



FROM



# 2022 Prescription Drug List

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[Ambetter.BuckeyeHealthPlan.com](https://Ambetter.BuckeyeHealthPlan.com)

# Formulary Introduction

## FORMULARY

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

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

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

### Drug List Key:

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

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

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

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL XR CP24 12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG (Use amphetamine-dextroamphetamine)	NF	

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
amphetamine sulfate tabs	1B	PA
amphetamine-dextroamphetamine tabs 7.5 MG-7.5 MG-7.5 MG	1B	QL(2 ea daily)
amphetamine-dextroamphetamine cp24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG	1B	QL(2 ea daily)
DESOXYN (Use methamphetamine hcl)	NF	QL(5 ea daily);AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 MG	1B	

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

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

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

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

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

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

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

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

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

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

#### Analgesic Combinations

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

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

#### Salicylates

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

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

#### Opioid Agonists

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

Drug Name	Drug Tier	Requirement s/Limits
DILAUDID TABS ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR ( <i>Use fentanyl</i> )	NF	QL(0.34 ea daily)
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)
<i>fentanyl citrate lpop</i>	1B	QL(4 ea daily);PA
<i>hydrocodone bitartrate cp12</i>	1B	QL(2 ea daily);PA
<i>hydromorphone hcl soln ij 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
<i>hydromorphone hcl liqd</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl tb24 32 MG</i>	1B	QL(1 ea daily);PA
<i>hydromorphone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily);PA
HYDROMORPHONE HYDROCHLORIDE SOLN IJ ( <i>Use hydromorphone hcl</i> )	NF	
KADIAN CP24 10 MG, 40 MG, 200 MG ( <i>Use morphine sulfat</i> e)	NF	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i>	1B	
<i>morphine sulfate cp24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily);PA
<i>morphine sulfate soln or 20 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tbcr</i>	1B	QL(2 ea daily)
<i>morphine sulfate soln or 10 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(100 ml daily)
MS CONTIN TBCR ( <i>Use morphine sulfate</i> )	NF	QL(2 ea daily)
NUCYNTA TABS	2	QL(6 ea daily);PA
NUCYNTA ER TB12	2	QL(2 ea daily);PA
<i>oxycodone hcl t12a</i>	3	QL(2 ea daily);PA
<i>oxycodone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxymorphone hcl tb12 40 MG</i>	1B	QL(4 ea daily);PA
<i>oxymorphone hcl tabs</i>	1B	QL(12 ea daily);PA
<i>oxymorphone hcl tb12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily);PA
ROXICODONE TABS ( <i>Use oxycodone hcl</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily);PA
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
SUBSYS LIQD 100 MCG	3	QL(3 ea daily);PA
<i>tramadol hcl tb24</i>	1B	QL(1 ea daily)
<i>tramadol hcl tabs 50 MG</i>	1A	New starts limited to 7 day supply;QL(8 ea daily)
ULTRAM TABS ( <i>Use tramadol hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER	2	QL(2 ea daily);PA
ZOHYDRO ER CP12 ( <i>Use hydrocodone bitartrate</i> )	1B	QL(2 ea daily);PA
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine tabs 300 MG-60 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen w/ codeine tabs 300 MG-30 MG</i>	1A	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 MG-15 MG</i>	1B	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	1A	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	3	New starts limited to 7 day supply;PA
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	1B	New starts limited to 7 day supply

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

Drug Name	Drug Tier	Requirement s/Limits
LORTAB ELIX 10 MG/15ML-300 MG/15ML	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
ULTRACET 37.5 MG-325 MG (Use <i>tramadol-acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
BUPRENEX SOLN (Use <i>buprenorphine hcl</i> )	NF	
<i>buprenorphine ptwk</i>	1B	QL(0.143 ea daily);PA
<i>buprenorphine hcl subl</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl soln</i>	1B	
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate na 10 MG/ML</i>	1B	PA
<i>butorphanol tartrate ij 1 MG/ML, 2 MG/ML</i>	1B	
BUTRANS PTWK ( <i>Use buprenorphine</i> )	NF	QL(0.143 ea daily);PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl 50 MG-0.5 MG</i>	1B	New starts limited to 7 day supply
SUBOXONE FILM SL 12 MG-3 MG, 8 MG-2 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(2 ea daily)
SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(3 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	3	
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily);PA
<i>danazol caps</i>	1B	
DEPO-TESTOSTERONE SOLN IM ( <i>Use testosterone cypionate</i> )	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln im</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate soln im</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ( <i>Use hydrocortisone (intrarectal)</i> )	NF	
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS	4	QL(3.2 gm daily);PA
<b>Rectal Steroids</b>		
ANUSOL-HC EX ( <i>Use hydrocortisone (rectal)</i> )	NF	
<i>hydrocortisone (rectal) ex</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
PROCTOCORT EX ( <i>Use hydrocortisone (rectal)</i> )	NF	
PROCTOCORT ( <i>Use hydrocortisone acetate (rectal)</i> )	NF	
<b>Vasodilating Agents</b>		
RECTIV	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
ALBENZA ( <i>Use albendazole</i> )	NF	PA
BILTRICIDE ( <i>Use praziquantel</i> )	NF	PA

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Drug Name	Drug Tier	Requirement s/Limits
EMVERM CHEW	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea daily,6 ea per fill retail,6 per fill mail MG)
<i>ivermectin</i>	1B	1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG)
<i>praziquantel</i>	1B	PA
STROMECTOL (Use <i>ivermectin</i> )	NF	1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG)

#### ANTIANGINAL AGENTS - Drugs to Treat Chest Pain

##### Antianginals-Other

RANEXA TB12 1000 MG (Use <i>ranolazine</i> )	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use <i>ranolazine</i> )	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine tb12 500 MG</i>	1B	QL(3 ea daily)

##### Nitrates

<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 (Use <i>nitroglycerin</i> )	NF	

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Drug Name	Drug Tier	Requirement s/Limits
<i>nitroglycerin pt24</i>	1B	
<i>nitroglycerin subl</i>	1B	
<i>nitroglycerin cpcr</i>	1B	QL(4 ea daily)
NITROGLYCERIN SOLN IV	1B	
NITROSTAT SUBL (Use <i>nitroglycerin</i> )	NF	

#### ANTIANGIETY AGENTS - Drugs to Treat Anxiety

##### Antianxiety Agents - Misc.

<i>bupirone hcl 5 MG</i>	1A	
<i>bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl syrp</i>	1B	
<i>hydroxyzine hcl soln 50 MG/ML</i>	1B	
<i>hydroxyzine hcl tabs</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate</i>	1B	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i> )	NF	

##### Benzodiazepines

<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam tbdp</i>	1B	
<i>alprazolam tb24</i>	1B	
<i>alprazolam tabs 2 MG</i>	1B	QL(4 ea daily)
ATIVAN TABS .5 MG, 2 MG (Use <i>lorazepam</i> )	NF	QL(3 ea daily)
ATIVAN TABS 1 MG (Use <i>lorazepam</i> )	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam soln or 5 MG/5ML</i>	1B	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB	2	
QVAR REDHALER	2	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF	
<i>albuterol sulfate syrup</i>	1B	
<i>albuterol sulfate tb12</i>	1B	
<i>albuterol sulfate aers</i>	1B	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
<i>albuterol sulfate tabs</i>	1B	
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH	2	QL(2 ea daily)
ARCAPTA NEOHALER	2	
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	2	QL(0.36 gm daily)
BREO ELLIPTA	2	
BREZTRI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT-160 MCG/ACT	2	QL(0.38 gm daily)
BROVANA ( <i>Use arformoterol tartrate</i> )	3	QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	1B	
<i>formoterol fumarate nebu</i>	1B	
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	PA
<i>levalbuterol hcl</i>	1B	QL(12 ml daily);PA
<i>levalbuterol tartrate</i>	3	Limit 2 inhalers per month;QL(1 gm daily);PA
PERFOROMIST NEBU ( <i>Use formoterol fumarate</i> )	3	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>theophylline soln</i>	1B	QL(56 ml daily)
<i>theophylline tb12 300 MG, 450 MG</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium tabs</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	2	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	2	1 rtl MAX fill,180 rtl day(s) supply;QL(2.47 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail,900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 2.5 MG/0.5ML ( <i>Use fondaparinux sodium</i> )	NF	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
ARIXTRA 10 MG/0.8ML ( <i>Use fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
ARIXTRA 5 MG/0.4ML ( <i>Use fondaparinux sodium</i> )	NF	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
ARIXTRA 7.5 MG/0.6ML ( <i>Use fondaparinux sodium</i> )	NF	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	4	QL(6 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>enoxaparin sodium soty 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soty 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soty 40 MG/0.4ML</i>	4	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
<i>enoxaparin sodium soty 30 MG/0.3ML</i>	4	QL(0.6 ml daily);SP
<i>enoxaparin sodium soty 60 MG/0.6ML</i>	4	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
FRAGMIN SOSY	4	SP;PA
<i>heparin sodium (porcine) soln ij 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NAACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 %	1B	

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily);SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS	3	PA
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp</i>	1B	QL(16 ml daily);PA
<i>clobazam tabs</i>	1B	QL(2 ea daily);PA
<i>clonazepam tabs</i>	1A	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NF	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use clonazepam)	NF	

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	3	QL(10 ea per 30 days retail);PA
ONFI SUSP (Use clobazam)	NF	QL(16 ml daily);PA
ONFI TABS (Use clobazam)	NF	QL(2 ea daily);PA
VALTOCO LIQD	4	QL(10 ea per 30 days retail);PA
VALTOCO LQPK	4	QL(10 ea per 30 days retail);PA
<b>Anticonvulsants - Misc.</b>		
APTIOM	3	QL(2 ea daily);ST
BANZEL TABS 400 MG (Use rufinamide)	2	QL(8 ea daily);PA
BANZEL TABS 200 MG (Use rufinamide)	2	QL(2 ea daily);PA
BANZEL SUSP (Use rufinamide)	NF	QL(80 ml daily);PA
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS	3	PA
<i>carbamazepine cp12 100 MG</i>	1B	
<i>carbamazepine susp</i>	1B	
<i>carbamazepine chew</i>	1B	
<i>carbamazepine cp12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine tb12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine cp12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine tb12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine tabs</i>	1B	
CARBATROL CP12 100 MG (Use carbamazepine)	NF	
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
CARBATROL CP12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
DIACOMIT CAPS 500 MG	4	QL(6 ea daily);PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily);PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily);PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily);PA
EPIDIOLEX	3	PA
<i>gabapentin caps</i>	1B	
<i>gabapentin tabs 600 MG, 800 MG</i>	1B	
<i>gabapentin soln</i>	1B	QL(60 ml daily)
KEPPRA SOLN IV 500 MG/5ML ( <i>Use levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA TABS 1000 MG ( <i>Use levetiracetam</i> )	NF	QL(3 ea daily)
KEPPRA TABS 500 MG ( <i>Use levetiracetam</i> )	NF	QL(6 ea daily)
KEPPRA TABS 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
<i>lacosamide tabs</i>	1B	QL(2 ea daily);PA
<i>lacosamide soln or 10 MG/ML</i>	1B	QL(40 ml daily);PA
<i>lacosamide soln iv 200 MG/20ML</i>	1B	QL(40 ml daily)
LAMICTAL TABS ( <i>Use lamotrigine</i> )	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG ( <i>Use lamotrigine</i> )	NF	QL(100 ea daily)

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

Drug Name	Drug Tier	Requirement s/Limits
<i>oxcarbazepine tabs 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>pregabalin caps 225 MG, 300 MG</i>	1B	QL(2 ea daily);PA
<i>pregabalin soln</i>	1B	QL(30 ml daily);PA
<i>pregabalin caps 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 ea daily);PA
<i>primidone</i>	1B	
<i>QUDEXY XR CS24 (Use topiramate)</i>	NF	PA
<i>rufinamide tabs 400 MG</i>	1B	QL(8 ea daily);PA
<i>rufinamide susp</i>	1B	QL(80 ml daily);PA
<i>rufinamide tabs 200 MG</i>	1B	QL(2 ea daily);PA
<i>TEGRETOL SUSP (Use carbamazepine)</i>	2	
<i>TEGRETOL TABS (Use carbamazepine)</i>	2	
<i>TEGRETOL-XR TB12 100 MG, 400 MG (Use carbamazepine)</i>	NF	QL(4 ea daily)
<i>TEGRETOL-XR TB12 200 MG (Use carbamazepine)</i>	NF	QL(6 ea daily)
<i>TOPAMAX TABS 25 MG, 100 MG (Use topiramate)</i>	NF	QL(4 ea daily)
<i>TOPAMAX TABS 200 MG (Use topiramate)</i>	NF	QL(2 ea daily)
<i>TOPAMAX TABS 50 MG (Use topiramate)</i>	NF	QL(6 ea daily)
<i>TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)</i>	NF	QL(8 ea daily)
<i>TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)</i>	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>topiramate cpsp 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate tabs 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate cpsp 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate tabs 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate tabs 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate cs24</i>	3	PA
<i>TRILEPTAL TABS 600 MG (Use oxcarbazepine)</i>	NF	QL(4 ea daily)
<i>TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)</i>	NF	QL(3 ea daily)
<i>TRILEPTAL SUSP (Use oxcarbazepine)</i>	NF	QL(40 ml daily)
<i>VIMPAT SOLN OR 10 MG/ML (Use lacosamide)</i>	3	QL(40 ml daily);PA
<i>VIMPAT SOLN IV 200 MG/20ML (Use lacosamide)</i>	3	QL(40 ml daily)
<i>VIMPAT TABS (Use lacosamide)</i>	3	QL(2 ea daily);PA
<i>ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)</i>	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate susp</i>	1B	QL(30 ml daily)
<i>felbamate tabs 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate tabs 600 MG</i>	1B	QL(6 ea daily)
<i>FELBATOL TABS 600 MG (Use felbamate)</i>	NF	QL(6 ea daily)
<i>FELBATOL TABS 400 MG (Use felbamate)</i>	NF	QL(9 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide soln</i>	1B	QL(30 ml daily)
ZARONTIN CAPS ( <i>Use ethosuximide</i> )	2	QL(6 ea daily)
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily)
<b>Valproic Acid</b>		
DEPAKOTE TBEC ( <i>Use divalproex sodium</i> )	NF	
DEPAKOTE ER TB24 ( <i>Use divalproex sodium</i> )	NF	
<i>divalproex sodium tb24</i>	1B	
<i>divalproex sodium tbec</i>	1B	
<i>valproate sodium soln or 250 MG/5ML</i>	1B	
<i>valproic acid caps</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tbdp 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tabs 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine tabs 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i> )	NF	QL(1 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i> )	NF	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tb12</i> 200 MG	1B	QL(2 ea daily)
<i>bupropion hcl tb12</i> 150 MG	1B	QL(3 ea daily)
<i>bupropion hcl tb24</i> 300 MG	1B	QL(1 ea daily)
<i>bupropion hcl tb24</i> 150 MG	1B	QL(3 ea daily)
<i>bupropion hcl tabs</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12</i> 100 MG	1B	QL(4 ea daily)
FORFIVO XL TB24 (Use <i>bupropion hcl</i> )	NF	
<i>maprotiline hcl</i>	1B	
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i> )	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i> )	NF	QL(2 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i> )	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl tb24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tabs 40 MG</i>	1B	QL(1 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i> )	NF	QL(6 ea daily)
PAXIL SUSP (Use <i>paroxetine hcl</i> )	NF	QL(30 ml daily)
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i> )	NF	QL(3 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i> )	NF	QL(2 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i> )	NF	QL(3 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
<i>sertraline hcl tabs 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>sertraline hcl conc</i>	1B	QL(10 ml daily)
<i>sertraline hcl tabs 100 MG</i>	1B	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i> )	NF	QL(4 ea daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i> )	NF	QL(2 ea daily)
ZOLOFT CONC (Use <i>sertraline hcl</i> )	NF	QL(10 ml daily)
<b>Serotonin Modulators</b>		



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

Drug Name	Drug Tier	Requirement s/Limits
PRISTIQ 25 MG, 50 MG ( <i>Use desvenlafaxine succinate</i> )	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl tb24 37.5 MG, 75 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl tb24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl tb24 225 MG</i>	1B	QL(1 ea daily);ST
<i>venlafaxine hcl cp24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl cp24 150 MG</i>	1B	QL(2 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1B	
<i>amoxapine</i>	1B	
ANAFRANIL ( <i>Use clomipramine hcl</i> )	NF	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl tabs</i>	1B	
<i>doxepin hcl conc</i>	1B	
<i>doxepin hcl caps</i>	1B	
<i>imipramine hcl tabs</i>	1B	
<i>imipramine pamoate</i>	1B	
NORPRAMIN TABS 10 MG, 25 MG ( <i>Use desipramine hcl</i> )	NF	
<i>nortriptyline hcl caps</i>	1B	
<i>nortriptyline hcl soln</i>	1B	
PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )	NF	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate caps</i>	1B	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT ( <i>Use glucagon (rdna)</i> )	NF	QL(0.035 ea daily)
PROGLYCEM ( <i>Use diazoxide</i> )	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
NESINA ( <i>Use alogliptin benzoate</i> )	NF	
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET	3	QL(6 ea daily)
<b>Incretin Mimetic Agents</b>		
OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML	2	QL(0.108 ml daily);PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily);PA
TRULICITY	2	QL(0.143 ml daily);PA
VICTOZA	2	QL(0.3 ml daily);PA
<b>Insulin</b>		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP SOLN 100 UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100 UNIT/ML	2	
FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN DEGLUDEC SOLN	2	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
LEVEMIR FLEXTOUCH SOPN	2	
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN N SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N FLEXPEN RELION SUPN	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN R SOLN IJ	2	
NOVOLIN R RELION SOLN IJ	2	
NOVOLOG SOLN IJ	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG FLEXPEN RELION SOPN	2	
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
glipizide tabs	1B	QL(4 ea daily)
GLUCOTROL TABS (Use glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use glipizide)	NF	QL(2 ea daily)
glyburide tabs	1B	QL(4 ea daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1B	QL(4 ea daily)
GLYNASE (Use glyburide micronized)	NF	QL(4 ea daily)
tolbutamide	1B	QL(6 ea daily)

### ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

#### Antiperistaltic Agents

diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG	1B	
diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML	1B	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC
LOMOTIL TABS 2.5 MG-0.025 MG (Use diphenoxylate w/ atropine)	NF	
loperamide hcl caps	1B	RX/OTC
MOTOFEN 1 MG-0.025 MG	3	

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

CHEMET	3	
deferasirox tbso	4	SP;PA
deferasirox tabs	4	SP;PA
deferasirox pack	4	PA
deferiprone tabs 500 MG	1B	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine tbec 10 MG-10 MG</i>	1B	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA
<i>dronabinol caps</i>	1B	
MARINOL CAPS (Use <i>dronabinol</i> )	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant misc</i>	1B	PA
<i>aprepitant caps</i>	1B	PA
<i>aprepitant caps 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant caps 80 MG</i>	1B	QL(0.134 ea daily)
EMEND CAPS 80 MG (Use <i>aprepitant</i> )	NF	QL(0.134 ea daily)
EMEND TRIPACK CAPS (Use <i>aprepitant</i> )	NF	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
CANCIDAS (Use <i>caspofungin acetate</i> )	NF	
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
MYCAMINE (Use <i>micafungin sodium</i> )	NF	PA
<b>Antifungals</b>		
ABELCET	3	
AMBISOME (Use <i>amphotericin b liposome</i> )	3	
<i>amphotericin b iv</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate soln</i>	1B	
<b>Antihistamines - Ethanolamines</b>		
BENADRYL ALLERGY CHILDRENS LIQD (Use <i>diphenhydramine hcl</i> )	NF	QL(20 ml daily)
<i>carbinoxamine maleate soln</i>	1B	
<i>carbinoxamine maleate tabs 4 MG</i>	1B	
<i>clemastine fumarate tabs 2.68 MG</i>	1B	
CLEMASTINE FUMARATE SYRP	1B	
<i>diphenhydramine hcl soln 50 MG/ML</i>	1B	
<i>diphenhydramine hcl caps 50 MG</i>	1A	
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl tabs</i>	1A	QL(1 ea daily)
CLARINEX TABS (Use <i>desloratadine</i> )	NF	QL(1 ea daily)
CLARITIN CAPS (Use <i>loratadine</i> )	NF	
CLARITIN CHEW (Use <i>loratadine</i> )	NF	
CLARITIN TABS (Use <i>loratadine</i> )	NF	
CLARITIN SYRP (Use <i>loratadine</i> )	NF	
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>loratadine</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i> )	NF	
CLARITIN REDITABS TBDP (Use <i>loratadine</i> )	NF	
<i>desloratadine tbdp 2.5 MG</i>	1B	QL(1 ea daily)
<i>desloratadine tabs</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride soln</i>	1B	QL(10 ml daily);RX/OTC
<i>levocetirizine dihydrochloride tabs</i>	1B	QL(1 ea daily);RX/OTC
<i>loratadine caps</i>	1B	
<i>loratadine tabs</i>	1A	
<i>loratadine tbdp</i>	1B	
<i>loratadine syrp</i>	1B	
<i>loratadine chew</i>	1B	
<i>loratadine soln</i>	1B	
QUZYTIR SOLN IV	3	PA
XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i> )	NF	QL(1 ea daily);RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>levocetirizine dihydrochloride</i> )	NF	QL(10 ml daily);RX/OTC
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i> )	NF	QL(1 ea daily)
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLN (Use <i>promethazine hcl</i> )	NF	
<i>promethazine hcl syrp</i>	1B	
<i>promethazine hcl tabs</i>	1B	
<i>promethazine hcl supp</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl soln 25 MG/ML, 50 MG/ML</i>	1B	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp</i>	1B	
<i>cyproheptadine hcl tabs</i>	1B	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
<i>VYTORIN (Use ezetimibe-simvastatin)</i>	NF	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily);PA
<i>icosapent ethyl .5 GM</i>	1B	QL(8 ea daily);PA
<i>LOVAZA 1 GM-375 MG-465 MG (Use omega-3-acid ethyl esters)</i>	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters 1 GM-375 MG-465 MG</i>	1B	QL(4 ea daily)
<i>VASCEPA 1 GM (Use icosapent ethyl)</i>	NF	QL(4 ea daily);PA
<i>VASCEPA .5 GM (Use icosapent ethyl)</i>	3	QL(8 ea daily);PA
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine pack</i>	1B	QL(6 ea daily)
<i>cholestyramine powd</i>	1B	QL(25.2 gm daily)
<i>cholestyramine light pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd</i>	1B	QL(24 gm daily)
<i>colesevelam hcl tabs</i>	1B	QL(7 ea daily)
<i>colesevelam hcl pack</i>	1B	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<i>COLESTID PACK (Use colestipol hcl)</i>	NF	QL(6 ea daily)
<i>COLESTID TABS (Use colestipol hcl)</i>	NF	QL(16 ea daily)
<i>COLESTID GRAN (Use colestipol hcl)</i>	NF	QL(6 gm daily)
<i>COLESTID FLAVORED PACK (Use colestipol hcl)</i>	NF	QL(6 ea daily)
<i>COLESTID FLAVORED GRAN (Use colestipol hcl)</i>	NF	QL(6 gm daily)
<i>colestipol hcl gran</i>	1B	QL(6 gm daily)
<i>colestipol hcl tabs</i>	1B	QL(16 ea daily)
<i>colestipol hcl pack</i>	1B	QL(6 ea daily)
<i>QUESTRAN POWD (Use cholestyramine)</i>	NF	QL(25.2 gm daily)
<i>QUESTRAN PACK (Use cholestyramine)</i>	NF	QL(6 ea daily)
<i>QUESTRAN LIGHT POWD (Use cholestyramine light)</i>	NF	QL(24 gm daily)
<i>WELCHOL TABS (Use colesevelam hcl)</i>	NF	QL(7 ea daily)
<i>WELCHOL PACK (Use colesevelam hcl)</i>	NF	QL(1 ea daily);PA
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
<i>LOPID TABS (Use gemfibrozil)</i>	NF	QL(2 ea daily)
<i>TRICOR TABS (Use fenofibrate)</i>	NF	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits
TRILIPIX (Use choline fenofibrate)	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	3	QL(1 ea daily);ST
atorvastatin calcium	1B	QL(1 ea daily)
CRESTOR TABS (Use rosuvastatin calcium)	NF	QL(1 ea daily)
fluvastatin sodium caps 20 MG	1B	QL(1 ea daily)
fluvastatin sodium caps 40 MG	1B	QL(2 ea daily)
LIPITOR (Use atorvastatin calcium)	NF	QL(1 ea daily)
lovastatin tabs 40 MG	1B	\$0 copay for generic only, age 40 to 76;QL(2 ea daily);PV
lovastatin tabs 10 MG, 20 MG	1B	\$0 copay for generic only, age 40 to 76;QL(1 ea daily);PV
PRAVACHOL 20 MG, 40 MG (Use pravastatin sodium)	NF	QL(1 ea daily)
pravastatin sodium	1B	QL(1 ea daily)
rosuvastatin calcium tabs	3	QL(1 ea daily)
simvastatin tabs	1B	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use simvastatin)	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
ezetimibe	1B	QL(1 ea daily)
ZETIA (Use ezetimibe)	NF	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
niacin (antihyperlipidemic) tbc	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR (Use niacin (antihyperlipidemic))	NF	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
REPATHA SOSY	4	QL(0.0714 ml daily);PA
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily);PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily);PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL (Use quinapril hcl)	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NF	
benazepril hcl	1B	
captopril	1B	
enalapril maleate tabs	1B	
fosinopril sodium	1B	
lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1B	
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NF	
moexipril hcl	1B	
perindopril erbumine	1B	
PRINIVIL TABS (Use lisinopril)	NF	
quinapril hcl	1B	
ramipril caps	1B	
trandolapril	1B	

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

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-2 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa tabs</i>	1B	QL(6 ea daily)
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
<b>Antihypertensive Combinations</b>		
ACCURETIC 10 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(3 ea daily)
ACCURETIC 20 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(4 ea daily)
ACCURETIC 20 MG-25 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1B	
ATACAND HCT ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>atenolol &amp; chlorthalidone</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide	1B	
LOPRESSOR HCT TABS 50 MG-25 MG (Use metoprolol & hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide 50 MG-12.5 MG	1B	QL(2 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)	NF	
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)	NF	
metoprolol & hydrochlorothiazide tabs	1B	
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1B	ST
olmesartan medoxomil-hydrochlorothiazide	1B	
quinapril-hydrochlorothiazide 20 MG-25 MG	1B	QL(2 ea daily)
quinapril-hydrochlorothiazide 20 MG-12.5 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use <i>trandolapril-verapamil hcl</i> )	NF	
<i>telmisartan-amlodipine</i>	1B	
<i>telmisartan-hydrochlorothiazide</i>	1B	
TENORETIC 100 100 MG-25 MG (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 50 MG-25 MG (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>trandolapril-verapamil hcl</i>	1B	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST
TWYNSTA (Use <i>telmisartan-amlodipine</i> )	NF	
<i>valsartan-hydrochlorothiazide</i>	1B	
VASERETIC 10 MG-25 MG (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC (Use <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TEKTURNA (Use <i>aliskiren fumarate</i> )	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone</i>	1B	
INSPRA (Use <i>eplerenone</i> )	NF	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	1B	
<i>hydralazine hcl soln</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin</i>	3	
FLAGYL TABS 500 MG (Use <i>metronidazole</i> )	NF	
IMPAVIDO	3	QL(3 ea daily);PA
<i>metronidazole tabs</i>	1B	
<i>trimethoprim tabs</i>	1B	
XIFAXAN	3	AL(At least 12 yrs old);PA
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM TABS 80 MG-400 MG (Use <i>sulfamethoxazole-trimethoprim</i> )	NF	
BACTRIM DS TABS 160 MG-800 MG (Use <i>sulfamethoxazole-trimethoprim</i> )	NF	
<i>sulfamethoxazole-trimethoprim soln 80 MG/5ML-400 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs</i>	1A	
<b>Antiprotozoal Agents</b>		
ALINIA TABS ( <i>Use nitazoxanide</i> )	NF	PA
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
MEPRON ( <i>Use atovaquone</i> )	NF	
<i>nitazoxanide tabs</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium ij</i>	1B	
<i>imipenem-cilastatin iv</i>	1B	
INVANZ IJ ( <i>Use ertapenem sodium</i> )	NF	
<i>meropenem</i>	1B	
MERREM 500 MG ( <i>Use meropenem</i> )	NF	
PRIMAXIN IV IV 500 MG-500 MG ( <i>Use imipenem-cilastatin</i> )	NF	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP;PA
<b>Cyclic Lipopeptides</b>		
CUBICIN ( <i>Use daptomycin</i> )	NF	
CUBICIN RF ( <i>Use daptomycin</i> )	NF	
<i>daptomycin 500 MG</i>	1B	
DAPTOMYCIN ( <i>Use daptomycin</i> )	NF	
<b>Glycopeptides</b>		
FIRVANQ SOLR OR	2	QL(300 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VANCOGIN CAPS ( <i>Use vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps</i>	1B	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
CLEOCIN ( <i>Use clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES ( <i>Use clindamycin palmitate hydrochloride</i> )	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML ( <i>Use clindamycin phosphate</i> )	NF	
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate soln ij 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
LINCOCIN ( <i>Use lincomycin hcl</i> )	NF	
<i>lincomycin hcl</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<b>Monobactams</b>		
AZACTAM 1 GM (Use aztreonam)	NF	
aztreonam 1 GM	1B	
CAYSTON	4	QL(3 ml daily);PA
<b>Oxazolidinones</b>		
linezolid tabs	1B	QL(2 ea daily);PA
linezolid susr	1B	
SIVEXTRO TABS	3	PA
ZYVOX SUSR (Use linezolid)	NF	
ZYVOX TABS (Use linezolid)	NF	QL(2 ea daily);PA
<b>Polymyxins</b>		
polymyxin b sulfate solr	1B	
<b>Urinary Anti-infectives</b>		
fosfomycin tromethamine	1B	
HIPREX (Use methenamine hippurate)	NF	
MACROBID (Use nitrofurantoin monohyd macro)	NF	
methenamine hippurate	1B	
MONUROL (Use fosfomycin tromethamine)	NF	
nitrofurantoin	1B	
nitrofurantoin macrocrystal 50 MG, 100 MG	1B	
nitrofurantoin monohyd macro	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		

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

Drug Name	Drug Tier	Requirement s/Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(5 ea daily)
PLAQUENIL ( <i>Use hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NF	
<i>pyrimethamine</i>	1B	QL(3 ea daily);PA
QUALAQUIN CAPS ( <i>Use quinine sulfate</i> )	NF	PA
<i>quinine sulfate caps 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	4	PA
GUANIDINE HCL	2	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON SOLN OR ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NF	
<i>neostigmine methylsulfate sosy</i>	3	PA

Drug Name	Drug Tier	Requirement s/Limits
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide tabs 60 MG</i>	1B	
<i>pyridostigmine bromide soln or</i>	1B	
<i>pyridostigmine bromide tbcr</i>	1B	
RUZURGI	4	QL(10 ea daily);PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1B	
<i>isoniazid soln</i>	1B	
<i>isoniazid tabs</i>	1B	
<i>isoniazid syrp</i>	1B	
MYAMBUTOL TABS 400 MG ( <i>Use ethambutol hcl</i> )	NF	
MYCOBUTIN ( <i>Use rifabutin</i> )	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
RIFADIN SOLR ( <i>Use rifampin</i> )	NF	
<i>rifampin solr</i>	1B	
<i>rifampin caps</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN (Use melphalan)	NF	
ALKERAN (Use melphalan hcl)	NF	
BICNU (Use carmustine)	NF	SP;PA
busulfan soln	4	SP;PA
BUSULFEX SOLN (Use busulfan)	NF	SP;PA
carboplatin soln 50 MG/5ML	4	SP;PA
carmustine	4	SP;PA
cisplatin soln 100 MG/100ML	4	SP;PA
cyclophosphamide solr ij	4	
cyclophosphamide caps	1B	PA
GLEOSTINE 40 MG, 100 MG	4	PA
GLEOSTINE 10 MG	4	SP;PA
IFEX SOLR (Use ifosfamide)	NF	SP;PA
ifosfamide solr	4	SP;PA
ifosfamide soln 1 GM/20ML	4	SP;PA
LEUKERAN	4	SP;PA
melphalan	1B	
melphalan hcl	1B	
MYLERAN TABS	4	SP;PA
oxaliplatin soln 50 MG/10ML, 100 MG/20ML	4	SP;PA
TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	NF	SP;PA

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

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Drug Name	Drug Tier	Requirement s/Limits
<i>methotrexate sodium solr</i>	1B	SP
<i>methotrexate sodium soln 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>nelarabine</i>	4	SP;PA
<i>pemetrexed disodium solr 500 MG</i>	4	SP;PA
<i>pralatrexate 20 MG/ML</i>	4	SP;PA
TABLOID	4	SP;PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP;PA
VIDAZA SUSR ( <i>Use azacitidine</i> )	NF	SP;PA
XELODA ( <i>Use capecitabine</i> )	NF	SP;PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA	4	QL(2 ea daily);SP;PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily);PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP;PA
ZIRABEV	4	PA

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Drug Name	Drug Tier	Requirement s/Limits
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	4	SP;PA
ARZERRA	4	SP;PA
RITUXAN	4	SP;PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP;PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP;PA
TRAZIMERA	4	PA
TUKYSA	4	PA
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	4	SP;PA
<i>erlotinib hcl</i>	4	QL(1 ea daily);SP;PA
GILOTRIF	4	QL(1 ea daily);PA
IRESSA	4	PA
TAGRISO	4	PA
TARCEVA ( <i>Use erlotinib hcl</i> )	NF	QL(1 ea daily);SP;PA
VECTIBIX 100 MG/5ML	4	SP;PA
VIZIMPRO	4	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily);SP;PA
ODOMZO	4	QL(1 ea daily);PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily);SP;PA
<i>anastrozole</i>	1B	QL(1 ea daily)
ARIMIDEX ( <i>Use anastrozole</i> )	NF	QL(1 ea daily)
AROMASIN ( <i>Use exemestane</i> )	NF	QL(1 ea daily);SP
<i>bicalutamide</i>	4	QL(1 ea daily);SP;PA
CASODEX ( <i>Use bicalutamide</i> )	NF	QL(1 ea daily);SP;PA
ELIGARD SC 30 MG	4	SP;PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily);SP;PA
EMCYT	4	SP;PA
ERLEADA	4	QL(4 ea daily);PA
EULEXIN	4	QL(6 ea daily);SP;PA
<i>exemestane</i>	4	QL(1 ea daily);SP
FARESTON ( <i>Use toremifene citrate</i> )	NF	
FASLODEX SOSY ( <i>Use fulvestrant</i> )	4	QL(0.357 ml daily);SP;PA
FEMARA ( <i>Use letrozole</i> )	NF	
FIRMAGON	4	QL(0.143 ea daily);SP;PA
<i>flutamide</i>	4	QL(6 ea daily);SP;PA
<i>fulvestrant sosy</i>	4	QL(0.357 ml daily);SP;PA
<i>letrozole</i>	1B	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	4	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily);SP;PA
LUPRON DEPOT (3-MONTH) IM	4	SP;PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily);SP;PA
LYSODREN	4	SP;PA
<i>megestrol acetate susp</i>	1B	
<i>megestrol acetate tabs</i>	1B	
NILANDRON ( <i>Use nilutamide</i> )	NF	QL(2 ea daily)
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily);PA
<i>tamoxifen citrate tabs 10 MG</i>	0	
<i>tamoxifen citrate tabs 20 MG</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP;PA
XTANDI TABS 80 MG	4	QL(2 ea daily);PA
XTANDI CAPS	4	QL(4 ea daily);SP;PA
XTANDI TABS 40 MG	4	QL(4 ea daily);PA
YONSA	4	QL(4 ea daily);PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily);SP;PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily);SP;PA
ZYTIGA 250 MG ( <i>Use abiraterone acetate</i> )	NF	QL(4 ea daily);SP;PA
ZYTIGA 500 MG ( <i>Use abiraterone acetate</i> )	NF	QL(2 ea daily);PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 ea daily);PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	4	QL(1 ea daily);PA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY	4	PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 15 UNIT</i>	4	SP;PA
COSMEGEN ( <i>Use dactinomycin</i> )	NF	SP;PA
<i>dactinomycin</i>	4	SP;PA
DOXIL ( <i>Use doxorubicin hcl liposomal</i> )	NF	SP;PA
<i>doxorubicin hcl solr 10 MG, 50 MG</i>	4	SP;PA
<i>doxorubicin hcl soln</i>	4	SP;PA
<i>doxorubicin hcl liposomal</i>	4	SP;PA
<i>epirubicin hcl soln 50 MG/25ML</i>	4	SP;PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML ( <i>Use idarubicin hcl</i> )	NF	SP;PA
IDAMYCIN PFS 20 MG/20ML ( <i>Use idarubicin hcl</i> )	NF	PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP;PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin solr iv 20 MG</i>	4	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP;PA
<i>valrubicin</i>	4	SP;PA
VALSTAR ( <i>Use valrubicin</i> )	NF	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic Combinations</b>		
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	3	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS ( <i>Use everolimus</i> )	NF	QL(1 ea daily);SP;PA
ALECENSA	4	QL(4 ea daily);PA
ALUNBRIG TABS	4	QL(1 ea daily);PA
ALUNBRIG TBPK	4	QL(1 ea daily);PA
BALVERSA	4	PA
<i>bortezomib solr ij</i>	4	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF 100 MG, 500 MG	4	QL(1 ea daily);SP;PA
BOSULIF 400 MG	4	PA
BRAFTOVI 75 MG	4	SP;PA
BRUKINSA	4	PA
CABOMETYX TABS	4	QL(1 ea daily);PA
CALQUENCE	4	QL(2 ea daily);PA
CALQUENCE	4	QL(2 ea daily);PA
CAPRELSA	4	QL(1 ea daily);SP;PA
COMETRIQ KIT 0	4	QL(4 ea daily);SP;PA
COMETRIQ KIT 0	4	QL(2 ea daily);SP;PA
COMETRIQ KIT	4	QL(3 ea daily);SP;PA
COPIKTRA	4	PA
<i>everolimus tabs</i>	4	QL(1 ea daily);SP;PA

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Drug Name	Drug Tier	Requirement s/Limits
GLEEVEC ( <i>Use imatinib mesylate</i> )	NF	QL(2 ea daily);SP;PA
IBRANCE TABS	3	PA
IBRANCE CAPS	3	PA
ICLUSIG	4	QL(1 ea daily);PA
<i>imatinib mesylate</i>	4	QL(2 ea daily);SP;PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily);PA
IMBRUVICA TABS	4	QL(1 ea daily);PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily);PA
IMBRUVICA SUSP	4	QL(8 ml daily);PA
INREBIC	4	PA
ISTODAX (OVERFILL) SOLR ( <i>Use romidepsin</i> )	4	SP;PA
JAKAFI 10 MG, 20 MG	4	SP;PA
JAKAFI 5 MG, 15 MG, 25 MG	4	QL(2 ea daily);SP;PA
KISQALI	3	PA
KOSELUGO	4	PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily);SP;PA
LORBRENA	4	QL(1 ea daily);PA
LYNPARZA TABS	4	QL(4 ea daily);PA
MEKINIST .5 MG	4	QL(3 ea daily);PA
MEKINIST 2 MG	4	QL(1 ea daily);PA
MEKTOVI	4	SP;PA
NEXAVAR ( <i>Use sorafenib tosylate</i> )	4	QL(4 ea daily);SP;PA
NINLARO	4	QL(0.143 ea daily);PA
PEMAZYRE	4	QL(1 ea daily);PA
PIQRAY 200MG DAILY DOSE	4	PA

Drug Name	Drug Tier	Requirement s/Limits
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
QINLOCK	4	PA
RETEVMO	4	PA
<i>romidepsin solr</i>	4	SP;PA
ROZLYTREK	4	PA
RUBRACA	4	QL(4 ea daily);PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily);SP;PA
SPRYCEL	4	QL(1 ea daily);SP;PA
STIVARGA	4	QL(4 ea daily);SP;PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily);SP;PA
SUTENT 12.5 MG, 25 MG, 50 MG ( <i>Use sunitinib malate</i> )	4	QL(1 ea daily);SP;PA
TABRECTA	4	PA
TAFINLAR	4	QL(4 ea daily);PA
TALZENNA	4	QL(1 ea daily);PA
TASIGNA 50 MG	4	QL(4 ea daily);PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily);SP;PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily);SP;PA
TIBSOVO	4	PA
TORISEL ( <i>Use temsirolimus</i> )	NF	QL(0.143 ml daily);SP;PA
TURALIO	4	PA
TYKERB ( <i>Use lapatinib ditosylate</i> )	4	QL(6 ea daily);SP;PA
VELCADE SOLR IJ ( <i>Use bortezomib</i> )	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
VERZENIO	4	PA
VITRAKVI SOLN	4	PA
VITRAKVI CAPS	4	PA
VOTRIENT	4	QL(4 ea daily);SP;PA
XALKORI	4	QL(2 ea daily);SP;PA
XOSPATA	4	PA
ZEJULA	4	QL(3 ea daily);PA
ZELBORAF	4	SP;PA
ZOLINZA	4	QL(4 ea daily);SP;PA
ZYDELIG	4	QL(2 ea daily);PA
<b>Antineoplastic Enzymes</b>		
ERWINASE	4	SP;PA
ERWINAZE	4	SP;PA
ONCASPAR	4	SP;PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE	4	SP;PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP;PA
<i>bexarotene</i>	4	SP;PA
<i>dacarbazine solr 200 MG</i>	4	SP;PA
HYDREA ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP;PA
MATULANE	4	SP;PA
NIPENT	4	SP;PA
PHOTOFRIN	4	SP;PA
PROLEUKIN	4	SP;PA
SYNRIBO	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
TARGRETIN ( <i>Use bexarotene</i> )	NF	SP;PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP;PA
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE	4	SP;PA
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium tabs</i>	1B	
<i>leucovorin calcium solr</i>	1B	
VORAXAZE	4	SP;PA
<b>Mitotic Inhibitors</b>		
ABRAXANE 100 MG-900 MG ( <i>Use paclitaxel protein-bound particles</i> )	4	SP;PA
<i>docetaxel conc 20 MG/ML</i>	4	SP;PA
<i>docetaxel soln 20 MG/2ML</i>	4	SP;PA
DOCETAXEL CONC 20 MG/ML ( <i>Use docetaxel</i> )	NF	SP;PA
DOCETAXEL SOLN 20 MG/2ML ( <i>Use docetaxel</i> )	4	SP;PA
ETOPOPHOS	4	SP;PA
<i>etoposide caps</i>	4	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	
HALAVEN	4	SP;PA
IXEMPRA KIT 15 MG	4	SP;PA
JEVTANA	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
NAVELBINE 50 MG/5ML (Use <i>vinorelbine tartrate</i> )	NF	
NAVELBINE 10 MG/ML (Use <i>vinorelbine tartrate</i> )	NF	SP;PA
<i>paclitaxel 150 MG/25ML</i>	4	SP;PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML</i>	4	SP;PA
<i>paclitaxel protein-bound particles 100 MG-900 MG</i>	4	SP;PA
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use <i>paclitaxel protein-bound particles</i> )	4	SP;PA
TENIPOSIDE	4	SP;PA
<i>vincristine sulfate</i>	4	SP;PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP;PA
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use <i>irinotecan hcl</i> )	NF	SP;PA
HYCAMTIN SOLR (Use <i>topotecan hcl</i> )	NF	
HYCAMTIN CAPS	4	SP;PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP;PA
<i>topotecan hcl solr</i>	4	
<i>topotecan hcl soln</i>	4	
TOPOTECAN HCL SOLN (Use <i>topotecan hcl</i> )	NF	

**ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease**

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

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

Drug Name	Drug Tier	Requirements/Limits
STALEVO 125 200 MG-125 MG-31.25 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 200 MG-150 MG-37.5 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 200 MG-200 MG-50 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 200 MG-50 MG-12.5 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 200 MG-75 MG-18.75 MG (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT (Use <i>rasagiline mesylate</i> )	NF	QL(1 ea daily);PA
<i>rasagiline mesylate</i>	1B	QL(1 ea daily);PA
<i>selegiline hcl tabs</i>	1B	
<i>selegiline hcl caps</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tbcr</i>	1B	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO 300 MG	3	QL(4 ea daily);ST
EQUETRO 200 MG	3	QL(8 ea daily);ST

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

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



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

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

Drug Name	Drug Tier	Requirement s/Limits
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	1B	QL(2 ea daily)
APTIVUS SOLN	2	QL(10 ml daily)
APTIVUS CAPS	2	QL(4 ea daily)
<i>atazanavir sulfate caps 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate caps 200 MG</i>	1B	QL(2 ea daily)
ATRIPLA 300 MG-200 MG-600 MG (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	3	QL(1 ea daily)
BIKTARVY 25 MG-200 MG-50 MG	2	QL(1 ea daily)
BIKTARVY 15 MG-120 MG-30 MG	3	QL(1 ea daily)
CIMDUO 300 MG-300 MG	2	QL(1 ea daily);ST
COMBIVIR 150 MG-300 MG (Use <i>lamivudine-zidovudine</i> )	NF	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	3	QL(1 ea daily)
CRIXIVAN 400 MG	2	QL(6 ea daily)
CRIXIVAN 200 MG	2	QL(9 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	3	QL(1 ea daily)
<i>didanosine cpdr 250 MG, 400 MG</i>	1B	QL(1 ea daily)
<i>didanosine cpdr 200 MG</i>	1B	QL(2 ea daily)
DOVATO 50 MG-300 MG	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>efavirenz caps 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz tabs</i>	1B	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>emtricitabine caps</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG</i>	1B	QL(1 ea daily)
EMTRIVA SOLN	2	QL(24 ml daily)
EMTRIVA CAPS (Use <i>emtricitabine</i> )	NF	QL(1 ea daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i> )	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i> )	NF	QL(1 ea daily)
EPIVIR SOLN (Use <i>lamivudine</i> )	NF	QL(30 ml daily)
EPZICOM 600 MG-300 MG (Use <i>abacavir sulfate-lamivudine</i> )	NF	QL(1 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
EVOTAZ 150 MG-300 MG	3	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP;PA

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA 150 MG-200 MG-150 MG-10 MG	2	QL(1 ea daily)
INTELENCE 200 MG (Use etravirine)	2	QL(2 ea daily)
INTELENCE 100 MG (Use etravirine)	2	QL(4 ea daily)
INTELENCE 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW	2	QL(6 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
JULUCA 50 MG-25 MG	3	QL(1 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML (Use lopinavir-ritonavir)	NF	QL(12.5 ml daily)
KALETRA TABS (Use lopinavir-ritonavir)	2	QL(4 ea daily)
lamivudine tabs 300 MG	1B	QL(1 ea daily)
lamivudine tabs 150 MG	1B	QL(2 ea daily)
lamivudine soln	1B	QL(30 ml daily)
lamivudine-zidovudine 150 MG-300 MG	1B	QL(2 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)
LEXIVA TABS (Use fosamprenavir calcium)	NF	QL(4 ea daily)
lopinavir-ritonavir tabs	1B	QL(4 ea daily)
lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML	1B	QL(12.5 ml daily)
maraviroc tabs 150 MG	1B	QL(2 ea daily)
maraviroc tabs 300 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
nevirapine tabs	1B	QL(2 ea daily)
nevirapine tb24 400 MG	1B	QL(1 ea daily)
nevirapine tb24 100 MG	1B	QL(3 ea daily)
nevirapine susp	1B	QL(40 ml daily)
NORVIR SOLN	2	QL(15 ml daily)
NORVIR TABS (Use ritonavir)	NF	QL(12 ea daily)
NORVIR PACK	2	QL(12 ea daily)
ODEFSEY 25 MG-200 MG-25 MG	2	QL(1 ea daily)
PIFELTRO	2	QL(1 ea daily)
PREZCOBIX 800 MG-150 MG	2	QL(1 ea daily)
PREZISTA SUSP	2	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RETROVIR SYRP (Use zidovudine)	NF	QL(60 ml daily)
RETROVIR CAPS (Use zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1B	
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 150 MG, 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)
ritonavir tabs	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY TABS 300 MG (Use maraviroc)	2	QL(4 ea daily)
SELZENTRY SOLN	2	QL(30 ml daily)
SELZENTRY TABS (Use maraviroc)	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
<i>stavudine caps</i>	1B	QL(2 ea daily)
STRIBILD 150 MG-200 MG-300 MG-150 MG	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i> )	NF	QL(2 ea daily)
SUSTIVA TABS (Use <i>efavirenz</i> )	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i> )	NF	QL(3 ea daily)
SYMFI 300 MG-300 MG-600 MG (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMTUZA 800 MG-200 MG-10 MG-150 MG	3	QL(1 ea daily);ST
TEMIXYS 300 MG-300 MG	2	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	QL(1 ea daily)
TRIZIVIR 300 MG-300 MG-150 MG	2	QL(2 ea daily)
TRUVADA (Use <i>emtricitabine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
TYBOST	2	QL(1 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRAMUNE SUSP (Use <i>nevirapine</i> )	NF	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (Use <i>nevirapine</i> )	NF	QL(1 ea daily)
VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i> )	NF	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
ZIAGEN TABS (Use <i>abacavir sulfate</i> )	NF	QL(2 ea daily)
ZIAGEN SOLN (Use <i>abacavir sulfate</i> )	NF	QL(32 ml daily)
<i>zidovudine syrpf</i>	1B	QL(60 ml daily)
<i>zidovudine caps</i>	1B	QL(6 ea daily)
<i>zidovudine tabs</i>	1B	QL(2 ea daily)
<b>CMV Agents</b>		
<i>cidofovir</i>	3	
<i>ganciclovir sodium solr</i>	1B	
VALCYTE TABS (Use <i>valganciclovir hcl</i> )	NF	QL(4 ea daily);PA
<i>valganciclovir hcl tabs</i>	1B	QL(4 ea daily);PA
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily);SP;PA
BARACLUDE SOLN	4	QL(20 ml daily);SP;PA
BARACLUDE TABS (Use <i>entecavir</i> )	NF	QL(1 ea daily);SP
<i>entecavir tabs</i>	4	QL(1 ea daily);SP
EPCLUSA PACK	4	QL(1 ea daily);PA
EPCLUSA TABS	4	QL(1 ea daily);PA
EPCLUSA TABS	4	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV TABS (Use lamivudine (hbv))	NF	QL(3 ea daily);SP
EPIVIR HBV SOLN	4	QL(60 ml daily);SP;PA
HEPSERA (Use adefovir dipivoxil)	NF	QL(1 ea daily);SP;PA
lamivudine (hbv) tabs	1B	QL(3 ea daily);SP
PEGASYS SOLN	4	QL(0.0714 ml daily);SP;PA
PEGASYS SOSY	4	QL(0.072 ml daily);PA
PEGINTRON 50 MCG/0.5ML	4	QL(0.143 ea daily);SP;PA
ribavirin (hepatitis c) tabs 200 MG	1B	QL(7 ea daily)
ribavirin (hepatitis c) caps	1B	QL(7 ea daily)
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	4	QL(1 ea daily);PA
SOVALDI TABS 400 MG	4	QL(1 ea daily);SP;PA
SOVALDI TABS 200 MG	4	QL(1 ea daily);PA
VEMLIDY	4	QL(1 ea daily);SP;PA
VOSEVI 400 MG-100 MG-100 MG	4	QL(1 ea daily);PA
<b>Herpes Agents</b>		
acyclovir tabs or	1B	QL(5 ea daily)
acyclovir susp	1B	QL(13.34 ml daily)
acyclovir caps	1A	QL(5 ea daily,50 ea per fill retail,50 per fill mail MG)
famciclovir 125 MG, 250 MG	1B	QL(3 ea daily)
famciclovir 500 MG	1B	QL(4 ea daily)
valacyclovir hcl 1 GM, 1000 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
valacyclovir hcl 500 MG	1B	QL(2 ea daily)
VALTREX 500 MG (Use valacyclovir hcl)	NF	QL(2 ea daily)
VALTREX 1 GM (Use valacyclovir hcl)	NF	QL(4 ea daily)
ZOVIRAX SUSP (Use acyclovir)	NF	QL(13.34 ml daily)
<b>Influenza Agents</b>		
oseltamivir phosphate caps	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
oseltamivir phosphate susr	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt,30 rtl pack lmt day(s)
rimantadine hydrochloride tabs	1B	QL(2 ea daily)
TAMIFLU CAPS (Use oseltamivir phosphate)	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
TAMIFLU SUSR (Use oseltamivir phosphate)	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
<b>BETA BLOCKERS - Drugs to Treat High Blood</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
COREG (Use <i>carvedilol</i> )	NF	
<i>labetalol hcl soln</i>	1B	
<i>labetalol hcl tabs</i>	1B	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1B	
<i>atenolol tabs</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use <i>nebivolol hcl</i> )	2	QL(1 ea daily)
BYSTOLIC 20 MG (Use <i>nebivolol hcl</i> )	2	QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i> )	NF	
<i>metoprolol succinate tb24</i>	1B	
<i>metoprolol tartrate soln iv 5 MG/5ML</i>	1B	
<i>metoprolol tartrate tabs 25 MG, 50 MG, 100 MG</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	1B	QL(2 ea daily)
TENORMIN TABS (Use <i>atenolol</i> )	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i> )	NF	
<b>Beta Blockers Non-Selective</b>		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BETAPACE AF (Use <i>sotalol hcl (afib/afl)</i> )	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG (Use <i>nadolol</i> )	NF	
HEMANGEOL SOLN OR	4	QL(75 ml daily);PA
INDERAL LA CP24 (Use <i>propranolol hcl</i> )	NF	
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	1B	
<i>pindolol tabs</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl cp24</i>	1B	
<i>sotalol hcl tabs 240 MG</i>	1B	
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl (afib/afl)</i>	1B	
<i>timolol maleate tabs</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs</i>	1B	
CALAN SR TBCR (Use <i>verapamil hcl</i> )	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i> )	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i> )	NF	
CARDIZEM LA TB24 (Use <i>diltiazem hcl coated beads</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp12</i>	1B	
<i>diltiazem hcl cp24</i>	1B	
<i>diltiazem hcl tabs</i>	1B	
<i>diltiazem hcl soln 50 MG/10ML</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl coated beads cp24</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nicardipine hcl caps</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nifedipine tb24</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
NORVASC TABS (Use <i>amlodipine besylate</i> )	NF	
PROCARDIA CAPS (Use <i>nifedipine</i> )	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i> )	NF	
SULAR (Use <i>nisoldipine</i> )	NF	
<i>verapamil hcl soln 2.5 MG/ML</i>	1B	
<i>verapamil hcl tbc</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl cp24</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 (Use <i>verapamil hcl</i> )	NF	
VERELAN PM CP24 (Use <i>verapamil hcl</i> )	NF	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
<i>digoxin soln or .05 MG/ML</i>	1B	
LANOXIN SOLN IJ (Use <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
BIDIL 37.5 MG-20 MG (Use <i>isosorbide dinitrate-hydralazine hcl</i> )	2	
CADUET 10 MG-10 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG, 80 MG-10 MG, 80 MG-5 MG (Use <i>amlodipine besylate-atorvastatin calcium</i> )	NF	QL(1 ea daily)
ENTRESTO	3	QL(2 ea daily);PA
<i>isosorbide dinitrate-hydralazine hcl 37.5 MG-20 MG</i>	1B	
<b>Impotence Agents</b>		

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Drug Name	Drug Tier	Requirement s/Limits
CIALIS 5 MG ( <i>Use tadalafil</i> )	NF	BPH Only;QL(1 ea daily);PA
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily);PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only;QL(1 ea daily);PA
VIAGRA ( <i>Use sildenafil citrate</i> )	NF	QL(0.1334 ea daily);PA
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium</i>	4	PA
FLOLAN ( <i>Use epoprostenol sodium</i> )	NF	PA
ORENITRAM .125 MG, .25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln ij</i>	4	SP;PA
TYVASO SOLN IN	4	PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
VELETRI ( <i>Use epoprostenol sodium</i> )	NF	PA
VENTAVIS	4	SP;PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	4	QL(1 ea daily);SP;PA
<i>bosentan tabs 62.5 MG</i>	4	QL(2 ea daily);PA
<i>bosentan tabs 125 MG</i>	4	QL(2 ea daily);SP;PA
LETAIRIS ( <i>Use ambrisentan</i> )	NF	QL(1 ea daily);SP;PA
OPSUMIT	4	QL(1 ea daily);PA
TRACLEER TBSO	4	QL(2 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
TRACLEER TABS 125 MG ( <i>Use bosentan</i> )	NF	QL(2 ea daily);SP;PA
TRACLEER TABS 62.5 MG ( <i>Use bosentan</i> )	NF	QL(2 ea daily);PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )	NF	QL(2 ea daily);SP;PA
REVATIO TABS ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(3 ea daily);SP;PA
REVATIO SOLN ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(37.5 ml daily);SP;PA
REVATIO SUSR ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(6 ml daily);PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	QL(3 ea daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	QL(37.5 ml daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	QL(6 ml daily);PA
<i>tadalafil (pulmonary hypertension) tabs</i>	4	QL(2 ea daily);SP;PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily);PA
UPTRAVI TABS 200 MCG	4	PA



Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION PACK TBPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	4	QL(3 ea daily);PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ml daily);PA
CORLANOR TABS	3	QL(2 ea daily);PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily);PA
VYNDAQEL	4	QL(4 ea daily);PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil susr</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefadroxil caps</i>	1B	
<i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin tabs</i>	1B	
<i>cephalexin caps</i>	1B	
KEFLEX CAPS (Use <i>cephalexin</i> )	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
CEFOTAN IJ (Use <i>cefotetan disodium</i> )	NF	
<i>cefotetan disodium ij 1 GM, 2 GM</i>	1B	

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

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Drug Name	Drug Tier	Requirements/Limits
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	0	
BEYAZ 0.451 MG-0.02 MG-3 MG (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
ESTROSTEP FE 75 MG-1 MG (Use norethindrone acetate-ethinyl estradiol-fe)	NF	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
FALESSA 1 MG-20 MCG-0.1 MG	0	
GENERESS FE 75 MG-25 MCG-0.8 MG (Use norethindrone & ethinyl estradiol-fe)	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i>	0	

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	0	
LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG (Use norethin acet & estrad-fe)	NF	
MIRCETTE 0 (Use desogestrel-ethinyl estradiol (biphasic))	NF	
NATAZIA	0	
NEXTSTELLIS 14.2 MG-3 MG	0	QL(1 ea daily)
<i>norethin acet &amp; estrad-fe chew 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet &amp; estrad-fe caps 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet &amp; estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	0	
<i>norethindrone &amp; eth estradiol</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<i>norethindrone acet &amp; eth estra</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	0	
<i>norethindrone-eth estradiol (triphasic) 0</i>	0	
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	0	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive)</i>	0	
ORTHO MICRONOR (Use <i>norethindrone (contraceptive)</i> )	NF	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep</i>	1B	QL(3 ea daily)
CORTEF TABS (Use <i>hydrocortisone</i> )	NF	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP (Use <i>methylprednisolone acetate</i> )	NF	
<i>dexamethasone tabs .5 MG, .75 MG</i>	1A	
<i>dexamethasone soln</i>	1B	
<i>dexamethasone tabs 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone elix</i>	1B	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
EMFLAZA TABS	4	PA
EMFLAZA SUSP	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i> )	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1B	
KENALOG-40 SUSP (Use <i>triamcinolone acetonide</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS (Use <i>methylprednisolone</i> )	NF	
MEDROL TABS	3	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i> )	NF	
<i>methylprednisolone tabs</i>	1B	
<i>methylprednisolone tbpk</i>	1B	
<i>methylprednisolone acetate susp</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
MILLIPRED TABS	3	
MILLIPRED DP TBPK	3	
ORAPRED ODT TBDP (Use <i>prednisolone sodium phosphate</i> )	NF	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NF	
<i>prednisolone soln</i>	1B	
<i>prednisolone sodium phosphate tbdp</i>	3	
<i>prednisolone sodium phosphate soln</i>	1B	
<i>prednisone soln</i>	1B	
<i>prednisone tabs 1 MG, 5 MG</i>	1B	
<i>prednisone tabs 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone tbpk</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill,30 rtl day(s) supply
SOLU-CORTEF 250 MG	3	

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

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

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

Drug Name	Drug Tier	Requirement s/Limits
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily);AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1B	
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-tretinoin 1.2 %-0.025 %</i>	1B	AL(At least 12 yrs old);ST
DIFFERIN GEL .1 % (Use adapalene)	NF	AL(At least 12 yrs old);PA;RX/OTC
DIFFERIN GEL .3 % (Use adapalene)	NF	AL(At least 12 yrs old);ST
DIFFERIN LOTN	2	AL(At least 12 yrs old);ST
DIFFERIN CREA (Use adapalene)	NF	AL(At least 12 yrs old);PA
EPIDUO GEL 0.1 %-2.5 % (Use adapalene-benzoyl peroxide)	NF	AL(At least 12 yrs old);ST

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

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

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

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



Drug Name	Drug Tier	Requirements/Limits
OXISTAT CREA ( <i>Use oxiconazole nitrate</i> )	NF	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
OXISTAT LOTN	2	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 ml daily)
<i>sulconazole nitrate crea</i>	1B	
<i>sulconazole nitrate soln</i>	1B	1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
<i>tavaborole</i>	1B	PA
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine ptch ex</i>	1B	QL(2 ea daily);PA
<i>diclofenac sodium (topical) gel ex</i>	1B	QL(3.34 gm daily);RX/OTC
FLECTOR PTCH EX ( <i>Use diclofenac epolamine</i> )	NF	QL(2 ea daily);PA
VOLTAREN GEL EX ( <i>Use diclofenac sodium (topical)</i> )	NF	QL(3.34 gm daily);RX/OTC
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>bexarotene (topical)</i>	4	SP;PA
CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NF	
<i>diclofenac sodium (actinic keratoses) ex</i>	1B	QL(3.34 gm daily);PA
EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NF	
<i>fluorouracil (topical) soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) crea 5 %</i>	1B	
PANRETIN	3	
PICATO .015 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(3 ea per fill retail,3 per fill mail %)
PICATO .05 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea per fill retail,2 per fill mail %)
TARGRETIN ( <i>Use bexarotene (topical)</i> )	4	SP;PA
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
PRUDOXIN ( <i>Use doxepin hcl (antipruritic)</i> )	NF	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
ZONALON ( <i>Use doxepin hcl (antipruritic)</i> )	NF	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
<b>Antipsoriatics</b>		

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate crea .05 %</i>	1B	QL(3 gm daily);PA
<i>clobetasol propionate foam</i>	1B	QL(3 gm daily);ST
<i>clobetasol propionate gel .05 %</i>	1B	QL(2 gm daily);ST
<i>clobetasol propionate soln .05 %</i>	1B	QL(3.34 ml daily);PA
<i>clobetasol propionate oint .05 %</i>	1B	QL(1 gm daily);PA
<i>clobetasol propionate emollient base .05 %</i>	1B	QL(1 gm daily);PA
<i>clocortolone pivalate</i>	3	
CLODERM (Use <i>clocortolone pivalate</i> )	NF	
CORDRAN LOTN (Use <i>flurandrenolide</i> )	NF	
CORDRAN TAPE	3	
CORDRAN CREA (Use <i>flurandrenolide</i> )	NF	
CUTIVATE LOTN (Use <i>fluticasone propionate</i> )	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i> )	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NF	
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)
<i>desoximetasone crea .25 %</i>	1B	
<i>desoximetasone gel</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone oint .25 %</i>	1B	
<i>diflorasone diacetate oint</i>	1B	PA
<i>diflorasone diacetate crea</i>	1B	PA
<i>DIPROLENE OINT (Use betamethasone dipropionate augmented)</i>	NF	
<i>DIPROLENE AF CREA (Use betamethasone dipropionate augmented)</i>	NF	
<i>fluocinolone acetonide oil</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
<i>fluocinolone acetonide crea</i>	1B	
<i>fluocinolone acetonide oint</i>	1B	
<i>fluocinolone acetonide soln</i>	1B	
<i>fluocinonide oint</i>	1B	QL(2 gm daily)
<i>fluocinonide soln</i>	1B	QL(2 ml daily)
<i>fluocinonide crea .05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide gel</i>	1B	
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>flurandrenolide crea</i>	2	
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate lotn</i>	1B	QL(6 ml daily)
<i>fluticasone propionate oint</i>	1B	
<i>fluticasone propionate crea .05 %</i>	1B	
<i>halcinonide crea</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG OINT	3	PA
HALOG CREA (Use halcinonide)	NF	PA
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone butyrate crea</i>	1B	
<i>hydrocortisone butyrate oint</i>	1B	
<i>hydrocortisone butyrate soln</i>	1B	
<i>hydrocortisone valerate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
LUXIQ FOAM (Use betamethasone valerate)	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1B	
<i>mometasone furoate soln</i>	1B	
<i>mometasone furoate oint</i>	1B	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use hydrocortisone (topical))	NF	RX/OTC
OLUX FOAM (Use clobetasol propionate)	NF	QL(3 gm daily);ST

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily);RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily);RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC

### DIGESTIVE AIDS - Drugs to Treat Low

#### Digestive Enzymes

#### Digestive Enzymes

CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID	3	

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

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

#### Carbonic Anhydrase Inhibitors

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

#### Diuretic Combinations

ALDACTAZIDE 25 MG-25 MG ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NF	
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Drug Name	Drug Tier	Requirement s/Limits
<i>amiloride &amp; hydrochlorothiazide 5 MG-50 MG</i>	1B	
DYAZIDE CAPS 37.5 MG-25 MG (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE TABS 75 MG-50 MG (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS 37.5 MG-25 MG (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide 25 MG-25 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1B	
<i>triamterene &amp; hydrochlorothiazide caps 37.5 MG-25 MG</i>	1B	
<b>Loop Diuretics</b>		
<i>bumetanide tabs</i>	1B	QL(5 ea daily)
<i>bumetanide soln .25 MG/ML</i>	1B	
BUMEX TABS (Use <i>bumetanide</i> )	NF	QL(5 ea daily)
EDECIN (Use <i>ethacrynic acid</i> )	NF	QL(16 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide tabs</i>	1B	
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	1B	
LASIX TABS (Use <i>furosemide</i> )	NF	
<i>toremide tabs</i>	1B	
<b>Potassium Sparing Diuretics</b>		

Drug Name	Drug Tier	Requirement s/Limits
ALDACTONE TABS (Use <i>spironolactone</i> )	NF	
<i>amiloride hcl tabs</i>	1B	
DYRENIUM CAPS (Use <i>triamterene</i> )	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide tabs 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>hydrochlorothiazide caps</i>	1B	QL(2 ea daily)
<i>indapamide tabs 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide tabs 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i> )	NF	QL(0.036 ea daily);PA
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i> )	NF	QL(0.143 ea daily);PA
<i>alendronate sodium tabs 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 MG, 10 MG</i>	1B	QL(1 ea daily)
ATELVIA TBEC (Use <i>risedronate sodium</i> )	NF	PA



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

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

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

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD	4	QL(0.5 ea daily);PA
HECTOROL SOLN ( <i>Use doxercalciferol</i> )	NF	
KUVAN TABS ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
KUVAN PACK ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
LUMIZYME	4	SP;PA
MYALEPT	4	PA
NAGLAZYME	4	SP;PA
<i>nitisinone caps</i>	4	SP;PA
ORFADIN CAPS ( <i>Use nitisinone</i> )	NF	SP;PA
PALYNZIQ	4	PA
<i>paricalcitol caps</i>	1B	
<i>paricalcitol soln</i>	1B	
ROCALTROL CAPS ( <i>Use calcitriol</i> )	NF	
ROCALTROL SOLN OR ( <i>Use calcitriol</i> )	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR ( <i>Use cinacalcet hcl</i> )	NF	QL(4 ea daily);SP;PA
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>Use paricalcitol</i> )	NF	
ZEMPLAR SOLN ( <i>Use paricalcitol</i> )	NF	
<b>Posterior Pituitary Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS .1 MG (Use desmopressin acetate)	NF	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	PA
DDAVP .01 % (Use desmopressin acetate spray)	NF	
DDAVP TABS .2 MG (Use desmopressin acetate)	NF	QL(8 ea daily)
desmopressin acetate tabs .1 MG	1B	QL(6 ea daily)
desmopressin acetate tabs .2 MG	1B	QL(8 ea daily)
desmopressin acetate soln ij	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP;PA
desmopressin acetate spray	1B	
desmopressin acetate spray refrigerated	1B	
STIMATE SOLN NA	4	SP;PA
<b>Prolactin Inhibitors</b>		
cabergoline	1B	
<b>Somatostatic Agents</b>		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily);SP;PA
octreotide acetate soln	4	SP;PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NF	SP;PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily);SP;PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily);SP;PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS	4	QL(2 ea daily);SP;PA
JYNARQUE TBPK 0	4	SP;PA
SAMSCA TABS (Use tolvaptan)	4	QL(2 ea daily);SP;PA
tolvaptan tabs	4	QL(2 ea daily);SP;PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	3	
DUAVEE 20 MG-0.45 MG	3	PA
FEMHRT 2.5 MCG-0.5 MG (Use norethindrone acetate-ethinyl estradiol)	NF	
norethindrone acetate-ethinyl estradiol	1B	
PREMPHASE 0.625 MG-5 MG	2	
PREMPRO	2	
<b>Estrogens</b>		
CLIMARA PTWK (Use estradiol)	NF	
DELESTROGEN 20 MG/ML, 40 MG/ML (Use estradiol valerate)	NF	
DELESTROGEN	1B	
DEPO-ESTRADIOL	3	

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

Drug Name	Drug Tier	Requirements/Limits
levofloxacin soln or	1B	
levofloxacin tabs 500 MG	1A	
levofloxacin tabs 250 MG, 750 MG	1B	
levofloxacin in d5w 500 MG/100ML-5 %	1B	
moxifloxacin hcl tabs	1B	
moxifloxacin hcl in sodium chloride 400 MG/250ML-0.8 %	1B	
ofloxacin 300 MG, 400 MG	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	4	SP;PA
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS (Use ursodiol)	NF	
URSO 250 TABS (Use ursodiol)	NF	
URSO FORTE TABS (Use ursodiol)	NF	
ursodiol caps	1B	
ursodiol tabs	1B	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA (Use lubiprostone)	NF	QL(2 ea daily);PA
lubiprostone	1B	QL(2 ea daily);PA
LUBIPROSTONE (Use lubiprostone)	NF	QL(2 ea daily);PA
<b>Gastrointestinal Stimulants</b>		
metoclopramide hcl tabs	1A	QL(6 ea daily)
metoclopramide hcl soln ij 5 MG/ML	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>Use mesalamine</i> )	NF	
ASACOL HD TBEC ( <i>Use mesalamine</i> )	NF	QL(6 ea daily)
AVSOLA	4	PA
AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NF	
AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	1B	
CANASA SUPP ( <i>Use mesalamine</i> )	NF	
COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	NF	
DELZICOL CPDR ( <i>Use mesalamine</i> )	NF	
DIPENTUM	2	
INFLECTRA	4	PA
LIALDA TBEC ( <i>Use mesalamine</i> )	NF	
<i>mesalamine cpdr</i>	1B	
<i>mesalamine supp</i>	1B	
<i>mesalamine tbec 1.2 GM</i>	1B	
<i>mesalamine enem</i>	1B	
<i>mesalamine tbec 800 MG</i>	1B	QL(6 ea daily)
<i>mesalamine cp24</i>	1B	
RENFLEXIS	4	PA
STELARA 130 MG/26ML	4	PA

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

**GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive**

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

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

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Drug Name	Drug Tier	Requirement s/Limits
FIRAZYR ( <i>Use icatibant acetate</i> )	NF	QL(9 ml daily);PA
<i>icatibant acetate</i>	4	QL(9 ml daily);PA
<b>Complement Inhibitors</b>		
CINRYZE SOLR IV	4	PA
HAEGARDA SOLR SC	4	PA
RUCONEST	4	QL(0.143 ea daily);PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA
<b>Platelet Aggregation Inhibitors</b>		
AGRYLIN .5 MG ( <i>Use anagrelide hcl</i> )	NF	
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole 200 MG-25 MG</i>	1B	QL(2 ea daily);PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
EFFIENT ( <i>Use prasugrel hcl</i> )	NF	QL(1 ea daily)
PLAVIX 75 MG ( <i>Use clopidogrel bisulfate</i> )	NF	QL(1 ea daily)
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA	4	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
CEREZYME 400 UNIT	4	SP;PA
<i>miglustat</i>	4	QL(3 ea daily);SP;PA
ZAVESCA ( <i>Use miglustat</i> )	NF	QL(3 ea daily);SP;PA
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij</i>	1B	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
DOPTELET	4	QL(3 ea daily);PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA
LEUKINE SOLR IJ	4	SP;PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily);PA
NPLATE 250 MCG, 500 MCG	4	SP;PA

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Drug Name	Drug Tier	Requirement s/Limits
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA
PROCRIT 40000 UNIT/ML	4	SP;PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily);PA
PROMACTA TABS	4	SP;PA
RETACRIT	4	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid 324 MG-1 MG</i>	1B	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tbec</i>	0	
<i>ferrous sulfate soln</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBI	4	SP;PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS ( <i>Use aminocaproic acid</i> )	NF	PA
<i>aminocaproic acid tabs</i>	1B	PA
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	NF	

Drug Name	Drug Tier	Requirement s/Limits
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NF	
<i>tranexamic acid soln 1000 MG/10ML</i>	1B	
<i>tranexamic acid tabs</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
<i>phenobarbital elix</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily);PA
SILENOR ( <i>Use doxepin hcl (sleep)</i> )	NF	QL(1 ea daily);PA
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old)
AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily)
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily);AL(At least 18 yrs old);ST
<i>flurazepam hcl</i>	1B	PA
HALCION .25 MG ( <i>Use triazolam</i> )	NF	
LUNESTA ( <i>Use eszopiclone</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old);ST
RESTORIL ( <i>Use temazepam</i> )	NF	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr</i>	1B	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1A	QL(1 ea daily);AL(At least 18 yrs old)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	3	QL(1 ea daily);PA
<i>ramelteon</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
ROZEREM ( <i>Use ramelteon</i> )	NF	QL(1 ea daily);AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	1B	
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	0	
MOVIPREP 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	3	PA
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	3	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML</i>	1B	PA

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Drug Name	Drug Tier	Requirement s/Limits
SUPREP BOWEL PREP KIT 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML (Use sodium sulfate-potassium sulfate-magnesium sulfate)	3	PA
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP 1.102 GM-0.398 GM	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp</i>	1A	
<i>bisacodyl tbec</i>	1A	
DULCOLAX SUPP (Use <i>bisacodyl</i> )	NF	
DULCOLAX TBEC (Use <i>bisacodyl</i> )	NF	
DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS 100 MG (Use <i>docusate sodium</i> )	NF	
<i>docusate calcium</i>	1A	
<i>docusate sodium caps 100 MG, 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SELECT LANCETS	1	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
<b>Parenteral Therapy Supplies</b>		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AIMOVIG	2	QL(0.04 ml daily);PA
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily);PA
EMGALITY SOAJ	2	QL(0.07 ml daily);PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily);PA
UBRELVY	3	QL(10 ea per 30 days retail);ST
<b>Migraine Combinations</b>		
CAFERGOT TABS 1 MG-100 MG (Use ergotamine w/ caffeine)	NF	QL(1.5 ea daily)
ergotamine w/ caffeine tabs 1 MG-100 MG	1B	QL(1.5 ea daily)
sumatriptan-naproxen sodium 85 MG-500 MG	3	QL(10 ea per 30 days retail,10 ea per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits
TREXIMET 85 MG-500 MG (Use sumatriptan-naproxen sodium)	NF	QL(10 ea per 30 days retail,10 ea per 30 days mail)
<b>Migraine Products</b>		
D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	NF	
dihydroergotamine mesylate soln ij 1 MG/ML	1B	
dihydroergotamine mesylate soln na 4 MG/ML	1B	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	NF	QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
almotriptan malate 6.25 MG	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
almotriptan malate 12.5 MG	1B	QL(0.4 ea daily);AL(At least 12 yrs old);ST
AMERGE (Use naratriptan hcl)	NF	QL(0.3 ea daily);AL(At least 18 yrs old)
eletriptan hydrobromide	1B	QL(0.2 ea daily);AL(At least 18 yrs old);ST
FROVA (Use frovatriptan succinate)	NF	QL(0.4 ea daily);AL(At least 18 yrs old);ST
frovatriptan succinate	1B	QL(0.4 ea daily);AL(At least 18 yrs old);ST
IMITREX TABS (Use sumatriptan succinate)	NF	QL(0.3 ea daily);AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirement s/Limits
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i> )	NF	QL(0.2 ea daily);AL(At least 18 yrs old)
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily);AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily);AL(At least 18 yrs old)
RELPAK (Use <i>eletriptan hydrobromide</i> )	NF	QL(0.2 ea daily);AL(At least 18 yrs old);ST
<i>rizatriptan benzoate tbdp 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>sumatriptan succinate soct</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soaj</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate tabs</i>	1B	QL(0.3 ea daily);AL(At least 18 yrs old)
<i>zolmitriptan tbdp</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan tabs</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan soln</i>	1B	QL(0.2 ea daily);AL(At least 12 yrs old);ST
ZOMIG SOLN (Use <i>zolmitriptan</i> )	3	QL(0.2 ea daily);AL(At least 12 yrs old);ST
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i> )	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST

## MINERALS & ELECTROLYTES

### Bicarbonates

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

### Calcium

<i>calcium chloride (dihydrate) soln</i>	1B	
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Drug Name	Drug Tier	Requirements/Limits
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1B	
IONOSOL-MB/DEXTROSE 5% 23 MEQ/L-5 %-3 MMOLE/L-22 MEQ/L-25 MEQ/L-3 MEQ/L-20 MEQ/L	1B	
ISOLYTE-P/DEXTROSE 5% 20 MEQ/L-5 %-23 MEQ/L-3 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L	1B	
ISOLYTE-S 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
KCL 0.3%/D5W/NACL 0.9% 0.9 %-5 %-40 MEQ/L	1B	
<i>lactated ringer's</i> 28 MEQ/L-3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L	1B	
NORMOSOL-M IN D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-M/D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-R 98 MEQ/L-27 MEQ/L-23 MEQ/L-3 MEQ/L-5 MEQ/L-140 MEQ/L	1B	
PLASMA-LYTE A 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
<i>potassium chloride in dextrose</i> 20 MEQ/L-5 %	1B	
<i>potassium chloride in dextrose &amp; sodium chloride</i> 0.2 %-5 %-20 MEQ/L, 0.45 %-5 %-0.075 %, 0.45 %-5 %-10 MEQ/L, 0.45 %-5 %-20 MEQ/L, 0.45 %-5 %-30 MEQ/L, 0.45 %-5 %-40 MEQ/L, 0.9 %-5 %-0.15 %, 0.9 %-5 %-20 MEQ/L, 0.9 %-5 %-40 MEQ/L	1B	
<i>potassium chloride in nacl</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i> )	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i> )	NF	
<i>ringer's</i> 4 MEQ/L-4 MEQ/L-155 MEQ/L-147 MEQ/L	1B	
<b>Fluoride</b>		
<i>sodium fluoride chew</i> .25 MG, .5 MG, 1 MG, 2.2 MG	0	QL(1 ea daily)
<b>Magnesium</b>		

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

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



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

Drug Name	Drug Tier	Requirement s/Limits
ZORTRESS .25 MG, .5 MG, .75 MG ( <i>Use everolimus (immunosuppressant)</i> )	NF	QL(20 ea daily);SP;PA
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological 30 MG/100ML-222 MG/100ML-502 MG/100ML-37 MG/100ML-526 MG/100ML</i>	1B	
<i>lactated ringer's (irrigation) 20 MG/100ML-310 MG/100ML-30 MG/100ML-600 MG/100ML</i>	1B	
<i>ringer's irrigation 4 MEQ/L-4.5 MEQ/L-156 MEQ/L-147.5 MEQ/L</i>	1B	
<i>water for irrigation, sterile</i>	1B	
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate powd</i>	1B	
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% 33 MG/100ML-20 GM/100ML-515 MG/100ML-1035 MG/100ML-250 MG/100ML-20 MG/100ML-365 MG/100ML-200 MG/100ML-280 MG/100ML-240 MG/100ML-290 MG/100ML-210 MG/100ML-90 MG/100ML-300 MG/100ML-575 MG/100ML-340 MG/100ML-290 MG/100ML-340 MG/100ML-59 MG/100ML-826 MG/100ML-261 MG/100ML-51 MG/100ML	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT	3	
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
COMBIGAN 0.2 %-0.5 % (Use <i>brimonidine tartrate-timolol maleate</i> )	2	
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i> )	NF	

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 10 GM/50ML	4	SP;PA
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
GAMMAGARD LIQUID 1 GM/10ML	4	SP;PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP;PA
GAMMAKED 1 GM/10ML	4	SP;PA
GAMMAKED	4	SP;PA
GAMUNEX-C 1 GM/10ML	4	SP;PA
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
HIZENTRA SOLN	4	SP;PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin tabs</i>	1B	
<i>amoxicillin caps</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin chew 125 MG, 250 MG</i>	1B	
<i>amoxicillin susr 125 MG/5ML</i>	1A	
<i>amoxicillin susr 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>ampicillin caps 500 MG</i>	1B	
<i>ampicillin sodium ij 1 GM</i>	1B	
<b>Natural Penicillins</b>		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium solr</i>	1B	
<i>penicillin v potassium tabs</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate susr</i>	1B	
<i>amoxicillin &amp; pot clavulanate chew</i>	1B	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1B	
<i>amoxicillin &amp; pot clavulanate tb12 1000 MG-62.5 MG</i>	1B	
<i>ampicillin &amp; sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 500 MG-125 MG (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use ampicillin & sulbactam sodium)	NF	
UNASYN BULK PACK IV 5 GM-10 GM (Use ampicillin & sulbactam sodium)	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium iv 10 GM</i>	1B	
<i>oxacillin sodium iv 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps</i>	1B	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA (Use medroxyprogesterone acetate)	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail);PA
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide tabs</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	1B	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide soln</i>	1B	QL(6 ml daily)
<i>memantine hcl tabs</i>	1B	
<i>memantine hcl tabs</i>	1B	QL(2 ea daily)
NAMENDA TABS (Use <i>memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i> )	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i> )	NF	QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline 12.5 MG-5 MG</i>	1B	PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO	4	QL(4 ea daily);PA
INGREZZA CPPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
INGREZZA CAPS	4	QL(1 ea daily);PA
<i>tetrabenazine</i>	4	QL(3 ea daily);SP;PA
XENAZINE (Use <i>tetrabenazine</i> )	NF	QL(3 ea daily);SP;PA
<b>Multiple Sclerosis Agents</b>		
AMPYRA (Use <i>dalfampridine</i> )	NF	QL(2 ea daily);SP;PA
AUBAGIO	4	PA

Drug Name	Drug Tier	Requirements/Limits
AVONEX PSKT	4	QL(0.0714 ml daily);SP;PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily);SP;PA
BETASERON KIT	4	QL(0.5 ea daily);SP;PA
COPAXONE SOSY 20 MG/ML	3	QL(1 ml daily);PA
COPAXONE SOSY 40 MG/ML	3	QL(0.43 ml daily);PA
<i>dalfampridine</i>	4	QL(2 ea daily);SP;PA
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	QL(0.5 ea daily);SP;PA
<i> fingolimod hcl</i>	4	PA
GILENYA	4	PA
<i>glatiramer acetate sosy 20 MG/ML</i>	3	QL(1 ml daily);PA
<i>glatiramer acetate sosy 40 MG/ML</i>	3	QL(0.43 ml daily);PA
KESIMPTA	4	QL(0.0144 ml daily);PA
MAVENCLAD	4	PA
OCREVUS	4	PA
PLEGRIDY SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily);PA
REBIF SOSY	4	QL(0.214 ml daily);SP;PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	SP;PA
REBIF TITRATION PACK SOSY	4	SP;PA
TECFIDERA CPDR (Use dimethyl fumarate)	NF	PA
TECFIDERA STARTER PACK MISC (Use dimethyl fumarate)	NF	PA
TYSABRI	4	QL(0.536 ml daily);SP;PA
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>		
LYRICA CR 330 MG (Use pregabalin (once-daily))	3	QL(2 ea daily);PA
LYRICA CR 82.5 MG, 165 MG (Use pregabalin (once-daily))	3	QL(1 ea daily);PA
pregabalin (once-daily) 82.5 MG, 165 MG	3	QL(1 ea daily);PA
pregabalin (once-daily) 330 MG	3	QL(2 ea daily);PA
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA 10 MG-20 MG	3	PA
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
ergoloid mesylates tabs	1B	
pimozide	1B	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT	3	QL(2 ea daily);PA
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deterrent)	0	QL(2 ea daily)
CHANTIX TABS (Use varenicline tartrate)	NF	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS (Use varenicline tartrate)	NF	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate)	NF	
NICODERM CQ PT24 (Use nicotine)	NF	QL(1 ea daily)
NICORETTE LOZG (Use nicotine polacrilex)	NF	
NICORETTE GUM (Use nicotine polacrilex)	NF	
NICORETTE MINI LOZG (Use nicotine polacrilex)	NF	
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NF	
nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	0	QL(1 ea daily)
nicotine polacrilex gum	0	
nicotine polacrilex lozg	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
varenicline tartrate tbpk	0	
varenicline tartrate tabs	0	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 500 MG	4	PA
ARALAST NP SOLR 1000 MG	4	SP;PA
PROLASTIN-C SOLR	4	SP;PA
PROLASTIN-C SOLN	4	PA
ZEMAIRA SOLR	4	SP;PA
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS	4	QL(2 ea daily);SP;PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	QL(2 ea daily);PA
ORKAMBI TABS	4	QL(4 ea daily);PA
PULMOZYME	4	QL(2.5 ml daily);SP;PA
TRIKAFTA 50 MG-100 MG	4	QL(3 ea daily);PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	4	QL(1 ea daily);PA
ESBRIET TABS (Use <i>pirfenidone</i> )	4	QL(1 ea daily);PA
OFEV	4	QL(2 ea daily);PA
<i>pirfenidone tabs 534 MG</i>	4	QL(3 ea daily);PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	4	QL(1 ea daily);PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Infections</b>		
<b>Fluorocyclines</b>		
XERAVA	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1B	
TYGACIL (Use <i>tigecycline</i> )	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) tabs 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 MG</i>	1B	
<i>doxycycline (monohydrate) caps 75 MG</i>	1B	
<i>doxycycline hyclate caps</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr</i>	1B	
<i>minocycline hcl tabs</i>	1B	QL(3 ea daily)
<i>minocycline hcl caps</i>	1B	QL(3 ea daily)
TARGADOX TABS (Use <i>doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	NF	QL(2 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs</i>	1B	
<i>propylthiouracil</i>	1B	
TAPAZOLE TABS 10 MG (Use <i>methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS	2	QL(1 ea daily)
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs</i>	1B	
<i>liothyronine sodium tabs</i>	1B	
<i>liothyronine sodium soln</i>	1B	
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	2	
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i>	1B	QL(1 ea daily)
TRIOSTAT SOLN (Use <i>liothyronine sodium</i> )	NF	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	
DAPTACEL 23 MCG/0.5ML-15 LF/0.5ML-5 LF/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	0	
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
KINRIX SUSP 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
PEDIARIX SUSY 58 MCG/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
PENTACEL 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
QUADRACEL SUSP 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	0	
TENIVAC INJ 5 LFU-2 LFU	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	0	

**ULCER DRUGS - Drugs to Treat Bowel,**

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

Drug Name	Drug Tier	Requirement s/Limits
<i>famotidine in nacl soln 0.4 MG/ML-0.9 %</i>	1B	
<i>nizatidine caps</i>	1B	
<i>nizatidine soln</i>	1B	QL(20 ml daily)
PEPCID TABS (Use famotidine)	NF	RX/OTC
PEPCID AC TABS (Use famotidine)	NF	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NF	RX/OTC
<i>ranitidine hcl tabs 150 MG</i>	1B	
TAGAMET HB TABS (Use cimetidine)	NF	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP (Use sucralfate)	NF	QL(40 ml daily)
CARAFATE TABS (Use sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1B	QL(4 ea daily)
<i>sucralfate susp</i>	1B	QL(40 ml daily)
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC (Use rabeprazole sodium)	NF	QL(1 ea daily)
DEXILANT (Use dexlansoprazole)	3	QL(1 ea daily);PA
<i>dexlansoprazole</i>	1B	QL(1 ea daily);PA
<i>esomeprazole magnesium cpdr 20 MG</i>	1B	QL(2 ea daily);RX/OTC
<i>esomeprazole magnesium cpdr 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec</i>	1B	QL(2 ea daily)
<i>lansoprazole cpdr 15 MG</i>	1B	QL(2 ea daily);RX/OTC
<i>lansoprazole cpdr 30 MG</i>	1B	

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

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

Drug Name	Drug Tier	Requirement s/Limits
<i>solifenacin succinate tabs</i>	1B	QL(1 ea daily);PA
<i>tolterodine tartrate cp24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1B	
TOVIAZ ( <i>Use fesoterodine fumarate</i> )	3	QL(1 ea daily);PA
<i>tropium chloride cp24</i>	1B	QL(1 ea daily)
<i>tropium chloride tabs</i>	1B	
VESICARE TABS ( <i>Use solifenacin succinate</i> )	NF	QL(1 ea daily);PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>bethanechol chloride 25 MG</i>	1B	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	

Drug Name	Drug Tier	Requirement s/Limits
PREVNAR 20	0	1 rtl MAX fill,999 rtl day(s) supply
TRUMENBA	0	
VAXNEUVANCE	0	1 rtl MAX fill,999 rtl day(s) supply
<b>Viral Vaccines</b>		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill
FLUAD 2020-2021	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	0	1 rtl MAX fill,180 rtl day(s) supply

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

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



Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply
HAVRIX	0	
HEPLISAV-B SOSY	0	2 rtl MAX fill,292 rtl day(s) supply;2 mail MAX fill
IPOL INACTIVATED IPV	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	
ROTARIX	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 rtl MAX fill,999 rtl day(s) supply;AL(At least 18 yrs old)
TWINRIX SUSY 720 ELU/ML-20 MCG/ML	0	
VAQTA	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply

Drug Name	Drug Tier	Requirement s/Limits
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA	3	PA
<b>Spermicides</b>		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> )	NF	
<i>clindamycin phosphate vaginal crea</i>	1B	
<i>clotrimazole vaginal crea 1 %</i>	1B	
GYNAZOLE-1	3	
GYNE-LOTRIMIN CREA ( <i>Use clotrimazole vaginal</i> )	NF	
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal supp 200 MG</i>	1B	
<i>terconazole vaginal crea .4 %</i>	1B	
<i>terconazole vaginal supp</i>	1B	
<i>terconazole vaginal crea .8 %</i>	1B	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI 0.4 %-1.8 %-1 %	0	PV
<b>Vaginal Estrogens</b>		
ESTRACE CREA ( <i>Use estradiol vaginal</i> )	NF	
<i>estradiol vaginal crea</i>	1B	
<i>estradiol vaginal tabs</i>	1B	
FEMRING	3	PA
PREMARIN	2	

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Drug Name	Drug Tier	Requirements/Limits
VAGIFEM TABS (Use estradiol vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	2	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
<i>epinephrine (anaphylaxis) soaj .15 MG/0.3ML</i>	1B	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
<b>Vasopressors</b>		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol tabs 400 UNIT</i>	0	
<i>cholecalciferol caps 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAPS (Use ergocalciferol)	0	
<i>ergocalciferol soln or ergocalciferol caps</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
<b>Water Soluble Vitamins</b>		
<i>niacin tabs</i>	1A	
<i>niacin cpcr 250 MG, 500 MG</i>	1A	
<i>niacin tbc</i>	1A	
NIACIN TR TBCR	1B	
<i>niacinamide tabs 100 MG</i>	1B	
<i>niacinamide tabs 500 MG</i>	1A	
SLO-NIACIN TBCR (Use niacin)	NF	

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