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 All previous versions are no longer in effect.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 April 1, 2023

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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 5 MG, 10 MG	1	
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 cp24	1	QL(2 ea daily; 90 Day(s) limit)
dextroamphetamine sulfate cp24	1	
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	
dextroamphetamine sulfate soln	1	
methamphetamine hcl	2	PA
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
Analeptics		
caffeine citrate soln or	1	
Anorexiants Non-Amphetamine		
ADIPEX-P TABS *(phentermine hcl)*	7	Check plan documents for coverage; PA
ADIPEX-P CAPS *(phentermine hcl)*	7	Check plan documents for coverage; PA
benzphetamine hcl 25 mg	4	Check plan documents for coverage; PA
diethylpropion hcl tabs	4	Check plan documents for coverage; PA
diethylpropion hcl tb24	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
phentermine hcl tabs	4	Check plan documents for coverage; PA
phentermine hcl caps	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE 8 MG-90 MG	4	Check plan documents for coverage; PA
orlistat	1	PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg	1	QL(2 ea daily)
atomoxetine hcl 60 mg, 80 mg, 100 mg	1	QL(1 ea daily)
clonidine hcl (adhd) tb12	1	QL(4 ea daily)
guanfacine hcl (adhd)	1	QL(1 ea daily)
Stimulants - Misc.		
armodafinil 50 mg	1	ST; PA
armodafinil 150 mg, 200 mg, 250 mg	1	ST; PA

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

Drug Name	Drug Tier	Requirements/ Limits
dexmethylphenidate hcl tabs	1	QL(2 ea daily)
dexmethylphenidate hcl cp24	1	QL(1 ea daily)
methylphenidate ptch	1	QL(1 ea daily)
methylphenidate hcl tabs 5 mg, 10 mg	1	
methylphenidate hcl tbcr 54 mg	1	QL(2 ea daily)
methylphenidate hcl cp24	1	QL(1 ea daily)
methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg	1	QL(1 ea daily)
methylphenidate hcl cpcr 20 mg, 30 mg	1	QL(2 ea daily)
methylphenidate hcl chew	1	
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	1	QL(1 ea daily; 90 Day(s) limit MG)
methylphenidate hcl cp24 60 mg	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl tb24 36 mg	1	QL(2 ea daily; 90 Day(s) limit MG)
methylphenidate hcl tbcr 10 mg, 20 mg	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl tabs 20 mg	1	QL(3 ea daily)
methylphenidate hcl soln	1	
modafinil	2	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU *(tobramycin)*	7	LA; PA
neomycin sulfate tabs	1	
paromomycin sulfate	1	
streptomycin sulfate solr	4	PA
TOBI PODHALER CAPS	4	PA
tobramycin nebu	4	LA; PA
tobramycin nebu	2	PA
tobramycin sulfate soln ij 10 mg/ml, 80 mg/2ml	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ 15 MG	4	PA
RINVOQ 30 MG, 45 MG	4	PA
XELJANZ TABS 5 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
XELJANZ TABS 10 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
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	4	ST; LA; PA

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

Drug Name	Drug Tier	Requirements/ Limits
RASUVO 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	4	ST; LA; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOSY 20 MG/0.4ML	4	Check plan documents for coverage; PA
AMJEVITA SOAJ	4	Check plan documents for coverage; PA
HUMIRA PSKT	4	Check plan documents for coverage; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; PA
HUMIRA PEN PNKT	4	Check plan documents for coverage; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	Check plan documents for coverage; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; PA
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; PA
Gold Compounds		
RIDAURA	2	
Interleukin-1 Blockers		
ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	4	PA
ACTEMRA ACTPEN SOAJ	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
KEVZARA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
KEVZARA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Diclofenac Potassium) CATAFLAM, LOFENA tabs 50 MG	1	
(Ibuprofen) IBU tabs 400 MG, 600 MG, 800 MG	1	
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
celecoxib	1	QL(2 ea daily); AL(At least 60 yrs old); PA
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tbec	1	
diclofenac sodium tb24	1	
diclofenac w/ misoprostol tbec	1	
etodolac tabs	1	
etodolac tb24	1	QL(2 ea daily)
etodolac caps	1	
flurbiprofen tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
INDOCIN SUSP	2	
INDOCIN SUPP	3	
indomethacin cpcr	1	
indomethacin caps 25 mg, 50 mg	1	
ketoprofen cp24	1	
ketoprofen caps 50 mg, 75 mg	1	
ketorolac tromethamine tabs	1	QL(20 ea per fill retail)
meclofenamate sodium caps	1	
mefenamic acid caps	1	
meloxicam tabs 7.5 mg	1	QL(2 ea daily)
meloxicam tabs 15 mg	1	QL(1 ea daily)
nabumetone 500 mg	1	QL(4 ea daily)
nabumetone 750 mg	1	QL(3 ea daily)
naproxen susp	1	
naproxen tabs	1	
naproxen sodium tabs 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam caps 20 mg	1	QL(1 ea daily)
piroxicam caps 10 mg	1	
sulindac tabs 200 mg	1	
sulindac tabs 150 mg	1	QL(2 ea daily)
tolmetin sodium caps	1	
tolmetin sodium tabs 600 mg	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
OTEZLA TBPK	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA

Drug Name	Drug Tier	Requirements/ Limits
Pyrimidine Synthesis Inhibitors		
leflunomide 10 mg	1	QL(2 ea daily)
leflunomide 20 mg	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLN	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOSY	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL SOLR	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL MINI SOCT	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL SURECLICK SOAJ	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) TENCON tabs 300 MG-50 MG, 50 MG-300 MG, 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC tabs 325 MG-40 MG-50 MG, 40 MG-50 MG-325 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL caps 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen tabs 300 mg-50 mg, 50 mg-300 mg, 50 mg-325 mg	1	
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg	1	
butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg	1	
butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg	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, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN, 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 81 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, 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 chew	5	PV
aspirin tbec 81 mg	5	PV
diflunisal tabs	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL conc	1	
(Methadone Hcl) METHADOSE tbso	1	

Drug Name	Drug Tier	Requirements/ Limits
codeine sulfate tabs	1	
CONZIP CP24 *(tramadol hcl)*	7	
fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	Limit 15 patches per month; QL(0.5 ea daily)
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	Limit 15 per month; QL(0.5 ea daily)
fentanyl citrate lpop 1600 mcg	2	ST; QL(4 ea daily); PA
fentanyl citrate lpop 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg	2	ST; PA
hydromorphone hcl tb24 32 mg	1	QL(2 ea daily)
hydromorphone hcl tabs	1	
hydromorphone hcl tb24 8 mg, 12 mg, 16 mg	1	QL(4 ea daily)
hydromorphone hcl liqd	1	
levorphanol tartrate tabs	1	ST; PA
meperidine hcl tabs 50 mg	1	
meperidine hcl soln or 50 mg/5ml	1	
methadone hcl conc	1	
methadone hcl soln or	1	
methadone hcl tbso	1	
methadone hcl tabs	1	QL(12 ea daily)
morphine sulfate cp24	1	QL(2 ea daily)
morphine sulfate soln or 10 mg/0.5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml	1	Not available through mail order
morphine sulfate supp 10 mg, 20 mg, 30 mg	1	
morphine sulfate tbcr	1	QL(3 ea daily)
morphine sulfate tabs	1	
morphine sulfate soln or 10 mg/5ml	1	
morphine sulfate beads	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA TABS	2	QL(6 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily)
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
OXAYDO TABS 5 MG	2	
oxycodone hcl soln	1	
oxycodone hcl conc 100 mg/5ml	1	
oxycodone hcl caps	1	
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg	1	
oxycodone hcl tabs 30 mg	1	QL(4 ea daily)
oxymorphone hcl tabs 5 mg	1	
oxymorphone hcl tb12	1	QL(2 ea daily)
oxymorphone hcl tabs 10 mg	1	QL(8 ea daily)
tramadol hcl tb24 200 mg	1	QL(1 ea daily)
tramadol hcl tabs 50 mg	1	QL(8 ea daily)
tramadol hcl tabs 100 mg	1	
tramadol hcl tb24	1	
tramadol hcl cp24 100 mg, 200 mg, 300 mg	1	
tramadol hcl tb24 100 mg	1	QL(3 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE 30 MG-40 MG-50 MG-325 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET tabs 2.5 MG-325 MG, 325 MG-2.5 MG	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 5 MG-325 MG	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg	1	
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	1	
butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg	1	
butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg	1	
hydrocodone-acetaminophen soln	1	
hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg	1	QL(240 ea per fill retail)
hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg	1	
hydrocodone-ibuprofen 10 mg-200 mg	1	Not available through mail order
LORTAB ELIX 10 MG/15ML-300 MG/15ML	3	
NALOCET TABS 2.5 MG-300 MG	3	
OXYCODONE AND ACETAMINOPHEN TABS 7.5 MG-300 MG	3	
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg	1	QL(4 ea daily)
OXYCODONE/ACETAMINOPHEN TABS	3	
PROLATE TABS	3	
tramadol-acetaminophen 37.5 mg-325 mg	1	QL(8 ea daily)
Opioid Partial Agonists		

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Drug Name	Drug Tier	Requirements/ Limits
BUPRENORPHINE PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
buprenorphine hcl subl 8 mg	1	QL(4 ea daily)
buprenorphine hcl subl 2 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl	1	
butorphanol tartrate na 10 mg/ml	1	Limit 7.5mls per month; QL(0.25 ml daily)
pentazocine w/ naloxone hcl 0.5 mg-50 mg	1	
SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
oxandrolone 10 mg	2	QL(2 ea daily)
oxandrolone 2.5 mg	2	
Androgens		
danazol caps	1	
METHITEST TABS	2	
methyltestosterone caps	1	
TESTIM GEL TD *(testosterone)*	7	QL(10 gm daily); PA
testosterone gel td 1 %, 25 mg/2.5gm, 50 mg/5gm	1	QL(10 gm daily)
testosterone soln	1	QL(6 ml daily)
testosterone gel td 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 td 10 mg/act	1	QL(4 gm daily)
testosterone cypionate soln im	1	QL(10 ml per fill retail)
testosterone enanthate soln im	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ml daily)
UCERIS	3	ST; PA
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	3	
PROCTOFOAM HC FOAM EX 1 %-1 %	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC ex 2.5 %	1	
hydrocortisone (rectal) ex 2.5 %	1	
Vasodilating Agents		
RECTIV	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	

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Drug Name	Drug Tier	Requirements/ Limits
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
ivermectin	1	QL(5 ea per fill retail); PA
praziquantel	1	
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	3	
GONITRO PACK	3	PA
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
nitroglycerin soln tl .4 mg/spray	1	
nitroglycerin pt24	1	QL(1 ea daily)
nitroglycerin subl	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	
hydroxyzine hcl tabs	1	
hydroxyzine hcl soln 25 mg/ml, 50 mg/ml	4	administered under the medical benefit; PA
hydroxyzine hcl syrp	1	
hydroxyzine pamoate caps	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR tb24	1	
(Diazepam) DIAZEPAM INTENSOL conc	1	
(Lorazepam) LORAZEPAM INTENSOL conc	1	
alprazolam tabs	1	
alprazolam tb24	1	
alprazolam tbdp	2	
ALPRAZOLAM INTENSOL CONC	3	
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam tabs 10 mg	1	QL(4 ea daily)
diazepam tabs 2 mg, 5 mg	1	
diazepam conc	1	
diazepam soln or 5 mg/5ml	1	
lorazepam conc	1	
lorazepam tabs	1	
oxazepam caps 10 mg, 15 mg	1	
oxazepam caps 30 mg	1	QL(2 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	
NORPACE CR CP12	2	
quinidine gluconate tbcr	1	
quinidine sulfate tabs	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	

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Drug Name	Drug Tier	Requirements/ Limits
propafenone hcl cp12	1	
propafenone hcl tabs 225 mg, 300 mg	1	QL(3 ea daily)
propafenone hcl tabs 150 mg	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE tabs	1	
amiodarone hcl tabs	1	
dofetilide	1	
MULTAQ	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOAJ	4	PA
NUCALA SOSY 100 MG/ML	4	PA
XOLAIR SOSY	4	PA
Anti-Inflammatory Agents		
cromolyn sodium nebu	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
ipratropium bromide soln .02 %	1	
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 Inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
Leukotriene Modulators		
montelukast sodium tabs	1	QL(1 ea daily)
montelukast sodium pack	1	QL(1 ea daily)
montelukast sodium chew	1	QL(1 ea daily)
zafirlukast 20 mg	1	QL(2 ea daily)
zafirlukast 10 mg	1	
zileuton tb12	1	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
budesonide (inhalation) susp 1 mg/2ml	1	QL(2 ml daily)
budesonide (inhalation) susp .5 mg/2ml	2	QL(4 ml daily)
budesonide (inhalation) susp .25 mg/2ml	2	QL(8 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily)
FLOVENT HFA 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail MCG/ACT)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT	1	QL(2 ea daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month; QL(0.4 gm daily)
albuterol sulfate nebu .083 %, .5 %, .63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate aers	1	QL(1.2 gm daily)
albuterol sulfate tb12	1	QL(2 ea daily)
albuterol sulfate tabs	1	
albuterol sulfate aers	1	QL(0.72 gm daily)
albuterol sulfate aers	1	QL(0.47 gm daily)
albuterol sulfate syrp	1	
ALBUTEROL SULFATE NEBU	2	
ANORO ELLIPTA 25 MCG/INH-62.5 MCG/INH	2	QL(2 ea daily)
BREO ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT	2	QL(0.36 gm daily)
budesonide-formoterol fumarate dihydrate	1	Limit 1 inhaler per month; QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	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)
fluticasone-salmeterol aero	1	Limit 1 inhaler per month; QL(0.4 gm daily)
formoterol fumarate nebu	1	QL(4 ml daily)
ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	QL(0.6 gm daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
terbutaline sulfate tabs	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN elix	1	
THEO-24 CP24	2	
theophylline elix	1	
theophylline tb12 300 mg	1	QL(2 ea daily)
theophylline tb12 450 mg	1	QL(1 ea daily)
theophylline tb24	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
theophylline soln	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN tabs	1	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS	2	QL(1 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML *(fondaparinux sodium)*	7	PA
enoxaparin sodium soln ij 300 mg/3ml	1	QL(0.1 ml daily); PA
enoxaparin sodium sosy	2	QL(4 ml per 7 days retail)
fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	4	PA
fondaparinux sodium 2.5 mg/0.5ml	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
heparin sodium (porcine) soln ij 10000 unit/ml	4	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
FYCOMPA SUSP	3	QL(24 ml daily)
Anticonvulsants - Benzodiazepines		
clobazam susp	1	
clobazam tabs 20 mg	1	QL(2 ea daily)
clobazam tabs 10 mg	1	QL(1 ea daily)
clonazepam tbdp	1	
clonazepam tabs	1	
diazepam (anticonvulsant) gel	1	QL(0.14 ea daily)
NAYZILAM	4	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL tabs	1	
(Lamotrigine) SUBVENITE tabs	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit 25 MG	1	ST
(Levetiracetam) ROWEEPRA tabs 250 MG, 500 MG, 750 MG	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
APTIOM	3	QL(2 ea daily); PA
BANZEL TABS 400 MG *(rufinamide)*	7	QL(8 ea daily)
BANZEL TABS 200 MG *(rufinamide)*	7	
BANZEL SUSP *(rufinamide)*	7	
carbamazepine tabs	1	
carbamazepine chew	1	
carbamazepine tb12 100 mg	1	
carbamazepine cp12	1	
carbamazepine tb12 400 mg	1	QL(4 ea daily)
carbamazepine tb12 200 mg	1	QL(8 ea daily)
carbamazepine susp	1	
CARBATROL CP12 *(carbamazepine)*	7	
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
EPIDIOLEX	4	ST; PA
gabapentin soln	1	
gabapentin tabs 600 mg, 800 mg	1	
gabapentin caps	1	
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	7	
KEPPRA TABS 1000 MG *(levetiracetam)*	7	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG *(levetiracetam)*	7	QL(6 ea daily)
KEPPRA XR TB24 *(levetiracetam)*	7	QL(4 ea daily)
lacosamide tabs	1	QL(1 ea daily)
lacosamide soln or 10 mg/ml	1	QL(40 ml daily)
LAMICTAL TABS *(lamotrigine)*	7	
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	7	
LAMICTAL ODT KIT 0	3	ST; PA
LAMICTAL ODT TBDP *(lamotrigine)*	7	PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	7	QL(2 ea daily)
LAMICTAL XR TB24 250 MG *(lamotrigine)*	7	PA
LAMICTAL XR KIT 0	3	ST; PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG *(lamotrigine)*	7	QL(1 ea daily); PA
lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg	1	QL(1 ea daily); PA
lamotrigine tb24 250 mg	1	PA
lamotrigine tbdp	1	PA
lamotrigine kit 0	1	ST; PA
lamotrigine chew	1	
lamotrigine kit 25 mg	1	ST
lamotrigine tb24 300 mg	1	QL(2 ea daily)
lamotrigine tabs	1	
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	
levetiracetam tabs 250 mg, 500 mg, 750 mg	1	QL(6 ea daily)
levetiracetam tabs 1000 mg	1	QL(3 ea daily)
levetiracetam tb24	1	QL(4 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(pregabalin)*	7	ST; QL(3 ea daily); PA
LYRICA SOLN *(pregabalin)*	7	QL(30 ml daily); PA
LYRICA CAPS 225 MG, 300 MG *(pregabalin)*	7	ST; QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
MYSOLINE *(primidone)*	7	
NEURONTIN TABS *(gabapentin)*	7	
NEURONTIN CAPS *(gabapentin)*	7	
NEURONTIN SOLN *(gabapentin)*	7	
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)
oxcarbazepine tabs 300 mg	1	QL(8 ea daily)
oxcarbazepine susp	1	QL(40 ml daily)
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST
OXTELLAR XR TB24 150 MG, 300 MG	3	ST
pregabalin caps 225 mg, 300 mg	1	ST; QL(2 ea daily); PA
pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1	ST; QL(3 ea daily); PA
pregabalin soln	1	QL(30 ml daily); PA
primidone	1	
rufinamide susp	1	
rufinamide tabs 200 mg	1	
rufinamide tabs 400 mg	1	QL(8 ea daily)
TEGRETOL TABS *(carbamazepine)*	7	
TEGRETOL SUSP *(carbamazepine)*	7	
TEGRETOL-XR TB12 100 MG *(carbamazepine)*	7	
TOPAMAX TABS 50 MG *(topiramate)*	7	QL(8 ea daily)
TOPAMAX TABS 25 MG *(topiramate)*	7	
TOPAMAX TABS 100 MG *(topiramate)*	7	QL(4 ea daily)
TOPAMAX TABS 200 MG *(topiramate)*	7	QL(2 ea daily)
TOPAMAX SPRINKLE CPSP *(topiramate)*	7	
topiramate cs24 25 mg, 50 mg	1	QL(2 ea daily); PA
topiramate cp24 50 mg, 100 mg	1	PA
topiramate cs24 100 mg, 150 mg, 200 mg	1	QL(1 ea daily); PA
topiramate tabs 100 mg	1	QL(4 ea daily)
topiramate cp24 25 mg	1	ST; PA
topiramate cpsp	1	
topiramate tabs 200 mg	1	QL(2 ea daily)
topiramate tabs 50 mg	1	QL(8 ea daily)
topiramate tabs 25 mg	1	
TRILEPTAL TABS 150 MG *(oxcarbazepine)*	7	
TRILEPTAL SUSP *(oxcarbazepine)*	7	QL(40 ml daily)
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	7	QL(4 ea daily)
TRILEPTAL TABS 300 MG *(oxcarbazepine)*	7	QL(8 ea daily)
ZONEGRAN CAPS 25 MG *(zonisamide)*	7	
ZONEGRAN CAPS 100 MG *(zonisamide)*	7	QL(6 ea daily)
zonisamide caps 100 mg	1	QL(6 ea daily)
zonisamide caps 25 mg, 50 mg	1	
Carbamates		
felbamate tabs	1	
felbamate susp	1	
FELBATOL SUSP *(felbamate)*	7	
GABA Modulators		
(Vigabatrin) VIGADRONE pack	4	QL(6 ea daily)
GABITRIL *(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	1	
vigabatrin pack	4	QL(6 ea daily)
vigabatrin tabs	4	
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS chew	1	
DILANTIN 30 MG	3	
DILANTIN *(phenytoin sodium extended)*	7	
DILANTIN INFATABS CHEW *(phenytoin)*	7	
DILANTIN-125 SUSP *(phenytoin)*	7	
phenytoin susp	1	
phenytoin chew	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg	1	
Succinimides		
CELONTIN	3	
ethosuximide caps	1	
ethosuximide soln	1	
ZARONTIN CAPS *(ethosuximide)*	7	
ZARONTIN SOLN *(ethosuximide)*	7	
Valproic Acid		
DEPAKOTE TBEC *(divalproex sodium)*	7	
DEPAKOTE ER TB24 *(divalproex sodium)*	7	
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	7	
divalproex sodium csdr	1	
divalproex sodium tbec	1	
divalproex sodium tb24	1	
valproate sodium soln or 250 mg/5ml	1	
valproic acid caps	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	1	
mirtazapine tbdp	1	
Antidepressants - Misc.		
bupropion hcl tb24 450 mg	1	QL(1 ea daily); ST
bupropion hcl tabs	1	
bupropion hcl tb24 150 mg, 300 mg	1	QL(1 ea daily)
bupropion hcl tb12	1	
FORFIVO XL TB24 *(bupropion hcl)*	7	QL(1 ea daily); ST
maprotiline hcl	1	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide tabs	1	QL(1 ea daily)
citalopram hydrobromide soln	1	QL(20 ml daily)
escitalopram oxalate tabs 10 mg, 20 mg	1	QL(1 ea daily)
escitalopram oxalate tabs 5 mg	1	QL(2 ea daily)
escitalopram oxalate soln	1	
fluoxetine hcl caps 40 mg	1	QL(1 ea daily)
fluoxetine hcl tabs 20 mg, 60 mg	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl tabs 10 mg	1	
fluoxetine hcl soln	1	QL(15 ml daily)
fluoxetine hcl caps 10 mg, 20 mg	1	
fluoxetine hcl cpdr	1	
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate cp24 150 mg	2	
fluvoxamine maleate tabs 25 mg, 50 mg	1	
fluvoxamine maleate cp24 100 mg	2	QL(3 ea daily)
paroxetine hcl tb24	1	
paroxetine hcl tabs	1	
paroxetine hcl susp	1	
sertraline hcl tabs	1	QL(2 ea daily)
sertraline hcl conc	1	
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl tabs	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	PA
vilazodone hcl tabs 20 mg	1	QL(2 ea daily)
vilazodone hcl tabs 10 mg, 40 mg	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	1	QL(1 ea daily)
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
FETZIMA TITRATION PACK C4PK	3	ST

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl tb24 37.5 mg, 75 mg, 150 mg	1	QL(1 ea daily)
venlafaxine hcl tabs	1	
venlafaxine hcl tb24 225 mg	1	
venlafaxine hcl cp24	1	QL(2 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
amoxapine	1	
clomipramine hcl	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	1	
nortriptyline hcl caps	1	
nortriptyline hcl soln	1	
protriptyline hcl	1	
trimipramine maleate caps	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	
Antidiabetic Combinations		
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl tabs	1	
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR	2	
XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG	2	QL(1 ea daily)
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG	2	QL(2 ea daily)
Biguanides		
metformin hcl tb24 500 mg, 750 mg	1	
metformin hcl tabs	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 soln	1	
Diabetic Other		
diazoxide	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1	
JANUVIA	2	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	PA
OZEMPIC SOPN 2 MG/1.5ML	2	Not available through Mail Order; PA
RYBELSUS TABS	2	Available through Mail Order; PA
TRULICITY	2	Not available through mail order; PA
VICTOZA	2	Not available through mail order; PA
Insulin		
AFREZZA POWD 0	3	QL(6 ea daily)
AFREZZA POWD	3	QL(3 ea daily)
AFREZZA POWD 0	3	
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	Limit 40mls per month; QL(1.34 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LEVEMIR SOLN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)
LEVEMIR FLEXPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	QL(0.15 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
Insulin Sensitizing Agents		
AVANDIA 2 MG, 4 MG	2	
pioglitazone hcl 30 mg, 45 mg	1	QL(1 ea daily)
pioglitazone hcl 15 mg	1	
Meglitinide Analogues		
nateglinide	1	
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL tb24	1	
glimepiride	1	
glipizide tb24	1	
glipizide tabs	1	
glyburide tabs	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg	1	
tolbutamide	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL caps	1	RX/OTC
diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg	1	
diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml	1	
loperamide hcl caps	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox tabs	4	PA
deferasirox pack	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
deferasirox tbso	4	PA
deferiprone tabs 500 mg	4	PA
EXJADE TBSO *(deferasirox)*	7	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG *(deferiprone)*	7	PA
JADENU TABS *(deferasirox)*	7	PA
JADENU SPRINKLE PACK *(deferasirox)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	

Drug Name	Drug Tier	Requirements/ Limits
Opioid Antagonists		
KLOXXADO LIQD	2	
naloxone hcl liqd	1	QL(4 ea per 30 days retail)
naloxone hcl sosy	1	
naltrexone hcl	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
granisetron hcl tabs	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
ondansetron tbdp	1	Limit 20 per month; QL(0.67 ea daily)
ondansetron hcl tabs 4 mg, 8 mg	1	Limit 20 per month; QL(0.67 ea daily)
ondansetron hcl soln or 4 mg/5ml	1	Limit 50mls per month; QL(1.67 ml daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
ZUPLENZ FILM	3	Limit 20 per month; QL(0.67 ea daily)
Antiemetics - Anticholinergic		
scopolamine	1	
trimethobenzamide hcl caps	1	
Antiemetics - Miscellaneous		
AKYNZEO 0.5 MG-300 MG	3	QL(2 ea per 28 days retail)
doxylamine-pyridoxine tbec 10 mg-10 mg	1	QL(4 ea daily)
dronabinol caps 10 mg	2	PA
dronabinol caps 2.5 mg	2	ST; PA
dronabinol caps 5 mg	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant caps 80 mg, 125 mg	1	Limit 1 per year; QL(0.04 ea daily)
aprepitant misc	1	Limit 3 per month; QL(0.1 ea daily)
aprepitant caps	1	Limit 3 per month; QL(0.1 ea daily)
aprepitant caps 40 mg	1	Limit 2 per month; QL(0.07 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPK	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
flucytosine	1	
griseofulvin microsize tabs	1	
griseofulvin microsize susp	1	
griseofulvin ultramicrosize	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	Not available through mail order
fluconazole tabs	1	
fluconazole susr	1	
itraconazole soln	1	PA
itraconazole caps	1	ST; PA
ketoconazole	1	
NOXAFIL SUSP	3	
posaconazole tbec	1	

Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS	4	PA
voriconazole tabs	1	QL(2 ea daily)
voriconazole susr	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA soln	1	
dexchlorpheniramine maleate soln	1	
Antihistamines - Ethanolamines		
carbinoxamine maleate tabs 4 mg	1	
carbinoxamine maleate soln	1	
CARBINOXAMINE MALEATE TABS	3	
clemastine fumarate tabs 2.68 mg	1	
diphenhydramine hcl soln 50 mg/ml	4	PA
RYVENT TABS	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 tbdp 2.5 mg	1	ST; PA
desloratadine tabs	1	ST; QL(1 ea daily); PA
desloratadine tbdp 5 mg	1	PA
levocetirizine dihydrochloride soln	1	PA; RX/OTC
levocetirizine dihydrochloride tabs	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN supp 50 MG	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Promethazine Hcl) PROMETHEGAN supp 12.5 MG, 25 MG	2	
PHENERGAN SOLN *(promethazine hcl)*	7	PA
promethazine hcl supp 12.5 mg, 25 mg	2	
promethazine hcl tabs 50 mg	1	QL(3 ea daily)
promethazine hcl syrp	1	
promethazine hcl soln 6.25 mg/5ml	1	
promethazine hcl tabs 12.5 mg	1	
promethazine hcl soln 25 mg/ml, 50 mg/ml	4	PA
promethazine hcl tabs 25 mg	1	QL(6 ea daily)
Antihistamines - Piperidines		
cyproheptadine hcl tabs	1	
cyproheptadine hcl syrp	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
EZETIMIBE/ATORVASTATIN	2	
ezetimibe-simvastatin	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	PA
omega-3-acid ethyl esters 1 gm-375 mg-465 mg	1	QL(4 ea daily)
VASCEPA *(icosapent ethyl)*	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE pack	1	
(Cholestyramine Light) PREVALITE powd	1	
cholestyramine powd	1	
cholestyramine pack	1	
cholestyramine light powd	1	
cholestyramine light pack	1	
colesevelam hcl pack	1	QL(1 ea daily)
colesevelam hcl tabs	1	QL(7 ea daily)
colestipol hcl tabs	1	
colestipol hcl pack	2	
colestipol hcl gran	1	
Fibric Acid Derivatives		
ANTARA 30 MG	3	
choline fenofibrate 45 mg	1	
choline fenofibrate 135 mg	1	QL(1 ea daily)
fenofibrate tabs 54 mg	1	QL(2 ea daily)
fenofibrate tabs 48 mg	1	
fenofibrate caps	1	
fenofibrate tabs 145 mg, 160 mg	1	QL(1 ea daily)
FENOFIBRATE TABS	2	QL(1 ea daily)
fenofibrate micronized 130 mg, 200 mg	1	QL(1 ea daily)
fenofibrate micronized 30 mg, 43 mg, 67 mg, 90 mg, 134 mg	1	
FIBRICOR *(fenofibric acid)*	2	
gemfibrozil tabs	1	
LIPOFEN CAPS *(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	3	QL(1 ea daily); ST
lovastatin tabs	1	$0 copay for Generic only, age 40 to 75; PV

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Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium	1	$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
rosuvastatin calcium tabs	1	QL(1 ea daily)
simvastatin tabs	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR tabs	1	
niacin (antihyperlipidemic) tbcr	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
REPATHA SURECLICK SOAJ	4	ST; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl	1	
captopril	1	
enalapril maleate tabs	1	QL(2 ea daily)
fosinopril sodium	1	
lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg	1	
lisinopril tabs 40 mg	1	QL(2 ea daily)
moexipril hcl	1	
perindopril erbumine	1	

Drug Name	Drug Tier	Requirements/ Limits
QBRELIS SOLN	3	QL(5 ml daily)
quinapril hcl	1	
ramipril caps	1	QL(2 ea daily)
trandolapril	1	
Agents for Pheochromocytoma		
metyrosine	1	
phenoxybenzamine hcl	1	Not available through mail
Angiotensin II Receptor Antagonists		
candesartan cilexetil 32 mg	1	QL(1 ea daily)
candesartan cilexetil 4 mg, 8 mg, 16 mg	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil 5 mg, 20 mg	1	
olmesartan medoxomil 40 mg	1	QL(1 ea daily)
telmisartan 80 mg	1	QL(1 ea daily)
telmisartan 20 mg, 40 mg	1	
valsartan tabs 160 mg	1	QL(2 ea daily)
valsartan tabs 40 mg, 80 mg, 320 mg	1	
Antiadrenergic Antihypertensives		
clonidine hcl tabs	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa tabs	1	
prazosin hcl caps	1	
terazosin hcl 1 mg, 2 mg, 5 mg	1	
terazosin hcl 10 mg	1	QL(2 ea daily)
Antihypertensive Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 10 MG-12.5 MG	2	
amlodipine besylate-benazepril hcl	1	QL(1 ea daily)
amlodipine besylate-valsartan 10 mg-160 mg, 160 mg-10 mg	1	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
EDARBYCLOR	3	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 20 mg-25 mg, 25 mg-20 mg	1	QL(2 ea daily)
losartan potassium & hydrochlorothiazide	1	
methyldopa & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide tabs	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST
olmesartan medoxomil-hydrochlorothiazide 12.5 mg-40 mg, 25 mg-40 mg	1	QL(1 ea daily)
propranolol & hydrochlorothiazide	1	
quinapril-hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg	1	
quinapril-hydrochlorothiazide 20 mg-25 mg	1	QL(1 ea daily)
TEKTURNA HCT	3	ST
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	
valsartan-hydrochlorothiazide 25 mg-160 mg	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	
Direct Renin Inhibitors		
aliskiren fumarate	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
Vasodilators		
hydralazine hcl tabs	1	
minoxidil 2.5 mg, 10 mg	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole tabs	1	
metronidazole caps	1	
pentamidine isethionate in	1	
PRIMSOL	3	
tinidazole 500 mg	1	ST
tinidazole 250 mg	1	ST; PA
trimethoprim tabs	1	
TRIMETHOPRIM TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN 550 MG	3	QL(2 ea daily); PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC susp 40 MG/5ML-200 MG/5ML	1	
sulfamethoxazole-trimethoprim tabs	1	
sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
atovaquone	2	
nitazoxanide tabs	1	
Carbapenems		
ertapenem sodium ij	4	PA
imipenem-cilastatin iv	2	PA
INVANZ IJ *(ertapenem sodium)*	7	PA
meropenem 500 mg	4	PA
PRIMAXIN IV IV 500 MG-500 MG *(imipenem-cilastatin)*	7	PA
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML	3	PA
vancomycin hcl caps 125 mg	1	PA
vancomycin hcl caps 250 mg	1	
Leprostatics		
dapsone 25 mg	1	
dapsone 100 mg	1	QL(4 ea daily)
Lincosamides		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
linezolid susr	1	QL(210 ml per 90 days retail)
linezolid tabs	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
Urinary Anti-infectives		
fosfomycin tromethamine	1	
methenamine hippurate	1	
methenamine mandelate .5 gm, 1 gm	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM 20 MG-120 MG	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
chloroquine phosphate tabs	1	
hydroxychloroquine sulfate 200 mg	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
mefloquine hcl	1	QL(6 ea per fill retail; 6 per fill mail MG)

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Drug Name	Drug Tier	Requirements/ Limits
primaquine phosphate tabs	1	
pyrimethamine	1	PA
quinine sulfate caps 324 mg	1	QL(2 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
GUANIDINE HCL	2	
MESTINON SOLN OR *(pyridostigmine bromide)*	7	PA
pyridostigmine bromide tbcr	1	
pyridostigmine bromide soln or	4	PA
pyridostigmine bromide tabs 60 mg	1	
RUZURGI	4	QL(10 ea daily); PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	
ethambutol hcl tabs	1	
isoniazid syrp	1	
isoniazid tabs	1	
PASER PACK	3	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
rifampin caps	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(melphalan hcl)*	7	LA; PA

Drug Name	Drug Tier	Requirements/ Limits
busulfan soln	4	PA
BUSULFEX SOLN *(busulfan)*	7	PA
cyclophosphamide caps	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
melphalan	1	AC
melphalan hcl	4	LA; PA
MYLERAN TABS	2	AC
temozolomide caps	1	AC
Antimetabolites		
capecitabine 150 mg	1	AC
capecitabine 500 mg	1	AC
fludarabine phosphate solr	4	PA
mercaptopurine tabs	1	AC
methotrexate sodium tabs 2.5 mg	1	AC
methotrexate sodium solr	4	LA; PA
methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml	4	LA; PA
ONUREG TABS	4	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
VENCLEXTA TABS 50 MG	4	AC; PA
VENCLEXTA STARTING PACK TBPK	4	AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
GILOTRIF	4	Must use Accredo SP pharmacy; LA; AC; PA
IRESSA	4	AC
TAGRISSO	4	AC; PA
TARCEVA ***(erlotinib hcl)***	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
VIZIMPRO	4	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	4	AC
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA
anastrozole	5	QL(1 ea daily); PV; AC
AROMASIN *(exemestane)*	7	
bicalutamide	1	QL(1 ea daily); AC
ELIGARD SC 45 MG	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
exemestane	5	
flutamide	1	AC
letrozole	1	AC
leuprolide acetate kit ij 1 mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
megestrol acetate tabs	1	AC
megestrol acetate susp	1	AC
nilutamide	1	AC
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
tamoxifen citrate tabs	5	PV; AC
toremifene citrate	1	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA *(abiraterone acetate)*	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	4	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	4	AC; PA
XPOVIO 100 MG ONCE WEEKLY	4	PA
XPOVIO 60 MG ONCE WEEKLY	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
mitoxantrone hcl 2 mg/ml	2	PA
Antineoplastic Combinations		
INQOVI 35 MG-100 MG	4	PA
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	3	AC; PA
KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	3	AC; PA
KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	3	AC; PA
LONSURF	4	AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(everolimus)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
AFINITOR DISPERZ TBSO *(everolimus)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
ALECENSA	4	AC; PA
ALUNBRIG TABS	4	AC; PA
ALUNBRIG TBPK	4	AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
bortezomib solr ij	4	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA
BOSULIF 100 MG, 500 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF 400 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRUKINSA	4	AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA
CAPRELSA	4	AC; PA
COMETRIQ KIT	4	AC; PA
COPIKTRA	4	AC; PA
COTELLIC	4	AC; PA
everolimus tabs	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
everolimus tbso	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
FARYDAK 15 MG, 20 MG	4	Must use Caremark SP pharmacy; LA; AC; PA
FARYDAK 10 MG	3	LA; AC; PA
IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
IDHIFA	4	AC; PA
imatinib mesylate 100 mg	1	QL(3 ea daily); AC; PA
imatinib mesylate 400 mg	1	QL(2 ea daily); AC; PA
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA
IMBRUVICA CAPS	4	AC; PA
INREBIC	4	AC; PA
ISTODAX (OVERFILL) SOLR *(romidepsin)*	7	PA
JAKAFI	4	QL(2 ea daily); AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
KOSELUGO	4	PA
lapatinib ditosylate	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LYNPARZA TABS	4	Refer to Accredo SP Rx; QL(4 ea daily); AC; PA
MEKINIST	4	AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR *(sorafenib tosylate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
PIQRAY 200MG DAILY DOSE	4	AC; PA
PIQRAY 250MG DAILY DOSE	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 300MG DAILY DOSE	4	AC; PA
QINLOCK	4	AC; PA
RETEVMO	4	AC; PA
romidepsin solr	4	PA
ROZLYTREK	4	AC; PA
RUBRACA	4	AC; PA
RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
sorafenib tosylate	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL 80 MG, 100 MG, 140 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL 20 MG, 50 MG, 70 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
sunitinib malate 25 mg	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
sunitinib malate 12.5 mg, 37.5 mg, 50 mg	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
SUTENT 25 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TABRECTA	4	AC; PA
TAFINLAR	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TALZENNA .25 MG, 1 MG	4	AC; PA
TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	4	PA
temsirolimus	4	PA
TIBSOVO	4	AC; PA
TORISEL *(temsirolimus)*	7	PA
TURALIO 200 MG	4	AC; PA
TYKERB *(lapatinib ditosylate)*	7	AC; PA
VELCADE SOLR IJ *(bortezomib)*	7	PA
VERZENIO	4	QL(2 ea daily); AC; PA
VITRAKVI CAPS	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI SOLN	4	AC; PA
VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XALKORI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
XOSPATA	4	AC; PA
ZEJULA	4	AC; PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE	4	LA; PA
ALFERON N	4	LA; PA
bexarotene	4	AC; PA
hydroxyurea	1	AC
INTRON A SOLR	4	LA; PA
INTRON A SOLN	4	LA; PA
MATULANE	4	AC; PA
TARGRETIN *(bexarotene)*	7	AC; PA
tretinoin (chemotherapy)	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	1	AC
leucovorin calcium solr 50 mg, 100 mg, 200 mg, 350 mg	4	PA
MESNEX TABS	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR soln 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR soln 100 MG/5ML	2	AC; PA
ETOPOPHOS	3	PA
etoposide caps	1	AC
etoposide soln 1 gm/50ml, 500 mg/25ml	2	PA
etoposide soln 100 mg/5ml	2	AC; PA
Topoisomerase I Inhibitors		
HYCAMTIN SOLR *(topotecan hcl)*	7	LA; PA
HYCAMTIN CAPS	4	AC; PA
topotecan hcl solr	4	LA; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	2	
Antiparkinson Anticholinergics		
benztropine mesylate soln	4	administered under the medical benefit; PA
benztropine mesylate tabs	1	
COGENTIN SOLN *(benztropine mesylate)*	7	administered under the medical benefit; PA
trihexyphenidyl hcl soln	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		
entacapone	1	
tolcapone	1	
Antiparkinson Dopaminergics		
amantadine hcl tabs	1	
amantadine hcl caps	1	
bromocriptine mesylate tabs 2.5 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
bromocriptine mesylate caps	1	
carbidopa-levodopa tabs	1	
carbidopa-levodopa tbdp	1	
carbidopa-levodopa tbcr	1	QL(8 ea daily)
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa-entacapone 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg	2	
DHIVY TABS 25 MG-100 MG	2	
DUOPA SUSP 4.63 MG/ML-20 MG/ML	3	PA
INBRIJA CAPS	3	PA
KYNMOBI FILM	3	PA
KYNMOBI TITRATION KIT KIT	3	PA
NEUPRO	3	
pramipexole dihydrochloride tb24 .375 mg, .75 mg, 1.5 mg, 2.25 mg, 4.5 mg	2	
pramipexole dihydrochloride tabs .125 mg, .25 mg, .5 mg, .75 mg	1	
pramipexole dihydrochloride tb24 3.75 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 1.5 mg	1	QL(3 ea daily)
pramipexole dihydrochloride tb24 3 mg	2	QL(1 ea daily)
ropinirole hydrochloride tb24 8 mg	1	
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg	2	
ropinirole hydrochloride tabs	1	
ropinirole hydrochloride tb24 12 mg	2	QL(2 ea daily)
RYTARY CPCR 23.75 MG-95 MG	3	ST; QL(10 ea daily); PA
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG	3	QL(10 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	1	
selegiline hcl tabs	1	QL(2 ea daily)
selegiline hcl caps	1	QL(2 ea daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 300 mg	1	QL(6 ea daily)
lithium carbonate tbcr	1	
lithium carbonate caps 150 mg, 600 mg	1	
lithium carbonate tabs	1	
LITHOBID TBCR *(lithium carbonate)*	7	
Antipsychotics - Misc.		
EQUETRO	3	
lurasidone hcl	1	
NUPLAZID CAPS	4	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
VRAYLAR CPPK	4	
VRAYLAR CAPS	4	
ziprasidone hcl 60 mg, 80 mg	1	QL(2 ea daily)
ziprasidone hcl 20 mg, 40 mg	1	
Benzisoxazoles		

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT	4	QL(2 ea daily)
FANAPT TITRATION PACK	4	
paliperidone	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
risperidone tabs .25 mg, .5 mg, 1 mg, 2 mg, 4 mg	1	
risperidone tabs 3 mg	1	QL(2 ea daily)
risperidone tbdp	1	
risperidone soln	1	
Butyrophenones		
haloperidol tabs	1	
haloperidol lactate conc	1	
Dibenzapines		
asenapine maleate	1	
clozapine tabs	1	
clozapine tbdp 12.5 mg, 150 mg	1	
loxapine succinate	1	
olanzapine tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg	1	
olanzapine tbdp	2	
olanzapine tabs 15 mg, 20 mg	1	QL(1 ea daily)
quetiapine fumarate tb24 50 mg	1	ST; PA
quetiapine fumarate tabs 300 mg, 400 mg	1	QL(2 ea daily)
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 150 mg	1	
quetiapine fumarate tabs 200 mg	1	QL(4 ea daily)
quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg	1	PA
SAPHRIS 5 MG	3	
SECUADO	3	QL(1 ea daily)
VERSACLOZ SUSP	3	QL(18 ml daily)
Dihydroindolones		
molindone hcl	1	
Phenothiazines		
(Prochlorperazine) COMPRO	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	1	QL(2 ea daily)
prochlorperazine maleate tabs	1	
thioridazine hcl 10 mg, 25 mg, 100 mg	1	
thioridazine hcl 50 mg	1	QL(4 ea daily)
trifluoperazine hcl tabs	1	
Quinolinone Derivatives		
aripiprazole tbdp	1	PA
aripiprazole tabs 20 mg	1	QL(1 ea daily)
aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg	1	
aripiprazole tabs 15 mg	1	QL(2 ea daily)
aripiprazole soln or	1	
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10 %	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate soln	1	
abacavir sulfate-lamivudine 600 mg-300 mg	1	
abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
APTIVUS SOLN	2	
atazanavir sulfate caps	1	
BIKTARVY	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 300 MG-300 MG	2	
COMPLERA 25 MG-200 MG-300 MG	2	
CRIXIVAN 400 MG	2	
DELSTRIGO 100 MG-300 MG-300 MG	2	
DESCOVY 25 MG-200 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO 300 MG-50 MG	2	
EDURANT	2	
efavirenz tabs	1	
efavirenz caps	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg	1	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	
emtricitabine caps	1	
emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg-200 mg	5	QL(1 ea daily); PV
emtricitabine-tenofovir disoproxil fumarate	1	QL(1 ea daily)
EMTRIVA SOLN	2	
etravirine	1	
EVOTAZ 150 MG-300 MG	2	
fosamprenavir calcium tabs	1	
FUZEON SOLR	4	ST; LA; PA
GENVOYA 10 MG-150 MG-150 MG-200 MG	2	
INTELENCE 25 MG	2	
INVIRASE TABS	2	
ISENTRESS TABS	2	
ISENTRESS PACK	2	
ISENTRESS CHEW	2	
ISENTRESS HD TABS	2	
JULUCA 50 MG-25 MG	2	
lamivudine tabs	1	
lamivudine soln	1	
lamivudine-zidovudine 150 mg-300 mg	1	
LEXIVA SUSP	2	
lopinavir-ritonavir tabs	1	
lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml	1	
maraviroc tabs	1	
nevirapine tb24	1	
nevirapine susp	1	
nevirapine tabs	1	
NORVIR PACK	2	
NORVIR SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY 200 MG-25 MG-25 MG	2	
PIFELTRO	2	
PREZCOBIX 150 MG-800 MG	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	2	
REYATAZ PACK	2	
ritonavir tabs	1	
RUKOBIA	4	
SELZENTRY SOLN	2	
SELZENTRY TABS 25 MG, 75 MG	2	
stavudine caps	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG	2	
SYMTUZA 800 MG-10 MG-150 MG-200 MG	2	
TEMIXYS 300 MG-300 MG	2	
tenofovir disoproxil fumarate tabs	1	
TIVICAY TABS	2	
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	
TRIUMEQ PD TBSO 60 MG-5 MG-30 MG	2	
TRIZIVIR 150 MG-300 MG-300 MG	2	
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	7	QL(1 ea daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD POWD	2	
zidovudine tabs	1	
zidovudine caps	1	
zidovudine syrp	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	4	PA
valganciclovir hcl solr	1	Limit 630mls per month; QL(21 ml daily)
valganciclovir hcl tabs	1	
Hepatitis Agents		
adefovir dipivoxil	2	
entecavir tabs	2	
EPCLUSA TABS 200 MG-50 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
EPCLUSA PACK	2	SP; PA
lamivudine (hbv) tabs	1	
MAVYRET TABS 40 MG-100 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
PEGINTRON 50 MCG/0.5ML	3	PA
ribavirin (hepatitis c) caps	1	PA
VEMLIDY	4	ST

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Drug Name	Drug Tier	Requirements/ Limits
VOSEVI 100 MG-100 MG-400 MG	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
acyclovir caps	1	
acyclovir tabs or 400 mg	1	
acyclovir tabs or 800 mg	1	QL(5 ea daily)
acyclovir susp	1	
famciclovir	1	
valacyclovir hcl 500 mg	1	QL(8 ea daily)
valacyclovir hcl 1 gm, 1000 mg	1	QL(4 ea daily)
Influenza Agents		
oseltamivir phosphate susr	1	QL(75 ml daily; 5 Day(s) limit MG/ML); AL(At least 1 yrs old)
oseltamivir phosphate caps 30 mg, 45 mg	1	QL(10 ea per fill retail; 10 per fill mail MG); AL(At least 1 yrs old)
oseltamivir phosphate caps 75 mg	1	
RELENZA DISKHALER	3	
rimantadine hydrochloride tabs	1	
Misc. Antivirals		
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 6.25 mg, 12.5 mg, 25 mg	1	
carvedilol 3.125 mg	1	QL(2 ea daily)
carvedilol phosphate	1	
labetalol hcl tabs	1	
Beta Blockers Cardio-Selective		
acebutolol hcl caps	1	
atenolol tabs	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 ea daily)
metoprolol succinate tb24	1	
metoprolol tartrate tabs	1	
nebivolol hcl	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE tabs	1	
INDERAL XL	3	
INNOPRAN XL	3	
nadolol tabs 20 mg, 40 mg, 80 mg	1	
pindolol tabs	1	
propranolol hcl cp24	1	
propranolol hcl tabs	1	
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	
sotalol hcl tabs	1	
sotalol hcl (afib/afl)	1	
SOTYLIZE SOLN OR	3	
timolol maleate tabs 5 mg, 20 mg	1	QL(2 ea daily)
timolol maleate tabs 10 mg	1	QL(6 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT cp24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA tb24	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR cp24	1	
amlodipine besylate tabs 2.5 mg	1	QL(2 ea daily)
amlodipine besylate tabs 5 mg, 10 mg	1	QL(1 ea daily)
diltiazem hcl tabs	1	
diltiazem hcl cp12	1	
diltiazem hcl cp24	1	
diltiazem hcl coated beads cp24	1	QL(1 ea daily)
diltiazem hcl coated beads tb24	1	
diltiazem hcl extended release beads	1	
felodipine 10 mg	1	QL(1 ea daily)
felodipine 2.5 mg, 5 mg	1	
isradipine caps	1	
nicardipine hcl caps	1	
nifedipine tb24	1	QL(1 ea daily)
nifedipine caps	1	
nifedipine tb24 30 mg, 60 mg	1	
nimodipine caps	1	
nisoldipine	1	
verapamil hcl cp24 360 mg	1	QL(1 ea daily)
verapamil hcl tabs	1	
verapamil hcl tbcr 120 mg	1	
verapamil hcl cp24 180 mg	1	QL(2 ea daily)
verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg	1	
verapamil hcl tbcr 180 mg, 240 mg	1	QL(2 ea daily)
VERELAN CP24 360 MG *(verapamil hcl)*	2	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 .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG	1	
digoxin tabs .0625 mg, .125 mg, .25 mg, 62.5 mcg, 125 mcg, 250 mcg	1	
digoxin soln or .05 mg/ml	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 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg, 80 mg-10 mg	1	
amlodipine besylate-atorvastatin calcium 10 mg-10 mg, 2.5 mg-10 mg, 2.5 mg-20 mg, 2.5 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg	1	PA
ENTRESTO	3	QL(2 ea daily); PA
isosorbide dinitrate-hydralazine hcl 20 mg-37.5 mg	1	
Impotence Agents		

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Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
tadalafil 2.5 mg	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail MG); PA
tadalafil 5 mg, 10 mg, 20 mg	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Peripheral Vasodilators		
isoxsuprine hcl	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	4	PA
TYVASO SOLN IN	4	PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
VENTAVIS	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan 5 mg	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA
ambrisentan 10 mg	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA
bosentan tabs 125 mg	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
bosentan tabs 62.5 mg	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
LETAIRIS 5 MG *(ambrisentan)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA
LETAIRIS 10 MG *(ambrisentan)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA
OPSUMIT	4	ST; PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ tabs	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	7	PA

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Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) tabs	1	QL(3 ea daily); PA
sildenafil citrate (pulmonary hypertension) susr	4	PA
tadalafil (pulmonary hypertension) tabs	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
UPTRAVI TITRATION PACK TBPK	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr iv 1 gm	4	PA
cephalexin caps	1	
cephalexin susr	1	
cephalexin tabs	1	
Cephalosporins - 2nd Generation		
cefaclor caps	1	
cefaclor susr 125 mg/5ml, 375 mg/5ml	1	
CEFACLOR ER TB12	3	
CEFOTAN IJ *(cefotetan disodium)*	7	PA
cefotetan disodium ij 1 gm, 2 gm	4	PA
cefoxitin sodium iv 1 gm, 2 gm	4	PA
CEFOXITIN SODIUM	4	PA
cefprozil tabs	1	
cefprozil susr	1	
cefuroxime axetil tabs	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	
cefdinir susr	1	
cefixime caps	1	
cefixime susr	1	
cefpodoxime proxetil tabs	1	
cefpodoxime proxetil susr	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

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Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E	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	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG, 0.15 MG-0.03 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 20 MCG-90 MCG	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 1 MG-20 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY caps 1 MG-20 MCG-75 MG	5	PV

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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	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE	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	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 1 MG-75 MG	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 0	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-VYLIBRA LO 0	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 0.25 MG-35 MCG	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL 0.3 MG-30 MCG	5	PV
BALCOLTRA 0.1 MG-20 MCG-36.5 MG	5	QL(1 ea daily); PV
BEYAZ 0.02 MG-0.451 MG-3 MG *(drospirenone-ethinyl estradiol-levomefolate calcium)*	7	PV
desogestrel & ethinyl estradiol	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV
drospirenone-ethinyl estradiol	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV
ESTROSTEP FE 1 MG-75 MG *(norethindrone acetate-ethinyl estradiol-fe)*	7	PV
ethynodiol diacet & eth estrad	5	PV
GENERESS FE 75 MG-0.8 MG-25 MCG *(norethindrone & ethinyl estradiol-fe)*	7	PV
levonorgestrel & eth estradiol tabs	5	PV
levonorgestrel-eth estradiol (triphasic)	5	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (continuous) 90 mcg-20 mcg	5	PV
LO LOESTRIN FE TABS 1 MG-10 MCG-75 MG	5	QL(1 ea daily); PV
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
MINASTRIN 24 FE CHEW 1 MG-20 MCG-75 MG *(norethin acet & estrad-fe)*	7	PV
MIRCETTE 0 *(desogestrel-ethinyl estradiol (biphasic))*	7	PV
NATAZIA	5	QL(1 ea daily); PV
NEXTSTELLIS 14.2 MG-3 MG	5	QL(1 ea daily); PV
norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg	5	PV
norethin acet & estrad-fe tabs	5	PV
norethin acet & estrad-fe caps 75 mg-1 mg-20 mcg	5	PV
norethindrone & ethinyl estradiol-fe	5	PV
norethindrone acet & eth estra	5	PV
norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg	5	PV
norgestimate-ethinyl estradiol 0.25 mg-35 mcg	5	PV
norgestimate-ethinyl estradiol (triphasic) 0	5	PV
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
SAFYRAL 3 MG-0.03 MG-0.451 MG *(drospirenone-ethinyl estradiol-levomefolate calcium)*	7	PV
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
TAYTULLA CAPS 1 MG-20 MCG-75 MG *(norethin acet & estrad-fe)*	7	PV
TYBLUME CHEW 0.1 MG-20 MCG	5	PV
YASMIN 28 0.03 MG-3 MG *(drospirenone-ethinyl estradiol)*	7	PV
YAZ 0.02 MG-3 MG *(drospirenone-ethinyl estradiol)*	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 35 MCG/24HR-150 MCG/24HR	5	365 rtl day(s) supply; PV
TWIRLA 30 MCG/24HR-120 MCG/24HR	5	QL(3 ea per 28 days retail); PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, HALOETTE 0.015 MG/24HR-0.12 MG/24HR	5	PV
ANNOVERA 0.013 MG/24HR-0.15 MG/24HR	5	QL(1 ea daily); PV
etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr	5	PV
NUVARING 0.015 MG/24HR-0.12 MG/24HR *(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, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
levonorgestrel (emergency oc) 1.5 mg	5	PV
PLAN B ONE-STEP *(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	5	PV
norethindrone (contraceptive)	5	PV
ORTHO MICRONOR *(norethindrone (contraceptive))*	7	PV
SLYND	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON tabs	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY tbpk	1	
budesonide tb24	1	PA
budesonide cpep	2	QL(3 ea daily)
dexamethasone elix	1	
dexamethasone tabs	1	
dexamethasone soln	1	
dexamethasone tbpk	1	
DEXAMETHASONE INTENSOL CONC	2	
hydrocortisone tabs	1	
MEDROL TABS	2	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED TABS	2	
prednisolone tabs	1	
prednisolone sodium phosphate soln	1	
prednisolone sodium phosphate tbdp	1	
prednisone tbpk	1	
prednisone tabs	1	
prednisone soln	1	
PREDNISONE INTENSOL CONC	2	
Mineralocorticoids		
fludrocortisone acetate tabs	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET soln 1.5 MG/5ML-5 MG/5ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
benzonatate	1	
hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	1	
hydrocodone bitartrate-homatropine methylbromide tabs 1.5 mg-5 mg	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 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC liqd 10 MG/5ML-100 MG/5ML	1	
ACTIDOM DMX LIQD 10 MG/5ML-30 MG/5ML-200 MG/5ML	3	
CODITUSSIN AC LIQD 10 MG/5ML-200 MG/5ML	3	
DOMETUSS-DMX LIQD 10 MG/5ML-30 MG/5ML-200 MG/5ML	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
GILTUSS COUGH & COLD TABS 10 MG-28 MG-388 MG	3	
GILTUSS SINUS & CONGESTION TABS 10 MG-388 MG	3	RX/OTC
guaifenesin-codeine soln	1	
hydrocodone polistirex-chlorpheniramine polistirex suer 8 mg/5ml-10 mg/5ml	1	
NEOTUSS PLUS LIQD 4 MG/5ML-7.5 MG/5ML-30 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
promethazine & phenylephrine syrp 5 mg/5ml-6.25 mg/5ml	1	QL(30 ml daily)
promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml	1	QL(30 ml daily)
promethazine w/codeine soln 10 mg/5ml-6.25 mg/5ml	1	QL(30 ml daily)
promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml	1	QL(30 ml daily)
promethazine-phenylephrine-codeine 10 mg/5ml-5 mg/5ml-6.25 mg/5ml	1	
PRO-RED AC SYRP 1 MG/5ML-5 MG/5ML-9 MG/5ML	3	
pseudoephed-bromphen-dm syrp 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml	1	
TUSNEL TABS 30 MG-60 MG-400 MG	3	
TUSSICAPS CP12 8 MG-10 MG	3	
TUSSLIN LIQD 10 MG/5ML-28 MG/5ML-388 MG/5ML	3	
TUSSLIN PEDIATRIC LIQD 2.5 MG/ML-7.5 MG/ML-88 MG/ML	3	
VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	2	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu .9 %, 3 %, 7 %	1	
HYPERSAL NEBU	3	
NEBUSAL NEBU	3	

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Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) nebu .9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE gel .1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN foam	1	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P swab	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC 1.2 %-5 %	1	
(Erythromycin (Acne Aid)) ERY pads	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit MG)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG, 25 MG	1	QL(4 ea daily; 150 Day(s) limit MG)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 35 MG, 40 MG	1	QL(2 ea daily; 150 Day(s) limit MG)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit MG)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH emul 1 %-10 %	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 foam 5 %-10 %	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH emul 4 %-10 %-10 %	1	
(Tretinoin) AVITA gel .01 %, .025 %, .05 %	1	
(Tretinoin) AVITA crea .025 %, .05 %, .1 %	1	
adapalene gel .1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
adapalene crea	1	Limit 45gms per month; QL(1.5 gm daily)
adapalene gel .3 %	1	QL(45 gm per fill retail; 135 per fill mail %)
adapalene-benzoyl peroxide gel 0.1 %-2.5 %	1	
AZELEX	3	
benzoyl peroxide-erythromycin gel 3 %-5 %	1	QL(2 gm daily)
clindamycin phosphate (topical) foam	1	
clindamycin phosphate (topical) swab	1	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate-benzoyl peroxide gel 1 %-5 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %	1	
clindamycin phosphate-tretinoin 0.025 %-1.2 %	1	
dapsone (topical) 5 %	1	ST; PA
DIFFERIN LOTN	3	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) soln	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
isotretinoin 20 mg	1	QL(5 ea daily; 150 Day(s) limit MG)
isotretinoin 10 mg, 25 mg	1	QL(4 ea daily; 150 Day(s) limit MG)
isotretinoin 35 mg, 40 mg	1	QL(2 ea daily; 150 Day(s) limit MG)
isotretinoin 30 mg	1	QL(3 ea daily; 150 Day(s) limit MG)
RIAX FOAM	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 5 %-10 %	3	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %	1	
sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %, 9.8 %-4.8 %	2	
sulfacetamide sodium w/ sulfur lotn 5 %-10 %	1	QL(1 gm daily)
sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %	1	PA
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
tretinoin crea .025 %, .05 %, .1 %	1	
tretinoin gel .01 %, .025 %, .05 %	1	
tretinoin microsphere .04 %	1	Limit 45gms per month; QL(1.7 gm daily)
tretinoin microsphere .1 %	1	QL(1.67 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 gm per fill retail)
Antibiotics - Topical		
ALTABAX	3	
CENTANY OINT	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 1 %-1.9 %	1	
(Ketoconazole (Topical)) KETODAN foam	2	
(Nystatin (Topical)) NYAMYC, NYSTOP powd ex	1	
ciclopirox sham	1	
ciclopirox soln	1	
ciclopirox gel	1	
ciclopirox olamine susp	1	
ciclopirox olamine crea	1	

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Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone crea 0.05 %-1 %	1	Limit 1 tube per month; QL(1.5 gm daily)
clotrimazole w/ betamethasone lotn 0.05 %-1 %	1	QL(2 ml daily)
econazole nitrate crea	1	
ERTACZO	4	QL(1 gm daily); PA
EXELDERM SOLN	2	
EXELDERM CREA *(sulconazole nitrate)*	7	
EXODERM 1 %-25 %	3	
iodoquinol-hydrocortisone in aloe vehicle 1 %-1.9 %	1	
ketoconazole (topical) sham 2 %	1	
ketoconazole (topical) crea	1	QL(2 gm daily)
ketoconazole (topical) foam	2	
naftifine hcl crea	1	
naftifine hcl gel	1	
NAFTIN GEL 2 %	3	
nystatin (topical) crea	1	
nystatin (topical) oint	1	
nystatin (topical) powd ex	1	
nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm	1	
nystatin-triamcinolone oint 0.1 %-100000 unit/gm	1	
oxiconazole nitrate crea	1	
OXISTAT LOTN	3	
sulconazole nitrate soln	1	
sulconazole nitrate crea	1	
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIIUM, SM ARTHRITIS PAIN gel ex	1	RX/OTC
diclofenac sodium (topical) gel ex	1	RX/OTC
diclofenac sodium (topical) soln ex 2 %	1	QL(4 gm daily); PA
diclofenac sodium (topical) soln ex 1.5 %	1	QL(5 ml daily)
PENNSAID SOLN EX	3	QL(4 gm daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	PA
CARAC CREA *(fluorouracil (topical))*	2	QL(1 gm daily)
diclofenac sodium (actinic keratoses) ex	2	PA
FLUOROPLEX CREA	2	
fluorouracil (topical) crea 5 %	1	
fluorouracil (topical) soln	1	
PANRETIN	3	PA
PICATO	3	
TARGRETIN *(bexarotene (topical))*	7	PA
VALCHLOR	4	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
Antipruritics - Topical		
doxepin hcl (antipruritic)	1	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE oint	1	QL(5 gm daily)
acitretin 17.5 mg	2	
acitretin 25 mg	2	QL(2 ea daily)
acitretin 10 mg	2	QL(1 ea daily)
calcipotriene soln	1	
calcipotriene crea	2	QL(5 gm daily)
calcipotriene oint	1	QL(5 gm daily)
calcipotriene foam	1	PA
calcitriol (topical)	1	Limit 100gms per month; QL(3.4 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
methoxsalen rapid	1	
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SORILUX FOAM	3	PA
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
tazarotene gel	1	
tazarotene crea	1	
TAZORAC CREA	2	
TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Antiseborrheic Products		
selenium sulfide lotn 2.5 %	1	
SODIUM SULFACETAMIDE WASH LIQD 0.5 %-10 %	3	
sulfacetamide sodium liqd	1	
sulfacetamide sodium sham 10 %	1	
Antivirals - Topical		
acyclovir topical oint	1	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
mafenide acetate pack	1	

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Drug Name	Drug Tier	Requirements/ Limits
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT .05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN sham	1	
(Desonide) DESRX gel	1	
(Flurandrenolide) NOLIX crea	1	
(Fluticasone Propionate) BESER lotn	1	
(Hydrocortisone (Topical)) ALA-CORT crea 2.5 %	1	
(Hydrocortisone (Topical)) ALA-SCALP lotn 2 %, 2.5 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM crea	1	
ALA-SCALP LOTN	3	
alclometasone dipropionate crea	1	
alclometasone dipropionate oint	1	
amcinonide lotn	1	
amcinonide crea	1	
AMCINONIDE OINT	3	
APEXICON E CREA	2	
betamethasone dipropionate (topical) oint	1	
betamethasone dipropionate (topical) crea	1	
betamethasone dipropionate (topical) lotn	1	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented crea	1	
betamethasone dipropionate augmented gel .05 %	1	
betamethasone dipropionate augmented lotn	1	
betamethasone dipropionate augmented oint	1	
betamethasone valerate lotn	1	
betamethasone valerate foam	1	
betamethasone valerate crea	1	
betamethasone valerate oint	1	
calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %	1	QL(2 gm daily); ST
calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %	2	ST
CAPEX SHAM	2	
clobetasol propionate liqd	1	
clobetasol propionate foam	1	
clobetasol propionate oint .05 %	1	
clobetasol propionate soln .05 %	1	
clobetasol propionate gel .05 %	1	
clobetasol propionate crea .05 %	1	
clobetasol propionate lotn	1	
clobetasol propionate sham	1	

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Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base .05 %	1	
clobetasol propionate emulsion	1	
clocortolone pivalate	1	
CLODERM *(clocortolone pivalate)*	7	
CORDRAN TAPE	3	
CORTANE-B 1 MG/ML-10 MG/ML-10 MG/ML	3	
desonide oint	1	
desonide lotn	1	
desonide gel	1	
desonide crea	1	
desoximetasone liqd	1	ST
desoximetasone gel	1	
desoximetasone oint	1	
desoximetasone crea	1	
diflorasone diacetate oint	1	
diflorasone diacetate crea	1	
EPIFOAM FOAM 1 %-1 %	3	
fluocinolone acetonide oil	1	
fluocinolone acetonide crea	1	
fluocinolone acetonide oint	1	
fluocinolone acetonide soln	1	
fluocinonide gel	1	
fluocinonide oint	1	
fluocinonide crea	1	
fluocinonide soln	1	
fluocinonide emulsified base	1	
flurandrenolide crea	1	
fluticasone propionate oint	1	
fluticasone propionate crea .05 %	1	
fluticasone propionate lotn	1	

Drug Name	Drug Tier	Requirements/ Limits
halobetasol propionate crea	1	
halobetasol propionate oint	1	
hydrocortisone (topical) lotn 2 %, 2.5 %	1	
hydrocortisone (topical) oint 2.5 %	1	
hydrocortisone (topical) crea 2.5 %	1	
hydrocortisone butyrate oint	1	
hydrocortisone butyrate soln	1	
hydrocortisone butyrate crea	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone valerate oint	1	
hydrocortisone valerate crea	1	
mometasone furoate soln	1	
mometasone furoate oint	1	
mometasone furoate crea	1	
NUCORT LOTN	3	
PRAMOSONE OINT	3	
PRAMOSONE LOTN	3	
prednicarbate crea	1	
prednicarbate oint	1	
TEXACORT SOLN 2.5 %	3	
triamcinolone acetonide (topical) lotn	1	
triamcinolone acetonide (topical) aers	1	
triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %	1	
triamcinolone acetonide (topical) crea	1	
Eczema Agents		

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Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
DUPIXENT SOSY 200 MG/1.14ML	4	PA
DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL lotn 40 %	1	
urea lotn 40 %	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
imiquimod 5 %	1	
Immunosuppressive Agents - Topical		
pimecrolimus	1	QL(2 gm daily)
tacrolimus (topical) oint .1 %	1	QL(2 gm daily); AL(At least 15 yrs old)
tacrolimus (topical) oint .03 %	1	QL(2 gm daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT sham 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL	2	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
podofilox soln	1	
salicylic acid sham 6 %	1	
SALICYLIC ACID OINT	3	RX/OTC
salicylic acid in ammonium lactate vehicle 6 %	1	
SALIMEZ CREA	3	
Local Anesthetics - Topical		
CETACAINE AERO 2 %-2 %-14 %	3	
lidocaine ptch 5 %	1	Limited to 3 patches per day; QL(3 ea daily)
lidocaine hcl soln	1	
lidocaine-prilocaine crea 2.5 %-2.5 %	1	
PREMIUM SCAR PATCH 2 %-4 %-30 %	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN gel .75 %	1	Limit 45gms per month; QL(1.5 gm daily)
(Metronidazole (Topical)) ROSADAN crea	1	
azelaic acid gel	1	
brimonidine tartrate (topical)	1	ST; PA
doxycycline (rosacea)	1	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
ivermectin (rosacea)	1	QL(1.5 gm daily); PA
metronidazole (topical) lotn	1	QL(2 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
metronidazole (topical) crea	1	
metronidazole (topical) gel .75 %	1	Limit 45gms per month; QL(1.5 gm daily)
metronidazole (topical) gel 1 %	1	
NORITATE CREA	4	PA
ORACEA *(doxycycline (rosacea))*	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
ivermectin (pediculicide)	1	RX/OTC
malathion	1	
permethrin crea	1	QL(2 gm daily)
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	4	PA
METOPIRONE	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	
KETOSTIX STRP	2	
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	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	2	
PANCREAZE CPEP 10500 UNIT-35500 UNIT-61500 UNIT, 15200 UNIT-2600 UNIT-8800 UNIT, 16800 UNIT-56800 UNIT-98400 UNIT, 21000 UNIT-54700 UNIT-83900 UNIT, 37000 UNIT-97300 UNIT-149900 UNIT, 4200 UNIT-14200 UNIT-24600 UNIT	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
acetazolamide cp12	1	QL(2 ea daily)
acetazolamide tabs 250 mg	1	QL(4 ea daily)
acetazolamide tabs 125 mg	1	
dichlorphenamide	4	PA
KEVEYIS *(dichlorphenamide)*	7	PA
methazolamide tabs	1	
Diuretic Combinations		
ALDACTAZIDE 50 MG-50 MG	2	
amiloride & hydrochlorothiazide 5 mg-50 mg	1	
spironolactone & hydrochlorothiazide 25 mg-25 mg	1	
triamterene & hydrochlorothiazide tabs	1	QL(2 ea daily)
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	1	
triamterene & hydrochlorothiazide tabs 50 mg-75 mg	1	QL(1 ea daily)
Loop Diuretics		
bumetanide tabs .5 mg, 1 mg	1	
bumetanide tabs 2 mg	1	QL(5 ea daily)
ethacrynic acid	1	ST
furosemide tabs	1	
furosemide soln or 10 mg/ml, 40 mg/5ml	1	
torsemide tabs 5 mg, 10 mg, 20 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 25 mg, 50 mg	1	
DIURIL SUSP	3	
hydrochlorothiazide caps	1	
hydrochlorothiazide tabs	1	
indapamide tabs 1.25 mg, 2.5 mg	1	
metolazone	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium tabs 5 mg, 10 mg	1	QL(1 ea daily)
alendronate sodium soln	1	
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) na	1	
calcitonin (salmon) ij	4	LA; PA
ibandronate sodium tabs	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ *(calcitonin (salmon))*	7	LA; PA
NATPARA	4	LA; PA
PROLIA SOSY	4	LA; PA
risedronate sodium tabs 5 mg, 30 mg, 35 mg	1	ST
risedronate sodium tabs 150 mg	1	Limited to 1 per month; QL(0.04 ea daily); ST
TYMLOS	4	LA; PA

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Drug Name	Drug Tier	Requirements/ Limits
Growth Hormone Receptor Antagonists		
SOMAVERT	4	LA; PA
Growth Hormones		
HUMATROPE CART IJ	4	LA; PA
NORDITROPIN FLEXPRO SOPN	4	LA; PA
SEROSTIM SC	4	LA; PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	LA; PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	7	PV
OSPHENA	3	QL(1 ea daily)
raloxifene hcl	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	LA; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR tabs	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR pack	4	Specialty Drug refer to Caremark SP RX
betaine	4	PA
BUPHENYL POWD *(sodium phenylbutyrate)*	7	PA
BUPHENYL TABS *(sodium phenylbutyrate)*	7	PA
calcitriol caps .5 mcg	1	QL(4 ea daily)
calcitriol caps .25 mcg	1	
calcitriol soln or	1	
cinacalcet hcl	1	PA
CYSTADANE *(betaine)*	7	PA
doxercalciferol caps	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN TABS *(sapropterin dihydrochloride)*	7	Specialty Drug refer to Caremark SP RX
KUVAN PACK *(sapropterin dihydrochloride)*	7	Specialty Drug refer to Caremark SP RX
levocarnitine (metabolic modifiers) tabs	1	
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	1	
MYALEPT	4	LA; PA
nitisinone caps 2 mg, 5 mg	1	PA
nitisinone caps 10 mg	4	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA
ORFADIN CAPS 20 MG	3	PA
ORFADIN CAPS 10 MG *(nitisinone)*	7	PA
PALYNZIQ	4	PA
paricalcitol caps	1	
RAVICTI	4	
sapropterin dihydrochloride pack	4	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride tabs	4	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/ Limits
sodium phenylbutyrate tabs	4	PA
sodium phenylbutyrate powd	4	PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
DDAVP	2	
desmopressin acetate tabs .2 mg	1	QL(6 ea daily)
desmopressin acetate tabs .1 mg	1	
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	7	
mifepristone	5	
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate soln 50 mcg/ml, 100 mcg/ml	4	PA
octreotide acetate soln 500 mcg/ml, 1000 mcg/ml	4	LA; PA
octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	PA
octreotide acetate sosy 50 mcg/ml, 100 mcg/ml	4	PA
SANDOSTATIN SOLN 500 MCG/ML *(octreotide acetate)*	7	LA; PA
SIGNIFOR	4	LA; PA

Drug Name	Drug Tier	Requirements/ Limits
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	2	
COMBIPATCH PTTW	3	
DUAVEE 0.45 MG-20 MG	3	
estradiol & norethindrone acetate tabs	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN 0.5 MG-1 MG-300 MG	4	PA
PREFEST	3	
PREMPHASE 0.625 MG-5 MG	2	
PREMPRO	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA pttw	1	Limit 8 patches per month; QL(0.29 ea daily)
ALORA PTTW	2	Limit 8 patches per month; QL(0.29 ea daily)
ELESTRIN GEL	3	
estradiol tabs	1	
estradiol gel .25 mg/0.25gm, .5 mg/0.5gm, 1 mg/gm	1	

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Drug Name	Drug Tier	Requirements/ Limits
estradiol ptwk	1	Limit 4 patches per month; QL(0.143 ea daily)
estradiol pttw	1	Limit 8 patches per month; QL(0.29 ea daily)
estradiol valerate	1	QL(5 ml per fill retail)
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
PREMARIN TABS .3 MG, .45 MG, .625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS .9 MG	2	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO SUSR	2	
ciprofloxacin susr 5 gm/100ml	1	
ciprofloxacin hcl tabs	1	
levofloxacin tabs	1	QL(14 ea per fill retail)
levofloxacin soln or	1	
moxifloxacin hcl tabs	1	
ofloxacin 400 mg	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
ofloxacin 300 mg	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
ursodiol caps	2	
ursodiol tabs	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl tbdp	1	
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	1	
metoclopramide hcl tabs	1	
METOCLOPRAMIDE ODT TBDP	3	
Inflammatory Bowel Agents		
balsalazide disodium caps	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	
INFLECTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
mesalamine enem	1	QL(60 ml daily)
mesalamine cp24	1	QL(4 ea daily)
mesalamine cpcr	1	QL(8 ea daily); PA
mesalamine cpdr	1	QL(6 ea daily)
mesalamine supp	1	QL(1 ea daily)
mesalamine tbec 800 mg	1	
mesalamine tbec 1.2 gm	1	QL(4 ea daily)
PENTASA CPCR 250 MG	3	PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA

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Drug Name	Drug Tier	Requirements/ Limits
SFROWASA ENEM	2	
STELARA 130 MG/26ML	4	LA; PA
sulfasalazine tabs	1	QL(8 ea daily)
sulfasalazine tbec	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
alvimopan	1	
MOVANTIK 25 MG	3	QL(1 ea daily)
MOVANTIK 12.5 MG	3	
RELISTOR SOLN	4	LA; PA
RELISTOR TABS	4	ST; PA
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON tabs	1	RX/OTC
AURYXIA	3	ST; PA
calcium acetate (phosphate binder) caps	1	
calcium acetate (phosphate binder) tabs	1	RX/OTC
FOSRENOL PACK	3	
lanthanum carbonate chew 1000 mg	1	QL(3 ea daily)
lanthanum carbonate chew 750 mg	1	QL(4 ea daily)
lanthanum carbonate chew 500 mg	1	
PHOSLYRA SOLN	3	
sevelamer carbonate pack 2.4 gm	1	QL(5 ea daily)
sevelamer carbonate pack .8 gm	1	
sevelamer carbonate tabs	1	
sevelamer hcl 800 mg	1	ST; QL(16 ea daily); PA
sevelamer hcl 400 mg	1	ST; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; LA; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 305 MG-700 MG	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 syrp 334 MG/5ML-334 MG/5ML-500 MG/5ML-500 MG/5ML-550 MG/5ML-550 MG/5ML	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS pack 1002 MG-3300 MG	1	
(Potassium Citrate-Citric Acid) CYTRA-K soln 334 MG/5ML-334 MG/5ML-1100 MG/5ML-1100 MG/5ML	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Citrate & Citric Acid) CYTRA-2 334 MG/5ML-500 MG/5ML-500 MG/5ML-334 MG/5ML	1	RX/OTC
ORACIT 490 MG/5ML-640 MG/5ML	3	
pot & sod citrates w/citric ac soln 334 mg/5ml-500 mg/5ml-550 mg/5ml	1	
potassium citrate (alkalinizer) tbcr	1	
potassium citrate-citric acid soln 334 mg/5ml-1100 mg/5ml	1	RX/OTC
sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 ea daily)
CARDURA XL	3	
dutasteride	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl 0.4 mg-0.5 mg	1	
finasteride	1	QL(1 ea daily); AL(At least 40 yrs old)
silodosin 4 mg	1	
silodosin 8 mg	1	QL(1 ea daily)
tamsulosin hcl	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
tiopronin tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid 0.5 mg-500 mg	1	
Gout Agents		
allopurinol 300 mg	1	QL(2 ea daily)
allopurinol 100 mg	1	QL(3 ea daily)
colchicine caps	1	
colchicine tabs	1	
febuxostat 40 mg	1	QL(2 ea daily)
febuxostat 80 mg	1	QL(1 ea daily)
MITIGARE CAPS *(colchicine)*	7	
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	LA; PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA

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Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
KOATE-DVI SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
KOVALTRY	4	LA; PA
MONONINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA

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Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
FIRAZYR *(icatibant acetate)*	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
icatibant acetate	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	4	PA
TAVALISSE 100 MG	4	ST; PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	4	LA; PA
Platelet Aggregation Inhibitors		
anagrelide hcl	1	
aspirin-dipyridamole 25 mg-200 mg	1	
BRILINTA	2	QL(2 ea daily)
cilostazol	1	QL(2 ea daily)
clopidogrel bisulfate	1	QL(2 ea daily)
dipyridamole	1	
prasugrel hcl	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

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Drug Name	Drug Tier	Requirements/ Limits
CERDELGA	4	PA
CEREZYME 400 UNIT	4	LA; PA
miglustat	4	ST; PA
ZAVESCA *(miglustat)*	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID tabs 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID tabs 1 MG	1	RX/OTC
folic acid tabs 1 mg	1	RX/OTC
folic acid tabs 400 mcg, 800 mcg	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
RETACRIT	4	PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
ZIEXTENZO	4	ST; PA

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Mixtures		
FOLIVANE-F 1 MG-3 MG-40 MG-62.5 MG-62.5 MG	2	
INTEGRA F 3 MG-40 MG-62.5 MG-62.5 MG-1000 MCG	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid tabs	1	
aminocaproic acid soln or .25 gm/ml	1	
CYKLOKAPRON SOLN *(tranexamic acid)*	7	PA
tranexamic acid soln 1000 mg/10ml	4	PA
tranexamic acid tabs	1	QL(6 ea daily; 5 Day(s) limit MG)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital tabs	1	
phenobarbital elix	1	
Non-Barbiturate Hypnotics		
DORAL *(quazepam)*	7	
estazolam	1	
eszopiclone	1	QL(1 ea daily)
flurazepam hcl 15 mg	1	QL(2 ea daily)
flurazepam hcl 30 mg	1	QL(1 ea daily)
midazolam hcl syrp	1	
temazepam 22.5 mg, 30 mg	1	QL(1 ea daily)
temazepam 15 mg	1	QL(2 ea daily)
temazepam 7.5 mg	1	
triazolam .125 mg	1	
triazolam .25 mg	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
zaleplon	1	QL(1 ea daily)
zolpidem tartrate tabs	1	QL(1 ea daily)
zolpidem tartrate tbcr	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS *(tasimelteon)*	7	ST; PA
ramelteon	1	QL(1 ea daily); ST
tasimelteon caps	4	ST; PA
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE 1.015 GM-2.691 GM-4.7 GM-5.9 GM-7.5 GM-100 GM	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G solr 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK 1.48 GM-5.72 GM-11.2 GM-420 GM	5	PV
GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	7	QL(4000 ml per fill retail); PV
NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	7	PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 1.015 gm-2.691 gm-4.7 gm-5.9 gm-7.5 gm-100 gm	5	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm	5	QL(4000 ml per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm	5	PV
PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	5	QL(1 ea per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate 1.6 gm/177ml-3.13 gm/177ml-17.5 gm/177ml	5	
SUPREP BOWEL PREP KIT 1.6 GM/177ML-3.13 GM/177ML-17.5 GM/177ML *(sodium sulfate-potassium sulfate-magnesium sulfate)*	7	
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
(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, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX powd	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 0.398 GM-1.102 GM	5	PV
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS BISACODYL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, 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 LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, 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 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

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl supp	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl tbec	1	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 tabs 500 mg	1	QL(3 ea daily)
azithromycin tabs 250 mg	1	QL(6 ea per fill retail)
azithromycin tabs 600 mg	1	QL(10 ea per fill retail)
azithromycin pack	1	
azithromycin susr	1	
Clarithromycin		
clarithromycin tabs	1	
clarithromycin tb24	1	QL(14 ea per fill retail)
clarithromycin susr	1	
Erythromycins		
(Erythromycin Base) ERY-TAB tbec	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE tabs 250 MG	1	
erythromycin base cpep	1	
erythromycin base tbec	1	
erythromycin base tabs	1	
erythromycin ethylsuccinate susr	1	
erythromycin ethylsuccinate tabs	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	5	QL(1 ea per 365 days retail); PV
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI 0	5	PV
OMNIFLEX DIAPHRAGM	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
BD LANCET ULTRAFINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
BD LANCET ULTRAFINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHEK LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DIATHRIVE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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

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Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDISENSE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH CLUB LANCETS FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH DELICA LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH DELICA LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH FINEPOINT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PERFECT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PIP LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRESSURE ACTIVATED SAFETYLANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PUSH BUTTON SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PUSH BUTTON SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SIDE BUTTON SAFETY LANCET21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMARTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
STERILANCE TL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE COMFORT LANCETS 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE COMFORT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE COMFORT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE-LANCE FLAT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE-LANCE LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE-LANCE THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE-LANCE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD AUTOSHIELD 29G X 3/16"	2	
BD AUTOSHIELD 29G X 5/16"	2	
BD AUTOSHIELD DUO 30G X 5MM	2	
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	
BD NEEDLE/30G X 1/2"	2	

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
BD PEN MINI MISC	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	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	
EMBRACE PEN NEEDLES/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOPEN ECHO DEVI	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"	2	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200 per month; QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
TRUEPLUS PEN NEEDLES 31GX5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	2	QL(6.67 ea daily)
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	ST; PA
EMGALITY SOAJ	2	ST; PA
EMGALITY SOSY 120 MG/ML	2	ST; PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT supp 2 MG-100 MG	1	
ergotamine w/ caffeine tabs 100 mg-1 mg	1	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	7	PA
dihydroergotamine mesylate soln na 4 mg/ml	1	QL(0.27 ml daily); PA
dihydroergotamine mesylate soln ij 1 mg/ml	2	PA
ERGOMAR SUBL	2	
Serotonin Agonists		
almotriptan malate	1	Limit 6 per month; QL(0.2 ea daily)
eletriptan hydrobromide	1	Limit 6 tabs per month; QL(0.2 ea daily)
frovatriptan succinate	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX SOLN 6 MG/0.5ML *(sumatriptan succinate)*	7	ST; Limit 2mls per month; QL(0.07 ml daily); PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(sumatriptan succinate)*	7	PA

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Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(sumatriptan succinate)*	7	ST; PA
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	7	PA
naratriptan hcl	1	Limit 9 per month; QL(0.3 ea daily)
rizatriptan benzoate tbdp	1	Limit 18 tabs per month; QL(0.6 ea daily)
rizatriptan benzoate tabs	1	Limit 18 tabs per month; QL(0.6 ea daily)
sumatriptan 20 mg/act	1	Limit 6 sprayers per month; QL(2 ea daily)
sumatriptan 5 mg/act	1	Limit 6 per month; QL(0.2 ea daily)
sumatriptan succinate soct 4 mg/0.5ml	4	ST; PA
sumatriptan succinate tabs	1	Limit 9 per month; QL(2 ea daily)
sumatriptan succinate soaj	4	PA
sumatriptan succinate sosy 6 mg/0.5ml	4	PA
sumatriptan succinate soln 6 mg/0.5ml	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
sumatriptan succinate soct 6 mg/0.5ml	4	PA
zolmitriptan soln	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
zolmitriptan tabs	1	Limit 6 per month; QL(0.2 ea daily)
zolmitriptan tbdp	1	Limit 6 tabs per month; QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL 1 MG-1.6 MG-10 MG-25 MCG-50 MG-200 UNIT-1342 MG	3	
CALCIUM-FOLIC ACID PLUS D 1 MG-10 MG-50 MG-125 MCG-250 MCG-300 UNIT-1342 MG	3	
MAGNEBIND 400 80 MG-115 MG	3	
Fluoride		
(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS soln .125 MG/DROP, .5 MG/ML	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE chew 1 MG, 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA 0.25 MG/ML-400 UNIT/ML	3	
sodium fluoride chew .25 mg, .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 tabs .5 mg	5	AL(Up to 6 yrs old); PV
sodium fluoride soln .125 mg/drop, .5 mg/ml	5	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride tabs 1 mg	1	AL(Up to 6 yrs old)
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL 130 MG-155 MG-852 MG	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 tabs	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg	1	RX/OTC
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF tbef	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20	1	
(Potassium Chloride) KLOR-CON pack or 20 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 tbcr	1	
EFFER-K	3	
K-TAB TBCR 8 MEQ ***(potassium chloride)***	2	
potassium chloride pack or 20 meq	1	
potassium chloride soln or 10 %, 20 %	1	
potassium chloride cpcr	1	
potassium chloride tbcr	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ***(potassium chloride)***	7	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML	4	PA
potassium chloride microencapsulated crystals er	1	
Sodium		
sodium chloride soln iv 3 %	3	QL(500 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Zinc		
GALZIN	3	
WILZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE	4	PA
penicillamine tabs	1	
penicillamine caps	1	PA
SYPRINE ***(trientine hcl)***	7	PA
trientine hcl	4	PA
Immunomodulators		
lenalidomide	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
REVLIMID	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	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	3	ST
azathioprine tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
cyclosporine caps	1	
cyclosporine modified (for microemulsion) soln	1	
cyclosporine modified (for microemulsion) caps	1	
everolimus (immunosuppressant) .25 mg, .5 mg, .75 mg	1	
mycophenolate mofetil tabs	1	
mycophenolate mofetil caps	1	
mycophenolate mofetil susr	1	
mycophenolate sodium	1	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR	3	
sirolimus soln	1	
sirolimus tabs	1	
tacrolimus caps	1	
THYMOGLOBULIN	3	administered under the medical benefit; PA
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS susp or 15 GM/60ML	1	
sodium polystyrene sulfonate powd	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM 0.1 GM/119ML-0.158 GM/119ML-0.8 GM/119ML-1.58 GM/119ML-1.58 GM/119ML	3	
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
chlorhexidine gluconate (mouth-throat)	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 ea daily)
MUCOTROL WAFR	3	
pilocarpine hcl (oral) 7.5 mg	1	QL(4 ea daily)
pilocarpine hcl (oral) 5 mg	1	QL(6 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		

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Drug Name	Drug Tier	Requirements/ Limits
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON soln 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP 0.25 MG/ML-7 MG/ML-200 MCG/ML	3	
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT	3	AL(Up to 6 yrs old)
QUFLORA FE PEDIATRIC LIQD 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-1 MG/ML-2 MCG/ML-3 MCG/ML-4 MG/ML-5 UNIT/ML-9.5 MG/ML-36 MG/ML-37.5 MCG/ML-400 UNIT/ML-1500 UNIT/ML	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE chew	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400 UNIT/ML-1150 UNIT/ML	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	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	2	AL(Up to 6 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	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	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP 0.25 MG/ML-0.4 MG/ML-3.35 MG/ML-8 MG/ML-10 MCG/ML-200 MCG/ML	3	RX/OTC
QUFLORA GUMMIES CHEW 0.125 MG-0.75 MG-2 MCG-7.5 UNIT-30 MG-100 MCG-300 UNIT-600 UNIT	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 tabs 7 MG-1 MG-3 MG-3 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

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Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT tabs 1 MG-3 MG-3.4 MG-10 UNIT-15 MG-20 MG-20 MG-30 MCG-2 MG-6 MG-12 MCG-30 MG-50 MG-90 MG-120 MG-200 MG-400 UNIT-2700 UNIT	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 2 MG-3 MG-3.4 MG-6 MG-10 UNIT-12 MCG-15 MG-20 MG-20 MG-27 MG-30 MG-80 MG-120 MG-150 MCG-300 MCG-400 MCG-400 UNIT-600 MCG-2500 UNIT	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX 1 MG-3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT-15 MG	1	RX/OTC
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	1	

Drug Name	Drug Tier	Requirements/ Limits
ATABEX EC TBEC 1 MG-1.5 MG-1.6 MG-3 MG-12 MCG-20 MG-20 MG-20 MG-29 MG-30 MCG-30 MG-30 UNIT-50 MG-100 MG-120 MG-400 UNIT-2500 UNIT	2	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE 0.75 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-25 MG-25 MG-30 UNIT-35 MG-50 MG-120 MG-124 MG-150 MCG-300 MG-400 UNIT	3	
CITRANATAL B-CALM 1 MG-20 MG-25 MG-120 MG-120 MG-400 UNIT	3	
CITRANATAL BLOOM 1 MG-12 MCG-50 MG-90 MG-120 MG	3	
CITRANATAL BLOOM DHA 0.75 MG-1 MG-12 MCG-50 MG-90 MG-120 MG-300 MG	2	
CITRANATAL DHA 0.625 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-250 MG-400 UNIT-625 MG	2	
CITRANATAL ESSENCE 1 MG-2 MG-3 MG-3.4 MG-20 MG-25 MG-25 MG-30 UNIT-35 MG-120 MG-140 MG-150 MCG-300 MG-400 UNIT	2	
CITRANATAL HARMONY 1 MG-25 MG-27 MG-30 UNIT-50 MG-104 MG-260 MG-400 UNIT	3	
CITRANATAL MEDLEY 1 MG-12.5 MG-15 UNIT-15 UNIT-27 MG-62 MG-200 MG-200 UNIT	3	

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL RX 1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-400 UNIT	3	
C-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3	
COMPLETENATE CHEW 1 MG-2 MG-3 MG-10 MG-11 UNIT-12 MCG-20 MG-29 MG-120 MG-400 UNIT-1000 UNIT	2	
CONCEPT DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG-310 MG	2	
CONCEPT OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-92.4 MG-130 MG-210 MG-300 MCG-800 MCG	2	
DUET DHA 400 MISC 1 MG-1.8 MG-2 MG-3 MG-4 MG-12 MCG-20 MG-25 MG-25 MG-25 MG-50 MG-120 MG-200 MG-220 MCG-400 MG-820 UNIT-2800 UNIT	3	
DUET DHA BALANCED MISC 1 MG-1.5 MG-1.8 MG-2 MG-12 MCG-15 MG-20 MG-25 MG-25 MG-25 MG-50 MG-55 MG-65 MCG-120 MG-210 MCG-215 MG-267 MG-640 UNIT-2800 UNIT, 1 MG-1.8 MG-2 MG-3 MG-4 MG-12 MCG-20 MG-25 MG-25 MG-25 MG-50 MG-120 MG-200 MG-220 MCG-400 MG-820 UNIT-2800 UNIT	3	
FOLIVANE-OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-85 MG-210 MG-300 MCG-800 MCG	2	
M-NATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
NATACHEW CHEW 1 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-20 UNIT-28 MG-120 MG-400 UNIT-2700 UNIT	3	
NEEVO DHA 1 MG-1.13 MG-1.4 MG-1.4 MG-5 MCG-15 MG-18 MG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG, 1.4 MG-1.4 MG-15 MG-18 MG-1 MG-1.13 MG-5 MCG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG	3	
NEONATAL COMPLETE TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NEONATAL PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
NESTABS 3 MG-3 MG-10 MCG-10 MG-30 UNIT-32 MG-50 MG-55 MG-65 MG-100 MCG-120 MG-155 MG-450 UNIT-1000 MCG	3	
NESTABS DHA 3 MG-3 MG-10 MCG-10 MG-30 MG-30 UNIT-32 MG-45 MG-50 MG-55 MG-100 MCG-120 MG-155 MG-230 MG-450 UNIT-1000 MCG	2	
NESTABS ONE 1 MG-6.25 MCG-10 MG-15 MCG-15 MG-18 MG-20 MG-30 MG-38 MG-225 MG	3	
NIVA-PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
OB COMPLETE ONE 1 MG-2 MG-4 MG-10 MG-10 MG-15 MG-25 MG-30 MG-30 UNIT-40 MG-40 MG-50 MCG-55 MG-70 MG-150 MCG-200 MCG-300 MG-476 MG-1000 MCG-1200 UNIT	3	
OB COMPLETE PETITE 3.4 MG-1 MG-1 MG-2 MG-5 MG-15 MCG-25 MG-30 MG-30 UNIT-35 MG-125 MG-200 MG-1000 UNIT	3	
OB COMPLETE PREMIER 3.4 MG-1 MG-1 MG-2 MG-10 MG-10 MG-10 MG-15 MCG-15 MG-20 MG-20 UNIT-30 MG-100 MG-120 MG-800 UNIT-2100 UNIT	3	
OB COMPLETE/DHA 1 MG-1 MG-2 MG-3.4 MG-10 MG-15 MCG-25 MG-30 MG-30 UNIT-125 MG-200 MG-1000 UNIT	3	
OBSTETRIX ONE 1 MG-15 MCG-15 MG-15 UNIT-18 MG-20 MG-25 MG-30 MG-38 MG-225 MG-250 UNIT	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
PNV TABS 29-1 1 MG-3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PNV-DHA+DOCUSATE 1.25 MG-25 MG-27 MG-28 MG-30 UNIT-55 MG-160 MG-300 MG-400 UNIT	3	
PNV-OMEGA 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-400 MCG-600 MCG	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENA 1 TRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG-600 UNIT	2	
PRENA1 CHEW 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT	3	
PRENA1 PEARL 1.4 MG-1.7 MG-2 MG-7.5 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT	3	
PRENAISSANCE 1.25 MG-25 MG-28 MG-29 MG-30 UNIT-55 MG-160 MG-325 MG-800 UNIT	3	
PRENAISSANCE PLUS CAPS 1 MG-25 MG-28 MG-30 UNIT-50 MG-100 MG-250 MG-400 UNIT	3	
PRENATAL TABS	2	RX/OTC
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	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	3	RX/OTC
PRENATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT-25 MG-22 MG	2	RX/OTC
PRENATAL PLUS IRON 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-29 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS 3 MG-1 MG-1.84 MG-2 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 MG-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PRENATAL-U CAPS 0.8 MG-1 MG-10 MG-1.3 MG-5 MG-6 MG-15 MCG-30 MG-106.5 MG-200 MG-10 MG	2	
PRENATE 10 MG-25 MG-50 MG-125 MCG-250 MCG-280 MCG-300 UNIT-400 MCG-500 MG-600 MCG	3	
PRENATE DHA 10 UNIT-13 MCG-18 MG-26 MG-40 MG-50 MG-90 MG-150 MCG-155 MG-220 UNIT-280 MCG-300 MG-400 MCG-600 MCG, 18 MG-25 MCG-26 MG-40 UNIT-50 MG-90 MG-155 MG-300 MG-400 MCG-400 UNIT-600 MCG, 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATE ELITE 1.5 MG-3 MG-3.5 MG-13 MCG-15 MG-20 MG-21 MG-21 MG-25 MG-40 UNIT-75 MG-150 MCG-155 MG-330 MCG-400 MCG-600 MCG-600 UNIT-2600 UNIT	3	
PRENATE ENHANCE 10 UNIT-12 MCG-25 MG-28 MG-50 MG-85 MG-150 MCG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	3	
PRENATE ESSENTIAL	3	
PRENATE MINI 10 UNIT-13 MCG-18 MG-25 MG-25 MG-26 MG-60 MG-80 MG-150 MCG-280 MCG-350 MG-400 MCG-600 MCG-1000 UNIT	3	
PRENATE PIXIE 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	3	
PRENATE RESTORE 10 MG-10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	3	
PRENATRIX TABS 1.3 MG-2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1720 MCG	2	RX/OTC
PRENATRYL TABS 2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1500 MCG	2	RX/OTC
PREPLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
RELNATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3	
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	3	
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	2	
SELECT-OB+DHA MISC 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-20 MG-25 MG-29 MG-30 UNIT-60 MG-250 MG-400 UNIT-1700 UNIT	3	
SE-NATAL 19 TABS 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	3	RX/OTC
SE-NATAL 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	2	
TARON-PREX 1.2 MG-25 MG-25 MG-30 MG-30 UNIT-55 MG-160 MG-170 UNIT-265 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS 1 MG-1.5 MG-1.7 MG-2 MG-6 MG-12 MCG-12 MG-15 MG-20 MG-27 MG-30 MCG-30 MCG-30 UNIT-50 MCG-50 MG-50 MG-70 MCG-100 MG-140 MG-220 MCG-2000 UNIT-3000 UNIT	2	RX/OTC
THRIVITE RX 3 MG-1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
TRICARE TABS 1 MG-1.6 MG-1.6 MG-2 MG-3.1 MG-10 MCG-10 MG-12 MCG-20 MG-27 MG-30 UNIT-100 MG-200 MG	2	RX/OTC
TRICARE PRENATAL DHA ONE 1 MG-2 MG-3 MG-3.4 MG-10 MG-20 MG-25 MG-25 MG-27 MG-30 UNIT-45 MG-60 MG-100 MCG-150 MCG-215 MG-300 MCG-500 MG-800 UNIT	3	
TRINATAL RX 1 TABS 1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-30 MCG-60 MG-80 MG-100 MG-200 MG-400 UNIT-400 UNIT-3600 UNIT	2	
TRISTART DHA 1.3 MG-1.8 MG-5 MG-14 MCG-15 MG-15 UNIT-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG-1000 UNIT	3	
TRISTART ONE 2 MG-5 MCG-15 UNIT-18 MG-35 MG-50 MG-55 MG-200 MCG-215 MG-432 MCG-568 MCG-1000 UNIT	3	
VINATE DHA RF 1.4 MG-1.4 MG-15 MG-18 MG-1 MG-1.13 MG-5 MCG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG	3	
VINATE ONE TABS 0.03 MG-1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-60 MG-80 MG-100 MG-200 MG-400 UNIT-4000 UNIT	2	
VIRT-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG-310 MG	2	
VIRT-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3	
VIRT-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-330 MG-400 MCG-600 MCG	3	
VIRT-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG-600 MCG	3	
VITAFOL GUMMIES 0.333 MG-0.833 MG-2.667 MG-3.33 MG-3.333 MG-5 MG-5 UNIT-5.1 MG-10 MG-25 MG-34.8 MG-50 MCG-333.333 UNIT-366.667 MG	3	
VITAFOL-NANO 0.4 MG-0.6 MG-2.5 MG-150 MCG-25 MCG-12 MCG-18 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-ONE CAPS 1 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-12 MCG-15 MG-20 MG-20 UNIT-25 MG-29 MG-30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT	3	
VITAMEDMD ONE RX/QUATREFOLIC 1.5 MG-1.7 MG-7.5 MG-8 MCG-10 MG-20 MG-21 UNIT-25 MG-30 MG-60 MG-200 MG-300 MCG-400 MCG-400 UNIT-600 MCG	3	
VITAMEDMD REDICHEW RX 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT	3	
VITAPEARL 1.4 MG-1.7 MG-2 MG-7.5 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT	3	
VITATHELY/GINGER TABS 1.9 MG-2.6 MCG-15 MCG-20 MG-27 MG-44 MG-85 MG-330 MCG-1000 MCG	2	RX/OTC
VITATRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG-600 UNIT	2	
VIVA DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 UNIT-200 MG-400 UNIT	3	
VP-PNV-DHA CAPS 6 MG-1 MG-1 MG-2.2 MG-12 MCG-15.8 MG-16 MG-20 MG-20 MG-28 MG-30 MG-30 UNIT-50 MG-80 MG-200 MG-400 UNIT-2500 UNIT	3	
WESCAP-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG	2	
WESNATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-10 MCG-15 MCG-20 MG-20 MG-20.1 MG-28 MG-30 MG-100 MG-200 MG	3	
WESTAB PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
WESTGEL DHA 1.3 MG-1.8 MG-5 MG-10 MG-14 MCG-15 MG-25 MCG-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG	3	
ZATEAN-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	3	
ZATEAN-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG-600 MCG	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM tabs	1	
(Chlorzoxazone) LORZONE tabs 375 MG, 500 MG, 750 MG	1	
(Cyclobenzaprine Hcl) FEXMID tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
baclofen tabs 5 mg	1	
baclofen tabs 20 mg	1	QL(4 ea daily)
baclofen tabs 10 mg	1	QL(6 ea daily)
baclofen soln it	4	administered under the medical benefit; LA; PA
carisoprodol tabs	1	
chlorzoxazone tabs 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl tabs	1	
GABLOFEN SOLN IT	4	administered under the medical benefit; LA; PA
LIORESAL INTRATHECAL SOLN IT	4	administered under the medical benefit; LA; PA
LIORESAL INTRATHECAL SOLN IT *(baclofen)*	7	administered under the medical benefit; LA; PA
metaxalone 800 mg	1	QL(4 ea daily)
metaxalone 400 mg	1	
methocarbamol tabs	1	
orphenadrine citrate tb12	1	
tizanidine hcl caps	1	
tizanidine hcl tabs 4 mg	1	QL(9 ea daily)
tizanidine hcl tabs 2 mg	1	
Direct Muscle Relaxants		
dantrolene sodium caps	1	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine 16 mg-200 mg-325 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/ Limits
azelastine hcl-fluticasone propionate susp 137 mcg/act-50 mcg/act	1	Limit 1 inhaler per month; QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS .15 %, 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
azelastine hcl .15 %, 205.5 mcg/spray	1	QL(1 ml daily); RX/OTC
azelastine hcl .1 %, 137 mcg/spray	1	Limit 1 sprayer per month; QL(1.2 ml daily)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, 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

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Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, 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		
RELYVRIO 1 GM-3 GM	4	PA
riluzole tabs	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE soln	1	
betaxolol hcl (ophth) soln	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate 0.2 %-0.5 %	1	
carteolol hcl (ophth)	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	2	
dorzolamide hcl-timolol maleate	1	
levobunolol hcl .5 %	1	
timolol maleate (ophth) soln	1	
timolol maleate (ophth) solg	1	
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln	1	
ATROPINE SULFATE SOLN 1 %	2	
atropine sulfate (ophthalmic) oint	1	
atropine sulfate (ophthalmic) soln	1	
CYCLOMYDRIL 0.2 %-1 %	3	
cyclopentolate hcl	1	
ISOPTO ATROPINE SOLN	2	
phenylephrine hcl (mydriatic) soln	1	
tropicamide soln	1	
Miotics		
pilocarpine hcl soln 1 %, 2 %, 4 %	1	QL(0.5 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Adrenergic Agents		
ALPHAGAN P .1 %	2	
apraclonidine hcl	1	
brimonidine tartrate	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN 500 UNIT/GM-10000 UNIT/GM	1	
(Gentamicin Sulfate (Ophth)) GENTAK oint	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
bacitracin (ophthalmic)	2	
bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) soln	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
levofloxacin (ophth)	1	
moxifloxacin hcl (ophth) soln op	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm	1	
neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml	1	
ofloxacin (ophth)	1	QL(5 ml per fill retail; 5 per fill mail %)
polymyxin b-trimethoprim 0.1 %-10000 unit/ml	1	
POVIDONE IODINE	3	
sulfacetamide sodium (ophth) soln	1	
sulfacetamide sodium (ophth) oint	1	
tobramycin (ophth) soln	1	
TOBREX OINT	2	
trifluridine	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
cyclosporine (ophth) emul	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC 1 %-3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM	1	QL(4 gm per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
bacitracin-poly-neomycin-hc 1 %-3.5 mg/gm-400 unit/gm-10000 unit/gm	1	QL(4 gm per fill retail; 4 per fill mail)
BLEPHAMIDE SUSP 0.2 %-10 %	2	
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	2	
dexamethasone sodium phosphate (ophth)	1	
difluprednate	1	
FLAREX	2	
fluorometholone (ophth) susp	1	
FML OINT	2	
FML FORTE SUSP	2	
LOTEMAX OINT	3	
loteprednol etabonate gel	1	
loteprednol etabonate susp	1	
MAXIDEX SUSP OP	2	
neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml	1	
neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm	1	
neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml	1	
PRED-G SUSP 0.3 %-1 %	3	
PRED-G S.O.P. OINT 0.3 %-0.6 %	3	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN 0.5 %-1 %	3	
sulfacetamide sod-prednisolone soln 0.23 %-10 %	1	
TOBRADEX OINT 0.1 %-0.3 %	3	
TOBRADEX ST SUSP 0.05 %-0.3 %	3	
tobramycin-dexamethasone susp 0.1 %-0.3 %	1	QL(5 ml per fill retail)
ZYLET 0.3 %-0.5 %	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL .2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF .1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	
bepotastine besilate	1	QL(0.34 ml daily); ST

Drug Name	Drug Tier	Requirements/ Limits
brinzolamide	1	Limit 10mls per month; QL(0.4 ml daily)
bromfenac sodium (ophth)	1	
BROMSITE	3	
cromolyn sodium (ophth)	1	
CYSTARAN	4	
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	Limit 10mls per month; QL(0.34 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST; RX/OTC
NEVANAC	3	
olopatadine hcl .1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
olopatadine hcl .2 %	1	QL(0.09 ml daily); RX/OTC
PAREMYD 1 %-0.25 %	3	
PROLENSA	3	
Prostaglandins - Ophthalmic		
bimatoprost soln	1	Limit 2.5mls per month; QL(0.09 ml daily)
latanoprost soln	1	QL(0.09 ml daily)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN .01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
tafluprost	1	QL(1 ea daily)
travoprost	1	Limit 2.5mls per month; QL(0.09 ml daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	
Otic Anti-infectives		
CETRAXAL *(ciprofloxacin hcl (otic))*	2	QL(14 ea per fill retail)
ciprofloxacin hcl (otic)	1	QL(14 ea per fill retail)
ofloxacin (otic)	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND 1 MG/ML-10 MG/ML-10 MG/ML	1	
CIPRO HC 0.2 %-1 %	3	
ciprofloxacin-dexamethasone 0.1 %-0.3 %	1	
ciprofloxacin-fluocinolone acetonide 0.025 %-0.3 %	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC 0.5 MG/ML-3.3 MG/ML-10 MG/ML-3 MG/ML	3	
neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml	1	
neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml	1	
OTOVEL 0.025 %-0.3 % *(ciprofloxacin-fluocinolone acetonide)*	7	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC 0.1 %-1 %	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	

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Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid 1 %-2 %	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
PROSTIN E2 SUPP	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	4	LA; PA
FLEBOGAMMA DIF SOLN	4	LA; PA
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
GAMMAPLEX SOLN	4	LA; PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
OCTAGAM SOLN	4	LA; PA
PRIVIGEN SOLN	4	LA; PA
Monoclonal Antibodies		
REGEN-COV 300 MG/2.5ML-1332 MG/11.1ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Passive Immunizing Agents - Combinations		
HYQVIA 2.5 GM/25ML-200 UNT/1.25ML, 20 GM/200ML-1600 UNIT/10ML, 30 GM/300ML-2400 UNIT/15ML, 5 GM/50ML-400 UNIT/2.5ML	4	Some members may obtain their medications through their Medical Group; LA; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin tabs	1	
amoxicillin caps	1	
amoxicillin chew 125 mg, 250 mg	1	
amoxicillin susr	1	
ampicillin caps 500 mg	1	
ampicillin sodium ij 1 gm, 125 mg	4	PA
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN	4	PA
BICILLIN L-A SUSP 2400000 UNIT/4ML	4	PA
BICILLIN L-A SUSY	4	PA
penicillin g potassium	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
PENICILLIN G PROCAINE	4	PA
penicillin g sodium	4	PA
penicillin v potassium solr	1	
penicillin v potassium tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
Penicillin Combinations		
amoxicillin & pot clavulanate susr	1	
amoxicillin & pot clavulanate chew	1	
amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg	1	
amoxicillin & pot clavulanate tabs	1	
ampicillin & sulbactam sodium ij 1 gm-2 gm	4	PA
AUGMENTIN SUSR	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
piperacillin sodium-tazobactam sodium 0.25 gm-2 gm, 0.375 gm-3 gm, 2 gm-0.25 gm, 3 gm-0.375 gm	4	PA
UNASYN IJ 1 GM-2 GM *(ampicillin & sulbactam sodium)*	7	PA
UNASYN BULK PACK IV 5 GM-10 GM *(ampicillin & sulbactam sodium)*	7	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
NAFCILLIN 1 GM/50ML-5 %	4	PA
nafcillin sodium iv 2 gm, 10 gm	4	PA
oxacillin sodium iv 10 gm	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 mg, 5 mg	1	
medroxyprogesterone acetate 10 mg	1	QL(1 ea daily)
megestrol acetate (appetite)	1	AC
norethindrone acetate tabs	1	
progesterone oil	1	PA
progesterone caps	1	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE	4	ST; PA
XYREM	4	ST; PA
Antidementia Agents		
donepezil hydrochloride tabs	1	QL(1 ea daily)
donepezil hydrochloride tbdp	1	QL(1 ea daily)
galantamine hydrobromide soln	1	
galantamine hydrobromide tabs	1	
galantamine hydrobromide cp24	1	QL(1 ea daily)
memantine hcl soln	1	
memantine hcl cp24 14 mg, 21 mg, 28 mg	1	PA
memantine hcl tabs 5 mg	1	QL(4 ea daily)
memantine hcl cp24 7 mg	1	ST; PA
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
NAMENDA XR TITRATION PACK CP24	3	ST; PA
NAMZARIC C4PK 10 MG	3	PA
rivastigmine	1	
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl 3 mg-25 mg, 6 mg-50 mg	2	
olanzapine-fluoxetine hcl 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg	1	
perphenazine-amitriptyline	1	
Fibromyalgia Agents		
SAVELLA TABS	3	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA
INGREZZA CPPK	4	PA
tetrabenazine	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
XENAZINE *(tetrabenazine)*	7	Specialty drug-Health Net will refer to SP Pharmacy; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA sosy	1	PA
AUBAGIO	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
AVONEX PSKT	4	LA; PA
AVONEX PEN AJKT	4	LA; PA
BETASERON KIT	4	PA
dalfampridine	1	PA
dimethyl fumarate misc	2	LA; PA
dimethyl fumarate cpdr	2	LA; PA
fingolimod hcl	1	QL(1 ea daily); PA
GILENYA .5 MG	2	QL(1 ea daily); PA
glatiramer acetate sosy	1	PA
KESIMPTA	4	QL(0.0143 ml daily); PA
MAYZENT TABS 2 MG	3	QL(1 ea daily); PA
MAYZENT TABS .25 MG	3	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
PLEGRIDY SOPN	4	LA; PA
PLEGRIDY SOSY IM	4	PA
PLEGRIDY SOSY SC	4	LA; PA
PLEGRIDY STARTER PACK SOPN	4	LA; PA
PLEGRIDY STARTER PACK SOSY SC	4	LA; PA
REBIF SOSY	4	LA; PA

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Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ	4	LA; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	LA; PA
REBIF TITRATION PACK SOSY	4	LA; PA
teriflunomide	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs	1	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA 10 MG-20 MG	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates tabs	1	
pimozide	1	
Smoking Deterrents		
(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

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ 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	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR		
APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV
APO-VARENICLINE TABS .5 MG	5	QL(1 ea daily); PV
bupropion hcl (smoking deterrent)	5	PV
CHANTIX TABS .5 MG *(varenicline tartrate)*	7	QL(1 ea daily); PV
CHANTIX TABS 1 MG *(varenicline tartrate)*	7	QL(2 ea daily); PV
CHANTIX CONTINUING MONTHPAK TABS *(varenicline tartrate)*	7	QL(2 ea daily); PV
NICODERM CQ PT24 *(nicotine)*	7	PV
NICORETTE LOZG *(nicotine polacrilex)*	7	PV
NICORETTE GUM *(nicotine polacrilex)*	7	PV
NICORETTE MINI LOZG *(nicotine polacrilex)*	7	PV
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	7	PV
nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	5	PV
nicotine polacrilex lozg	5	PV
nicotine polacrilex gum	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV
varenicline tartrate tabs .5 mg	5	QL(1 ea daily); PV
varenicline tartrate tabs 1 mg	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	4	Must use Accredo SP pharmacy; LA; PA
KALYDECO TABS	4	Must use Accredo SP pharmacy; LA; PA
KALYDECO PACK 25 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; LA; PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
ORKAMBI PACK 75 MG-94 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	LA; PA
TRIKAFTA 25 MG-50 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); LA; PA

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Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA 50 MG-100 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; QL(3 ea daily); LA; PA
Pulmonary Fibrosis Agents		
ESBRIET TABS *(pirfenidone)*	7	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA
OFEV	4	QL(2 ea daily); PA
pirfenidone tabs 534 mg	4	PA
pirfenidone tabs 267 mg, 801 mg	4	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine tabs	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY tabs 50 MG, 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL caps 50 MG, 75 MG, 100 MG	2	
(Doxycycline Hyclate) LYMEPAK tabs 20 MG, 100 MG	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG caps	1	
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 150 mg	2	ST
doxycycline (monohydrate) tabs 150 mg	2	ST
doxycycline (monohydrate) susr	1	
doxycycline (monohydrate) tabs 75 mg	1	ST
doxycycline (monohydrate) tabs 50 mg, 100 mg	1	
doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg	2	
doxycycline hyclate caps	1	
doxycycline hyclate tabs 20 mg, 100 mg	1	
minocycline hcl tabs 75 mg	1	PA
minocycline hcl caps	1	
minocycline hcl cp24	3	ST
minocycline hcl tabs 50 mg, 100 mg	1	
tetracycline hcl caps	1	
VIBRAMYCIN	2	
XIMINO CP24	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
ADTHYZA TABS	2	
ADTHYZA TABS 130 MG	3	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
levothyroxine sodium tabs 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg	1	
levothyroxine sodium caps 125 mcg	1	QL(1 ea daily)
levothyroxine sodium tabs 112 mcg, 125 mcg, 175 mcg, 200 mcg	1	QL(1 ea daily)
levothyroxine sodium caps 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	1	
liothyronine sodium tabs 25 mcg, 50 mcg	1	QL(2 ea daily)
liothyronine sodium tabs 5 mcg	1	
NP THYROID 15 TABS	2	
NP THYROID 30 TABS	1	
NP THYROID 60 TABS	1	
NP THYROID 90 TABS	1	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG *(levothyroxine sodium)*	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	2	QL(1 ea daily)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV tbdp .125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN tabs .125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR tb12 .375 MG	1	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL subl .125 MG	1	
BELLADONNA/OPIUM	3	
chlordiazepoxide hcl-clidinium bromide 2.5 mg-5 mg	1	
dicyclomine hcl caps	1	
dicyclomine hcl soln or	1	
dicyclomine hcl tabs	1	
GLYCATE TABS	3	
glycopyrrolate tabs 1 mg, 2 mg	1	
glycopyrrolate soln or 1 mg/5ml	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate tabs .125 mg	1	
hyoscyamine sulfate tb12 .375 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
hyoscyamine sulfate subl .125 mg	1	
hyoscyamine sulfate tbdp .125 mg	1	
methscopolamine bromide	1	
H-2 Antagonists		
(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 20 MG	1	RX/OTC
cimetidine tabs 400 mg	1	QL(4 ea daily)
cimetidine tabs 300 mg, 800 mg	1	
famotidine tabs 40 mg	1	QL(2 ea daily)
famotidine tabs 20 mg	1	RX/OTC
famotidine susr	1	
nizatidine soln	1	
nizatidine caps	1	
Misc. Anti-Ulcer		
sucralfate tabs	1	QL(4 ea daily)
sucralfate susp	1	
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE tbdd 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE cpdr	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 5 MG	3	ST; PA
ACIPHEX SPRINKLE CPSP 10 MG	3	PA
esomeprazole magnesium pack	1	PA
FIRST-OMEPRAZOLE SUSP	3	
lansoprazole tbdd 30 mg	1	QL(1 ea daily); AL(Up to 12 yrs old)
lansoprazole cpdr	1	QL(1 ea daily); RX/OTC
lansoprazole tbdd 15 mg	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
NEXIUM PACK	3	PA
omeprazole cpdr 10 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
omeprazole cpdr 20 mg, 40 mg	1	QL(1 ea daily); RX/OTC
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
pantoprazole sodium tbec	1	QL(1 ea daily)
pantoprazole sodium pack	1	QL(1 ea daily)
PRILOSEC PACK	3	PA
rabeprazole sodium tbec	2	ST; QL(1 ea daily); PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
Ulcer Drugs - Prostaglandins		
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
HELIDAC THERAPY 250 MG-262.4 MG-500 MG	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	
fesoterodine fumarate	1	QL(1 ea daily)
oxybutynin chloride tb24	1	
oxybutynin chloride tabs	1	QL(4 ea daily)
oxybutynin chloride syrp	1	QL(15 ml daily)
solifenacin succinate tabs 5 mg	1	
solifenacin succinate tabs 10 mg	1	QL(1 ea daily)
tolterodine tartrate tabs	1	QL(2 ea daily)
tolterodine tartrate cp24	1	QL(1 ea daily)
trospium chloride cp24	1	
trospium chloride tabs	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	5	
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	5	
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	
COVID VACCINES	5	
FLUARIX QUADRIVALENT 2020-2021 SUSY	5	
FLUARIX QUADRIVALENT 2021-2022 SUSY	5	
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	
FLULAVAL QUADRIVALENT 2020-2021 SUSY	5	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	5	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	
FLUMIST QUADRIVALENT	5	
FLUZONE QUADRIVALENT 2020-2021 SUSY	5	
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV
SHUR-SEAL GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	5	PV
VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 supp 200 MG	1	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal crea	1	
CLINDESSE	3	
GYNAZOLE-1	3	
metronidazole vaginal	1	
terconazole vaginal supp	1	
terconazole vaginal crea	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI 0.4 %-1 %-1.8 %	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM tabs	1	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
ESTRING RING	2	QL(1 per fill mail MG)
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
EPINEPHRINE SOAJ .3 MG/0.3ML	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail; 4 ea per 30 days retail)
epinephrine (anaphylaxis) soaj	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail)
epinephrine (anaphylaxis) soaj	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	4	PA
NORTHERA *(droxidopa)*	7	PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
ergocalciferol caps	1	
phytonadione tabs 5 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
POTABA CAPS	3	

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