCG	2	QL(4 EA daily); PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	Limit 15 patches per month; QL(0.5 EA daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
hydromorphone hcl LIQD	1	First fill opioids limited to 7 days.
hydromorphone hcl TABS	1	First fill opioids limited to 7 days.
hydromorphone hcl TB24 32 MG	1	QL(2 EA daily)
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(4 EA daily)
levorphanol tartrate TABS 2 MG	SP	First fill opioids limited to 7 days.; PA
levorphanol tartrate TABS 3 MG	SP	PA
meperidine hcl SOLN PO 50 MG/5ML	1	First fill opioids limited to 7 days.
meperidine hcl TABS 50 MG	1	First fill opioids limited to 7 days.
methadone hcl CONC	1	
methadone hcl SOLN PO	1	
methadone hcl TABS	1	QL(12 EA daily)
methadone hcl TBSO	1	
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
METHADOSE CONC *(methadone hcl)*	NF	
morphine sulfate beads	2	QL(1 EA daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	1	First fill opioids limited to 7 days.
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	1	Not available through mail order
morphine sulfate SUPP	2	First fill opioids limited to 7 days.
morphine sulfate TABS 30 MG	1	
morphine sulfate TABS 15 MG	1	First fill opioids limited to 7 days.
morphine sulfate TBCR	1	QL(3 EA daily)
MS CONTIN TBCR *(morphine sulfate)*	NF	QL(3 EA daily)
OXAYDO TABS 5 MG	2	First fill opioids limited to 7 days.
OXAYDO TABS 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 EA daily)
oxycodone hcl CAPS	1	First fill opioids limited to 7 days.
oxycodone hcl CONC 100 MG/5ML	1	First fill opioids limited to 7 days.
oxycodone hcl SOLN	1	First fill opioids limited to 7 days.
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	First fill opioids limited to 7 days.
oxycodone hcl TABS 30 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)
oxymorphone hcl TABS 5 MG	2	First fill opioids limited to 7 days.
oxymorphone hcl TABS 10 MG	2	First fill opioids limited to 7 days.; QL(8 EA daily)
oxymorphone hcl TB12	2	QL(2 EA daily)
ROXICODONE TABS 15 MG *(oxycodone hcl)*	NF	First fill opioids limited to 7 days.
ROXICODONE TABS 30 MG *(oxycodone hcl)*	NF	First fill opioids limited to 7 days.; QL(4 EA daily)
tramadol hcl CP24 100 MG, 200 MG, 300 MG	1	
tramadol hcl TABS 100 MG	1	
tramadol hcl TABS 50 MG	1	First fill opioids limited to 7 days.; QL(8 EA daily)
tramadol hcl TB24 100 MG	1	QL(3 EA daily)
tramadol hcl TB24	1	
tramadol hcl TB24 200 MG	1	QL(1 EA daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	First fill opioids limited to 7 days.
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	First fill opioids limited to 7 days.
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	1	First fill opioids limited to 7 days.
acetaminophen w/ codeine TABS 60 MG-300 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	First fill opioids limited to 7 days.
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1	First fill opioids limited to 7 days.; PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	First fill opioids limited to 7 days.
butalbital-aspirin-caffeine w/cod	1	First fill opioids limited to 7 days.
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NF	First fill opioids limited to 7 days.; PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	First fill opioids limited to 7 days.
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	1	First fill opioids limited to 7 days.
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(240 EA per fill retail)
hydrocodone-ibuprofen 5 MG-200 MG	2	First fill opioids limited to 7 days.
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	1	First fill opioids limited to 7 days.
NALOCET TABS	3	
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	First fill opioids limited to 7 days.
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	3	
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	First fill opioids limited to 7 days.
PERCOCET TABS 325 MG-5 MG *(oxycodone w/ acetaminophen)*	NF	First fill opioids limited to 7 days.; QL(6 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(oxycodone w/ acetaminophen)*	NF	First fill opioids limited to 7 days.
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NF	First fill opioids limited to 7 days.; QL(4 EA daily)
PROLATE TABS	3	First fill opioids limited to 7 days.
tramadol-acetaminophen	1	First fill opioids limited to 7 days.; QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	
buprenorphine hcl SUBL 8 MG	1	QL(4 EA daily)
buprenorphine hcl SUBL 2 MG	1	QL(3 EA daily)
buprenorphine PTWK 7.5 MCG/HR	2	QL(4 EA per 28 day(s) retail)
buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	2	QL(4 EA per 28 day(s) retail)
butorphanol tartrate NA 10 MG/ML	1	Limit 7.5mls per month; QL(0.25 ML daily)
BUTRANS PTWK 7.5 MCG/HR *(buprenorphine)*	NF	QL(4 EA per 28 day(s) retail)
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR *(buprenorphine)*	NF	QL(4 EA per 28 day(s) retail)
pentazocine w/ naloxone hcl	1	
SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
(Methyltestosterone) METHITEST TABS	SP	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML daily)
ANDROGEL PUMP GEL TD *(testosterone)*	NF	Limited to 300 gms per month; QL(10 GM daily)
danazol CAPS	1	
FORTESTA GEL TD *(testosterone)*	NF	QL(4 GM daily)
methyltestosterone CAPS	1	
TESTIM GEL TD *(testosterone)*	3	QL(10 GM daily); PA
testosterone cypionate SOLN IM	1	QL(10 ML daily)
testosterone enanthate SOLN IM	1	
testosterone GEL TD 1 %	1	QL(10 GM daily)
testosterone GEL TD 10 MG/ACT	1	QL(4 GM daily)
testosterone GEL TD	1	Limited to 300 gms per month; QL(10 GM daily)
testosterone SOLN	1	QL(6 ML daily)
VOGELXO PUMP GEL TD *(testosterone)*	NF	QL(10 GM daily)
VOGELXO GEL TD *(testosterone)*	NF	QL(10 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	2	PA
CORTENEMA *(hydrocortisone (intrarectal))*	NF	QL(60 ML daily)
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
UCERIS *(budesonide (intrarectal))*	NF	PA
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX *(hydrocortisone (rectal))*	NF	
hydrocortisone (rectal) EX 2.5 %	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	2	
RECTIV *(nitroglycerin (intra-anal))*	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	SP	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE *(praziquantel)*	NF	
ivermectin	1	
praziquantel	2	
STROMECTOL *(ivermectin)*	NF	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 1000 MG	1	
ranolazine TB12 500 MG	1	QL(4 EA daily)
Nitrates		
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	NF	
isosorbide dinitrate TABS 40 MG	2	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	
isosorbide mononitrate TABS	1	
ISOSORBIDE MONONITRATE TABS	2	
isosorbide mononitrate TB24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 *(nitroglycerin)*	NF	QL(1 EA daily)
NITRO-DUR PT24	2	QL(1 EA daily)
nitroglycerin PT24	1	QL(1 EA daily)
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	
nitroglycerin SUBL	1	
NITROLINGUAL SOLN TL *(nitroglycerin)*	NF	
NITROSTAT SUBL *(nitroglycerin)*	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	
hydroxyzine hcl SOLN 50 MG/ML	SP	PA
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
VISTARIL CAPS 25 MG *(hydroxyzine pamoate)*	NF	
Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
alprazolam TABS	1	
alprazolam TB24	1	
alprazolam TBDP	2	
ATIVAN TABS *(lorazepam)*	NF	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN PO 5 MG/5ML	1	
diazepam TABS 2 MG, 5 MG	1	
diazepam TABS 10 MG	1	QL(4 EA daily)
lorazepam CONC	1	
lorazepam TABS	1	
oxazepam CAPS 10 MG, 15 MG	1	
oxazepam CAPS 30 MG	1	QL(2 EA daily)
VALIUM TABS 2 MG, 5 MG *(diazepam)*	NF	
VALIUM TABS 10 MG *(diazepam)*	NF	QL(4 EA daily)
XANAX XR TB24 *(alprazolam)*	NF	
XANAX TABS *(alprazolam)*	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	2	
NORPACE CR CP12	3	
NORPACE CAPS *(disopyramide phosphate)*	NF	
quinidine gluconate TBCR	2	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	2	
propafenone hcl TABS 150 MG	1	QL(6 EA daily)
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 EA daily)
RYTHMOL SR CP12 *(propafenone hcl)*	NF	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl TABS	1	
dofetilide	2	
TIKOSYN *(dofetilide)*	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY 10 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	2	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	1	
SPIRIVA HANDIHALER CAPS IN *(tiotropium bromide)*	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
tiotropium bromide CAPS IN 18 MCG	2	QL(1 EA daily)
Leukotriene Modulators		
ACCOLATE 10 MG *(zafirlukast)*	NF	
ACCOLATE 20 MG *(zafirlukast)*	NF	QL(2 EA daily)
montelukast sodium CHEW	1	QL(1 EA daily)
montelukast sodium PACK	1	QL(1 EA daily)
montelukast sodium TABS	1	QL(1 EA daily)
SINGULAIR CHEW *(montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR PACK *(montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR TABS *(montelukast sodium)*	NF	QL(1 EA daily)
zafirlukast 20 MG	1	QL(2 EA daily)
zafirlukast 10 MG	1	
zileuton TB12	SP	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NF	QL(1 EA daily)
roflumilast	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))*	2	QL(1 EA daily)
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ML daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	2	QL(8 ML daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	2	QL(4 ML daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT *(fluticasone propionate hfa)*	NF	QL(0.8 GM daily)
FLOVENT HFA 44 MCG/ACT *(fluticasone propionate hfa)*	NF	QL(0.36 GM daily)
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1	QL(1 EA daily)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	1	QL(20 EA daily)
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	1	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	1	QL(40 EA daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(0.8 GM daily)
fluticasone propionate hfa 44 MCG/ACT	1	QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)
PULMICORT SUSP 0.5 MG/2ML *(budesonide (inhalation))*	NF	QL(4 ML daily)
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	NF	QL(2 ML daily)
PULMICORT SUSP 0.25 MG/2ML *(budesonide (inhalation))*	NF	QL(8 ML daily)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	NF	QL(2 EA daily)
ADVAIR HFA AERO *(fluticasone-salmeterol)*	NF	QL(0.4 GM daily)
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	NF	QL(0.04 EA daily)
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	NF	QL(0.04 EA daily)
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	NF	QL(0.04 EA daily)
albuterol sulfate AERS	1	QL(0.6 GM daily)
albuterol sulfate AERS	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
albuterol sulfate AERS	1	QL(0.47 GM daily)
albuterol sulfate NEBU	1	
ALBUTEROL SULFATE NEBU	2	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	NF	QL(2 EA daily)
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	NF	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
budesonide-formoterol fumarate dihydrate	1	
COMBIVENT RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.16 GM daily)
DULERA	2	
fluticasone furoate-vilanterol	1	
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol AERO	1	QL(0.4 GM daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	1 inhaler per month; QL(0.6 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
PROVENTIL HFA AERS *(albuterol sulfate)*	NF	
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	NF	
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	2	QL(2 EA daily)
VENTOLIN HFA AERS *(albuterol sulfate)*	NF	Limit 2 inhalers per month; QL(0.6 GM daily)
XOPENEX HFA *(levalbuterol tartrate)*	NF	QL(0.6 GM daily)
XOPENEX HFA *(levalbuterol tartrate)*	NF	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 300 MG	1	QL(2 EA daily)
theophylline TB12 450 MG	1	QL(1 EA daily)
theophylline TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
rivaroxaban SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail)
rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	NF	QL(900 ML per 30 day(s) retail)
XARELTO TABS	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(rivaroxaban)*	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML *(fondaparinux sodium)*	SP	PA
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium SOSY 40 MG/0.4ML	2	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail
enoxaparin sodium SOSY 30 MG/0.3ML	2	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail
enoxaparin sodium SOSY 60 MG/0.6ML	2	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	2	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	2	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	SP	PA
fondaparinux sodium 2.5 MG/0.5ML	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	SP	
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	SP	PA
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML	SP	PA
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NF	QL(0.1 ML daily); PA
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NF	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NF	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NF	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NF	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 30 MG/0.3ML ***(enoxaparin sodium)***	NF	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	1	QL(2 EA daily)
dabigatran etexilate mesylate CAPS 110 MG	1	QL(4 EA daily)
PRADAXA CAPS 150 MG ***(dabigatran etexilate mesylate)***	NF	QL(2 EA daily)
PRADAXA CAPS 110 MG ***(dabigatran etexilate mesylate)***	NF	QL(4 EA daily)
PRADAXA CAPS 75 MG ***(dabigatran etexilate mesylate)***	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML ***(perampanel)***	SP	QL(24 ML daily)
FYCOMPA TABS 2 MG ***(perampanel)***	SP	QL(6 EA daily)
FYCOMPA TABS 6 MG ***(perampanel)***	SP	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG ***(perampanel)***	SP	QL(1 EA daily)
FYCOMPA TABS 4 MG ***(perampanel)***	SP	QL(3 EA daily)
perampanel SUSP 0.5 MG/ML	SP	QL(24 ML daily)
perampanel TABS 6 MG	SP	QL(2 EA daily)
perampanel TABS 8 MG, 10 MG, 12 MG	SP	QL(1 EA daily)
perampanel TABS 4 MG	SP	QL(3 EA daily)
perampanel TABS 2 MG	SP	QL(6 EA daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	2	
clobazam TABS 20 MG	2	QL(2 EA daily)
clobazam TABS 10 MG	2	QL(1 EA daily)
clonazepam TABS	1	
clonazepam TBDP	1	
DIASTAT ACUDIAL GEL ***(diazepam (anticonvulsant))***	NF	Limit 4 per month; QL(0.14 EA daily)
DIASTAT PEDIATRIC GEL ***(diazepam (anticonvulsant))***	NF	Limit 4 per month; QL(0.14 EA daily)
diazepam (anticonvulsant) GEL	2	QL(0.14 EA daily)
KLONOPIN TABS ***(clonazepam)***	NF	
NAYZILAM	SP	QL(10 EA per 30 day(s) retail); PA
ONFI SUSP ***(clobazam)***	NF	
ONFI TABS 20 MG ***(clobazam)***	NF	QL(2 EA daily)
ONFI TABS 10 MG ***(clobazam)***	NF	QL(1 EA daily)
VALTOCO 10 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(eslicarbazepine acetate)*	NF	QL(2 EA daily); PA
BANZEL SUSP *(rufinamide)*	SP	
BANZEL TABS 400 MG *(rufinamide)*	SP	QL(8 EA daily)
BANZEL TABS 200 MG *(rufinamide)*	SP	
carbamazepine CHEW 100 MG	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 100 MG	1	
carbamazepine TB12 400 MG	1	QL(4 EA daily)
carbamazepine TB12 200 MG	1	QL(8 EA daily)
CARBATROL CP12 *(carbamazepine)*	3	
DIACOMIT CAPS 500 MG	SP	QL(6 EA daily); PA
DIACOMIT CAPS 250 MG	SP	QL(12 EA daily); PA
DIACOMIT PACK 500 MG	SP	QL(6 EA daily); PA
DIACOMIT PACK 250 MG	SP	QL(12 EA daily); PA
EPIDIOLEX	SP	PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1	QL(2 EA daily); PA
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	
KEPPRA XR TB24 *(levetiracetam)*	3	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	3	
KEPPRA TABS *(levetiracetam)*	3	QL(6 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily)
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL ODT KIT *(lamotrigine)*	NF	PA
LAMICTAL ODT TBDP *(lamotrigine)*	3	PA
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	NF	
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 250 MG *(lamotrigine)*	NF	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG *(lamotrigine)*	NF	QL(1 EA daily); PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	NF	QL(2 EA daily)
LAMICTAL CHEW *(lamotrigine)*	3	
LAMICTAL TABS *(lamotrigine)*	3	
lamotrigine CHEW	1	
lamotrigine KIT 25 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
lamotrigine KIT	1	PA
lamotrigine TABS	1	
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	2	QL(1 EA daily); PA
lamotrigine TB24 250 MG	2	PA
lamotrigine TB24 300 MG	2	QL(2 EA daily)
lamotrigine TBDP	1	PA
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	
levetiracetam TABS	1	QL(6 EA daily)
levetiracetam TB24	1	QL(4 EA daily)
LYRICA CAPS 225 MG, 300 MG *(pregabalin)*	NF	QL(2 EA daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(pregabalin)*	NF	QL(3 EA daily)
LYRICA SOLN *(pregabalin)*	NF	QL(30 ML daily)
MYSOLINE *(primidone)*	3	
NEURONTIN CAPS *(gabapentin)*	3	
NEURONTIN SOLN *(gabapentin)*	3	
NEURONTIN TABS *(gabapentin)*	3	
oxcarbazepine SUSP	1	QL(40 ML daily)
oxcarbazepine TABS 300 MG	1	QL(8 EA daily)
oxcarbazepine TABS 600 MG	1	QL(4 EA daily)
oxcarbazepine TABS 150 MG	1	
oxcarbazepine TB24 600 MG	1	QL(4 EA daily); ST
oxcarbazepine TB24 150 MG, 300 MG	1	ST
OXTELLAR XR TB24 600 MG *(oxcarbazepine)*	NF	QL(4 EA daily); ST
OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)*	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily)
pregabalin CAPS 225 MG, 300 MG	1	QL(2 EA daily)
pregabalin SOLN	1	QL(30 ML daily)
primidone 50 MG, 250 MG	1	
QUDEXY XR CS24 25 MG, 50 MG *(topiramate)*	NF	QL(2 EA daily); PA
QUDEXY XR CS24 100 MG, 150 MG, 200 MG *(topiramate)*	NF	QL(1 EA daily); PA
rufinamide SUSP	2	
rufinamide TABS 400 MG	2	QL(8 EA daily)
rufinamide TABS 200 MG	2	
TEGRETOL SUSP *(carbamazepine)*	3	
TEGRETOL TABS *(carbamazepine)*	3	
TEGRETOL-XR TB12 200 MG *(carbamazepine)*	NF	QL(8 EA daily)
TEGRETOL-XR TB12 400 MG *(carbamazepine)*	NF	QL(4 EA daily)
TEGRETOL-XR TB12 100 MG *(carbamazepine)*	3	
TOPAMAX SPRINKLE CPSP *(topiramate)*	3	
TOPAMAX TABS 100 MG *(topiramate)*	3	QL(4 EA daily)
TOPAMAX TABS 50 MG *(topiramate)*	3	QL(8 EA daily)
TOPAMAX TABS 25 MG *(topiramate)*	3	
TOPAMAX TABS 200 MG *(topiramate)*	3	QL(2 EA daily)
topiramate CP24 200 MG	2	QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	2	PA
topiramate CPSP 15 MG, 25 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
topiramate CS24 25 MG, 50 MG	2	QL(2 EA daily); PA
topiramate CS24 100 MG, 150 MG, 200 MG	2	QL(1 EA daily); PA
topiramate TABS 25 MG	1	
topiramate TABS 100 MG	1	QL(4 EA daily)
topiramate TABS 50 MG	1	QL(8 EA daily)
topiramate TABS 200 MG	1	QL(2 EA daily)
TRILEPTAL SUSP *(oxcarbazepine)*	3	QL(40 ML daily)
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	3	QL(4 EA daily)
TRILEPTAL TABS 300 MG *(oxcarbazepine)*	3	QL(8 EA daily)
TRILEPTAL TABS 150 MG *(oxcarbazepine)*	3	
TROKENDI XR CP24 200 MG *(topiramate)*	NF	QL(2 EA daily); PA
TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(topiramate)*	NF	PA
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	NF	QL(40 ML daily)
VIMPAT TABS *(lacosamide)*	NF	QL(2 EA daily)
ZONEGRAN CAPS 100 MG *(zonisamide)*	3	QL(6 EA daily)
ZONEGRAN CAPS 25 MG *(zonisamide)*	3	
zonisamide CAPS 25 MG, 50 MG	1	
zonisamide CAPS 100 MG	1	QL(6 EA daily)
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
FELBATOL SUSP *(felbamate)*	3	
FELBATOL TABS *(felbamate)*	NF	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	SP	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	SP	
SABRIL PACK *(vigabatrin)*	SP	QL(6 EA daily)
SABRIL TABS *(vigabatrin)*	SP	
tiagabine hcl	2	
vigabatrin PACK	SP	QL(6 EA daily)
vigabatrin TABS	SP	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN *(phenytoin sodium extended)*	3	
DILANTIN	3	
DILANTIN INFATABS CHEW *(phenytoin)*	3	
DILANTIN-125 SUSP *(phenytoin)*	3	
DILANTIN SUSP *(phenytoin)*	3	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
CELONTIN *(methsuximide)*	3	
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
ZARONTIN CAPS *(ethosuximide)*	3	

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN SOLN *(ethosuximide)*	3	
Valproic Acid		
DEPAKOTE ER TB24 *(divalproex sodium)*	3	
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	3	
DEPAKOTE TBEC *(divalproex sodium)*	3	
divalproex sodium CSDR	1	
divalproex sodium TB24	1	
divalproex sodium TBEC	1	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	
valproic acid CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	
mirtazapine TBDP	1	
REMERON SOLTAB TBDP *(mirtazapine)*	NF	
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	NF	
Antidepressants - Misc.		
bupropion hcl TABS	1	
bupropion hcl TB12	1	
bupropion hcl TB24 450 MG	1	QL(1 EA daily); ST
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
FORFIVO XL TB24 *(bupropion hcl)*	3	QL(1 EA daily); ST
FORFIVO XL TB24 *(bupropion hcl)*	NF	
WELLBUTRIN SR TB12 *(bupropion hcl)*	NF	
WELLBUTRIN XL TB24 *(bupropion hcl)*	NF	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
NARDIL *(phenelzine sulfate)*	NF	
PARNATE *(tranylcypromine sulfate)*	NF	
phenelzine sulfate	1	
tranylcypromine sulfate	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	SP	PA
SPRAVATO (84 MG DOSE)	SP	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	NF	QL(1 EA daily)
citalopram hydrobromide SOLN	1	QL(20 ML daily)
citalopram hydrobromide TABS	1	QL(1 EA daily)
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 5 MG	1	QL(2 EA daily)
escitalopram oxalate TABS 10 MG, 20 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	1	
fluoxetine hcl CAPS 40 MG	1	QL(1 EA daily)
fluoxetine hcl CPDR	2	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl TABS 10 MG	1	
FLUOXETINE HCL TABS *(fluoxetine hcl)*	NF	QL(1 EA daily)
fluvoxamine maleate CP24 100 MG	2	QL(3 EA daily)
fluvoxamine maleate CP24 150 MG	2	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1	
LEXAPRO TABS 10 MG, 20 MG *(escitalopram oxalate)*	NF	QL(1 EA daily)
LEXAPRO TABS 5 MG *(escitalopram oxalate)*	NF	QL(2 EA daily)
paroxetine hcl SUSP	2	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
PAXIL CR TB24 *(paroxetine hcl)*	NF	
PAXIL SUSP *(paroxetine hcl)*	NF	
PAXIL TABS *(paroxetine hcl)*	NF	
PROZAC CAPS 10 MG, 20 MG *(fluoxetine hcl)*	NF	
PROZAC CAPS 40 MG *(fluoxetine hcl)*	NF	QL(1 EA daily)
sertraline hcl CONC	1	
sertraline hcl TABS	1	QL(2 EA daily)
ZOLOFT CONC *(sertraline hcl)*	NF	
ZOLOFT TABS *(sertraline hcl)*	NF	QL(2 EA daily)
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl TABS	1	
TRINTELLIX	3	ST

Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS 20 MG *(vilazodone hcl)*	NF	QL(2 EA daily)
VIIBRYD TABS 10 MG, 40 MG *(vilazodone hcl)*	NF	
vilazodone hcl TABS 10 MG, 40 MG	1	
vilazodone hcl TABS 20 MG	1	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NF	QL(2 EA daily)
desvenlafaxine succinate	1	QL(1 EA daily)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily)
EFFEXOR XR CP24 *(venlafaxine hcl)*	NF	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
PRISTIQ *(desvenlafaxine succinate)*	NF	QL(1 EA daily)
venlafaxine hcl CP24	1	QL(2 EA daily)
venlafaxine hcl TABS	1	
venlafaxine hcl TB24 225 MG	1	
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
ANAFRANIL *(clomipramine hcl)*	NF	
clomipramine hcl	2	
desipramine hcl TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS 50 MG	1	QL(4 EA daily)
imipramine hcl TABS 10 MG, 25 MG	1	
imipramine pamoate	1	
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	NF	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
PAMELOR CAPS *(nortriptyline hcl)*	NF	
protriptyline hcl	2	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	NF	
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	2	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	2	QL(2 EA daily)
DUETACT *(pioglitazone hcl-glimepiride)*	NF	
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS	2	QL(2 EA daily)
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	NF	QL(1 EA daily)
pioglitazone hcl-glimepiride	2	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(1 EA daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
metformin hcl SOLN	2	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier- Student Plans and all others at Tier 1 for generic

Updated January 2026
1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl TB24 500 MG, 750 MG	1	
RIOMET SOLN ***(metformin hcl)***	NF	
Diabetic Other		
diazoxide	2	
GLUCAGON EMERGENCY SOLR IJ 1 MG ***(glucagon)***	NF	Use NDC 00548-5850-00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
glucagon SOLR IJ 1 MG	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
PROGLYCEM ***(diazoxide)***	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	2	QL(2 EA daily)
JANUVIA	2	QL(1 EA daily)
NESINA ***(alogliptin benzoate)***	NF	QL(2 EA daily)
ONGLYZA ***(saxagliptin hcl)***	NF	
saxagliptin hcl	1	QL(2 EA daily)
Incretin Mimetic Agents		
liraglutide	2	QL(9 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(1.5 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(3 ML per 28 day(s) retail); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA
RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
TRULICITY	2	QL(2 ML per 28 day(s) retail); PA
VICTOZA ***(liraglutide)***	NF	QL(9 ML per 28 day(s) retail); PA
Insulin		
AFREZZA POWD	3	
AFREZZA POWD	3	QL(3 EA daily)
AFREZZA POWD	3	QL(6 EA daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN GLARGINE-YFGN SOLN	2	QL(1.5 ML daily)
INSULIN GLARGINE-YFGN SOPN	2	QL(1.5 ML daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(1.5 ML daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
INSULIN LISPRO SOLN IJ	2	QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS 15 MG *(pioglitazone hcl)*	NF	
ACTOS 30 MG, 45 MG *(pioglitazone hcl)*	NF	QL(1 EA daily)
pioglitazone hcl 30 MG, 45 MG	1	QL(1 EA daily)
pioglitazone hcl 15 MG	1	
Meglitinide Analogues		
nateglinide	1	
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	2	QL(1 EA daily)
FARXIGA *(dapagliflozin propanediol)*	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
glimepiride 1 MG, 2 MG, 4 MG	1	
glipizide TABS	1	
glipizide TB24	1	
GLUCOTROL XL TB24 *(glipizide)*	NF	
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	
glyburide TABS	1	
GLYNASE 3 MG *(glyburide micronized)*	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
diphenoxylate w/ atropine LIQD	2	
diphenoxylate w/ atropine TABS	1	
IMODIUM A-D CAPS ***(loperamide hcl)***	NF	RX/OTC
LOMOTIL TABS ***(diphenoxylate w/ atropine)***	NF	
loperamide hcl CAPS	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
deferasirox TABS	SP	PA
deferasirox TBSO	SP	PA
deferiprone TABS 500 MG	SP	PA
EXJADE TBSO ***(deferasirox)***	SP	PA
FERRIPROX SOLN	SP	PA
FERRIPROX TABS 500 MG ***(deferiprone)***	SP	PA
JADENU SPRINKLE PACK ***(deferasirox)***	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS ***(deferasirox)***	SP	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	SP	PA
VISTOGARD	SP	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
naloxone hcl LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
naloxone hcl SOSY 2 MG/2ML	1	
naltrexone hcl	1	
NARCAN LIQD ***(naloxone hcl)***	NF	QL(4 EA per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl TABS	1	Limit 2 tablets per day; QL(2 EA daily); PA
ondansetron hcl SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily)
ondansetron hcl TABS 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
ondansetron TBDP 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ANTIVERT CHEW *(meclizine hcl)*	NF	RX/OTC
ANTIVERT TABS 50 MG *(meclizine hcl)*	NF	
meclizine hcl CHEW	1	RX/OTC
meclizine hcl TABS 50 MG	1	
scopolamine	1	
TRANSDERM SCOP 1 MG/3DAYS *(scopolamine)*	NF	
TRANSDERM-SCOP *(scopolamine)*	NF	
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
DICLEGIS TBEC *(doxylamine-pyridoxine)*	NF	QL(4 EA daily)
doxylamine-pyridoxine TBEC	1	QL(4 EA daily)
dronabinol CAPS	2	PA
MARINOL CAPS *(dronabinol)*	NF	PA
SYNDROS SOLN	SP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	1	Limit 3 per month; QL(0.1 EA daily)
aprepitant CAPS 40 MG	1	Limit 2 per month; QL(0.07 EA daily)
aprepitant CAPS 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 EA daily)
EMEND BIPACK CAPS 80 MG *(aprepitant)*	NF	Limit 1 per year; QL(0.04 EA daily)
EMEND TRIPACK CAPS *(aprepitant)*	NF	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON *(flucytosine)*	SP	
flucytosine	SP	
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR *(fluconazole)*	NF	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG *(fluconazole)*	NF	
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	PA
itraconazole SOLN	1	PA
ketoconazole	1	
NOXAFIL SUSP *(posaconazole)*	NF	
NOXAFIL TBEC *(posaconazole)*	NF	
posaconazole SUSP	1	
posaconazole TBEC	1	
SPORANOX CAPS *(itraconazole)*	NF	PA
SPORANOX SOLN *(itraconazole)*	NF	PA
TOLSURA CAPS	SP	PA
VFEND SUSR *(voriconazole)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS 200 MG *(voriconazole)*	NF	QL(2 EA daily)
voriconazole SUSR	1	
voriconazole TABS	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) RYVENT TABS 6 MG	1	
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS	1	
CARBINOXAMINE MALEATE TABS	3	
clemastine fumarate TABS 2.68 MG	1	
CLEMASZ TABS 2.68 MG *(clemastine fumarate)*	NF	
CLEMSZA TABS 2.68 MG *(clemastine fumarate)*	NF	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC
CLARINEX TABS *(desloratadine)*	NF	QL(1 EA daily); PA
desloratadine TABS	1	QL(1 EA daily); PA
desloratadine TBDP	1	PA
levocetirizine dihydrochloride SOLN	1	PA; RX/OTC
levocetirizine dihydrochloride TABS	1	QL(1 EA daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN *(levocetirizine dihydrochloride)*	NF	PA; RX/OTC
XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)*	NF	QL(1 EA daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
promethazine hcl SUPP 12.5 MG, 25 MG	2	
promethazine hcl TABS 25 MG	1	QL(6 EA daily)
promethazine hcl TABS 50 MG	1	QL(3 EA daily)
promethazine hcl TABS 12.5 MG	1	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	QL(1 EA daily)
VYTORIN *(ezetimibe-simvastatin)*	NF	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	1	PA
LOVAZA *(omega-3-acid ethyl esters)*	NF	QL(4 EA daily)
omega-3-acid ethyl esters	1	QL(4 EA daily)
VASCEPA *(icosapent ethyl)*	NF	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine light PACK	1	
cholestyramine light POWD	1	
cholestyramine PACK	1	
cholestyramine POWD	1	
colesevelam hcl PACK	2	QL(1 EA daily)
colesevelam hcl TABS	1	QL(6 EA daily)
COLESTID FLAVORED GRAN *(colestipol hcl)*	NF	
COLESTID FLAVORED PACK *(colestipol hcl)*	NF	
COLESTID GRAN *(colestipol hcl)*	NF	
COLESTID PACK *(colestipol hcl)*	NF	
COLESTID TABS *(colestipol hcl)*	NF	
colestipol hcl GRAN	1	
colestipol hcl PACK	2	
colestipol hcl TABS	1	
QUESTRAN LIGHT POWD *(cholestyramine light)*	NF	
QUESTRAN PACK *(cholestyramine)*	NF	
QUESTRAN POWD *(cholestyramine)*	NF	
WELCHOL PACK *(colesevelam hcl)*	NF	QL(1 EA daily)
WELCHOL TABS *(colesevelam hcl)*	NF	QL(6 EA daily)
Fibric Acid Derivatives		
choline fenofibrate 135 MG	1	QL(1 EA daily)
choline fenofibrate 45 MG	1	
fenofibrate micronized 67 MG, 134 MG	1	
fenofibrate micronized 130 MG, 200 MG	1	QL(1 EA daily)
fenofibrate CAPS	1	
fenofibrate TABS 145 MG	1	QL(1 EA daily)
fenofibrate TABS 54 MG	1	QL(2 EA daily)
fenofibrate TABS 48 MG, 160 MG	1	
fenofibric acid 105 MG	2	
FENOGLIDE TABS *(fenofibrate)*	NF	
FIBRICOR 105 MG *(fenofibric acid)*	NF	
FIBRICOR 35 MG *(fenofibric acid)*	2	
gemfibrozil TABS	1	
LIPOFEN CAPS *(fenofibrate)*	NF	
LOPID TABS *(gemfibrozil)*	NF	
TRICOR TABS 145 MG *(fenofibrate)*	NF	QL(1 EA daily)
TRICOR TABS 48 MG *(fenofibrate)*	NF	
TRILIPIX 45 MG *(choline fenofibrate)*	NF	
TRILIPIX 135 MG *(choline fenofibrate)*	NF	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 EA daily)
CRESTOR TABS *(rosuvastatin calcium)*	NF	QL(1 EA daily)
fluvastatin sodium CAPS	1	QL(1 EA daily)
fluvastatin sodium TB24	1	QL(1 EA daily)
LESCOL XL TB24 *(fluvastatin sodium)*	NF	QL(1 EA daily)
LIPITOR TABS *(atorvastatin calcium)*	NF	QL(1 EA daily)
LIVALO *(pitavastatin calcium)*	NF	QL(1 EA daily)
lovastatin TABS	1	$0 copay for Generic only, age 40 to 75; PV
pitavastatin calcium	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium	1	$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
rosuvastatin calcium TABS	1	QL(1 EA daily)
simvastatin TABS	1	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
ZETIA *(ezetimibe)*	NF	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
niacin (antihyperlipidemic) TABS	1	
niacin (antihyperlipidemic) TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	SP	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NF	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(ramipril)*	NF	QL(2 EA daily)
benazepril hcl	1	
captopril	1	
enalapril maleate TABS	1	QL(2 EA daily)
fosinopril sodium	1	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
lisinopril TABS 40 MG	1	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	NF	
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS SOLN	3	QL(5 ML daily)
quinapril hcl	1	
ramipril CAPS	1	QL(2 EA daily)
trandolapril	1	
VASOTEC TABS *(enalapril maleate)*	NF	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG *(lisinopril)*	NF	
ZESTRIL TABS 40 MG *(lisinopril)*	NF	QL(2 EA daily)
Agents for Pheochromocytoma		
DEMSER *(metyrosine)*	SP	
DIBENZYLINE *(phenoxybenzamine hcl)*	NF	Not available through mail
metyrosine	SP	
phenoxybenzamine hcl	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 4 MG, 8 MG, 16 MG *(candesartan cilexetil)*	NF	
ATACAND 32 MG *(candesartan cilexetil)*	NF	QL(1 EA daily)
AVAPRO 150 MG, 300 MG *(irbesartan)*	NF	
BENICAR 5 MG, 20 MG *(olmesartan medoxomil)*	NF	
BENICAR 40 MG *(olmesartan medoxomil)*	NF	QL(1 EA daily)
candesartan cilexetil 32 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil 4 MG, 8 MG, 16 MG	1	
COZAAR *(losartan potassium)*	NF	
DIOVAN TABS 160 MG *(valsartan)*	NF	QL(2 EA daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG *(valsartan)*	NF	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)
irbesartan	1	
losartan potassium	1	
MICARDIS 80 MG *(telmisartan)*	NF	QL(1 EA daily)
MICARDIS 20 MG, 40 MG *(telmisartan)*	NF	
olmesartan medoxomil 40 MG	1	QL(1 EA daily)
olmesartan medoxomil 5 MG, 20 MG	1	
telmisartan 80 MG	1	QL(1 EA daily)
telmisartan 20 MG, 40 MG	1	
valsartan TABS 40 MG, 80 MG, 320 MG	1	
valsartan TABS 160 MG	1	QL(2 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	NF	
CATAPRES-TTS-1 PTWK *(clonidine)*	NF	
CATAPRES-TTS-2 PTWK *(clonidine)*	NF	
CATAPRES-TTS-3 PTWK *(clonidine)*	NF	
clonidine hcl TABS	1	
clonidine PTWK	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
MINIPRESS CAPS *(prazosin hcl)*	NF	
prazosin hcl CAPS	1	
terazosin hcl 1 MG, 2 MG, 5 MG	1	
terazosin hcl 10 MG	1	QL(2 EA daily)
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	NF	
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily)
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
amlodipine besylate-valsartan 10 MG-160 MG	1	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	1	
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	1	
AVALIDE *(irbesartan-hydrochlorothiazide)*	NF	
benazepril & hydrochlorothiazide	1	
BENICAR HCT 12.5 MG-20 MG *(olmesartan medoxomil-hydrochlorothiazide)*	NF	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG *(olmesartan medoxomil-hydrochlorothiazide)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG *(valsartan-hydrochlorothiazide)*	NF	
DIOVAN HCT 25 MG-160 MG *(valsartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
EDARBYCLOR	3	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide	1	
EXFORGE 10 MG-160 MG *(amlodipine besylate-valsartan)*	NF	QL(1 EA daily)
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG *(amlodipine besylate-valsartan)*	NF	
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NF	
fosinopril sodium & hydrochlorothiazide	1	
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NF	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
losartan potassium & hydrochlorothiazide	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NF	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	NF	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS	1	
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
TENORETIC 100 *(atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(atenolol & chlorthalidone)*	NF	
trandolapril-verapamil hcl	2	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(lisinopril & hydrochlorothiazide)*	NF	
ZESTORETIC 25 MG-20 MG *(lisinopril & hydrochlorothiazide)*	NF	QL(2 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	
Direct Renin Inhibitors		
aliskiren fumarate	1	
TEKTURNA *(aliskiren fumarate)*	NF	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
INSPRA *(eplerenone)*	NF	
Vasodilators		
hydralazine hcl TABS	1	
minoxidil 2.5 MG, 10 MG	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS *(metronidazole)*	NF	
metronidazole CAPS	2	
metronidazole TABS 250 MG, 500 MG	1	
NEBUPENT IN *(pentamidine isethionate)*	NF	
pentamidine isethionate IN	2	
tinidazole 250 MG	1	PA
tinidazole 500 MG	1	
trimethoprim TABS	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	NF	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS *(nitazoxanide)*	NF	
atovaquone	2	
LAMPIT	SP	AC; PA
MEPRON *(atovaquone)*	NF	
nitazoxanide TABS	2	
Carbapenems		
ertapenem sodium IJ	SP	PA
Glycopeptides		
VANCOCIN CAPS *(vancomycin hcl)*	NF	QL(2 EA daily)
vancomycin hcl CAPS	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Leprostatics		
dapsone 25 MG	1	
dapsone 100 MG	1	QL(4 EA daily)
Lincosamides		
CLEOCIN *(clindamycin palmitate hydrochloride)*	NF	
CLEOCIN *(clindamycin hcl)*	NF	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Monobactams		
CAYSTON	SP	PA
Oxazolidinones		
linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
linezolid TABS	1	QL(20 EA per 90 day(s) retail)
ZYVOX SUSR *(linezolid)*	NF	QL(210 ML per 90 day(s) retail)
ZYVOX TABS *(linezolid)*	NF	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
fosfomycin tromethamine	1	
HIPREX *(methenamine hippurate)*	NF	
MACROBID *(nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(nitrofurantoin macrocrystal)*	NF	
methenamine hippurate	1	
methenamine mandelate 1 GM	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
MALARONE *(atovaquone-proguanil hcl)*	NF	
Antimalarials		
chloroquine phosphate TABS	1	
hydroxychloroquine sulfate 200 MG	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
mefloquine hcl	1	QL(6 EA per fill retail; 6 per fill mail)
PLAQUENIL *(hydroxychloroquine sulfate)*	NF	
primaquine phosphate TABS	1	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	NF	
QUALAQUIN CAPS *(quinine sulfate)*	NF	QL(2 EA daily); PA
quinine sulfate CAPS 324 MG	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN PO *(pyridostigmine bromide)*	SP	PA
MESTINON TABS *(pyridostigmine bromide)*	NF	
MESTINON TBCR *(pyridostigmine bromide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)*	SP	PA
neostigmine methylsulfate SOSY	SP	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA
pyridostigmine bromide SOLN PO	SP	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	SP	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	NF	
MYCOBUTIN *(rifabutin)*	NF	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	2	
rifampin CAPS	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
busulfan SOLN	SP	PA
BUSULFEX SOLN *(busulfan)*	SP	PA
cyclophosphamide CAPS	1	AC
cyclophosphamide CAPS	1	
CYCLOPHOSPHAMIDE TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE *(lomustine)*	NF	
LEUKERAN	2	AC
lomustine	1	
melphalan	1	AC
melphalan hcl IV	SP	PA
MYLERAN TABS	2	AC
temozolomide CAPS	2	AC
Antimetabolites		
capecitabine	2	AC
fludarabine phosphate SOLR	SP	PA
mercaptopurine SUSP 2000 MG/100ML	1	AL(Up to 13 yrs old); AC
mercaptopurine TABS	1	AC
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium SOLR	1	
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	SP	AC; PA
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	NF	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	SP	AC; PA
XELODA *(capecitabine)*	NF	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (10 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
TUKYSA	SP	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	SP	AC; PA
VENCLEXTA TABS 100 MG	SP	QL(4 EA daily); AC; PA
VENCLEXTA TABS 50 MG	SP	AC; PA
VENCLEXTA TABS 10 MG	SP	QL(2 EA daily); AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
gefitinib	2	AC; PA
GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA
IRESSA ***(gefitinib)***	NF	AC; PA
TAGRISSO	SP	AC; PA
TARCEVA 25 MG ***(erlotinib hcl)***	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
TARCEVA 100 MG, 150 MG ***(erlotinib hcl)***	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC

Drug Name	Drug Tier	Requirements/ Limits
VIZIMPRO	SP	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	SP	AC; PA
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
ODOMZO	SP	AC; PA
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
abiraterone acetate	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
anastrozole	PV	AC
ARIMIDEX *(anastrozole)*	PV	AC
AROMASIN *(exemestane)*	PV	AC
bicalutamide	1	QL(1 EA daily); AC
CASODEX *(bicalutamide)*	NF	QL(1 EA daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
EULEXIN	2	AC
exemestane	PV	AC
FARESTON *(toremifene citrate)*	NF	AC
FEMARA *(letrozole)*	NF	AC
letrozole	1	AC
leuprolide acetate KIT IJ 1 MG/0.2ML	1	PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
megestrol acetate SUSP	1	AC
megestrol acetate TABS	1	AC
NILANDRON *(nilutamide)*	SP	AC
nilutamide	SP	AC
NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ORGOVYX	SP	PA
SOLTAMOX SOLN	PV	PV; AC
tamoxifen citrate TABS	PV	PV; AC
toremifene citrate	2	AC
VABRINTY SC 22.5 MG, 30 MG, 45 MG	3	PA
XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
YONSA	SP	SP; AC; PA
ZYTIGA *(abiraterone acetate)*	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
Antineoplastic Antibiotics		
mitoxantrone hcl 25 MG/12.5ML	2	SP; PA
Antineoplastic Combinations		
INQOVI	SP	PA
KISQALI FEMARA (200 MG DOSE)	SP	QL(2 EA daily); SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	SP	QL(2.5 EA daily); SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	SP	QL(3.25 EA daily); SP; AC; PA
LONSURF	SP	AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
AFINITOR DISPERZ TBSO *(everolimus)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
AFINITOR TABS *(everolimus)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
ALECENSA	SP	AC; PA
ALUNBRIG TABS	SP	AC; PA
ALUNBRIG TBPK	SP	AC; PA
bortezomib SOLR IJ	SP	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA
CABOMETYX TABS	SP	QL(1 EA daily); AC; PA
CALQUENCE	SP	QL(2 EA daily); AC; PA
CAPRELSA	SP	AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	SP	AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	SP	AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	SP	AC; PA
COPIKTRA	SP	SP; AC; PA
COTELLIC	SP	AC; PA
dasatinib 80 MG	SP	LA; AC; PA
dasatinib	SP	SP; AC; PA
everolimus TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
everolimus TBSO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA

Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC TABS 100 MG *(imatinib mesylate)*	NF	QL(3 EA daily); AC; PA
GLEEVEC TABS 400 MG *(imatinib mesylate)*	NF	QL(2 EA daily); AC; PA
IBRANCE CAPS	SP	QL(1 EA daily); SP; AC; PA
IBRANCE TABS	SP	QL(1 EA daily); SP; AC; PA
ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
IDHIFA	SP	AC; PA
imatinib mesylate TABS 100 MG	2	QL(3 EA daily); AC; PA
imatinib mesylate TABS 400 MG	2	QL(2 EA daily); AC; PA
IMBRUVICA CAPS 140 MG	SP	QL(3 EA daily); AC; PA
IMBRUVICA CAPS 70 MG	SP	QL(1 EA daily); AC; PA
IMBRUVICA SUSP	SP	QL(8 ML daily); AC; PA
IMBRUVICA TABS	SP	QL(1 EA daily); AC; PA
ISTODAX SOLR *(romidepsin)*	SP	PA
JAKAFI	SP	QL(2 EA daily); AC; PA
KISQALI (200 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA
KISQALI (400 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2.5 EA daily); SP; AC; PA
lapatinib ditosylate	SP	AC; PA
LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
LUMAKRAS 120 MG	SP	QL(3 EA daily); AC; PA
LUMAKRAS 240 MG, 320 MG	SP	QL(2 EA daily); AC; PA
LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 EA daily); AC; PA
MEKINIST SOLR	SP	PA
MEKINIST TABS	SP	AC; PA
NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
NEXAVAR *(sorafenib tosylate)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
nilotinib hcl 150 MG, 200 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
nilotinib hcl 50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
NINLARO	SP	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
pazopanib hcl	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	SP	AC; PA
PIQRAY (250 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA
PIQRAY (300 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA
romidepsin SOLR	SP	PA
ROZLYTREK CAPS	SP	AC; PA
RUBRACA	SP	AC; PA
RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
sorafenib tosylate	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
SPRYCEL *(dasatinib)*	NF	SP; AC
STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
sunitinib malate 25 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG *(sunitinib malate)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
SUTENT 25 MG *(sunitinib malate)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
TAFINLAR CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
TAFINLAR TBSO	SP	PA
TALZENNA 0.25 MG, 1 MG	SP	AC; PA
TASIGNA 50 MG *(nilotinib hcl)*	NF	SP; AC
TASIGNA 150 MG, 200 MG *(nilotinib hcl)*	NF	AC
TASIGNA 150 MG, 200 MG *(nilotinib hcl)*	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC
TAZVERIK	SP	PA
temsirolimus	SP	PA
TORISEL *(temsirolimus)*	SP	PA
TYKERB *(lapatinib ditosylate)*	SP	AC; PA
VELCADE SOLR IJ *(bortezomib)*	SP	PA
VERZENIO	SP	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	SP	AC; PA
VITRAKVI SOLN	SP	AC; PA

Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT *(pazopanib hcl)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
XOSPATA	SP	AC; PA
ZEJULA TABS	SP	PA
ZELBORAF	SP	AC; PA
ZOLINZA	SP	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	SP	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	SP	PA
ALFERON N	SP	PA
BESREMI	SP	PA
bexarotene	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
HYDREA *(hydroxyurea)*	NF	AC
hydroxyurea	1	AC
MATULANE	SP	AC; PA
TARGRETIN *(bexarotene)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
tretinoin (chemotherapy)	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	SP	PA
leucovorin calcium TABS	1	AC
leucovorin calcium TABS	1	
mesna TABS	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
ETOPOPHOS	3	PA
etoposide CAPS	2	
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	SP	AC; PA
HYCAMTIN SOLR *(topotecan hcl)*	SP	PA
topotecan hcl SOLR	SP	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	2	
LODOSYN *(carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NF	
entacapone	1	
TASMAR *(tolcapone)*	SP	
tolcapone	SP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa CPCR	1	QL(10 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG	2	
carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG	1	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 EA daily)
carbidopa-levodopa TBDP	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
MIRAPEX ER TB24 3 MG *(pramipexole dihydrochloride)*	NF	QL(1 EA daily)
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG *(pramipexole dihydrochloride)*	NF	
NEUPRO	3	
PARLODEL CAPS *(bromocriptine mesylate)*	NF	
PARLODEL TABS *(bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TABS 1 MG	1	QL(4 EA daily)
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 EA daily)
pramipexole dihydrochloride TB24 3.75 MG	1	
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	2	
pramipexole dihydrochloride TB24 3 MG	2	QL(1 EA daily)
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 12 MG	1	QL(2 EA daily)
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
RYTARY CPCR	3	QL(10 EA daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NF	
STALEVO 100 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 125 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 150 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 200 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 75 *(carbidopa-levodopa-entacapone)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	NF	
rasagiline mesylate	1	
selegiline hcl CAPS	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
selegiline hcl TABS	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	
lithium carbonate CAPS 150 MG, 600 MG	1	
lithium carbonate CAPS 300 MG	1	QL(6 EA daily)
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(lithium carbonate)*	3	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 20 MG, 40 MG *(ziprasidone hcl)*	NF	
GEODON 60 MG, 80 MG *(ziprasidone hcl)*	NF	QL(2 EA daily)
LATUDA *(lurasidone hcl)*	NF	
lurasidone hcl	2	
NUPLAZID CAPS	SP	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	SP	QL(1 EA daily); PA
VRAYLAR CAPS	SP	
VRAYLAR CPPK	SP	
ziprasidone hcl 20 MG, 40 MG	1	
ziprasidone hcl 60 MG, 80 MG	1	QL(2 EA daily)
Benzisoxazoles		
FANAPT	SP	QL(2 EA daily)
FANAPT TITRATION PACK A	SP	
INVEGA 3 MG, 6 MG, 9 MG *(paliperidone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
paliperidone	1	
PERSERIS PRSY	SP	PA
RISPERDAL SOLN *(risperidone)*	NF	
RISPERDAL TABS 3 MG *(risperidone)*	NF	QL(2 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG *(risperidone)*	NF	
risperidone SOLN	1	
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	
risperidone TABS 3 MG	1	QL(2 EA daily)
risperidone TBDP	1	
Butyrophenones		
haloperidol lactate CONC	1	
haloperidol TABS	1	
Dibenzapines		
asenapine maleate	2	
clozapine TABS	1	
clozapine TBDP 12.5 MG	1	
CLOZARIL TABS *(clozapine)*	NF	
loxapine succinate	1	
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
olanzapine TABS 15 MG, 20 MG	1	QL(1 EA daily)
olanzapine TBDP	1	
quetiapine fumarate TABS 200 MG	1	QL(4 EA daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 EA daily)
quetiapine fumarate TB24	1	
SAPHRIS *(asenapine maleate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SECUADO	3	QL(1 EA daily)
SEROQUEL XR TB24 *(quetiapine fumarate)*	NF	
SEROQUEL TABS 200 MG *(quetiapine fumarate)*	NF	QL(4 EA daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG *(quetiapine fumarate)*	NF	
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	NF	QL(2 EA daily)
VERSACLOZ SUSP	SP	QL(18 ML daily)
ZYPREXA ZYDIS TBDP *(olanzapine)*	NF	
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG *(olanzapine)*	NF	
ZYPREXA TABS 15 MG, 20 MG *(olanzapine)*	NF	QL(1 EA daily)
Dihydroindolones		
molindone hcl	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
chlorpromazine hcl TABS	2	
fluphenazine hcl CONC	1	
fluphenazine hcl ELIX	2	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	QL(2 EA daily)
prochlorperazine maleate TABS	1	
thioridazine hcl 10 MG, 25 MG, 100 MG	1	
thioridazine hcl 50 MG	1	QL(4 EA daily)
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY TABS 20 MG *(aripiprazole)*	NF	QL(1 EA daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG *(aripiprazole)*	NF	
ABILIFY TABS 15 MG *(aripiprazole)*	NF	QL(2 EA daily)
aripiprazole SOLN PO	2	
aripiprazole TABS 20 MG	1	QL(1 EA daily)
aripiprazole TABS 15 MG	1	QL(2 EA daily)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
aripiprazole TBDP	1	PA
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate SOLN	1	
abacavir sulfate TABS	1	
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR *(lamivudine-zidovudine)*	NF	
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	NF	
darunavir TABS	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	PV	
DOVATO	2	

Drug Name	Drug Tier	Requirements/ Limits
EDURANT	2	
efavirenz CAPS	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	
efavirenz TABS	1	
emtricitabine CAPS	1	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	PV	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	NF	
EMTRIVA SOLN	2	
EPIVIR SOLN *(lamivudine)*	NF	
EPIVIR TABS *(lamivudine)*	NF	
EPZICOM *(abacavir sulfate-lamivudine)*	NF	
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
FUZEON SOLR	SP	PA
GENVOYA	2	
INTELENCE *(etravirine)*	NF	
INTELENCE 25 MG	2	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
JULUCA	2	
KALETRA SOLN	2	
KALETRA TABS *(lopinavir-ritonavir)*	NF	
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
LEXIVA TABS *(fosamprenavir calcium)*	NF	
lopinavir-ritonavir SOLN	1	
lopinavir-ritonavir TABS	1	
maraviroc TABS	1	
nevirapine SUSP	1	
nevirapine TABS	1	
nevirapine TB24 400 MG	1	
NORVIR PACK	3	
NORVIR TABS *(ritonavir)*	NF	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	
PREZISTA TABS *(darunavir)*	NF	
PREZISTA TABS 75 MG, 150 MG	2	
RETROVIR CAPS *(zidovudine)*	NF	
RETROVIR SYRP *(zidovudine)*	NF	
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	NF	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	SP	
SELZENTRY SOLN	2	
SELZENTRY TABS *(maraviroc)*	NF	
STRIBILD	2	

Updated January 2026
1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY PD TBSO	2	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	PV	QL(1 EA daily)
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS *(tenofovir disoproxil fumarate)*	NF	
ZIAGEN SOLN *(abacavir sulfate)*	NF	
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	PV	
PAXLOVID (300/100)	PV	PV
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
TPOXX (TECOVIRIMAT)	5	
CMV Agents		
VALCYTE SOLR *(valganciclovir hcl)*	NF	Limit 630mls per month; QL(21 ML daily)
VALCYTE TABS *(valganciclovir hcl)*	NF	
valganciclovir hcl SOLR	1	Limit 630mls per month; QL(21 ML daily)
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	2	
BARACLUDE TABS *(entecavir)*	NF	
entecavir TABS	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
lamivudine (hbv) TABS	2	
MAVYRET TABS	SP	PA
PEGASYS SOLN	3	SP; PA
ribavirin (hepatitis c) CAPS	1	PA
VEMLIDY	SP	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS PO 800 MG	1	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
acyclovir TABS PO 400 MG	1	
famciclovir	1	
valacyclovir hcl 500 MG	1	QL(8 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
VALTREX 500 MG *(valacyclovir hcl)*	NF	QL(8 EA daily)
VALTREX 1 GM *(valacyclovir hcl)*	NF	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 30 MG, 45 MG	1	
oseltamivir phosphate CAPS 75 MG	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
rimantadine hydrochloride TABS	1	
TAMIFLU CAPS 30 MG, 45 MG *(oseltamivir phosphate)*	NF	
TAMIFLU CAPS 75 MG *(oseltamivir phosphate)*	NF	QL(10 EA per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	NF	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	PV	
TPOXX CAPS	PV	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	
VIRAZOLE *(ribavirin)*	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol 3.125 MG	1	QL(2 EA daily)
carvedilol phosphate	1	
COREG 6.25 MG, 12.5 MG, 25 MG *(carvedilol)*	NF	
COREG 3.125 MG *(carvedilol)*	NF	QL(2 EA daily)
COREG CR *(carvedilol phosphate)*	NF	
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 EA daily)
BYSTOLIC *(nebivolol hcl)*	NF	
LOPRESSOR TABS *(metoprolol tartrate)*	NF	
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
TENORMIN TABS *(atenolol)*	NF	
TOPROL XL TB24 *(metoprolol succinate)*	NF	
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NF	
CORGARD TABS 20 MG, 40 MG *(nadolol)*	NF	
HEMANGEOL SOLN PO	3	AL(Up to 1 yrs old); PA
INDERAL LA CP24 *(propranolol hcl)*	NF	
INDERAL XL	3	
INNOPRAN XL	3	

Drug Name	Drug Tier	Requirements/ Limits
nadolol TABS 20 MG, 40 MG, 80 MG	1	
pindolol TABS	1	
propranolol hcl CP24	1	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/afl)	1	
sotalol hcl TABS	1	
SOTYLIZE SOLN PO	3	
timolol maleate TABS 5 MG, 20 MG	1	QL(2 EA daily)
timolol maleate TABS 10 MG	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
amlodipine besylate TABS 2.5 MG	1	QL(2 EA daily)
amlodipine besylate TABS 5 MG, 10 MG	1	QL(1 EA daily)
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	NF	QL(1 EA daily)
CARDIZEM LA TB24 *(diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24	1	QL(1 EA daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	
diltiazem hcl CP24	1	
diltiazem hcl TABS	1	
diltiazem hcl TB24	1	
felodipine 10 MG	1	QL(1 EA daily)
felodipine 2.5 MG, 5 MG	1	
isradipine CAPS	1	
nicardipine hcl CAPS	2	
nifedipine CAPS	1	
nifedipine TB24 30 MG, 60 MG	1	
nifedipine TB24	1	QL(1 EA daily)
nimodipine CAPS	2	
nimodipine SOLN	1	
nisoldipine	2	
NORVASC TABS 2.5 MG *(amlodipine besylate)*	NF	QL(2 EA daily)
NORVASC TABS 5 MG, 10 MG *(amlodipine besylate)*	NF	QL(1 EA daily)
PROCARDIA XL TB24 *(nifedipine)*	NF	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NF	
TIAZAC *(diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	NF	
verapamil hcl CP24 180 MG	1	QL(2 EA daily)
verapamil hcl CP24 360 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	1	
verapamil hcl TABS	1	
verapamil hcl TBCR 180 MG, 240 MG	1	QL(2 EA daily)
verapamil hcl TBCR 120 MG	1	
VERELAN PM CP24 ***(verapamil hcl)***	3	
VERELAN CP24 360 MG ***(verapamil hcl)***	2	QL(1 EA daily)
VERELAN CP24 180 MG ***(verapamil hcl)***	NF	QL(2 EA daily)
VERELAN CP24 120 MG, 240 MG ***(verapamil hcl)***	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	
LANOXIN TABS 125 MCG, 250 MCG ***(digoxin)***	3	
LANOXIN TABS 62.5 MCG ***(digoxin)***	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG	2	PA
amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
BIDIL ***(isosorbide dinitrate-hydralazine hcl)***	NF	
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ***(amlodipine besylate-atorvastatin calcium)***	NF	
CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ***(amlodipine besylate-atorvastatin calcium)***	NF	PA
ENTRESTO CPSP	3	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ***(sacubitril-valsartan)***	NF	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl	1	
sacubitril-valsartan TABS	1	QL(2 EA daily)
Impotence Agents		
CIALIS 5 MG, 10 MG, 20 MG ***(tadalafil)***	NF	QL(0.27 EA daily); AL(At least 21 yrs old); PA
sildenafil citrate	1	QL(0.27 EA daily); PA
tadalafil 2.5 MG	1	QL(1 EA daily); PA
tadalafil 5 MG, 10 MG, 20 MG	1	QL(0.27 EA daily); AL(At least 21 yrs old); PA
VIAGRA ***(sildenafil citrate)***	NF	QL(0.27 EA daily); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	SP	PA
ORENITRAM MONTH 2 TEPK	SP	PA
ORENITRAM MONTH 3 TEPK	SP	PA
ORENITRAM TBCR	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI INSTITUTIONAL KIT POWD	SP	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(4 EA daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(7 EA daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(9 EA daily); PA
TYVASO REFILL KIT SOLN IN	SP	PA
TYVASO STARTER KIT SOLN IN	SP	PA
TYVASO SOLN IN	SP	PA
VENTAVIS IN	SP	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
bosentan TABS	SP	PA
bosentan TBSO 32 MG	SP	PA
LETAIRIS *(ambrisentan)*	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
OPSUMIT	SP	PA
TRACLEER TABS 62.5 MG *(bosentan)*	NF	USE BOSENTAN TABS
TRACLEER TABS 125 MG *(bosentan)*	NF	
TRACLEER TBSO 32 MG *(bosentan)*	SP	PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	QL(2 EA daily); PA
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	SP	QL(2 EA daily); PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	SP	PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NF	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SUSR	SP	PA
sildenafil citrate (pulmonary hypertension) TABS	1	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	SP	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	SP	PA
UPTRAVI TABS	SP	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	SP	PA
Sinus Node Inhibitors		
CORLANOR TABS *(ivabradine hcl)*	NF	QL(2 EA daily); ST
ivabradine hcl TABS	2	QL(2 EA daily); ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium SOLR IV 1 GM	SP	PA
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
CEFOTAN IJ *(cefotetan disodium)*	SP	PA
cefotetan disodium IJ 1 GM, 2 GM	SP	PA
cefoxitin sodium IV 1 GM, 2 GM	SP	PA
CEFOXITIN SODIUM-DEXTROSE	SP	PA
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	1	
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	PV	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28)	PV	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	PV	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	PV	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	PV	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	PV	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	PV	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	PV	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	PV	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	PV	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	PV	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	PV	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	PV	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	PV	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	PV	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	PV	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	PV	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	PV	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ	PV	PV
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	PV	PV
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	PV	PV
desogestrel-ethinyl estradiol (biphasic)	PV	PV
drospirenone-ethinyl estradiol	PV	PV
drospirenone-ethinyl estradiol-levomefolate calcium	PV	PV
ethynodiol diacet & eth estrad	PV	PV
levonorgestrel & eth estradiol TABS	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-eth estradiol (triphasic)	PV	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	PV	PV
levonorgestrel-ethinyl estradiol (continuous)	PV	PV
levonorgestrel-ethinyl estradiol-iron	PV	PV
LO LOESTRIN FE TABS	PV	PV
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	PV	PV
NATAZIA	PV	PV
NEXTSTELLIS	PV	PV
norethin acet & estrad-fe CAPS	PV	PV
norethin acet & estrad-fe CHEW	PV	PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	PV	PV
norethindrone & ethinyl estradiol-fe	PV	PV
norethindrone acet & eth estra TABS	PV	PV
norethindrone acetate-ethinyl estradiol-fe	PV	PV
norgestimate-ethinyl estradiol	PV	PV
norgestimate-ethinyl estradiol (triphasic)	PV	Equivalent to Ortho Tricyclen Lo
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	PV	PV
TAYTULLA CAPS *(norethin acet & estrad-fe)*	PV	PV
TYBLUME CHEW	PV	PV
YASMIN 28 *(drospirenone-ethinyl estradiol)*	PV	PV
YAZ *(drospirenone-ethinyl estradiol)*	PV	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV
norelgestromin-ethinyl estradiol	PV	PV
TWIRLA	PV	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV
ANNOVERA	PV	PV
etonogestrel-ethinyl estradiol	PV	PV
NUVARING *(etonogestrel-ethinyl estradiol)*	PV	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, SHEWISE, TAKE ACTION 1.5 MG	PV	PV
ELLA	PV	PV
levonorgestrel (emergency oc) 1.5 MG	PV	PV
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	PV	PV
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	PV	PV
norethindrone (contraceptive)	PV	PV
OPILL	PV	
SLYND	PV	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK	1	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1	
AGAMREE	SP	SP; PA
budesonide CPEP	2	QL(3 EA daily)
budesonide TB24	1	PA
CORTEF TABS *(hydrocortisone)*	NF	
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
dexamethasone TBPK	1	
hydrocortisone TABS	1	
MEDROL TABS 4 MG, 8 MG, 16 MG *(methylprednisolone)*	NF	
MEDROL TABS	2	
MEDROL TBPK *(methylprednisolone)*	NF	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
ORAPRED ODT TBDP *(prednisolone sodium phosphate)*	NF	
ORAPRED ODT TBDP	3	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	1	
prednisolone sodium phosphate TBDP	1	
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	3	
prednisolone SOLN	1	
prednisolone TABS	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
UCERIS TB24 *(budesonide)*	NF	PA
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/ Limits
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate	1	
HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)*	NF	
HYCODAN TABS 1.5 MG-5 MG *(hydrocodone bitartrate-homatropine methylbromide)*	NF	
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
hydrocodone bitartrate-homatropine methylbromide TABS	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
(Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML	1	
(Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD	1	
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
NEOTUSS PLUS LIQD	3	
promethazine w/codeine SOLN	1	QL(30 ML daily)
promethazine-dm SYRP	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
Expectorants		
potassium iodide (expectorant) SOLN	1	
SSKI SOLN *(potassium iodide (expectorant))*	NF	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	2	
HYPERSAL NEBU	3	
HYPERSAL NEBU *(sodium chloride (inhalant))*	NF	
NEBUSAL NEBU	3	
sodium chloride (inhalant) NEBU 7 %	2	
sodium chloride (inhalant) NEBU 0.9 %, 3 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
ABSORICA 30 MG *(isotretinoin)*	NF	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
ABSORICA 35 MG, 40 MG *(isotretinoin)*	NF	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
ABSORICA 20 MG *(isotretinoin)*	NF	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
ABSORICA 10 MG, 25 MG *(isotretinoin)*	NF	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
ACZONE 7.5 % *(dapsone (topical))*	NF	QL(2 GM daily)
ACZONE 5 % *(dapsone (topical))*	NF	PA
adapalene-benzoyl peroxide GEL	1	
adapalene CREA	1	Limit 45gms per month; QL(1.5 GM daily)
adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)
adapalene GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
ATRALIN GEL *(tretinoin)*	NF	
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NF	QL(2 GM daily)
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NF	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NF	AL(At least 12 yrs old)
clindamycin phosphate (topical) FOAM	1	
clindamycin phosphate (topical) GEL	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) LOTN	1	
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate (topical) SWAB	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	
clindamycin phosphate-tretinoin	1	
dapsone (topical) 7.5 %	1	QL(2 GM daily)
dapsone (topical) 5 %	1	PA

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CREA *(adapalene)*	NF	Limit 45gms per month; QL(1.5 GM daily)
DIFFERIN GEL 0.3 % *(adapalene)*	NF	QL(45 GM per fill retail; 135 per fill mail)
DIFFERIN GEL 0.1 % *(adapalene)*	NF	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
DIFFERIN LOTN	2	
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NF	
EPIDUO GEL *(adapalene-benzoyl peroxide)*	NF	
erythromycin (acne aid) GEL	1	
erythromycin (acne aid) SOLN	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
isotretinoin 35 MG, 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
isotretinoin 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
isotretinoin 10 MG, 25 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
isotretinoin 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
KLARON *(sulfacetamide sodium (acne))*	NF	
PLEXION CREA *(sulfacetamide sodium w/ sulfur)*	NF	
PLEXION LOTN *(sulfacetamide sodium w/ sulfur)*	NF	PA
RETIN-A MICRO 0.1 % *(tretinoin microsphere)*	NF	QL(1.67 GM daily)
RETIN-A MICRO 0.04 % *(tretinoin microsphere)*	NF	Limit 45gms per month; QL(1.7 GM daily)
RETIN-A MICRO PUMP 0.1 % *(tretinoin microsphere)*	NF	QL(1.67 GM daily)
RETIN-A MICRO PUMP 0.04 % *(tretinoin microsphere)*	NF	Limit 45gms per month; QL(1.7 GM daily)
RETIN-A CREA *(tretinoin)*	NF	
RETIN-A GEL *(tretinoin)*	NF	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	2	
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	1	PA
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(1 GM daily)
SULFACETAMIDE-SULFUR IN UREA EMUL	3	

Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
tretinoin microsphere 0.1 %	1	QL(1.67 GM daily)
tretinoin microsphere 0.04 %	1	Limit 45gms per month; QL(1.7 GM daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	1	
VELTIN *(clindamycin phosphate-tretinoin)*	NF	
ZIANA *(clindamycin phosphate-tretinoin)*	NF	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
ALTABAX	3	
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin OINT	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
ciclopirox GEL	1	
ciclopirox SHAM	2	
ciclopirox SOLN	1	
clotrimazole w/ betamethasone CREA	1	Limit 1 tube per month; QL(1.5 GM daily)
clotrimazole w/ betamethasone LOTN	1	QL(2 ML daily)
econazole nitrate CREA	1	
ERTACZO	SP	QL(1 GM daily); PA
EXELDERM CREA *(sulconazole nitrate)*	3	
EXELDERM SOLN	2	
EXODERM	3	
iodoquinol-hydrocortisone in aloe vehicle	1	
ketoconazole (topical) CREA	1	QL(2 GM daily)
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	
naftifine hcl CREA	1	
naftifine hcl GEL 2 %	1	
NAFTIN GEL *(naftifine hcl)*	NF	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	1	
OXISTAT CREA *(oxiconazole nitrate)*	NF	
OXISTAT LOTN	3	
sulconazole nitrate CREA	1	
sulconazole nitrate SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
VYTONE 1.9 %-1 % *(iodoquinol-hydrocortisone in aloe vehicle)*	NF	
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(5 ML daily)
diclofenac sodium (topical) SOLN EX 2 %	1	QL(4 GM daily); PA
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	NF	QL(4 GM daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	NF	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	SP	SP; PA
CARAC CREA *(fluorouracil (topical))*	SP	QL(1 GM daily)
diclofenac sodium (actinic keratoses) EX	2	PA
EFUDEX CREA *(fluorouracil (topical))*	NF	
fluorouracil (topical) CREA 0.5 %	SP	QL(1 GM daily)
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
TARGRETIN *(bexarotene (topical))*	SP	SP; PA
VALCHLOR	SP	PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	2	
PRUDOXIN *(doxepin hcl (antipruritic))*	NF	
ZONALON *(doxepin hcl (antipruritic))*	NF	
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
acitretin 25 MG	2	QL(2 EA daily)
acitretin 10 MG	2	QL(1 EA daily)
acitretin 17.5 MG	2	
calcipotriene CREA	2	QL(5 GM daily)
CALCIPOTRIENE FOAM	SP	PA
calcipotriene OINT	1	QL(5 GM daily)
calcipotriene SOLN	1	
calcitriol (topical)	1	Limit 100gms per month; QL(3.4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (300 MG DOSE) SOSY	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	SP	QL(0.072 ML daily); PA
COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ML daily); PA
methoxsalen rapid	2	
PYZCHIVA 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
PYZCHIVA 90 MG/ML	SP	QL(0.04 ML daily); PA
PYZCHIVA SC 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
SKYRIZI PEN SOAJ	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SKYRIZI SOSY	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SORILUX FOAM	SP	PA
STELARA SOLN 45 MG/0.5ML	SP	QL(0.02 ML daily); PA
STELARA SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA
STELARA SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
STEQEYMA 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
STEQEYMA 90 MG/ML	SP	QL(0.04 ML daily); PA
tazarotene CREA	1	
tazarotene GEL	1	
TAZORAC CREA ***(tazarotene)***	NF	
TAZORAC GEL ***(tazarotene)***	NF	
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	SP	QL(0.018 ML daily); PA
TREMFYA PEN SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA
TREMFYA SOSY 100 MG/ML	SP	QL(0.018 ML daily); PA
VECTICAL ***(calcitriol (topical))***	NF	Limit 100gms per month; QL(3.4 GM daily)
YESINTEK SOLN 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
YESINTEK SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA
YESINTEK SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
Antiseborrheic Products		
OVACE PLUS WASH LIQD ***(sulfacetamide sodium)***	NF	
OVACE PLUS SHAM ***(sulfacetamide sodium)***	NF	
OVACE WASH LIQD ***(sulfacetamide sodium)***	NF	
selenium sulfide LOTN 2.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
sulfacetamide sodium LIQD	1	
sulfacetamide sodium SHAM 10 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Antivirals - Topical		
acyclovir topical CREA	1	
acyclovir topical OINT	1	QL(1 GM daily)
ZOVIRAX CREA *(acyclovir topical)*	NF	
ZOVIRAX OINT *(acyclovir topical)*	NF	QL(1 GM daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
mafenide acetate PACK	1	
SILVADENE *(silver sulfadiazine)*	NF	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK 5 % *(mafenide acetate)*	NF	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide LOTN	1	
APEXICON E CREA	2	

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

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	2	
clobetasol propionate LOTN	2	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	
CLOBEX SPRAY LIQD *(clobetasol propionate)*	NF	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	NF	
CLOBEX SHAM *(clobetasol propionate)*	NF	
clocortolone pivalate	1	
CLODERM *(clocortolone pivalate)*	NF	
CORDRAN CREA *(flurandrenolide)*	NF	
CORDRAN TAPE	SP	
CORTANE-B	3	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NF	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NF	
desonide CREA	1	
desonide GEL	1	
desonide LOTN	1	
desonide OINT	1	
desoximetasone CREA 0.05 %	2	
desoximetasone CREA 0.25 %	1	
desoximetasone GEL	1	
desoximetasone LIQD	2	ST

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone OINT	1	
diflorasone diacetate CREA	2	
diflorasone diacetate OINT	1	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NF	
EPIFOAM FOAM	3	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	
fluocinonide CREA	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide CREA	1	
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	
halcinonide SOLN 0.1 %	1	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
HALOG SOLN	3	
HALOG SOLN 0.1 % *(halcinonide)*	NF	
hydrocortisone (topical) CREA 2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) LOTN 2 %, 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	
hydrocortisone (topical) SOLN 2.5 %	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
KENALOG AERS *(triamcinolone acetonide (topical))*	NF	
LOCOID LIPOCREAM	3	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
SYNALAR CREA *(fluocinolone acetonide)*	NF	
SYNALAR OINT *(fluocinolone acetonide)*	NF	
SYNALAR SOLN *(fluocinolone acetonide)*	NF	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	NF	ST
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NF	QL(2 GM daily)
TOPICORT SPRAY LIQD *(desoximetasone)*	NF	ST
TOPICORT CREA *(desoximetasone)*	NF	
TOPICORT GEL *(desoximetasone)*	NF	
TOPICORT OINT *(desoximetasone)*	NF	
triamcinolone acetonide (topical) AERS	1	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
VANOS CREA *(fluocinonide)*	NF	
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
urea LOTN 40 %	1	
Emollients		
lactic acid (ammonium lactate) CREA	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
imiquimod 5 %	1	
ZYCLARA ***(imiquimod)***	NF	QL(1 EA daily)
ZYCLARA PUMP ***(imiquimod)***	NF	QL(1 GM daily)
Immunosuppressive Agents - Topical		
ELIDEL ***(pimecrolimus)***	NF	QL(2 GM daily)
pimecrolimus	1	QL(2 GM daily)
tacrolimus (topical) OINT 0.1 %	1	QL(2 GM daily); AL(At least 15 yrs old)
tacrolimus (topical) OINT 0.03 %	1	QL(2 GM daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL ***(podofilox)***	NF	
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
podofilox GEL	2	
podofilox SOLN	1	
SALICYLIC ACID OINT	3	RX/OTC
salicylic acid SHAM 6 %	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
CETACAINE AERO	3	
lidocaine hcl SOLN	1	
lidocaine-prilocaine CREA	1	
lidocaine PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
LIDODERM PTCH ***(lidocaine)***	NF	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	
brimonidine tartrate (topical)	1	PA
doxycycline (rosacea)	1	QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL ***(azelaic acid)***	NF	

Drug Name	Drug Tier	Requirements/ Limits
ivermectin (rosacea)	1	QL(1.5 GM daily); PA
METROCREAM CREA *(metronidazole (topical))*	NF	
METROGEL GEL 1 % *(metronidazole (topical))*	NF	
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) GEL 0.75 %	1	Limit 45gms per month; QL(1.5 GM daily)
metronidazole (topical) LOTN	1	QL(2 ML daily)
MIRVASO *(brimonidine tartrate (topical))*	NF	PA
NORITATE CREA	SP	PA
ORACEA *(doxycycline (rosacea))*	3	QL(1 EA daily); PA
RHOFADE	3	PA
SOOLANTRA *(ivermectin (rosacea))*	NF	QL(1.5 GM daily); PA
Scabicides & Pediculicides		
ELIMITE CREA *(permethrin)*	NF	QL(2 GM daily)
malathion	2	
OVIDE *(malathion)*	NF	
permethrin CREA	1	QL(2 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
2SAN 3 IN1 COVID-19 FLU A+B	PV	
2SAN COVID-19 RAPID SELF TEST KIT	PV	QL(8 EA per fill retail); PV
ACCU-CHEK AVIVA PLUS STRP	2	QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	QL(6.7 EA daily); RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
BINAXNOW COVID-19 + FLU SELF	PV	
BINAXNOW COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV
BINAXNOW COVID-19 ANTIGEN SELF KIT	PV	QL(8 EA per fill retail); PV
CARESTART COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
CLEARDETECT COVID-19 AG HOME KIT	PV	QL(8 EA per fill retail); PV
CLINITEST RAPID COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A&B 3-IN-1 TEST	PV	
COVID-19 FLU A+B ANTIGEN TEST	PV	
COVID-19 OTC ANTIGEN 1-PACK KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 2-PACK KIT	PV	QL(8 EA per fill retail); PV
CVS COVID-19 AT HOME TEST KIT KIT	PV	QL(8 EA per fill retail); PV
DIATRUST COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
ELLUME COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
FASTEP COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
FLOWFLEX COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV

Drug Name	Drug Tier	Requirements/ Limits
FLOWFLEX PLUS COVID-19/FLU A/B	PV	
FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
GENABIO COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	PV	QL(8 EA per fill retail); PV
IHEALTH COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
INDICAID COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
OHC COVID-19 ANTIGEN SELF TEST KIT	PV	QL(8 EA per fill retail); PV
ON/GO COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
ON/GO ONE COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV
RAPIDGO FLU A/B COVID-19 HOME	PV	
SPEEDY SWAB COVID-19 ANTIGEN KIT	PV	QL(8 EA per fill retail); PV
SPEEDY SWAB COVID-19/FLU HOME	PV	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	1	QL(2 EA daily)
acetazolamide TABS 250 MG	1	QL(4 EA daily)
acetazolamide TABS 125 MG	1	
methazolamide TABS	1	
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	
MAXZIDE-25 TABS ***(triamterene & hydrochlorothiazide)***	NF	QL(2 EA daily)
MAXZIDE TABS ***(triamterene & hydrochlorothiazide)***	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	1	QL(2 EA daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	1	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS 0.5 MG, 1 MG	1	
bumetanide TABS 2 MG	1	QL(5 EA daily)
BUMEX TABS 0.5 MG *(bumetanide)*	NF	
EDECRIN *(ethacrynic acid)*	NF	ST
ethacrynic acid	2	ST
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	
furosemide TABS	1	
LASIX TABS *(furosemide)*	NF	
SOAANZ TABS 20 MG	3	
torsemide TABS 5 MG, 10 MG, 20 MG	1	
torsemide TABS 100 MG	1	QL(2 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NF	
amiloride hcl TABS	1	
DYRENIUM CAPS *(triamterene)*	NF	
spironolactone TABS	1	
triamterene CAPS	2	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
DIURIL SUSP	3	
hydrochlorothiazide CAPS	1	
hydrochlorothiazide TABS	1	
indapamide TABS 1.25 MG, 2.5 MG	1	
metolazone	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(risedronate sodium)*	NF	Limited to 1 per month; QL(0.04 EA daily); ST
ACTONEL TABS 35 MG *(risedronate sodium)*	NF	ST
alendronate sodium SOLN	1	
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
alendronate sodium TABS 70 MG	1	Limit 1 tab per week; QL(0.15 EA daily)
alendronate sodium TABS 35 MG	1	Limit 1 tab per week; QL(0.144 EA daily)
calcitonin (salmon) NA	1	
calcitonin (salmon) IJ	SP	PA
FORTEO SOPN *(teriparatide)*	NF	
FORTEO SOPN *(teriparatide)*	NF	SP
FOSAMAX TABS 70 MG *(alendronate sodium)*	NF	Limit 1 tab per week; QL(0.15 EA daily)
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ *(calcitonin (salmon))*	SP	PA
PROLIA SOSY	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
risedronate sodium TABS 150 MG	1	Limited to 1 per month; QL(0.04 EA daily); ST
risedronate sodium TABS 5 MG, 30 MG, 35 MG	1	ST
teriparatide SOPN	2	SP; PA
TYMLOS	SP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormones		
HUMATROPE CART IJ	SP	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA
ZOMACTON SOLR SC 10 MG	SP	PA
ZORBTIVE SC	SP	PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	PV	PV
OSPHENA	3	QL(1 EA daily); PA
raloxifene hcl	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	SP	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Modifiers		
betaine	SP	PA
BUPHENYL POWD *(sodium phenylbutyrate)*	SP	PA
BUPHENYL TABS *(sodium phenylbutyrate)*	SP	PA
calcitriol CAPS 0.5 MCG	1	QL(4 EA daily)
calcitriol CAPS 0.25 MCG	1	
calcitriol SOLN PO	1	
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	NF	
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	NF	
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	NF	
cinacalcet hcl	1	PA
CYSTADANE *(betaine)*	SP	PA
doxercalciferol CAPS	2	
GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 EA daily); SP; PA
KUVAN PACK *(sapropterin dihydrochloride)*	NF	
KUVAN TABS *(sapropterin dihydrochloride)*	NF	
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	2	
MYALEPT	SP	PA
nitisinone CAPS	1	PA
NITYR TABS	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
ORFADIN CAPS *(nitisinone)*	NF	PA
ORFADIN SUSP	SP	PA
PALYNZIQ	SP	SP; PA
paricalcitol CAPS	1	
ROCALTROL CAPS 0.25 MCG *(calcitriol)*	NF	
ROCALTROL CAPS 0.5 MCG *(calcitriol)*	NF	QL(4 EA daily)
ROCALTROL SOLN PO *(calcitriol)*	NF	
sapropterin dihydrochloride PACK	SP	
sapropterin dihydrochloride PACK	SP	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride TABS	SP	
SENSIPAR *(cinacalcet hcl)*	NF	PA
sodium phenylbutyrate POWD	SP	PA
sodium phenylbutyrate TABS	SP	PA
XURIDEN	SP	
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	NF	
Posterior Pituitary Hormones		
DDAVP TABS 0.2 MG *(desmopressin acetate)*	NF	QL(6 EA daily)
DDAVP TABS 0.1 MG *(desmopressin acetate)*	NF	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated 0.01 %	1	
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.1 MG	1	
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	PV	
mifepristone	PV	
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN	SP	PA
octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	SP	PA
SANDOSTATIN SOLN 500 MCG/ML *(octreotide acetate)*	SP	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML *(octreotide acetate)*	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
SIGNIFOR	SP	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	NF	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	SP	PA
PREMPHASE	2	
PREMPRO	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	NF	Limit 4 patches per month; QL(0.143 EA daily)
DELESTROGEN *(estradiol valerate)*	NF	QL(5 ML daily)
DIVIGEL GEL *(estradiol)*	NF	
ELESTRIN GEL	3	
ESTRACE TABS *(estradiol)*	NF	
estradiol valerate	1	QL(5 ML daily)
estradiol GEL	1	

Drug Name	Drug Tier	Requirements/ Limits
estradiol GEL	1	Limit 50gms per month; QL(1.67 GM daily)
estradiol PTTW	1	QL(0.29 EA daily)
estradiol PTWK	1	Limit 4 patches per month; QL(0.143 EA daily)
estradiol TABS	1	
ESTROGEL GEL *(estradiol)*	NF	Limit 50gms per month; QL(1.67 GM daily)
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	1	QL(1 EA daily)
estrogens, conjugated TABS 0.9 MG	1	
EVAMIST SOLN	3	
MENEST 2.5 MG	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
MINIVELLE PTTW *(estradiol)*	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG *(estrogens, conjugated)*	NF	QL(1 EA daily)
PREMARIN TABS 0.9 MG *(estrogens, conjugated)*	NF	
VIVELLE-DOT PTTW *(estradiol)*	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 300 MG	1	
ofloxacin 400 MG	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	NF	QL(1 EA daily)
prucalopride succinate	1	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Bile Acid Synthesis Disorder Agents		
CTEXLI TABS PO 250 MG	SP	PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	SP	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	SP	PA
URSO 250 TABS *(ursodiol)*	NF	
URSO FORTE TABS *(ursodiol)*	NF	
ursodiol CAPS	2	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	NF	
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	2	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	2	
REGLAN TABS *(metoclopramide hcl)*	NF	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	NF	QL(4 EA daily)
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NF	QL(8 EA daily)
AZULFIDINE TABS *(sulfasalazine)*	NF	QL(8 EA daily)
balsalazide disodium CAPS	1	Limit 280 caps per month; QL(9 EA daily)
CANASA SUPP *(mesalamine)*	NF	QL(1 EA daily)
COLAZAL CAPS *(balsalazide disodium)*	NF	Limit 280 caps per month; QL(9 EA daily)
DELZICOL CPDR *(mesalamine)*	NF	QL(6 EA daily)
DIPENTUM	3	
INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA
LIALDA TBEC *(mesalamine)*	NF	QL(4 EA daily)
mesalamine CP24	2	QL(4 EA daily)
mesalamine CPCR	1	QL(8 EA daily); PA
mesalamine CPDR	2	QL(6 EA daily)
mesalamine ENEM	2	QL(60 ML daily)
mesalamine SUPP	2	QL(1 EA daily)
mesalamine TBEC 1.2 GM	2	QL(4 EA daily)
mesalamine TBEC 800 MG	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR *(mesalamine)*	NF	QL(8 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ML daily); PA
SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ML daily); PA
sulfasalazine TABS	1	QL(8 EA daily)
sulfasalazine TBEC	1	QL(8 EA daily)
TREMFYA PEN SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	2	
LINZESS	2	QL(1 EA daily)
LOTRONEX ***(alosetron hcl)***	NF	
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	SP	
ENTEREG ***(alvimopan)***	SP	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
FOSRENOL CHEW 750 MG ***(lanthanum carbonate)***	NF	QL(4 EA daily)
FOSRENOL CHEW 1000 MG ***(lanthanum carbonate)***	NF	QL(3 EA daily)
FOSRENOL CHEW 500 MG ***(lanthanum carbonate)***	NF	
FOSRENOL PACK	3	
lanthanum carbonate CHEW 750 MG	2	QL(4 EA daily)
lanthanum carbonate CHEW 500 MG	2	
lanthanum carbonate CHEW 1000 MG	2	QL(3 EA daily)
RENVELA PACK 0.8 GM ***(sevelamer carbonate)***	NF	
RENVELA PACK 2.4 GM ***(sevelamer carbonate)***	NF	QL(5 EA daily)
RENVELA TABS ***(sevelamer carbonate)***	NF	
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate PACK 2.4 GM	1	QL(5 EA daily)
sevelamer carbonate TABS	1	
sevelamer hcl 400 MG	1	
sevelamer hcl 800 MG	2	QL(16 EA daily)
Short Bowel Syndrome (SBS) Agents		
GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA

Drug Name	Drug Tier	Requirements/ Limits
Tryptophan Hydroxylase Inhibitors		
XERMELO	SP	Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) TRICITRATES SOLN	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	RX/OTC
sodium citrate & citric acid	1	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	NF	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	NF	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
PROCYSBI PACK	SP	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily)
AVODART *(dutasteride)*	NF	AL(At least 40 yrs old)
CARDURA XL	3	
dutasteride	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl	1	
finasteride	1	QL(1 EA daily); AL(At least 40 yrs old)
JALYN *(dutasteride-tamsulosin hcl)*	NF	
PROSCAR *(finasteride)*	NF	QL(1 EA daily); AL(At least 40 yrs old)
RAPAFLO 4 MG *(silodosin)*	NF	
RAPAFLO 8 MG *(silodosin)*	NF	QL(1 EA daily)
silodosin 4 MG	1	
silodosin 8 MG	1	QL(1 EA daily)
tamsulosin hcl	1	QL(2 EA daily)
UROXATRAL *(alfuzosin hcl)*	NF	QL(1 EA daily)
Urinary Stone Agents		
LITHOSTAT	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG	1	QL(3 EA daily)
allopurinol 300 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
colchicine CAPS	1	
colchicine TABS	1	
COLCRYS TABS *(colchicine)*	NF	
febuxostat 80 MG	1	QL(1 EA daily)
febuxostat 40 MG	1	QL(2 EA daily)
MITIGARE CAPS *(colchicine)*	1	
ULORIC 40 MG *(febuxostat)*	NF	QL(2 EA daily)
ULORIC 80 MG *(febuxostat)*	NF	QL(1 EA daily)
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ALPHANATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Drug Name	Drug Tier	Requirements/ Limits
OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	SP	PA
FIRAZYR SOSY *(icatibant acetate)*	SP	PA
icatibant acetate SOSY	SP	PA
Complement Inhibitors		
HAEGARDA SOLR SC	SP	PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	SP	PA
Plasma Kallikrein Inhibitors		
ORLADEYO	SP	PA
TAKHZYRO SOLN	SP	PA
TAKHZYRO SOSY	SP	PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	NF	
anagrelide hcl	1	
aspirin-dipyridamole	1	
BRILINTA 60 MG, 90 MG *(ticagrelor)*	NF	QL(2 EA daily)
cilostazol	1	QL(2 EA daily)
clopidogrel bisulfate	1	QL(2 EA daily)
dipyridamole	1	
EFFIENT *(prasugrel hcl)*	NF	
PLAVIX 75 MG *(clopidogrel bisulfate)*	NF	QL(2 EA daily)
prasugrel hcl	1	
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	SP	PA
CERDELGA	SP	PA
miglustat	SP	PA
ZAVESCA *(miglustat)*	SP	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
ENDARI *(glutamine (sickle cell))*	NF	PA
glutamine (sickle cell)	2	PA
SIKLOS TABS	SP	PA
SIKLOS TABS	SP	AC; PA

Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	PV	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
folic acid TABS 400 MCG, 800 MCG	PV	PV
folic acid TABS 1 MG	1	RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 12.5 MG, 25 MG	2	QL(1 EA daily); PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	2	QL(1 EA daily); PA
NYVEPRIA	SP	PA
PROMACTA PACK 12.5 MG, 25 MG *(eltrombopag olamine)*	NF	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(eltrombopag olamine)*	NF	QL(1 EA daily); PA
RETACRIT	SP	PA
UDENYCA ONBODY SOSY	SP	PA
UDENYCA SOAJ	SP	PA
UDENYCA SOSY	SP	PA
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	2	
aminocaproic acid TABS	2	
CYKLOKAPRON SOLN *(tranexamic acid)*	SP	PA
tranexamic acid SOLN 1000 MG/10ML	SP	PA
tranexamic acid TABS	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(zolpidem tartrate)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS *(zolpidem tartrate)*	NF	QL(1 EA daily)
DORAL *(quazepam)*	NF	
estazolam	1	
eszopiclone	1	QL(1 EA daily)
HALCION 0.25 MG *(triazolam)*	NF	QL(1 EA daily)
LUNESTA *(eszopiclone)*	NF	QL(1 EA daily)
midazolam hcl SYRP	1	
quazepam	3	
RESTORIL 15 MG *(temazepam)*	NF	QL(2 EA daily)
RESTORIL 7.5 MG *(temazepam)*	NF	
RESTORIL 22.5 MG, 30 MG *(temazepam)*	NF	QL(1 EA daily)
temazepam 7.5 MG	1	
temazepam 15 MG	1	QL(2 EA daily)
temazepam 22.5 MG, 30 MG	1	QL(1 EA daily)
triazolam 0.25 MG	1	QL(1 EA daily)
triazolam 0.125 MG	1	
zaleplon	1	QL(1 EA daily)
zolpidem tartrate TABS	1	QL(1 EA daily)
zolpidem tartrate TBCR	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
ramelteon	1	QL(1 EA daily); ST
ROZEREM *(ramelteon)*	NF	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	PV	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	PV	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	PV	PV
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	PV	QL(4000 ML per fill retail); PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	PV	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	PV	QL(4000 ML per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	PV	PV
PEG-PREP	PV	QL(1 EA per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate	PV	PV
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	PV	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

Updated January 2026
1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
INSTALAX POWD 17 GM/SCOOP	3	Limit 528gms per month; QL(17.6 GM daily)
lactulose SOLN	1	
MIRALAX POWD *(polyethylene glycol 3350)*	NF	Limit 528gms per month; QL(17.6 GM daily)
polyethylene glycol 3350 POWD	1	Limit 528gms per month; QL(17.6 GM daily)
Stimulant Laxatives		
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	1	
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	NF	
DULCOLAX SUPP *(bisacodyl)*	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC *(bisacodyl)*	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 250 MG	1	QL(6 EA per fill retail)
azithromycin TABS 500 MG	1	QL(3 EA daily)
azithromycin TABS 600 MG	1	QL(10 EA per fill retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NF	QL(3 EA daily)
ZITHROMAX Z-PAK TABS *(azithromycin)*	NF	QL(6 EA per fill retail)
ZITHROMAX PACK	3	
ZITHROMAX SUSR *(azithromycin)*	NF	
ZITHROMAX TABS 250 MG *(azithromycin)*	NF	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	NF	QL(3 EA daily)
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	NF	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	NF	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	NF	
erythromycin base CPEP	2	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	2	
Fidaxomicin		
DIFICID TABS 200 MG *(fidaxomicin)*	NF	
fidaxomicin TABS 200 MG	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	PV	QL(1 EA per 365 day(s) retail); PV
CONDOMS	PV	
DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	PV	PV
FEMCAP DEVI	PV	PV
KAMELEON LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX CONDOMS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN BARESKIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUE COVER DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/RIBBED/STUDDED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE XL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EX LARGE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRA ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUB/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
WIDE-SEAL DIAPHRAGM 60	PV	PV
WIDE-SEAL DIAPHRAGM 65	PV	PV
WIDE-SEAL DIAPHRAGM 70	PV	PV
WIDE-SEAL DIAPHRAGM 75	PV	PV
WIDE-SEAL DIAPHRAGM 80	PV	PV
WIDE-SEAL DIAPHRAGM 85	PV	PV
WIDE-SEAL DIAPHRAGM 90	PV	PV
WIDE-SEAL DIAPHRAGM 95	PV	PV
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD MICROTAINER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARESENS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CHOSEN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FINE 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FONDCIRCLE SINGLE USE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP STERILE LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE EXTRA 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MOBILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	2	Limit 200 per month without authorization; QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
PRO COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCET DEVICES 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMARTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STERILANCE TL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 18G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SURELITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
THINLETS GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTILET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 SUPER	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 GENTLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
BD PEN MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
Respiratory Therapy Supplies		
AIRZONE PEAK FLOW METER	2	RX/OTC
ASSESS PEAK FLOW METER	2	RX/OTC
BREATHE EASE PEAK FLOW METER	2	RX/OTC
CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
FONDCIRCLE ELECTRONIC PEAK FLO	2	RX/OTC
LUNG PERFORM PEAK FLOW METER	2	RX/OTC
MICROLIFE DIGITAL PEAK FLOW	2	RX/OTC
MINI WRIGHT PEAK FLOW METER	2	RX/OTC
PEAK A-I-R FLOW METER	2	RX/OTC
PEAK AIR PEAK FLOW METER	2	RX/OTC
PEAK FLOW METER UNIVERSAL RANG	2	RX/OTC
PERSONAL BEST FULL RANGE	2	RX/OTC
PIKO 1	2	RX/OTC
POCKET PEAK FLOW METER	2	RX/OTC
POCKETPEAK PEAK FLOW METER	2	RX/OTC
PURE COMFORT FLOW METER ADULT	2	RX/OTC
PURE COMFORT FLOW METER CHILD	2	RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC
TRUZONE PEAK FLOW METER	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
ergotamine w/ caffeine TABS	1	
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	2	PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	2	QL(0.27 ML daily); PA
ERGOMAR SUBL	SP	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	NF	QL(0.27 ML daily); PA
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
almotriptan malate	1	Limit 6 per month; QL(0.2 EA daily)
eletriptan hydrobromide	1	Limit 6 tabs per month; QL(0.2 EA daily)
FROVA *(frovatriptan succinate)*	NF	Limit 9 per month; QL(0.3 EA daily)
frovatriptan succinate	1	Limit 9 per month; QL(0.3 EA daily)
IMITREX 5 MG/ACT *(sumatriptan)*	NF	Limit 6 per month; QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX 20 MG/ACT *(sumatriptan)*	NF	Limit 6 sprayers per month; QL(2 EA daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	NF	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	PA
IMITREX TABS *(sumatriptan succinate)*	NF	Limit 9 per month; QL(2 EA daily)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NF	Limit 18 tabs per month; QL(0.6 EA daily)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NF	Limit 18 tabs per month; QL(0.6 EA daily)
naratriptan hcl	1	Limit 9 per month; QL(0.3 EA daily)
RELPAX *(eletriptan hydrobromide)*	NF	Limit 6 tabs per month; QL(0.2 EA daily)
rizatriptan benzoate TABS	1	Limit 18 tabs per month; QL(0.6 EA daily)
rizatriptan benzoate TBDP	1	Limit 18 tabs per month; QL(0.6 EA daily)
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
sumatriptan 5 MG/ACT	1	Limit 6 per month; QL(0.2 EA daily)
sumatriptan succinate SOAJ	1	PA

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate SOCT	1	PA
sumatriptan succinate SOLN 6 MG/0.5ML	SP	Limit 2mls per month; QL(0.07 ML daily); PA
sumatriptan succinate TABS	1	Limit 9 per month; QL(2 EA daily)
zolmitriptan SOLN	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
zolmitriptan TABS	1	Limit 6 per month; QL(0.2 EA daily)
zolmitriptan TBDP	1	Limit 6 tabs per month; QL(0.2 EA daily)
ZOMIG SOLN *(zolmitriptan)*	NF	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
FLORIVA	3	
sodium fluoride CHEW 1 MG	1	AL(Up to 6 yrs old)
sodium fluoride CHEW 0.25 MG, 0.5 MG	PV	AL(Up to 6 yrs old); PV
sodium fluoride SOLN 0.5 MG/ML	PV	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS	PV	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	PV	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL	1	RX/OTC
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	RX/OTC
K-PHOS TABS *(potassium phosphate monobasic)*	NF	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	RX/OTC
Potassium		
(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride) KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
KLOR-CON 10 TBCR 10 MEQ *(potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(potassium chloride)*	1	

Drug Name	Drug Tier	Requirements/ Limits
K-TAB TBCR 20 MEQ *(potassium chloride)*	NF	
potassium chloride microencapsulated crystals er	1	
potassium chloride CPCR	1	
potassium chloride PACK PO 20 MEQ	1	
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(penicillamine)*	SP	PA
DEPEN TITRATABS TABS *(penicillamine)*	SP	
penicillamine CAPS	SP	PA
penicillamine TABS	SP	
SYPRINE *(trientine hcl)*	SP	PA
trientine hcl	SP	PA
Immunomodulators		
lenalidomide	1	QL(1 EA daily); SP; AC; PA
REVLIMID	3	QL(1 EA daily); SP; AC; PA
THALOMID	SP	AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
ASTAGRAF XL CP24	3	ST
azathioprine TABS 50 MG	1	
azathioprine TABS 75 MG, 100 MG	2	
CELLCEPT CAPS *(mycophenolate mofetil)*	NF	
CELLCEPT SUSR *(mycophenolate mofetil)*	NF	
CELLCEPT TABS *(mycophenolate mofetil)*	NF	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	SP	
IMURAN TABS *(azathioprine)*	NF	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	1	
mycophenolate mofetil TABS	1	
mycophenolate sodium	2	
MYFORTIC *(mycophenolate sodium)*	NF	
MYHIBBIN SUSP	3	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NF	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NF	
PROGRAF CAPS *(tacrolimus)*	NF	
PROGRAF PACK	SP	PA
RAPAMUNE SOLN *(sirolimus)*	NF	
RAPAMUNE TABS *(sirolimus)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE CAPS *(cyclosporine)*	NF	
SANDIMMUNE SOLN PO 100 MG/ML	3	
sirolimus SOLN	2	
sirolimus TABS	2	
tacrolimus CAPS	2	
THYMOGLOBULIN	3	PA
ZORTRESS *(everolimus (immunosuppressant))*	SP	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1	
LOKELMA	3	QL(1 EA daily)
sodium polystyrene sulfonate POWD	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	SP	PA
BENLYSTA SOSY	SP	PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN *(nystatin (mouth-throat))*	NF	
nystatin (mouth-throat)	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
chlorhexidine gluconate (mouth-throat)	1	
PERIDEX *(chlorhexidine gluconate (mouth-throat))*	NF	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 EA daily)
EVOXAC *(cevimeline hcl)*	NF	QL(3 EA daily)
MUCOTROL WAFR	3	
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
SALAGEN 7.5 MG *(pilocarpine hcl (oral))*	NF	QL(4 EA daily)
SALAGEN 5 MG *(pilocarpine hcl (oral))*	NF	QL(6 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLORAFOL PEDIATRIC CHEW	2	RX/OTC
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.5 MG, 1 MG	2	RX/OTC
FLOTREX CHEW 0.25 MG	3	RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	3	RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	2	
MULTI-VIT-FLOR CHEW 0.25 MG	3	RX/OTC
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
pediatric multivitamins w/fl CHEW	1	RX/OTC
pediatric multivitamins w/fl SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR CHEW 0.25 MG	3	RX/OTC
POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
POLY-VI-FLOR SUSP	2	
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	RX/OTC
QUFLORA PEDIATRIC CHEW 0.25 MG	3	RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR SUSP 0.25 MG/ML	2	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
ATABEX EC TBEC	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL MEDLEY	3	
C-NATE DHA CAPS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DUET DHA 400 MISC	3	
FOLIVANE-OB	2	
MATRONEX TABS	2	RX/OTC
M-NATAL PLUS TABS	2	RX/OTC
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
NEONATAL 19	3	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC
NESTABS	3	
NESTABS DHA	2	
NESTABS ONE	3	
NIVA-PLUS TABS	2	RX/OTC
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC
PNV 27-CA/FE/FA TABS	2	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PRENA 1 TRUE	2	
PRENA1	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
PRENATAL-U CAPS	2	
PRENATE	3	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX TABS	2	RX/OTC
PRENATRYL TABS	2	RX/OTC
RELNATE DHA CAPS	3	
SELECT-OB+DHA MISC	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER TABS	2	RX/OTC
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA
baclofen TABS 10 MG	1	QL(6 EA daily)
baclofen TABS 15 MG	1	QL(3 EA daily)
baclofen TABS 5 MG	1	
baclofen TABS 20 MG	1	QL(4 EA daily)
carisoprodol TABS	1	
chlorzoxazone TABS	1	
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA
LIORESAL SOLN IT ***(baclofen)***	SP	Must use Accredo SP pharmacy; PA
LIORESAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
metaxalone 400 MG	1	
metaxalone 800 MG	2	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	
OZOBAX SOLN PO *(baclofen)*	NF	
SOMA TABS *(carisoprodol)*	NF	
tizanidine hcl CAPS	1	
tizanidine hcl TABS 2 MG	1	
tizanidine hcl TABS 4 MG	1	QL(9 EA daily)
ZANAFLEX CAPS *(tizanidine hcl)*	NF	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NF	QL(9 EA daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NF	
dantrolene sodium CAPS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	Limit 1 inhaler per month; QL(0.77 GM daily)
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NF	Limit 1 inhaler per month; QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 sprayer per month; QL(1.2 ML daily)
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
FLONASE ALLERGY REL CHILDRENS SUSP *(fluticasone propionate (nasal))*	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
mometasone furoate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	NF	
NASONEX 24HR SUSP *(mometasone furoate (nasal))*	NF	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
XHANCE EXHU	3	QL(1.07 ML daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	SP	PA
RADICAVA ORS SUSP	SP	PA
RELYVRIO	SP	PA
RILUTEK TABS *(riluzole)*	NF	
riluzole TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	SP	PA
NUTRIENTS		
Lipids		
DOJOLVI	SP	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	

Drug Name	Drug Tier	Requirements/ Limits
betaxolol hcl (ophth) SOLN	1	
BETIMOL *(timolol)*	NF	
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	
COMBIGAN *(brimonidine tartrate-timolol maleate)*	NF	
COSOPT *(dorzolamide hcl-timolol maleate)*	NF	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	NF	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
dorzolamide hcl-timolol maleate	1	
ISTALOL SOLN *(timolol maleate (ophth))*	NF	
levobunolol hcl 0.5 %	1	
timolol	1	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	2	
timolol maleate (ophth) SOLN	1	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NF	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
atropine sulfate (ophthalmic) OINT	1	
atropine sulfate (ophthalmic) SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL *(cyclopentolate hcl)*	NF	
CYCLOGYL	2	
CYCLOMYDRIL	3	
cyclopentolate hcl 1 %	1	
MYDRIACYL SOLN *(tropicamide)*	NF	
phenylephrine hcl (mydriatic) SOLN	1	
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	NF	
tropicamide SOLN	1	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	NF	
apraclonidine hcl	1	
brimonidine tartrate	1	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
bacitracin (ophthalmic)	2	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) SOLN	1	
KLARITY-A	2	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
levofloxacin (ophth) 1.5 %	2	
moxifloxacin hcl (ophth) SOLN OP	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX *(ofloxacin (ophth))*	NF	QL(5 ML per fill retail; 5 per fill mail)
ofloxacin (ophth)	1	QL(5 ML per fill retail; 5 per fill mail)
polymyxin b-trimethoprim	1	
POVIDONE-IODINE	3	
sulfacetamide sodium (ophth) OINT	1	
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	2	
trifluridine	1	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NF	
ZIRGAN GEL	3	
ZYMAXID *(gatifloxacin (ophth))*	NF	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS EMUL *(cyclosporine (ophth))*	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
ALCAINE *(proparacaine hcl)*	NF	
proparacaine hcl	2	
TETRACAINE HCL 0.5 %	3	
TETRACAINE HCL 0.5 % *(tetracaine hcl (ophth))*	NF	
tetracaine hcl (ophth)	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP *(loteprednol etabonate)*	NF	
bacitracin-poly-neomycin-hc	1	QL(4 GM per fill retail; 4 per fill mail)
dexamethasone sodium phosphate (ophth)	1	
difluprednate	1	
DUREZOL *(difluprednate)*	NF	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NF	
LOTEMAX GEL *(loteprednol etabonate)*	NF	
LOTEMAX OINT	3	
LOTEMAX SUSP *(loteprednol etabonate)*	NF	
loteprednol etabonate GEL	2	
loteprednol etabonate SUSP	2	
MAXIDEX SUSP OP	2	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NF	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NF	
neomycin-polymy-dexameth OINT	1	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	
neomycin-polymyxin-hc (ophth)	1	
PRED FORTE *(prednisolone acetate (ophth))*	NF	
PRED MILD	2	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily)
ACULAR *(ketorolac tromethamine (ophth))*	NF	
ACULAR LS *(ketorolac tromethamine (ophth))*	NF	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT *(brinzolamide)*	NF	Limit 10mls per month; QL(0.4 ML daily)
bepotastine besilate	1	QL(0.34 ML daily); ST
BEPREVE *(bepotastine besilate)*	NF	QL(0.34 ML daily); ST
brinzolamide	1	Limit 10mls per month; QL(0.4 ML daily)
bromfenac sodium (ophth) 0.07 %, 0.075 %	2	
bromfenac sodium (ophth) 0.09 %	1	
BROMSITE *(bromfenac sodium (ophth))*	NF	
cromolyn sodium (ophth)	1	
CYSTARAN	SP	
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	Limit 10mls per month; QL(0.34 ML daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.2 %	1	QL(0.09 ML daily); RX/OTC
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily)
PATADAY 0.1 % *(olopatadine hcl)*	NF	Limit 10mls per month; QL(0.34 ML daily)
PATADAY 0.2 % *(olopatadine hcl)*	NF	QL(0.09 ML daily); RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	NF	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
latanoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
latanoprost SOLN	1	QL(0.09 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
tafluprost	1	QL(1 EA daily)
TRAVATAN Z SOLN ***(travoprost)***	NF	Limit 2.5mls per month; QL(0.09 ML daily)
travoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN ***(latanoprost)***	NF	
XALATAN SOLN ***(latanoprost)***	NF	Limit 2.5mls per month; QL(0.09 ML daily)
ZIOPTAN ***(tafluprost)***	NF	QL(1 EA daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	
Otic Anti-infectives		
CETRAXAL ***(ciprofloxacin hcl (otic))***	NF	QL(14 EA per fill retail)
ciprofloxacin hcl (otic)	1	QL(14 EA per fill retail)
ofloxacin (otic)	1	
Otic Combinations		
CIPRO HC	3	
CIPRO HC 1 %-0.2 % ***(ciprofloxacin-hydrocortisone)***	NF	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	1	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC ***(fluocinolone acetonide (otic))***	NF	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate TABS	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMASTAN IM	SP	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin sodium IJ 1 GM, 125 MG	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
ampicillin CAPS 500 MG	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA
BICILLIN L-A SUSY	SP	PA
PENICILLIN G POT IN DEXTROSE	SP	PA
penicillin g potassium 5000000 UNIT, 20000000 UNIT	SP	PA
penicillin g sodium	SP	PA
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NF	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	NF	
BICILLIN C-R	SP	PA
BICILLIN C-R 900/300	SP	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IV 10 GM	SP	PA
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	SP	PA
oxacillin sodium IV 10 GM	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 10 MG	1	QL(1 EA daily)
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
megestrol acetate (appetite)	1	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 EA daily)
progesterone OIL	1	PA
PROMETRIUM CAPS *(progesterone)*	NF	QL(1 EA daily)
PROVERA 5 MG *(medroxyprogesterone acetate)*	NF	
PROVERA 10 MG *(medroxyprogesterone acetate)*	NF	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	PA
Antidementia Agents		
ARICEPT TABS *(donepezil hydrochloride)*	NF	QL(1 EA daily)
donepezil hydrochloride TABS	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
donepezil hydrochloride TBDP	1	QL(1 EA daily)
EXELON *(rivastigmine)*	NF	
galantamine hydrobromide CP24	1	QL(1 EA daily)
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl SOLN	1	
memantine hcl TABS	1	
memantine hcl TABS 5 MG	1	QL(4 EA daily)
memantine hcl TABS 10 MG	1	QL(2 EA daily)
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	NF	PA
NAMENDA TABS 5 MG *(memantine hcl)*	NF	QL(4 EA daily)
NAMENDA TABS 10 MG *(memantine hcl)*	NF	QL(2 EA daily)
NAMZARIC C4PK	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	2	
perphenazine-amitriptyline	1	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	NF	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA
SAVELLA TABS	3	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	SP	QL(1 EA daily); PA
AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 EA daily); PA
tetrabenazine	2	Specialty drug-Health Net will refer to SP Pharmacy; PA
XENAZINE *(tetrabenazine)*	NF	Specialty drug-Health Net will refer to SP Pharmacy; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)
AMPYRA *(dalfampridine)*	NF	PA
AUBAGIO *(teriflunomide)*	NF	QL(1 EA daily)
AVONEX PEN AJKT	SP	PA
AVONEX PREFILLED PSKT	SP	PA
BETASERON KIT	SP	PA
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	NF	QL(12 ML per 28 day(s) retail)
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	NF	QL(1 ML daily)
dalfampridine	2	PA
dimethyl fumarate CDPK	2	
dimethyl fumarate CPDR	2	QL(2 EA daily)
fingolimod hcl	2	QL(1 EA daily); SP
GILENYA *(fingolimod hcl)*	NF	QL(1 EA daily); SP

Drug Name	Drug Tier	Requirements/ Limits
glatiramer acetate SOSY 20 MG/ML	1	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
PLEGRIDY STARTER PACK SOAJ	SP	PA
PLEGRIDY STARTER PACK SOSY SC	SP	PA
PLEGRIDY SOAJ	SP	PA
PLEGRIDY SOSY SC	SP	PA
REBIF REBIDOSE TITRATION PACK SOAJ	SP	PA
REBIF REBIDOSE SOAJ	SP	PA
REBIF TITRATION PACK SOSY	SP	PA
REBIF SOSY	SP	PA
TECFIDERA CDPK *(dimethyl fumarate)*	NF	
TECFIDERA CPDR *(dimethyl fumarate)*	NF	QL(2 EA daily)
teriflunomide	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	2	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	SP	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
pimozide	1	
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 4 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 2 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR	PV	
APO-VARENICLINE TABS	PV	QL(2 EA daily); PV
bupropion hcl (smoking deterrent)	PV	PV
CHANTIX CONTINUING MONTH PAK TABS *(varenicline tartrate)*	PV	QL(2 EA daily); PV
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	PV	PV
CHANTIX TABS *(varenicline tartrate)*	PV	QL(2 EA daily); PV
NICODERM CQ PT24 TD 21 MG/24HR *(nicotine)*	PV	
NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR *(nicotine)*	PV	PV
NICORETTE MINI LOZG *(nicotine polacrilex)*	PV	PV
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	PV	PV
NICORETTE GUM *(nicotine polacrilex)*	PV	PV
NICORETTE LOZG *(nicotine polacrilex)*	PV	PV
nicotine polacrilex GUM	PV	PV
nicotine polacrilex LOZG	PV	PV
NICOTINE KIT	PV	PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV
nicotine PT24 TD 21 MG/24HR	PV	
NICOTROL NS SOLN	PV	PV
NICOTROL INHA	PV	PV
varenicline tartrate TABS	PV	QL(2 EA daily); PV
varenicline tartrate TBPK	PV	PV
Transthyretin Amyloidosis Agents		
TEGSEDI	SP	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	SP	PA
KALYDECO TABS	SP	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	SP	PA
ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ML daily); PA
SYMDEKO	SP	PA
TRIKAFTA TBPK 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA
TRIKAFTA TBPK 50 MG-25 MG	SP	PA
TRIKAFTA THPK	SP	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	SP	QL(3 EA daily); LA; PA
ESBRIET TABS *(pirfenidone)*	SP	QL(3 EA daily); LA; PA
OFEV	SP	QL(2 EA daily); PA
pirfenidone CAPS	SP	QL(3 EA daily); LA; PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone TABS 267 MG, 801 MG	SP	QL(3 EA daily); LA; PA
pirfenidone TABS 534 MG	SP	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS 150 MG	2	ST
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	2	
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 75 MG, 150 MG	1	ST
doxycycline (monohydrate) TABS 50 MG, 100 MG	1	
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 20 MG, 100 MG	1	
minocycline hcl CAPS	1	
minocycline hcl CP24	3	ST
minocycline hcl TABS 50 MG, 100 MG	1	
minocycline hcl TABS 75 MG	1	PA
TARGADOX TABS *(doxycycline hyclate)*	NF	
tetracycline hcl CAPS	1	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	NF	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	NF	
XIMINO CP24 *(minocycline hcl)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	
propylthiouracil	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
ADTHYZA TABS 16.25 MG, 97.5 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3	
ARMOUR THYROID TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 EA daily)
EVEXITHROID TABS 180 MG	2	
levothyroxine sodium CAPS	2	
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
liothyronine sodium TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
liothyronine sodium TABS 5 MCG	1	
NIVA THYROID TABS	1	
NP THYROID TABS	1	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG *(levothyroxine sodium)*	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	2	QL(1 EA daily)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	NF	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	PV	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	PV	
BOOSTRIX SUSP	PV	
BOOSTRIX SUSY	PV	
DAPTACEL	PV	
INFANRIX	PV	
KINRIX SUSY	PV	
PEDIARIX SUSY	PV	
PENTACEL	PV	
QUADRACEL SUSP	PV	
QUADRACEL SUSY	PV	
TDVAX SUSP	PV	
TENIVAC SUSP 2 LFU-5 LFU	PV	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	PV	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
ANASPAZ TBDP *(hyoscyamine sulfate)*	NF	
BELLADONNA ALKALOIDS-OPIUM	3	
chlordiazepoxide hcl-clidinium bromide	1	
CUVPOSA SOLN PO *(glycopyrrolate)*	NF	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	
dicyclomine hcl TABS	1	
GLYCATE TABS	3	
glycopyrrolate SOLN PO 1 MG/5ML	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
LEVBID TB12 *(hyoscyamine sulfate)*	NF	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	NF	
LEVSIN TABS *(hyoscyamine sulfate)*	NF	
LIBRAX *(chlordiazepoxide hcl-clidinium bromide)*	NF	
methscopolamine bromide	1	
ROBINUL-FORTE TABS *(glycopyrrolate)*	NF	
ROBINUL TABS *(glycopyrrolate)*	NF	
H-2 Antagonists		
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC
cimetidine hcl PO 300 MG/5ML	1	
cimetidine TABS 400 MG	1	QL(4 EA daily)
cimetidine TABS 300 MG, 800 MG	1	
famotidine SUSR	1	
famotidine TABS 20 MG	1	RX/OTC
famotidine TABS 40 MG	1	QL(2 EA daily)
nizatidine CAPS	1	
PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)*	NF	RX/OTC
PEPCID TABS 20 MG *(famotidine)*	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEPCID TABS 40 MG *(famotidine)*	NF	QL(2 EA daily)
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	NF	
CARAFATE TABS *(sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	1	
sucralfate TABS	1	QL(4 EA daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
ACIPHEX TBEC *(rabeprazole sodium)*	NF	QL(1 EA daily); PA
lansoprazole CPDR 15 MG	1	RX/OTC
lansoprazole CPDR 30 MG	1	QL(1 EA daily)
lansoprazole TBDD 30 MG	1	QL(1 EA daily); AL(Up to 12 yrs old)
lansoprazole TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
omeprazole magnesium CPDR	1	QL(1 EA daily)
omeprazole CPDR 10 MG	1	
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily)
pantoprazole sodium PACK	1	QL(1 EA daily)
pantoprazole sodium TBEC	1	QL(1 EA daily)
PREVACID 24HR CPDR *(lansoprazole)*	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREVACID SOLUTAB TBDD 30 MG *(lansoprazole)*	NF	QL(1 EA daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG *(lansoprazole)*	NF	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NF	QL(1 EA daily)
PRILOSEC PACK	3	PA
PROTONIX PACK *(pantoprazole sodium)*	NF	QL(1 EA daily)
PROTONIX TBEC *(pantoprazole sodium)*	NF	QL(1 EA daily)
RABEPRAZOLE SODIUM CPSP	3	PA
rabeprazole sodium TBEC	1	QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	NF	
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	2	
DETROL LA CP24 *(tolterodine tartrate)*	NF	QL(1 EA daily)
DETROL TABS *(tolterodine tartrate)*	NF	QL(2 EA daily)
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily)
oxybutynin chloride TB24	1	
solifenacin succinate TABS 10 MG	1	QL(1 EA daily)
solifenacin succinate TABS 5 MG	1	
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
TOVIAZ *(fesoterodine fumarate)*	NF	QL(1 EA daily)
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 EA daily)
VESICARE TABS 10 MG *(solifenacin succinate)*	NF	QL(1 EA daily)
VESICARE TABS 5 MG *(solifenacin succinate)*	NF	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	PV	
BEXSERO 0.5 ML	PV	
MENQUADFI 0.5 ML	PV	
MENVEO SOLR	PV	
PEDVAX HIB SUSP	PV	
PNEUMOVAX 23 SOLN	PV	
PNEUMOVAX 23 SOSY	PV	
PREVNAR 13	PV	
TRUMENBA 0.5 ML	PV	
Viral Vaccines		
AFLURIA PRESERVATIVE FREE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	PV	
COMIRNATY SUSP	PV	
COMIRNATY SUSY	PV	
ENGERIX-B SUSP 20 MCG/ML	PV	
ENGERIX-B SUSY	PV	
FLUAD	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	PV	
FLUARIX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUARIX SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUMIST QUADRIVALENT	PV	
FLUZONE HIGH-DOSE QUADRIVALENT	PV	
FLUZONE HIGH-DOSE SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
GARDASIL 9 SUSP 0.5 ML	PV	
GARDASIL 9 SUSY 0.5 ML	PV	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	PV	
HEPLISAV-B SOSY	PV	
M-M-R II SOLR	PV	
MNEXSPIKE SUSY 10 MCG/0.2ML	PV	
MODERNA COVID-19 BIVALENT	PV	
MODERNA COVID-19 VAC 6M-11Y SUSP	PV	
MODERNA COVID-19 VAC 6M-11Y SUSY	PV	
MODERNA COVID-19 VACCINE SUSP	PV	
MRESVIA	PV	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	PV	
NOVAVAX COVID-19 VACCINE SUSY	PV	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	PV	
PFIZER COVID-19 VAC BIVALENT	PV	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	PV	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	PV	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	PV	
PFIZER-BIONTECH COVID-19 VACC SUSP	PV	
PRIORIX SUSR	PV	
PROQUAD SUSR	PV	
RECOMBIVAX HB SUSP	PV	
RECOMBIVAX HB SUSY	PV	
ROTARIX SUSP	PV	
ROTATEQ SOLN	PV	
SHINGRIX	PV	AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	PV	
SPIKEVAX SUSP	PV	
SPIKEVAX SUSY	PV	
TWINRIX SUSY	PV	

Drug Name	Drug Tier	Requirements/ Limits
VAQTA	PV	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	PV	
VARIVAX SUSR	PV	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	PV	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NF	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	3	
GYNAZOLE-1	3	
metronidazole vaginal	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXX	PV	PV
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA *(estradiol vaginal)*	NF	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS *(estradiol vaginal)*	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST 100 MG *(progesterone (vaginal))*	NF	PA
progesterone (vaginal) INST 100 MG	1	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	2	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NF	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NF	Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	SP	PA
NORTHERA *(droxidopa)*	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS *(ergocalciferol)*	NF	
ergocalciferol CAPS	1	
phytonadione TABS 5 MG	2	

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