California

3 Tier Drug List

The 3 Tier 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 All previous versions are no longer in effect.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.

California Large Group members
Go to
Drug List - Use the "3 Tier" Formulary

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 **(800) 522-0088**

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. A committee of doctors and pharmacists who meet regularly to decide which drugs should be included on the drug list. The committee reviews new drugs, new 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)

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.

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

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 categorical or therapeutic categories. If you know what therapeutic category and class 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
phentermine hcl caps	1	PA

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

Brand Drug Example: MAVYRET (***glecaprevir-pibrentasvir***) TABS
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. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Drug Class	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 enrollee is required to pay shall not exceed two hundred 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 drugs.

Tier	*Description*
2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the 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 FDA 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. This Tier is only for benefits that cover self-injectables at a specified copay. Refer to your plan documents.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available and listed on the Drug List. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.

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 is not 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 $750 maximum for a three-month supply through mail order).

Abbreviation	*Definition*	*Description*
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 the following reasons: • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, 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	Preventive Health Drugs are Affordable Care Act (ACA) 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.
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.
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.
PV	Preventive Drug	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including 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.

Abbreviation	*Definition*	*Description*
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.

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 tier placement of a drug that results in an increase in cost sharing.
- Adding or changing utilization management procedures applicable to a drug.

If 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 are 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.

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME 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 covered 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 certain kinds of prescription drugs, you can use the contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. These are called maintenance drugs. Specialty drugs are not available through mail order.

For certain kinds of prescription drugs, you can use the 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 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.

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 insurer 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 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 health care provider 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.

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.

Step therapy exception is a decision to override an 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 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	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	7	QL(2 EA daily; 90 Day(s) limit)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	7	
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	1	
DESOXYN *(methamphetamine hcl)*	3	PA
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	7	
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	3	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily)
methamphetamine hcl	3	PA
Analeptics		
caffeine citrate SOLN PO	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS *(phentermine hcl)*	3	Check plan documents for coverage; PA
LOMAIRA TABS	3	Check plan documents for coverage; PA
phentermine hcl CAPS	3	Check plan documents for coverage; PA
phentermine hcl-topiramate	3	Check plan documents for coverage; QL(1 EA daily); PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG *(phentermine hcl-topiramate)*	3	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRAVE	3	Check plan documents for coverage; PA
orlistat	3	Check plan documents for coverage; PA
XENICAL *(orlistat)*	3	Check plan documents for coverage; PA
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)
guanfacine hcl (adhd)	1	QL(1 EA daily)
INTUNIV *(guanfacine hcl (adhd))*	7	QL(1 EA daily)
STRATTERA 60 MG, 80 MG, 100 MG *(atomoxetine hcl)*	7	QL(1 EA daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=Self-injectable 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
STRATTERA 10 MG, 18 MG, 25 MG *(atomoxetine hcl)*	7	QL(2 EA daily)
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	7	QL(1 EA daily)
armodafinil	1	ST; PA
DAYTRANA PTCH *(methylphenidate)*	3	QL(1 EA daily)
dexmethylphenidate hcl CP24	3	QL(1 EA daily)
dexmethylphenidate hcl TABS	1	QL(2 EA daily)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	3	QL(1 EA daily)
FOCALIN TABS *(dexmethylphenidate hcl)*	7	QL(2 EA daily)
METADATE CD CPCR *(methylphenidate hcl)*	7	QL(1 EA daily)
METHYLIN SOLN 10 MG/5ML *(methylphenidate hcl)*	3	
METHYLIN SOLN 5 MG/5ML *(methylphenidate hcl)*	7	
methylphenidate hcl CHEW	3	
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CP24 60 MG	3	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl CPCR	1	QL(1 EA daily)
methylphenidate hcl SOLN 5 MG/5ML	1	
methylphenidate hcl SOLN 10 MG/5ML	3	
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TABS 20 MG	1	QL(3 EA daily)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily)
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	1	QL(1 EA daily)
methylphenidate hcl TBCR 10 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	1	QL(2 EA daily)
methylphenidate hcl TBCR 20 MG	1	QL(1 EA daily; 90 Day(s) limit)
methylphenidate hcl TBCR 72 MG	3	QL(1 EA daily)
methylphenidate PTCH	3	QL(1 EA daily)
modafinil	3	QL(1 EA daily); ST
NUVIGIL *(armodafinil)*	7	ST; PA
PROVIGIL *(modafinil)*	3	QL(1 EA daily); ST
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
RITALIN LA CP24 *(methylphenidate hcl)*	7	QL(1 EA daily)
RITALIN TABS 20 MG *(methylphenidate hcl)*	7	QL(3 EA daily)
RITALIN TABS 5 MG, 10 MG *(methylphenidate hcl)*	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	3	PA
BETHKIS NEBU *(tobramycin)*	3	PA
HUMATIN	2	

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Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
neomycin sulfate TABS	1	
paromomycin sulfate	1	
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
tobramycin NEBU	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
tobramycin NEBU	3	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA
RINVOQ TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check Plan Documents for coverage; QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4664; QL(0.143 ML daily); PA
HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA
HUMIRA-PED>/=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA-PED>/=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
Gold Compounds		
AURANOFIN 3 MG	2	
RIDAURA	2	
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Flurbiprofen) LURBIPR TABS 100 MG	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
(Indomethacin) INDOCIN SUPP	3	

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Drug Name	Drug Tier	Requirements/ Limits
(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG	1	
ANAPROX DS TABS *(naproxen sodium)*	7	
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	3	
CELEBREX 400 MG *(celecoxib)*	7	QL(2 EA daily); PA
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	7	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)*	7	
diclofenac potassium TABS 50 MG	3	
diclofenac sodium TB24	3	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	3	
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	1	QL(2 EA daily)
FELDENE CAPS 10 MG *(piroxicam)*	7	
FELDENE CAPS 20 MG *(piroxicam)*	7	QL(1 EA daily)
fenoprofen calcium TABS	1	
FENOPRON CAPS	2	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
INDOCIN SUSP *(indomethacin)*	7	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	3	
indomethacin SUSP	1	
ketoprofen CAPS 50 MG	1	
ketoprofen CP24	3	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail; 20 EA per 30 day(s) retail)
LODINE TABS *(etodolac)*	7	
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	3	
meloxicam TABS 15 MG	1	QL(1 EA daily)
meloxicam TABS 7.5 MG	1	QL(2 EA daily)
nabumetone 750 MG	1	QL(3 EA daily)
nabumetone 500 MG	1	QL(4 EA daily)
NALFON TABS 600 MG	2	
NAPROSYN SUSP *(naproxen)*	7	
NAPROSYN TABS 500 MG *(naproxen)*	7	
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)
tolmetin sodium CAPS	1	
tolmetin sodium TABS 600 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TBPK	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG *(leflunomide)*	7	QL(2 EA daily)
ARAVA 20 MG *(leflunomide)*	7	QL(1 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	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
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	3	
butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	3	
butalbital-aspirin-caffeine CAPS	1	
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	7	
FIORICET CAPS *(butalbital-acetaminophen-caffeine)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
Salicylates		
(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, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, 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	5	Grand Fathered Plans at Tier 2; PV
(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, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	Grand Fathered Plans at Tier 2; PV
aspirin CHEW	5	Grand Fathered Plans at Tier 2; PV
aspirin TBEC 81 MG	5	Grand Fathered Plans at Tier 2; PV
diflunisal TABS	3	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG *(fentanyl citrate)*	7	ST; PA
ACTIQ LPOP 1600 MCG *(fentanyl citrate)*	7	ST; QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
codeine sulfate TABS	1	
DILAUDID LIQD *(hydromorphone hcl)*	7	
DILAUDID TABS *(hydromorphone hcl)*	7	
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	1	ST; PA
fentanyl citrate LPOP 1600 MCG	1	ST; 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)
hydrocodone bitartrate CP12	3	PA
hydrocodone bitartrate T24A	3	PA
hydromorphone hcl LIQD	1	
hydromorphone hcl TABS	1	
hydromorphone hcl TB24 32 MG	1	QL(2 EA daily)
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(4 EA daily)
HYSINGLA ER T24A	3	PA
levorphanol tartrate TABS 2 MG	3	ST; PA
levorphanol tartrate TABS 3 MG	3	PA
meperidine hcl SOLN PO 50 MG/5ML	1	
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)*	7	
METHADOSE CONC *(methadone hcl)*	7	
METHADOSE TBSO *(methadone hcl)*	2	
morphine sulfate beads	1	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, 20 MG/ML, 100 MG/5ML	1	
morphine sulfate SUPP	1	
morphine sulfate TABS	1	
morphine sulfate TBCR	1	QL(3 EA daily)
MS CONTIN TBCR *(morphine sulfate)*	7	QL(3 EA daily)
OXAYDO TABS 5 MG	2	
oxycodone hcl CAPS	1	
oxycodone hcl CONC 100 MG/5ML	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
oxycodone hcl TABS 30 MG	1	QL(4 EA daily)
oxymorphone hcl TABS 5 MG	3	
oxymorphone hcl TABS 10 MG	3	QL(8 EA daily)
oxymorphone hcl TB12	1	QL(2 EA daily)
ROXICODONE TABS 30 MG *(oxycodone hcl)*	7	QL(4 EA daily)
ROXICODONE TABS 15 MG *(oxycodone hcl)*	7	
tramadol hcl TABS 50 MG	1	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
tramadol hcl TABS 100 MG	1	
tramadol hcl TB24 200 MG	3	QL(1 EA daily)
tramadol hcl TB24	3	
tramadol hcl TB24 100 MG	3	QL(3 EA daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG	1	QL(4 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG	3	QL(4 EA daily)
acetaminophen w/ codeine SOLN	1	
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	
acetaminophen w/ codeine TABS 60 MG-300 MG	1	QL(6 EA daily)
butalbital-acetaminophen-caffeine w/ codeine	3	
butalbital-aspirin-caffeine w/cod	3	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	3	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	1	QL(6 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(240 EA per fill retail)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	1	
hydrocodone-ibuprofen 5 MG-200 MG	3	
hydrocodone-ibuprofen 7.5 MG-200 MG	1	
oxycodone w/ acetaminophen TABS 325 MG-7.5 MG	3	QL(4 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	3	
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG	1	QL(4 EA daily)
PERCOCET TABS 325 MG-10 MG *(oxycodone w/ acetaminophen)*	7	QL(4 EA daily)
PERCOCET TABS 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	3	QL(4 EA daily)
PERCOCET TABS 325 MG-5 MG *(oxycodone w/ acetaminophen)*	7	QL(6 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(oxycodone w/ acetaminophen)*	3	

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Drug Name	Drug Tier	Requirements/ Limits
tramadol-acetaminophen	3	QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
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	QL(3 EA daily)
buprenorphine hcl SUBL 2 MG	1	QL(3 EA daily)
buprenorphine hcl SUBL 8 MG	1	QL(4 EA daily)
buprenorphine PTWK	3	QL(4 EA per 28 day(s) retail)
butorphanol tartrate NA 10 MG/ML	3	Limit 7.5mls per month; QL(0.25 ML daily)
BUTRANS PTWK *(buprenorphine)*	3	QL(4 EA per 28 day(s) retail)
pentazocine w/ naloxone hcl	3	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	7	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	7	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
oxandrolone 2.5 MG	1	
oxandrolone 10 MG	1	QL(2 EA daily)
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
(Methyltestosterone) METHITEST TABS	3	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
ANDROGEL PUMP GEL TD *(testosterone)*	7	Limited to 300 gms per month; QL(10 GM daily)
danazol CAPS	1	
testosterone cypionate SOLN IM	1	QL(10 ML per fill retail)
testosterone enanthate SOLN IM	1	
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	Limited to 300 gms per month; QL(10 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	3	ST; PA
CORTENEMA *(hydrocortisone (intrarectal))*	7	QL(60 ML daily)
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ML daily)
UCERIS *(budesonide (intrarectal))*	3	ST; PA
Rectal Combinations		
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	

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Drug Name	Drug Tier	Requirements/ Limits
ANUSOL-HC EX *(hydrocortisone (rectal))*	7	
hydrocortisone (rectal) EX 2.5 %	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	3	
RECTIV *(nitroglycerin (intra-anal))*	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	3	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE *(praziquantel)*	7	
ivermectin	1	QL(5 EA per fill retail); PA
ivermectin	3	
praziquantel	1	
STROMECTOL *(ivermectin)*	7	QL(5 EA per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(4 EA daily)
ranolazine TB12 1000 MG	1	
Nitrates		
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	7	
isosorbide dinitrate TABS	1	
isosorbide mononitrate TABS	1	
ISOSORBIDE MONONITRATE TABS	2	
isosorbide mononitrate TB24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
NITRO-DUR PT24 *(nitroglycerin)*	7	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)*	7	
NITROSTAT SUBL *(nitroglycerin)*	7	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
VISTARIL CAPS *(hydroxyzine pamoate)*	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
alprazolam TABS	1	
alprazolam TBDP	3	
ATIVAN TABS *(lorazepam)*	7	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	

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Drug Name	Drug Tier	Requirements/ Limits
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 10 MG *(diazepam)*	7	QL(4 EA daily)
VALIUM TABS 2 MG, 5 MG *(diazepam)*	7	
XANAX TABS *(alprazolam)*	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	
NORPACE CR CP12	2	
NORPACE CAPS *(disopyramide phosphate)*	7	
quinidine gluconate TBCR	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 EA daily)
propafenone hcl TABS 150 MG	1	QL(6 EA daily)
RYTHMOL SR CP12 *(propafenone hcl)*	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl TABS	1	
dofetilide	1	
TIKOSYN *(dofetilide)*	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	
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 *(tiotropium bromide monohydrate)*	7	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
tiotropium bromide monohydrate CAPS	1	QL(1 EA daily)
Leukotriene Modulators		
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)*	7	QL(1 EA daily)
SINGULAIR PACK *(montelukast sodium)*	7	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR TABS *(montelukast sodium)*	7	QL(1 EA daily)
zileuton TB12	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	7	QL(1 EA daily)
roflumilast	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ML daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	1	QL(8 ML daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	1	QL(4 ML daily)
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	1	QL(8 EA daily)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	1	QL(20 EA daily)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	1	QL(40 EA daily)
fluticasone propionate hfa 44 MCG/ACT	1	Limit 2 inhalers per month; QL(0.36 GM daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
PULMICORT SUSP 0.25 MG/2ML *(budesonide (inhalation))*	7	QL(8 ML daily)
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	7	QL(2 ML daily)
PULMICORT SUSP 0.5 MG/2ML *(budesonide (inhalation))*	7	QL(4 ML daily)
QVAR REDIHALER 80 MCG/ACT	2	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)*	7	QL(2 EA daily)
albuterol sulfate AERS	1	QL(1.2 GM daily)
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)*	7	QL(2 EA daily)
arformoterol tartrate	1	QL(4 ML daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
BROVANA *(arformoterol tartrate)*	7	QL(4 ML daily)
budesonide-formoterol fumarate dihydrate	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)

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fluticasone furoate-vilanterol	1	QL(2 EA daily)
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)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)
formoterol fumarate NEBU	1	QL(4 ML daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	QL(0.5 GM daily)
PERFOROMIST NEBU *(formoterol fumarate)*	7	QL(4 ML daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
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)*	7	
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	1	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
theophylline ELIX	3	
theophylline SOLN	3	
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 TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG *(rivaroxaban)*	2	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
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)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ML daily)
FYCOMPA TABS 4 MG	3	QL(3 EA daily)
FYCOMPA TABS 2 MG	3	QL(6 EA daily)
FYCOMPA TABS 6 MG	3	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Benzodiazepines		
clobazam SUSP	3	
clobazam TABS 10 MG	3	QL(1 EA daily)
clobazam TABS 20 MG	3	QL(2 EA daily)
clonazepam TABS	1	
clonazepam TBDP	1	
DIASTAT ACUDIAL GEL 20 MG *(diazepam (anticonvulsant))*	3	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
diazepam (anticonvulsant) GEL 20 MG	3	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
KLONOPIN TABS *(clonazepam)*	7	
ONFI SUSP *(clobazam)*	3	
ONFI TABS 20 MG *(clobazam)*	3	QL(2 EA daily)
ONFI TABS 10 MG *(clobazam)*	3	QL(1 EA daily)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	ST
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	ST
(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)*	3	QL(1 EA daily); ST
BANZEL SUSP *(rufinamide)*	7	
BANZEL TABS 200 MG *(rufinamide)*	7	
BANZEL TABS 400 MG *(rufinamide)*	7	QL(8 EA daily)
BRIVIACT SOLN PO 10 MG/ML	3	ST; PA
BRIVIACT TABS 10 MG	3	ST; PA
BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
BRIVIACT TABS 100 MG	3	ST; QL(2 EA daily); PA
carbamazepine CHEW 100 MG	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 100 MG	1	
carbamazepine TB12 200 MG	1	QL(8 EA daily)
carbamazepine TB12 400 MG	1	QL(4 EA daily)
CARBATROL CP12 *(carbamazepine)*	7	
DIACOMIT CAPS 500 MG	3	QL(6 EA daily); PA
DIACOMIT CAPS 250 MG	3	QL(12 EA daily); PA
DIACOMIT PACK 250 MG	3	QL(12 EA daily); PA
DIACOMIT PACK 500 MG	3	QL(6 EA daily); PA
EPIDIOLEX	3	ST; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	3	QL(1 EA daily); ST
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
KEPPRA XR TB24 *(levetiracetam)*	7	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	7	
KEPPRA TABS 250 MG, 500 MG, 750 MG *(levetiracetam)*	7	QL(6 EA daily)
KEPPRA TABS 1000 MG *(levetiracetam)*	7	QL(3 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)*	3	ST; PA
LAMICTAL ODT TBDP *(lamotrigine)*	3	PA
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	7	ST
LAMICTAL XR KIT	3	ST; PA
LAMICTAL XR TB24 250 MG *(lamotrigine)*	3	Use Immediate Release Tabs; PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	3	Use Immediate Release Tabs; QL(2 EA daily); PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG *(lamotrigine)*	3	Use Immediate Release Tabs; QL(1 EA daily); PA
LAMICTAL CHEW *(lamotrigine)*	7	
LAMICTAL TABS *(lamotrigine)*	7	
lamotrigine CHEW	1	
lamotrigine KIT 25 MG	1	ST
lamotrigine KIT	3	ST; PA
lamotrigine TABS	1	
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	3	Use Immediate Release Tabs; QL(1 EA daily); PA
lamotrigine TB24 300 MG	3	Use Immediate Release Tabs; QL(2 EA daily); PA
lamotrigine TB24 250 MG	3	Use Immediate Release Tabs; PA
lamotrigine TBDP	3	PA
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	
levetiracetam TABS 250 MG, 500 MG, 750 MG	1	QL(6 EA daily)
levetiracetam TABS 1000 MG	1	QL(3 EA daily)
levetiracetam TB24	1	QL(4 EA daily)
LEVETIRACETAM TB3D	3	PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(pregabalin)*	7	QL(3 EA daily)
LYRICA CAPS 225 MG, 300 MG *(pregabalin)*	7	QL(2 EA daily)
LYRICA SOLN *(pregabalin)*	7	QL(30 ML daily)
MYSOLINE *(primidone)*	7	
NEURONTIN CAPS *(gabapentin)*	7	
NEURONTIN SOLN *(gabapentin)*	7	
NEURONTIN TABS *(gabapentin)*	7	
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	3	QL(4 EA daily); PA
oxcarbazepine TB24 150 MG, 300 MG	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR TB24 600 MG *(oxcarbazepine)*	3	QL(4 EA daily); PA
OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)*	3	PA
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 100 MG, 150 MG, 200 MG *(topiramate)*	3	QL(1 EA daily); PA
QUDEXY XR CS24 25 MG, 50 MG *(topiramate)*	3	QL(2 EA daily); PA
rufinamide SUSP	1	
rufinamide TABS 200 MG	1	
rufinamide TABS 400 MG	1	QL(8 EA daily)
SPRITAM TB3D	3	PA
SPRITAM TB3D	3	PA
TEGRETOL SUSP *(carbamazepine)*	7	
TEGRETOL TABS *(carbamazepine)*	7	
TEGRETOL-XR TB12 200 MG *(carbamazepine)*	7	QL(8 EA daily)
TEGRETOL-XR TB12 100 MG *(carbamazepine)*	7	
TEGRETOL-XR TB12 400 MG *(carbamazepine)*	7	QL(4 EA daily)
TOPAMAX SPRINKLE CPSP *(topiramate)*	7	
TOPAMAX TABS 50 MG *(topiramate)*	7	QL(8 EA daily)
TOPAMAX TABS 25 MG *(topiramate)*	7	
TOPAMAX TABS 200 MG *(topiramate)*	7	QL(2 EA daily)
TOPAMAX TABS 100 MG *(topiramate)*	7	QL(4 EA daily)
topiramate CP24 25 MG	3	ST; PA
topiramate CP24 200 MG	3	QL(2 EA daily); PA
topiramate CP24 50 MG, 100 MG	3	PA
topiramate CPSP 15 MG, 25 MG	1	
topiramate CS24 100 MG, 150 MG, 200 MG	3	QL(1 EA daily); PA
topiramate CS24 25 MG, 50 MG	3	QL(2 EA daily); PA
topiramate TABS 50 MG	1	QL(8 EA daily)
topiramate TABS 200 MG	1	QL(2 EA daily)
topiramate TABS 100 MG	1	QL(4 EA daily)
topiramate TABS 25 MG	1	
TRILEPTAL SUSP *(oxcarbazepine)*	7	QL(40 ML daily)
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	7	QL(4 EA daily)
TRILEPTAL TABS 300 MG *(oxcarbazepine)*	7	QL(8 EA daily)
TRILEPTAL TABS 150 MG *(oxcarbazepine)*	7	
TROKENDI XR CP24 50 MG, 100 MG *(topiramate)*	3	PA
TROKENDI XR CP24 25 MG *(topiramate)*	3	ST; PA
TROKENDI XR CP24 200 MG *(topiramate)*	3	QL(2 EA daily); PA
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	7	QL(40 ML daily)
VIMPAT TABS *(lacosamide)*	7	QL(2 EA daily)
ZONEGRAN CAPS 25 MG *(zonisamide)*	7	
ZONEGRAN CAPS 100 MG *(zonisamide)*	7	QL(6 EA daily)
zonisamide CAPS 100 MG	1	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
zonisamide CAPS 25 MG, 50 MG	1	
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
FELBATOL SUSP ***(felbamate)***	7	
FELBATOL TABS ***(felbamate)***	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	1	
GABITRIL ***(tiagabine hcl)***	3	
SABRIL PACK ***(vigabatrin)***	7	QL(6 EA daily)
SABRIL TABS ***(vigabatrin)***	7	
tiagabine hcl	3	
vigabatrin PACK	1	QL(6 EA daily)
vigabatrin TABS	1	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
DILANTIN ***(phenytoin sodium extended)***	7	
DILANTIN INFATABS CHEW ***(phenytoin)***	7	
DILANTIN-125 SUSP ***(phenytoin)***	7	
DILANTIN SUSP ***(phenytoin)***	7	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
CELONTIN ***(methsuximide)***	7	
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
ZARONTIN CAPS ***(ethosuximide)***	7	
ZARONTIN SOLN ***(ethosuximide)***	7	
Valproic Acid		
DEPAKOTE ER TB24 ***(divalproex sodium)***	7	
DEPAKOTE SPRINKLES CSDR ***(divalproex sodium)***	7	
DEPAKOTE TBEC ***(divalproex sodium)***	7	
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)***	7	
REMERON TABS 15 MG, 30 MG ***(mirtazapine)***	7	
Antidepressants - Misc.		
bupropion hcl TABS	1	
bupropion hcl TB12	1	

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bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
bupropion hcl TB24 450 MG	3	QL(1 EA daily); ST
FORFIVO XL TB24 *(bupropion hcl)*	3	QL(1 EA daily); ST
WELLBUTRIN SR TB12 *(bupropion hcl)*	7	
WELLBUTRIN XL TB24 *(bupropion hcl)*	7	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
NARDIL *(phenelzine sulfate)*	7	
PARNATE *(tranylcypromine sulfate)*	7	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	3	PA
SPRAVATO (84 MG DOSE)	3	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	7	QL(1 EA daily)
citalopram hydrobromide SOLN	3	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	3	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 60 MG	3	QL(1 EA daily); ST
fluoxetine hcl TABS 20 MG	1	QL(1 EA daily)
fluoxetine hcl TABS 10 MG	1	
FLUOXETINE HCL TABS *(fluoxetine hcl)*	3	QL(1 EA daily); ST
fluvoxamine maleate CP24 150 MG	1	
fluvoxamine maleate CP24 100 MG	1	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
LEXAPRO TABS 10 MG, 20 MG *(escitalopram oxalate)*	7	QL(1 EA daily)
LEXAPRO TABS 5 MG *(escitalopram oxalate)*	7	QL(2 EA daily)
paroxetine hcl SUSP	1	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
PAXIL CR TB24 *(paroxetine hcl)*	7	
PAXIL SUSP *(paroxetine hcl)*	7	
PAXIL TABS *(paroxetine hcl)*	7	
PROZAC CAPS 10 MG, 20 MG *(fluoxetine hcl)*	7	
PROZAC CAPS 40 MG *(fluoxetine hcl)*	7	QL(1 EA daily)
sertraline hcl CONC	1	
sertraline hcl TABS	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT CONC *(sertraline hcl)*	7	
ZOLOFT TABS *(sertraline hcl)*	7	QL(2 EA daily)
Serotonin Modulators		
nefazodone hcl	3	
trazodone hcl TABS	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS 10 MG, 40 MG *(vilazodone hcl)*	7	
VIIBRYD TABS 20 MG *(vilazodone hcl)*	7	QL(2 EA daily)
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)*	7	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 37.5 MG, 75 MG *(venlafaxine hcl)*	7	QL(1 EA daily)
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	7	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)*	7	QL(1 EA daily)
venlafaxine hcl CP24 150 MG	1	QL(2 EA daily)
venlafaxine hcl CP24 37.5 MG, 75 MG	1	QL(1 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)*	7	
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS 10 MG, 25 MG	1	
imipramine hcl TABS 50 MG	1	QL(4 EA daily)
imipramine pamoate	3	
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	7	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
PAMELOR CAPS *(nortriptyline hcl)*	7	
protriptyline hcl	3	
trimipramine maleate CAPS	3	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	3	
Antidiabetic Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	7	
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	1	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	1	QL(2 EA daily)
DUETACT *(pioglitazone hcl-glimepiride)*	7	
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	1	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 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Biguanides		
metformin hcl SOLN	1	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	
metformin hcl TB24 500 MG, 750 MG	1	
RIOMET SOLN *(metformin hcl)*	7	
Diabetic Other		
diazoxide	3	
GLUCAGON EMERGENCY	2	
PROGLYCEM *(diazoxide)*	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate 25 MG	1	QL(1 EA daily)
alogliptin benzoate 6.25 MG, 12.5 MG	1	
JANUVIA	2	QL(1 EA daily)
saxagliptin hcl	1	QL(1 EA daily)
Incretin Mimetic Agents		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (2 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
RYBELSUS TABS	2	Check plan documents for coverage. Not available through mail order; PA

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Drug Name	Drug Tier	Requirements/ Limits
TRULICITY	4	Check plan documents for coverage. Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; 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	Limit 24mls per Month; 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	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)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 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	QL(40 ML per fill retail; 40 ML per 30 day(s) retail)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS 15 MG *(pioglitazone hcl)*	7	
ACTOS 30 MG, 45 MG *(pioglitazone hcl)*	7	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		

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Drug Name	Drug Tier	Requirements/ Limits
dapagliflozin propanediol	1	QL(1 EA daily)
FARXIGA	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL *(glimepiride)*	7	
glimepiride 1 MG, 2 MG, 4 MG	1	
glipizide TABS	1	
glipizide TB24	1	
GLUCOTROL XL TB24 *(glipizide)*	7	
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	
glyburide TABS	1	
GLYNASE *(glyburide micronized)*	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
LOMOTIL TABS *(diphenoxylate w/ atropine)*	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	3	PA
deferasirox TABS	1	PA
deferiprone TABS 500 MG	3	
FERRIPROX SOLN	3	Not available through mail order
FERRIPROX TABS 500 MG *(deferiprone)*	3	
JADENU SPRINKLE PACK *(deferasirox)*	3	PA
JADENU TABS *(deferasirox)*	7	PA
Antidotes and Specific Antagonists		
VISTOGARD	3	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL LIQD	3	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
naloxone hcl LIQD	3	QL(4 EA per 30 day(s) retail); RX/OTC
naltrexone hcl	1	
NARCAN LIQD *(naloxone hcl)*	3	QL(4 EA per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 EA per fill retail); PA
granisetron hcl TABS	3	ST; Limit 2 tablets per day; QL(2 EA daily); PA
ondansetron hcl SOLN PO 4 MG/5ML	1	Limit 50mls per prescription; QL(1.67 ML daily; 50 ML per fill retail)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(20 EA per fill retail)
ondansetron TBDP 4 MG, 8 MG	1	QL(20 EA per fill retail)
Antiemetics - Anticholinergic		

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Drug Name	Drug Tier	Requirements/ Limits
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
ANTIVERT CHEW *(meclizine hcl)*	7	RX/OTC
meclizine hcl CHEW	1	RX/OTC
scopolamine	3	
TRANSDERM-SCOP *(scopolamine)*	3	
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
DICLEGIS TBEC *(doxylamine-pyridoxine)*	3	QL(4 EA daily)
doxylamine-pyridoxine TBEC	3	QL(4 EA daily)
dronabinol CAPS 5 MG	3	PA
dronabinol CAPS 2.5 MG	3	ST; PA
dronabinol CAPS 10 MG	3	PA
MARINOL CAPS 2.5 MG *(dronabinol)*	3	ST; PA
MARINOL CAPS 10 MG *(dronabinol)*	3	PA
MARINOL CAPS 5 MG *(dronabinol)*	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
aprepitant CAPS 80 MG, 125 MG	3	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
aprepitant CAPS 40 MG	3	QL(2 EA per 30 day(s) retail)
aprepitant MISC	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
EMEND BIPACK CAPS 80 MG *(aprepitant)*	3	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
EMEND TRIPACK CAPS *(aprepitant)*	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON *(flucytosine)*	3	
flucytosine	3	
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)*	7	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG *(fluconazole)*	7	
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	ST; PA
itraconazole SOLN	1	PA
ketoconazole	1	

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Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL SUSP *(posaconazole)*	3	
NOXAFIL TBEC *(posaconazole)*	3	
posaconazole SUSP	3	
posaconazole TBEC	3	
SPORANOX CAPS *(itraconazole)*	7	ST; PA
SPORANOX SOLN *(itraconazole)*	7	PA
TOLSURA CAPS	3	PA
VFEND SUSR *(voriconazole)*	7	
VFEND TABS *(voriconazole)*	7	QL(2 EA daily)
voriconazole SUSR	1	
voriconazole TABS	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	3	
CARBINOXAMINE MALEATE TABS	3	
clemastine fumarate SYRP	1	
clemastine fumarate TABS 2.68 MG	1	
RYVENT TABS	3	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
promethazine hcl SUPP 12.5 MG, 25 MG	1	
promethazine hcl TABS 50 MG	1	QL(3 EA daily)
promethazine hcl TABS 25 MG	1	QL(6 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)*	7	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	PA
LOVAZA *(omega-3-acid ethyl esters)*	7	QL(4 EA daily)
omega-3-acid ethyl esters	1	QL(4 EA daily)
VASCEPA *(icosapent ethyl)*	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE POWD	1	
cholestyramine light POWD	1	
cholestyramine POWD	1	
colesevelam hcl PACK	1	QL(1 EA daily)
colesevelam hcl TABS	1	QL(7 EA daily)
COLESTID FLAVORED GRAN *(colestipol hcl)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
COLESTID GRAN *(colestipol hcl)*	7	
COLESTID TABS *(colestipol hcl)*	7	
colestipol hcl GRAN	1	
colestipol hcl TABS	1	
QUESTRAN LIGHT POWD *(cholestyramine light)*	7	
QUESTRAN POWD *(cholestyramine)*	7	
WELCHOL PACK *(colesevelam hcl)*	7	QL(1 EA daily)
WELCHOL TABS *(colesevelam hcl)*	7	QL(7 EA daily)
Fibric Acid Derivatives		
ANTARA 90 MG *(fenofibrate micronized)*	3	
choline fenofibrate 135 MG	1	QL(1 EA daily)
choline fenofibrate 45 MG	1	
fenofibrate micronized 130 MG, 200 MG	1	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 134 MG	1	
fenofibrate micronized 90 MG	3	
fenofibrate CAPS	3	
fenofibrate TABS 145 MG, 160 MG	1	QL(1 EA daily)
fenofibrate TABS 48 MG	1	
fenofibrate TABS 54 MG	1	QL(2 EA daily)
fenofibric acid	3	
FIBRICOR *(fenofibric acid)*	3	
gemfibrozil TABS	1	
LIPOFEN CAPS *(fenofibrate)*	3	
LOPID TABS *(gemfibrozil)*	7	
TRICOR TABS 145 MG *(fenofibrate)*	7	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TRICOR TABS 48 MG *(fenofibrate)*	7	
TRILIPIX 45 MG *(choline fenofibrate)*	7	
TRILIPIX 135 MG *(choline fenofibrate)*	7	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 EA daily)
CRESTOR TABS *(rosuvastatin calcium)*	7	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)*	7	QL(1 EA daily)
LIPITOR TABS *(atorvastatin calcium)*	7	QL(1 EA daily)
lovastatin TABS 40 MG	5	$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
lovastatin TABS 10 MG, 20 MG	5	$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
pravastatin sodium 10 MG, 20 MG, 80 MG	1	QL(1 EA daily)
pravastatin sodium 40 MG	1	QL(2 EA daily)
rosuvastatin calcium TABS	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
simvastatin TABS	1	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG ***(simvastatin)***	7	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
ZETIA ***(ezetimibe)***	7	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 30 MG	3	PA
JUXTAPID 10 MG, 20 MG	3	PA
JUXTAPID 5 MG	3	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
niacin (antihyperlipidemic) TABS	3	
niacin (antihyperlipidemic) TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL ***(quinapril hcl)***	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG ***(ramipril)***	7	QL(2 EA daily)
benazepril hcl	1	
captopril	1	
enalapril maleate TABS	1	QL(2 EA daily)
fosinopril sodium	1	
lisinopril TABS 40 MG	1	QL(2 EA daily)
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
LOTENSIN 10 MG, 20 MG, 40 MG ***(benazepril hcl)***	7	
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)***	7	QL(2 EA daily)
ZESTRIL TABS 40 MG ***(lisinopril)***	7	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ***(lisinopril)***	7	
Agents for Pheochromocytoma		
DEMSER ***(metyrosine)***	3	
DIBENZYLINE ***(phenoxybenzamine hcl)***	7	Not available through mail
metyrosine	3	
phenoxybenzamine hcl	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 32 MG ***(candesartan cilexetil)***	7	QL(1 EA daily)
ATACAND 4 MG, 8 MG, 16 MG ***(candesartan cilexetil)***	7	
AVAPRO 150 MG, 300 MG ***(irbesartan)***	7	
BENICAR 40 MG ***(olmesartan medoxomil)***	7	QL(1 EA daily)
BENICAR 5 MG, 20 MG ***(olmesartan medoxomil)***	7	
candesartan cilexetil 4 MG, 8 MG, 16 MG	1	
candesartan cilexetil 32 MG	1	QL(1 EA daily)
COZAAR ***(losartan potassium)***	7	

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Drug Name	Drug Tier	Requirements/ Limits
DIOVAN TABS 40 MG, 80 MG, 320 MG *(valsartan)*	7	
DIOVAN TABS 160 MG *(valsartan)*	7	QL(2 EA daily)
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)
irbesartan	1	
losartan potassium	1	
MICARDIS 80 MG *(telmisartan)*	7	QL(1 EA daily)
MICARDIS 20 MG, 40 MG *(telmisartan)*	7	
olmesartan medoxomil 40 MG	1	QL(1 EA daily)
olmesartan medoxomil 5 MG, 20 MG	1	
telmisartan 20 MG, 40 MG	1	
telmisartan 80 MG	1	QL(1 EA daily)
valsartan TABS 160 MG	1	QL(2 EA daily)
valsartan TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	7	
clonidine hcl TABS	1	
clonidine TB24	3	ST
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	
MINIPRESS CAPS *(prazosin hcl)*	7	
NEXICLON XR TB24 *(clonidine)*	3	ST
prazosin hcl CAPS	1	
terazosin hcl 10 MG	1	QL(2 EA daily)
terazosin hcl 1 MG, 2 MG, 5 MG	1	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	7	
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-160 MG	1	QL(1 EA daily)
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
amlodipine-valsartan-hydrochlorothiazide	1	
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	7	
atenolol & chlorthalidone	1	
AVALIDE *(irbesartan-hydrochlorothiazide)*	7	
benazepril & hydrochlorothiazide	1	
BENICAR HCT 12.5 MG-20 MG *(olmesartan medoxomil-hydrochlorothiazide)*	7	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG *(olmesartan medoxomil-hydrochlorothiazide)*	7	QL(1 EA daily)
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements/ Limits
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG *(valsartan-hydrochlorothiazide)*	7	
DIOVAN HCT 25 MG-160 MG *(valsartan-hydrochlorothiazide)*	7	QL(1 EA daily)
EDARBYCLOR	3	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide	1	
EXFORGE 10 MG-160 MG *(amlodipine besylate-valsartan)*	7	QL(1 EA daily)
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG *(amlodipine besylate-valsartan)*	7	
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	7	
fosinopril sodium & hydrochlorothiazide	1	
HYZAAR *(losartan potassium & hydrochlorothiazide)*	7	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
losartan potassium & hydrochlorothiazide	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	7	

Drug Name	Drug Tier	Requirements/ Limits
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	7	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS	1	
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	7	
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	
TEKTURNA HCT	3	ST
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
TENORETIC 100 *(atenolol & chlorthalidone)*	7	
TENORETIC 50 *(atenolol & chlorthalidone)*	7	
trandolapril-verapamil hcl	3	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	7	ST
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	7	
ZESTORETIC 25 MG-20 MG *(lisinopril & hydrochlorothiazide)*	7	QL(2 EA daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(lisinopril & hydrochlorothiazide)*	7	
ZIAC *(bisoprolol & hydrochlorothiazide)*	7	
Antihypertensives - Misc.		
VECAMYL	3	
Direct Renin Inhibitors		
aliskiren fumarate	3	
TEKTURNA *(aliskiren fumarate)*	3	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
INSPRA *(eplerenone)*	7	
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)*	7	
metronidazole CAPS	1	
metronidazole TABS 250 MG, 500 MG	1	
NEBUPENT IN *(pentamidine isethionate)*	7	
pentamidine isethionate IN	1	
tinidazole	3	ST; PA
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)*	7	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	7	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS *(nitazoxanide)*	3	
atovaquone	1	
LAMPIT	3	AC; PA
MEPRON *(atovaquone)*	7	
nitazoxanide TABS	3	
Glycopeptides		
VANCOCIN CAPS *(vancomycin hcl)*	7	QL(2 EA daily)
vancomycin hcl CAPS	1	QL(2 EA daily)
Leprostatics		
dapsone 100 MG	1	QL(4 EA daily)
dapsone 25 MG	1	
Lincosamides		

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Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN *(clindamycin palmitate hydrochloride)*	3	
CLEOCIN *(clindamycin hcl)*	7	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	3	
Oxazolidinones		
linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
linezolid TABS	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
ZYVOX SUSR *(linezolid)*	7	QL(210 ML per 90 day(s) retail)
ZYVOX TABS *(linezolid)*	7	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
fosfomycin tromethamine	3	
HIPREX *(methenamine hippurate)*	3	
MACROBID *(nitrofurantoin monohyd macro)*	7	
MACRODANTIN *(nitrofurantoin macrocrystal)*	7	
methenamine hippurate	3	
methenamine mandelate	1	
MONUROL *(fosfomycin tromethamine)*	3	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	3	
COARTEM	2	QL(0.8 EA daily)
MALARONE *(atovaquone-proguanil hcl)*	3	
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)
primaquine phosphate TABS	1	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	7	
QUALAQUIN CAPS *(quinine sulfate)*	3	QL(2 EA daily); PA
quinine sulfate CAPS 324 MG	3	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA
MESTINON SOLN PO *(pyridostigmine bromide)*	3	PA
MESTINON TABS *(pyridostigmine bromide)*	7	
MESTINON TBCR *(pyridostigmine bromide)*	7	
pyridostigmine bromide SOLN PO	3	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

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Drug Name	Drug Tier	Requirements/ Limits
cycloserine	3	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	7	
MYCOBUTIN *(rifabutin)*	7	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
rifampin CAPS	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(melphalan)*	7	AC
cyclophosphamide CAPS	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC
LEUKERAN	2	AC
melphalan	1	AC
MYLERAN TABS	2	AC
temozolomide CAPS	1	AC
Antimetabolites		
capecitabine 150 MG	1	AC
capecitabine 500 MG	1	AC
mercaptopurine SUSP 2000 MG/100ML	3	AL(Up to 13 yrs old); AC
mercaptopurine TABS	1	AC
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	3	AC; PA
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	3	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	2	AC; PA
XELODA 500 MG *(capecitabine)*	7	AC
XELODA 150 MG *(capecitabine)*	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (20 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 EA daily); AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 EA daily); AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
gefitinib	1	PA; AC; AC
GILOTRIF	2	PA; AC; AC; PA
IRESSA ***(gefitinib)***	7	PA; AC; AC
TAGRISSO	2	SP; AC; PA
TARCEVA ***(erlotinib hcl)***	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
VIZIMPRO	2	PA; AC ; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	PA
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
abiraterone acetate	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
anastrozole	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC

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Drug Name	Drug Tier	Requirements/ Limits
ARIMIDEX *(anastrozole)*	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC
AROMASIN *(exemestane)*	5	Grand Fathered Plans at Tier 2; PV; AC
bicalutamide	1	QL(1 EA daily); AC
CASODEX *(bicalutamide)*	7	QL(1 EA daily); AC
EMCYT	2	AC
ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
exemestane	5	Grand Fathered Plans at Tier 2; PV; AC
FARESTON *(toremifene citrate)*	7	AC
FEMARA *(letrozole)*	7	AC
letrozole	1	AC
LUPRON DEPOT (1-MONTH) KIT IM	2	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)*	7	AC
nilutamide	1	AC
NUBEQA	3	SP; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV
tamoxifen citrate TABS	5	Grand Fathered Plans at Tier 2; PV; AC
toremifene citrate	1	AC
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	3	AC; PA
ZYTIGA *(abiraterone acetate)*	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 EA daily); SP; PA
AYVAKIT 25 MG, 50 MG	3	QL(1 EA daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	AC; PA
XPOVIO (80 MG TWICE WEEKLY)	3	PA; AC; PA
Antineoplastic Combinations		
INQOVI	3	PA; AC; PA
KISQALI FEMARA (200 MG DOSE)	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
KISQALI FEMARA (600 MG DOSE)	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
LONSURF	2	PA; AC; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	3	QL(1 EA daily); SP; AC; PA
AFINITOR DISPERZ TBSO ***(everolimus)***	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 EA daily); AC; PA
AFINITOR TABS ***(everolimus)***	3	QL(1 EA daily); SP; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	2	PA; AC; AC; PA
ALUNBRIG TBPK	2	PA; AC; AC; PA
BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRUKINSA	3	PA; AC; AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 EA daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 EA daily); AC; PA
CALQUENCE	3	QL(2 EA daily); AC; PA
CAPRELSA	2	PA; AC; AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
COPIKTRA	3	PA; AC; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
dasatinib	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
everolimus TABS	3	QL(1 EA daily); SP; AC; PA
everolimus TBSO	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 EA daily); AC; PA
IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG 10 MG, 30 MG	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
IDHIFA	3	PA; AC; AC; PA
imatinib mesylate TABS 100 MG	1	QL(3 EA daily); AC; PA
imatinib mesylate TABS 400 MG	1	QL(2 EA daily); AC; PA
IMBRUVICA CAPS 140 MG	2	QL(3 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; AC; PA
IMBRUVICA SUSP	2	QL(8 ML daily); SP; AC; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; AC; PA
INREBIC	3	PA; AC; AC; PA
JAKAFI	2	PA; AC; QL(2 EA daily); AC; PA
KISQALI (200 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
KISQALI (400 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
KISQALI (600 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
KOSELUGO	2	PA; AC; PA
lapatinib ditosylate	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LUMAKRAS 320 MG	3	QL(3 EA daily); PA
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA TABS	2	QL(4 EA daily); SP; AC; PA
MEKINIST TABS	2	PA; AC; AC; PA
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR *(sorafenib tosylate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 EA daily); AC; PA
pazopanib hcl	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY (200 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
PIQRAY (250 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
PIQRAY (300 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
QINLOCK	3	PA; AC Refer to PantheRx; AC; PA
RETEVMO CAPS	3	PA; AC; AC; PA
RUBRACA	2	PA; AC; AC; PA
RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
sorafenib tosylate	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SPRYCEL *(dasatinib)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
sunitinib malate 25 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
SUTENT 25 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	3	PA
TIBSOVO	3	PA; AC; PA
TYKERB *(lapatinib ditosylate)*	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
VERZENIO	3	QL(2 EA daily); AC; PA
VITRAKVI CAPS	2	PA; AC; PA
VITRAKVI SOLN	2	PA; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VOTRIENT *(pazopanib hcl)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
XOSPATA	2	PA; AC; PA
ZEJULA CAPS	2	PA; AC; AC; PA
ZEJULA TABS	2	PA
ZELBORAF	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZOLINZA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZYDELIG	2	PA; AC; AC; PA
ZYKADIA TABS	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
Antineoplastics Misc.		
bexarotene	1	SP; AC; PA
HYDREA *(hydroxyurea)*	7	AC; AC
hydroxyurea	1	AC; AC
MATULANE	2	AC; AC
TARGRETIN *(bexarotene)*	7	SP; AC; PA
tretinoin (chemotherapy)	1	AC; AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	1	AC
mesna TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC

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Drug Name	Drug Tier	Requirements/ Limits
MESNEX TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC
Mitotic Inhibitors		
etoposide CAPS	1	AC; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	3	
LODOSYN *(carbidopa)*	3	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	7	
entacapone	1	
TASMAR *(tolcapone)*	3	
tolcapone	3	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	3	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 EA daily)
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBDP	3	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
KYNMOBI FILM	3	PA
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG *(pramipexole dihydrochloride)*	3	
MIRAPEX ER TB24 3 MG *(pramipexole dihydrochloride)*	3	QL(1 EA daily)
NEUPRO	3	
PARLODEL CAPS *(bromocriptine mesylate)*	7	
PARLODEL TABS *(bromocriptine mesylate)*	7	
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 EA daily)
pramipexole dihydrochloride TABS 1 MG	1	QL(4 EA daily)
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TB24 3 MG	3	QL(1 EA daily)
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
ropinirole hydrochloride TB24 12 MG	1	QL(2 EA daily)
RYTARY CPCR	3	QL(10 EA daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	7	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	7	
rasagiline mesylate	1	
selegiline hcl CAPS	1	QL(2 EA daily)
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)*	7	
Antipsychotics - Misc.		
GEODON 60 MG, 80 MG *(ziprasidone hcl)*	7	QL(2 EA daily)
GEODON 20 MG, 40 MG *(ziprasidone hcl)*	7	
LATUDA *(lurasidone hcl)*	7	
lurasidone hcl	1	
NUPLAZID CAPS	3	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	3	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
ziprasidone hcl 60 MG, 80 MG	1	QL(2 EA daily)
ziprasidone hcl 20 MG, 40 MG	1	
Benzisoxazoles		
INVEGA *(paliperidone)*	3	
paliperidone	3	
RISPERDAL SOLN *(risperidone)*	7	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG *(risperidone)*	7	
RISPERDAL TABS 3 MG *(risperidone)*	7	QL(2 EA daily)
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	3	
clozapine TABS	1	
clozapine TBDP 12.5 MG, 25 MG, 100 MG, 150 MG	3	
CLOZARIL TABS *(clozapine)*	7	
loxapine succinate	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	3	
quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 EA daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TABS 200 MG	1	QL(4 EA daily)
quetiapine fumarate TB24	3	
SAPHRIS *(asenapine maleate)*	3	
SEROQUEL XR TB24 *(quetiapine fumarate)*	3	
SEROQUEL TABS 25 MG, 50 MG, 100 MG *(quetiapine fumarate)*	7	
SEROQUEL TABS 200 MG *(quetiapine fumarate)*	7	QL(4 EA daily)
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	7	QL(2 EA daily)
VERSACLOZ SUSP	3	QL(18 ML daily)
ZYPREXA ZYDIS TBDP *(olanzapine)*	3	
ZYPREXA TABS 15 MG, 20 MG *(olanzapine)*	7	QL(1 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG *(olanzapine)*	7	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
chlorpromazine hcl TABS	1	
fluphenazine hcl CONC	3	
fluphenazine hcl ELIX	1	
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)*	7	QL(1 EA daily)
ABILIFY TABS 15 MG *(aripiprazole)*	7	QL(2 EA daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG *(aripiprazole)*	7	
aripiprazole SOLN PO	1	
aripiprazole TABS 15 MG	1	QL(2 EA daily)
aripiprazole TABS 20 MG	1	QL(1 EA daily)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate SOLN	1	
abacavir sulfate TABS	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY 200 MG-50 MG-25 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR *(lamivudine-zidovudine)*	7	
COMPLERA	2	
darunavir TABS	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO	2	
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-tenofovir disoproxil fumarate 200 MG-300 MG	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	7	
EMTRIVA SOLN	2	
EPIVIR SOLN *(lamivudine)*	7	

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR TABS *(lamivudine)*	7	
EPZICOM *(abacavir sulfate-lamivudine)*	7	
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE *(etravirine)*	7	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN	2	
KALETRA TABS *(lopinavir-ritonavir)*	7	
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
LEXIVA SUSP	2	
LEXIVA TABS *(fosamprenavir calcium)*	7	
lopinavir-ritonavir SOLN	1	
lopinavir-ritonavir TABS	1	
maraviroc TABS	1	
nevirapine SUSP	1	
nevirapine TABS	1	
nevirapine TB24	1	
NORVIR CAPS	2	
NORVIR PACK	2	
NORVIR TABS *(ritonavir)*	7	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 75 MG, 150 MG	2	
PREZISTA TABS *(darunavir)*	7	
RETROVIR CAPS *(zidovudine)*	7	
RETROVIR SYRP *(zidovudine)*	7	
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	7	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	3	
SELZENTRY SOLN	2	
SELZENTRY TABS 25 MG, 75 MG	2	
SELZENTRY TABS *(maraviroc)*	7	
stavudine CAPS	1	
STRIBILD	2	
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	7	
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	7	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRIZIVIR	2	
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)*	7	QL(1 EA daily)
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS *(tenofovir disoproxil fumarate)*	7	
ZIAGEN SOLN *(abacavir sulfate)*	7	
ZIAGEN TABS *(abacavir sulfate)*	7	
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR *(valganciclovir hcl)*	7	QL(21 ML daily)
VALCYTE TABS *(valganciclovir hcl)*	7	
valganciclovir hcl SOLR	1	QL(21 ML daily)
valganciclovir hcl TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
Hepatitis Agents		
adefovir dipivoxil	1	
BARACLUDE TABS *(entecavir)*	7	
entecavir TABS	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
lamivudine (hbv) TABS	3	
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
VEMLIDY	3	ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS PO 400 MG	1	
acyclovir TABS PO 800 MG	1	QL(5 EA daily)
famciclovir	1	
SITAVIG TABS BU	3	PA
valacyclovir hcl 500 MG	1	QL(8 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
VALTREX 500 MG *(valacyclovir hcl)*	7	QL(8 EA daily)
VALTREX 1 GM *(valacyclovir hcl)*	7	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
rimantadine hydrochloride TABS	3	
TAMIFLU CAPS *(oseltamivir phosphate)*	7	QL(10 EA per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	7	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
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 3.125 MG *(carvedilol)*	7	QL(2 EA daily)
COREG 6.25 MG, 12.5 MG, 25 MG *(carvedilol)*	7	
COREG CR *(carvedilol phosphate)*	7	
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
bisoprolol fumarate	1	QL(1 EA daily)
BYSTOLIC *(nebivolol hcl)*	7	
LOPRESSOR TABS *(metoprolol tartrate)*	7	
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
TENORMIN TABS *(atenolol)*	7	
TOPROL XL TB24 *(metoprolol succinate)*	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF *(sotalol hcl (afib/afl))*	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	7	
CORGARD TABS 20 MG, 40 MG *(nadolol)*	7	
HEMANGEOL SOLN PO	3	PA
INDERAL LA CP24 *(propranolol hcl)*	7	
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	
timolol maleate TABS 20 MG	1	QL(60 EA per fill retail)
timolol maleate TABS 5 MG	1	QL(2 EA daily; 60 EA per fill retail)
timolol maleate TABS 10 MG	1	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	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 5 MG, 10 MG	1	QL(1 EA daily)
amlodipine besylate TABS 2.5 MG	1	QL(2 EA daily)
CALAN SR TBCR 180 MG, 240 MG *(verapamil hcl)*	7	QL(2 EA daily)
CALAN SR TBCR 120 MG *(verapamil hcl)*	7	
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	7	QL(1 EA daily)
CARDIZEM LA TB24 *(diltiazem hcl)*	7	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	7	
diltiazem hcl coated beads CP24	1	QL(1 EA daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	3	
nicardipine hcl CAPS	3	
nifedipine CAPS	1	
nifedipine TB24 30 MG, 60 MG	1	
nifedipine TB24	1	QL(1 EA daily)
nimodipine CAPS	1	
nimodipine SOLN	3	
nisoldipine	1	
NORVASC TABS 2.5 MG *(amlodipine besylate)*	7	QL(2 EA daily)
NORVASC TABS 5 MG, 10 MG *(amlodipine besylate)*	7	QL(1 EA daily)
PROCARDIA XL TB24 *(nifedipine)*	7	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	7	
TIAZAC *(diltiazem hcl extended release beads)*	7	
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	7	
verapamil hcl CP24 180 MG	1	QL(2 EA daily)
verapamil hcl CP24 360 MG	1	QL(1 EA daily)
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)*	7	
VERELAN CP24 180 MG *(verapamil hcl)*	7	QL(2 EA daily)
VERELAN CP24 360 MG *(verapamil hcl)*	7	QL(1 EA daily)
VERELAN CP24 120 MG, 240 MG *(verapamil hcl)*	7	
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 62.5 MCG, 125 MCG, 250 MCG *(digoxin)*	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	3	PA
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	3	PA
ENTRESTO TABS	3	QL(2 EA daily); PA
isosorbide dinitrate-hydralazine hcl	1	
Impotence Agents		
CIALIS 2.5 MG *(tadalafil)*	3	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
CIALIS 5 MG, 10 MG, 20 MG *(tadalafil)*	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	3	Not available through Mail Order; QL(0.2 EA daily); PA
sildenafil citrate	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
tadalafil 5 MG, 10 MG, 20 MG	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
tadalafil 2.5 MG	3	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
VIAGRA *(sildenafil citrate)*	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM TBCR 5 MG	3	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
TYVASO DPI INSTITUTIONAL KIT POWD	3	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 EA daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(7 EA daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 EA daily); PA
TYVASO REFILL KIT SOLN IN	3	PA
TYVASO STARTER KIT SOLN IN	3	PA
TYVASO SOLN IN	3	PA
VENTAVIS IN	3	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
bosentan TABS 62.5 MG	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
bosentan TABS 125 MG	1	ST
LETAIRIS *(ambrisentan)*	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
OPSUMIT	3	ST; PA
TRACLEER TABS 125 MG *(bosentan)*	7	ST
TRACLEER TABS 62.5 MG *(bosentan)*	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TBSO	2	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); PA
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	7	QL(2 EA daily); PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	3	PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	3	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SUSR	3	PA
sildenafil citrate (pulmonary hypertension) TABS	3	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	1	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	3	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 EA daily); PA
UPTRAVI TABS 200 MCG	3	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
ivabradine hcl TABS	2	
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 EA daily); PA
VYNDAQEL	3	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cephalexin CAPS 750 MG	3	
cephalexin CAPS 250 MG, 500 MG	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	1	
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	
SUPRAX CAPS *(cefixime)*	7	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
SUPRAX SUSR 200 MG/5ML *(cefixime)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
CHEMICALS		
Bulk Chemicals - C's		
CALCITRIOL	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	Grand Fathered Plans at Tier 2; PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; 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	5	Grand Fathered Plans at Tier 2; 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	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits
(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	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	Grand Fathered Plans at Tier 2; 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	5	Grand Fathered Plans at Tier 2; 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	5	Grand Fathered Plans at Tier 2; PV

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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 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; 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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/ Limits
(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), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2; 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), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	5	Grand Fathered Plans at Tier 2; PV
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	5	Grand Fathered Plans at Tier 2; PV
desogestrel-ethinyl estradiol (biphasic)	5	Grand Fathered Plans at Tier 2; PV
drospirenone-ethinyl estradiol	5	Grand Fathered Plans at Tier 2; PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	Grand Fathered Plans at Tier 2; PV
ethynodiol diacet & eth estrad	5	Grand Fathered Plans at Tier 2; PV
GENERESS FE *(norethindrone & ethinyl estradiol-fe)*	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel & eth estradiol TABS	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel-eth estradiol (triphasic)	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel-ethinyl estradiol (continuous)	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel-ethinyl estradiol-iron	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV
norethin acet & estrad-fe CAPS	5	Grand Fathered Plans at Tier 2; PV
norethin acet & estrad-fe CHEW	5	Grand Fathered Plans at Tier 2; PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
norethindrone & ethinyl estradiol-fe	5	Grand Fathered Plans at Tier 2; PV
norethindrone acet & eth estra TABS	5	Grand Fathered Plans at Tier 2; PV
norethindrone acetate-ethinyl estradiol-fe	5	Grand Fathered Plans at Tier 2; PV
norgestimate-ethinyl estradiol	5	Grand Fathered Plans at Tier 2; PV
norgestimate-ethinyl estradiol (triphasic)	5	Grand Fathered Plans at Tier 2; PV
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	5	Grand Fathered Plans at Tier 2; PV
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	5	Grand Fathered Plans at Tier 2; PV
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	5	Grand Fathered Plans at Tier 2; PV
TAYTULLA CAPS *(norethin acet & estrad-fe)*	5	Grand Fathered Plans at Tier 2; PV
TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
YASMIN 28 *(drospirenone-ethinyl estradiol)*	5	Grand Fathered Plans at Tier 2; PV
YAZ *(drospirenone-ethinyl estradiol)*	5	Grand Fathered Plans at Tier 2; PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
norelgestromin-ethinyl estradiol	5	Grand Fathered Plans at Tier 2; PV
TWIRLA	5	Grand Fathered Plans at Tier 2; PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
etonogestrel-ethinyl estradiol	5	Grand Fathered Plans at Tier 2; PV
NUVARING *(etonogestrel-ethinyl estradiol)*	5	Grand Fathered Plans at Tier 2; PV
Emergency Contraceptives		

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Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	Grand Fathered Plans at Tier 2; PV
ELLA	5	Grand Fathered Plans at Tier 2; PV
levonorgestrel (emergency oc) 1.5 MG	5	Grand Fathered Plans at Tier 2; PV
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	5	Grand Fathered Plans at Tier 2; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	Grand Fathered Plans at Tier 2; PV
norethindrone (contraceptive)	5	Grand Fathered Plans at Tier 2; PV
OPILL	5	Grandfather Plans at Tier 2; PV
SLYND	5	Grand Fathered Plans at Tier 2; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	1	QL(3 EA daily)
budesonide TB24	3	PA
CORTEF TABS *(hydrocortisone)*	7	
deflazacort SUSP	3	PA
deflazacort TABS	3	PA
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
EMFLAZA SUSP *(deflazacort)*	3	PA
EMFLAZA TABS *(deflazacort)*	3	PA
hydrocortisone TABS	1	
MEDROL TABS 4 MG, 8 MG, 16 MG *(methylprednisolone)*	7	
MEDROL TABS	2	
MEDROL TBPK *(methylprednisolone)*	7	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
ORAPRED ODT TBDP *(prednisolone sodium phosphate)*	3	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	7	
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 20 MG/5ML	1	
prednisolone sodium phosphate TBDP	3	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
prednisone TABS	1	
prednisone TBPK	1	
prednisone TBPK	3	
UCERIS TB24 *(budesonide)*	3	PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate 100 MG, 200 MG	1	
benzonatate 150 MG	3	
HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)*	7	
hydrocodone bitartrate-homatropine methylbromide SOLN	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-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
BIO-DTUSS DMX LIQD	3	
CODITUSSIN AC LIQD	3	
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	Limit 10mls per day; QL(10 ML daily); AL(At least 6 yrs old)
MAR-COF CG EXPECTORANT LIQD	3	
M-CLEAR WC SOLN	3	
NINJACOF-XG LIQD	3	
promethazine & phenylephrine SYRP	1	QL(30 ML daily)
promethazine w/codeine SOLN	1	QL(30 ML daily)
promethazine w/codeine SYRP	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	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU	3	
HYPERSAL NEBU *(sodium chloride (inhalant))*	3	
NEBUSAL NEBU	3	

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Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 0.9 %, 3 %	1	
sodium chloride (inhalant) NEBU 7 %	3	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	3	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	3	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	
(Tretinoin) AVITA GEL 0.025 %	1	
ABSORICA 10 MG, 25 MG *(isotretinoin)*	7	QL(4 EA daily; 150 Day(s) limit)
ABSORICA 20 MG *(isotretinoin)*	7	QL(5 EA daily; 150 Day(s) limit)
ABSORICA 35 MG, 40 MG *(isotretinoin)*	7	QL(2 EA daily; 150 Day(s) limit)
ABSORICA 30 MG *(isotretinoin)*	7	QL(3 EA daily; 150 Day(s) limit)
ACZONE 5 % *(dapsone (topical))*	3	ST; PA
ACZONE 7.5 % *(dapsone (topical))*	3	ST; QL(2 GM daily); PA
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	3	ST; Limit 45gms per month; QL(1.5 GM daily); PA
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 GM daily)
adapalene CREA	1	QL(45 GM per fill retail)
adapalene GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)
ATRALIN GEL *(tretinoin)*	3	Limit 45gms per month; QL(1.5 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	7	QL(2 GM daily)
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	7	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	7	
clindamycin phosphate (topical) FOAM	3	
clindamycin phosphate (topical) GEL	1	
clindamycin phosphate (topical) LOTN	1	
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate (topical) SWAB	3	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	3	
clindamycin phosphate-tretinoin	3	QL(1 GM daily)
dapsone (topical) 5 %	3	ST; PA
dapsone (topical) 7.5 %	3	ST; QL(2 GM daily); PA
DIFFERIN CREA *(adapalene)*	7	QL(45 GM per fill retail)
DIFFERIN GEL 0.3 % *(adapalene)*	7	QL(45 GM per fill retail; 135 per fill mail)
DIFFERIN GEL 0.1 % *(adapalene)*	7	QL(45 GM per fill retail); RX/OTC
DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	3	ST; Limit 45gms per month; QL(1.5 GM daily); PA
EPIDUO GEL *(adapalene-benzoyl peroxide)*	7	Limit 45gms per month; QL(1.5 GM daily)
ERYGEL GEL *(erythromycin (acne aid))*	7	
erythromycin (acne aid) GEL	1	
erythromycin (acne aid) SOLN	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
isotretinoin 30 MG	1	QL(3 EA daily; 150 Day(s) limit)
isotretinoin 10 MG, 25 MG	1	QL(4 EA daily; 150 Day(s) limit)
isotretinoin 20 MG	1	QL(5 EA daily; 150 Day(s) limit)
isotretinoin 35 MG, 40 MG	1	QL(2 EA daily; 150 Day(s) limit)
KLARON *(sulfacetamide sodium (acne))*	7	
PLEXION CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	3	
PLEXION CREA *(sulfacetamide sodium w/ sulfur)*	3	
PLEXION LOTN *(sulfacetamide sodium w/ sulfur)*	3	
RETIN-A MICRO *(tretinoin microsphere)*	7	Limit 50gms per month; QL(1.7 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO PUMP 0.08 % *(tretinoin microsphere)*	3	ST; Limit 50gms per month; QL(1.7 GM daily); PA
RETIN-A MICRO PUMP 0.04 %, 0.1 % *(tretinoin microsphere)*	7	Limit 50gms per month; QL(1.7 GM daily)
RETIN-A CREA *(tretinoin)*	7	
RETIN-A GEL *(tretinoin)*	7	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	3	
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	3	
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	3	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(30 GM per fill retail)
SULFACETAMIDE-SULFUR IN UREA EMUL	3	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
tretinoin microsphere 0.08 %	3	ST; Limit 50gms per month; QL(1.7 GM daily); PA
tretinoin microsphere 0.04 %, 0.1 %	1	Limit 50gms per month; QL(1.7 GM daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.05 %	3	Limit 45gms per month; QL(1.5 GM daily)
tretinoin GEL 0.01 %, 0.025 %	1	
VELTIN *(clindamycin phosphate-tretinoin)*	3	QL(1 GM daily)
ZIANA *(clindamycin phosphate-tretinoin)*	3	QL(1 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
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	3	
(Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTRIMAZOLE SOLN	1	RX/OTC
(Ketoconazole (Topical)) KETODAN FOAM	3	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	1	
ciclopirox SHAM	3	
ciclopirox SOLN	3	
clotrimazole (topical) SOLN	1	RX/OTC
clotrimazole w/ betamethasone CREA	1	QL(45 GM per fill retail; 45 GM per 30 day(s) retail)
clotrimazole w/ betamethasone LOTN	1	QL(60 ML per fill retail; 60 ML per 30 day(s) retail)
econazole nitrate CREA	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 GM daily)
ERTACZO	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
EXODERM	3	
ketoconazole (topical) CREA	1	QL(2 GM daily)
ketoconazole (topical) FOAM	3	
ketoconazole (topical) SHAM 2 %	1	
LOPROX SHAM *(ciclopirox)*	3	
LOPROX SUSP *(ciclopirox olamine)*	7	
luliconazole	3	
LUZU *(luliconazole)*	3	
naftifine hcl CREA	3	
naftifine hcl GEL 2 %	3	
NAFTIN GEL *(naftifine hcl)*	3	
NAFTIN GEL	3	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	Limit 30gms per month; QL(1 GM daily)
nystatin-triamcinolone OINT	1	Limit 30gms per month; QL(1 GM daily)
oxiconazole nitrate CREA	3	
OXISTAT CREA *(oxiconazole nitrate)*	3	
OXISTAT LOTN	3	
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 2 %	3	QL(4 GM daily); PA
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(5 ML daily)
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	3	QL(4 GM daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	1	SP; PA
CARAC CREA *(fluorouracil (topical))*	2	QL(1 GM daily)
diclofenac sodium (actinic keratoses) EX	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
EFUDEX CREA *(fluorouracil (topical))*	7	
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
TARGRETIN *(bexarotene (topical))*	7	SP; PA
VALCHLOR	3	ST; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	QL(3 GM daily)
PRUDOXIN *(doxepin hcl (antipruritic))*	3	QL(3 GM daily)
ZONALON *(doxepin hcl (antipruritic))*	3	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
acitretin 25 MG	3	QL(2 EA daily)
acitretin 10 MG	3	QL(1 EA daily)
acitretin 17.5 MG	3	
calcipotriene CREA	1	QL(5 GM daily)
calcipotriene FOAM	3	QL(4 GM daily)
CALCIPOTRIENE FOAM	3	QL(4 GM daily)
calcipotriene OINT	1	QL(5 GM daily)
calcipotriene SOLN	1	
COSENTYX (300 MG DOSE) SOSY	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ML daily); PA
DOVONEX CREA *(calcipotriene)*	7	QL(5 GM daily)
methoxsalen rapid	1	
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
SORILUX FOAM	3	QL(4 GM daily)
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA
tazarotene CREA	1	QL(1 GM daily)
tazarotene GEL	1	QL(1 GM daily)
TAZORAC CREA *(tazarotene)*	7	QL(1 GM daily)
TAZORAC GEL *(tazarotene)*	7	QL(1 GM daily)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
USTEKINUMAB SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA
USTEKINUMAB SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA
USTEKINUMAB SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
Antivirals - Topical		
acyclovir topical CREA	3	Limit 5gms per month; QL(0.17 GM daily); PA
acyclovir topical OINT	1	QL(1 GM daily)
ZOVIRAX CREA *(acyclovir topical)*	3	Limit 5gms per month; QL(0.17 GM daily); PA
ZOVIRAX OINT *(acyclovir topical)*	7	QL(1 GM daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
SILVADENE *(silver sulfadiazine)*	7	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	3	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	3	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	3	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide CREA	1	
amcinonide LOTN	3	
amcinonide OINT	3	
APEXICON E CREA	2	
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	3	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	3	QL(2 GM daily); ST
calcipotriene-betamethasone dipropionate SUSP	3	QL(2 GM daily); ST
CAPEX SHAM	2	
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	3	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	3	
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	3	
clobetasol propionate LOTN	3	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	
CLOBEX SPRAY LIQD *(clobetasol propionate)*	3	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	3	
CLOBEX SHAM *(clobetasol propionate)*	7	
clocortolone pivalate	3	
CLODERM *(clocortolone pivalate)*	3	
CORDRAN CREA *(flurandrenolide)*	3	
CORDRAN LOTN *(flurandrenolide)*	3	PA
CORDRAN TAPE	3	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	7	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	7	
desonide CREA	1	

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Drug Name	Drug Tier	Requirements/ Limits
desonide GEL	3	
desonide LOTN	1	
desonide OINT	1	
DESOWEN CREA *(desonide)*	7	
desoximetasone CREA	1	
desoximetasone GEL	1	
desoximetasone LIQD	3	PA
desoximetasone OINT 0.25 %	1	
desoximetasone OINT 0.05 %	3	
diflorasone diacetate CREA	1	
diflorasone diacetate OINT	1	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	7	
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	3	
flurandrenolide LOTN	3	PA
flurandrenolide OINT	3	PA
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	3	
fluticasone propionate OINT	1	
halcinonide SOLN 0.1 %	3	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
HALOG SOLN	3	
hydrocortisone (topical) CREA 2.5 %	1	
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	
hydrocortisone (topical) SOLN 2.5 %	3	
hydrocortisone butyrate hydrophilic lipo base	3	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate LOTN	3	PA
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	3	
hydrocortisone valerate CREA	3	
hydrocortisone valerate OINT	3	
KENALOG AERS *(triamcinolone acetonide (topical))*	7	
LOCOID LIPOCREAM	3	
LOCOID LOTN *(hydrocortisone butyrate)*	3	PA
LUXIQ FOAM *(betamethasone valerate)*	3	
mometasone furoate CREA	1	

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Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
NUCORT LOTN	3	
OLUX-E *(clobetasol propionate emulsion)*	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
SYNALAR CREA *(fluocinolone acetonide)*	7	
SYNALAR OINT *(fluocinolone acetonide)*	7	
SYNALAR SOLN *(fluocinolone acetonide)*	7	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	3	QL(2 GM daily); ST
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	3	QL(2 GM daily); ST
TOPICORT SPRAY LIQD *(desoximetasone)*	3	PA
TOPICORT CREA *(desoximetasone)*	7	
TOPICORT GEL *(desoximetasone)*	7	
TOPICORT OINT 0.05 % *(desoximetasone)*	3	
TOPICORT OINT 0.25 % *(desoximetasone)*	7	
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	
TRIDESILON CREA 0.05 % *(desonide)*	7	
ULTRAVATE LOTN	3	ST; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	3	QL(60 GM per fill retail)
pimecrolimus	3	QL(60 GM per fill retail)
PROTOPIC OINT 0.1 % *(tacrolimus (topical))*	7	QL(2 GM daily); AL(At least 15 yrs old)
PROTOPIC OINT 0.03 % *(tacrolimus (topical))*	7	QL(2 GM daily); AL(At least 2 yrs old)
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	
CONDYLOX GEL *(podofilox)*	7	
PODOCON-25 SOLN	3	
podofilox GEL	1	
podofilox SOLN	1	
salicylic acid SHAM 6 %	1	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
lidocaine-prilocaine CREA	3	
lidocaine PTCH 5 %	1	QL(3 EA daily)
LIDODERM PTCH *(lidocaine)*	7	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	
brimonidine tartrate (topical)	3	ST; PA
doxycycline (rosacea)	3	ST; QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL *(azelaic acid)*	7	
ivermectin (rosacea)	3	QL(1.5 GM daily); PA
METROCREAM CREA *(metronidazole (topical))*	7	
METROGEL GEL 1 % *(metronidazole (topical))*	7	
METROLOTION LOTN *(metronidazole (topical))*	7	QL(60 ML per fill retail)
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 0.75 %	1	QL(45 GM per fill retail)
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) LOTN	1	QL(60 ML per fill retail)
MIRVASO *(brimonidine tartrate (topical))*	3	ST; PA
ORACEA *(doxycycline (rosacea))*	3	ST; QL(1 EA daily); PA
RHOFADE	3	ST; PA
SOOLANTRA *(ivermectin (rosacea))*	3	QL(1.5 GM daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	3	
ELIMITE CREA *(permethrin)*	7	QL(60 GM per fill retail)
ivermectin (pediculicide)	3	
malathion	3	
NATROBA *(spinosad)*	3	AL(At least 4 yrs old)
OVIDE *(malathion)*	3	
permethrin CREA	1	QL(60 GM per fill retail)
SKLICE *(ivermectin (pediculicide))*	3	
spinosad	3	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(15 GM per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
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		
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	7	
amiloride & hydrochlorothiazide	1	
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	7	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	7	QL(1 EA daily)
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)*	7	
EDECRIN *(ethacrynic acid)*	3	ST
ethacrynic acid	3	ST
furosemide SOLN PO 10 MG/ML	1	
furosemide SOLN PO 8 MG/ML	3	
furosemide TABS	1	
LASIX TABS *(furosemide)*	7	
SOAANZ TABS 20 MG *(torsemide)*	7	
torsemide TABS 100 MG	1	QL(2 EA daily)
torsemide TABS 5 MG, 10 MG, 20 MG	1	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	7	
amiloride hcl TABS	1	
DYRENIUM CAPS *(triamterene)*	3	
spironolactone TABS	1	
triamterene CAPS	3	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
hydrochlorothiazide CAPS	1	
hydrochlorothiazide TABS 25 MG, 50 MG	1	
hydrochlorothiazide TABS 12.5 MG	3	
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)*	3	QL(0.04 EA daily)
ACTONEL TABS 35 MG *(risedronate sodium)*	3	QL(0.15 EA daily)
alendronate sodium SOLN	3	
alendronate sodium TABS 35 MG, 70 MG	1	QL(0.15 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
calcitonin (salmon) NA	1	
FOSAMAX TABS 70 MG *(alendronate sodium)*	7	QL(0.15 EA daily)
ibandronate sodium TABS	1	QL(0.04 EA daily)
risedronate sodium TABS 35 MG	3	QL(0.15 EA daily)
risedronate sodium TABS 150 MG	3	QL(0.04 EA daily)
risedronate sodium TABS 5 MG, 30 MG	3	QL(1 EA daily)
Fertility Regulators		

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Drug Name	Drug Tier	Requirements/ Limits
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
clomiphene citrate TABS	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
EVISTA ***(raloxifene hcl)***	5	Grand Fathered Plans at Tier 2; PV
OSPHENA	3	QL(1 EA daily)
raloxifene hcl	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		

Drug Name	Drug Tier	Requirements/ Limits
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
betaine	3	
BUPHENYL POWD ***(sodium phenylbutyrate)***	3	
BUPHENYL TABS ***(sodium phenylbutyrate)***	3	
calcitriol CAPS 0.25 MCG	1	
calcitriol CAPS 0.5 MCG	1	QL(4 EA daily)
calcitriol SOLN PO	1	
CARNITOR SF SOLN PO ***(levocarnitine (metabolic modifiers))***	3	
CARNITOR SOLN PO 1 GM/10ML ***(levocarnitine (metabolic modifiers))***	3	
CARNITOR TABS ***(levocarnitine (metabolic modifiers))***	3	
cinacalcet hcl	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
CYSTADANE ***(betaine)***	3	
doxercalciferol CAPS	3	
GALAFOLD	3	QL(0.5 EA daily)
KUVAN PACK ***(sapropterin dihydrochloride)***	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS ***(sapropterin dihydrochloride)***	7	Specialty Drug refer to Caremark SP RX
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
levocarnitine (metabolic modifiers) TABS	3	
nitisinone CAPS	3	PA
ORFADIN CAPS *(nitisinone)*	3	PA
ORFADIN SUSP	3	PA
paricalcitol CAPS	1	
ROCALTROL CAPS 0.5 MCG *(calcitriol)*	7	QL(4 EA daily)
ROCALTROL CAPS 0.25 MCG *(calcitriol)*	7	
ROCALTROL SOLN PO *(calcitriol)*	7	
sapropterin dihydrochloride PACK	1	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride TABS	1	Specialty Drug refer to Caremark SP RX
SENSIPAR *(cinacalcet hcl)*	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
sodium phenylbutyrate POWD	3	
sodium phenylbutyrate TABS	3	
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG *(desmopressin acetate)*	7	
DDAVP TABS 0.2 MG *(desmopressin acetate)*	7	QL(6 EA daily)
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)*	5	Grand Fathered Plans at Tier 2; PV
mifepristone	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
cabergoline	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(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)*	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	3	PA
PREFEST	3	
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
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)*	7	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
DELESTROGEN *(estradiol valerate)*	7	QL(5 ML per fill retail)
DIVIGEL GEL *(estradiol)*	3	
ELESTRIN GEL	3	QL(1.74 GM daily)
ESTRACE TABS *(estradiol)*	7	
estradiol valerate	1	QL(5 ML per fill retail)
estradiol GEL	3	Limit 50gms per month; QL(1.67 GM daily)
estradiol GEL	3	
estradiol PTTW	1	QL(0.29 EA daily)
estradiol PTWK	1	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
estradiol TABS	1	
ESTROGEL GEL *(estradiol)*	3	Limit 50gms per month; QL(1.67 GM daily)
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENOSTAR PTWK	3	QL(4 EA per 30 day(s) retail)
MINIVELLE PTTW *(estradiol)*	7	QL(0.29 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
VIVELLE-DOT PTTW *(estradiol)*	7	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)*	7	
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)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	7	QL(1 EA daily)
prucalopride succinate	1	QL(1 EA daily)
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 10 MG	3	QL(1 EA daily); PA
OCALIVA 5 MG	3	ST; QL(1 EA daily); PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	3	PA
CTEXLI 250 MG	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
URSO 250 TABS *(ursodiol)*	7	
URSO FORTE TABS *(ursodiol)*	7	
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	7	
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	3	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	3	
REGLAN TABS *(metoclopramide hcl)*	7	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	7	QL(4 EA daily)
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	7	QL(8 EA daily)
AZULFIDINE TABS *(sulfasalazine)*	7	QL(8 EA daily)
balsalazide disodium CAPS	1	QL(9 EA daily; 280 EA per fill retail)
CANASA SUPP *(mesalamine)*	7	QL(1 EA daily)
COLAZAL CAPS *(balsalazide disodium)*	7	QL(9 EA daily; 280 EA per fill retail)
DELZICOL CPDR *(mesalamine)*	7	QL(6 EA daily)
DIPENTUM	3	
LIALDA TBEC *(mesalamine)*	7	QL(4 EA daily)
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	3	QL(8 EA daily); PA
mesalamine CPDR	1	QL(6 EA daily)
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	1	QL(1 EA daily)
mesalamine TBEC 800 MG	1	
mesalamine TBEC 1.2 GM	1	QL(4 EA daily)
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Check benefits for coverage; 1 package(s) per fill retail; PA
sulfasalazine TABS	1	QL(8 EA daily)
sulfasalazine TBEC	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	3	
LINZESS	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
LOTRONEX *(alosetron hcl)*	3	
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	3	
ENTEREG *(alvimopan)*	3	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA 210 MG *(ferric citrate)*	3	ST; PA
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
ferric citrate	3	ST; PA
FOSRENOL CHEW 750 MG *(lanthanum carbonate)*	7	QL(4 EA daily)
FOSRENOL CHEW 500 MG *(lanthanum carbonate)*	7	
FOSRENOL CHEW 1000 MG *(lanthanum carbonate)*	7	QL(3 EA daily)
FOSRENOL PACK	3	
lanthanum carbonate CHEW 1000 MG	1	QL(3 EA daily)
lanthanum carbonate CHEW 750 MG	1	QL(4 EA daily)
lanthanum carbonate CHEW 500 MG	1	
RENAGEL *(sevelamer hcl)*	3	QL(16 EA daily); PA
RENVELA PACK 2.4 GM *(sevelamer carbonate)*	7	QL(5 EA daily)
RENVELA PACK 0.8 GM *(sevelamer carbonate)*	7	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS *(sevelamer carbonate)*	7	
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate PACK 2.4 GM	1	QL(5 EA daily)
sevelamer carbonate TABS	1	
sevelamer hcl 800 MG	3	QL(16 EA daily); PA
sevelamer hcl 400 MG	3	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; 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) CYTRA-3 SYRP	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
ORACIT	3	
ORAL CITRATE	3	
pot & sod citrates w/citric ac SOLN	3	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	RX/OTC
SOD CITRATE-CITRIC ACID	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
sodium citrate & citric acid	1	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	7	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	7	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	7	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
PENTOSAN POLYSULFATE SODIUM CPDR 150 MG	3	
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily)
AVODART *(dutasteride)*	7	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)*	7	
PROSCAR *(finasteride)*	7	QL(1 EA daily); AL(At least 40 yrs old)
RAPAFLO 4 MG *(silodosin)*	3	
RAPAFLO 8 MG *(silodosin)*	3	QL(1 EA daily)
silodosin 8 MG	3	QL(1 EA daily)
silodosin 4 MG	3	
tamsulosin hcl	1	QL(2 EA daily)
UROXATRAL *(alfuzosin hcl)*	7	QL(1 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	3	
LITHOSTAT	3	
THIOLA EC TBEC *(tiopronin)*	3	
THIOLA TABS *(tiopronin)*	3	
tiopronin TABS	3	
tiopronin TBEC	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 300 MG	1	QL(2 EA daily)
allopurinol 100 MG	1	QL(3 EA daily)
colchicine CAPS	3	
colchicine TABS	1	
COLCRYS TABS *(colchicine)*	7	
febuxostat 40 MG	1	QL(2 EA daily)
febuxostat 80 MG	1	QL(1 EA daily)
MITIGARE CAPS *(colchicine)*	3	
ULORIC 80 MG *(febuxostat)*	7	QL(1 EA daily)
ULORIC 40 MG *(febuxostat)*	7	QL(2 EA daily)
ZYLOPRIM 300 MG *(allopurinol)*	7	QL(2 EA daily)
ZYLOPRIM 100 MG *(allopurinol)*	7	QL(3 EA daily)
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

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Drug Name	Drug Tier	Requirements/ Limits
Complement Inhibitors		
FABHALTA	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	3	PA
TAVALISSE 100 MG	3	ST; PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG ***(anagrelide hcl)***	7	
anagrelide hcl	1	
aspirin-dipyridamole	3	
BRILINTA 60 MG, 90 MG ***(ticagrelor)***	7	QL(2 EA daily)
cilostazol	1	QL(2 EA daily)
clopidogrel bisulfate	1	QL(2 EA daily)
dipyridamole	1	
EFFIENT ***(prasugrel hcl)***	7	
PLAVIX 75 MG ***(clopidogrel bisulfate)***	7	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	3	ST; PA
CERDELGA	3	PA
miglustat	3	ST; PA
ZAVESCA ***(miglustat)***	3	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
ENDARI ***(glutamine (sickle cell))***	7	SP; PA
glutamine (sickle cell)	1	SP; PA
SIKLOS TABS 1000 MG	3	AC; PA
SIKLOS TABS 100 MG	3	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
folic acid TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV
folic acid TABS 1 MG	1	RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 25 MG	3	QL(1 EA daily); PA
eltrombopag olamine PACK 12.5 MG	3	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	3	QL(1 EA daily); PA
MULPLETA	3	PA
PROMACTA PACK 25 MG *(eltrombopag olamine)*	3	QL(1 EA daily); PA
PROMACTA PACK 12.5 MG *(eltrombopag olamine)*	3	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(eltrombopag olamine)*	3	QL(1 EA daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN PO *(aminocaproic acid)*	3	
AMICAR TABS 1000 MG *(aminocaproic acid)*	3	
aminocaproic acid SOLN PO 0.25 GM/ML	3	
aminocaproic acid TABS 1000 MG	3	
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)*	3	QL(1 EA daily)
AMBIEN TABS *(zolpidem tartrate)*	7	QL(1 EA daily)
estazolam	1	
eszopiclone	3	QL(1 EA daily)
flurazepam hcl	1	

Drug Name	Drug Tier	Requirements/ Limits
HALCION 0.25 MG *(triazolam)*	7	QL(1 EA daily)
LUNESTA *(eszopiclone)*	3	QL(1 EA daily)
RESTORIL 15 MG *(temazepam)*	7	QL(2 EA daily)
RESTORIL 7.5 MG *(temazepam)*	7	
RESTORIL 30 MG *(temazepam)*	7	QL(1 EA daily)
temazepam 7.5 MG	1	
temazepam 15 MG	1	QL(2 EA daily)
temazepam 30 MG	1	QL(1 EA daily)
triazolam 0.125 MG	1	
triazolam 0.25 MG	1	QL(1 EA daily)
zaleplon	1	QL(1 EA daily)
zolpidem tartrate TABS	1	QL(1 EA daily)
zolpidem tartrate TBCR	3	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
ramelteon	3	QL(1 EA daily); ST
ROZEREM *(ramelteon)*	3	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	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV

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Drug Name	Drug Tier	Requirements/ Limits
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	Grand Fathered Plans at Tier 2; PV
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	5	Grand Fathered Plans at Tier 2; PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	5	Grand Fathered Plans at Tier 2; PV
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 EA per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate	5	Grand Fathered Plans at Tier F
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	5	Grand Fathered Plans at Tier F
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
lactulose SOLN	1	
Saline Laxatives		
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, 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, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP *(bisacodyl)*	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC *(bisacodyl)*	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
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 600 MG	1	QL(10 EA per fill retail)
azithromycin TABS 500 MG	1	QL(3 EA daily)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	7	QL(3 EA daily)
ZITHROMAX Z-PAK TABS *(azithromycin)*	7	QL(6 EA per fill retail)
ZITHROMAX PACK	2	
ZITHROMAX SUSR *(azithromycin)*	7	
ZITHROMAX TABS 250 MG *(azithromycin)*	7	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	7	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	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	7	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	7	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	2	
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/RIBBED/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
WIDE-SEAL DIAPHRAGM 60	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 65	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 70	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 75	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 80	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 85	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 90	5	Grand Fathered Plans at Tier 2; PV
WIDE-SEAL DIAPHRAGM 95	5	Grand Fathered Plans at Tier 2; PV
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
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
ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD	2	Available through Mail Order
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
EMGALITY SOAJ	4	PA
EMGALITY SOSY	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
CAFERGOT TABS *(ergotamine w/ caffeine)*	7	
ergotamine w/ caffeine TABS	1	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	3	QL(0.27 ML daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	3	QL(0.27 ML daily)
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	3	QL(0.2 EA daily)
almotriptan malate	1	QL(0.2 EA daily)
eletriptan hydrobromide	3	QL(0.2 EA daily)
FROVA *(frovatriptan succinate)*	3	QL(9 EA per fill retail; 9 EA per 30 day(s) retail; 27 EA per 60 days mail)
frovatriptan succinate	3	QL(9 EA per fill retail; 9 EA per 30 day(s) retail; 27 EA per 60 days mail)
IMITREX 5 MG/ACT *(sumatriptan)*	7	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)
IMITREX 20 MG/ACT *(sumatriptan)*	7	Limit 6 sprayers per month; QL(2 EA daily)
IMITREX TABS *(sumatriptan succinate)*	7	QL(2 EA daily)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	7	Limit 12 per month; QL(0.4 EA daily)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	7	QL(0.6 EA daily)
naratriptan hcl	1	QL(9 EA per fill retail; 9 EA per 30 day(s) retail)
RELPAX *(eletriptan hydrobromide)*	3	QL(0.2 EA daily)
rizatriptan benzoate TABS	1	QL(0.6 EA daily)
rizatriptan benzoate TBDP	1	Limit 12 per month; QL(0.4 EA daily)
sumatriptan 5 MG/ACT	1	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
sumatriptan succinate TABS	1	QL(2 EA daily)
zolmitriptan SOLN	3	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
zolmitriptan TABS	3	QL(0.2 EA daily)
zolmitriptan TBDP	3	Limit 6 per month; QL(0.2 EA daily)
ZOMIG SOLN *(zolmitriptan)*	3	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
FLORIVA	3	
sodium fluoride CHEW	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
sodium fluoride SOLN	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS 0.5 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
sodium fluoride TABS 1 MG	1	AL(Up to 6 yrs old)
SOLUVITA SOLN	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
Iodine Products		
iodine strong (lugol's)	3	
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	7	
K-PHOS TABS *(potassium phosphate monobasic)*	7	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, 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, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ *(potassium chloride)*	7	
potassium chloride microencapsulated crystals er	1	

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Drug Name	Drug Tier	Requirements/ Limits
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)*	7	PA
DEPEN TITRATABS TABS *(penicillamine)*	7	
penicillamine CAPS	1	PA
penicillamine TABS	1	
SYPRINE *(trientine hcl)*	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
trientine hcl 250 MG	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
trientine hcl 500 MG	3	PA
Immunomodulators		
lenalidomide	1	
lenalidomide	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
azathioprine TABS 75 MG, 100 MG	3	
azathioprine TABS 50 MG	1	
CELLCEPT CAPS *(mycophenolate mofetil)*	7	
CELLCEPT SUSR *(mycophenolate mofetil)*	7	
CELLCEPT TABS *(mycophenolate mofetil)*	7	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	1	
IMURAN TABS *(azathioprine)*	7	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	1	
mycophenolate mofetil TABS	1	
mycophenolate sodium	3	
MYFORTIC *(mycophenolate sodium)*	3	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	7	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	7	
PROGRAF CAPS *(tacrolimus)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
PROGRAF PACK	3	PA
RAPAMUNE SOLN *(sirolimus)*	3	
RAPAMUNE TABS *(sirolimus)*	3	
SANDIMMUNE CAPS *(cyclosporine)*	7	
SANDIMMUNE SOLN PO 100 MG/ML	2	
sirolimus SOLN	3	
sirolimus TABS	3	
tacrolimus CAPS	1	
ZORTRESS *(everolimus (immunosuppressant))*	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1	
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN *(nystatin (mouth-throat))*	7	
nystatin (mouth-throat)	1	
ORAVIG	3	
Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3	
NAFRINSE WEEKLY SOLR	3	
PREVIDENT SOLN *(sodium fluoride (dental))*	3	
sodium fluoride (dental) SOLN 0.2 %	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	3	QL(3 EA daily)
EVOXAC *(cevimeline hcl)*	3	QL(3 EA daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
SALAGEN 5 MG *(pilocarpine hcl (oral))*	7	QL(6 EA daily)
SALAGEN 7.5 MG *(pilocarpine hcl (oral))*	7	QL(4 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); 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 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
TRI-VITAMIN WITH FLUORIDE SOLN 0.25 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	3	RX/OTC
(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	3	

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Drug Name	Drug Tier	Requirements/ Limits
(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
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3	
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	2	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
CITRANATAL BLOOM	3	
CITRANATAL DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
C-NATE DHA CAPS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
CVS WOMENS PRENATAL+DHA MISC	3	
DUET DHA 400 MISC	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
ENBRACE HR	3	
FOLIVANE-OB	2	
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	
NESTABS	3	
NESTABS DHA	2	
NESTABS ONE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX DHA MISC	2	
OBSTETRIX ONE (WITH DOCUSATE)	3	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PREMESISRX	3	
PRENA 1 TRUE	2	
PRENA1	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC
PRENATAL+DHA MISC	3	
PRENATAL-U CAPS	2	
PRENATE	3	
PRENATE AM	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	
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	
PROVIDA OB	2	
RELNATE DHA CAPS	3	
SELECT-OB+DHA MISC	3	
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	
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	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESCAP-PN DHA	3	
WESNATE DHA CAPS	3	
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		

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Drug Name	Drug Tier	Requirements/ Limits
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	3	
baclofen TABS 10 MG	1	QL(6 EA daily)
baclofen TABS 15 MG	1	QL(3 EA daily); PA
baclofen TABS 5 MG	1	
baclofen TABS 20 MG	1	QL(4 EA daily)
carisoprodol TABS 350 MG	1	
carisoprodol TABS 250 MG	3	Use 350mg or 500mg
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	3	
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	
metaxalone 800 MG	3	QL(4 EA daily)
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	
SOMA TABS 350 MG *(carisoprodol)*	7	
SOMA TABS 250 MG *(carisoprodol)*	3	Use 350mg or 500mg
tizanidine hcl CAPS	3	
tizanidine hcl TABS 2 MG	1	
tizanidine hcl TABS 4 MG	1	QL(9 EA daily)
ZANAFLEX CAPS *(tizanidine hcl)*	3	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	7	QL(9 EA daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	7	
dantrolene sodium CAPS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	3	Limit 1 bottle per month; QL(0.77 GM daily)
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	3	Limit 1 bottle per month; QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 inhaler per month; QL(1.2 ML daily)
olopatadine hcl (nasal)	3	
PATANASE *(olopatadine hcl (nasal))*	3	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, 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	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY 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, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
FLONASE ALLERGY REL CHILDRENS SUSP *(fluticasone propionate (nasal))*	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
fluticasone propionate (nasal) SUSP	1	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); 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))*	7	Limit 1 sprayer per month; QL(1.2 ML daily)
NASONEX 24HR SUSP *(mometasone furoate (nasal))*	7	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		
RILUTEK TABS *(riluzole)*	3	
riluzole TABS	3	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA
NUTRIENTS		
Lipids		
DOJOLVI	3	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	3	
betaxolol hcl (ophth) SOLN	1	
BETIMOL *(timolol)*	7	
BETIMOL 0.25 %	2	

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Drug Name	Drug Tier	Requirements/ Limits
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate	3	
carteolol hcl (ophth)	3	
COMBIGAN *(brimonidine tartrate-timolol maleate)*	3	
COSOPT *(dorzolamide hcl-timolol maleate)*	7	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	3	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
dorzolamide hcl-timolol maleate	3	
dorzolamide hcl-timolol maleate	1	
ISTALOL SOLN *(timolol maleate (ophth))*	7	
levobunolol hcl 0.5 %	1	
timolol	1	
timolol maleate (ophth) SOLG	3	
timolol maleate (ophth) SOLN	3	
timolol maleate (ophth) SOLN	1	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	3	
TIMOPTIC SOLN *(timolol maleate (ophth))*	7	
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	3	
Cycloplegic Mydriatics		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) OINT	1	
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	2	
ATROPINE SULFATE SOLN 1 % *(atropine sulfate (ophthalmic))*	7	
CYCLOGYL *(cyclopentolate hcl)*	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
cyclopentolate hcl 1 %	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN *(tropicamide)*	3	
phenylephrine hcl (mydriatic) SOLN 2.5 %	1	
phenylephrine hcl (mydriatic) SOLN 10 %	3	
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	7	
tropicamide SOLN	3	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	7	
apraclonidine hcl	3	
brimonidine tartrate	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(6 ML per 30 day(s) retail)
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	7	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) SOLN	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(6 ML per 30 day(s) retail)
levofloxacin (ophth) 1.5 %	3	
moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ML per fill retail)
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX *(ofloxacin (ophth))*	7	QL(5 ML per fill retail)
ofloxacin (ophth)	1	QL(5 ML per fill retail)
polymyxin b-trimethoprim	1	
POLYTRIM *(polymyxin b-trimethoprim)*	7	
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))*	7	QL(3 ML per fill retail)
ZIRGAN GEL	3	
ZYMAXID *(gatifloxacin (ophth))*	7	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	3	
AKTEN	3	
ALCAINE *(proparacaine hcl)*	3	
proparacaine hcl	3	
tetracaine hcl (ophth)	3	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP *(loteprednol etabonate)*	3	
bacitracin-poly-neomycin-hc	1	QL(4 GM per fill retail)
dexamethasone sodium phosphate (ophth)	1	
difluprednate	3	

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Drug Name	Drug Tier	Requirements/ Limits
DUREZOL *(difluprednate)*	3	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	7	
LOTEMAX GEL *(loteprednol etabonate)*	3	
LOTEMAX OINT	3	
LOTEMAX SUSP *(loteprednol etabonate)*	3	Limit 1 bottle per month; QL(0.2 ML daily)
loteprednol etabonate GEL	3	
loteprednol etabonate SUSP 0.5 %	3	Limit 1 bottle per month; QL(0.2 ML daily)
loteprednol etabonate SUSP 0.2 %	3	
MAXIDEX SUSP OP	2	
MAXITROL OINT *(neomycin-polymy-dexameth)*	7	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	7	
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 MILD	2	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	7	QL(5 ML per fill retail)
tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmics - Misc.		
(Olopatadine Hcl) 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	Limit 2.5mls per month; QL(0.084 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); RX/OTC
ACULAR *(ketorolac tromethamine (ophth))*	7	
ACULAR LS *(ketorolac tromethamine (ophth))*	7	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	

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Drug Name	Drug Tier	Requirements/ Limits
AZOPT *(brinzolamide)*	7	Limit 10mls per month; QL(0.4 ML daily)
bepotastine besilate	3	Limit 10ml per month; QL(0.34 ML daily); ST
BEPREVE *(bepotastine besilate)*	3	Limit 10ml per month; QL(0.34 ML daily); ST
brinzolamide	1	Limit 10mls per month; QL(0.4 ML daily)
bromfenac sodium (ophth) 0.07 %, 0.075 %	3	
bromfenac sodium (ophth) 0.09 %	1	
BROMSITE *(bromfenac sodium (ophth))*	3	
cromolyn sodium (ophth)	1	
CYSTARAN	3	Limit 4 bottles per month; QL(2.15 ML daily)
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
DORZOLAMIDE HCL	2	
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
olopatadine hcl 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.2 % *(olopatadine hcl)*	7	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.1 % *(olopatadine hcl)*	7	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 2.5mls per month; QL(0.084 ML daily); ST
PROLENSA *(bromfenac sodium (ophth))*	3	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ML daily)
latanoprost SOLN	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
tafluprost	3	QL(1 EA daily)
TRAVATAN Z SOLN *(travoprost)*	7	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)*	7	QL(0.0949 ML daily)
ZIOPTAN *(tafluprost)*	3	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))*	2	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	

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Drug Name	Drug Tier	Requirements/ Limits
Otic Combinations		
CIPRO HC	3	
CIPRODEX *(ciprofloxacin-dexamethasone)*	7	QL(8 ML per fill retail)
ciprofloxacin-dexamethasone	1	QL(8 ML per fill retail)
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC *(fluocinolone acetonide (otic))*	3	
fluocinolone acetonide (otic)	3	
hydrocortisone w/acetic acid	3	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate TABS	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
AMOXICILLIN SUSR *(amoxicillin)*	7	
amoxicillin TABS	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
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)*	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	7	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS *(norethindrone acetate)*	7	
medroxyprogesterone acetate 10 MG	1	QL(1 EA daily)
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
megestrol acetate (appetite)	3	AC

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Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 EA daily)
PROMETRIUM CAPS *(progesterone)*	7	QL(1 EA daily)
PROVERA 5 MG *(medroxyprogesterone acetate)*	7	
PROVERA 10 MG *(medroxyprogesterone acetate)*	7	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	
lofexidine hcl	3	QL(224 EA per 14 day(s) retail); PA
LUCEMYRA *(lofexidine hcl)*	3	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	ST; PA
XYREM SOLN	3	ST; PA
Antidementia Agents		
ARICEPT TABS *(donepezil hydrochloride)*	7	QL(1 EA daily)
donepezil hydrochloride TABS	1	QL(1 EA daily)
donepezil hydrochloride TBDP	1	QL(1 EA daily)
EXELON *(rivastigmine)*	7	
galantamine hydrobromide CP24	1	QL(1 EA daily)
galantamine hydrobromide SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide TABS	1	
memantine hcl CP24 7 MG	3	ST; PA
memantine hcl CP24 14 MG, 21 MG, 28 MG	3	PA
memantine hcl-donepezil hcl CP24	3	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)*	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	3	PA
NAMENDA XR CP24 7 MG *(memantine hcl)*	3	ST; PA
NAMENDA TABS 5 MG *(memantine hcl)*	7	QL(4 EA daily)
NAMENDA TABS 10 MG *(memantine hcl)*	7	QL(2 EA daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
RAZADYNE ER CP24 8 MG, 24 MG *(galantamine hydrobromide)*	7	QL(1 EA daily)
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
olanzapine-fluoxetine hcl	3	

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Drug Name	Drug Tier	Requirements/ Limits
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	3	
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 XR PATIENT TITRATION TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	3	QL(1 EA daily); PA
AUSTEDO TABS 9 MG	3	QL(2 EA daily); PA
AUSTEDO TABS 12 MG	3	QL(4 EA daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 EA daily); PA
INGREZZA CAPS 60 MG	3	QL(1 EA daily); PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 EA daily); PA
INGREZZA CPPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
INGREZZA CPSP	3	QL(1 EA daily); PA
tetrabenazine	3	
XENAZINE *(tetrabenazine)*	3	
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	7	PA
AUBAGIO *(teriflunomide)*	7	QL(1 EA daily)
dalfampridine	1	PA
dimethyl fumarate CDPK	3	QL(60 EA per 365 day(s) retail); SP
dimethyl fumarate CPDR	3	QL(2 EA daily); SP
fingolimod hcl	1	QL(1 EA daily)
GILENYA *(fingolimod hcl)*	7	QL(1 EA daily)
MAYZENT STARTER PACK TBPK 0.25 MG	3	not available thru mail order; QL(12 EA per 5 day(s) retail); PA
MAYZENT STARTER PACK TBPK 0.25 MG	3	not available thru mail order; PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 EA daily); PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 EA daily); PA
PLEGRIDY SOSY IM	4	PA
TECFIDERA CDPK *(dimethyl fumarate)*	3	QL(60 EA per 365 day(s) retail); SP
TECFIDERA CPDR *(dimethyl fumarate)*	3	QL(2 EA daily); SP
teriflunomide	1	QL(1 EA daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	3	
Smoking Deterrents		

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	Grand Fathered Plans at Tier 2; PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	Grand Fathered Plans at Tier 2; PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	Grand Fathered Plans at Tier 2; PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	Grand Fathered Plans at Tier 2; PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV
bupropion hcl (smoking deterrent)	5	Grand Fathered Plans at Tier 2; PV
NICODERM CQ PT24 TD *(nicotine)*	5	Grand Fathered Plans at Tier 2; PV
NICORETTE MINI LOZG *(nicotine polacrilex)*	5	Grand Fathered Plans at Tier 2; PV
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	5	Grand Fathered Plans at Tier 2; PV
NICORETTE GUM *(nicotine polacrilex)*	5	Grand Fathered Plans at Tier 2; PV
NICORETTE LOZG *(nicotine polacrilex)*	5	Grand Fathered Plans at Tier 2; PV
nicotine polacrilex GUM	5	Grand Fathered Plans at Tier 2; PV
nicotine polacrilex LOZG	5	Grand Fathered Plans at Tier 2; PV
NICOTINE KIT	5	Grand Fathered Plans at Tier 2; PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
NICOTROL INHA	5	Grand Fathered Plans at Tier 2; PV
varenicline tartrate TABS	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	3	PA
KALYDECO TABS	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 EA daily); PA
PULMOZYME	2	QL(5 ML daily); PA
SYMDEKO 150 MG-100 MG	3	PA
SYMDEKO 75 MG-50 MG	3	PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	2	QL(3 EA daily); PA
ESBRIET TABS *(pirfenidone)*	2	QL(3 EA daily); PA
OFEV	3	QL(2 EA daily); PA
pirfenidone CAPS	1	QL(3 EA daily); PA
pirfenidone TABS	1	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG	1	
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	
doxycycline (monohydrate) TABS 150 MG	3	ST
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 20 MG	3	
doxycycline hyclate TABS 100 MG	1	
minocycline hcl CAPS	1	
tetracycline hcl CAPS	1	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	7	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	7	
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) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
ADTHYZA TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 EA daily)
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
levothyroxine sodium CAPS 125 MCG	1	QL(1 EA daily)
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
liothyronine sodium TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
liothyronine sodium TABS 5 MCG	1	
NIVA THYROID TABS	2	
NP THYROID TABS	2	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	2	QL(1 EA daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG *(levothyroxine sodium)*	2	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
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	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
ANASPAZ TBDP *(hyoscyamine sulfate)*	7	
CUVPOSA SOLN PO *(glycopyrrolate)*	7	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	
dicyclomine hcl TABS	1	
glycopyrrolate SOLN PO 1 MG/5ML	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
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)*	7	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	7	
LEVSIN TABS *(hyoscyamine sulfate)*	7	
methscopolamine bromide	1	

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Drug Name	Drug Tier	Requirements/ Limits
ROBINUL-FORTE TABS *(glycopyrrolate)*	7	
ROBINUL TABS *(glycopyrrolate)*	7	
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, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	QL(4 EA daily); RX/OTC
cimetidine hcl PO 300 MG/5ML	1	
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 EA daily)
famotidine SUSR	3	
famotidine TABS 40 MG	1	QL(2 EA daily)
famotidine TABS 20 MG	1	QL(4 EA daily); RX/OTC
nizatidine CAPS	1	
PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)*	7	QL(4 EA daily); RX/OTC
PEPCID TABS 20 MG *(famotidine)*	7	QL(4 EA daily); RX/OTC
PEPCID TABS 40 MG *(famotidine)*	7	QL(2 EA daily)
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	7	
CARAFATE TABS *(sucralfate)*	7	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	3	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, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
(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 20 MG	1	QL(1 EA daily)
ACIPHEX TBEC *(rabeprazole sodium)*	3	ST; QL(1 EA daily); PA
FIRST-OMEPRAZOLE SUSP	3	
lansoprazole CPDR	1	QL(1 EA daily)
lansoprazole TBDD 30 MG	3	QL(1 EA daily); AL(Up to 12 yrs old)
lansoprazole TBDD 15 MG	3	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
omeprazole magnesium CPDR	1	QL(1 EA daily)
OMEPRAZOLE+SYRSPEND SF ALKA SUSP	3	
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily)
pantoprazole sodium PACK	3	QL(1 EA daily)
pantoprazole sodium TBEC	1	QL(1 EA daily)
PREVACID 24HR CPDR *(lansoprazole)*	7	QL(1 EA daily); RX/OTC
PREVACID SOLUTAB TBDD 30 MG *(lansoprazole)*	3	QL(1 EA daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG *(lansoprazole)*	3	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	7	QL(1 EA daily)
PRILOSEC PACK	3	
PROTONIX PACK *(pantoprazole sodium)*	3	QL(1 EA daily)
PROTONIX TBEC *(pantoprazole sodium)*	7	QL(1 EA daily)
RABEPRAZOLE SODIUM CPSP	3	PA
rabeprazole sodium TBEC	3	ST; QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	7	
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 day(s) max supply per 365 day(s) retail
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	3	
DETROL LA CP24 *(tolterodine tartrate)*	7	QL(1 EA daily)
DETROL TABS *(tolterodine tartrate)*	7	QL(2 EA daily)
DITROPAN XL TB24 5 MG *(oxybutynin chloride)*	7	
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride TB24	1	
solifenacin succinate TABS 5 MG	1	
solifenacin succinate TABS 10 MG	1	QL(1 EA daily)
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
TOVIAZ *(fesoterodine fumarate)*	7	QL(1 EA daily)
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 EA daily)
VESICARE TABS 10 MG *(solifenacin succinate)*	7	QL(1 EA daily)
VESICARE TABS 5 MG *(solifenacin succinate)*	7	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
mirabegron TB24	3	QL(1 EA daily); PA
MYRBETRIQ TB24 *(mirabegron)*	3	QL(1 EA daily); PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Viral Vaccines		
ABRYSVO	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLUMIST	3	
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV
FLUZONE HIGH-DOSE SUSY	5	PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
SHUR-SEAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FILM	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA *(clindamycin phosphate vaginal)*	7	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	3	
GYNAZOLE-1	3	
metronidazole vaginal	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	3	

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Drug Name	Drug Tier	Requirements/ Limits
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA *(estradiol vaginal)*	7	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS *(estradiol vaginal)*	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	4	QL(2 EA per fill retail; 4 EA per 30 day(s) retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	3	PA
NORTHERA *(droxidopa)*	3	PA
Vasopressors		
midodrine hcl	3	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS *(ergocalciferol)*	7	
ergocalciferol CAPS	1	
phytonadione TABS 5 MG	1	

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(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 84

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(Fluocinolone Acetonide (Otic)) FLAC 95

(Flurbiprofen) LURBIPR TABS 100 MG 4

(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, 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 90

(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 13

(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 74

(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 74

(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 74

(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 74

(Glipizide) GLIPIZIDE XL TB24 23

(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 55

(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 55

(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 55

(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 10

(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 % 61

(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG 102

(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 102

(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 102

(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 4

(Indomethacin) INDOCIN SUPP 4

(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG 56

(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG 56

(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG 56

(Isotretinoin) ACCUTANE,

AMNESTEEM, CLARAVIS, ZENATANE 40 MG 56

(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 65

(Ketoconazole (Topical)) KETODAN FOAM 58

(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 71

(Lactulose) CONSTULOSE SOLN 10 GM/15ML 76

(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 15

(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 15

(Lamotrigine) SUBVENITE TABS . 15

(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . 103

(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 103

(Levetiracetam) ROWEEPRA TABS 500 MG 15

(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 49

(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 50

(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 49

(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ... 54

(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 50

(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 50

(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG 50

(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 50

(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA 50

(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 101

(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 101

(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 101

(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % 64

(Lorazepam) LORAZEPAM INTENSOL CONC 11

(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW 24

(Methadone Hcl) METHADONE HCL INTENSOL CONC 7

(Methylergonovine Maleate) METHERGINE TABS 95

(Methyltestosterone) METHITEST TABS 10

(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 105

(Miglustat) YARGESA 74

(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP . 90

(Naloxone Hcl) FT NALOXONE HCL LIQD 23

(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 92

(Niacin (Antihyperlipidemic)) NIACOR TABS 27

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG 98

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG 98

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL 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, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .. 98

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 99

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 98

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 99

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR 99

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR 99

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR 99

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 100

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE

STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 99

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 100

(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 53

(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 50

(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 51

(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 ... 50

(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 51

(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 51

(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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 51

(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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 51

(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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .51

(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 51

(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 51

(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 51

(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL ... 54

(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), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG 52

(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), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG 52

(Norethindrone Acetate) GALLIFREY TABS 95

(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 69

(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG 69

(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE 52

(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 52

(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO 52

(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 52

(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 52

(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX 58

(Olopatadine Hcl) 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 % 93

(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 % 93

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 104

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 103

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 104

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG 9

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG 9

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG 9

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG 9

(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML 85

(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML 85

(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 86

(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 86

(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 86

(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML 86

(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN 86

(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT 75

(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 75

(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 76

(Phenylephrine Hcl (Mydriatic))

ALTAFRIN SOLN 10 % 91

(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 91

(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML 55

(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 18

(Phenytoin) PHENYTOIN INFATABS CHEW 18

(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 72

(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL 83

(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 83

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 83

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 83

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 83

(Potassium Chloride) KLOR-CON PACK PO 20 MEQ 83

(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ 83

(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ 83

(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 72

(Potassium Citrate-Citric Acid) CYTRA-K SOLN 72

(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 83

(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .92

(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 86

(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 86

(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .86

(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 86

(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 87

(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 87

(Prochlorperazine) COMPRO 41

(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP 55

(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 25

(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 25

(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE 55

(Salicylic Acid) KERALYT SHAM 6 % 64

(Sapropterin Dihydrochloride) JAVYGTOR PACK 68

(Sapropterin Dihydrochloride) JAVYGTOR TABS 68

(Silver Sulfadiazine) SSD 61

(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55

(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 55

(Sodium Citrate & Citric Acid) CYTRA-2 72

(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 82

(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 83

(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML 85

(Sotalol Hcl) SORINE TABS 45

(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % 56

(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 56

(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 30

(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 48

(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 10

(Tetracaine Hcl (Ophth)) ALTACAINE 92

(Theophylline) ELIXOPHYLLIN ELIX . 14

(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 90

(Tiopronin) VENXXIVA TBEC 73

(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG 5

(Tretinoin) AVITA CREA 0.025 % . 56

(Tretinoin) AVITA GEL 0.025 % ... 56

(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE 85

(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO 90

(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 61

(Vigabatrin) VIGADRONE TABS .. 18

(Vigabatrin) VIGADRONE, VIGPODER PACK 18

(Warfarin Sodium) JANTOVEN TABS 14

(Zolmitriptan) ZOMIG TABS 82

abacavir sulfate SOLN 41

abacavir sulfate TABS 41

abacavir sulfate-lamivudine 41

ABILIFY TABS 15 MG (aripiprazole) . 41

ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) 41

ABILIFY TABS 20 MG (aripiprazole) . 41

abiraterone acetate 33

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ABSORICA 10 MG, 25 MG (isotretinoin) 56

ABSORICA 20 MG (isotretinoin) ...56

ABSORICA 30 MG (isotretinoin) ...56

ABSORICA 35 MG, 40 MG (isotretinoin) 56

acamprosate calcium 96

acarbose 20

ACCUPRIL (quinapril hcl) 27

ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide) 28

acebutolol hcl CAPS 44

acetaminophen w/ codeine SOLN .. 9

acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 9

acetaminophen w/ codeine TABS 60 MG-300 MG 9

acetazolamide CP12 66

acetazolamide TABS 125 MG 66

acetazolamide TABS 250 MG 66

acetic acid (otic) 94

acetylcysteine SOLN 56

ACIPHEX TBEC (rabeprazole sodium) 104

acitretin 10 MG 60

acitretin 17.5 MG 60

acitretin 25 MG 60

ACTIQ LPOP 1600 MCG (fentanyl citrate) 7

ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) 7

ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 69

ACTONEL TABS 150 MG (risedronate sodium) 67

ACTONEL TABS 35 MG (risedronate sodium) 67

ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 21

ACTOS 15 MG (pioglitazone hcl) ..22

ACTOS 30 MG, 45 MG (pioglitazone hcl) 22

ACULAR (ketorolac tromethamine (ophth)) 93

ACULAR LS (ketorolac tromethamine (ophth)) 93

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acyclovir SUSP 44

acyclovir TABS PO 400 MG 44

acyclovir TABS PO 800 MG 44

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acyclovir topical OINT 61

ACZONE 5 % (dapsone (topical)) . 56

ACZONE 7.5 % (dapsone (topical)) 56

ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 3
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 3
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML 3
ADALIMUMAB-ADAZ SOSY 3
adapalene CREA 56
adapalene GEL 0.1 % 56
adapalene GEL 0.3 % 56
adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 56
adapalene-benzoyl peroxide GEL 2.5 %-0.3 % 56
ADCIRCA TABS (tadalafil (pulmonary hypertension)) 48
ADDERALL TABS (amphetamine-dextroamphetamine) 1
ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
adefovir dipivoxil 44
ADEMPAS 48
ADIPEX-P CAPS (phentermine hcl) 1
ADTHYZA TABS 101
ADVAIR DISKUS AEPB (fluticasone-salmeterol) 13
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AJOVY SOSY 81
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alogliptin benzoate 25 MG 21
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AMICAR TABS 1000 MG (aminocaproic acid) 75

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amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ... 28
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atomoxetine hcl 60 MG, 80 MG, 100 MG 1
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buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...10
buprenorphine hcl-naloxone hcl dihydrate SUBL 10
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HYPERSAL NEBU 55

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oxycodone w/ acetaminophen TABS 325 MG-10 MG 9

oxycodone w/ acetaminophen TABS

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