California

Essential Drug List

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

Drug Lists Select Health Net Large Group – Formulary (pdf).

For Small Business Group:

Drug Lists Select Health Net Small Business Group – Formulary (pdf).

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

California Individual & Family Plans (on-Exchange or off-Exchange)

If you have questions about your pharmacy coverage call Customer Service at 1-800-839-2172

Hours of Operation

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

Small Business Group

If you have questions about your pharmacy coverage call Customer Service at 1-800-361-3366

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated December 1, 2022

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

The generic drug name for a brand drug is included after the brand name in parentheses and all

Bold italicized lowercase letters.

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

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

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

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

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

How much will I pay for my drugs?

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

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

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

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

Tier Description Table

Tier	*Description*
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
4	Tier 4 Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only, when a generic equivalent is available. Generic drugs will be used whenever one is available, unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

Abbreviations Table

Abbreviation	*Definition*	*Description*
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum $250 copayment for a one-month supply, before any deductible has been met, per state law (or $750 maximum for a three-month supply through mail order, if applicable).

LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SF	Split Fill	Split-fill means the drug is eligible for our split-fill program. The program provides certain high-cost drugs with an initial 14-day supply at no charge to the member. If the member tolerates the drug and requests a refill, the applicable copay will be applied.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception

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

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

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

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

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

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

or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

What blood glucose supplies covered?

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

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

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME benefit.

Are preventive drugs covered?

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

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit.

Refer to your *Evidence of Coverage* or *Certificate of Insurance* for coverage information and exceptions.

Can I go to any pharmacy?

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

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the

Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

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

Pharmacy Lock-In Program (Individual Market Only)

Health Net’s pharmacy benefit manager, together with Medical Management, reviews a member's medication usage and history, and using the criteria below, may enroll members in the Pharmacy Lock-In Program.

A member enrolled in the Pharmacy Lock-In Program is limited to using one specific retail pharmacy for a 12-month period to obtain all prescription drugs, except prescription drugs dispensed in conjunction with emergency care, 90-day supplies of maintenance drugs through the mail-order program and specialty drugs obtained through the specialty pharmacy vendor.

A member also has the right to request a review of the decision to place them in a lock-in program upon receiving the notification letter.

Criteria:

A member needs to meet **one** of the following criteria to be considered for the Pharmacy Lock-In Program:

- Prescriptions written on a stolen, forged or altered prescription blank issued by a licensed prescriber, which led to a member conviction within the past 24 months. Generally, this is reported by the Provider to the plan.
- Member has diagnosis in the past 24 months of drug poisoning, drug or alcohol abuse, a suicide attempt or suicidal ideations and has filled prescription medications in two or more pharmacies in the last 180 days. Illicit drug abuse or dependency may be counted as well.
- Referrals from the provider reporting suspected abuse or the prescriber is specifically requesting the lock-in due to alleged abuse. Such provider request will be clearly documented in clinical database.
- Member had two or more violations of a pain contract with the same or different prescriber in a 24-month period.

A member needs to meet **two or more** of the following criteria to be considered for the Pharmacy Lock-In Program:

Prescribed medications do not correlate with the member’s medical condition, as identified by his/her PCP, or ICD-10 code from encounter data.

- Member has filled controlled prescriptions at three or more pharmacies per any 90-day period. Pharmacies are distinct and do not share a database. Example: Two CVS stores would count as one pharmacy but a Walgreens and a CVS store would count as two pharmacies.
- Member receives three or more controlled substance medications from two or more doctors in any 90-day period. The doctors are not affiliated with the same practice.

- Member receives overlapping or duplicative psychiatric medications or anti-anxiety agents from two or more providers in any 90-day period. Providers are not affiliated with the same practice.
- Member has been seen in a hospital emergency room two or more times in any 90-day period with excessive non-emergent claims. Example; toothache, back pain, contusion, unspecified pain, etc.
- Member has a high Morphine Equivalency Dose (MED) of greater than or equal to 90 morphine milligram equivalents (MME) in any 90-day period. If there are any cash claims known and validated, these can be factored into the total MME calculation.
- Member has medication claims in profile of high abuse potential such as combinations of opiates, muscle relaxers, stimulants and benzodiazepines (also known as Holy Trinity or Houston Cocktail) in any 90-day period.

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.

Definitions

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

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

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

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

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

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

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

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

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

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

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

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

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

plan.

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

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

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

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

Split-fill program: For certain high-cost chemotherapy drugs, displayed as "SF", provides the first fill of the drug at no copayment or coinsurance for up to a 14 day supply. Refills will be at the applicable copayment or coinsurance.

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG, 5 MG	1	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	
amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	QL(90 ea per fill retail)
dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate soln 5 mg/5ml	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	
methamphetamine hcl tabs	2	PA;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	2	Limited to 1 per day;QL(1 ea daily)
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
benzphetamine hcl tabs	1	PA
diethylpropion hcl tabs	1	PA
diethylpropion hcl tb24	1	PA
LOMAIRA TABS (***phentermine hcl***)	3	PA
phentermine hcl caps	1	PA
phentermine hcl tabs	1	PA
PHENTERMINE HYDROCHLORIDE CAPS (***phentermine hcl***)	3	PA
QSYMIA CP24 (***phentermine hcl-topiramate***)	3	PA; QL(1 ea daily)
Anti-Obesity Agents		
CONTRAVE TB12 (***naltrexone hcl-bupropion hcl***)	3	PA
orlistat caps	1	PA

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

Drug Name	Drug Tier	Requirements/ Limits
SAXENDA SOPN (*liraglutide (weight management)*)	3	PA; QL(0.5 ml daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg	1	QL(2 ea daily)
atomoxetine hcl caps 100 mg, 60 mg, 80 mg	1	QL(1 ea daily)
clonidine hcl (adhd) tb12	1	QL(4 ea daily)
guanfacine hcl (adhd) tb24	1	QL(1 ea daily)
Stimulants - Misc.		
armodafinil tabs	1	PA; ST
dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL(1 ea daily)
dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg	1	QL(2 ea daily)
methylphenidate hcl chew 10 mg, 2.5 mg, 5 mg	1	
methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg	1	QL(1 ea daily)
methylphenidate hcl cp24 60 mg	1	QL(1 ea daily,90 ea per fill retail)
methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl cpcr 20 mg, 30 mg	1	QL(2 ea daily)
methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl tabs 10 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl tabs 20 mg	1	QL(3 ea daily)
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	1	QL(1 ea daily,90 day(s) limit)
methylphenidate hcl tb24 36 mg	1	QL(2 ea daily,90 day(s) limit)
methylphenidate hcl tbcr 10 mg, 20 mg	1	QL(1 ea daily,90 ea per fill retail)
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg	1	QL(1 ea daily)
methylphenidate hcl tbcr 54 mg	1	QL(2 ea daily)
methylphenidate ptch	1	QL(1 ea daily)
modafinil tabs	2	ST; QL(1 ea daily)
QUILLIVANT XR SRER (*methylphenidate hcl*)	3	PA; ST;QL(12 ml daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP (*amikacin sulfate liposome*)	4	PA
BETHKIS NEBU (*tobramycin*)	7	PA; LA
neomycin sulfate tabs	1	
paromomycin sulfate caps	1	
streptomycin sulfate solr	4	PA
TOBI PODHALER CAPS (*tobramycin*)	4	PA
tobramycin nebu 300 mg/4ml	4	PA; LA
tobramycin nebu 300 mg/5ml	2	PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brands
4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
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Drug Name	Drug Tier	Requirements/ Limits
tobramycin nebu 300 mg/5ml	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
tobramycin sulfate soln	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN PNKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-CD/UC/HS STARTER PNKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-PS/UV STARTER PNKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PSKT (***adalimumab***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 15 MG (***upadacitinib***)	4	PA; ST
RINVOQ TB24 30 MG (***upadacitinib***)	4	PA
XELJANZ TABS 10 MG (***tofacitinib citrate***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
XELJANZ TABS 5 MG (***tofacitinib citrate***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(2 ea daily)
XELJANZ XR TB24 (***tofacitinib citrate***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(1 ea daily)
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML (***methotrexate (antirheumatic)***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (***methotrexate (antirheumatic)***)	4	PA; ST;LA
RASUVO SOAJ 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (antirheumatic)***)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML (***methotrexate (antirheumatic)***)	4	PA; ST;LA

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Drug Name	Drug Tier	Requirements/ Limits
Gold Compounds		
RIDAURA CAPS (*auranofin*)	2	
Interleukin-1 Blockers		
ARCALYST SOLR (*rilonacept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ (*tocilizumab*)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
ACTEMRA SOSY (*tocilizumab*)	4	PA
KEVZARA SOAJ (*sarilumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(0.082 ml daily)
KEVZARA SOSY (*sarilumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(0.082 ml daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Diclofenac Potassium) CATAFLAM TABS	1	
(Ibuprofen) IBU TABS	1	
(Nabumetone) RELAFEN TABS 500 MG	1	QL(4 ea daily)
(Nabumetone) RELAFEN TABS 750 MG	1	QL(3 ea daily)
celecoxib caps	1	PA; QL(2 ea daily); AL(At least 60 yrs old)
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
etodolac tb24 400 mg, 500 mg, 600 mg	1	QL(2 ea daily)
flurbiprofen tabs	1	
ibuprofen tabs	1	
INDOCIN SUPP RE 50 MG (*indomethacin*)	3	
INDOCIN SUSP OR 25 MG/5ML (*indomethacin*)	2	
indomethacin caps or 25 mg, 50 mg	1	
indomethacin cpcr or 75 mg	1	
ketoprofen caps 50 mg, 75 mg	1	
ketoprofen cp24 200 mg	1	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY (*ketorolac tromethamine*)	3	QL(1 ea daily,5 day(s) limit)
ketorolac tromethamine tabs or 10 mg	1	QL(20 ea per fill retail)
meclofenamate sodium caps	1	
mefenamic acid caps	1	
meloxicam tabs 15 mg	1	QL(1 ea daily)
meloxicam tabs 7.5 mg	1	QL(2 ea daily)
nabumetone tabs 500 mg	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
nabumetone tabs 750 mg	1	QL(3 ea daily)
naproxen sodium tabs 275 mg, 550 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg, 375 mg, 500 mg	1	
oxaprozin tabs	1	
piroxicam caps 10 mg	1	
piroxicam caps 20 mg	1	QL(1 ea daily)
SPRIX SOLN (*ketorolac tromethamine*)	3	QL(1 ea daily,5 day(s) limit)
sulindac tabs 150 mg	1	QL(2 ea daily)
sulindac tabs 200 mg	1	
tolmetin sodium caps	1	
tolmetin sodium tabs	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS (*apremilast*)	4	PA; ST
OTEZLA TBPK (*apremilast*)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
Pyrimidine Synthesis Inhibitors		
leflunomide tabs 10 mg	1	QL(2 ea daily)
leflunomide tabs 20 mg	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ (*abatacept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
ORENCIA SOSY (*abatacept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT (*etanercept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SOLN 25 MG/0.5ML (*etanercept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;QL(0.143 ml daily); SP
ENBREL SOLR 25 MG (*etanercept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML (*etanercept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SURECLICK SOAJ (*etanercept*)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP, TENCON TABS	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS	1	
butalbital-acetaminophen tabs 50 mg-300 mg, 50 mg-325 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine caps	1	
butalbital-acetaminophen-caffeine tabs	1	
butalbital-aspirin-caffeine caps	1	
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MINIPRIN LOW DOSE, MM ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CHILDRENS ASPIRIN LOW STRENGTH, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN ADULT LOW STRENGTH, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
(Aspirin) GNP ASPIRIN, GOODSENSE ASPIRIN, PX ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN TBEC 81 MG	5	PV
(Aspirin) GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN CHEW 81 MG	5	PV
aspirin chew 81 mg	5	PV
aspirin tbec 81 mg	5	PV
diflunisal tabs	1	
salsalate tabs	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		

Drug Name	Drug Tier	Requirements/ Limits
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO 40 MG	1	
codeine sulfate tabs	1	
CONZIP CP24 (*tramadol hcl*)	7	
fentanyl citrate lpop bu 1200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	2	PA; ST
fentanyl citrate lpop bu 1600 mcg	2	PA; ST;QL(4 ea daily)
fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	Limit 15 per month;QL(0.5 ea daily)
fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	Limit 15 patches per month;QL(0.5 ea daily)
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl tabs 2 mg, 4 mg, 8 mg	1	
hydromorphone hcl tb24 12 mg, 16 mg, 8 mg	1	QL(4 ea daily)
hydromorphone hcl tb24 32 mg	1	QL(2 ea daily)
KADIAN CP24 200 MG (*morphine sulfate*)	3	QL(2 ea daily)
levorphanol tartrate tabs	1	PA; ST
meperidine hcl soln	1	
meperidine hcl tabs	1	
methadone hcl conc 10 mg/ml	1	

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Drug Name	Drug Tier	Requirements/ Limits
methadone hcl soln 10 mg/5ml, 5 mg/5ml	1	
methadone hcl tabs 10 mg, 5 mg	1	QL(12 ea daily)
methadone hcl tbso 40 mg	1	
morphine sulfate beads cp24	1	QL(1 ea daily)
morphine sulfate cp24 or 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	QL(2 ea daily)
morphine sulfate soln or 10 mg/0.5ml, 100 mg/5ml, 20 mg/5ml, 20 mg/ml	1	Not available through mail order
morphine sulfate soln or 10 mg/5ml	1	
morphine sulfate supp re 10 mg, 20 mg, 30 mg	1	
morphine sulfate tabs or 15 mg, 30 mg	1	
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL(3 ea daily)
NUCYNTA ER TB12 (*tapentadol hcl*)	2	QL(2 ea daily)
NUCYNTA TABS (*tapentadol hcl*)	2	QL(6 ea daily)
OXAYDO TABS 5 MG (*oxycodone hcl*)	2	
OXAYDO TABS 7.5 MG (*oxycodone hcl*)	3	QL(4 ea daily)
oxycodone hcl caps 5 mg	1	
oxycodone hcl conc 100 mg/5ml	1	
oxycodone hcl soln 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg	1	
oxycodone hcl tabs 30 mg	1	QL(4 ea daily)
oxymorphone hcl tabs 10 mg	1	QL(8 ea daily)
oxymorphone hcl tabs 5 mg	1	
oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	QL(2 ea daily)
tramadol hcl cp24 100 mg, 150 mg, 200 mg, 300 mg	1	
tramadol hcl tabs 100 mg	1	
tramadol hcl tabs 50 mg	1	QL(8 ea daily)
tramadol hcl tb24 100 mg	1	QL(3 ea daily)
tramadol hcl tb24 100 mg, 200 mg, 300 mg	1	
tramadol hcl tb24 200 mg	1	QL(1 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 7.5 MG-325 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 2.5 MG-325 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	1	
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg	1	
acetaminophen w/ codeine tabs 60 mg-300 mg	1	QL(6 ea daily)
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg	1	PA
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg	1	
butalbital-aspirin-caffeine w/cod caps	1	
hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg	1	
hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg	1	QL(240 ea per fill retail)
hydrocodone-acetaminophen tabs 7.5 mg-300 mg	1	QL(6 ea daily)
hydrocodone-ibuprofen tabs 10 mg-200 mg	1	Not available through mail order
hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg	1	
LORTAB ELIX (*hydrocodone-acetaminophen*)	3	
NALOCET TABS (*oxycodone w/ acetaminophen*)	3	
OXYCODONE AND ACETAMINOPHEN TABS (*oxycodone w/ acetaminophen*)	3	
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg	1	QL(4 ea daily)
oxycodone w/ acetaminophen tabs 2.5 mg-325 mg	1	
oxycodone w/ acetaminophen tabs 5 mg-325 mg	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN TABS (*oxycodone w/ acetaminophen*)	3	
PRIMLEV TABS (*oxycodone w/ acetaminophen*)	3	
PROLATE TABS 10 MG-300 MG, 5 MG-300 MG, 7.5 MG-300 MG (*oxycodone w/ acetaminophen*)	3	
tramadol-acetaminophen tabs	1	QL(8 ea daily)
Opioid Partial Agonists		
buprenorphine hcl subl 2 mg	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl subl 8 mg	1	QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg	1	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg	1	
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (***buprenorphine***)	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (***buprenorphine***)	3	QL(4 ea per 28 days retail)
butorphanol tartrate soln	1	Limit 7.5mls per month;QL(0.25 ml daily)
pentazocine w/ naloxone hcl tabs	1	
SUBLOCADE SOSY (***buprenorphine***)	4	PA; Covered under the Medical Benefit
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS (***oxymetholone***)	3	
oxandrolone tabs 10 mg	2	QL(2 ea daily)
oxandrolone tabs 2.5 mg	2	
Androgens		
ANDRODERM PT24 (***testosterone***)	3	ST; QL(60 ea per fill retail,120 ea per fill mail)
danazol caps	1	
METHITEST TABS (***methyltestosterone***)	2	
methyltestosterone caps	1	
TESTIM GEL (***testosterone***)	7	PA; QL(10 gm daily)
testosterone cypionate soln	1	QL(10 ml per fill retail)
testosterone enanthate soln	1	
testosterone gel 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm	1	Limited to 300 gms per month;QL(10 gm daily)
testosterone gel 1 %, 25 mg/2.5gm, 50 mg/5gm	1	QL(10 gm daily)
testosterone gel 10 mg/act	1	QL(4 gm daily)
testosterone gel 25 mg/2.5gm	1	1.5 GM/50 ML;QL(10 gm daily)
testosterone gel 50 mg/5gm	1	Limit 300gms per month;QL(10 gm daily)
testosterone soln 30 mg/act	1	QL(6 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM FOAM (***hydrocortisone acetate (intrarectal)***)	2	
hydrocortisone (intrarectal) enem	1	QL(60 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
UCERIS FOAM RE 2 MG/ACT (*budesonide (intrarectal)*)	3	PA; ST
Rectal Combinations		
ANALPRAM-HC LOTN (*hydrocortisone acetate w/ pramoxine*)	3	
PROCTOFOAM HC FOAM (*hydrocortisone acetate w/ pramoxine*)	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC CREA	1	
hydrocortisone (rectal) crea	1	
Vasodilating Agents		
RECTIV OINT (*nitroglycerin (intra-anal)*)	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole tabs	1	
BENZNIDAZOLE TABS (*benznidazole*)	2	AL(At least 2 yrs old - Up to 12 yrs old)
ivermectin tabs or 3 mg	1	PA; QL(5 ea per fill retail)
praziquantel tabs	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole caps	1	
metronidazole tabs	1	
pentamidine isethionate solr	1	

Drug Name	Drug Tier	Requirements/ Limits
PRIMSOL SOLN (*trimethoprim hcl*)	3	
tinidazole tabs 250 mg	1	PA; ST
tinidazole tabs 500 mg	1	ST
trimethoprim tabs	1	
TRIMETHOPRIM TABS (*trimethoprim*)	2	
XIFAXAN TABS 200 MG (*rifaximin*)	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG (*rifaximin*)	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
sulfamethoxazole-trimethoprim susp	1	
sulfamethoxazole-trimethoprim tabs	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML (*nitazoxanide*)	3	
atovaquone susp	2	
nitazoxanide tabs or	1	
Carbapenems		
ertapenem sodium solr	4	PA
imipenem-cilastatin solr	2	PA
INVANZ SOLR (*ertapenem sodium*)	7	PA
meropenem solr	4	PA
MERREM SOLR (*meropenem*)	7	PA
PRIMAXIN IV SOLR (*imipenem-cilastatin*)	7	PA
Glycopeptides		

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Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR (*vancomycin hcl*)	3	PA
vancomycin hcl caps 125 mg	1	PA
vancomycin hcl caps 250 mg	1	
Leprostatics		
dapsone tabs 100 mg	1	QL(4 ea daily)
dapsone tabs 25 mg	1	
Lincosamides		
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
Monobactams		
CAYSTON SOLR (*aztreonam lysine*)	4	PA
Oxazolidinones		
linezolid susr 100 mg/5ml	1	QL(210 ml per 90 days retail)
linezolid tabs 600 mg	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS (*tedizolid phosphate*)	2	QL(6 ea per 90 days retail)
Urinary Anti-infectives		
fosfomycin tromethamine pack	1	
methenamine hippurate tabs	1	
methenamine mandelate tabs 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal caps	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine tb12 1000 mg	1	
ranolazine tb12 500 mg	1	QL(4 ea daily)
Nitrates		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
DILATRATE SR CPCR (*isosorbide dinitrate*)	3	
GONITRO PACK (*nitroglycerin*)	3	PA
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT (*nitroglycerin*)	2	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	2	QL(1 ea daily)
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	QL(1 ea daily)
nitroglycerin soln tl 0.4 mg/spray	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs	1	
hydroxyzine hcl soln im 25 mg/ml, 50 mg/ml	4	PA; administered under the medical benefit
hydroxyzine hcl syrp or 10 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate caps	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC (*alprazolam*)	3	
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc 5 mg/ml	1	
diazepam soln 5 mg/5ml	1	
diazepam tabs 10 mg	1	QL(4 ea daily)
diazepam tabs 2 mg, 5 mg	1	
lorazepam conc	1	
lorazepam tabs	1	
oxazepam caps 10 mg, 15 mg	1	
oxazepam caps 30 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	
NORPACE CR CP12 (*disopyramide phosphate*)	2	
quinidine gluconate tbcr	1	
quinidine sulfate tabs 200 mg, 300 mg	1	
Antiarrhythmics Type I-B		
mexiletine hcl caps	1	
Antiarrhythmics Type I-C		
flecainide acetate tabs	1	
propafenone hcl cp12 225 mg, 325 mg, 425 mg	1	
propafenone hcl tabs 150 mg	1	QL(6 ea daily)
propafenone hcl tabs 225 mg, 300 mg	1	QL(3 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl tabs	1	
dofetilide caps	1	
MULTAQ TABS (*dronedarone hcl*)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium nebu	1	
Antiasthmatic - Monoclonal Antibodies		

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Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY (***benralizumab***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
NUCALA SOAJ 100 MG/ML (***mepolizumab***)	4	PA
NUCALA SOLR 100 MG (***mepolizumab***)	4	PA; Must use Acaria Specialty (844) 538-4661;SP
NUCALA SOSY 100 MG/ML (***mepolizumab***)	4	PA
XOLAIR SOSY (***omalizumab***)	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS (***ipratropium bromide hfa***)	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB (***umeclidinium bromide***)	2	QL(1 ea daily)
ipratropium bromide soln	1	
SPIRIVA HANDIHALER CAPS (***tiotropium bromide monohydrate***)	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT (***tiotropium bromide monohydrate***)	2	Limit 1 Inhaler per month;QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT (***tiotropium bromide monohydrate***)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
Leukotriene Modulators		
montelukast sodium chew	1	QL(1 ea daily)
montelukast sodium pack	1	QL(1 ea daily)
montelukast sodium tabs	1	QL(1 ea daily)
zafirlukast tabs 10 mg	1	
zafirlukast tabs 20 mg	1	QL(2 ea daily)
zileuton tb12	1	ST
ZYFLO TABS (***zileuton***)	3	ST
Steroid Inhalants		
ARNUITY ELLIPTA AEPB (***fluticasone furoate (inhalation)***)	2	QL(1 ea daily)
budesonide (inhalation) susp 0.25 mg/2ml	2	QL(8 ml daily)
budesonide (inhalation) susp 0.5 mg/2ml	2	QL(4 ml daily)
budesonide (inhalation) susp 1 mg/2ml	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST (***fluticasone propionate (inhalation)***)	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST (***fluticasone propionate (inhalation)***)	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST (***fluticasone propionate (inhalation)***)	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT (***fluticasone propionate hfa***)	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT (***fluticasone propionate hfa***)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB (***budesonide (inhalation)***)	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
QVAR REDIHALER AERB 40 MCG/ACT (***beclomethasone dipropionate hfa***)	2	Limit 1 inhaler per month;QL(0.36 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
QVAR REDIHALER AERB 80 MCG/ACT (*beclomethasone dipropionate hfa*)	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR HFA AERO (*fluticasone-salmeterol*)	2	Limit 1 inhaler per month;QL(0.4 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(0.47 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(1.2 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(0.72 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(0.57 gm daily)
albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBU IN 0.5 % (*albuterol sulfate*)	2	
albuterol sulfate syrp or 2 mg/5ml	1	
albuterol sulfate tabs or 2 mg, 4 mg	1	
albuterol sulfate tb12 or 4 mg, 8 mg	1	QL(2 ea daily)
ANORO ELLIPTA AEPB (*umeclidinium-vilanterol*)	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS (*indacaterol maleate*)	3	QL(1 ea daily)
BREO ELLIPTA AEPB (*fluticasone furoate-vilanterol*)	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE AERO (*budesonide-glycopyrrolate-formoterol fumarate*)	2	QL(0.36 gm daily)
budesonide-formoterol fumarate dihydrate aero	1	Limit 1 inhaler per month;QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS (*ipratropium-albuterol*)	3	Limit 1 inhaler per month;QL(0.2 gm daily)
fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act	1	QL(2 ea daily)
formoterol fumarate nebu	1	QL(4 ml daily)
ipratropium-albuterol soln	1	
levalbuterol hcl nebu	1	
levalbuterol tartrate aero	1	QL(0.6 gm daily)
PROAIR RESPICLICK AEPB (*albuterol sulfate*)	3	Limit 2 inhalers per month;QL(0.07 ea daily)
SEREVENT DISKUS AEPB (*salmeterol xinafoate*)	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS (*tiotropium bromide-olodaterol hcl*)	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS (*olodaterol hcl*)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
terbutaline sulfate tabs	1	
TRELEGY ELLIPTA AEPB (*fluticasone-umeclidinium-vilanterol*)	2	QL(2 ea daily)
Xanthines		

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Drug Name	Drug Tier	Requirements/ Limits
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24 (*theophylline*)	2	
theophylline elix 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tb12 300 mg	1	QL(2 ea daily)
theophylline tb12 450 mg	1	QL(1 ea daily)
theophylline tb24 400 mg, 600 mg	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK (*apixaban*)	2	QL(74 ea per 30 days retail)
ELIQUIS TABS (*apixaban*)	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK (*rivaroxaban*)	2	QL(51 ea per 30 days retail)
XARELTO SUSR 1 MG/ML (*rivaroxaban*)	2	QL(900 ml per 30 days retail)
XARELTO TABS 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	7	PA
ARIXTRA SOLN 2.5 MG/0.5ML (*fondaparinux sodium*)	7	PA; QL(4 ml per 90 days retail,4 ml per 90 days mail)
enoxaparin sodium soln 300 mg/3ml	1	PA; QL(0.1 ml daily)
enoxaparin sodium sosy 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	2	QL(4 ml per 7 days retail)
fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	4	PA
fondaparinux sodium soln 2.5 mg/0.5ml	4	PA; QL(4 ml per 90 days retail,4 ml per 90 days mail)
FRAGMIN SOLN SC 95000 UNIT/3.8ML (*dalteparin sodium*)	4	PA
FRAGMIN SOSY SC 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	4	PA
FRAGMIN SOSY SC 2500 UNIT/0.2ML (*dalteparin sodium*)	4	
heparin sodium (porcine) soln	4	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML (*perampanel*)	3	QL(24 ml daily)
FYCOMPA TABS 10 MG, 12 MG, 8 MG (*perampanel*)	3	SL(1 ea daily)
FYCOMPA TABS 2 MG (*perampanel*)	3	QL(6 ea daily)
FYCOMPA TABS 4 MG (*perampanel*)	3	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 6 MG (*perampanel*)	3	SL(2 ea daily)
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	1	
clobazam tabs 10 mg	1	QL(1 ea daily)
clobazam tabs 20 mg	1	QL(2 ea daily)
clonazepam tabs	1	
clonazepam tbdp	1	
diazepam (anticonvulsant) gel	1	QL(0.14 ea daily)
NAYZILAM SOLN (*midazolam (anticonvulsant)*)	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 1000 MG	1	QL(3 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG, 750 MG	1	QL(6 ea daily)
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
APTIOM TABS (*eslicarbazepine acetate*)	3	PA; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (*rufinamide*)	7	
BANZEL TABS 200 MG (*rufinamide*)	7	
BANZEL TABS 400 MG (*rufinamide*)	7	QL(8 ea daily)
carbamazepine chew 100 mg	1	
carbamazepine cp12 100 mg, 200 mg, 300 mg	1	
carbamazepine susp 100 mg/5ml, 200 mg/10ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg	1	
carbamazepine tb12 200 mg	1	QL(8 ea daily)
carbamazepine tb12 400 mg	1	QL(4 ea daily)
CARBATROL CP12 (*carbamazepine*)	7	
DIACOMIT CAPS 250 MG (*stiripentol*)	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG (*stiripentol*)	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG (*stiripentol*)	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG (*stiripentol*)	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN (*cannabidiol*)	4	PA; ST
gabapentin caps	1	
gabapentin soln	1	
gabapentin tabs	1	
KEPPRA SOLN 100 MG/ML (*levetiracetam*)	7	
KEPPRA TABS 1000 MG (*levetiracetam*)	7	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
KEPPRA TABS 250 MG, 500 MG, 750 MG (*levetiracetam*)	7	QL(6 ea daily)
KEPPRA XR TB24 (*levetiracetam*)	7	QL(4 ea daily)
lacosamide soln 10 mg/ml	1	QL(40 ml daily)
lacosamide tabs 100 mg, 150 mg, 200 mg, 50 mg	1	QL(1 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*lamotrigine*)	7	
LAMICTAL ODT KIT (*lamotrigine*)	3	PA; ST
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	7	PA
LAMICTAL TABS (*lamotrigine*)	7	
LAMICTAL XR KIT (*lamotrigine*)	3	PA; ST
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	7	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (*lamotrigine*)	7	PA
LAMICTAL XR TB24 300 MG (*lamotrigine*)	7	QL(2 ea daily)
lamotrigine chew 25 mg, 5 mg	1	
lamotrigine kit	1	PA; ST
lamotrigine kit 25 mg	1	ST
lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine tb24 100 mg, 200 mg, 25 mg, 50 mg	1	PA; QL(1 ea daily)
lamotrigine tb24 250 mg	1	PA
lamotrigine tb24 300 mg	1	QL(2 ea daily)
lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg	1	PA
levetiracetam soln 100 mg/ml, 500 mg/5ml	1	
levetiracetam tabs 1000 mg	1	QL(3 ea daily)
levetiracetam tabs 250 mg, 500 mg, 750 mg	1	QL(6 ea daily)
levetiracetam tb24 500 mg, 750 mg	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (*pregabalin*)	7	PA; ST;QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (*pregabalin*)	7	PA; ST;QL(2 ea daily)
LYRICA SOLN 20 MG/ML (*pregabalin*)	7	PA; QL(30 ml daily)
MYSOLINE TABS (*primidone*)	7	
NEURONTIN CAPS (*gabapentin*)	7	
NEURONTIN SOLN (*gabapentin*)	7	
NEURONTIN TABS (*gabapentin*)	7	
oxcarbazepine susp 300 mg/5ml, 60 mg/ml	1	QL(40 ml daily)
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 300 mg	1	QL(8 ea daily)
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)
OXTELLAR XR TB24 150 MG, 300 MG (*oxcarbazepine*)	3	ST
OXTELLAR XR TB24 600 MG (*oxcarbazepine*)	3	ST; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	PA; ST;QL(3 ea daily)
pregabalin caps 225 mg, 300 mg	1	PA; ST;QL(2 ea daily)
pregabalin soln 20 mg/ml	1	PA; QL(30 ml daily)
primidone tabs	1	
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (*topiramate*)	7	PA; ST;QL(1 ea daily)
QUDEXY XR CS24 25 MG, 50 MG (*topiramate*)	7	PA; ST;QL(2 ea daily)
rufinamide susp 40 mg/ml	1	
rufinamide tabs 200 mg	1	
rufinamide tabs 400 mg	1	QL(8 ea daily)
TEGRETOL SUSP (*carbamazepine*)	7	
TEGRETOL TABS (*carbamazepine*)	7	
TEGRETOL-XR TB12 100 MG (*carbamazepine*)	7	
TOPAMAX SPRINKLE CPSP (*topiramate*)	7	
TOPAMAX TABS 100 MG (*topiramate*)	7	QL(4 ea daily)
TOPAMAX TABS 200 MG (*topiramate*)	7	QL(2 ea daily)
TOPAMAX TABS 25 MG (*topiramate*)	7	
TOPAMAX TABS 50 MG (*topiramate*)	7	QL(8 ea daily)
topiramate cpsp 15 mg, 25 mg	1	
topiramate cs24 100 mg, 150 mg, 200 mg	1	PA; ST;QL(1 ea daily)
topiramate cs24 25 mg, 50 mg	1	PA; ST;QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
topiramate tabs 100 mg	1	QL(4 ea daily)
topiramate tabs 200 mg	1	QL(2 ea daily)
topiramate tabs 25 mg	1	
topiramate tabs 50 mg	1	QL(8 ea daily)
TRILEPTAL SUSP 300 MG/5ML (*oxcarbazepine*)	7	QL(40 ml daily)
TRILEPTAL TABS 150 MG (*oxcarbazepine*)	7	
TRILEPTAL TABS 300 MG (*oxcarbazepine*)	7	QL(8 ea daily)
TRILEPTAL TABS 600 MG (*oxcarbazepine*)	7	QL(4 ea daily)
TROKENDI XR CP24 100 MG, 50 MG (*topiramate*)	3	PA
TROKENDI XR CP24 200 MG (*topiramate*)	3	PA; QL(2 ea daily)
TROKENDI XR CP24 25 MG (*topiramate*)	3	PA; ST
ZONEGRAN CAPS 100 MG (*zonisamide*)	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (*zonisamide*)	7	
zonisamide caps 100 mg	1	QL(6 ea daily)
zonisamide caps 25 mg, 50 mg	1	
Carbamates		
felbamate susp	1	
felbamate tabs	1	
FELBATOL SUSP 600 MG/5ML (*felbamate*)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)
GABITRIL TABS (*tiagabine hcl*)	7	

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Drug Name	Drug Tier	Requirements/ Limits
SABRIL PACK (*vigabatrin*)	7	QL(6 ea daily)
SABRIL TABS (*vigabatrin*)	7	
tiagabine hcl tabs	1	
vigabatrin pack	4	QL(6 ea daily)
vigabatrin tabs	4	
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN CAPS 100 MG (*phenytoin sodium extended*)	7	
DILANTIN CAPS 30 MG (*phenytoin sodium extended*)	3	
DILANTIN INFATABS CHEW (*phenytoin*)	7	
DILANTIN-125 SUSP (*phenytoin*)	7	
PEGANONE TABS (*ethotoin*)	3	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin susp	1	
Succinimides		
CELONTIN CAPS (*methsuximide*)	3	
ethosuximide caps	1	
ethosuximide soln	1	
ZARONTIN CAPS (*ethosuximide*)	7	
ZARONTIN SOLN (*ethosuximide*)	7	
Valproic Acid		
DEPAKOTE ER TB24 (*divalproex sodium*)	7	
DEPAKOTE SPRINKLES CSDR (*divalproex sodium*)	7	
DEPAKOTE TBEC (*divalproex sodium*)	7	
divalproex sodium csdr	1	
divalproex sodium tb24	1	
divalproex sodium tbec	1	
valproate sodium soln	1	
valproic acid caps or	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	1	
mirtazapine tbdp	1	
Antidepressants - Misc.		
bupropion hcl tabs 100 mg, 75 mg	1	
bupropion hcl tb12 100 mg, 150 mg, 200 mg	1	
bupropion hcl tb24 150 mg, 300 mg	1	QL(1 ea daily)
bupropion hcl tb24 450 mg	1	ST; QL(1 ea daily)
FORFIVO XL TB24 (*bupropion hcl*)	7	ST; QL(1 ea daily)
maprotiline hcl tabs	1	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 (*selegiline*)	3	QL(1 ea daily)
MARPLAN TABS (*isocarboxazid*)	3	
phenelzine sulfate tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
tranylcypromine sulfate tabs	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln or 5 mg/5ml	1	
escitalopram oxalate tabs or 10 mg, 20 mg	1	QL(1 ea daily)
escitalopram oxalate tabs or 5 mg	1	QL(2 ea daily)
fluoxetine hcl caps 10 mg, 20 mg	1	
fluoxetine hcl caps 40 mg	1	QL(1 ea daily)
fluoxetine hcl cpdr 90 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	QL(15 ml daily)
fluoxetine hcl tabs 10 mg	1	
fluoxetine hcl tabs 20 mg, 60 mg	1	QL(1 ea daily)
fluvoxamine maleate cp24 100 mg	2	QL(3 ea daily)
fluvoxamine maleate cp24 150 mg	2	
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1	
paroxetine hcl susp	1	
paroxetine hcl tabs	1	
paroxetine hcl tb24	1	

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl conc 20 mg/ml	1	
sertraline hcl tabs 100 mg, 25 mg, 50 mg	1	QL(2 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	1	
trazodone hcl tabs	1	
TRINTELLIX TABS (*vortioxetine hbr*)	3	ST
VIIBRYD STARTER PACK KIT (*vilazodone hcl*)	3	PA
vilazodone hcl tabs 10 mg, 40 mg	1	ST
vilazodone hcl tabs 20 mg	1	ST; QL(2 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
desvenlafaxine succinate tb24	1	QL(1 ea daily)
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
FETZIMA CP24 120 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	3	ST; QL(1 ea daily)
FETZIMA CP24 20 MG (*levomilnacipran hcl*)	3	ST; QL(2 ea daily)
FETZIMA TITRATION PACK C4PK (*levomilnacipran hcl*)	3	ST
venlafaxine hcl cp24 150 mg, 37.5 mg, 75 mg	1	QL(2 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine hcl tb24 150 mg, 37.5 mg, 75 mg	1	QL(1 ea daily)
venlafaxine hcl tb24 225 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
Tricyclic Agents		
amitriptyline hcl tabs	1	
amoxapine tabs	1	
clomipramine hcl caps	2	
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
imipramine hcl tabs 10 mg, 25 mg	1	
imipramine hcl tabs 50 mg	1	QL(4 ea daily)
imipramine pamoate caps	1	
nortriptyline hcl caps	1	
nortriptyline hcl soln	1	
protriptyline hcl tabs	1	
trimipramine maleate caps	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs or 100 mg, 25 mg, 50 mg	1	
miglitol tabs	1	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN (*pramlintide acetate*)	2	PA
SYMLINPEN 60 SOPN (*pramlintide acetate*)	2	PA
Antidiabetic Combinations		
glipizide-metformin hcl tabs	1	
glyburide-metformin tabs	1	
GLYXAMBI TABS (*empagliflozin-linagliptin*)	2	
JANUMET TABS (*sitagliptin-metformin hcl*)	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG (*sitagliptin-metformin hcl*)	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG (*sitagliptin-metformin hcl*)	2	QL(2 ea daily)
pioglitazone hcl-glimepiride tabs	1	
pioglitazone hcl-metformin hcl tabs	1	
SYNJARDY TABS (*empagliflozin-metformin hcl*)	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 25 MG-1000 MG (*empagliflozin-metformin hcl*)	2	QL(1 ea daily)
SYNJARDY XR TB24 12.5 MG-1000 MG, 5 MG-1000 MG (*empagliflozin-metformin hcl*)	2	QL(2 ea daily)
TRIJARDY XR TB24 (*empagliflozin-linagliptin-metformin*)	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG (*dapagliflozin-metformin hcl*)	2	QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG (*dapagliflozin-metformin hcl*)	2	QL(2 ea daily)
Biguanides		
metformin hcl soln 500 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/ Limits
metformin hcl tabs 1000 mg, 500 mg, 850 mg	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic;PV
metformin hcl tb24 500 mg, 750 mg	1	
Diabetic Other		
diazoxide susp	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR KIT 1 MG (***glucagon (rdna)***)	2	QL(1 ea per fill retail,2 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	1	
JANUVIA TABS (***sitagliptin phosphate***)	2	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML (***semaglutide***)	2	PA; Not available through Mail Order
OZEMPIC SOPN 4 MG/3ML, 5.5 MG/ML-8 MG/3ML-14 MG/ML (***semaglutide***)	2	PA
RYBELSUS TABS (***semaglutide***)	4	PA; Not available through Mail Order
TRULICITY SOPN (***dulaglutide***)	2	PA; Not available through mail order
VICTOZA SOPN (***liraglutide***)	2	PA; Not available through mail order
Insulin Sensitizing Agents		
AVANDIA TABS (***rosiglitazone maleate***)	2	
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg, 45 mg	1	QL(1 ea daily)
Insulin		
AFREZZA POWD (***insulin regular (human)***)	3	QL(6 ea daily)
AFREZZA POWD (***insulin regular (human)***)	3	
AFREZZA POWD 12 UNIT, 4 UNIT, 8 UNIT (***insulin regular (human)***)	3	QL(3 ea daily)
HUMALOG JUNIOR KWIKPEN SOPN (***insulin lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML (***insulin lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML (***insulin lispro***)	2	Limit 24mls per Month;QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN (***insulin lispro protamine & lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP (***insulin lispro protamine & lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN (***insulin lispro protamine & lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP (***insulin lispro protamine & lispro***)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT (***insulin lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN (***insulin lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN (***insulin nph isophane & reg (human)***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 SUSP (***insulin nph isophane & reg (human)***)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN (***insulin nph (human)*** (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP (***insulin nph (human)*** (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN (***insulin regular (human)***)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN (***insulin regular (human)***)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 (***CONCENTRATED)*** SOLN (insulin regular (human))	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN (***insulin regular (human)***)	2	Limit 40mls per month;QL(1.34 ml daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML (***insulin degludec***)	2	Limit 45mls per month;QL(1.5 ml daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML (***insulin degludec***)	2	Limited to 27 mls /month without prior authorization ;QL(0.9 ml daily)
INSULIN DEGLUDEC SOLN (***insulin degludec***)	2	QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN (***insulin lispro protamine & lispro***)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLN (***insulin glargine***)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN (***insulin glargine***)	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN (***insulin detemir***)	2	Limit 45mls per month;QL(1.5 ml daily,135 ml per fill mail)
LEVEMIR SOLN (***insulin detemir***)	2	Limit 45mls per month;QL(1.5 ml daily,135 ml per fill mail)
TOUJEO MAX SOLOSTAR SOPN (***insulin glargine***)	2	QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN (***insulin glargine***)	2	QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML (***insulin degludec***)	2	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML (***insulin degludec***)	2	Limited to 27 mls /month without prior authorization ;QL(0.9 ml daily)
TRESIBA SOLN (***insulin degludec***)	2	QL(1.5 ml daily)
Meglitinide Analogues		
nateglinide tabs	1	
repaglinide tabs	1	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS (***dapagliflozin propanediol***)	2	QL(1 ea daily)
JARDIANCE TABS (***empagliflozin***)	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
glimepiride tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
glipizide tabs	1	
glipizide tb24	1	
glyburide micronized tabs	1	
glyburide tabs 1.25 mg, 2.5 mg, 5 mg	1	
tolbutamide tabs	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC (*crofelemer*)	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, HM LOPERAMIDE HCL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
diphenoxylate w/ atropine liqd	1	
diphenoxylate w/ atropine tabs	1	
loperamide hcl caps 2 mg	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS (*succimer*)	3	
deferasirox pack 180 mg, 360 mg, 90 mg	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
deferasirox tabs 180 mg, 360 mg, 90 mg	4	PA
deferasirox tbso 125 mg, 250 mg, 500 mg	4	PA
deferiprone tabs 500 mg	4	PA
EXJADE TBSO (*deferasirox*)	7	PA
FERRIPROX SOLN 100 MG/ML (*deferiprone*)	4	PA
FERRIPROX TABS 500 MG (*deferiprone*)	7	PA
JADENU SPRINKLE PACK (*deferasirox*)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JADENU TABS (*deferasirox*)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA SOLR (*coagulation factor xa recomb inact-zhzo (andexanet alfa)*)	4	PA
VISTOGARD PACK (*uridine triacetate (emergency treatment)*)	4	
Opioid Antagonists		
KLOXXADO LIQD (*naloxone hcl*)	2	
naloxone hcl liqd na 4 mg/0.1ml	1	QL(4 ea per 30 days retail)
naloxone hcl sosy ij 2 mg/2ml	1	
naltrexone hcl tabs	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS (*dolasetron mesylate*)	3	PA; ST; Limit 2 per month;QL(0.07 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
granisetron hcl tabs	1	PA; ST; Limit 2 tablets per day;QL(2 ea daily)
ondansetron hcl soln 4 mg/5ml	1	Limit 50mls per month;QL(1.67 ml daily)
ondansetron hcl tabs 4 mg, 8 mg	1	Limit 20 per month;QL(0.67 ea daily)
ondansetron tbdp	1	Limit 20 per month;QL(0.67 ea daily)
SANCUSO PTCH (*granisetron*)	4	PA; QL(0.04 ea daily)
ZUPLENZ FILM (*ondansetron*)	3	Limit 20 per month;QL(0.67 ea daily)
Antiemetics - Anticholinergic		
scopolamine pt72	1	
trimethobenzamide hcl caps	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS (*netupitant-palonosetron*)	3	QL(2 ea per 28 days retail)
doxylamine-pyridoxine tbec	1	QL(4 ea daily)
dronabinol caps 10 mg, 5 mg	2	PA
dronabinol caps 2.5 mg	2	PA; ST
SYNDROS SOLN (*dronabinol*)	4	PA
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	1	Limit 3 per month;QL(0.1 ea daily)
aprepitant caps 125 mg, 80 mg	1	Limit 1 per year;QL(0.04 ea daily)
aprepitant caps 40 mg	1	Limit 2 per month;QL(0.07 ea daily)
aprepitant misc	1	Limit 3 per month;QL(0.1 ea daily)
EMEND SUSR 125 MG/5ML (*aprepitant*)	3	QL(1 ea per 30 days retail)
VARUBI TBPK (*rolapitant hcl*)	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
flucytosine caps	1	
griseofulvin microsize susp	1	
griseofulvin microsize tabs	1	
griseofulvin ultramicrosize tabs	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily,90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS (*isavuconazonium sulfate*)	3	Not available through mail order
fluconazole susr	1	
fluconazole tabs	1	
itraconazole caps 100 mg	1	PA; ST
itraconazole soln 10 mg/ml	1	PA
ketoconazole tabs	1	
NOXAFIL SUSP 40 MG/ML (*posaconazole*)	3	
posaconazole tbec	1	
TOLSURA CAPS (*itraconazole*)	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
voriconazole susr 40 mg/ml	1	
voriconazole tabs 200 mg, 50 mg	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
dexchlorpheniramine maleate soln	1	
Antihistamines - Ethanolamines		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tabs 4 mg	1	
CARBINOXAMINE MALEATE TABS 6 MG (*carbinoxamine maleate*)	3	
clemastine fumarate tabs 2.68 mg	1	
diphenhydramine hcl soln	4	PA
RYVENT TABS (*carbinoxamine maleate*)	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
desloratadine tabs 5 mg	1	PA; ST;QL(1 ea daily)
desloratadine tbdp 2.5 mg	1	PA; ST
desloratadine tbdp 5 mg	1	PA

Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride soln 2.5 mg/5ml	1	PA; RX/OTC
levocetirizine dihydrochloride tabs 5 mg	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
PHENERGAN SOLN (*promethazine hcl*)	7	PA
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	4	PA
promethazine hcl soln or 6.25 mg/5ml	1	
promethazine hcl supp re 12.5 mg, 25 mg	2	
promethazine hcl syrp or 6.25 mg/5ml	1	
promethazine hcl tabs or 12.5 mg	1	
promethazine hcl tabs or 25 mg	1	QL(6 ea daily)
promethazine hcl tabs or 50 mg	1	QL(3 ea daily)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
icosapent ethyl caps 0.5 gm	1	PA; ST
icosapent ethyl caps 1 gm	1	PA
omega-3-acid ethyl esters caps	1	QL(4 ea daily)
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
cholestyramine light pack	1	
cholestyramine light powd	1	
cholestyramine pack or 4 gm	1	
cholestyramine powd or 4 gm/dose	1	
colesevelam hcl pack 3.75 gm	1	QL(1 ea daily)
colesevelam hcl tabs 625 mg	1	QL(7 ea daily)
colestipol hcl gran 5 gm	1	
colestipol hcl pack 5 gm	2	
colestipol hcl tabs 1 gm	1	
Fibric Acid Derivatives		
choline fenofibrate cpdr 135 mg	1	QL(1 ea daily)
choline fenofibrate cpdr 45 mg	1	
fenofibrate caps 150 mg, 50 mg	1	
fenofibrate micronized caps 130 mg, 200 mg	1	QL(1 ea daily)
fenofibrate micronized caps 134 mg, 30 mg, 43 mg, 67 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate tabs 145 mg, 160 mg	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG (*fenofibrate*)	2	QL(1 ea daily)
fenofibrate tabs 48 mg	1	
fenofibrate tabs 54 mg	1	QL(2 ea daily)
FENOFIBRIC ACID TABS 105 MG (*fenofibric acid*)	2	
FIBRICOR TABS (*fenofibric acid*)	7	
gemfibrozil tabs	1	
LIPOFEN CAPS 150 MG, 50 MG (*fenofibrate*)	7	
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	1	QL(1 ea daily)
fluvastatin sodium caps	1	QL(1 ea daily)
fluvastatin sodium tb24	1	QL(1 ea daily)
LIVALO TABS (*pitavastatin calcium*)	3	ST; QL(1 ea daily)
lovastatin tabs	1	$0 copay for Generic only, age 40 to 75;PV
pravastatin sodium tabs	1	$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV
rosuvastatin calcium tabs	1	QL(1 ea daily)
simvastatin tabs	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	1	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG (*lomitapide mesylate*)	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID CAPS 5 MG (*lomitapide mesylate*)	4	PA; ST
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg	1	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ (*alirocumab*)	4	PA
REPATHA SURECLICK SOAJ (*evolocumab*)	4	PA; ST
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl tabs	1	
captopril tabs	1	
enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL(2 ea daily)
fosinopril sodium tabs	1	
lisinopril tabs 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg	1	
lisinopril tabs 40 mg	1	QL(2 ea daily)
moexipril hcl tabs	1	
perindopril erbumine tabs	1	
QBRELIS SOLN (*lisinopril*)	3	QL(5 ml daily)
quinapril hcl tabs	1	
ramipril caps	1	QL(2 ea daily)
trandolapril tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
metyrosine caps	1	
phenoxybenzamine hcl caps	1	Not available through mail
Angiotensin II Receptor Antagonists		
candesartan cilexetil tabs 16 mg, 4 mg, 8 mg	1	
candesartan cilexetil tabs 32 mg	1	QL(1 ea daily)
EDARBI TABS 40 MG (*azilsartan medoxomil*)	3	
EDARBI TABS 80 MG (*azilsartan medoxomil*)	3	QL(1 ea daily)
irbesartan tabs	1	
losartan potassium tabs or 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil tabs 20 mg, 5 mg	1	
olmesartan medoxomil tabs 40 mg	1	QL(1 ea daily)
telmisartan tabs 20 mg, 40 mg	1	
telmisartan tabs 80 mg	1	QL(1 ea daily)
valsartan tabs 160 mg	1	QL(2 ea daily)
valsartan tabs 320 mg, 40 mg, 80 mg	1	
Antiadrenergic Antihypertensives		
clonidine hcl tabs	1	
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	
methyldopa tabs	1	
prazosin hcl caps	1	

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Drug Name	Drug Tier	Requirements/ Limits
terazosin hcl caps 1 mg, 2 mg, 5 mg	1	
terazosin hcl caps 10 mg	1	QL(2 ea daily)
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl caps 10 mg-20 mg, 10 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg	1	QL(1 ea daily)
amlodipine besylate-benazepril hcl caps 2.5 mg-10 mg	1	
amlodipine besylate-valsartan tabs 10 mg-160 mg	1	QL(1 ea daily)
amlodipine besylate-valsartan tabs 10 mg-320 mg, 5 mg-160 mg, 5 mg-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tabs	1	
atenolol & chlorthalidone tabs	1	
benazepril & hydrochlorothiazide tabs	1	
bisoprolol & hydrochlorothiazide tabs	1	
candesartan cilexetil-hydrochlorothiazide tabs	1	
captopril & hydrochlorothiazide tabs	1	
EDARBYCLOR TABS (*azilsartan medoxomil-chlorthalidone*)	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate & hydrochlorothiazide tabs	1	
fosinopril sodium & hydrochlorothiazide tabs	1	
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg	1	
lisinopril & hydrochlorothiazide tabs 20 mg-25 mg	1	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	1	
methyldopa & hydrochlorothiazide tabs	1	
metoprolol & hydrochlorothiazide tabs	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-20 mg	1	
olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-40 mg, 25 mg-40 mg	1	QL(1 ea daily)
propranolol & hydrochlorothiazide tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg	1	
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	1	QL(1 ea daily)
TEKTURNA HCT TABS (*aliskiren-hydrochlorothiazide*)	3	ST
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
trandolapril-verapamil hcl tbcr	1	
valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-320 mg, 12.5 mg-80 mg, 25 mg-320 mg	1	
valsartan-hydrochlorothiazide tabs 25 mg-160 mg	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS (*mecamylamine hcl*)	3	
Direct Renin Inhibitors		
aliskiren fumarate tabs	1	
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
Vasodilators		
hydralazine hcl tabs	1	
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	
COARTEM TABS (*artemether-lumefantrine*)	2	Limit 24 doses per month;QL(0.8 ea daily)
Antimalarials		
chloroquine phosphate tabs	1	
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS (*tafenoquine succinate*)	2	QL(2 ea per 30 days retail)
mefloquine hcl tabs	1	QL(6 ea per fill retail,6 ea per fill mail)
primaquine phosphate tabs	1	
pyrimethamine tabs	1	PA
quinine sulfate caps	1	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS (*amifampridine phosphate*)	4	PA; ST
GUANIDINE HCL TABS (*guanidine hcl*)	2	
MESTINON SOLN 60 MG/5ML (*pyridostigmine bromide*)	7	PA
pyridostigmine bromide soln 60 mg/5ml	4	PA
pyridostigmine bromide tabs 60 mg	1	
pyridostigmine bromide tbcr 180 mg	1	
RUZURGI TABS (*amifampridine*)	4	PA; QL(10 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine caps	1	
ethambutol hcl tabs	1	
isoniazid syrp	1	
isoniazid tabs	1	
PASER PACK (*aminosalicylic acid*)	3	
PRIFTIN TABS (*rifapentine*)	3	
pyrazinamide tabs	1	
rifabutin caps	1	
rifampin caps	1	
TRECATOR TABS (*ethionamide*)	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (*melphalan hcl*)	7	PA; LA
busulfan soln	4	PA
BUSULFEX SOLN (*busulfan*)	7	PA
cyclophosphamide caps 25 mg, 50 mg	1	AC
CYCLOPHOSPHAMIDE TABS 25 MG, 50 MG (*cyclophosphamide*)	2	
GLEOSTINE CAPS (*lomustine*)	2	AC
LEUKERAN TABS (*chlorambucil*)	2	AC
melphalan hcl solr	4	PA; LA
melphalan tabs	1	AC
MYLERAN TABS (*busulfan*)	2	AC
temozolomide caps	1	AC
Antimetabolites		
capecitabine tabs	1	AC
fludarabine phosphate solr	4	PA
mercaptopurine tabs	1	AC
methotrexate sodium soln ij 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	4	PA; LA
methotrexate sodium solr ij 1 gm	4	PA; LA
methotrexate sodium tabs or 2.5 mg	1	AC
ONUREG TABS (*azacitidine*)	4	PA; AC
PURIXAN SUSP (*mercaptopurine*)	3	AL(Up to 13 yrs old); AC
TABLOID TABS (*thioguanine*)	2	AC
TREXALL TABS (*methotrexate sodium*)	3	AC
XATMEP SOLN (*methotrexate*)	4	PA; AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA TABS (*axitinib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
LENVIMA 10 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 12MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 14 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 18 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 20 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 24 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 4 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 8 MG DAILY DOSE CPPK (*lenvatinib mesylate*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
Antineoplastic - Anti-HER2 Agents		
TUKYSA TABS (*tucatinib*)	4	PA; AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK (*venetoclax*)	4	PA; AC
VENCLEXTA TABS 10 MG (*venetoclax*)	4	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG (*venetoclax*)	4	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG (*venetoclax*)	4	PA; AC
Antineoplastic - EGFR Inhibitors		
erlotinib hcl tabs	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
GILOTRIF TABS (*afatinib dimaleate*)	4	PA; Must use Accredo SP pharmacy;LA; AC
IRESSA TABS (*gefitinib*)	4	AC
TAGRISSO TABS (*osimertinib mesylate*)	4	PA; AC
TARCEVA TABS (*erlotinib hcl*)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
VIZIMPRO TABS (*dacomitinib*)	4	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS (*glasdegib maleate*)	4	PA
ERIVEDGE CAPS (*vismodegib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
ODOMZO CAPS (*sonidegib phosphate*)	4	AC
Antineoplastic - Hormonal and Related Agents		

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Drug Name	Drug Tier	Requirements/ Limits
abiraterone acetate tabs	4	PA; Must use AcariaHlth SP pharmacy 1-844-538-4665;LA; AC
anastrozole tabs or	5	QL(1 ea daily); PV; AC
AROMASIN TABS (***exemestane***)	7	
bicalutamide tabs	1	QL(1 ea daily); AC
ELIGARD KIT (***leuprolide acetate (3 month)***)	3	PA
ELIGARD KIT (***leuprolide acetate (4 month)***)	3	PA
ELIGARD KIT (***leuprolide acetate (6 month)***)	3	PA
ELIGARD KIT (***leuprolide acetate***)	3	PA
EMCYT CAPS (***estramustine phosphate sodium***)	2	AC
ERLEADA TABS (***apalutamide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
EULEXIN CAPS (***flutamide***)	2	AC
exemestane tabs	5	
flutamide caps	1	AC
letrozole tabs	1	AC
leuprolide acetate kit	1	PA
LUPRON DEPOT (***1-MONTH***) KIT (leuprolide acetate)	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN TABS (***mitotane***)	2	AC
megestrol acetate susp	1	AC
megestrol acetate tabs	1	AC
nilutamide tabs	1	AC
NUBEQA TABS (***darolutamide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
SOLTAMOX SOLN (***tamoxifen citrate***)	5	PV; AC
tamoxifen citrate tabs	5	PV; AC
toremifene citrate tabs	1	AC
XTANDI CAPS (***enzalutamide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
XTANDI TABS (***enzalutamide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
YONSA TABS (***abiraterone acetate***)	4	PA; AC
ZYTIGA TABS (***abiraterone acetate***)	7	PA; Must use AcariaHlth SP pharmacy 1-844-538-4665;LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS (***pomalidomide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG (***avapritinib***)	4	PA; QL(1 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
AYVAKIT TABS 25 MG, 50 MG (*avapritinib*)	4	PA; QL(1 ea daily); SP; AC
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK (*selinexor*)	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK (*selinexor*)	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK (*selinexor*)	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK (*selinexor*)	4	PA
XPOVIO TBPK (*selinexor*)	4	PA; AC
Antineoplastic Antibiotics		
mitoxantrone hcl conc	2	PA
Antineoplastic Combinations		
INQOVI TABS (*decitabine-cedazuridine*)	4	PA
KISQALI FEMARA 200 DOSE TBPK (*ribociclib succinate-letrozole*)	3	PA; AC
KISQALI FEMARA 400 DOSE TBPK (*ribociclib succinate-letrozole*)	3	PA; AC
KISQALI FEMARA 600 DOSE TBPK (*ribociclib succinate-letrozole*)	3	PA; AC
LONSURF TABS (*trifluridine-tipiracil*)	4	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (*everolimus*)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(1 ea daily); LA; AC

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR TABS (*everolimus*)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(1 ea daily); LA; AC
ALECENSA CAPS (*alectinib hcl*)	4	PA; AC
ALUNBRIG TABS (*brigatinib*)	4	PA; AC
ALUNBRIG TBPK (*brigatinib*)	4	PA; AC
BALVERSA TABS (*erdafitinib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
BORTEZOMIB SOLR 1 MG, 2.5 MG (*bortezomib*)	4	PA; SP
bortezomib solr 3.5 mg	4	PA
BOSULIF TABS (*bosutinib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
BRAFTOVI CAPS (*encorafenib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
BRUKINSA CAPS (*zanubrutinib*)	4	PA; AC
CABOMETYX TABS 20 MG, 60 MG (*cabozantinib s-malate*)	4	PA; QL(1 ea daily); AC
CABOMETYX TABS 40 MG (*cabozantinib s-malate*)	4	PA; QL(2 ea daily); AC
CALQUENCE CAPS (*acalabrutinib*)	4	PA; AC
CAPRELSA TABS (*vandetanib*)	4	PA; AC

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Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT (*cabozantinib s-malate*)	4	PA; AC
COPIKTRA CAPS (*duvelisib*)	4	PA; AC
COTELLIC TABS (*cobimetinib fumarate*)	4	PA; AC
everolimus tabs	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(1 ea daily); LA; AC
everolimus tbso	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(1 ea daily); LA; AC
FARYDAK CAPS 10 MG (*panobinostat lactate*)	3	PA; LA; AC
FARYDAK CAPS 15 MG, 20 MG (*panobinostat lactate*)	4	PA; Must use Caremark SP pharmacy;LA; AC
IBRANCE CAPS (*palbociclib*)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
IBRANCE TABS (*palbociclib*)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
ICLUSIG TABS (*ponatinib hcl*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
IDHIFA TABS (*enasidenib mesylate*)	4	PA; AC
imatinib mesylate tabs 100 mg, 400 mg	4	PA; AC
imatinib mesylate tabs 100 mg, 400 mg	4	PA
IMBRUVICA CAPS 140 MG, 70 MG (*ibrutinib*)	4	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	4	PA; QL(1 ea daily); AC
INREBIC CAPS (*fedratinib hcl*)	4	PA; AC
ISTODAX (*OVERFILL*) SOLR (romidepsin)	7	PA
JAKAFI TABS (*ruxolitinib phosphate*)	4	PA; QL(2 ea daily); AC
KISQALI TBPK (*ribociclib succinate*)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
KOSELUGO CAPS (*selumetinib sulfate*)	4	PA
lapatinib ditosylate tabs	4	PA; AC
LORBRENA TABS (*lorlatinib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
LYNPARZA TABS (*olaparib*)	4	PA; Refer to Accredo SP Rx;QL(4 ea daily); AC
MEKINIST TABS (*trametinib dimethyl sulfoxide*)	4	PA; AC
MEKTOVI TABS (*binimetinib*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
NERLYNX TABS (***neratinib maleate***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
NEXAVAR TABS (***sorafenib tosylate***)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
NINLARO CAPS (***ixazomib citrate***)	4	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
PIQRAY 200MG DAILY DOSE TBPK (***alpelisib***)	4	PA; AC
PIQRAY 250MG DAILY DOSE TBPK (***alpelisib***)	4	PA; AC
PIQRAY 300MG DAILY DOSE TBPK (***alpelisib***)	4	PA; AC
QINLOCK TABS (***ripretinib***)	4	PA; AC
RETEVMO CAPS (***selpercatinib***)	4	PA; AC
romidepsin solr	4	PA
ROZLYTREK CAPS (***entrectinib***)	4	PA; AC
RUBRACA TABS (***rucaparib camsylate***)	4	PA; AC
RYDAPT CAPS (***midostaurin***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
sorafenib tosylate tabs or	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
SPRYCEL TABS (***dasatinib***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
STIVARGA TABS (***regorafenib***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
sunitinib malate caps 12.5 mg, 37.5 mg, 50 mg	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
sunitinib malate caps 25 mg	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
SUTENT CAPS 12.5 MG, 37.5 MG, 50 MG (***sunitinib malate***)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
SUTENT CAPS 25 MG (***sunitinib malate***)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
TABRECTA TABS (***capmatinib hcl***)	4	PA; AC
TAFINLAR CAPS (***dabrafenib mesylate***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
TALZENNA CAPS 0.25 MG, 1 MG (***talazoparib tosylate***)	4	PA; AC

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TASIGNA CAPS (*nilotinib hcl*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
TAZVERIK TABS (*tazemetostat hbr*)	4	PA
temsirolimus soln	4	PA
TIBSOVO TABS (*ivosidenib*)	4	PA; AC
TORISEL SOLN (*temsirolimus*)	7	PA
TURALIO CAPS (*pexidartinib hcl*)	4	PA; AC
TYKERB TABS (*lapatinib ditosylate*)	7	PA; AC
VELCADE SOLR (*bortezomib*)	7	PA
VERZENIO TABS (*abemaciclib*)	4	PA; QL(2 ea daily); AC
VITRAKVI CAPS (*larotrectinib sulfate*)	4	PA; AC
VITRAKVI SOLN (*larotrectinib sulfate*)	4	PA; AC
VOTRIENT TABS (*pazopanib hcl*)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
XALKORI CAPS (*crizotinib*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
XOSPATA TABS (*gilteritinib fumarate*)	4	PA; AC
ZEJULA CAPS (*niraparib tosylate*)	4	PA; AC
ZELBORAF TABS (*vemurafenib*)	4	PA; AC
ZOLINZA CAPS (*vorinostat*)	4	PA; AC
ZYDELIG TABS (*idelalisib*)	3	PA; AC
ZYKADIA TABS (*ceritinib*)	4	AC
Antineoplastics Misc.		
ACTIMMUNE SOLN (*interferon gamma-1b*)	4	PA; LA
ALFERON N SOLN (*interferon alfa-n3*)	4	PA; LA
bexarotene caps	4	PA; AC
hydroxyurea caps or	1	AC
INTRON A SOLN (*interferon alfa-2b*)	4	PA; LA
INTRON A SOLR (*interferon alfa-2b*)	4	PA; LA
MATULANE CAPS (*procarbazine hcl*)	4	PA; AC
TARGRETIN CAPS OR 75 MG (*bexarotene*)	7	PA; AC
tretinoin (chemotherapy) caps	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg	4	PA
leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg	1	AC
MESNEX TABS (*mesna*)	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	PA; AC
ETOPOPHOS SOLR (*etoposide phosphate*)	3	PA
etoposide caps or 50 mg	1	AC

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etoposide soln iv 1 gm/50ml, 500 mg/25ml	2	PA
etoposide soln iv 100 mg/5ml	2	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG (*topotecan hcl*)	4	PA; AC
HYCAMTIN SOLR IV 4 MG (*topotecan hcl*)	7	PA; LA
topotecan hcl solr	4	PA; LA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs	2	
Antiparkinson Anticholinergics		
benztropine mesylate soln ij 1 mg/ml	4	PA; administered under the medical benefit
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	1	
COGENTIN SOLN (*benztropine mesylate*)	7	PA; administered under the medical benefit
trihexyphenidyl hcl soln	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		
entacapone tabs	1	
tolcapone tabs	1	
Antiparkinson Dopaminergics		
amantadine hcl caps	1	
amantadine hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
bromocriptine mesylate caps	1	
bromocriptine mesylate tabs	1	
carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg	1	
carbidopa-levodopa tbcr 25 mg-100 mg	1	QL(8 ea daily)
carbidopa-levodopa tbcr 50 mg-200 mg	1	
carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5 mg-50 mg-200 mg, 18.75 mg-75 mg-200 mg, 25 mg-100 mg-200 mg, 37.5 mg-150 mg-200 mg, 50 mg-200 mg-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg	2	
DHIVY TABS (*carbidopa-levodopa*)	2	
DUOPA SUSP (*carbidopa-levodopa*)	3	PA
INBRIJA CAPS (*levodopa*)	3	PA
KYNMOBI FILM (*apomorphine hydrochloride*)	3	PA
KYNMOBI TITRATION KIT KIT (*apomorphine hydrochloride*)	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
NEUPRO PT24 (*rotigotine*)	3	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 1.5 mg	1	QL(3 ea daily)
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg	2	
pramipexole dihydrochloride tb24 3 mg	2	QL(1 ea daily)
pramipexole dihydrochloride tb24 3.75 mg	1	
ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 12 mg	2	QL(2 ea daily)
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg	2	
ropinirole hydrochloride tb24 8 mg	1	
RYTARY CPCR 23.75 MG-95 MG (*carbidopa-levodopa*)	3	PA; ST;QL(10 ea daily)
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG (*carbidopa-levodopa*)	3	PA; QL(10 ea daily)
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate tabs	1	
selegiline hcl caps	1	QL(2 ea daily)
selegiline hcl tabs	1	QL(2 ea daily)
XADAGO TABS (*safinamide mesylate*)	3	PA
ZELAPAR TBDP (*selegiline hcl*)	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 150 mg, 600 mg	1	
lithium carbonate caps 300 mg	1	QL(6 ea daily)
lithium carbonate tabs 300 mg	1	
lithium carbonate tbcr 300 mg, 450 mg	1	
LITHOBID TBCR (*lithium carbonate*)	7	
Antipsychotics - Misc.		
EQUETRO CP12 (*carbamazepine (mood)*)	3	
LATUDA TABS (*lurasidone hcl*)	3	
NUPLAZID CAPS (*pimavanserin tartrate*)	4	PA; QL(1 ea daily)
NUPLAZID TABS (*pimavanserin tartrate*)	4	PA; QL(1 ea daily)
VRAYLAR CAPS (*cariprazine hcl*)	4	
VRAYLAR CPPK (*cariprazine hcl*)	4	
ziprasidone hcl caps 20 mg, 40 mg	1	
ziprasidone hcl caps 60 mg, 80 mg	1	QL(2 ea daily)
Benzisoxazoles		

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT TABS (*iloperidone*)	4	QL(2 ea daily)
FANAPT TITRATION PACK TABS (*iloperidone*)	4	
paliperidone tb24	1	
PERSERIS PRSY (*risperidone*)	4	PA; administered under the medical benefit
risperidone soln 1 mg/ml	1	
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg	1	
risperidone tabs 3 mg	1	QL(2 ea daily)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
Butyrophenones		
haloperidol lactate conc	1	
haloperidol tabs	1	
Dibenzapines		
asenapine maleate subl	1	
clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine tbdp 12.5 mg, 150 mg	1	
loxapine succinate caps	1	
olanzapine tabs 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	
olanzapine tabs 15 mg, 20 mg	1	QL(1 ea daily)
olanzapine tbdp 10 mg, 15 mg, 20 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate tabs 100 mg, 150 mg, 25 mg, 50 mg	1	
quetiapine fumarate tabs 200 mg	1	QL(4 ea daily)
quetiapine fumarate tabs 300 mg, 400 mg	1	QL(2 ea daily)
quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg	1	PA
quetiapine fumarate tb24 50 mg	1	PA; ST
SAPHRIS SUBL 5 MG (*asenapine maleate*)	3	
SECUADO PT24 (*asenapine*)	3	QL(1 ea daily)
VERSACLOZ SUSP (*clozapine*)	3	QL(18 ml daily)
Dihydroindolones		
molindone hcl tabs	1	
Phenothiazines		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
chlorpromazine hcl tabs	2	
fluphenazine hcl conc	1	
fluphenazine hcl elix	1	
fluphenazine hcl tabs	1	
perphenazine tabs	1	
prochlorperazine maleate tabs	1	
prochlorperazine supp	1	QL(2 ea daily)
thioridazine hcl tabs 10 mg, 100 mg, 25 mg	1	
thioridazine hcl tabs 50 mg	1	QL(4 ea daily)
trifluoperazine hcl tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
Quinolinone Derivatives		
aripiprazole soln 1 mg/ml	1	
aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg	1	
aripiprazole tabs 15 mg	1	QL(2 ea daily)
aripiprazole tabs 20 mg	1	QL(1 ea daily)
aripiprazole tbdp 10 mg, 15 mg	1	PA
REXULTI TABS (*brexpiprazole*)	3	
Thioxanthenes		
thiothixene caps	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln	1	
abacavir sulfate tabs	1	
abacavir sulfate-lamivudine tabs	1	
abacavir sulfate-lamivudine-zidovudine tabs	1	
APRETUDE (*cabotegravir 600 mg/3ml IM Susp ER*)	5	Available through the Medical Benefit
APTIVUS CAPS (*tipranavir*)	2	
APTIVUS SOLN (*tipranavir*)	2	
atazanavir sulfate caps	1	

Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY TABS 25 MG-50 MG-200 MG (*bictegravir-emtricitabine-tenofovir alafenamide fumarate*)	2	
CABENUVA (*cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml IM Susp ER*)	5	Available through the Medical Benefit
CABENUVA (*cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml IM Susp ER*)	5	Available through the Medical Benefit
CIMDUO TABS (*lamivudine-tenofovir disoproxil fumarate*)	2	
COMPLERA TABS (*emtricitabine-rilpivirine-tenofovir disoproxil fumarate*)	2	
CRIXIVAN CAPS (*indinavir sulfate*)	2	
DELSTRIGO TABS (*doravirine-lamivudine-tenofovir disoproxil fumarate*)	2	
DESCOVY TABS 25 MG-200 MG (*emtricitabine-tenofovir alafenamide fumarate*)	5	Grand Fathered Plans at Tier 2;PV
didanosine cpdr	1	
DOVATO TABS (*dolutegravir sodium-lamivudine*)	2	
EDURANT TABS (*rilpivirine hcl*)	2	
efavirenz caps	1	
efavirenz tabs	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs	1	
emtricitabine caps	1	
emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg	1	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg	5	QL(1 ea daily); PV
EMTRIVA SOLN 10 MG/ML (*emtricitabine*)	2	
etravirine tabs	1	
EVOTAZ TABS (*atazanavir sulfate-cobicistat*)	2	
fosamprenavir calcium tabs	1	
FUZEON SOLR (*enfuvirtide*)	4	PA; ST;LA
GENVOYA TABS (*elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*)	2	
INTELENCE TABS 25 MG (*etravirine*)	2	
INVIRASE TABS (*saquinavir mesylate*)	2	
ISENTRESS CHEW (*raltegravir potassium*)	2	
ISENTRESS HD TABS (*raltegravir potassium*)	2	
ISENTRESS PACK (*raltegravir potassium*)	2	
ISENTRESS TABS (*raltegravir potassium*)	2	
JULUCA TABS (*dolutegravir sodium-rilpivirine hcl*)	2	

Drug Name	Drug Tier	Requirements/ Limits
lamivudine soln	1	
lamivudine tabs	1	
lamivudine-zidovudine tabs	1	
LEXIVA SUSP 50 MG/ML (*fosamprenavir calcium*)	2	
lopinavir-ritonavir soln	1	
lopinavir-ritonavir tabs	1	
maraviroc tabs	1	
nevirapine susp	1	
nevirapine tabs	1	
nevirapine tb24	1	
NORVIR PACK 100 MG (*ritonavir*)	2	
NORVIR SOLN 80 MG/ML (*ritonavir*)	2	
ODEFSEY TABS (*emtricitabine-rilpivirine-tenofovir alafenamide fumarate*)	2	
PIFELTRO TABS (*doravirine*)	2	
PREZCOBIX TABS (*darunavir-cobicistat*)	2	
PREZISTA SUSP (*darunavir*)	2	
PREZISTA TABS (*darunavir*)	2	
REYATAZ PACK 50 MG (*atazanavir sulfate*)	2	
ritonavir tabs	1	
RUKOBIA TB12 (*fostemsavir tromethamine*)	4	

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Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY SOLN 20 MG/ML (*maraviroc*)	2	
SELZENTRY TABS 25 MG, 75 MG (*maraviroc*)	2	
stavudine caps	1	
STRIBILD TABS (*elvitegravir-cobicistat-emtricitabine-tenofovir df*)	2	
SYMTUZA TABS (*darunavir-cobicistat-emtricitabine-tenofovir alafenamide*)	2	
TEMIXYS TABS (*lamivudine-tenofovir disoproxil fumarate*)	2	
tenofovir disoproxil fumarate tabs	1	
TIVICAY TABS (*dolutegravir sodium*)	2	
TRIUMEQ PD TBSO (*abacavir-dolutegravir-lamivudine*)	2	
TRIUMEQ TABS (*abacavir-dolutegravir-lamivudine*)	2	
TRIZIVIR TABS (*abacavir sulfate-lamivudine-zidovudine*)	2	
TRUVADA TABS 200 MG-300 MG (*emtricitabine-tenofovir disoproxil fumarate*)	7	QL(1 ea daily); PV
TYBOST TABS (*cobicistat*)	2	
VIRACEPT TABS (*nelfinavir mesylate*)	2	
VIREAD POWD 40 MG/GM (*tenofovir disoproxil fumarate*)	2	
VIREAD TABS 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	2	
zidovudine caps	1	
zidovudine syrp	1	
zidovudine tabs	1	
Antiviral Combinations		
MOLNUPIRAVIR (*molnupiravir caps 200 mg*)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (*nirmatrelvir 2 x 150mg & ritonavir 10 x 10mg tab pak*)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
CMV Agents		
cidofovir soln	4	PA
valganciclovir hcl solr 50 mg/ml	1	Limit 630mls per month;QL(21 ml daily)
valganciclovir hcl tabs 450 mg	1	
Hepatitis Agents		
adefovir dipivoxil tabs	2	
BARACLUDE SOLN 0.05 MG/ML (*entecavir*)	4	
entecavir tabs	2	
EPCLUSA PACK 37.5 MG-150 MG, 50 MG-200 MG (*sofosbuvir-velpatasvir*)	2	PA; SP
EPCLUSA TABS 100 MG-400 MG (*sofosbuvir-velpatasvir*)	2	PA; Use Brand Epclusa

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Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS 50 MG-200 MG (*sofosbuvir-velpatasvir*)	2	PA; SP
EPIVIR HBV SOLN 5 MG/ML (*lamivudine (hbv)*)	3	
lamivudine (hbv) tabs	1	
MAVYRET TABS 40 MG-100 MG (*glecaprevir-pibrentasvir*)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
PEGASYS SOLN (*peginterferon alfa-2a*)	3	PA
PEGINTRON KIT (*peginterferon alfa-2b*)	3	PA
ribavirin (hepatitis c) caps	1	PA
VEMLIDY TABS (*tenofovir alafenamide fumarate*)	4	ST
VOSEVI TABS (*sofosbuvir-velpatasvir-voxilaprevir*)	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
Herpes Agents		
acyclovir caps 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	QL(5 ea daily)
famciclovir tabs or 125 mg, 250 mg, 500 mg	1	
valacyclovir hcl tabs 1 gm, 1000 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 500 mg	1	QL(8 ea daily)
Influenza Agents		
oseltamivir phosphate caps or 30 mg, 45 mg	1	QL(10 ea per fill retail,10 ea per fill mail); AL(At least 1 yrs old)
oseltamivir phosphate caps or 75 mg	1	
oseltamivir phosphate susr or 6 mg/ml	1	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB (*zanamivir*)	3	
rimantadine hydrochloride tabs	1	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin solr	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	1	
carvedilol tabs 12.5 mg, 25 mg, 6.25 mg	1	
carvedilol tabs 3.125 mg	1	QL(2 ea daily)
labetalol hcl tabs	1	
Beta Blockers Cardio-Selective		
acebutolol hcl caps or 200 mg, 400 mg	1	
atenolol tabs or 100 mg, 25 mg, 50 mg	1	
betaxolol hcl tabs	1	
bisoprolol fumarate tabs or 10 mg, 5 mg	1	QL(1 ea daily)
metoprolol succinate tb24	1	
metoprolol tartrate tabs or 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
nebivolol hcl tabs	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
INDERAL XL CP24 (***propranolol hcl sustained-release beads***)	3	
INNOPRAN XL CP24 (***propranolol hcl sustained-release beads***)	3	
nadolol tabs	1	
pindolol tabs	1	
propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (afib/afl) tabs	1	
sotalol hcl tabs	1	
SOTYLIZE SOLN (***sotalol hcl***)	3	
timolol maleate tabs or 10 mg	1	QL(6 ea daily)
timolol maleate tabs or 20 mg, 5 mg	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA TB24	1	

Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Diltiazem Hcl) DILT-XR CP24	1	
amlodipine besylate tabs 10 mg, 5 mg	1	QL(1 ea daily)
amlodipine besylate tabs 2.5 mg	1	QL(2 ea daily)
CARDIZEM LA TB24 120 MG (***diltiazem hcl coated beads***)	2	
diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	QL(1 ea daily)
diltiazem hcl coated beads tb24 360 mg	1	
diltiazem hcl cp12	1	
diltiazem hcl cp24	1	
diltiazem hcl extended release beads cp24	1	
diltiazem hcl tabs	1	
felodipine tb24 10 mg	1	QL(1 ea daily)
felodipine tb24 2.5 mg, 5 mg	1	
isradipine caps	1	
nicardipine hcl caps	1	
nifedipine caps or 10 mg, 20 mg	1	
nifedipine tb24 or 30 mg, 60 mg	1	
nifedipine tb24 or 30 mg, 60 mg, 90 mg	1	QL(1 ea daily)
nimodipine caps	1	
nisoldipine tb24	1	

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Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg	1	
verapamil hcl cp24 180 mg	1	QL(2 ea daily)
verapamil hcl cp24 360 mg	1	QL(1 ea daily)
verapamil hcl tabs 120 mg, 40 mg, 80 mg	1	
verapamil hcl tbcr 120 mg	1	
verapamil hcl tbcr 180 mg, 240 mg	1	QL(2 ea daily)
VERELAN CP24 360 MG (*verapamil hcl*)	7	QL(1 ea daily)
VERELAN PM CP24 (*verapamil hcl*)	7	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	1	
digoxin soln	1	
digoxin tabs	1	
LANOXIN TABS 125 MCG, 250 MCG (*digoxin*)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs 10 mg-10 mg, 2.5 mg-10 mg, 2.5 mg-20 mg, 2.5 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg	1	PA
amlodipine besylate-atorvastatin calcium tabs 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg	1	
ENTRESTO TABS (*sacubitril-valsartan*)	3	PA; QL(2 ea daily)
isosorbide dinitrate-hydralazine hcl tabs	1	
Impotence Agents		
sildenafil citrate tabs	1	PA; Check plan documents for coverage;QL(8 ea per 30 days retail); AL(At least 21 yrs old)
tadalafil tabs 10 mg, 20 mg, 5 mg	1	PA; Check plan documents for coverage;QL(8 ea per 30 days retail); AL(At least 21 yrs old)
tadalafil tabs 2.5 mg	1	PA; QL(1 ea daily,30 ea per fill retail,90 ea per fill mail)
Peripheral Vasodilators		
isoxsuprine hcl tabs	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR (*treprostinil diolamine*)	4	PA
TYVASO REFILL SOLN (*treprostinil*)	4	PA
TYVASO SOLN (*treprostinil*)	4	PA
TYVASO STARTER SOLN (*treprostinil*)	4	PA
VENTAVIS SOLN (*iloprost*)	4	PA
Pulmonary Hypertension - Endothelin Receptor		

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Drug Name	Drug Tier	Requirements/ Limits
ambrisentan tabs 10 mg	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST;QL(1 ea daily)
ambrisentan tabs 5 mg	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg;QL(1 ea daily)
bosentan tabs 125 mg	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
bosentan tabs 62.5 mg	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS 10 MG (***ambrisentan***)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST;QL(1 ea daily)
LETAIRIS TABS 5 MG (***ambrisentan***)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg;QL(1 ea daily)
OPSUMIT TABS (***macitentan***)	4	PA; ST
TRACLEER TBSO 32 MG (***bosentan***)	4	PA; ST
Pulmonary Hypertension - Phosphodiesterase		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
ADCIRCA TABS (***tadalafil (pulmonary hypertension)***)	7	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
REVATIO SUSR 10 MG/ML (***sildenafil citrate (pulmonary hypertension)***)	7	PA
sildenafil citrate (pulmonary hypertension) susr 10 mg/ml	4	PA
sildenafil citrate (pulmonary hypertension) tabs 20 mg	1	PA; QL(3 ea daily)
tadalafil (pulmonary hypertension) tabs	4	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	4	PA; QL(2 ea daily)
UPTRAVI TABS OR 200 MCG (***selexipag***)	4	PA; ST
UPTRAVI TITRATION PACK TBPK (***selexipag***)	4	PA; ST
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS (***riociguat***)	4	PA
Sinus Node Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN 5 MG/5ML (*ivabradine hcl*)	3	ST; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG (*ivabradine hcl*)	3	ST; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS (*tafamidis*)	4	PA; QL(1 ea daily)
VYNDAQEL CAPS (*tafamidis meglumine (cardiac)*)	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	4	PA
cefazolin sodium solr iv 1 gm	4	PA
cephalexin caps	1	
cephalexin susr	1	
cephalexin tabs	1	
Cephalosporins - 2nd Generation		
cefaclor caps	1	
CEFACLOR ER TB12 (*cefaclor monohydrate*)	3	
cefaclor susr	1	
CEFOTAN SOLR (*cefotetan disodium*)	7	PA
cefotetan disodium solr	4	PA
cefoxitin sodium solr 1 gm, 2 gm	4	PA
CEFOXITIN SODIUM SOLR 1 GM-4 %, 2 GM-2.2 % (*cefoxitin sodium and dextrose*)	4	PA
cefprozil susr	1	
cefprozil tabs	1	
cefuroxime axetil tabs	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	
cefdinir susr	1	
cefixime caps	1	
cefixime susr	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
SUPRAX CHEW 100 MG, 200 MG (*cefixime*)	3	
SUPRAX SUSR 500 MG/5ML (*cefixime*)	3	
CHEMICALS		
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA (*progesterone (bulk)*)	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT, VELIVET TABS	5	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE TABS	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY TABS	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E TABS	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE TABS	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MELODETTA 24 FE, MIBELAS 24 FE CHEW	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA TABS	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE CHEW	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 TABS	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO TABS	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL TABS	5	PV
BALCOLTRA TABS (***levonorgestrel-ethinyl estradiol-ferrous bisglycinate***)	5	QL(1 ea daily); PV
BEYAZ TABS (***drospirenone-ethinyl estradiol-levomefolate calcium***)	7	PV
desogestrel & ethinyl estradiol tabs	5	PV
desogestrel-ethinyl estradiol (biphasic) tabs	5	PV
drospirenone-ethinyl estradiol tabs	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium tabs	5	PV
ESTROSTEP FE TABS (***norethindrone acetate-ethinyl estradiol-fe***)	7	PV
ethynodiol diacet & eth estrad tabs	5	PV
GENERESS FE CHEW (***norethindrone & ethinyl estradiol-fe***)	7	PV
levonorgestrel & eth estradiol tabs	5	PV
levonorgestrel-eth estradiol (triphasic) tabs	5	PV
levonorgestrel-ethinyl estradiol (91-day) tabs	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (continuous) tabs	5	PV
LO LOESTRIN FE TABS (***norethindrone acetate-ethinyl estradiol-fe fum (biphasic)***)	5	QL(1 ea daily); PV
LOSEASONIQUE TABS (***levonorgestrel-ethinyl estradiol (91-day)***)	7	PV
MINASTRIN 24 FE CHEW (***norethin acet & estrad-fe***)	7	PV
MIRCETTE TABS (***desogestrel-ethinyl estradiol (biphasic)***)	7	PV
NATAZIA TABS (***estradiol valerate-dienogest***)	5	QL(1 ea daily); PV
NEXTSTELLIS TABS (***drospirenone-estetrol***)	5	QL(1 ea daily); PV
norethin acet & estrad-fe caps	5	PV
norethin acet & estrad-fe chew	5	PV
norethin acet & estrad-fe tabs	5	PV
norethindrone & ethinyl estradiol-fe chew	5	PV
norethindrone acet & eth estra tabs	5	PV
norethindrone acetate-ethinyl estradiol-fe tabs	5	PV
norgestimate-ethinyl estradiol (triphasic) tabs	5	PV
norgestimate-ethinyl estradiol tabs	5	PV
QUARTETTE TABS (***levonorgestrel-ethinyl estradiol (91-day)***)	7	PV
SAFYRAL TABS (***drospirenone-ethinyl estradiol-levomefolate calcium***)	7	PV
SEASONIQUE TABS (***levonorgestrel-ethinyl estradiol (91-day)***)	7	PV
TAYTULLA CAPS (***norethin acet & estrad-fe***)	7	PV
TYBLUME CHEW (***levonorgestrel & eth estradiol***)	5	PV
YASMIN 28 TABS (***drospirenone-ethinyl estradiol***)	7	PV
YAZ TABS (***drospirenone-ethinyl estradiol***)	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY PTWK	5	365 rtl day(s) supply,; PV
TWIRLA PTWK (***levonorgestrel-ethinyl estradiol***)	5	QL(3 ea per 28 days retail); PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	5	PV
ANNOVERA RING (***segesterone acetate-ethinyl estradiol***)	5	QL(1 ea daily); PV
etonogestrel-ethinyl estradiol ring	5	PV
NUVARING RING (***etonogestrel-ethinyl estradiol***)	7	PV
Emergency Contraceptives		

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Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel (Emergency Oc)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE-STEP, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION TABS	5	PV
ELLA TABS (***ulipristal acetate***)	5	PV
levonorgestrel (emergency oc) tabs	5	PV
PLAN B ONE-STEP TABS (***levonorgestrel (emergency oc)***)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (***medroxyprogesterone acetate 104mg/0.65ml susp pref syr***)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	5	PV
norethindrone (contraceptive) tabs	5	PV
ORTHO MICRONOR TABS (***norethindrone (contraceptive)***)	7	PV
SLYND TABS (***drospirenone***)	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS	1	
(Dexamethasone) TAPERDEX 12-DAY TBPK	1	
budesonide cpep 3 mg	2	QL(3 ea daily)
budesonide tb24 9 mg	1	PA
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC (***dexamethasone***)	2	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone tbpk 1.5 mg	1	
hydrocortisone tabs	1	
MEDROL TABS 2 MG (***methylprednisolone***)	2	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPK (***prednisolone***)	3	
MILLIPRED TABS (***prednisolone***)	2	
prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	1	
PREDNISONE INTENSOL CONC (***prednisone***)	2	
prednisone soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
prednisone tabs	1	
prednisone tbpk	1	
Mineralocorticoids		
fludrocortisone acetate tabs	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate caps 100 mg, 150 mg, 200 mg	1	
hydrocodone bitartrate-homatropine methylbromide soln	1	
hydrocodone bitartrate-homatropine methylbromide tabs	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN	1	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	1	
(Pseudoephedrine W/ Codeine-Gg) GUAIFENESIN DAC SOLN	1	
ACTIDOM DMX LIQD (*phenylephrine w/ dm-gg*)	3	
CODITUSSIN AC LIQD (*guaifenesin-codeine*)	3	
DOMETUSS-DMX LIQD (*phenylephrine w/ dm-gg*)	3	

Drug Name	Drug Tier	Requirements/ Limits
GILPHEX TR TABS (*phenylephrine-guaifenesin*)	3	RX/OTC
GILTUSS COUGH & COLD TABS (*phenylephrine w/ dm-gg*)	3	RX/OTC
GILTUSS SINUS & CONGESTION TABS (*phenylephrine-guaifenesin*)	3	RX/OTC
GILTUSS TR TABS (*phenylephrine w/ dm-gg*)	3	RX/OTC
guaifenesin-codeine soln	1	
hydrocodone polistirex-chlorpheniramine polistirex suer	1	
NEOTUSS PLUS LIQD (*phenylephrine-chlorphen-dm*)	3	
PRO-RED AC SYRP (*phenylephrine-dexchlorpheniramine-codeine*)	3	
promethazine & phenylephrine syrp	1	QL(30 ml daily)
promethazine w/codeine soln	1	QL(30 ml daily)
promethazine w/codeine syrp	1	QL(30 ml daily)
promethazine-dm syrp	1	QL(30 ml daily)
promethazine-phenylephrine-codeine syrp	1	
pseudoephed-bromphen-dm syrp	1	
TUSNEL TABS (*pseudoephedrine w/ dm-gg*)	3	

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Drug Name	Drug Tier	Requirements/ Limits
TUSSICAPS CP12 (*hydrocodone polistirex-chlorpheniramine polistirex*)	3	
TUSSLIN LIQD (*phenylephrine w/ dm-gg*)	3	
TUSSLIN PEDIATRIC LIQD (*phenylephrine w/ dm-gg*)	3	
VIRTUSSIN DAC SOLN (*pseudoephedrine w/ codeine-gg*)	2	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) PULMOSAL NEBU	1	
HYPERSAL NEBU 3.5 % (*sodium chloride (inhalant)*)	3	
NEBUSAL NEBU 6 % (*sodium chloride (inhalant)*)	3	
sodium chloride (inhalant) nebu	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT GEL	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	1	QL(4 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	1	QL(5 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	1	QL(2 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	1	QL(3 ea daily,150 day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL	1	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
adapalene crea 0.1 %	1	Limit 45gms per month;QL(1.5 gm daily)
adapalene gel 0.1 %	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
adapalene gel 0.3 %	1	QL(45 gm per fill retail,135 gm per fill mail)
adapalene-benzoyl peroxide gel 0.1 %-2.5 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
AZELEX CREA (*azelaic acid (acne)*)	3	
benzoyl peroxide-erythromycin gel	1	QL(2 gm daily)
clindamycin phosphate (topical) foam	1	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	1	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	
clindamycin phosphate-benzoyl peroxide gel 1 %-5 %	1	
clindamycin phosphate-tretinoin gel	1	
dapsone (topical) gel 5 %	1	PA; ST
DIFFERIN LOTN 0.1 % (*adapalene*)	3	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) soln	1	
FABIOR FOAM (*tazarotene (acne)*)	3	Limit 50gms per month;QL(1.67 gm daily)
isotretinoin caps 10 mg, 25 mg	1	QL(4 ea daily,150 day(s) limit)
isotretinoin caps 20 mg	1	QL(5 ea daily,150 day(s) limit)
isotretinoin caps 30 mg	1	QL(3 ea daily,150 day(s) limit)
isotretinoin caps 35 mg, 40 mg	1	QL(2 ea daily,150 day(s) limit)
RIAX FOAM (*benzoyl peroxide*)	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL (*sulfacetamide sodium-sulfur in urea vehicle*)	3	
sulfacetamide sodium (acne) lotn	1	
sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %	1	
sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %	2	
sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %	1	PA
sulfacetamide sodium w/ sulfur lotn 5 %-10 %	1	QL(1 gm daily)
TAZAROTENE FOAM 0.1 % (*tazarotene (acne)*)	3	Limit 50gms per month;QL(1.67 gm daily)
tretinoin crea	1	
tretinoin gel	1	
tretinoin microsphere gel 0.04 %	1	Limit 45gms per month;QL(1.7 gm daily)
tretinoin microsphere gel 0.1 %	1	QL(1.67 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT (*sinecatechins*)	3	QL(30 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIIUM, SM ARTHRITIS PAIN GEL	1	RX/OTC
diclofenac sodium (topical) gel 1 %	1	RX/OTC
diclofenac sodium (topical) soln 1.5 %	1	QL(5 ml daily)
diclofenac sodium (topical) soln 2 %	1	PA; QL(4 gm daily)
PENNSAID SOLN (***diclofenac sodium (topical)***)	3	PA; QL(4 gm daily)
Antibiotics - Topical		
ALTABAX OINT (***retapamulin***)	3	
CENTANY OINT (***mupirocin***)	2	
gentamicin sulfate (topical) crea	1	
gentamicin sulfate (topical) oint	1	
mupirocin oint	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC CREA	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
ciclopirox gel ex 0.77 %	1	
ciclopirox olamine crea	1	
ciclopirox olamine susp	1	
ciclopirox sham ex 1 %	1	
ciclopirox soln ex 8 %	1	
clotrimazole w/ betamethasone crea	1	Limit 1 tube per month;QL(1.5 gm daily)
clotrimazole w/ betamethasone lotn	1	QL(2 ml daily)
econazole nitrate crea	1	
ERTACZO CREA (***sertaconazole nitrate***)	4	PA; QL(1 gm daily)
EXELDERM CREA (***sulconazole nitrate***)	7	
EXELDERM SOLN (***sulconazole nitrate***)	2	
EXODERM LOTN (***sodium thiosulfate-salicylic acid***)	3	
iodoquinol-hydrocortisone in aloe vehicle crea	1	
ketoconazole (topical) crea	1	QL(2 gm daily)
ketoconazole (topical) foam	2	
ketoconazole (topical) sham	1	
naftifine hcl crea	1	
naftifine hcl gel	1	

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Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 2 % (*naftifine hcl*)	3	
nystatin (topical) crea	1	
nystatin (topical) oint	1	
nystatin (topical) powd	1	
nystatin-triamcinolone crea	1	
nystatin-triamcinolone oint	1	
oxiconazole nitrate crea	1	
OXISTAT LOTN (*oxiconazole nitrate*)	3	
sulconazole nitrate crea	1	
sulconazole nitrate soln	1	
Antineoplastic or Premalignant Lesion Agents -		
bexarotene (topical) gel	4	PA
CARAC CREA (*fluorouracil (topical)*)	7	QL(1 gm daily)
diclofenac sodium (actinic keratoses) gel	2	PA
FLUOROPLEX CREA (*fluorouracil (topical)*)	2	
fluorouracil (topical) crea 5 %	1	
fluorouracil (topical) soln 2 %, 5 %	1	
PANRETIN GEL (*alitretinoin*)	3	PA
PICATO GEL (*ingenol mebutate*)	3	
TARGRETIN GEL EX 1 % (*bexarotene (topical)*)	7	PA
VALCHLOR GEL (*mechlorethamine hcl (topical)*)	4	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
Antipruritics - Topical		
doxepin hcl (antipruritic) crea	1	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
acitretin caps 10 mg	2	QL(1 ea daily)
acitretin caps 17.5 mg	2	
acitretin caps 25 mg	2	QL(2 ea daily)
calcipotriene crea	2	QL(5 gm daily)
calcipotriene foam	1	PA
calcipotriene oint	1	QL(5 gm daily)
calcipotriene soln	1	
calcitriol (topical) oint	1	Limit 100gms per month;QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ (*secukinumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 150 MG/ML (*secukinumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 75 MG/0.5ML (*secukinumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;
ILUMYA SOSY (*tildrakizumab-asmn*)	4	PA; ST
methoxsalen rapid caps	1	
SKYRIZI PEN SOAJ (*risankizumab-rzaa*)	4	PA; QL(1 ml per 84 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PSKT SC 75 MG/0.83ML (*risankizumab-rzaa*)	4	PA; QL(1 ea per 84 days retail)
SKYRIZI SOSY SC 150 MG/ML (*risankizumab-rzaa*)	4	PA; QL(1 ml per 84 days retail)
SORILUX FOAM (*calcipotriene*)	3	PA
STELARA SOLN SC 45 MG/0.5ML (*ustekinumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
STELARA SOSY SC 90 MG/ML (*ustekinumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
tazarotene crea 0.1 %	1	
tazarotene gel 0.05 %, 0.1 %	1	
TAZORAC CREA 0.05 % (*tazarotene*)	2	
TAZORAC GEL 0.05 % (*tazarotene*)	2	
TREMFYA SOPN (*guselkumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TREMFYA SOSY (*guselkumab*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Antiseborrheic Products		
selenium sulfide lotn	1	
SODIUM SULFACETAMIDE WASH LIQD (*sulfacetamide sodium in bakuchiol vehicle*)	3	
sulfacetamide sodium liqd 10 %	1	
sulfacetamide sodium sham 10 %	1	
Antivirals - Topical		
acyclovir topical oint	1	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD CREA	1	
mafenide acetate pack	1	
silver sulfadiazine crea	1	
SULFAMYLON CREA 85 MG/GM (*mafenide acetate*)	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate Emulsion) TOVET FOAM	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Flurandrenolide) NOLIX CREA	1	
(Fluticasone Propionate) BESER LOTN	1	
(Hydrocortisone (Topical)) ALA SCALP, ALA-SCALP LOTN	1	
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	1	
ALA-SCALP LOTN (*hydrocortisone (topical)*)	3	
alclometasone dipropionate crea	1	

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Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate oint	1	
amcinonide crea	1	
amcinonide lotn	1	
AMCINONIDE OINT (*amcinonide*)	3	
APEXICON E CREA (*diflorasone diacetate emollient base*)	2	
betamethasone dipropionate (topical) crea	1	
betamethasone dipropionate (topical) lotn	1	
betamethasone dipropionate (topical) oint	1	
betamethasone dipropionate augmented crea	1	
betamethasone dipropionate augmented gel	1	
betamethasone dipropionate augmented lotn	1	
betamethasone dipropionate augmented oint	1	
betamethasone valerate crea	1	
betamethasone valerate foam	1	
betamethasone valerate lotn	1	
betamethasone valerate oint	1	

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene-betamethasone dipropionate oint	2	ST
calcipotriene-betamethasone dipropionate susp	1	ST; QL(2 gm daily)
CAPEX SHAM (*fluocinolone acetonide*)	2	
clobetasol propionate crea	1	
clobetasol propionate emollient base crea	1	
clobetasol propionate emulsion foam	1	
clobetasol propionate foam	1	
clobetasol propionate gel	1	
clobetasol propionate liqd	1	
clobetasol propionate lotn	1	
clobetasol propionate oint	1	
clobetasol propionate sham	1	
clobetasol propionate soln	1	
clocortolone pivalate crea	1	
CLODERM CREA (*clocortolone pivalate*)	7	
CORDRAN TAPE 4 MCG/SQCM (*flurandrenolide*)	3	
CORTANE-B LOTN (*hydrocortisone-pramoxine-chloroxylenol*)	3	
desonide crea	1	

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Drug Name	Drug Tier	Requirements/ Limits
desonide gel	1	
desonide lotn	1	
desonide oint	1	
desoximetasone crea 0.05 %, 0.25 %	1	
desoximetasone gel 0.05 %	1	
desoximetasone liqd 0.25 %	1	ST
desoximetasone oint 0.05 %, 0.25 %	1	
diflorasone diacetate crea	1	
diflorasone diacetate oint	1	
EPIFOAM FOAM (*pramoxine-hc*)	3	
fluocinolone acetonide crea	1	
fluocinolone acetonide oil	1	
fluocinolone acetonide oint	1	
fluocinolone acetonide soln	1	
fluocinonide crea	1	
fluocinonide emulsified base crea	1	
fluocinonide gel	1	
fluocinonide oint	1	
fluocinonide soln	1	
flurandrenolide crea	1	
fluticasone propionate crea	1	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate lotn	1	
fluticasone propionate oint	1	
halobetasol propionate crea	1	
halobetasol propionate oint	1	
hydrocortisone (topical) crea	1	
hydrocortisone (topical) lotn	1	
hydrocortisone (topical) oint	1	
hydrocortisone butyrate crea	1	
hydrocortisone butyrate hydrophilic lipo base crea	1	
hydrocortisone butyrate oint	1	
hydrocortisone butyrate soln	1	
hydrocortisone valerate crea	1	
hydrocortisone valerate oint	1	
mometasone furoate crea	1	
mometasone furoate oint	1	
mometasone furoate soln	1	
NUCORT LOTN (*hydrocortisone acetate (topical)*)	3	
PRAMOSONE LOTN (*pramoxine-hc*)	3	
PRAMOSONE OINT (*pramoxine-hc*)	3	

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Drug Name	Drug Tier	Requirements/ Limits
prednicarbate crea	1	
prednicarbate oint	1	
TEXACORT SOLN (***hydrocortisone (topical)***)	3	
triamcinolone acetonide (topical) aers 0.147 mg/gm	1	
triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %	1	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML (***dupilumab***)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
DUPIXENT SOSY 200 MG/1.14ML (***dupilumab***)	4	PA
DUPIXENT SOSY 300 MG/2ML (***dupilumab***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Emollient/Keratolytic Agents		
(Urea) CEROVEL, UREA-C40 LOTN	1	
urea lotn	1	
urea susp	1	
Enzymes - Topical		
SANTYL OINT (***collagenase***)	3	
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
imiquimod crea	1	
Immunosuppressive Agents - Topical		
pimecrolimus crea	1	QL(2 gm daily)
tacrolimus (topical) oint 0.03 %	1	QL(2 gm daily); AL(At least 2 yrs old)
tacrolimus (topical) oint 0.1 %	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM	1	
BENSAL HP OINT (***salicylic acid***)	3	RX/OTC
CONDYLOX GEL (***podofilox***)	2	
MG217 PSORIASIS MULTI-SYMTOM OINT (***salicylic acid***)	3	RX/OTC
PODOCON-25 SOLN (***podophyllum resin***)	3	
podofilox soln	1	
salicylic acid crea 6 %	1	
salicylic acid in ammonium lactate vehicle foam	1	
salicylic acid lotn 6 %	1	
SALICYLIC ACID OINT 3 % (***salicylic acid***)	3	RX/OTC
salicylic acid sham 6 %	1	
SALIMEZ CREA (***salicylic acid***)	3	
Liniments		
MEDROX-RX OINT (***capsaicin-menthol-methyl salicylate***)	3	PA
Local Anesthetics - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
CETACAINE AERO (*butamben-tetracaine-benzocaine*)	3	
lidocaine hcl soln	1	
lidocaine ptch ex 5 %	1	Limited to 3 patches per day;QL(3 ea daily)
lidocaine-prilocaine crea	1	
PREMIUM SCAR PATCH PTCH (*allantoin-lidocaine-petrolatum*)	3	
Misc. Topical		
DRYSOL SOLN (*aluminum chloride*)	2	
XERAC AC SOLN (*aluminum chloride in alcohol*)	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT (*crisaborole*)	3	PA; ST; Limited to 60 gm per month;QL(2 gm daily)
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL	1	Limit 45gms per month;QL(1.5 gm daily)
azelaic acid gel	1	
doxycycline (rosacea) cpdr	1	PA; ST;QL(1 ea daily)
FINACEA FOAM (*azelaic acid*)	3	
ivermectin (rosacea) crea	1	PA; QL(1.5 gm daily)
metronidazole (topical) crea 0.75 %	1	
metronidazole (topical) gel 0.75 %	1	Limit 45gms per month;QL(1.5 gm daily)
metronidazole (topical) gel 1 %	1	
metronidazole (topical) lotn 0.75 %	1	QL(2 ml daily)
MIRVASO GEL (*brimonidine tartrate (topical)*)	3	PA; ST
NORITATE CREA (*metronidazole (topical)*)	4	PA
ORACEA CPDR (*doxycycline (rosacea)*)	7	PA; ST;QL(1 ea daily)
RHOFADE CREA (*oxymetazoline hcl (topical)*)	3	PA; ST
Scabicides & Pediculicides		
ivermectin (pediculicide) lotn	1	RX/OTC
IVERMECTIN LOTN EX 0.5 % (*ivermectin (pediculicide)*)	3	RX/OTC
malathion lotn	1	
permethrin crea	1	QL(2 gm daily)
Wound Care Products		
REGRANEX GEL (*becaplermin*)	3	Limit 15gms per month;QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR (*glucagon hcl rdna (diagnostic)*)	4	PA
METOPIRONE CAPS (*metyrapone*)	3	
Diagnostic Tests		

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
ONETOUCH ULTRA STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP (*glucose blood*)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP (*pancrelipase (lipase-protease-amylase)*)	2	
PANCREAZE CPEP (*pancrelipase (lipase-protease-amylase)*)	3	
PERTZYE CPEP (*pancrelipase (lipase-protease-amylase)*)	3	
SUCRAID SOLN (*sacrosidase*)	4	PA; AC
VIOKACE TABS (*pancrelipase (lipase-protease-amylase)*)	3	
ZENPEP CPEP (*pancrelipase (lipase-protease-amylase)*)	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 500 mg	1	QL(2 ea daily)
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	QL(4 ea daily)
KEVEYIS TABS (*dichlorphenamide*)	4	PA
methazolamide tabs	1	
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG (*spironolactone & hydrochlorothiazide*)	2	
amiloride & hydrochlorothiazide tabs	1	
spironolactone & hydrochlorothiazide tabs	1	
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	1	
triamterene & hydrochlorothiazide tabs 25 mg-37.5 mg	1	QL(2 ea daily)
triamterene & hydrochlorothiazide tabs 50 mg-75 mg	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
Loop Diuretics		
bumetanide tabs 0.5 mg, 1 mg	1	
bumetanide tabs 2 mg	1	QL(5 ea daily)
ethacrynic acid tabs	1	ST
furosemide soln	1	
furosemide tabs	1	
SOAANZ TABS 20 MG (*torsemide*)	2	
torsemide tabs 10 mg, 20 mg, 5 mg	1	
torsemide tabs 100 mg	1	QL(2 ea daily)
Potassium Sparing Diuretics		
amiloride hcl tabs	1	
spironolactone tabs	1	
triamterene caps	1	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone tabs	1	
DIURIL SUSP (*chlorothiazide*)	3	
hydrochlorothiazide caps	1	
hydrochlorothiazide tabs	1	
indapamide tabs	1	
metolazone tabs	1	
THALITONE TABS (*chlorthalidone*)	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium soln 70 mg/75ml	1	
alendronate sodium tabs 10 mg, 5 mg	1	QL(1 ea daily)
alendronate sodium tabs 35 mg	1	Limit 1 tab per week;QL(0.144 ea daily)
alendronate sodium tabs 70 mg	1	Limit 1 tab per week;QL(0.15 ea daily)
calcitonin (salmon) soln ij 200 unit/ml	4	PA; LA
calcitonin (salmon) soln na 200 unit/act	1	
FORTEO SOPN (*teriparatide (recombinant)*)	4	PA; LA
ibandronate sodium tabs	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN (*calcitonin (salmon)*)	7	PA; LA
NATPARA CART (*parathyroid hormone (recombinant)*)	4	PA; LA
PROLIA SOSY (*denosumab*)	4	PA; LA
risedronate sodium tabs 150 mg	1	ST; Limited to 1 per month;QL(0.04 ea daily)
risedronate sodium tabs 30 mg, 35 mg, 5 mg	1	ST
TYMLOS SOPN (*abaloparatide*)	4	PA; LA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR (*pegvisomant*)	4	PA; LA
Growth Hormones		
HUMATROPE CART (*somatropin*)	4	PA; LA

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HUMATROPE COMBO PACK SOLR (***somatropin***)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
NORDITROPIN FLEXPRO SOPN (***somatropin***)	4	PA; LA
SEROSTIM SOLR (***somatropin (non-refrigerated)***)	4	PA; LA
ZOMACTON SOLR (***somatropin***)	4	PA
ZORBTIVE SOLR (***somatropin (non-refrigerated)***)	4	PA; LA
Hormone Receptor Modulators		
EVISTA TABS (***raloxifene hcl***)	7	PV
OSPHENA TABS (***ospemifene***)	3	QL(1 ea daily)
raloxifene hcl tabs	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN (***mecasermin***)	4	PA; LA
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT (***leuprolide acetate (cpp)*** (6 month))	3	PA
LUPRON DEPOT-PED (***1-MONTH)*** KIT (leuprolide acetate (cpp))	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL SOLN (***nafarelin acetate***)	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
betaine powd	4	PA
BUPHENYL POWD (***sodium phenylbutyrate***)	7	PA
BUPHENYL TABS (***sodium phenylbutyrate***)	7	PA
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	QL(4 ea daily)
calcitriol soln 1 mcg/ml	1	
cinacalcet hcl tabs	1	PA
CYSTADANE POWD (***betaine***)	7	PA
doxercalciferol caps	2	
GALAFOLD CAPS (***migalastat hcl***)	4	PA; QL(0.5 ea daily)
KUVAN PACK (***sapropterin dihydrochloride***)	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS (***sapropterin dihydrochloride***)	7	Specialty Drug refer to Caremark SP RX
levocarnitine (metabolic modifiers) soln	1	
levocarnitine (metabolic modifiers) tabs	1	
MYALEPT SOLR (***metreleptin***)	4	PA; LA
nitisinone caps 10 mg	4	PA
nitisinone caps 2 mg, 5 mg	1	PA
NITYR TABS (***nitisinone***)	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
ORFADIN CAPS 10 MG (*nitisinone*)	7	PA
ORFADIN CAPS 20 MG (*nitisinone*)	3	PA
ORFADIN SUSP 4 MG/ML (*nitisinone*)	4	PA
PALYNZIQ SOSY (*pegvaliase-pqpz*)	4	PA
paricalcitol caps	1	
RAVICTI LIQD (*glycerol phenylbutyrate*)	4	
sapropterin dihydrochloride pack	4	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride tabs	4	Specialty Drug refer to Caremark SP RX
sodium phenylbutyrate powd	4	PA
sodium phenylbutyrate tabs	4	PA
STRENSIQ SOLN (*asfotase alfa*)	4	PA
XURIDEN PACK (*uridine triacetate*)	4	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (*desmopressin acetate refrigerated*)	2	
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML (*desmopressin acetate*)	3	
desmopressin acetate spray refrigerated soln	1	
desmopressin acetate spray soln	1	
desmopressin acetate tabs or 0.1 mg	1	
desmopressin acetate tabs or 0.2 mg	1	QL(6 ea daily)
STIMATE SOLN (*desmopressin acetate*)	3	
Progesterone Receptor Antagonists		
MIFEPREX TABS (*mifepristone*)	7	
mifepristone tabs	5	
Prolactin Inhibitors		
cabergoline tabs	1	
Somatostatic Agents		
octreotide acetate soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate soln 1000 mcg/ml, 500 mcg/ml	4	PA; LA
SANDOSTATIN SOLN 500 MCG/ML (*octreotide acetate*)	7	PA; LA
SIGNIFOR SOLN (*pasireotide diaspartate*)	4	PA; LA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG (*tolvaptan*)	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI TABS	1	
ANGELIQ TABS (*drospirenone-estradiol*)	3	
CLIMARA PRO PTWK (*estradiol-levonorgestrel*)	2	

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Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW (*estradiol & norethindrone acetate*)	3	
DUAVEE TABS (*conjugated estrogens-bazedoxifene*)	3	
estradiol & norethindrone acetate tabs	1	
norethindrone acetate-ethinyl estradiol tabs	1	
ORIAHNN CPPK (*elagolix sodium-estradiol-norethindrone acetate*)	4	PA
PREFEST TABS (*estradiol-norgestimate*)	3	
PREMPHASE TABS (*conjugated estrogens-medroxyprogesterone acetate*)	2	
PREMPRO TABS (*conjugated estrogens-medroxyprogesterone acetate*)	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW (*estradiol*)	2	Limit 8 patches per month;QL(0.29 ea daily)
DELESTROGEN OIL 10 MG/ML (*estradiol valerate*)	2	QL(5 ml per fill retail)
DIVIGEL GEL 0.25 MG/0.25GM (*estradiol*)	3	
ELESTRIN GEL (*estradiol*)	3	

Drug Name	Drug Tier	Requirements/ Limits
estradiol gel td 0.25 mg/0.25gm, 0.5 mg/0.5gm, 1 mg/gm	1	
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Limit 8 patches per month;QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	1	Limit 4 patches per month;QL(0.143 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	1	
estradiol valerate oil	1	QL(5 ml per fill retail)
ESTROGEL GEL (*estradiol*)	3	Limit 50gms per month;QL(1.67 gm daily)
EVAMIST SOLN (*estradiol*)	3	
MENEST TABS (*esterified estrogens*)	2	
MENOSTAR PTWK (*estradiol*)	3	Limit 4 patches per month;QL(0.143 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG (*estrogens, conjugated*)	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG (*estrogens, conjugated*)	2	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (*ciprofloxacin*)	2	
ciprofloxacin hcl tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg, 500 mg, 750 mg	1	QL(14 ea per fill retail)
moxifloxacin hcl tabs	1	
ofloxacin tabs 300 mg	1	
ofloxacin tabs 400 mg	1	QL(28 ea per 90 days retail,28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG (*obeticholic acid*)	4	PA; QL(1 ea daily)
OCALIVA TABS 5 MG (*obeticholic acid*)	4	PA; ST;QL(1 ea daily)
Gallstone Solubilizing Agents		
CHENODAL TABS (*chenodiol*)	4	PA
ursodiol caps 300 mg	2	
ursodiol tabs 250 mg, 500 mg	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone caps 24 mcg, 8 mcg	1	
Gastrointestinal Stimulants		
metoclopramide hcl soln	1	
metoclopramide hcl tabs	1	
metoclopramide hcl tbdp	1	
METOCLOPRAMIDE ODT TBDP (*metoclopramide hcl*)	3	
Inflammatory Bowel Agents		
AVSOLA SOLR (*infliximab-axxq*)	4	PA
balsalazide disodium caps	1	Limit 280 caps per month;QL(9 ea daily)
CIMZIA KIT (*certolizumab pegol*)	4	PA; LA
CIMZIA PSKT (*certolizumab pegol*)	4	PA; LA
CIMZIA STARTER KIT PSKT (*certolizumab pegol*)	4	PA; LA
DIPENTUM CAPS (*olsalazine sodium*)	3	
INFLECTRA SOLR (*infliximab-dyyb*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
mesalamine cp24 or 0.375 gm	1	QL(4 ea daily)
mesalamine cpcr or 500 mg	1	PA; QL(8 ea daily)
mesalamine cpdr or 400 mg	1	QL(6 ea daily)
mesalamine enem re 4 gm	1	QL(60 ml daily)
mesalamine supp re 1000 mg	1	QL(1 ea daily)
mesalamine tbec or 1.2 gm	1	QL(4 ea daily)
mesalamine tbec or 800 mg	1	
PENTASA CPCR 250 MG (*mesalamine*)	3	PA
RENFLEXIS SOLR (*infliximab-abda*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
SFROWASA ENEM (*mesalamine*)	2	
STELARA SOLN IV 130 MG/26ML (*ustekinumab (iv)*)	4	PA; LA

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Drug Name	Drug Tier	Requirements/ Limits
sulfasalazine tabs	1	QL(8 ea daily)
sulfasalazine tbec	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
lactulose (encephalopathy) soln	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	2	
LINZESS CAPS (*linaclotide*)	2	QL(1 ea daily)
VIBERZI TABS (*eluxadoline*)	3	PA
Peripheral Opioid Receptor Antagonists		
alvimopan caps	1	
MOVANTIK TABS 12.5 MG (*naloxegol oxalate*)	3	
MOVANTIK TABS 25 MG (*naloxegol oxalate*)	3	QL(1 ea daily)
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	4	PA; LA
RELISTOR TABS OR 150 MG (*methylnaltrexone bromide*)	4	PA; ST
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA TABS (*ferric citrate*)	3	PA; ST
calcium acetate (phosphate binder) caps	1	

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) tabs	1	RX/OTC
FOSRENOL PACK 1000 MG, 750 MG (*lanthanum carbonate*)	3	
lanthanum carbonate chew 1000 mg	1	QL(3 ea daily)
lanthanum carbonate chew 500 mg	1	
lanthanum carbonate chew 750 mg	1	QL(4 ea daily)
PHOSLYRA SOLN (*calcium acetate (phosphate binder)*)	3	
sevelamer carbonate pack 0.8 gm	1	
sevelamer carbonate pack 2.4 gm	1	QL(5 ea daily)
sevelamer carbonate tabs 800 mg	1	
sevelamer hcl tabs 400 mg	1	PA; ST
sevelamer hcl tabs 800 mg	1	PA; ST;QL(16 ea daily)
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT (*teduglutide (rdna)*)	4	PA; ST; Specialty Drug refer to Caremark SP RX;LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS (*telotristat etiprate*)	4	PA; ST; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS (*potassium & sodium acid phosphates*)	2	
Alkalinizers		

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Drug Name	Drug Tier	Requirements/ Limits
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2 SOLN	1	RX/OTC
ORACIT SOLN (*sodium citrate & citric acid*)	3	
pot & sod citrates w/citric ac soln	1	
potassium citrate (alkalinizer) tbcr	1	
potassium citrate-citric acid soln	1	RX/OTC
sodium citrate & citric acid soln	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS (*cysteamine bitartrate*)	4	PA
PROCYSBI CPDR 25 MG, 75 MG (*cysteamine bitartrate*)	4	
PROCYSBI PACK 300 MG, 75 MG (*cysteamine bitartrate*)	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS (*pentosan polysulfate sodium*)	3	PA; QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	1	QL(1 ea daily)
CARDURA XL TB24 (*doxazosin mesylate (bph)*)	3	
dutasteride caps	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl caps	1	
finasteride tabs	1	QL(1 ea daily); AL(At least 40 yrs old)
silodosin caps 4 mg	1	
silodosin caps 8 mg	1	QL(1 ea daily)
tamsulosin hcl caps	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT TABS (*acetohydroxamic acid*)	3	
THIOLA EC TBEC (*tiopronin*)	3	
tiopronin tabs	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	
Gout Agents		
allopurinol tabs 100 mg	1	QL(3 ea daily)
allopurinol tabs 300 mg	1	QL(2 ea daily)
colchicine caps	1	
colchicine tabs	1	
febuxostat tabs 40 mg	1	QL(2 ea daily)
febuxostat tabs 80 mg	1	QL(1 ea daily)
MITIGARE CAPS (*colchicine*)	7	
Uricosurics		
probenecid tabs	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		

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Drug Name	Drug Tier	Requirements/ Limits
ADVATE SOLR (*antihemophilic factor (rcmb)* plasma/albumin free (rahf-pfm))	4	PA; LA
ADYNOVATE SOLR (*antihemophilic factor (recombinant)* pegylated)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT (*antihemophilic factor (recombinant)* single chain)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE SOLR (*antihemophilic factor/von willebrand factor complex (human)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR (*antihemophilic factor/von willebrand factor complex (human)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR (*coagulation factor ix*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR (*coagulation factor ix (recomb)* fc fusion protein (rfixfc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BENEFIX KIT (*coagulation factor ix (recombinant)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COAGADEX SOLR (*coagulation factor x (human)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
CORIFACT KIT (*factor xiii concentrate (human)*)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
ELOCTATE SOLR (*antihemophilic factor (rcmb)* fc fusion protein(bdd-rfviiifc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
FEIBA SOLR (*antiinhibitor coagulant complex*)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
HEMOFIL M SOLR (*antihemophilic factor (human)*)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
HUMATE-P SOLR (*antihemophilic factor/von willebrand factor complex (human)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IDELVION SOLR 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*coagulation factor ix recomb albumin fusion protein (rix-fp)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IDELVION SOLR 3500 UNIT (*coagulation factor ix recomb albumin fusion protein (rix-fp)*)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
IXINITY SOLR (*coagulation factor ix (recombinant)*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JIVI SOLR (*antihemophil fact(rcmb)* pegylated-aucl (bdd-rfviii peg-aucl))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/ Limits
KCENTRA KIT (***prothrombin complex concentrate human***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOATE SOLR (***antihemophilic factor (human)***)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOATE-DVI SOLR (***antihemophilic factor (human)***)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOVALTRY SOLR (***antihemophilic factor (rcmb)*** plasma/albumin free (rahf-pfm))	4	PA; LA
MONONINE SOLR (***coagulation factor ix***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR (***antihemophilic factor (rcmb)*** bd truncated (bd trunc-rfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOSEVEN RT SOLR (***coagulation factor viia (recombinant)***)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
NUWIQ KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihemophilic factor (rcmb)*** simoctocog alfa(bdd-rfviii,sim))	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
OBIZUR SOLR (***antihemophilic factor (recombinant porcine)*** (rpfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR (***factor ix complex***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
REBINYN SOLR (***coagulation factor ix (recombinant)*** glycopegylated)	4	PA; administered under the medical benefit
RECOMBINATE SOLR (***antihemophilic factor (recombinant)*** (rfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR (***coagulation factor ix (recombinant)***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETTEN SOLR (***coagulation factor xiii a-subunit (recombinant)***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR (***von willebrand factor (recombinant)***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
WILATE KIT (***antihemophilic factor/von willebrand factor complex (human)***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA KIT (***antihemophilic factor (rcmb)*** moroctocog alfa(bdd-rfviii,mor))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT (***antihemophilic factor (rcmb)*** moroctocog alfa(bdd-rfviii,mor))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Bradykinin B2 Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
(Icatibant Acetate) SAJAZIR SOLN	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
FIRAZYR SOLN (*icatibant acetate*)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
icatibant acetate soln	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
Complement Inhibitors		
HAEGARDA SOLR (*c1 esterase inhibitor (human)*)	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS 100 MG (*fostamatinib disodium*)	4	PA; ST
TAVALISSE TABS 150 MG (*fostamatinib disodium*)	4	PA
Hematorheologic Agents		
pentoxifylline tbcr	1	QL(3 ea daily)
Human Protein C		
CEPROTIN SOLR (*protein c concentrate (human)*)	4	PA; LA
Platelet Aggregation Inhibitors		
anagrelide hcl caps	1	
aspirin-dipyridamole cp12	1	
BRILINTA TABS (*ticagrelor*)	2	QL(2 ea daily)
cilostazol tabs	1	QL(2 ea daily)
clopidogrel bisulfate tabs	1	QL(2 ea daily)
dipyridamole tabs	1	
prasugrel hcl tabs	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS (*eliglustat tartrate*)	4	PA
CEREZYME SOLR (*imiglucerase*)	4	PA; LA
miglustat caps	4	PA; ST
ZAVESCA CAPS (*miglustat*)	7	PA; ST
Agents for Sickle Cell Disease		
DROXIA CAPS (*hydroxyurea (sickle cell disease)*)	2	
SIKLOS TABS 100 MG (*hydroxyurea (sickle cell disease)*)	4	PA; ST;AC
SIKLOS TABS 1000 MG (*hydroxyurea (sickle cell disease)*)	4	PA; AC
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	5	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	5	PV
folic acid tabs 1 mg	1	RX/OTC
folic acid tabs 400 mcg, 800 mcg	5	PV
Hematopoietic Growth Factors		
FULPHILA SOSY (*pegfilgrastim-jmdb*)	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
GRANIX SOLN (*tbo-filgrastim*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
GRANIX SOSY (*tbo-filgrastim*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LEUKINE SOLR (*sargramostim*)	4	PA; LA
MULPLETA TABS (*lusutrombopag*)	4	PA
NIVESTYM SOLN 300 MCG/ML (*filgrastim-aafi*)	4	PA; ST
NIVESTYM SOLN 480 MCG/1.6ML (*filgrastim-aafi*)	4	PA
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	4	PA
PROMACTA PACK (*eltrombopag olamine*)	4	PA; QL(1 ea daily)
PROMACTA TABS (*eltrombopag olamine*)	4	PA; QL(1 ea daily)
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	4	PA
UDENYCA SOSY (*pegfilgrastim-cbqv*)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
ZARXIO SOSY (*filgrastim-sndz*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
ZIEXTENZO SOSY (*pegfilgrastim-bmez*)	4	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Mixtures		
FOLIVANE-F CAPS (*ferrous fumarate-iron polysaccharide complex-folic acid-c-b3*)	2	
INTEGRA F CAPS (*ferrous fumarate-iron polysaccharide complex-folic acid-c-b3*)	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid soln	1	
aminocaproic acid tabs	1	
CYKLOKAPRON SOLN (*tranexamic acid*)	7	PA
tranexamic acid soln iv 1000 mg/10ml	4	PA
tranexamic acid tabs or 650 mg	1	QL(6 ea daily,5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital elix	1	
phenobarbital tabs	1	
Non-Barbiturate Hypnotics		
DORAL TABS (*quazepam*)	7	
estazolam tabs	1	
eszopiclone tabs	1	QL(1 ea daily)
flurazepam hcl caps 15 mg	1	QL(2 ea daily)
flurazepam hcl caps 30 mg	1	QL(1 ea daily)
midazolam hcl syrp	1	

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Drug Name	Drug Tier	Requirements/ Limits
temazepam caps 15 mg	1	QL(2 ea daily)
temazepam caps 22.5 mg, 30 mg	1	QL(1 ea daily)
temazepam caps 7.5 mg	1	
triazolam tabs 0.125 mg	1	
triazolam tabs 0.25 mg	1	QL(1 ea daily)
zaleplon caps	1	QL(1 ea daily)
zolpidem tartrate tabs or 10 mg, 5 mg	1	QL(1 ea daily)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS (*suvorexant*)	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS (*tasimelteon*)	4	PA; ST
ramelteon tabs	1	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(Peg 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE SOLR	5	PV
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR	5	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	5	PV
GOLYTELY SOLR (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	7	QL(4000 ml per fill retail); PV
NULYTELY SOLR (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	7	PV
NULYTELY/FLAVOR PACKS SOLR (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	7	PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr	5	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	5	QL(4000 ml per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	5	PV
PEG-PREP KIT (*bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride*)	5	QL(1 ea per fill retail); PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month;QL(17.6 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limit 528gms per month;QL(17.6 gm daily)
lactulose soln	1	
polyethylene glycol 3350 powd	1	Limit 528gms per month;QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP TABS (***sodium phosphate monobasic-sodium phosphate dibasic***)	5	PV
Stimulant Laxatives		
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECT, CORRECTOL, CVS BISACODYL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DUCODYL, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FEENAMINT, GENTLE LAXATIVE, GNP BISA-LAX, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, VERACOLATE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS BISACODYL, CVS GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) RA LAXATIVE TBEC 5 MG	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl supp	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack 1 gm	1	
azithromycin susr 100 mg/5ml, 200 mg/5ml	1	
azithromycin tabs 250 mg	1	QL(6 ea per fill retail)
azithromycin tabs 500 mg	1	QL(3 ea daily)
azithromycin tabs 600 mg	1	QL(10 ea per fill retail)
Clarithromycin		
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	
clarithromycin tabs 250 mg, 500 mg	1	
clarithromycin tb24 500 mg	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin base cpep	1	
erythromycin base tabs	1	
erythromycin base tbec	1	
erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate tabs 400 mg	1	
Fidaxomicin		
DIFICID TABS 200 MG (***fidaxomicin***)	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH (***diaphragm arc-spring***)	5	QL(1 ea per 365 days retail); PV
FC2 FEMALE CONDOM MISC (***condoms - female***)	5	PV
FEMCAP DEVI (***cervical caps***)	5	PV
OMNIFLEX DIAPHRAGM DPRH (***diaphragms***)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH (***diaphragm wide seal***)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH (***diaphragm wide seal***)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH (***diaphragm wide seal***)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH (***diaphragm wide seal***)	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH (*diaphragm wide seal*)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH (*diaphragm wide seal*)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH (*diaphragm wide seal*)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH (*diaphragm wide seal*)	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK FASTCLIX LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SOFTCLIX LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVANCED MOBILE LANCET 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE SAFETY LANCETS 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 32G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AQUALANCE LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE SAFETY LANCET 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AURORA LANCET SUPER THIN30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
AURORA LANCET THIN 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD MICROTAINER LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BULLSEYE MINI SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BULLSEYE SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET SUPER THIN/30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARESENS LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH SAFETY LANCETS/26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS MULTI COLOR/30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEANLET LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK LANCETS ULTRATHIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COAGUCHEK LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT TOUCH LANCETS ULTRA THIN 31G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS MICRO-THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ORIGINAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ULTRA-THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CVS ULTRA THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DIATHRIVE LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DROPLET LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DROPLET PERSONAL LANCETS30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS COLOR MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-ZJECT LANCETS MICRO-THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/PULL TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/THIN TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/PULL-TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/TWIST MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/TWIST MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PULL-TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/TWIST MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 33G/TWIST MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TWIST & CAP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL COLOR LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL COLOR LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL SUPER THIN LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL THIN LANCETS 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 26G SUPER-SOFT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 32G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 UNILET LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINE 30 MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINGERSTIX LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FORA LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREESTYLE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREESTYLE UNISTICK II LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTEEL BUTTERFLY TOUCH LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET GP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOJJI STERILE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE LOW FLOW LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS HIGH FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS LOW FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MAX FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HY-VEE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HY-VEE THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
IN TOUCH STERILE LANCETS30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KINNEY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KINNEY THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER HEALTHPRO TWIST LANCETS/26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MICRO THIN33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS SUPER THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS ULTRATHIN30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 26G TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G/TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 31G TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 33G EXTRA FINE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 33G UNIVERSAL DESIGN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SUPER THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS TWIST TOP MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA FINE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETSBULLSEYE SAFETY MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIBERTY MEDICAL LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK II LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LITE TOUCH LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LITETOUCH LANCETS MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET SUPERTHIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET ULTRATHIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS STANDARD MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETEXTRA MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETNORMAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDISENSE THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS LITE 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LITE LANCETS 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SUPERLITE 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS/LITE 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/EXTRA MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/LITE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER SUPER THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MICROLET LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MM TWIST LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MONOLET LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MONOLET OPD LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
MONOLETTOR SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 21G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 28G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 30G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCETS 23G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SUREFLEX LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH CLUB LANCETS FINE POINT MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS FINE 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH FINEPOINT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH ULTRA 2 KIT (*blood glucose monitoring supplies*)	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT (*blood glucose monitoring supplies*)	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PERFECT LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACY COUNTER LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS/28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRECISION THINS GP LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS COLORED 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 31G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY TWIST TOP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PSS SELECT GP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PSS SELECT SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PURE COMFORT LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PX LANCETS MICROTHIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PX LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS SUPER THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 28G/ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 33G/MICRO THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REALITY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REALITY TRIGGER LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS MICRO-THIN33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS ULTRA-THIN30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS/30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 32G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REXALL LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RIGHTEST GL300 LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE LOW FLOW 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE NORMAL FLOW21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
AL=Age Limit AC=Anti-cancer LA=Limited Access QL=Quantity Limit ST=Step Therapy
PA=Prior Authorization PV=Preventive Drugs RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LET LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY SEAL LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY SEAL LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH CARE TWIST TOP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH TWIST TOP LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPSCARE TWIST TOP LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SB LANCETS THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SB LANCETS ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SIDE BUTTON SAFETY LANCET21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SINGLE-LET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SM MICRO THIN LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SMARTEST LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SOLUS V2 TWIST LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
STERILANCE TL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SUPER THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 18G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE FLAT LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE LANCETS 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE THIN LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE ULTRA THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-TOUCH LANCETS UNIVERSAL MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURELITE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE AST LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TECHLITE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TECHLITE LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET MICRO THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
THINLETS GP LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TOPCARE LANCETS MICRO-THIN 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS ADVANCED 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUE COMFORT TWIST TOP LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G SUPER THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 30G ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 33G MICRO THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET CLASSIC LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET LANCETS 33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA THIN LANCETS 31G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-CARE LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II AUTO LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET COMFORTOUCH LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE II MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET G.P. LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET G.P. SUPERLITE LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
UNILET GP 28 ULTRA THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS MICRO-THIN33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS SUPER-THIN30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS ULTRA-THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET SUPERLITE LANCET MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK 3 GENTLE MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 25G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 23G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNIVERSAL 1 LANCETS THIN26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS STANDARD 21G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS SUPERTHIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS THIN 26G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIVAGUARD LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIVAGUARD SAFETY LANCETS/28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS ULTRA THIN LANCETS MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ZEVRX TWIST TOP LANCETS 30G MISC (*lancets*)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" MISC (*insulin syringe/needle u-100*)	2	QL(6.67 ea daily)

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PA=Prior Authorization PV=Preventive Drugs RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31 G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
BD AUTOSHIELD 29G X 3/16" MISC (***insulin pen needle***)	2	
BD AUTOSHIELD 29G X 5/16" MISC (***insulin pen needle***)	2	
BD AUTOSHIELD DUO 30G X 5MM MISC (***insulin pen needle***)	2	
BD NEEDLE/30G X 1/2" MISC (***needle (disp***) 30 g)	2	
BD PEN MINI MISC (***injection device for insulin***)	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
BD PEN MISC (***injection device for insulin***)	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC (***insulin pen needle***)	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC (***insulin pen needle***)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC (***insulin pen needle***)	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC (***insulin pen needle***)	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC (***insulin pen needle***)	2	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC (***insulin pen needle***)	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)

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PA=Prior Authorization PV=Preventive Drugs RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC (***needle (disp***) 30 g)	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC (***needle (disp***) 30 g)	2	
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
HYPODERMIC NEEDLE 30GX1/2" MISC (***needle (disp***) 30 g)	2	
INSULIN SYRINGES AND PEN NEEDLES	2	MO
NOVOPEN ECHO DEVI (***injection device for insulin***)	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC (***needle (disp***) 30 g)	2	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC (***insulin syringe/needle u-100***)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC (***insulin syringe/needle u-100***)	2	QL(6.67 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ (***erenumab-aooe***)	2	PA; ST
EMGALITY SOAJ 120 MG/ML (***galcanezumab-gnlm***)	2	PA; ST
EMGALITY SOSY 120 MG/ML (***galcanezumab-gnlm***)	2	PA; ST
NURTEC TBDP (***rimegepant sulfate***)	4	PA; Not available through mail order;QL(8 ea per fill retail)
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
ergotamine w/ caffeine tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
D.H.E. 45 SOLN (***dihydroergotamine mesylate***)	7	PA
dihydroergotamine mesylate soln ij 1 mg/ml	2	PA
dihydroergotamine mesylate soln na 4 mg/ml	1	PA; QL(0.27 ml daily)
ERGOMAR SUBL (***ergotamine tartrate***)	2	
Serotonin Agonists		
almotriptan malate tabs	1	Limit 6 per month;QL(0.2 ea daily)
eletriptan hydrobromide tabs	1	Limit 6 tabs per month;QL(0.2 ea daily)
frovatriptan succinate tabs	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (***sumatriptan succinate***)	7	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (***sumatriptan succinate***)	7	PA; ST
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (***sumatriptan succinate***)	7	PA
IMITREX STATDOSE SYSTEM SOAJ (***sumatriptan succinate***)	7	PA
naratriptan hcl tabs	1	Limit 9 per month;QL(0.3 ea daily)
REYVOW TABS (***lasmiditan succinate***)	4	PA; QL(8 ea per 30 days retail)
rizatriptan benzoate tabs	1	Limit 18 tabs per month;QL(0.6 ea daily)
rizatriptan benzoate tbdp	1	Limit 18 tabs per month;QL(0.6 ea daily)
sumatriptan soln 20 mg/act	1	Limit 6 sprayers per month;QL(2 ea daily)
sumatriptan soln 5 mg/act	1	Limit 6 per month;QL(0.2 ea daily)
sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml	4	PA
sumatriptan succinate soct sc 4 mg/0.5ml	4	PA; ST
sumatriptan succinate soct sc 6 mg/0.5ml	4	PA
sumatriptan succinate soln sc 6 mg/0.5ml	4	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
sumatriptan succinate sosy sc 6 mg/0.5ml	4	PA
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	1	Limit 9 per month;QL(2 ea daily)
zolmitriptan soln na 2.5 mg, 5 mg	1	QL(6 ea per 30 days retail,18 ea per 90 days mail)
zolmitriptan tabs or 2.5 mg, 5 mg	1	Limit 6 per month;QL(0.2 ea daily)
zolmitriptan tbdp or 2.5 mg, 5 mg	1	Limit 6 tabs per month;QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL WAFR (***calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium***)	3	

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Drug Name	Drug Tier	Requirements/ Limits
CALCIUM-FOLIC ACID PLUS D WAFR (*calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium*)	3	
MAGNEBIND 400 TABS (*calcium carbonate-magnesium carbonate*)	3	
Fluoride		
(Sodium Fluoride) FLUORITAB, FLURA-DROPS, NAFRINSE DROPS SOLN	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW	1	AL(Up to 6 yrs old)
FLORIVA LIQD (*sodium fluoride-vitamin d*)	3	
FLUORABON SOLN (*sodium fluoride*)	5	AL(Up to 6 yrs old); PV
sodium fluoride chew 0.25 mg, 0.5 mg	5	AL(Up to 6 yrs old); PV
sodium fluoride chew 1 mg, 2.2 mg	1	AL(Up to 6 yrs old)
sodium fluoride soln 0.5 mg/ml	5	AL(Up to 6 yrs old); RX/OTC; PV
sodium fluoride tabs 0.5 mg	5	AL(Up to 6 yrs old); PV
sodium fluoride tabs 1 mg	1	AL(Up to 6 yrs old)
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL TABS	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	1	
Potassium		
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	1	
(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 TBCR	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	1	
(Potassium Chloride) KLOR-CON PACK	1	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR	1	
EFFER-K TBEF 0.84 GM-1 GM, 1.68 GM-2 GM (*potassium bicarbonate-citric acid*)	3	
K-TAB TBCR 8 MEQ (*potassium chloride*)	7	
potassium chloride cpcr or 10 meq, 8 meq	1	
potassium chloride microencapsulated crystals er tbcr 10 meq, 20 meq	1	
potassium chloride pack or 20 meq	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (*potassium chloride*)	4	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (*potassium chloride*)	7	PA

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Drug Name	Drug Tier	Requirements/ Limits
potassium chloride soln or 10 %, 20 %	1	
potassium chloride tbcr or 10 meq, 20 meq, 8 meq	1	
Sodium		
sodium chloride soln	3	QL(500 ml daily)
Zinc		
GALZIN CAPS (***zinc acetate (oral)***)	3	
WILZIN CAPS (***zinc acetate (oral)***)	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
penicillamine caps	1	PA
penicillamine tabs	1	
SYPRINE CAPS (***trientine hcl***)	7	PA
trientine hcl caps	4	PA
Immunomodulators		
lenalidomide caps	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
REVLIMID CAPS (***lenalidomide***)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
THALOMID CAPS (***thalidomide***)	3	Must use Exactus Specialty Rx 1-866-458-9246;AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24 (***tacrolimus***)	3	ST
azathioprine tabs	1	
cyclosporine caps	1	
cyclosporine modified (for microemulsion) caps	1	
cyclosporine modified (for microemulsion) soln	1	
everolimus (immunosuppressant) tabs	1	
mycophenolate mofetil caps or 250 mg	1	
mycophenolate mofetil susr or 200 mg/ml	1	
mycophenolate mofetil tabs or 500 mg	1	
mycophenolate sodium tbec	1	
PROGRAF PACK 0.2 MG, 1 MG (***tacrolimus***)	4	PA
SANDIMMUNE SOLN 100 MG/ML (***cyclosporine***)	3	
sirolimus soln	1	

Drug Name	Drug Tier	Requirements/ Limits
sirolimus tabs	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR (***anti-thymocyte globulin (rabbit)***, lymphocyte immune globulin)	3	PA; administered under the medical benefit
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
sodium polystyrene sulfonate powd	1	
sodium polystyrene sulfonate susp	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ (***belimumab***)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY (***belimumab***)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP (***diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth***)	3	
lidocaine hcl (mouth-throat) soln	1	
Anti-infectives - Throat		
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
ORAVIG TABS (***miconazole (mouth-throat)***)	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	1	
chlorhexidine gluconate (mouth-throat) soln	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	QL(3 ea daily)
MUCOTROL WAFR (***oral wound care products***)	3	
pilocarpine hcl (oral) tabs 5 mg	1	QL(6 ea daily)
pilocarpine hcl (oral) tabs 7.5 mg	1	QL(4 ea daily)
MULTIVITAMINS		
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.4 MG/ML-0.5 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.25 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMINS/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.25 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.5 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLORIVA PLUS SOLN (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln	1	AL(Up to 6 yrs old)
POLY-VI-FLOR CHEW 0.25 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-15 UNIT-200 MCG-400 UNIT, 1 MG-15 UNIT-200 MCG-400 UNIT (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP 0.25 MG/ML-200 MCG/ML (***pediatric multivitamins w/fl***)	3	
QUFLORA GUMMIES CHEW (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN (***pediatric multivitamins w/fl***)	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR SUSP (***pediatric vitamins acd & l-methylfolate w/ fluoride***)	3	
TRI-VI-FLORO SUSP (***pediatric vitamins acd & l-methylfolate w/ fluoride***)	3	
Ped Multi Vitamins w/Fl & FE		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTI-VITAMIN/FLUORIDE/IRON , MULTIVITAMIN/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT (***ped multivitamins w/fl & iron***)	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP 0.25 MG/ML-7 MG/ML-200 MCG/ML (***ped multivitamins w/fl & iron***)	3	
QUFLORA FE PEDIATRIC LIQD (***ped multivitamins w/fl & iron***)	2	AL(Up to 6 yrs old)
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA CHEW (***pediatric multiple vitamins & minerals w/ fluoride***)	3	

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Drug Name	Drug Tier	Requirements/ Limits
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 1 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT TABS	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS	1	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-Fa-Dha) PNV-DHA CAPS	1	
ATABEX EC TBEC (***prenatal vit w/ docusate-iron carbonyl-folic acid***)	2	
C-NATE DHA CAPS (***prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids***)	3	
CITRANATAL 90 DHA MISC (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha***)	2	
CITRANATAL ASSURE MISC (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha***)	3	
CITRANATAL B-CALM MISC (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6***)	3	
CITRANATAL BLOOM DHA MISC (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha***)	2	
CITRANATAL BLOOM TABS (***prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid***)	3	
CITRANATAL DHA MISC (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha***)	2	
CITRANATAL ESSENCE THPK (***prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa-dha***)	2	
CITRANATAL HARMONY CAPS (***prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha***)	3	
CITRANATAL MEDLEY CAPS (***prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha***)	3	
CITRANATAL RX TABS (***prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa***)	3	
COMPLETENATE CHEW (***prenatal vit w/ ferrous fumarate-folic acid***)	2	
CONCEPT DHA CAPS (***prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3***)	2	
CONCEPT OB CAPS (***prenatal without a vit w/ fe fum-iron polysacch complex -fa***)	2	

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DUET DHA 400 MISC (*prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3*)	3	
DUET DHA BALANCED MISC (*prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3*)	3	
FOLIVANE-OB CAPS (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*)	2	
M-NATAL PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
NATACHEW CHEW (*prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid*)	3	
NEEVO DHA CAPS (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*)	3	
NEONATAL COMPLETE TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
NEONATAL PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
NESTABS DHA MISC (*prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3*)	2	
NESTABS ONE CAPS (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*)	3	
NESTABS TABS (*prenatal vit without vit a w/ fe bisglycinate-folic acid*)	3	
NIVA-PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
OB COMPLETE ONE CAPS (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*)	3	
OB COMPLETE PETITE CAPS (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*)	3	
OB COMPLETE PREMIER TABS (*prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*)	3	
OB COMPLETE/DHA CAPS (*prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*)	3	
OBSTETRIX ONE CAPS (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha*)	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PNV TABS 29-1 TABS (*prenatal vit w/ iron carbonyl-folic acid*)	2	
PNV-DHA+DOCUSATE CAPS (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*)	3	
PNV-OMEGA CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*)	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENA 1 TRUE MISC (*prenatal without a w/ fe amino acid chelate-fa-dha*)	2	
PRENA1 CHEW CHEW (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*)	3	
PRENA1 PEARL CPCR (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*)	3	
PRENAISSANCE CAPS (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*)	3	
PRENAISSANCE PLUS CAPS (*prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*)	3	
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT (*prenatal vit w/ ferrous fumarate-folic acid*)	2	
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT (*prenatal vit w/ docusate-fe fumarate-folic acid*)	3	RX/OTC
PRENATAL PLUS IRON TABS (*prenatal vit w/ iron carbonyl-folic acid*)	2	
PRENATAL PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PRENATAL TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PRENATAL-U CAPS (*prenatal without a vit w/ fe fumarate-folic acid*)	2	
PRENATE CHEW (*prenatal multivitamins & minerals w/ l-methylfolate-fa*)	3	
PRENATE DHA CAPS (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*)	3	
PRENATE ELITE TABS (*prenatal w/ fe asparto glycinate-l methylfolate-folic acid*)	3	
PRENATE ENHANCE CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*)	3	
PRENATE ESSENTIAL CAPS (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*)	3	
PRENATE MINI CAPS (*prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*)	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE PIXIE CAPS (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*)	3	
PRENATE RESTORE CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*)	3	
PRENATRIX TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PRENATRYL TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
PREPLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
RELNATE DHA CAPS (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*)	3	
SE-NATAL 19 CHEW (*prenatal vit w/ ferrous fumarate-folic acid*)	2	
SE-NATAL 19 TABS (*prenatal vit w/ docusate-fe fumarate-folic acid*)	3	RX/OTC
SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT (*prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*)	2	
SELECT-OB CHEW 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT (*prenatal vit w/ iron polysaccharide complex-folic acid*)	3	
SELECT-OB+DHA MISC (*prenatal mv & min w/fe polysaccharide complex-fa-dha*)	3	
TARON-PREX CAPS (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*)	3	
THERANATAL CORE NUTRITION TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
THRIVITE RX TABS (*prenatal vit w/ iron carbonyl-folic acid*)	2	
TRI-TABS DHA MISC (*prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3*)	2	
TRICARE PRENATAL DHA ONE CAPS (*prenatal w/fe fumarate-fa-dss-fish oil*)	3	
TRICARE TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
TRINATAL RX 1 TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	
TRISTART DHA CAPS (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*)	3	
TRISTART ONE CAPS (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*)	3	
VINATE DHA RF CAPS (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*)	3	
VINATE ONE TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	

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Drug Name	Drug Tier	Requirements/ Limits
VIRT-C DHA CAPS (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*)	2	
VIRT-NATE DHA CAPS (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*)	3	
VIRT-PN DHA CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*)	3	
VIRT-PN PLUS CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*)	3	
VITAFOL GUMMIES CHEW (*prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*)	3	
VITAFOL-NANO TABS (*prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*)	3	
VITAFOL-ONE CAPS (*prenatal mv & min w/fe polysaccharide complex-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*)	3	
VITAMEDMD REDICHEW RX CHEW (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*)	3	
VITAPEARL CPCR (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*)	3	
VITATHELY/GINGER TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
VITATRUE MISC (*prenatal without a w/ fe amino acid chelate-fa-dha*)	2	
VIVA DHA CAPS (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*)	3	
VOL-PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
VOL-TAB RX TABS (*prenatal vit w/ iron carbonyl-folic acid*)	2	
VP-PNV-DHA CAPS (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*)	3	
WESCAP-C DHA CAPS (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*)	2	
WESNATE DHA CAPS (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*)	3	
WESTAB PLUS TABS (*prenatal vit w/ ferrous fumarate-folic acid*)	2	RX/OTC
WESTGEL DHA CAPS (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*)	3	
ZATEAN-PN DHA CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*)	3	

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Drug Name	Drug Tier	Requirements/ Limits
ZATEAN-PN PLUS CAPS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*)	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS	1	
(Chlorzoxazone) LORZONE TABS	1	
(Cyclobenzaprine Hcl) FEXMID TABS	1	
baclofen soln it 40 mg/20ml, 500 mcg/ml	4	PA; administered under the medical benefit;LA
baclofen tabs or 10 mg	1	QL(6 ea daily)
baclofen tabs or 20 mg	1	QL(4 ea daily)
baclofen tabs or 5 mg	1	
carisoprodol tabs	1	
chlorzoxazone tabs	1	
cyclobenzaprine hcl tabs	1	
GABLOFEN SOLN (*baclofen*)	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML (*baclofen*)	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (*baclofen*)	7	PA; administered under the medical benefit;LA
metaxalone tabs 400 mg	1	
metaxalone tabs 800 mg	1	QL(4 ea daily)
methocarbamol tabs 500 mg, 750 mg	1	
orphenadrine citrate tb12	1	
tizanidine hcl caps 2 mg, 4 mg, 6 mg	1	
tizanidine hcl tabs 2 mg	1	
tizanidine hcl tabs 4 mg	1	QL(9 ea daily)
Direct Muscle Relaxants		
dantrolene sodium caps	1	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate susp	1	Limit 1 inhaler per month;QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS SOLN	1	QL(1 ml daily); RX/OTC
azelastine hcl soln 0.1 %, 137 mcg/spray	1	Limit 1 sprayer per month;QL(1.2 ml daily)
azelastine hcl soln 0.15 %	1	QL(1 ml daily); RX/OTC
olopatadine hcl (nasal) soln	1	
Nasal Anticholinergics		
ipratropium bromide (nasal) soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR SUSP 50 MCG/ACT	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GNP FLUTICASONE PROPIONATE CHILDRENS, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	1	QL(1.2 ml daily)
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)
fluticasone propionate (nasal) susp	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
mometasone furoate (nasal) susp	1	Limit 2 inhalers per month;QL(1.22 gm daily)
triamcinolone acetonide (nasal) aero	1	QL(1.2 ml daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole tabs	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI SOLR (***risdiplam***)	4	PA
NUTRIENTS		
Lipids		
DOJOLVI LIQD (***triheptanoin***)	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST (***artificial tear insert***)	3	
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN	1	
betaxolol hcl (ophth) soln	1	
BETIMOL SOLN (***timolol***)	2	
BETOPTIC-S SUSP (***betaxolol hcl (ophth)***)	2	
brimonidine tartrate-timolol maleate soln	1	
carteolol hcl (ophth) soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
dorzolamide hcl-timolol maleate soln	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN (***dorzolamide hcl-timolol maleate***)	2	
levobunolol hcl soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC-XE SOLG (***timolol maleate (ophth)***)	7	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE SOLN	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
atropine sulfate (ophthalmic) oint	1	
atropine sulfate (ophthalmic) soln	1	
CYCLOMYDRIL SOLN (***cyclopentolate w/ phenylephrine***)	3	
cyclopentolate hcl soln	1	
ISOPTO ATROPINE SOLN (***atropine sulfate (ophthalmic)***)	2	
phenylephrine hcl (mydriatic) soln	1	
tropicamide soln	1	
Miotics		
pilocarpine hcl soln	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 % (***brimonidine tartrate***)	2	

Drug Name	Drug Tier	Requirements/ Limits
apraclonidine hcl soln	1	
brimonidine tartrate soln	1	
IOPIDINE SOLN (***apraclonidine hcl***)	3	
SIMBRINZA SUSP (***brinzolamide-brimonidine tartrate***)	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN OINT	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN OINT	1	
AZASITE SOLN (***azithromycin (ophth)***)	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
bacitracin (ophthalmic) oint	2	
bacitracin-polymyxin b (ophth) oint	1	
BESIVANCE SUSP (***besifloxacin hcl***)	3	
BETADINE OPHTHALMIC PREP SOLN (***povidone-iodine (ophth)***)	3	
CILOXAN OINT (***ciprofloxacin hcl (ophth)***)	2	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	
gentamicin sulfate (ophth) soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
KLARITY-A SOLN (*azithromycin (ophth)*)	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
levofloxacin (ophth) soln	1	
moxifloxacin hcl (ophth) soln	1	
NATACYN SUSP (*natamycin*)	2	
neomycin-bacitracin zn-polymyxin oint	1	
neomycin-polymyxin-gramicidin soln	1	
ofloxacin (ophth) soln	1	QL(5 ml per fill retail,5 ml per fill mail)
polymyxin b-trimethoprim soln	1	
POVIDONE IODINE SOLN (*povidone-iodine (ophth)*)	3	
sulfacetamide sodium (ophth) oint	1	
sulfacetamide sodium (ophth) soln	1	
tobramycin (ophth) soln	1	
TOBREX OINT (*tobramycin (ophth)*)	2	
trifluridine soln	1	
ZIRGAN GEL (*ganciclovir ophthalmic*)	3	
Ophthalmic Immunomodulators		
cyclosporine (ophth) emul	1	QL(2 ml daily,64 ml per fill retail)
RESTASIS MULTIDOSE EMUL (*cyclosporine (ophth)*)	2	QL(2 ml daily,64 ml per fill retail)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE SOLN	1	
AKTEN GEL (*lidocaine hcl (ophth)*)	3	
proparacaine hcl soln	1	
tetracaine hcl (ophth) soln	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN (*cenegermin-bkbj*)	4	PA
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCIN HC OINT	1	QL(4 gm per fill retail,4 gm per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F SUSP	1	
ALREX SUSP (*loteprednol etabonate*)	3	
bacitracin-poly-neomycin-hc oint	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT (*sulfacetamide sod-prednisolone*)	2	
BLEPHAMIDE SUSP (*sulfacetamide sod-prednisolone*)	2	
dexamethasone sodium phosphate (ophth) soln	1	
difluprednate emul	1	
FLAREX SUSP (*fluorometholone acetate*)	2	
fluorometholone (ophth) susp	1	
FML FORTE SUSP (*fluorometholone (ophth)*)	2	

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Drug Name	Drug Tier	Requirements/ Limits
FML OINT (*fluorometholone (ophth)*)	2	
LOTEMAX OINT (*loteprednol etabonate*)	3	
loteprednol etabonate gel	1	
loteprednol etabonate susp	1	
MAXIDEX SUSP (*dexamethasone (ophth)*)	2	
neomycin-polymy-dexameth oint	1	
neomycin-polymy-dexameth susp	1	
neomycin-polymyxin-hc (ophth) susp	1	
PRED-G S.O.P. OINT (*gentamicin-prednisolone acetate*)	3	
PRED-G SUSP (*gentamicin-prednisolone acetate*)	3	
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % (*prednisolone sodium phosphate (ophth)*)	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN (*prednisolone-moxifloxacin*)	3	
sulfacetamide sod-prednisolone soln	1	
TOBRADEX OINT (*tobramycin-dexamethasone*)	3	
TOBRADEX ST SUSP (*tobramycin-dexamethasone*)	3	
tobramycin-dexamethasone susp	1	QL(5 ml per fill retail)
ZYLET SUSP (*loteprednol etabonate-tobramycin*)	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM (*gelatin adsorbable (ophth)*)	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.1 %	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL SOLN	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL SOLN	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACUVAIL SOLN (*ketorolac tromethamine (ophth)*)	3	
ALOCRIL SOLN (*nedocromil sodium (ophth)*)	3	
ALOMIDE SOLN (*lodoxamide tromethamine*)	2	
azelastine hcl (ophth) soln	1	
bepotastine besilate soln	1	ST; QL(0.34 ml daily)
brinzolamide susp	1	Limit 10mls per month;QL(0.4 ml daily)
bromfenac sodium (ophth) soln	1	
BROMSITE SOLN (*bromfenac sodium (ophth)*)	3	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN (*cysteamine hcl*)	4	
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	Limit 10mls per month;QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN (*dorzolamide hcl*)	2	Limit 10mls per month;QL(0.34 ml daily)
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP (*nepafenac*)	3	
ketorolac tromethamine (ophth) soln	1	
LASTACAFT SOLN (*alcaftadine*)	3	ST; RX/OTC
NEVANAC SUSP (*nepafenac*)	3	
olopatadine hcl soln 0.1 %	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
olopatadine hcl soln 0.2 %	1	QL(0.09 ml daily); RX/OTC
PAREMYD SOLN (*hydroxyamphetamine-tropicamide*)	3	
PROLENSA SOLN (*bromfenac sodium (ophth)*)	3	
Prostaglandins - Ophthalmic		
bimatoprost soln	1	Limit 2.5mls per month;QL(0.09 ml daily)
latanoprost soln op	1	QL(0.09 ml daily)
LATANOPROST SOLN OP (*latanoprost*)	2	QL(0.09 ml daily)
LUMIGAN SOLN (*bimatoprost*)	2	Limit 2.5mls per month;QL(0.09 ml daily)
travoprost soln	1	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN (*tafluprost*)	3	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	1	
Otic Anti-infectives		
CETRAXAL SOLN (*ciprofloxacin hcl (otic)*)	7	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (otic) soln	1	QL(14 ea per fill retail)
ofloxacin (otic) soln	1	
Otic Combinations		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRO HC SUSP (***ciprofloxacin-hydrocortisone***)	3	
ciprofloxacin-dexamethasone susp	1	
ciprofloxacin-fluocinolone acetonide soln	1	Limit 15mls per month;QL(0.5 ea daily)
CORTISPORIN-TC SUSP (***neomycin-colistin-hc-thonzonium***)	3	
neomycin-polymyxin-hc (otic) soln	1	
neomycin-polymyxin-hc (otic) susp	1	
OTOVEL SOLN (***ciprofloxacin-fluocinolone acetonide***)	7	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD (***pramoxine-chloroxylenol***)	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC OIL	1	
fluocinolone acetonide (otic) oil	1	
hydrocortisone w/acetic acid soln	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST (***dinoprostone***)	3	
PREPIDIL GEL (***dinoprostone***)	3	
PROSTIN E2 SUPP (***dinoprostone***)	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate tabs	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 10 % (***immune globulin (human)*** iv)	4	PA; LA
CARIMUNE NANOFILTERED SOLR 6 GM (***immune globulin (human)*** iv)	4	PA; LA
FLEBOGAMMA DIF SOLN 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML (***immune globulin (human)*** iv)	4	PA; LA
GAMMAGARD LIQUID SOLN 1 GM/10ML (***immune globulin (human)*** iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAGARD LIQUID SOLN 2.5 GM/25ML (***immune globulin (human)*** iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAKED SOLN (***immune globulin (human)*** iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA

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Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX SOLN 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/100ML (***immune globulin (human)*** iv)	4	PA; LA
GAMUNEX-C SOLN 1 GM/10ML (***immune globulin (human)*** iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMUNEX-C SOLN 2.5 GM/25ML (***immune globulin (human)*** iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML (***immune globulin (human)*** iv)	4	PA; LA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML (***immune globulin (human)*** iv)	4	PA; LA
Monoclonal Antibodies		
REGEN-COV SOLN 300 MG/2.5ML-1332 MG/11.1ML (***casirivimab-imdevimab***)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Passive Immunizing Agents - Combinations		
HYQVIA KIT 20 GM/200ML-1600 UNIT/10ML, 200 UNT/1.25ML-2.5 GM/25ML, 30 GM/300ML-2400 UNIT/15ML, 5 GM/50ML-400 UNIT/2.5ML (***immune globulin (human)***-hyaluronidase (human recombinant))	4	PA; Some members may obtain their medications through their Medical Group;LA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps	1	
amoxicillin chew	1	
amoxicillin susr	1	
amoxicillin tabs	1	
ampicillin caps	1	
ampicillin sodium solr	4	PA
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN SOLR	4	PA
BICILLIN L-A SUSP (***penicillin g benzathine***)	4	PA
BICILLIN L-A SUSY (***penicillin g benzathine***)	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN (***penicillin g pot in dextrose***)	4	PA
penicillin g potassium solr	4	PA
PENICILLIN G PROCAINE SUSP (***penicillin g procaine***)	4	PA
penicillin g sodium solr	4	PA
penicillin v potassium solr	1	
penicillin v potassium tabs	1	
Penicillin Combinations		
amoxicillin & pot clavulanate chew	1	
amoxicillin & pot clavulanate susr	1	
amoxicillin & pot clavulanate tabs	1	
amoxicillin & pot clavulanate tb12	1	

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Drug Name	Drug Tier	Requirements/ Limits
ampicillin & sulbactam sodium solr	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML (*amoxicillin & pot clavulanate*)	2	
BICILLIN C-R SUSP (*penicillin g benzathine & procaine*)	4	PA
piperacillin sodium-tazobactam sodium solr	4	PA
UNASYN BULK PACK SOLR (*ampicillin & sulbactam sodium*)	7	PA
UNASYN SOLR (*ampicillin & sulbactam sodium*)	7	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
nafcillin sodium solr	4	PA
NAFCILLIN SOLN (*nafcillin sodium in dextrose*)	4	PA
oxacillin sodium solr	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate tabs 10 mg	1	QL(1 ea daily)
medroxyprogesterone acetate tabs 2.5 mg, 5 mg	1	
megestrol acetate (appetite) susp	1	AC
norethindrone acetate tabs	1	
progesterone caps or 100 mg, 200 mg	1	QL(1 ea daily)
progesterone oil im 50 mg/ml	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	1	
disulfiram tabs	1	
LUCEMYRA TABS (*lofexidine hcl*)	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN (*sodium oxybate*)	4	PA; ST
Antidementia Agents		
donepezil hydrochloride tabs	1	QL(1 ea daily)
donepezil hydrochloride tbdp	1	QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	1	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	1	
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	1	
memantine hcl cp24 14 mg, 21 mg, 28 mg	1	PA
memantine hcl cp24 7 mg	1	PA; ST
memantine hcl soln 10 mg/5ml, 2 mg/ml	1	
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
memantine hcl tabs 5 mg	1	QL(4 ea daily)
NAMENDA XR TITRATION PACK CP24 (***memantine hcl***)	3	PA; ST
NAMZARIC C4PK 10 MG (***memantine hcl-donepezil hcl***)	3	PA
rivastigmine pt24	1	
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline tabs	1	
olanzapine-fluoxetine hcl caps 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg	1	
olanzapine-fluoxetine hcl caps 3 mg-25 mg, 6 mg-50 mg	2	
perphenazine-amitriptyline tabs	1	
Fibromyalgia Agents		
SAVELLA TABS (***milnacipran hcl***)	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC (***milnacipran hcl***)	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG (***deutetrabenazine***)	4	PA; QL(4 ea daily)
AUSTEDO TABS 6 MG (***deutetrabenazine***)	4	PA; ST;QL(2 ea daily)
AUSTEDO TABS 9 MG (***deutetrabenazine***)	4	PA; QL(2 ea daily)
INGREZZA CAPS 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	4	PA; QL(1 ea daily)
INGREZZA CPPK (***valbenazine tosylate***)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine tabs	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS (***tetrabenazine***)	7	PA; Specialty drug-Health Net will refer to SP Pharmacy
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AUBAGIO TABS (***teriflunomide***)	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;QL(1 ea daily); LA
AVONEX PEN AJKT (***interferon beta-1a***)	4	PA; LA
AVONEX PSKT (***interferon beta-1a***)	4	PA; LA
BETASERON KIT (***interferon beta-1b***)	4	PA
dalfampridine tb12	1	PA
dimethyl fumarate cpdr	2	PA; LA
dimethyl fumarate misc	2	PA; LA
fingolimod hcl caps	1	PA; QL(1 ea daily)
GILENYA CAPS 0.25 MG (***fingolimod hcl***)	3	PA; QL(1 ea daily)
GILENYA CAPS 0.5 MG (***fingolimod hcl***)	2	PA; QL(1 ea daily)
glatiramer acetate sosy	1	PA
MAVENCLAD TBPK (***cladribine (multiple sclerosis)***)	4	PA; QL(10 ea per 30 days retail)
MAVENCLAD TBPK (***cladribine (multiple sclerosis)***)	4	PA; QL(9 ea per 30 days retail)
MAVENCLAD TBPK (***cladribine (multiple sclerosis)***)	4	PA; QL(8 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD TBPK (*cladribine (multiple sclerosis)*)	4	PA; QL(7 ea per 30 days retail)
MAVENCLAD TBPK (*cladribine (multiple sclerosis)*)	4	PA; QL(6 ea per 30 days retail)
MAVENCLAD TBPK (*cladribine (multiple sclerosis)*)	4	PA; QL(5 ea per 30 days retail)
MAVENCLAD TBPK (*cladribine (multiple sclerosis)*)	4	PA; QL(4 ea per 30 days retail)
MAYZENT STARTER PACK TBPK (*siponimod fumarate*)	3	PA; not available thru mail order
MAYZENT STARTER PACK TBPK (*siponimod fumarate*)	3	PA; not available thru mail order;QL(12 ea per 5 days retail)
MAYZENT TABS 0.25 MG (*siponimod fumarate*)	3	PA; not available thru mail order;QL(4 ea daily)
MAYZENT TABS 1 MG (*siponimod fumarate*)	3	PA; not available thru mail order
MAYZENT TABS 2 MG (*siponimod fumarate*)	3	PA; QL(1 ea daily)
PLEGRIDY SOPN SC (*peginterferon beta-1a*)	4	PA; LA
PLEGRIDY SOSY IM (*peginterferon beta-1a*)	4	PA
PLEGRIDY SOSY SC (*peginterferon beta-1a*)	4	PA; LA
PLEGRIDY STARTER PACK SOPN (*peginterferon beta-1a*)	4	PA; LA
PLEGRIDY STARTER PACK SOSY (*peginterferon beta-1a*)	4	PA; LA
REBIF REBIDOSE SOAJ (*interferon beta-1a*)	4	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ (*interferon beta-1a*)	4	PA; LA
REBIF SOSY (*interferon beta-1a*)	4	PA; LA
REBIF TITRATION PACK SOSY (*interferon beta-1a*)	4	PA; LA
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE MISC (*gabapentin (once-daily)*)	3	PA
GRALISE TABS 300 MG (*gabapentin (once-daily)*)	3	PA; ST
GRALISE TABS 600 MG (*gabapentin (once-daily)*)	3	PA; ST;QL(3 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs	1	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS (*dextromethorphan hbr-quinidine sulfate*)	4	PA
Psychotherapeutic and Neurological Agents -		
ergoloid mesylates tabs	1	
pimozide tabs	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG (*gabapentin enacarbil*)	3	Limited to 1 tablet daily;QL(1 ea daily)
HORIZANT TBCR 600 MG (*gabapentin enacarbil*)	3	QL(2 ea daily)
Smoking Deterrents		

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24		
APO-VARENICLINE TABS 0.5 MG (***varenicline tartrate***)	5	QL(1 ea daily); PV
APO-VARENICLINE TABS 1 MG (***varenicline tartrate***)	5	QL(2 ea daily); PV
bupropion hcl (smoking deterrent) tb12	5	PV
CHANTIX CONTINUING MONTHPAK TABS (***varenicline tartrate***)	7	QL(2 ea daily); PV
CHANTIX TABS 0.5 MG (***varenicline tartrate***)	7	QL(1 ea daily); PV
CHANTIX TABS 1 MG (***varenicline tartrate***)	7	QL(2 ea daily); PV
NICODERM CQ PT24 (***nicotine***)	7	PV
NICORETTE GUM (***nicotine polacrilex***)	7	PV
NICORETTE LOZG (***nicotine polacrilex***)	7	PV
NICORETTE MINI LOZG (***nicotine polacrilex***)	7	PV
NICORETTE STARTER KIT GUM (***nicotine polacrilex***)	7	PV
nicotine polacrilex gum	5	PV
nicotine polacrilex lozg	5	PV
nicotine pt24	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT (***nicotine***)	5	PV
NICOTROL INHALER INHA (***nicotine***)	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN (*nicotine*)	5	PV
varenicline tartrate tabs 0.5 mg	5	QL(1 ea daily); PV
varenicline tartrate tabs 1 mg	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY (*inotersen sodium*)	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG (*ivacaftor*)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;LA
KALYDECO PACK 50 MG, 75 MG (*ivacaftor*)	4	PA; Must use Accredo SP pharmacy;LA
KALYDECO TABS 150 MG (*ivacaftor*)	4	PA; Must use Accredo SP pharmacy;LA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG (*lumacaftor-ivacaftor*)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
ORKAMBI PACK 75 MG-94 MG (*lumacaftor-ivacaftor*)	4	PA
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG (*lumacaftor-ivacaftor*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PULMOZYME SOLN (*dornase alfa*)	2	PA; QL(5 ml daily)
SYMDEKO TBPK (*tezacaftor-ivacaftor*)	4	PA; LA
TRIKAFTA TBPK 25 MG-50 MG (*elexacaftor-tezacaftor-ivacaftor*)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(3 ea daily); LA
TRIKAFTA TBPK 50 MG-100 MG (*elexacaftor-tezacaftor-ivacaftor*)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;QL(3 ea daily); LA
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267 MG (*pirfenidone*)	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
ESBRIET TABS 267 MG, 801 MG (*pirfenidone*)	7	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
OFEV CAPS (*nintedanib esylate*)	4	PA; QL(2 ea daily)
pirfenidone tabs 267 mg, 801 mg	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
pirfenidone tabs 534 mg	4	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine tabs	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS	2	
(Doxycycline Hyclate) LYMEPAK TABS	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG CAPS	1	

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Drug Name	Drug Tier	Requirements/ Limits
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg	2	
doxycycline (monohydrate) caps 150 mg	2	ST
doxycycline (monohydrate) susr 25 mg/5ml	1	
doxycycline (monohydrate) tabs 100 mg, 50 mg	1	
doxycycline (monohydrate) tabs 150 mg	2	ST
doxycycline (monohydrate) tabs 75 mg	1	ST
doxycycline hyclate caps 100 mg, 50 mg	1	
doxycycline hyclate tabs 100 mg, 20 mg	1	
minocycline hcl caps 100 mg, 50 mg, 75 mg	1	
minocycline hcl cp24 135 mg, 45 mg, 90 mg	3	ST
minocycline hcl tabs 100 mg, 50 mg	1	
minocycline hcl tabs 75 mg	1	PA
tetracycline hcl caps	1	
VIBRAMYCIN SYRP 50 MG/5ML (*doxycycline calcium*)	2	
XIMINO CP24 135 MG, 45 MG, 90 MG (*minocycline hcl*)	3	ST

Drug Name	Drug Tier	Requirements/ Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	1	
ARMOUR THYROID TABS (*thyroid*)	2	
CYTOMEL TABS 25 MCG, 50 MCG (*liothyronine sodium*)	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG (*liothyronine sodium*)	2	
levothyroxine sodium caps or 100 mcg, 112 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium caps or 125 mcg	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium tabs or 100 mcg, 137 mcg, 150 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg	1	QL(1 ea daily)
liothyronine sodium tabs 25 mcg, 50 mcg	1	QL(2 ea daily)
liothyronine sodium tabs 5 mcg	1	
SYNTHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (***levothyroxine sodium***)	2	QL(1 ea daily)
TIROSINT CAPS 75 MCG (***levothyroxine sodium***)	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	1	
(Hyoscyamine Sulfate) OSCIMIN TABS	1	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL SUBL	1	
BELLADONNA/OPIUM SUPP (***belladonna alkaloids & opium***)	3	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps	1	
dicyclomine hcl soln	1	
dicyclomine hcl tabs	1	
GLYCATE TABS (***glycopyrrolate***)	3	
glycopyrrolate soln or 1 mg/5ml	1	
glycopyrrolate tabs or 1 mg, 2 mg	1	
GLYCOPYRROLATE TABS OR 1.5 MG (***glycopyrrolate***)	3	
hyoscyamine sulfate subl	1	
hyoscyamine sulfate tabs	1	
hyoscyamine sulfate tb12	1	
hyoscyamine sulfate tbdp	1	
methscopolamine bromide tabs	1	
propantheline bromide tabs	1	
H-2 Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS	1	RX/OTC
cimetidine tabs 300 mg, 800 mg	1	
cimetidine tabs 400 mg	1	QL(4 ea daily)
famotidine susr 40 mg/5ml	1	
famotidine tabs 20 mg	1	RX/OTC
famotidine tabs 40 mg	1	QL(2 ea daily)
nizatidine caps	1	
nizatidine soln	1	
Misc. Anti-Ulcer		
sucralfate susp 1 gm/10ml	1	
sucralfate tabs 1 gm	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE TBDD	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 10 MG (***rabeprazole sodium***)	3	PA
ACIPHEX SPRINKLE CPSP 5 MG (***rabeprazole sodium***)	3	PA; ST
esomeprazole magnesium pack 10 mg, 20 mg, 40 mg	1	PA
FIRST-OMEPRAZOLE SUSP (***omeprazole***)	3	
lansoprazole cpdr 15 mg	1	QL(1 ea daily); RX/OTC
lansoprazole cpdr 30 mg	1	QL(1 ea daily)
lansoprazole tbdd 15 mg	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
lansoprazole tbdd 30 mg	1	QL(1 ea daily); AL(Up to 12 yrs old)

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4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
AL=Age Limit AC=Anti-cancer LA=Limited Access QL=Quantity Limit ST=Step Therapy
PA=Prior Authorization PV=Preventive Drugs RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK 2.5 MG, 5 MG (*esomeprazole magnesium*)	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP (*omeprazole*)	3	
omeprazole cpdr 10 mg	1	
omeprazole cpdr 20 mg	1	QL(1 ea daily); RX/OTC
omeprazole cpdr 40 mg	1	QL(1 ea daily)
pantoprazole sodium pack	1	QL(1 ea daily)
pantoprazole sodium tbec	1	QL(1 ea daily)
PRILOSEC PACK (*omeprazole magnesium*)	3	PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP (*rabeprazole sodium*)	3	PA
rabeprazole sodium tbec	2	PA; ST;QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
misoprostol tabs	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	1	14 rtl MAX day(s) supply,365 rtl lmt day(s),
HELIDAC THERAPY MISC (*metronidazole-tetracycline w/ bismuth subsalicylate*)	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	
fesoterodine fumarate tb24	1	QL(1 ea daily)
oxybutynin chloride syrp 5 mg/5ml	1	QL(15 ml daily)
oxybutynin chloride tabs 5 mg	1	QL(4 ea daily)
oxybutynin chloride tb24 10 mg, 15 mg, 5 mg	1	
solifenacin succinate tabs 10 mg	1	QL(1 ea daily)
solifenacin succinate tabs 5 mg	1	
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	QL(2 ea daily)
trospium chloride cp24 60 mg	1	
trospium chloride tabs 20 mg	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSP (*influenza virus vaccine split quadrivalent*)	5	
AFLURIA QUADRIVALENT 2020-2021 SUSY (*influenza virus vaccine split quadrivalent*)	5	
AFLURIA QUADRIVALENT 2021-2022 SUSP (*influenza virus vaccine split quadrivalent*)	5	

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSY (*influenza virus vaccine split quadrivalent*)	5	
AFLURIA QUADRIVALENT 2022-2023 SUSP (*influenza virus vaccine split quadrivalent*)	5	
AFLURIA QUADRIVALENT 2022-2023 SUSY (*influenza virus vaccine split quadrivalent*)	5	
COVID VACCINES	5	
FLUAD QUADRIVALENT 2021-2022 PRSY (*influenza virus vacc types a & b surf antigen adjuvant quad*)	5	
FLUAD QUADRIVALENT 2022-2023 PRSY (*influenza virus vacc types a & b surf antigen adjuvant quad*)	5	
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY (*influenza virus vacc types a & b surf antigen adjuvant quad*)	5	
FLUARIX QUADRIVALENT 2020-2021 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLUARIX QUADRIVALENT 2021-2022 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLUARIX QUADRIVALENT 2022-2023 SUSY (*influenza virus vaccine split quadrivalent*)	5	

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2020-2021 SOSY (*influenza virus vac recomb hemagglutinin (ha*) quadrivalent)	5	
FLUBLOK QUADRIVALENT 2021-2022 SOSY (*influenza virus vac recomb hemagglutinin (ha*) quadrivalent)	5	
FLUBLOK QUADRIVALENT 2022-2023 SOSY (*influenza virus vac recomb hemagglutinin (ha*) quadrivalent)	5	
FLUCELVAX QUADRIVALENT 2020-2021 SUSP (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	
FLUCELVAX QUADRIVALENT 2020-2021 SUSY (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	

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Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY (*influenza virus vaccine tissue-cultured subunit quadrivalent*)	5	
FLULAVAL QUADRIVALENT 2020-2021 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLULAVAL QUADRIVALENT 2021-2022 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLULAVAL QUADRIVALENT 2022-2023 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLUMIST QUADRIVALENT SUSP (*influenza virus vaccine live quadrivalent*)	5	
FLUZONE HIGH-DOSE PF 2020-2021 SUSY (*influenza virus vac split high-dose quad preservative free*)	5	
FLUZONE HIGH-DOSE PF 2021-2022 SUSY (*influenza virus vac split high-dose quad preservative free*)	5	
FLUZONE HIGH-DOSE PF 2022-2023 SUSY (*influenza virus vac split high-dose quad preservative free*)	5	
FLUZONE QUADRIVALENT 2020-2021 SUSP (*influenza virus vaccine split quadrivalent*)	5	
FLUZONE QUADRIVALENT 2020-2021 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLUZONE QUADRIVALENT 2021-2022 SUSP (*influenza virus vaccine split quadrivalent*)	5	
FLUZONE QUADRIVALENT 2021-2022 SUSY (*influenza virus vaccine split quadrivalent*)	5	
FLUZONE QUADRIVALENT 2022-2023 SUSP (*influenza virus vaccine split quadrivalent*)	5	
FLUZONE QUADRIVALENT 2022-2023 SUSY (*influenza virus vaccine split quadrivalent*)	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP (*nonoxynol-9*)	5	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (*nonoxynol-9*)	7	PV

Drug Name	Drug Tier	Requirements/ Limits
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL (*nonoxynol-9*)	5	PV
SHUR-SEAL GEL (*nonoxynol-9*)	5	PV
TODAY SPONGE MISC (*nonoxynol-9*)	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM (*nonoxynol-9*)	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM (*nonoxynol-9*)	5	PV
VCF VAGINAL CONTRACEPTIVEGEL GEL (*nonoxynol-9*)	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP	1	
CLEOCIN SUPP VA 100 MG (*clindamycin phosphate vaginal*)	3	
clindamycin phosphate vaginal crea	1	
CLINDESSE CREA (*clindamycin phosphate (one dose)*)	3	
GYNAZOLE-1 CREA (*butoconazole nitrate (one dose)*)	3	
metronidazole vaginal gel	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
VANDAZOLE GEL (*metronidazole vaginal*)	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL (*lactic acid-citric acid-potassium bitartrate*)	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
ESTRING RING (*estradiol vaginal*)	2	QL(1 ea per fill mail)
FEMRING RING (*estradiol acetate vaginal*)	3	QL(1 ea per 90 days retail,1 ea per 90 days mail)
PREMARIN CREA VA 0.625 MG/GM (*estrogens, conjugated vaginal*)	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL (*progesterone (vaginal)*)	3	PA
ENDOMETRIN INST (*progesterone (vaginal)*)	3	PA; ST
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.3 mg/0.3ml	3	Limited to 2 auto-injectors per fill;QL(2 ea per fill retail,4 ea per 30 days retail)
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	QL(2 ea per fill retail,4 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE SOAJ IJ 0.3 MG/0.3ML (*epinephrine (anaphylaxis)*)	3	Limited to 2 pens per fill; 4 pens per month;QL(2 ea per fill retail,4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) -		
droxidopa caps	4	PA
NORTHERA CAPS (*droxidopa*)	7	PA
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
ergocalciferol caps	1	
phytonadione tabs	1	
Water Soluble Vitamins		
POTABA CAPS (*potassium aminobenzoate*)	3	

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