



# 2022 Prescription Drug List

Effective January 1, 2022



# Formulary Introduction

## FORMULARY

The Ambetter from Nebraska Total Care 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 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 TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 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, 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 cp24 3.75 MG-3.75 MG-3.75 MG	1B	
amphetamine-dextroamphetamine tabs 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 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 MG, 15 MG	1B	QL(4 ea daily)
dextroamphetamine sulfate tabs 5 MG, 10 MG	1B	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (Use atomoxetine hcl)	NF	QL(2 ea daily);AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI 150 MG	3	QL(1 ea daily);PA
SUNOSI 75 MG	3	QL(2 ea daily);PA
<b>Stimulants - Misc.</b>		
<i>armodafinil</i>	1B	QL(1 ea daily);AL(At least 17 yrs old);PA
CONCERTA TBCR 18 MG, 27 MG (Use methylphenidate hcl)	NF	QL(1 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use methylphenidate hcl)	NF	QL(2 ea daily);AL(At least 6 yrs old)
DAYTRANA PTCH (Use methylphenidate)	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 (Use dexmethylphenidate hcl)	NF	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NF	QL(1 ea daily)
METHYLIN SOLN (Use methylphenidate hcl)	NF	QL(30 ml daily);AL(At least 6 yrs old)
<i>methylphenidate ptch</i>	1B	QL(1 ea daily);PA
<i>methylphenidate hcl cpcr</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG</i>	1B	QL(3 ea daily);AL(At least 6 yrs old)

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

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Drug Name	Drug Tier	Requirement s/Limits
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
<b>Amebicides</b>		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln</i> 1 GM/4ML, 500 MG/2ML	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline</i> 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.2 MG/ML, 0.9 %-1.6 MG/ML	1B	
<i>gentamicin sulfate ij</i> 40 MG/ML	1B	
HUMATIN ( <i>Use paromomycin sulfate</i> )	NF	
KITABIS PAK NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>neomycin sulfate tabs</i>	1B	
<i>paromomycin sulfate</i>	1B	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>tobramycin nebu</i>	4	PA
<i>tobramycin sulfate soln ij</i> 10 MG/ML, 40 MG/ML, 80 MG/2ML	1B	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ 15 MG	4	QL(1 ea daily);PA
XELJANZ TABS 5 MG	4	QL(2 ea daily);SP;PA
XELJANZ TABS 10 MG	4	QL(2 ea daily);PA
XELJANZ XR TB24	4	QL(1 ea daily);PA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	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	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-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	Requirements/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 tabs 400 MG, 600 MG</i>	1A	
<i>ibuprofen tabs 800 MG</i>	1B	
<i>ibuprofen susp 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen-famotidine 26.6 MG-800 MG</i>	1B	PA
<i>indomethacin cpcr</i>	1B	
<i>indomethacin caps 25 MG, 50 MG</i>	1B	
<i>ketoprofen caps 50 MG, 75 MG</i>	1B	
<i>ketorolac tromethamine tabs</i>	1B	QL(0.667 ea daily)
LODINE TABS (Use <i>etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps</i>	1B	Must try <i>ibuprofen</i> . ;QL(5 ea daily);ST
<i>meloxicam tabs</i>	1A	QL(1 ea daily)
<i>meloxicam susp</i>	1B	
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 susp</i>	1B	PA
<i>naproxen tabs</i>	1B	
<i>naproxen tbec 500 MG</i>	1B	
<i>naproxen sodium tabs 550 MG</i>	1B	
<i>oxaprozin</i>	1B	
<i>piroxicam caps</i>	1B	
<i>sulindac tabs</i>	1B	
<i>tolmetin sodium caps</i>	1B	
<i>tolmetin sodium tabs 600 MG</i>	1B	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	QL(2 ea daily);PA
OTEZLA TBPK	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);PA
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA (Use <i>leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide</i>	1B	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLN	4	QL(0.146 ml daily);PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ml daily);SP;PA
ENBREL SOLR	4	QL(0.286 ea daily);SP;PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily);SP;PA
ENBREL MINI SOCT	4	QL(0.15 ml daily);PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ml daily);SP;PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG, 325 MG-40 MG-50 MG</i>	1B	
<i>butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG</i>	1B	
ESGIC TABS 325 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
FIORICET CAPS 300 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i> )	NF	
FIORINAL CAPS 50 MG-325 MG-40 MG (Use <i>butalbital-aspirin-caffeine</i> )	NF	
<b>Salicylates</b>		
<i>aspirin chew</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 tbec 325 MG</i>	1A	
<i>aspirin tabs 325 MG</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>diflunisal tabs</i>	1B	
ECOTRIN TBEC (Use <i>aspirin</i> )	NF	
ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i> )	NF	
<i>salsalate</i>	1B	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
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	

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

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

Drug Name	Drug Tier	Requirement s/Limits
METHADOSE CONC (Use methadone hcl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NF	QL(10 ml daily)
<i>morphine sulfate tbc</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)
<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 tabs</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i>	1B	
<i>morphine sulfate soln or 20 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(50 ml daily)
MS CONTIN TBCR (Use morphine sulfate)	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 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily);PA
<i>oxymorphone hcl tabs</i>	1B	QL(12 ea daily);PA
<i>oxymorphone hcl tb12 40 MG</i>	1B	QL(4 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
ROXICODONE TABS (Use oxycodone hcl)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	QL(3 ea daily);PA
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily);PA
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 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 (Use tramadol hcl)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER	2	QL(2 ea daily);PA
ZOHYDRO ER CP12 (Use hydrocodone bitartrate)	1B	QL(2 ea daily);PA
<b>Opioid Combinations</b>		
<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 w/ codeine tabs 300 MG-60 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
<i>acetaminophen w/ codeine tabs 300 MG-30 MG</i>	1A	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	3	New starts limited to 7 day supply;PA
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (Use <i>butalbital-aspirin-caffeine w/cod</i> )	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	1B	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen soln 10 MG/15ML-325 MG/15ML</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirement s/Limits
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen 200 MG-7.5 MG</i>	1B	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX 10 MG/15ML-300 MG/15ML	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl subl</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl soln</i>	1B	
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1B	QL(3 ea daily)
<i>butorphanol tartrate 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>		

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

Drug Name	Drug Tier	Requirements/Limits
PROCTOCORT EX ( <i>Use hydrocortisone (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
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
STROMEKTOL ( <i>Use ivermectin</i> )	NF	1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 500 MG ( <i>Use ranolazine</i> )	NF	QL(3 ea daily)
RANEXA TB12 1000 MG ( <i>Use ranolazine</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tb12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine tb12 500 MG</i>	1B	QL(3 ea daily)
<b>Nitrates</b>		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 ( <i>Use nitroglycerin</i> )	NF	
<i>nitroglycerin pt24</i>	1B	
<i>nitroglycerin subl</i>	1B	
<i>nitroglycerin cpr</i>	1B	QL(4 ea daily)
NITROGLYCERIN SOLN IV	1B	
NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NF	
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl syrup</i>	1B	
<i>hydroxyzine hcl tabs</i>	1B	
<i>hydroxyzine hcl soln 50 MG/ML</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate</i>	1B	
VISTARIL CAPS ( <i>Use hydroxyzine pamoate</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
<b>Benzodiazepines</b>		
<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam tb24</i>	1B	
<i>alprazolam tabs 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam tbdp</i>	1B	
ATIVAN TABS .5 MG, 2 MG (Use lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS 1 MG (Use lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam tabs</i>	1A	QL(4 ea daily)
<i>diazepam soln or 5 MG/5ML</i>	1B	
<i>diazepam conc</i>	1B	
<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 clorazepate dipotassium)	NF	
VALIUM TABS (Use diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use alprazolam)	NF	QL(4 ea daily)
XANAX XR TB24 (Use alprazolam)	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS (Use disopyramide phosphate)	NF	
<i>procainamide hcl soln 500 MG/ML</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
RYTHMOL SR CP12 (Use propafenone hcl)	NF	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i>	1B	
<i>amiodarone hcl tabs</i>	1B	
<i>dofetilide</i>	1B	
MULTAQ	3	
TIKOSYN (Use dofetilide)	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA SOSY	4	PA
FASENRA PEN SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOAJ	4	PA
NUCALA SOSY 100 MG/ML	4	PA
XOLAIR SOSY	4	PA
XOLAIR SOLR	4	SP;PA
<b>Anti-Inflammatory Agents</b>		

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Drug Name	Drug Tier	Requirement s/Limits
<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 ( <i>Use zafirlukast</i> )	NF	QL(2 ea daily)
<i>montelukast sodium chew</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack</i>	1B	QL(1 ea daily);PA
<i>montelukast sodium tabs</i>	1B	QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirement s/Limits
<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)
<i>roflumilast 500 MCG</i>	1B	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
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	



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

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT	1B	
formoterol fumarate nebu	1B	
ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML	1B	QL(18 ml daily)
levalbuterol hcl	1B	QL(12 ml daily);PA
levalbuterol hcl 1.25 MG/0.5ML	1B	PA
levalbuterol tartrate	3	Limit 2 inhalers per month;QL(1 gm daily);PA
PERFOROMIST NEBU (Use formoterol fumarate)	3	
PROAIR HFA AERS (Use albuterol sulfate)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
PROVENTIL HFA AERS (Use albuterol sulfate)	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	
terbutaline sulfate tabs	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>terbutaline sulfate soln</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG	3	QL(2 ea daily);PA
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
XOPENEX (Use <i>levalbuterol hcl</i> )	NF	QL(12 ml daily);PA
XOPENEX CONCENTRATE (Use <i>levalbuterol hcl</i> )	NF	PA
XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NF	Limit 2 inhalers per month;QL(1 gm daily);PA
<b>Xanthines</b>		
<i>aminophylline soln</i>	1B	
<i>theophylline elix</i>	1B	
<i>theophylline tb12 300 MG, 450 MG</i>	1B	
<i>theophylline tb24</i>	1B	
<i>theophylline soln</i>	1B	QL(56 ml daily)
<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 TABS 10 MG, 20 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
XARELTO SUSR	2	QL(900 ml per 30 days retail,900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 5 MG/0.4ML (Use <i>fondaparinux sodium</i> )	NF	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
ARIXTRA 2.5 MG/0.5ML (Use <i>fondaparinux sodium</i> )	NF	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
ARIXTRA 10 MG/0.8ML (Use <i>fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
ARIXTRA 7.5 MG/0.6ML (Use <i>fondaparinux sodium</i> )	NF	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<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 60 MG/0.6ML</i>	4	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
<i>enoxaparin sodium soty 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soty 30 MG/0.3ML</i>	4	QL(0.6 ml daily);SP
<i>enoxaparin sodium soty 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	4	QL(6 ml daily)
<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 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 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/NACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 %	1B	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use enoxaparin sodium</i> )	NF	QL(1.6 ml daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>Use enoxaparin sodium</i> )	NF	QL(2 ml daily)
LOVENOX SOSY 30 MG/0.3ML ( <i>Use enoxaparin sodium</i> )	NF	QL(0.6 ml daily);SP

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

Drug Name	Drug Tier	Requirements/Limits
<b>Anticonvulsants - Misc.</b>		
APTIOM	3	QL(2 ea daily);ST
BANZEL TABS 400 MG (Use rufinamide)	2	QL(8 ea daily);PA
BANZEL SUSP (Use rufinamide)	NF	QL(80 ml daily);PA
BANZEL TABS 200 MG (Use rufinamide)	2	QL(2 ea daily);PA
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS	3	PA
carbamazepine tb12 200 MG	1B	QL(6 ea daily)
carbamazepine chew	1B	
carbamazepine cp12 100 MG	1B	
carbamazepine susp	1B	
carbamazepine tb12 100 MG, 400 MG	1B	QL(4 ea daily)
carbamazepine cp12 200 MG	1B	QL(6 ea daily)
carbamazepine tabs	1B	
carbamazepine cp12 300 MG	1B	QL(4 ea daily)
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 100 MG (Use carbamazepine)	NF	
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	QL(12 ea daily);PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily);PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily);PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 vigabatrin</i> )	NF	QL(6 ea daily);SP;PA
<i>tiagabine hcl</i>	1B	
<i>vigabatrin tabs</i>	4	QL(6 ea daily);SP;PA
<i>vigabatrin pack</i>	4	QL(6 ea daily);SP;PA
<b>Hydantoins</b>		
CEREBYX ( <i>Use fosphenytoin sodium</i> )	NF	
DILANTIN	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)
<i>ethosuximide soln</i>	1B	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily)
ZARONTIN CAPS ( <i>Use ethosuximide</i> )	2	QL(6 ea 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 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine tabs 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tabs 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tbdp 15 MG</i>	1B	QL(3 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl tabs</i>	1B	
TRINTELLIX	3	QL(1 ea daily);PA
VIIBRYD TABS (Use <i>vilazodone hcl</i> )	3	QL(1 ea daily);PA
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 (Use <i>duloxetine hcl</i> )	NF	QL(2 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>duloxetine hcl cpep 40 MG</i>	1B	
<i>duloxetine hcl cpep 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i> )	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i> )	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i> )	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ 25 MG, 50 MG (Use <i>desvenlafaxine succinate</i> )	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
PRISTIQ 100 MG ( <i>Use desvenlafaxine succinate</i> )	NF	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl tabs</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl tb24 225 MG</i>	1B	QL(1 ea daily);ST
<i>venlafaxine hcl cp24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl cp24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tb24 37.5 MG, 75 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl tb24 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)

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	QL(0.035 ea daily)
glucagon (rdna)	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	NF	QL(0.035 ea daily)
PROGLYCEM (Use diazoxide)	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
alogliptin benzoate	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
NESINA (Use alogliptin benzoate)	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	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN DEGLUDEC SOLN	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	
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 ( <i>Use pioglitazone hcl</i> )	NF	QL(1 ea daily)
AVANDIA 2 MG, 4 MG	3	QL(1 ea daily)
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide .5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
STARLIX ( <i>Use nateglinide</i> )	NF	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
FARXIGA	3	QL(1 ea daily);PA
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL 1 MG, 2 MG ( <i>Use glimepiride</i> )	NF	QL(4 ea daily)
AMARYL 4 MG ( <i>Use glimepiride</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide tabs</i>	1B	QL(4 ea daily)
<i>glipizide tb24</i>	1B	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i> )	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i> )	NF	QL(2 ea daily)
<i>glyburide tabs</i>	1B	QL(4 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
GLYNASE (Use <i>glyburide micronized</i> )	NF	QL(4 ea daily)
<i>tolbutamide</i>	1B	QL(6 ea daily)

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

#### Antiperistaltic Agents

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

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

CHEMET	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox pack</i>	4	PA
<i>deferasirox tabs</i>	4	SP;PA
<i>deferasirox tbso</i>	4	SP;PA
<i>deferiprone tabs 500 MG</i>	1B	
EXJADE TBSO (Use <i>deferasirox</i> )	NF	SP;PA
FERRIPROX TABS (Use <i>deferiprone</i> )	NF	
JADENU TABS (Use <i>deferasirox</i> )	NF	SP;PA
JADENU SPRINKLE PACK (Use <i>deferasirox</i> )	NF	PA

#### Antidotes and Specific Antagonists

VISTOGARD	4	PA
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#### Opioid Antagonists

<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 <i>naloxone hcl</i> )	3	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

#### 5-HT3 Receptor Antagonists

ANZEMET TABS	3	QL(0.167 ea daily);PA
<i>granisetron hcl soln iv 1 MG/ML</i>	1B	
<i>granisetron hcl tabs</i>	1B	QL(0.34 ea daily)
<i>ondansetron tbdp 8 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 tabs 4 MG</i>	1B	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)
<i>ondansetron hcl soln ij 4 MG/2ML</i>	1B	
<i>ondansetron hcl sosy</i>	1B	
<i>ondansetron hcl tabs 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl tabs 8 MG</i>	1B	QL(3 ea daily,45 ea per fill retail,45 per fill mail MG)
<i>palonosetron hcl soln</i>	1B	
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i> )	NF	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl tabs 25 MG</i>	1B	RX/OTC
<i>meclizine hcl tabs 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
TIGAN CAPS (Use <i>trimethobenzamide hcl</i> )	NF	
TRANSDERM SCOP (Use <i>scopolamine</i> )	NF	QL(0.34 ea daily)
TRANSDERM-SCOP (Use <i>scopolamine</i> )	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO 300 MG-0.5 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
DICLEGIS TBEC 10 MG-10 MG (Use <i>doxylamine-pyridoxine</i> )	NF	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA
<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 caps 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant caps 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant caps</i>	1B	PA
<i>aprepitant misc</i>	1B	PA
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>		

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

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

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

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



Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd</i>	1B	QL(24 gm daily)
<i>cholestyramine light pack</i>	1B	QL(6 ea daily)
<i>colesevelam hcl tabs</i>	1B	QL(7 ea daily)
<i>colesevelam hcl pack</i>	1B	QL(1 ea daily);PA
COLESTID TABS (Use <i>colestipol hcl</i> )	NF	QL(16 ea daily)
COLESTID GRAN (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID PACK (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID FLAVORED PACK (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
<i>colestipol hcl pack</i>	1B	QL(6 ea daily)
<i>colestipol hcl tabs</i>	1B	QL(16 ea daily)
<i>colestipol hcl gran</i>	1B	QL(6 gm daily)
QUESTRAN PACK (Use <i>cholestyramine</i> )	NF	QL(6 ea daily)
QUESTRAN POWD (Use <i>cholestyramine</i> )	NF	QL(25.2 gm daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i> )	NF	QL(24 gm daily)
WELCHOL PACK (Use <i>colesevelam hcl</i> )	NF	QL(1 ea daily);PA
WELCHOL TABS (Use <i>colesevelam hcl</i> )	NF	QL(7 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
LOPID TABS (Use <i>gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i> )	NF	QL(1 ea daily)
TRILIPIX (Use <i>choline fenofibrate</i> )	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	3	QL(1 ea daily);ST
<i>atorvastatin calcium</i>	1B	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium caps 40 MG</i>	1B	QL(2 ea daily)
LIPITOR (Use <i>atorvastatin calcium</i> )	NF	QL(1 ea daily)
<i>lovastatin tabs 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76;QL(1 ea daily);PV
<i>lovastatin tabs 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76;QL(2 ea daily);PV
PRAVACHOL 20 MG, 40 MG (Use <i>pravastatin sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs</i>	1B	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use <i>simvastatin</i> )	NF	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i>	1B	
<i>perindopril erbumine</i>	1B	
PRINIVIL TABS (Use <i>lisinopril</i> )	NF	
<i>quinapril hcl</i>	1B	
<i>ramipril caps</i>	1B	
<i>trandolapril</i>	1B	
VASOTEC TABS (Use <i>enalapril maleate</i> )	NF	
ZESTRIL TABS (Use <i>lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLIN (Use <i>phenoxybenzamine hcl</i> )	NF	PA
<i>phenoxybenzamine hcl</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND (Use <i>candesartan cilexetil</i> )	NF	QL(1 ea daily)
AVAPRO (Use <i>irbesartan</i> )	NF	QL(1 ea daily)
BENICAR (Use <i>olmesartan medoxomil</i> )	NF	QL(1 ea daily)
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
COZAAR (Use <i>losartan potassium</i> )	NF	QL(1 ea daily)
DIOVAN TABS (Use <i>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 (Use <i>telmisartan</i> )	NF	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs</i>	1B	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA ( <i>Use doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NF	QL(8 ea daily)
CATAPRES-TTS-1 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<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 20 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(4 ea daily)
ACCURETIC 10 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(3 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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1B	
ATACAND HCT ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>atenolol &amp; chlorthalidone</i>	1B	
AVALIDE ( <i>Use irbesartan-hydrochlorothiazide</i> )	NF	
AZOR ( <i>Use amlodipine besylate-olmesartan medoxomil</i> )	NF	ST
<i>benazepril &amp; hydrochlorothiazide</i>	1B	
BENICAR HCT ( <i>Use olmesartan medoxomil-hydrochlorothiazide</i> )	NF	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
DIOVAN HCT ( <i>Use valsartan-hydrochlorothiazide</i> )	NF	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1B	
EXFORGE ( <i>Use amlodipine besylate-valsartan</i> )	NF	
EXFORGE HCT ( <i>Use amlodipine-valsartan-hydrochlorothiazide</i> )	NF	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
HYZAAR 100 MG-12.5 MG, 100 MG-25 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR 50 MG-12.5 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide	1B	
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

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide	1B	
quinapril-hydrochlorothiazide 20 MG-12.5 MG	1B	QL(4 ea daily)
quinapril-hydrochlorothiazide 20 MG-25 MG	1B	QL(2 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use trandolapril-verapamil hcl)	NF	
telmisartan-amlodipine	1B	
telmisartan-hydrochlorothiazide	1B	
TENORETIC 100 100 MG-25 MG (Use atenolol & chlorthalidone)	NF	
TENORETIC 50 50 MG-25 MG (Use atenolol & chlorthalidone)	NF	
trandolapril-verapamil hcl	1B	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
TWYNSTA (Use telmisartan-amlodipine)	NF	
valsartan-hydrochlorothiazide	1B	
VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)	NF	

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Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NF	
ZIAC (Use bisoprolol & hydrochlorothiazide)	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL	3	PA
<b>Direct Renin Inhibitors</b>		
aliskiren fumarate	1B	QL(1 ea daily)
TEKTRUNA (Use aliskiren fumarate)	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
eplerenone	1B	
INSPRA (Use eplerenone)	NF	
<b>Vasodilators</b>		
hydralazine hcl tabs	1B	
hydralazine hcl soln	1B	
minoxidil 2.5 MG, 10 MG	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
bacitracin	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
IMPAVIDO	3	QL(3 ea daily);PA
metronidazole tabs	1B	
trimethoprim tabs	1B	
XIFAXAN	3	AL(At least 12 yrs old);PA
<b>Anti-infective Misc. - Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim)	NF	
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NF	
sulfamethoxazole-trimethoprim soln 80 MG/5ML-400 MG/5ML	1B	
sulfamethoxazole-trimethoprim tabs	1A	
sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML	1B	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	2	PA
ALINIA TABS (Use nitazoxanide)	NF	PA
atovaquone	1B	
MEPRON (Use atovaquone)	NF	
nitazoxanide tabs	1B	PA
<b>Carbapenems</b>		
ertapenem sodium ij	1B	
imipenem-cilastatin iv	1B	
INVANZ IJ (Use ertapenem sodium)	NF	
meropenem	1B	
MERREM 500 MG (Use meropenem)	NF	
PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin)	NF	
<b>Chloramphenicols</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate</i>	4	SP;PA
<b>Cyclic Lipopeptides</b>		
CUBICIN (Use <i>daptomycin</i> )	NF	
CUBICIN RF (Use <i>daptomycin</i> )	NF	
<i>daptomycin 500 MG</i>	1B	
DAPTOMYCIN (Use <i>daptomycin</i> )	NF	
<b>Glycopeptides</b>		
FIRVANQ SOLR OR	2	QL(300 ml per fill retail)
VANCOGIN CAPS (Use <i>vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl caps</i>	1B	QL(4 ea daily,40 ea per fill retail)
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 (Use <i>clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES (Use <i>clindamycin palmitate hydrochloride</i> )	NF	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosfomycin tromethamine</i>	1B	
HIPREX (Use <i>methenamine hippurate</i> )	NF	
MACROBID (Use <i>nitrofurantoin monohydrate</i> )	NF	
<i>methenamine hippurate</i>	1B	
MONUROL (Use <i>fosfomycin tromethamine</i> )	NF	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohydrate</i>	1B	

### ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)

#### Antimalarial Combinations

<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rti MAX fill, 180 rti day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail, 12 per fill mail)
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Drug Name	Drug Tier	Requirements/Limits
COARTEM 120 MG-20 MG	2	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rti MAX fill, 180 rti day(s) supply; 1 mail MAX fill; QL(24 ea per fill retail, 24 per fill mail)
MALARONE (Use <i>atovaquone-proguanil hcl</i> )	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rti MAX fill, 180 rti day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail, 12 per fill mail)

#### Antimalarials

<i>chloroquine phosphate tabs</i>	1B	
DARAPRIM (Use <i>pyrimethamine</i> )	NF	QL(3 ea daily); PA
<i>hydroxychloroquine sulfate</i>	1B	
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rti MAX fill, 180 rti day(s) supply; 1 mail MAX fill; QL(5 ea daily)
PLAQUENIL (Use <i>hydroxychloroquine sulfate</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i> )	NF	
<i>pyrimethamine</i>	1B	QL(3 ea daily);PA
QUALAQUIN CAPS (Use <i>quinine sulfate</i> )	NF	PA
<i>quinine sulfate caps 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	4	PA
GUANIDINE HCL	2	
MESTINON TABS (Use <i>pyridostigmine bromide</i> )	NF	
MESTINON SOLN OR (Use <i>pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR (Use <i>pyridostigmine bromide</i> )	NF	
<i>neostigmine methylsulfate sosy</i>	3	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide tbc</i>	1B	
<i>pyridostigmine bromide soln or</i>	1B	
<i>pyridostigmine bromide tabs 60 MG</i>	1B	
RUZURGI	4	QL(10 ea daily);PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to</b>		

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

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Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin soln 50 MG/5ML</i>	4	SP;PA
<i>carmustine</i>	4	SP;PA
<i>cisplatin soln 100 MG/100ML</i>	4	SP;PA
<i>cyclophosphamide caps</i>	1B	PA
<i>cyclophosphamide solr ij</i>	4	
GLEOSTINE 10 MG	4	SP;PA
GLEOSTINE 40 MG, 100 MG	4	PA
IFEX SOLR (Use <i>ifosfamide</i> )	NF	SP;PA
<i>ifosfamide soln 1 GM/20ML</i>	4	SP;PA
<i>ifosfamide solr</i>	4	SP;PA
LEUKERAN	4	SP;PA
<i>melphalan</i>	1B	
<i>melphalan hcl</i>	1B	
MYLERAN TABS	4	SP;PA
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	4	SP;PA
TEMODAR SOLR	4	
TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>temozolomide</i> )	NF	SP;PA
<i>temozolomide caps</i>	4	SP;PA
TEPADINA 15 MG (Use <i>thiotepa</i> )	NF	SP;PA
<i>thiotepa 15 MG</i>	4	SP;PA
TREANDA SOLR	4	SP;PA
ZANOSAR	4	SP;PA
<b>Antimetabolites</b>		

Drug Name	Drug Tier	Requirements/Limits
ALIMTA SOLR 500 MG (Use <i>pemetrexed disodium</i> )	4	SP;PA
ARRANON (Use <i>nelarabine</i> )	4	SP;PA
<i>azacitidine susr</i>	4	SP;PA
<i>capecitabine</i>	4	SP;PA
<i>clofarabine</i>	4	SP;PA
CLOLAR (Use <i>clofarabine</i> )	NF	SP;PA
<i>cytarabine soln</i>	4	SP;PA
DACOGEN (Use <i>decitabine</i> )	NF	SP;PA
<i>decitabine</i>	4	SP;PA
<i>floxuridine</i>	4	SP;PA
<i>fludarabine phosphate solr</i>	4	SP;PA
<i>fludarabine phosphate soln</i>	4	SP;PA
<i>fluorouracil 500 MG/10ML</i>	4	SP;PA
FOLOTYN 20 MG/ML	4	SP;PA
<i>gemcitabine hcl solr 200 MG</i>	4	SP;PA
<i>gemcitabine hcl solr 2 GM</i>	4	SP;PA
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium tabs 2.5 MG</i>	1B	SP
<i>methotrexate sodium soln 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium solr</i>	1B	SP
<i>nelarabine</i>	4	SP;PA
<i>pemetrexed disodium solr 500 MG</i>	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<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
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	4	SP;PA
ARZERRA	4	SP;PA
RITUXAN	4	SP;PA
RUXIENCE	4	PA

Drug Name	Drug Tier	Requirement s/Limits
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
TAGRISSO	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 250 MG</i>	4	QL(4 ea daily);SP;PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily);PA
<i>anastrozole</i>	1B	QL(1 ea daily)
ARIMIDEX ( <i>Use anastrozole</i> )	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily);SP;PA
LYSODREN	4	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<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 CAPS	4	QL(4 ea daily);SP;PA
XTANDI TABS 40 MG	4	QL(4 ea daily);PA
XTANDI TABS 80 MG	4	QL(2 ea daily);PA
YONSA	4	QL(4 ea daily);PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily);SP;PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily);SP;PA
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
XPOVIO 60 MG ONCE WEEKLY	4	PA

Drug Name	Drug Tier	Requirements/Limits
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 soln</i>	4	SP;PA
<i>doxorubicin hcl solr 10 MG, 50 MG</i>	4	SP;PA
<i>doxorubicin hcl liposomal</i>	4	SP;PA
<i>epirubicin hcl soln 50 MG/25ML</i>	4	SP;PA
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 TBPK	4	QL(1 ea daily);PA
ALUNBRIG TABS	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 400 MG	4	PA
BOSULIF 100 MG, 500 MG	4	QL(1 ea daily);SP;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	4	QL(3 ea daily);SP;PA
COMETRIQ KIT 0	4	QL(2 ea daily);SP;PA
COPIKTRA	4	PA
<i>everolimus tabs</i>	4	QL(1 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC ( <i>Use imatinib mesylate</i> )	NF	QL(2 ea daily);SP;PA
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG	4	QL(1 ea daily);PA
<i>imatinib mesylate</i>	4	QL(2 ea daily);SP;PA
IMBRUVICA SUSP	4	QL(8 ml daily);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
INREBIC	4	PA
ISTODAX (OVERFILL) SOLR ( <i>Use romidepsin</i> )	4	SP;PA
JAKAFI 5 MG, 15 MG, 25 MG	4	QL(2 ea daily);SP;PA
JAKAFI 10 MG, 20 MG	4	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 2 MG	4	QL(1 ea daily);PA
MEKINIST .5 MG	4	QL(3 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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
QINLOCK	4	PA
RETEVMO	4	PA
<i>romidepsin solr</i>	4	SP;PA
ROZLYTREK	4	PA
RUBRACA	4	QL(4 ea daily);PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily);SP;PA
SPRYCEL	4	QL(1 ea daily);SP;PA
STIVARGA	4	QL(4 ea daily);SP;PA
<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 150 MG, 200 MG	4	QL(4 ea daily);SP;PA
TASIGNA 50 MG	4	QL(4 ea daily);PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily);SP;PA
TIBSOVO	4	PA
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

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Drug Name	Drug Tier	Requirements/Limits
VELCADE SOLR IJ ( <i>Use bortezomib</i> )	4	SP;PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT	4	QL(4 ea daily);SP;PA
XALKORI	4	QL(2 ea daily);SP;PA
XOSPATA	4	PA
ZEJULA	4	QL(3 ea daily);PA
ZELBORAF	4	SP;PA
ZOLINZA	4	QL(4 ea daily);SP;PA
ZYDELIG	4	QL(2 ea daily);PA
<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

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	4	SP;PA
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 solr</i>	1B	
<i>leucovorin calcium tabs</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 SOLN 20 MG/2ML ( <i>Use docetaxel</i> )	4	SP;PA
DOCETAXEL CONC 20 MG/ML ( <i>Use docetaxel</i> )	NF	SP;PA
ETOPOPHOS	4	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	
<i>etoposide caps</i>	4	SP;PA
HALAVEN	4	SP;PA
IXEMPRA KIT 15 MG	4	SP;PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
carbidopa	1B	
LODOSYN (Use carbidopa)	NF	
<b>Antiparkinson Anticholinergics</b>		
benztropine mesylate soln	1B	
benztropine mesylate tabs	1B	
COGENTIN SOLN (Use benztropine mesylate)	NF	
trihexyphenidyl hcl soln	1B	
trihexyphenidyl hcl tabs	1B	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN (Use entacapone)	NF	QL(8 ea daily)
entacapone	1B	QL(8 ea daily)
TASMAR (Use tolcapone)	NF	
tolcapone	1B	
<b>Antiparkinson Dopaminergics</b>		
amantadine hcl tabs	1B	
amantadine hcl caps	1B	
amantadine hcl soln	1B	
APOKYN SOCT	4	PA
apomorphine hydrochloride soct	4	PA
bromocriptine mesylate tabs 2.5 MG	1B	
bromocriptine mesylate caps	1B	
carbidopa-levodopa tabs	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tbdp</i>	1B	
<i>carbidopa-levodopa tbc</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 .125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs .25 MG, .5 MG, .75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride tabs</i>	1B	
<i>ropinirole hydrochloride tb24 8 MG, 12 MG</i>	1B	QL(2 ea daily);ST
<i>ropinirole hydrochloride tb24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 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 caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tbc</i>	1B	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO 300 MG	3	QL(4 ea daily);ST

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Drug Name	Drug Tier	Requirement s/Limits
EQUETRO 200 MG	3	QL(8 ea daily);ST
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 20 MG, 40 MG, 60 MG, 120 MG	3	QL(1 ea daily);PA
LATUDA 80 MG	3	QL(2 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 6 MG	1B	QL(2 ea daily)
paliperidone 1.5 MG, 3 MG, 9 MG	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily);PA
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	QL(4 ea daily)
RISPERDAL SOLN (Use risperidone)	NF	QL(8 ml daily)
RISPERDAL CONSTA	2	QL(0.072 ea daily);PA
risperidone soln	1B	QL(8 ml daily)
risperidone tbdp	1B	QL(4 ea daily)
risperidone tabs	1B	QL(4 ea daily)
<b>Butyrophenones</b>		

Drug Name	Drug Tier	Requirement s/Limits
HALDOL SOLN (Use haloperidol lactate)	NF	
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 soln	1B	
haloperidol lactate conc	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 tabs	1B	
clozapine tbdp 100 MG	1B	QL(9 ea daily)
clozapine tbdp 12.5 MG, 150 MG	1B	QL(6 ea daily)
clozapine tbdp 25 MG	1B	QL(3 ea daily)
CLOZARIL TABS (Use clozapine)	NF	
loxapine succinate	1B	
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)
olanzapine tbdp 5 MG, 10 MG, 15 MG	1B	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS TBDP 20 MG (Use <i>olanzapine</i> )	NF	QL(1 ea daily)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use <i>olanzapine</i> )	NF	QL(2 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs</i>	1B	
<i>chlorpromazine hcl soln</i>	3	
<i>fluphenazine hcl elix</i>	1B	
<i>fluphenazine hcl soln</i>	1B	
<i>fluphenazine hcl conc</i>	1B	
<i>fluphenazine hcl tabs</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 (Use <i>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>		

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	1B	QL(2 ea daily)
APTIVUS CAPS	2	QL(4 ea daily)
APTIVUS SOLN	2	QL(10 ml daily)
<i>atazanavir sulfate caps 200 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate caps 150 MG, 300 MG</i>	1B	QL(1 ea daily)
ATRIPLA 300 MG-200 MG-600 MG (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	3	QL(1 ea daily)
BIKTARVY 15 MG-120 MG-30 MG	3	QL(1 ea daily)
BIKTARVY 25 MG-200 MG-50 MG	2	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 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr 250 MG, 400 MG</i>	1B	QL(1 ea daily)
DOVATO 50 MG-300 MG	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz 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 CAPS (Use <i>emtricitabine</i> )	NF	QL(1 ea daily)
EMTRIVA SOLN	2	QL(24 ml daily)
EPIVIR SOLN (Use <i>lamivudine</i> )	NF	QL(30 ml daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i> )	NF	QL(1 ea daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i> )	NF	QL(2 ea daily)
EPZICOM 600 MG-300 MG (Use <i>abacavir sulfate-lamivudine</i> )	NF	QL(1 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs</i>	1B	QL(4 ea daily)
<i>maraviroc tabs 150 MG</i>	1B	QL(2 ea daily)
<i>maraviroc tabs 300 MG</i>	1B	QL(4 ea daily)
<i>nevirapine tabs</i>	1B	QL(2 ea daily)
<i>nevirapine tb24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine susp</i>	1B	QL(40 ml daily)
<i>nevirapine tb24 100 MG</i>	1B	QL(3 ea daily)
NORVIR SOLN	2	QL(15 ml daily)
NORVIR TABS (Use <i>ritonavir</i> )	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 800 MG	2	QL(1 ea daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
RETROVIR SYRP (Use <i>zidovudine</i> )	NF	QL(60 ml daily)
RETROVIR CAPS (Use <i>zidovudine</i> )	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1B	
REYATAZ CAPS 200 MG (Use <i>atazanavir sulfata</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS 150 MG, 300 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG ( <i>Use maraviroc</i> )	2	QL(4 ea daily)
SELZENTRY SOLN	2	QL(30 ml daily)
SELZENTRY TABS ( <i>Use maraviroc</i> )	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 ( <i>Use efavirenz</i> )	NF	QL(2 ea daily)
SUSTIVA TABS ( <i>Use efavirenz</i> )	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG ( <i>Use efavirenz</i> )	NF	QL(3 ea daily)
SYMFI 300 MG-300 MG-600 MG ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
SYMTUZA 800 MG-200 MG-10 MG-150 MG	3	QL(1 ea daily);ST
TEMIXYS 300 MG-300 MG	2	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	1B	
TIVICAY TABS	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	QL(1 ea daily)
TRIZIVIR 300 MG-300 MG-150 MG	2	QL(2 ea daily)
TRUVADA ( <i>Use emtricitabine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
TYBOST	2	QL(1 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP ( <i>Use nevirapine</i> )	NF	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG ( <i>Use nevirapine</i> )	NF	QL(1 ea daily)
VIREAD TABS ( <i>Use tenofovir disoproxil fumarate</i> )	NF	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
ZIAGEN TABS ( <i>Use abacavir sulfate</i> )	NF	QL(2 ea daily)
ZIAGEN SOLN ( <i>Use abacavir sulfate</i> )	NF	QL(32 ml daily)
<i>zidovudine caps</i>	1B	QL(6 ea daily)
<i>zidovudine tabs</i>	1B	QL(2 ea daily)
<i>zidovudine syrp</i>	1B	QL(60 ml daily)
<b>CMV Agents</b>		
<i>cidofovir</i>	3	
<i>ganciclovir sodium solr</i>	1B	
VALCYTE TABS ( <i>Use valganciclovir hcl</i> )	NF	QL(4 ea daily);PA
<i>valganciclovir hcl tabs</i>	1B	QL(4 ea daily);PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily);SP;PA
BARACLUDE TABS (Use entecavir)	NF	QL(1 ea daily);SP
BARACLUDE SOLN	4	QL(20 ml daily);SP;PA
<i>entecavir tabs</i>	4	QL(1 ea daily);SP
EPCLUSA TABS	4	QL(1 ea daily);PA
EPCLUSA TABS	4	QL(1 ea daily);PA
EPCLUSA PACK	4	QL(1 ea daily);PA
EPIVIR HBV SOLN	4	QL(60 ml daily);SP;PA
EPIVIR HBV TABS (Use lamivudine (hbv))	NF	QL(3 ea daily);SP
HEPSERA (Use adefovir dipivoxil)	NF	QL(1 ea daily);SP;PA
<i>lamivudine (hbv) tabs</i>	1B	QL(3 ea daily);SP
PEGASYS SOSY	4	QL(0.072 ml daily);PA
PEGASYS SOLN	4	QL(0.0714 ml daily);SP;PA
PEGINTRON 50 MCG/0.5ML	4	QL(0.143 ea daily);SP;PA
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 MG</i>	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

Drug Name	Drug Tier	Requirements/Limits
<b>Herpes Agents</b>		
<i>acyclovir caps</i>	1A	QL(5 ea daily,50 ea per fill retail,50 per fill mail MG)
<i>acyclovir susp</i>	1B	QL(13.34 ml daily)
<i>acyclovir tabs or</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
VALTREX 1 GM (Use valacyclovir hcl)	NF	QL(4 ea daily)
VALTREX 500 MG (Use valacyclovir hcl)	NF	QL(2 ea daily)
ZOVIRAX SUSP (Use acyclovir)	NF	QL(13.34 ml daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
<i>oseltamivir phosphate susr</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt,30 rtl pack lmt day(s)
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirement s/Limits
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)
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)

### BETA BLOCKERS - Drugs to Treat High Blood Pressure

#### Alpha-Beta Blockers

carvedilol	1B	
COREG (Use carvedilol)	NF	
labetalol hcl soln	1B	
labetalol hcl tabs	1B	

#### Beta Blockers Cardio-Selective

acebutolol hcl caps	1B	
atenolol tabs	1B	
betaxolol hcl	1B	
bisoprolol fumarate	1B	
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	2	QL(1 ea daily)
BYSTOLIC 20 MG (Use nebivolol hcl)	2	QL(2 ea daily)
LOPRESSOR TABS (Use metoprolol tartrate)	NF	
metoprolol succinate tb24	1B	
metoprolol tartrate soln iv 5 MG/5ML	1B	

Drug Name	Drug Tier	Requirement s/Limits
metoprolol tartrate tabs 25 MG, 50 MG, 100 MG	1B	
nebivolol hcl 2.5 MG, 5 MG, 10 MG	1B	QL(1 ea daily)
nebivolol hcl 20 MG	1B	QL(2 ea daily)
TENORMIN TABS (Use atenolol)	NF	
TOPROL XL TB24 (Use metoprolol succinate)	NF	

#### Beta Blockers Non-Selective

BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NF	QL(2 ea daily)
BETAPACE AF (Use sotalol hcl (afib/afl))	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NF	
HEMANGEOL SOLN OR	4	QL(75 ml daily);PA
INDERAL LA CP24 (Use propranolol hcl)	NF	
nadolol tabs 20 MG, 40 MG, 80 MG	1B	
pindolol tabs	1B	
propranolol hcl soln or 20 MG/5ML, 40 MG/5ML	1B	
propranolol hcl cp24	1B	
propranolol hcl tabs	1B	
sotalol hcl tabs 80 MG, 120 MG, 160 MG	1B	QL(2 ea daily)
sotalol hcl tabs 240 MG	1B	
sotalol hcl (afib/afl)	1B	
timolol maleate tabs	1B	

#### CALCIUM CHANNEL BLOCKERS - Drugs to

Drug Name	Drug Tier	Requirements/Limits
<b>Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs</i>	1B	
CALAN SR TBCR ( <i>Use verapamil hcl</i> )	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )	NF	
CARDIZEM CD CP24 ( <i>Use diltiazem hcl coated beads</i> )	NF	
CARDIZEM LA TB24 ( <i>Use diltiazem hcl coated beads</i> )	NF	
<i>diltiazem hcl tabs</i>	1B	
<i>diltiazem hcl cp12</i>	1B	
<i>diltiazem hcl soln 50 MG/10ML</i>	1B	
<i>diltiazem hcl cp24</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 tb24</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nimodipine caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
NORVASC TABS ( <i>Use amlodipine besylate</i> )	NF	
PROCARDIA CAPS ( <i>Use nifedipine</i> )	NF	
PROCARDIA XL TB24 ( <i>Use nifedipine</i> )	NF	
SULAR ( <i>Use nisoldipine</i> )	NF	
<i>verapamil hcl soln 2.5 MG/ML</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl tbc</i>	1B	
<i>verapamil hcl cp24</i>	1B	
VERELAN CP24 ( <i>Use verapamil hcl</i> )	NF	
VERELAN PM CP24 ( <i>Use verapamil hcl</i> )	NF	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln or .05 MG/ML</i>	1B	
<i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>Use digoxin</i> )	2	
LANOXIN SOLN IJ ( <i>Use 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)

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Drug Name	Drug Tier	Requirements/Limits
BIDIL 37.5 MG-20 MG (Use isosorbide dinitrate-hydralazine hcl)	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 amlodipine besylate-atorvastatin calcium)	NF	QL(1 ea daily)
ENTRESTO	3	QL(2 ea daily);PA
isosorbide dinitrate-hydralazine hcl 37.5 MG-20 MG	1B	
<b>Impotence Agents</b>		
CIALIS 5 MG (Use tadalafil)	NF	BPH Only;QL(1 ea daily);PA
sildenafil citrate	1B	QL(0.1334 ea daily);PA
STENDRA	3	QL(0.134 ea daily)
tadalafil 5 MG	1B	BPH Only;QL(1 ea daily);PA
VIAGRA (Use sildenafil citrate)	NF	QL(0.1334 ea daily);PA
<b>Prostaglandin Vasodilators</b>		
epoprostenol sodium	4	PA
FLOLAN (Use epoprostenol sodium)	NF	PA
ORENITRAM .125 MG, .25 MG, 1 MG, 2.5 MG	3	PA
treprostinil soln ij	4	SP;PA
TYVASO SOLN IN	4	PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA

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Drug Name	Drug Tier	Requirements/Limits
VELETRI (Use epoprostenol sodium)	NF	PA
VENTAVIS	4	SP;PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
ambrisentan	4	QL(1 ea daily);SP;PA
bosentan tabs 125 MG	4	QL(2 ea daily);SP;PA
bosentan tabs 62.5 MG	4	QL(2 ea daily);PA
LETAIRIS (Use ambrisentan)	NF	QL(1 ea daily);SP;PA
OPSUMIT	4	QL(1 ea daily);PA
TRACLEER TABS 125 MG (Use bosentan)	NF	QL(2 ea daily);SP;PA
TRACLEER TABS 62.5 MG (Use bosentan)	NF	QL(2 ea daily);PA
TRACLEER TBSO	4	QL(2 ea daily);SP;PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	NF	QL(2 ea daily);SP;PA
REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	NF	QL(6 ml daily);PA
REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NF	QL(3 ea daily);SP;PA
REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NF	QL(37.5 ml daily);SP;PA
sildenafil citrate (pulmonary hypertension) tabs	4	QL(3 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	QL(6 ml daily);PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	QL(37.5 ml daily);SP;PA
<i>tadalafil (pulmonary hypertension) tabs</i>	4	QL(2 ea daily);SP;PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily);PA
UPTRAVI TITRATION PACK TBPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	4	QL(3 ea daily);PA
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS	3	QL(2 ea daily);PA
CORLANOR SOLN	3	QL(15 ml daily);PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily);PA
VYNDAQEL	4	QL(4 ea daily);PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil susr</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefadroxil caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin tabs</i>	1B	
<i>cephalexin caps</i>	1B	
<i>cephalexin susr</i>	1B	
KEFLEX CAPS (Use cephalexin)	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefaclor caps</i>	1B	
CEFOTAN IJ (Use cefotetan disodium)	NF	
<i>cefotetan disodium ij 1 GM, 2 GM</i>	1B	
<i>cefoxitin 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 susr</i>	1B	ST
<i>cefixime caps</i>	1B	
<i>cefotaxime sodium ij 1 GM, 2 GM</i>	1B	
CEFOTAXIME SODIUM IJ 1 GM	2	
<i>cefpodoxime proxetil susr</i>	1B	
<i>cefpodoxime proxetil tabs</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime ij 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium ij 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium ij 250 MG</i>	1A	
FORTAZ IV 1 GM, 2 GM (Use <i>ceftazidime</i> )	NF	
SUPRAX SUSR (Use <i>cefixime</i> )	NF	ST
SUPRAX CAPS (Use <i>cefixime</i> )	NF	
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr ij</i>	1B	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	0	
BEYAZ 0.451 MG-0.02 MG-3 MG (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	

Drug Name	Drug Tier	Requirements/Limits
ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NF	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
FALESSA 1 MG-20 MCG-0.1 MG	0	
GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i>	0	
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	0	
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG (Use <i>norethin acet &amp; estrad-fe</i> )	NF	
MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NF	
NATAZIA	0	
NEXTSTELLIS 14.2 MG-3 MG	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet &amp; estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	0	
<i>norethin acet &amp; estrad-fe caps 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet &amp; estrad-fe chew 75 MG-1 MG-20 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	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	0	
<i>norgestrel &amp; ethinyl estradiol 0.3 MG-30 MCG</i>	0	
QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
SAFYRAL 0.451 MG-0.03 MG-3 MG (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	

Drug Name	Drug Tier	Requirements/Limits
TAYTULLA CAPS 75 MG-1 MG-20 MCG (Use norethin acet & estrad-fe)	NF	
TYBLUME CHEW 0.1 MG-20 MCG	0	
YASMIN 28 3 MG-0.03 MG (Use drospirenone-ethinyl estradiol)	NF	
YAZ 3 MG-0.02 MG (Use drospirenone-ethinyl estradiol)	NF	
<b>Combination Contraceptives - Transdermal</b>		
<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
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	0	
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use etonogestrel-ethinyl estradiol)	NF	
<b>Emergency Contraceptives</b>		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NF	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	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	
medroxyprogesterone acetate (contraceptive) susp im	0	90 rtl day(s) supply,90 rtl lmt day(s);QL(1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susy im	0	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
<b>Progestin Contraceptives - Oral</b>		
norethindrone (contraceptive)	0	
ORTHO MICRONOR (Use norethindrone (contraceptive))	NF	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
budesonide cpep	1B	QL(3 ea daily)
CORTEF TABS (Use hydrocortisone)	NF	

Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP (Use methylprednisolone acetate)	NF	
dexamethasone tabs .5 MG, .75 MG	1A	
dexamethasone tabs 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
dexamethasone elix	1B	
dexamethasone soln	1B	
DEXAMETHASONE INTENSOL CONC	1B	
dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1B	
EMFLAZA TABS	4	PA
EMFLAZA SUSP	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	QL(3 ea daily)
hydrocortisone tabs	1B	
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL TABS	3	
MEDROL TABS (Use methylprednisolone)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
methylprednisolone tabs	1B	
methylprednisolone tbpk	1B	
methylprednisolone acetate susp	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
MILLIPRED TABS	3	
MILLIPRED DP TBPk	3	
ORAPRED ODT TBPd (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	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 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone tbpk</i>	1B	
<i>prednisone tabs 1 MG, 5 MG</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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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 fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 180 MG-240 MG (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine 5 MG-120 MG</i>	1B	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 MG-240 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine-pseudoephedrine tb12 60 MG-120 MG</i>	1B	QL(2 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer 10 MG/5ML-8 MG/5ML</i>	1B	
<i>loratadine &amp; pseudoephedrine tb24 10 MG-240 MG</i>	1B	QL(1 ea daily)
<i>loratadine &amp; pseudoephedrine tb12 5 MG-120 MG</i>	1B	QL(2 ea daily)
TUZISTRA XR 14.7 MG/5ML-2.8 MG/5ML	2	PA
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use <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>		
<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 <i>isotretinoin</i> )	NF	AL(At least 12 yrs old);PA
<i>adapalene gel .1 %</i>	1B	AL(At least 12 yrs old);PA;RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene crea</i>	1B	AL(At least 12 yrs old);PA
<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 <i>clindamycin phosphate-benzoyl peroxide</i> )	NF	AL(At least 12 yrs old);PA
BENZAACLIN WITH PUMP GEL 1 %-5 % (Use <i>clindamycin phosphate-benzoyl peroxide</i> )	NF	AL(At least 12 yrs old);PA
BENZAMYCIN GEL 3 %-5 % (Use <i>benzoyl peroxide-erythromycin</i> )	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
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i> )	NF	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>EVOCLIN FOAM (Use clindamycin phosphate (topical))</i>	NF	AL(At least 12 yrs old);PA
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old);PA
<i>KLARON (Use sulfacetamide sodium (acne))</i>	NF	AL(At least 12 yrs old)
<i>RETIN-A GEL (Use tretinoin)</i>	NF	AL(At least 12 yrs old- Up to 30 yrs old)
<i>RETIN-A CREA (Use tretinoin)</i>	NF	AL(At least 12 yrs old- Up to 30 yrs old)
<i>RETIN-A MICRO .1 % (Use tretinoin microsphere)</i>	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
<i>RETIN-A MICRO PUMP .1 % (Use tretinoin microsphere)</i>	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1B	AL(At least 12 yrs old);ST
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>SUMADAN WASH LIQD 4.5 %-9 % (Use sulfacetamide sodium w/ sulfur)</i>	NF	AL(At least 12 yrs old);ST
<i>SUMAXIN WASH LIQD 4 %-9 % (Use sulfacetamide sodium w/ sulfur)</i>	NF	
<i>tretinoin gel .01 %, .025 %</i>	1B	AL(At least 12 yrs old- Up to 30 yrs old)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) crea</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>ketconazole (topical) crea</i>	1B	
<i>ketconazole (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
LOTRIMIN ULTRA (Use <i>butenafine hcl</i> )	NF	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) crea 5 %</i>	1B	
<i>fluorouracil (topical) soln</i>	1B	
PANRETIN	3	
PICATO .05 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea per fill retail,2 per fill mail %)
PICATO .015 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(3 ea per fill retail,3 per fill mail %)
TARGRETIN (Use <i>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 (Use <i>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

Drug Name	Drug Tier	Requirements/Limits
ZONALON (Use <i>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>		
<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 crea</i>	1B	QL(4 gm daily);PA
<i>calcipotriene oint</i>	1B	QL(4 gm daily);PA
<i>calcipotriene soln</i>	1B	QL(4 ml 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 (Use <i>calcipotriene</i> )	NF	QL(4 gm daily);PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
OXSORALEN ULTRA (Use <i>methoxsalen rapid</i> )	NF	QL(4 ea daily)
SKYRIZI PSKT	4	QL(0.025 ea daily);PA
SKYRIZI SOSY	4	QL(0.025 ml daily);PA
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily);PA
SORIATANE 25 MG (Use <i>acitretin</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SORIATANE 10 MG (Use <i>acitretin</i> )	NF	QL(1 ea daily)
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily);PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily);SP;PA
<i>tazarotene crea</i>	1B	QL(1 gm daily)
TAZORAC CREA (Use <i>tazarotene</i> )	NF	QL(1 gm daily)
TREMFYA SOSY	4	QL(0.018 ml daily);PA
TREMFYA SOPN	4	QL(0.018 ml daily);PA
VECTICAL (Use <i>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 % (Use <i>penciclovir</i> )	3	QL(0.18 gm daily)
<i>penciclovir 1 %</i>	1B	QL(0.18 gm daily)
ZOVIRAX OINT (Use <i>acyclovir topical</i> )	NF	
ZOVIRAX CREA (Use <i>acyclovir topical</i> )	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE (Use <i>silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine</i>	1B	
SULFAMYLON CREA	3	
SULFAMYLON PACK 5 % (Use <i>mafenide acetate</i> )	NF	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)
<i>desoximetasone oint .25 %</i>	1B	
<i>desoximetasone gel</i>	1B	
<i>desoximetasone crea .25 %</i>	1B	
<i>diflorasone diacetate oint</i>	1B	PA
<i>diflorasone diacetate crea</i>	1B	PA
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i> )	NF	
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i> )	NF	
<i>fluocinolone acetonide oil</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
<i>fluocinolone acetonide soln</i>	1B	
<i>fluocinolone acetonide oint</i>	1B	
<i>fluocinolone acetonide crea</i>	1B	
<i>fluocinonide oint</i>	1B	QL(2 gm daily)
<i>fluocinonide crea .05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide soln</i>	1B	QL(2 ml daily)
<i>fluocinonide gel</i>	1B	
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>flurandrenolide crea</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea .05 %</i>	1B	
<i>fluticasone propionate oint</i>	1B	
<i>fluticasone propionate lotn</i>	1B	QL(6 ml daily)
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG CREA (Use <i>halcinonide</i> )	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone butyrate soln</i>	1B	
<i>hydrocortisone butyrate oint</i>	1B	
<i>hydrocortisone butyrate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
<i>hydrocortisone valerate crea</i>	1B	
LUXIQ FOAM (Use <i>betamethasone valerate</i> )	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1B	
<i>mometasone furoate oint</i>	1B	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
METROGEL GEL 1 % (Use metronidazole (topical))	NF	
METROLOTION LOTN (Use metronidazole (topical))	NF	
metronidazole (topical) crea	1B	
metronidazole (topical) gel	1B	
metronidazole (topical) lotn	1B	
MIRVASO	3	QL(1 gm daily);PA
<b>Scabicides &amp; Pediculicides</b>		
crotamiton lotn	1B	PA
ELIMITE CREA (Use permethrin)	NF	
ivermectin (pediculicide)	1B	PA;RX/OTC
lindane sham	1B	
malathion	1B	
NATROBA (Use spinosad)	NF	PA
NIX CREME RINSE LIQD EX (Use permethrin)	NF	
OVIDE (Use malathion)	NF	
permethrin liqd ex	1B	
permethrin crea	1B	
SKLICE (Use ivermectin (pediculicide))	NF	PA;RX/OTC
spinosad	1B	PA
<b>Wound Care Products</b>		
REGANEX	3	
<b>DIAGNOSTIC PRODUCTS</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily);RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily);RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		

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Drug Name	Drug Tier	Requirement s/Limits
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID	3	
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

Drug Name	Drug Tier	Requirement s/Limits
<i>methazolamide tabs</i>	1B	QL(6 ea daily)
<b>Diuretic Combinations</b>		
<i>ALDACTAZIDE 25 MG-25 MG (Use spironolactone &amp; hydrochlorothiazide)</i>	NF	
<i>amiloride &amp; hydrochlorothiazide 5 MG-50 MG</i>	1B	
<i>DYAZIDE CAPS 37.5 MG-25 MG (Use triamterene &amp; hydrochlorothiazide)</i>	NF	
<i>MAXZIDE TABS 75 MG-50 MG (Use triamterene &amp; hydrochlorothiazide)</i>	NF	
<i>MAXZIDE-25 TABS 37.5 MG-25 MG (Use triamterene &amp; hydrochlorothiazide)</i>	NF	
<i>spironolactone &amp; hydrochlorothiazide 25 MG-25 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide caps 37.5 MG-25 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1B	
<b>Loop Diuretics</b>		
<i>bumetanide tabs</i>	1B	QL(5 ea daily)
<i>bumetanide soln .25 MG/ML</i>	1B	
<i>BUMEX TABS (Use bumetanide)</i>	NF	QL(5 ea daily)
<i>EDECIN (Use ethacrynic acid)</i>	NF	QL(16 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide tabs</i>	1B	
LASIX TABS (Use <i>furosemide</i> )	NF	
<i>toremide tabs</i>	1B	
<b>Potassium Sparing Diuretics</b>		
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 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide tabs 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i> )	NF	QL(0.143 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i> )	NF	QL(0.036 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
BONIVA SOLN (Use <i>ibandronate sodium</i> )	NF	SP;PA
BONIVA TABS (Use <i>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 (Use <i>alendronate sodium</i> )	NF	QL(0.143 ea daily)
FOSAMAX PLUS D	3	QL(0.143 ea daily);PA
<i>ibandronate sodium tabs</i>	1B	QL(0.036 ea daily)
<i>ibandronate sodium soln</i>	4	SP;PA
<i>pamidronate disodium soln</i>	4	SP;PA
PAMIDRONATE DISODIUM SOLN	4	SP;PA
PROLIA SOSY	4	1 rtl MAX fill,180 rtl day(s) supply;SP;PA
RECLAST SOLN (Use <i>zoledronic acid</i> )	NF	SP;PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	1B	QL(1 ea daily);PA
<i>risedronate sodium tbec</i>	1B	PA
<i>risedronate sodium tabs 150 MG</i>	1B	QL(0.036 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<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 soln</i>	4	SP;PA
<i>zoledronic acid conc</i>	4	SP;PA
<b>Corticotropin</b>		
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 (Use <i>cetorelix acetate</i> )	4	PA
<i>ganirelix acetate</i>	4	PA
GANIRELIX ACETATE (Use <i>ganirelix acetate</i> )	NF	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP;PA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Growth Hormones</b>		
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP;PA
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP;PA
<b>Hormone Receptor Modulators</b>		
EVISTA (Use <i>raloxifene hcl</i> )	NF	QL(1 ea daily)
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX	4	SP;PA
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
FENSOLVI	4	SP;PA
LUPANETA PACK	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP;PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP;PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
SYNAREL	4	SP;PA
<b>Metabolic Modifiers</b>		
ALDURAZYME	4	SP;PA
<i>betaine</i>	4	SP;PA
BUPHENYL TABS (Use <i>sodium phenylbutyrate</i> )	NF	PA
BUPHENYL POWD (Use <i>sodium phenylbutyrate</i> )	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol caps</i>	1B	
<i>calcitriol soln iv</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily);SP;PA
CYSTADANE (Use betaine)	4	SP;PA
<i>doxercalciferol caps</i>	1B	
<i>doxercalciferol soln</i>	1B	
ELAPRASE	4	SP;PA
FABRAZYME 35 MG	4	SP;PA
GALAFOLD	4	QL(0.5 ea daily);PA
HECTOROL SOLN (Use doxercalciferol)	NF	
KUVAN PACK (Use sapropterin dihydrochloride)	NF	PA
KUVAN TABS (Use sapropterin dihydrochloride)	NF	PA
LUMIZYME	4	SP;PA
MYALEPT	4	PA
NAGLAZYME	4	SP;PA
<i>nitisinone caps</i>	4	SP;PA
ORFADIN CAPS (Use nitisinone)	NF	SP;PA
PALYNZIQ	4	PA
<i>paricalcitol caps</i>	1B	
<i>paricalcitol soln</i>	1B	
ROCALTROL SOLN OR (Use calcitriol)	NF	
ROCALTROL CAPS (Use calcitriol)	NF	
<i>sapropterin dihydrochloride tabs</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride pack</i>	4	PA
SENSIPAR (Use cinacalcet hcl)	NF	QL(4 ea daily);SP;PA
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
ZEMPLAR SOLN (Use paricalcitol)	NF	
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	NF	
<b>Posterior Pituitary Hormones</b>		
DDAVP .01 % (Use desmopressin acetate spray)	NF	
DDAVP TABS .1 MG (Use desmopressin acetate)	NF	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	PA
DDAVP TABS .2 MG (Use desmopressin acetate)	NF	QL(8 ea daily)
<i>desmopressin acetate tabs .2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate tabs .1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate soln ij</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP;PA
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
STIMATE SOLN NA	4	SP;PA
<b>Prolactin Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily);SP;PA
<i>octreotide acetate soln</i>	4	SP;PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i> )	NF	SP;PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily);SP;PA
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily);SP;PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily);SP;PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBPK O	4	SP;PA
JYNARQUE TABS	4	QL(2 ea daily);SP;PA
SAMSCA TABS (Use <i>tolvaptan</i> )	4	QL(2 ea daily);SP;PA
<i>tolvaptan tabs</i>	4	QL(2 ea daily);SP;PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	3	
DUAVEE 20 MG-0.45 MG	3	PA
FEMHRT 2.5 MCG-0.5 MG (Use <i>norethindrone acetate-ethinyl estradiol</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE 0.625 MG-5 MG	2	
PREMPRO	2	
<b>Estrogens</b>		
CLIMARA PTWK (Use <i>estradiol</i> )	NF	
DELESTROGEN	1B	
DELESTROGEN 20 MG/ML, 40 MG/ML (Use <i>estradiol valerate</i> )	NF	
DEPO-ESTRADIOL	3	
DIVIGEL GEL	3	
DIVIGEL GEL (Use <i>estradiol</i> )	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>estradiol</i> )	NF	
<i>estradiol pttw</i>	1B	QL(0.286 ea daily)
<i>estradiol gel</i>	1B	
<i>estradiol ptwk</i>	1B	
<i>estradiol tabs</i>	1B	
<i>estradiol valerate</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST .3 MG, .625 MG, 1.25 MG	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (Use <i>estradiol</i> )	NF	QL(0.286 ea daily)
PREMARIN TABS	2	
PREMARIN SOLR	2	

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Drug Name	Drug Tier	Requirements/Limits
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 SUSR	2	2 rtl MAX fill,30 rtl day(s) supply
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NF	
ciprofloxacin hcl tabs	1B	
ciprofloxacin in d5w 200 MG/100ML-5 %	3	
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	

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE TABS (Use ursodiol)	NF	
ursodiol tabs	1B	
ursodiol caps	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 soln or 5 MG/5ML, 10 MG/10ML	1B	QL(60 ml daily)
metoclopramide hcl tabs	1A	QL(6 ea daily)
metoclopramide hcl soln ij 5 MG/ML	1B	
REGLAN TABS (Use metoclopramide hcl)	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 (Use mesalamine)	NF	
ASACOL HD TBEC (Use mesalamine)	NF	QL(6 ea daily)
AVSOLA	4	PA
AZULFIDINE TABS (Use sulfasalazine)	NF	
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NF	
balsalazide disodium caps	1B	
CANASA SUPP (Use mesalamine)	NF	
COLAZAL CAPS (Use balsalazide disodium)	NF	
DELZICOL CPDR (Use mesalamine)	NF	

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Drug Name	Drug Tier	Requirements/Limits
DIPENTUM	2	
INFLECTRA	4	PA
LIALDA TBEC (Use mesalamine)	NF	
mesalamine cpdr	1B	
mesalamine cp24	1B	
mesalamine supp	1B	
mesalamine tbec 800 MG	1B	QL(6 ea daily)
mesalamine enem	1B	
mesalamine tbec 1.2 GM	1B	
RENFLEXIS	4	PA
STELARA 130 MG/26ML	4	PA
sulfasalazine tbec	1B	
sulfasalazine tabs	1B	
<b>Intestinal Acidifiers</b>		
lactulose (encephalopathy)	1B	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
alosectron hcl	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily);PA
LOTROXON (Use alosectron hcl)	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
alvimopan	1B	
ENTEREG (Use alvimopan)	NF	
RELISTOR SOLN	3	PA
<b>Phosphate Binder Agents</b>		
calcium acetate (phosphate binder) tabs	1B	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) caps	1B	
FOSRENOL CHEW (Use lanthanum carbonate)	NF	
lanthanum carbonate chew	1B	
PHOSLYRA SOLN	2	
RENVELA TABS (Use sevelamer carbonate)	NF	
RENVELA PACK (Use sevelamer carbonate)	NF	
sevelamer carbonate pack	1B	
sevelamer carbonate tabs	1B	
VELPHORO	3	PA

### GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System

#### Alkalinizers

potassium citrate (alkalinizer) tbc 10 MEQ, 1080 MG	1B	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	1B	RX/OTC
UROK-K 10 TBCR (Use potassium citrate (alkalinizer))	NF	

#### Cystinosis Agents

CYSTAGON CAPS	3	PA
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#### Genitourinary Irrigants

acetic acid .25 %	1B	
glycine (gu irrigant) soln 1.5 %	1B	
RESECTISOL	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (gu irrigant) .9 %</i>	1B	
SORBITOL 3 %, 3.3 %	1B	
SORBITOL/MANNITOL IRRIGATION 0.54 GM/100ML-2.7 GM/100ML	1B	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
AVODART ( <i>Use dutasteride</i> )	NF	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl 0.5 MG-0.4 MG</i>	1B	PA
<i>finasteride</i>	1B	5 mg only
FLOMAX ( <i>Use tamsulosin hcl</i> )	NF	
JALYN 0.5 MG-0.4 MG ( <i>Use dutasteride-tamsulosin hcl</i> )	3	PA
PROSCAR ( <i>Use finasteride</i> )	NF	5 mg only
RAPAFLO ( <i>Use silodosin</i> )	NF	
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
UROXATRAL ( <i>Use alfuzosin hcl</i> )	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	1B	
PYRIDIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	1B	
<b>Gout Agents</b>		
<i>allopurinol</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
COLCRYS TABS ( <i>Use colchicine</i> )	NF	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily);PA
ULORIC ( <i>Use febuxostat</i> )	NF	QL(1 ea daily);PA
ZYLOPRIM ( <i>Use 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>		
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole 200 MG-25 MG</i>	1B	QL(2 ea daily);PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
EFFIENT ( <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
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>		

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP;PA
DOPTELET	4	QL(3 ea daily);PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	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
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 TABS	4	SP;PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily);PA
RETACRIT	4	PA
RETACRIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
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 tabs 65 MG, 325 MG</i>	0	
<i>ferrous sulfate soln</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tbec</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBIL	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	
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NF	
<i>tranexamic acid tabs</i>	1B	
<i>tranexamic acid soln 1000 MG/10ML</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix</i>	1B	
<i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tbc</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

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Drug Name	Drug Tier	Requirements/Limits
<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 (Use <i>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 (Use <i>calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (Use <i>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 (Use <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	NF	
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (Use <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	3	PA

Drug Name	Drug Tier	Requirements/Limits
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (Use <i>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
SUPREP BOWEL PREP KIT 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	3	PA
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln</i>	1B	
<b>Saline Laxatives</b>		

Drug Name	Drug Tier	Requirements/Limits
OSMOPREP 1.102 GM-0.398 GM	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec</i>	1A	
<i>bisacodyl supp</i>	1A	
DULCOLAX TBEC (Use <i>bisacodyl</i> )	NF	
DULCOLAX SUPP (Use <i>bisacodyl</i> )	NF	
DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS 100 MG (Use <i>docusate sodium</i> )	NF	
<i>docusate calcium</i>	1A	
<i>docusate sodium caps 100 MG, 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin susr</i>	1B	
<i>azithromycin tabs 250 MG</i>	1B	QL(6 ea per fill retail,6 per fill mail MG)
<i>azithromycin tabs 500 MG</i>	1B	QL(4 ea per fill retail,4 per fill mail MG)
<i>azithromycin tabs 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin solr</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin pack</i>	1B	
ZITHROMAX SUSR (Use <i>azithromycin</i> )	NF	
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NF	QL(6 ea per fill retail,6 per fill mail MG)
ZITHROMAX PACK (Use <i>azithromycin</i> )	NF	
ZITHROMAX SOLR (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 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 tabs</i>	1B	
<i>clarithromycin susr</i>	1B	
<i>clarithromycin tb24</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	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	3	
<i>erythromycin base tabs</i>	3	
<i>erythromycin base tbec</i>	1B	
<i>erythromycin base cpep</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate susr</i>	1B	
<i>erythromycin ethylsuccinate tabs</i>	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	

Drug Name	Drug Tier	Requirements/Limits
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
SELECT LANCETS	1	6.66/day

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
<b>Parenteral Therapy Supplies</b>		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AIMOVIG	2	QL(0.04 ml daily);PA
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily);PA
EMGALITY SOAJ	2	QL(0.07 ml daily);PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily);PA
UBRELVY	3	QL(10 ea per 30 days retail);ST
<b>Migraine Combinations</b>		
CAFERGOT TABS 1 MG-100 MG (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	Requirements/Limits
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i> )	NF	QL(0.2 ea 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 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 tabs 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 ea daily);AL(At least 18 yrs old)

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

## MINERALS & ELECTROLYTES

### Bicarbonates

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

### Calcium



Drug Name	Drug Tier	Requirements/Limits
<i>calcium chloride (dihydrate) soln</i>	1B	
<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 28 MEQ/L-3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L</i>	1B	
NORMOSOL-M IN D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-M/D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-R 98 MEQ/L-27 MEQ/L-23 MEQ/L-3 MEQ/L-5 MEQ/L-140 MEQ/L	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
<b>Magnesium</b>		
<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 cpcr</i>	1B	
<i>potassium chloride pack or 20 MEQ</i>	1B	PA
<i>potassium chloride soln iv 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>potassium chloride tbc 8 MEQ, 10 MEQ</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	

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>CUPRIMINE CAPS (Use penicillamine)</i>	NF	PA
<i>DEPEN TITRATABS TABS (Use penicillamine)</i>	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
<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 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>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 caps</i>	1B	
<i>cyclosporine soln iv 50 MG/ML</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN	4	SP;PA
ZORTRESS .25 MG, .5 MG, .75 MG (Use everolimus (immunosuppressant))	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) 4 %</i>	1B	
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<b>Anti-infectives - Throat</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
CVS PRENATAL TABS	2	QL(1 ea daily)
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)

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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	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG, 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		

Drug Name	Drug Tier	Requirements/Limits
MG-1000 MCG-15 MCG-2.6 MCG-27 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		

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Drug Name	Drug Tier	Requirements/Limits
MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 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		

Drug Name	Drug Tier	Requirements/Limits
UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG, 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, 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,		

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Drug Name	Drug Tier	Requirements/Limits
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, 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

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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 tabs</i>	1B	
<i>tizanidine hcl caps</i>	1B	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i> )	NF	

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

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

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

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

### OPHTHALMIC AGENTS - Drugs to Treat the Eye

#### Artificial Tears and Lubricants

LACRISERT	3	
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#### Beta-blockers - Ophthalmic

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

Drug Name	Drug Tier	Requirements/Limits
COSOPT <i>(Use dorzolamide hcl-timolol maleate)</i>	NF	
<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 <i>(Use timolol maleate (ophth))</i>	NF	
TIMOPTIC-XE SOLG <i>(Use timolol maleate (ophth))</i>	NF	
<b>Cycloplegic Mydriatics</b>		
MYDRIACYL SOLN <i>(Use tropicamide)</i>	NF	
<i>tropicamide soln</i>	1B	
<b>Miotics</b>		
ISOPTO CARPINE SOLN <i>(Use pilocarpine hcl)</i>	NF	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P <i>(Use 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	

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

Drug Name	Drug Tier	Requirements/Limits
POLYTRIM 0.1 %-10000 UNIT/ML (Use <i>polymyxin b-trimethoprim</i> )	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1B	
<i>tobramycin (ophth) soln</i>	1B	
TOBEX SOLN (Use <i>tobramycin (ophth)</i> )	NF	
<i>trifluridine</i>	1B	
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i> )	NF	
ZIRGAN GEL	2	
ZYMAXID (Use <i>gatifloxacin (ophth)</i> )	NF	
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine (ophth) emul</i>	3	PA
RESTASIS EMUL (Use <i>cyclosporine (ophth)</i> )	NF	PA
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE (Use <i>proparacaine hcl</i> )	NF	
<i>proparacaine hcl</i>	1B	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE	4	PA
<b>Ophthalmic Steroids</b>		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	
<i>difluprednate</i>	1B	PA
DUREZOL (Use <i>difluprednate</i> )	3	PA
<i>fluorometholone (ophth) susp</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
FML OINT	3	PA
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NF	
LOTEMAX OINT	3	PA
LOTEMAX GEL (Use loteprednol etabonate)	3	PA
LOTEMAX SUSP (Use loteprednol etabonate)	NF	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-polymy- dexameth)	NF	
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (Use neomycin-polymy- dexameth)	NF	
neomycin-polymy- dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM	1B	
neomycin-polymy- 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	

Drug Name	Drug Tier	Requirements/Limits
PRED FORTE (Use prednisolone acetate (ophth))	NF	
PRED MILD	3	PA
PRED-G SUSP 0.3 %-1 %	3	PA
prednisolone acetate (ophth)	1B	
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	
ALOCRIL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
AZOPT (Use brinzolamide)	NF	
bepotastine besilate	3	PA

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Drug Name	Drug Tier	Requirements/Limits
BEPREVE (Use bepotastine besilate)	3	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ml daily);PA
diclofenac sodium (ophth)	1B	
dorzolamide hcl	1B	
epinastine hcl (ophth)	1B	
flurbiprofen sodium	1B	
ILEVRO	3	QL(0.2 ml daily);ST
ketorolac tromethamine (ophth)	1B	
ketotifen fumarate (ophth) .025 %	1B	
LASTACAFT	3	PA;RX/OTC
NEVANAC	3	QL(0.2 ml daily);ST
olopatadine hcl	1B	RX/OTC
PATADAY (Use olopatadine hcl)	NF	RX/OTC
TRUSOPT (Use dorzolamide hcl)	NF	
ZADITOR (Use ketotifen fumarate (ophth))	NF	
ZERVIAE	3	PA
<b>Prostaglandins - Ophthalmic</b>		
bimatoprost soln	3	
latanoprost soln	1B	
tafluprost .015 MG/ML	1B	

Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z (Use travoprost)	NF	
travoprost	1B	
XALATAN SOLN (Use latanoprost)	NF	
ZIOPTAN	2	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
acetic acid (otic)	1B	
<b>Otic Anti-infectives</b>		
CETRAXAL (Use ciprofloxacin hcl (otic))	NF	
ciprofloxacin hcl (otic)	1B	
ofloxacin (otic)	1B	
<b>Otic Combinations</b>		
CIPRO HC 0.2 %-1 %	3	
CIPRODEX 0.3 %-0.1 % (Use ciprofloxacin-dexamethasone)	NF	PA
ciprofloxacin-dexamethasone 0.3 %-0.1 %	1B	PA
ciprofloxacin-fluocinolone acetonide 0.3 %-0.025 %	1B	QL(0.5 ea daily);PA
CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML	3	
neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML	1B	
neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML	1B	



Drug Name	Drug Tier	Requirements/Limits
OTOVEL 0.3 %-0.025 % (Use ciprofloxacin-fluocinolone acetonide)	NF	QL(0.5 ea daily);PA
<b>Otic Steroids</b>		
DERMOTIC (Use fluocinolone acetonide (otic))	NF	
fluocinolone acetonide (otic)	1B	
hydrocortisone w/acetic acid 2 %-1 %	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT 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 30 GM/300ML	4	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 S/D IGA LESS THAN 1MCG/ML SOLR	4	SP;PA
GAMMAKED	4	SP;PA
GAMMAKED 1 GM/10ML	4	SP;PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
GAMUNEX-C 1 GM/10ML	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>		
amoxicillin susr 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	1B	
amoxicillin tabs	1B	
amoxicillin susr 125 MG/5ML	1A	
amoxicillin caps	1A	
amoxicillin chew 125 MG, 250 MG	1B	
ampicillin caps 500 MG	1B	
ampicillin sodium ij 1 GM	1B	
<b>Natural Penicillins</b>		
penicillin g potassium 5000000 UNIT	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
penicillin g sodium	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tabs</i>	1B	
<i>penicillin v potassium solr</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1B	
<i>amoxicillin &amp; pot clavulanate tb12 1000 MG-62.5 MG</i>	1B	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1B	
<i>amoxicillin &amp; pot clavulanate susr</i>	1B	
<i>ampicillin &amp; sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i>	1B	
AUGMENTIN SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN TABS 500 MG-125 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use <i>ampicillin &amp; sulbactam sodium</i> )	NF	
UNASYN BULK PACK IV 5 GM-10 GM (Use <i>ampicillin &amp; sulbactam sodium</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<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 <i>norethindrone acetate</i> )	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps</i>	1B	
PROMETRIUM CAPS (Use <i>progesterone</i> )	NF	
PROVERA (Use <i>medroxyprogesterone acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail);PA
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i> )	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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 tbdp 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide soln</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide tabs</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	1B	QL(1 ea daily)
<i>memantine hcl tabs</i>	1B	
<i>memantine hcl tabs</i>	1B	QL(2 ea daily)
NAMENDA TABS (Use memantine hcl)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
RAZADYNE ER CP24 (Use galantamine hydrobromide)	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>		

Drug Name	Drug Tier	Requirements/Limits
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 tetrabenazine)	NF	QL(3 ea daily);SP;PA
<b>Multiple Sclerosis Agents</b>		
AMPYRA (Use dalfampridine)	NF	QL(2 ea daily);SP;PA
AUBAGIO	4	PA
AVONEX PSKT	4	QL(0.0714 ml daily);SP;PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily);SP;PA
BETASERON KIT	4	QL(0.5 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 misc</i>	4	PA
<i>dimethyl fumarate cpdr</i>	4	PA
EXTAVIA KIT	4	QL(0.5 ea daily);SP;PA
<i> fingolimod hcl</i>	4	PA
GILENYA	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate soty 40 MG/ML</i>	3	QL(0.43 ml daily);PA
<i>glatiramer acetate soty 20 MG/ML</i>	3	QL(1 ml daily);PA
KESIMPTA	4	QL(0.0144 ml daily);PA
MAVENCLAD	4	PA
OCREVUS	4	PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily);PA
REBIF SOSY	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	SP;PA
REBIF TITRATION PACK SOSY	4	SP;PA
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NF	PA
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NF	PA
TYSABRI	4	QL(0.536 ml daily);SP;PA
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>		
LYRICA CR 330 MG ( <i>Use pregabalin (once-daily)</i> )	3	QL(2 ea daily);PA
LYRICA CR 82.5 MG, 165 MG ( <i>Use pregabalin (once-daily)</i> )	3	QL(1 ea daily);PA

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

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Drug Name	Drug Tier	Requirements/Limits
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NF	
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate tbpk</i>	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
<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 SOLN	4	PA
PROLASTIN-C SOLR	4	SP;PA
ZEMAIRA SOLR	4	SP;PA
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS	4	QL(2 ea daily);SP;PA
ORKAMBI TABS	4	QL(4 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	QL(2 ea daily);PA
PULMOZYME	4	QL(2.5 ml daily);SP;PA
TRIKAFTA 50 MG-100 MG	4	QL(3 ea daily);PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	4	QL(1 ea daily);PA
ESBRIET TABS (Use pirfenidone)	4	QL(1 ea daily);PA
OFEV	4	QL(2 ea daily);PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	4	QL(1 ea daily);PA
<i>pirfenidone tabs 534 MG</i>	4	QL(3 ea daily);PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Fluorocyclines</b>		
XERAVA	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1B	
TYGACIL (Use tigecycline)	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) tabs 50 MG</i>	1B	
<i>doxycycline (monohydrate) caps 75 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr</i>	1B	
<i>doxycycline hyclate caps</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl tabs</i>	1B	QL(3 ea daily)
<i>minocycline hcl caps</i>	1B	QL(3 ea daily)
TARGADOX TABS (Use <i>doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	NF	QL(2 ea daily)

### THYROID AGENTS - Drugs to Regulate Thyroid Hormones

#### Antithyroid Agents

<i>methimazole tabs</i>	1B	
<i>propylthiouracil</i>	1B	
TAPAZOLE TABS 10 MG (Use <i>methimazole</i> )	NF	

#### Thyroid Hormones

ARMOUR THYROID TABS	2	QL(1 ea daily)
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs</i>	1B	
<i>liothyronine sodium soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tabs</i>	1B	
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	2	
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i>	1B	QL(1 ea daily)
TRIOSTAT SOLN (Use <i>liothyronine sodium</i> )	NF	

### TOXOIDS

#### Toxoid Combinations

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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 SUSP 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	
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	
<b>ULCER DRUGS - Drugs to Treat Bowel, 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 tabs</i>	1B	
<i>dicyclomine hcl caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl soln or</i>	1B	
<i>glycopyrrolate soln ij 4 MG/20ML</i>	1B	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	1B	
LIBRAX 2.5 MG-5 MG (Use chlordiazepoxide hcl-clidinium bromide)	NF	
<i>methscopolamine bromide</i>	1B	
ROBINUL TABS (Use glycopyrrolate)	NF	
ROBINUL FORTE TABS (Use glycopyrrolate)	NF	
<b>H-2 Antagonists</b>		
<i>cimetidine tabs</i>	1B	RX/OTC
<i>cimetidine hcl or 300 MG/5ML</i>	1B	QL(20 ml daily)
<i>famotidine tabs 20 MG, 40 MG</i>	1B	RX/OTC
<i>famotidine soln 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine susr</i>	1B	QL(10 ml daily)
<i>famotidine soln 20 MG/2ML</i>	1A	
<i>famotidine in nacl soln 0.4 MG/ML-0.9 %</i>	1B	
<i>nizatidine soln</i>	1B	QL(20 ml daily)
<i>nizatidine caps</i>	1B	
PEPCID TABS (Use famotidine)	NF	RX/OTC
PEPCID AC TABS (Use famotidine)	NF	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NF	RX/OTC
<i>ranitidine hcl tabs 150 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
TAGAMET HB TABS (Use cimetidine)	NF	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE TABS (Use sucralfate)	NF	QL(4 ea daily)
CARAFATE SUSP (Use sucralfate)	NF	QL(40 ml daily)
sucralfate susp	1B	QL(40 ml daily)
sucralfate tabs	1B	QL(4 ea 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
dexlansoprazole	1B	QL(1 ea daily);PA
esomeprazole magnesium cpdr 20 MG	1B	QL(2 ea daily);RX/OTC
esomeprazole magnesium tbec	1B	QL(2 ea daily)
esomeprazole magnesium cpdr 40 MG	3	QL(1 ea daily)
lansoprazole cpdr 15 MG	1B	QL(2 ea daily);RX/OTC
lansoprazole cpdr 30 MG	1B	
NEXIUM CPDR 40 MG (Use esomeprazole magnesium)	NF	QL(1 ea daily)
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NF	QL(2 ea daily);RX/OTC
NEXIUM 24HR TBEC (Use esomeprazole magnesium)	1B	QL(2 ea daily)
omeprazole cpdr	1B	QL(2 ea daily);RX/OTC
omeprazole tbec	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
omeprazole magnesium cpdr	1B	QL(4 ea daily)
pantoprazole sodium tbec 20 MG	1B	QL(1 ea daily)
pantoprazole sodium tbec 40 MG	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	
rabeprazole sodium tbec	1B	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC (Use misoprostol)	NF	QL(4 ea daily)
misoprostol	1B	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG	1B	14 rtl MAX day(s) supply,365 rtl lmt day(s);14 mail MAX day(s) supply,365 mail lmt day(s)
omeprazole-sodium bicarbonate caps 20 MG-1100 MG	1B	QL(1 ea daily);RX/OTC
ZEGERID CAPS 20 MG-1100 MG (Use omeprazole-sodium bicarbonate)	NF	QL(1 ea daily);RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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 tb24</i>	1B	
<i>oxybutynin chloride tabs</i>	1B	
<i>oxybutynin chloride syrp</i>	1B	
<i>solifenacin succinate tabs</i>	1B	QL(1 ea daily);PA
<i>tolterodine tartrate cp24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1B	
TOVIAZ (Use fesoterodine fumarate)	3	QL(1 ea daily);PA
<i>tropium chloride tabs</i>	1B	
<i>tropium chloride cp24</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VESICARE TABS (Use solifenacin succinate)	NF	QL(1 ea daily);PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<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	
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 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply

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Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2021-2022 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
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

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

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

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2022-2023 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
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
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA	3	PA
<b>Spermicides</b>		
SHUR-SEAL GEL	0	

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Drug Name	Drug Tier	Requirements/Limits
TODAY SPONGE MISC	0	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1B	
clotrimazole vaginal crea 1 %	1B	
GYNAZOLE-1	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal	1B	
miconazole nitrate vaginal supp 200 MG	1B	
terconazole vaginal crea .8 %	1B	
terconazole vaginal crea .4 %	1B	
terconazole vaginal supp	1B	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI 0.4 %-1.8 %-1 %	0	PV
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1B	
estradiol vaginal tabs	1B	
FEMRING	3	PA
PREMARIN	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Anaphylaxis Therapy Agents</b>		
epinephrine (anaphylaxis) soaj .15 MG/0.3ML	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)
epinephrine (anaphylaxis) soaj	2	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	
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>		
midodrine hcl	1B	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
cholecalciferol caps 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	1A	
cholecalciferol tabs 400 UNIT	0	
DRISDOL CAPS (Use ergocalciferol)	0	
ergocalciferol caps	0	

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

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