*California*

# 2 Tier Drug List

The 2 Tier Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to *Evidence of Coverage* for specific cost share information.

**California Large Group members**
Go to
**Drug List** Use the "2 Tier" Drug List

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

If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**

*Hours of Operation*
*8:00am – 6:00pm Monday through Friday*


**Updated May 1, 2025**

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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 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 medical condition. There are three ways to find out if your drug is covered?

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

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

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

Therapeutic category: The drugs are grouped into therapeutic categories. The categories may be grouped the class to which the drug belongs. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category 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 lowercase italicized*** 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 | Benefit Phase | Maximum Cost Share | Days' Supply |
|---|---|---|---|
| Oral Cancer Drugs | Before Deductible Is Met | $250 | 30 Days |
| All other (non-oral cancer) Drugs | After Deductible Is Met | $250 | 30 Days |
| Bronze Plan Members | After Deductible Is Met | $500 | 30 Days |

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

## Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.

## Tier Descriptions

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

| *Tier* | *Description* |
|---|---|
| 1 | Tier one consists of most generic drugs and low-cost preferred brand name drugs. |
| 2 | Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost. |
| 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:

| *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, after any deductible has been met, per state law (or $750 maximum for a three-month supply through mail order). |
| LA | Limited Access | Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons:<br>• The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or<br>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.<br>If the drug is approved, we will let you know how to get limited access drugs. |
| PA | Prior Authorization | This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug. |

| *Abbreviation* | *Definition* | *Description* |
|---|---|---|
| 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. |
| PV | Preventive Drug | Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. Grandfathered Groups will pay a copayment. Members in grandfathered plans will pay a copayment. |
| RX/OTC | Prescription & Over-the-Counter (OTC) | Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered. |
| SP | Specialty Drug | Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery. |
| 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?

Changes such as removing a drug or dosage form from the drug list may occur monthly. The types of changes may include the following:

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

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

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

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

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

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

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

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

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

## Step Therapy Exception:

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

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization.

The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enroll in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when criteria are met.
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 circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

## Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

## What blood glucose supplies 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.

## Are preventive drugs covered?

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

## What drugs are under my medical benefit?

Drugs that are self-injected or are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

## Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our Website at Find a pharmacy near you 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.

## Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. 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.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Prescription**: Is an oral, written, or electronic order from a prescribing provider authorizing a

prescription drug to be provided to a specific individual.

**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.

**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 a decision 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) ZENZEDI TABS 5 MG, 10 MG | 1 | |
| ADDERALL XR CP24 *(amphetamine-dextroamphetamine)* | 7 | QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail) |
| ADDERALL TABS *(amphetamine-dextroamphetamine)* | 7 | |
| *amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG* | 1 | QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail) |
| *amphetamine-dextroamphetamine TABS* | 1 | |
| DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)* | 7 | |
| *dextroamphetamine sulfate CP24* | 1 | |
| *dextroamphetamine sulfate TABS 5 MG, 10 MG* | 1 | |
| *lisdexamfetamine dimesylate CAPS* | 1 | QL(1 EA daily) |
| *lisdexamfetamine dimesylate CHEW* | 1 | QL(1 EA daily) |
| Analeptics | | |
| *caffeine citrate SOLN PO* | 1 | |
| Anorexiants Non-Amphetamine | | |
| ADIPEX-P CAPS *(phentermine hcl)* | 7 | Check plan documents for coverage; PA |
| *benzphetamine hcl 25 MG* | 1 | Check plan documents for coverage; PA |
| LOMAIRA TABS | 2 | Check plan documents for coverage; PA |
| *phentermine hcl CAPS* | 1 | Check plan documents for coverage; PA |
| QSYMIA | 2 | Check plan documents for coverage; QL(1 EA daily); PA |
| Anti-Obesity Agents | | |
| CONTRAVE | 2 | Check benefits for coverage; PA |
| *orlistat* | 1 | Check benefits for coverage; PA |
| XENICAL *(orlistat)* | 7 | Check benefits for coverage; PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| *atomoxetine hcl 60 MG, 80 MG, 100 MG* | 1 | |
| *atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG* | 1 | QL(2 EA daily) |
| *guanfacine hcl (adhd)* | 1 | QL(1 EA daily) |
| INTUNIV *(guanfacine hcl (adhd))* | 7 | QL(1 EA daily) |
| STRATTERA 60 MG, 80 MG, 100 MG *(atomoxetine hcl)* | 7 | |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(atomoxetine hcl)* | 7 | QL(2 EA daily) |
| Stimulants - Misc. | | |
| APTENSIO XR CP24 *(methylphenidate hcl)* | 7 | QL(1 EA daily) |
| *armodafinil 200 MG* | 1 | ST; PA |
| *armodafinil 50 MG, 150 MG, 250 MG* | 1 | ST; PA |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dexmethylphenidate hcl TABS* | 1 | QL(2 EA daily) |
| FOCALIN TABS *(dexmethylphenidate hcl)* | 7 | QL(2 EA daily) |
| METADATE CD CPCR *(methylphenidate hcl)* | 7 | QL(1 EA daily) |
| METHYLIN SOLN 5 MG/5ML *(methylphenidate hcl)* | 7 | |
| *methylphenidate hcl CP24* | 1 | QL(1 EA daily) |
| *methylphenidate hcl CPCR* | 1 | QL(1 EA daily) |
| *methylphenidate hcl SOLN 5 MG/5ML* | 1 | |
| *methylphenidate hcl TABS 5 MG, 10 MG* | 1 | |
| *methylphenidate hcl TABS 20 MG* | 1 | QL(3 EA daily) |
| *methylphenidate hcl TB24 36 MG* | 1 | QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail) |
| *methylphenidate hcl TB24 54 MG* | 1 | QL(1 EA daily; 90 EA per fill retail) |
| *methylphenidate hcl TB24 18 MG, 27 MG* | 1 | QL(1 EA daily; 90 Day(s) limit) |
| *methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG* | 1 | QL(1 EA daily) |
| *methylphenidate hcl TBCR 20 MG* | 1 | QL(90 Day(s) limit) |
| *methylphenidate hcl TBCR 10 MG* | 1 | QL(1 EA daily; 90 EA per fill retail) |
| *methylphenidate hcl TBCR 54 MG* | 1 | QL(2 EA daily) |
| NUVIGIL 200 MG *(armodafinil)* | 7 | ST; PA |
| NUVIGIL 50 MG, 150 MG, 250 MG *(armodafinil)* | 7 | ST; PA |
| RITALIN LA CP24 *(methylphenidate hcl)* | 7 | QL(1 EA daily) |
| RITALIN TABS 20 MG *(methylphenidate hcl)* | 7 | QL(3 EA daily) |
| RITALIN TABS 5 MG, 10 MG *(methylphenidate hcl)* | 7 | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| ARIKAYCE | 2 | PA |
| BETHKIS NEBU *(tobramycin)* | 7 | |
| HUMATIN | 2 | |
| KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)* | 2 | Must use AcariaHlth Sp Rx 1-844-538-4661; PA |
| *neomycin sulfate TABS* | 1 | |
| *paromomycin sulfate* | 1 | |
| TOBI PODHALER CAPS | 2 | Must use AcariaHlth Sp Rx 1-844-538-4661; PA |
| TOBI NEBU *(tobramycin)* | 2 | Must use AcariaHlth Sp Rx 1-844-538-4661; PA |
| *tobramycin NEBU* | 1 | Must use AcariaHlth Sp Rx 1-844-538-4661; PA |
| *tobramycin NEBU* | 1 | |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| RINVOQ LQ SOLN | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RINVOQ TB24 | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA |
| XELJANZ XR TB24 | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA |
| XELJANZ SOLN | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA |
| XELJANZ TABS | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA |
| ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML | 4 | Check Plan Documents for coverage; QL(0.143 ML daily); PA |
| ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML | 4 | Check plan documents for coverage; QL(0.143 ML daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADALIMUMAB-ADAZ SOSY | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA |
| HADLIMA PUSHTOUCH SOAJ | 4 | Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA |
| HADLIMA SOSY | 4 | Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML | 4 | Check plan documents for coverage; QL(0.072 EA daily); SP; PA |
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML | 4 | Check plan documents for coverage; QL(0.143 EA daily); PA |
| HUMIRA (2 PEN) AJKT 40 MG/0.4ML | 4 | Check plan documents for coverage; QL(0.143 EA daily); SP; PA |
| HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML | 4 | Check plan documents for coverage; QL(0.143 EA daily); PA |
| HUMIRA (2 SYRINGE) PSKT | 4 | Check plan documents for coverage; QL(0.143 EA daily); SP; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 4 | Check plan documents for coverage; QL(0.143 EA daily); PA |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 4 | Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA |
| HUMIRA-PED<40KG CROHNS STARTER PSKT | 4 | Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA |
| HUMIRA-PED>/=40KG CROHNS START PSKT | 4 | Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA |
| HUMIRA-PED>/=40KG UC STARTER AJKT | 4 | Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA |
| HUMIRA-PS/UV/ADOL HS STARTER AJKT | 4 | Check plan documents for coverage; QL(0.143 EA daily); PA |
| HUMIRA-PSORIASIS/UVEIT STARTER AJKT | 4 | Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA |
| Gold Compounds | | |
| AURANOFIN 3 MG | 2 | |
| RIDAURA | 2 | |
| Interleukin-6 Receptor Inhibitors | | |
| KEVZARA SOAJ | 4 | ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
| KEVZARA SOSY | 4 | ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG | 1 | |
| ANAPROX DS TABS *(naproxen sodium)* | 7 | |
| CELEBREX 400 MG *(celecoxib)* | 7 | QL(2 EA daily); PA |
| CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)* | 7 | QL(2 EA daily) |
| *celecoxib 50 MG, 100 MG, 200 MG* | 1 | QL(2 EA daily) |
| *celecoxib 400 MG* | 1 | QL(2 EA daily); PA |
| DAYPRO TABS *(oxaprozin)* | 7 | |
| *diclofenac sodium TBEC* | 1 | |
| *etodolac CAPS* | 1 | |
| *etodolac TABS* | 1 | |
| *etodolac TB24* | 1 | QL(2 EA daily) |
| FELDENE CAPS 10 MG *(piroxicam)* | 7 | |
| FELDENE CAPS 20 MG *(piroxicam)* | 7 | QL(1 EA daily) |
| *fenoprofen calcium CAPS 200 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FENOPROFEN CALCIUM CAPS 200 MG | 2 | |
| FENOPRON CAPS | 2 | |
| FENORTHO CAPS 200 MG | 2 | |
| *flurbiprofen TABS 50 MG* | 1 | |
| *ibuprofen TABS 400 MG, 600 MG, 800 MG* | 1 | |
| INDOCIN SUSP *(indomethacin)* | 7 | |
| *indomethacin CAPS 25 MG, 50 MG* | 1 | |
| *indomethacin CPCR* | 1 | |
| *indomethacin SUSP* | 1 | |
| *ketorolac tromethamine TABS* | 1 | QL(20 EA per fill retail; 20 EA per 30 day(s) retail) |
| LODINE TABS *(etodolac)* | 7 | |
| *meclofenamate sodium CAPS* | 1 | |
| *meloxicam TABS 15 MG* | 1 | QL(1 EA daily) |
| *meloxicam TABS 7.5 MG* | 1 | QL(2 EA daily) |
| *nabumetone 750 MG* | 1 | QL(3 EA daily) |
| *nabumetone 500 MG* | 1 | QL(4 EA daily) |
| NAPROSYN SUSP *(naproxen)* | 7 | |
| NAPROSYN TABS 500 MG *(naproxen)* | 7 | |
| *naproxen sodium TABS 275 MG, 550 MG* | 1 | |
| *naproxen SUSP* | 1 | |
| *naproxen TABS* | 1 | |
| *oxaprozin TABS* | 1 | |
| *piroxicam CAPS 20 MG* | 1 | QL(1 EA daily) |
| *piroxicam CAPS 10 MG* | 1 | |
| *sulindac TABS 150 MG* | 1 | QL(2 EA daily) |
| *sulindac TABS 200 MG* | 1 | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA |
| OTEZLA TBPK | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA 10 MG *(leflunomide)* | 7 | QL(2 EA daily) |
| ARAVA 20 MG *(leflunomide)* | 7 | QL(1 EA daily) |
| *leflunomide 20 MG* | 1 | QL(1 EA daily) |
| *leflunomide 10 MG* | 1 | QL(2 EA daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA |
| ENBREL SURECLICK SOAJ | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA |
| ENBREL SOLN | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENBREL SOSY 50 MG/ML | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA |
| ENBREL SOSY 25 MG/0.5ML | 4 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| (Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG | 1 | |
| (Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG | 1 | |
| ***butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG*** | 1 | |
| ***butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG*** | 1 | |
| ***butalbital-aspirin-caffeine CAPS*** | 1 | |
| ESGIC TABS ***(butalbital-acetaminophen-caffeine)*** | 7 | |
| Salicylates | | |
| (Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW | 5 | Grand Fathered Plans at Tier 2; PV |
| *aspirin CHEW* | 5 | Grand Fathered Plans at Tier 2; PV |
| *aspirin TBEC 81 MG* | 5 | Grand Fathered Plans at Tier 2; PV |
| *salsalate* | 1 | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| (Methadone Hcl) METHADONE HCL INTENSOL CONC | 1 | |
| (Methadone Hcl) METHADOSE TBSO | 1 | |
| *codeine sulfate TABS 15 MG, 30 MG* | 1 | |
| CODEINE SULFATE TABS 60 MG | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DILAUDID LIQD *(hydromorphone hcl)* | 7 | |
| DILAUDID TABS *(hydromorphone hcl)* | 7 | |
| *fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR* | 1 | Limit 15 per month; QL(0.5 EA daily) |
| *hydromorphone hcl LIQD* | 1 | |
| *hydromorphone hcl TABS* | 1 | |
| *hydromorphone hcl TB24 8 MG, 12 MG, 16 MG* | 1 | QL(4 EA daily) |
| *meperidine hcl SOLN PO 50 MG/5ML* | 1 | |
| *meperidine hcl TABS 50 MG* | 1 | |
| *methadone hcl CONC* | 1 | |
| *methadone hcl SOLN PO 5 MG/5ML* | 1 | |
| *methadone hcl TABS* | 1 | QL(12 EA daily) |
| *methadone hcl TBSO* | 1 | |
| METHADOSE SUGAR-FREE CONC *(methadone hcl)* | 7 | |
| METHADOSE CONC *(methadone hcl)* | 7 | |
| *morphine sulfate beads* | 1 | QL(1 EA daily) |
| *morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG* | 1 | QL(2 EA daily) |
| *morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML* | 1 | |
| *morphine sulfate SUPP 20 MG, 30 MG* | 1 | |
| *morphine sulfate TABS* | 1 | |
| *morphine sulfate TBCR* | 1 | QL(3 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MS CONTIN TBCR *(morphine sulfate)* | 7 | QL(3 EA daily) |
| OXAYDO TABS 5 MG | 2 | |
| *oxycodone hcl CAPS* | 1 | |
| *oxycodone hcl CONC 100 MG/5ML* | 1 | |
| *oxycodone hcl SOLN* | 1 | |
| *oxycodone hcl TABS 30 MG* | 1 | QL(4 EA daily) |
| *oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG* | 1 | |
| *oxymorphone hcl TB12* | 1 | QL(2 EA daily) |
| ROXICODONE TABS 30 MG *(oxycodone hcl)* | 7 | QL(4 EA daily) |
| ROXICODONE TABS 15 MG *(oxycodone hcl)* | 7 | |
| *tramadol hcl TABS 50 MG* | 1 | QL(8 EA daily) |
| *tramadol hcl TABS 100 MG* | 1 | |
| Opioid Combinations | | |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG | 1 | QL(6 EA daily) |
| *acetaminophen w/ codeine SOLN* | 1 | |
| *acetaminophen w/ codeine TABS 60 MG-300 MG* | 1 | QL(6 EA daily) |
| *acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG* | 1 | |
| *hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML* | 1 | |
| *hydrocodone-acetaminophen TABS 300 MG-7.5 MG* | 1 | QL(6 EA daily) |
| *hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG* | 1 | |
| *hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | 1 | QL(240 EA per fill retail) |
| *hydrocodone-ibuprofen 10 MG-200 MG* | 1 | Not available through mail order |
| *hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG* | 1 | |
| *oxycodone w/ acetaminophen TABS 325 MG-5 MG* | 1 | QL(6 EA daily) |
| PERCOCET TABS 325 MG-5 MG *(oxycodone w/ acetaminophen)* | 7 | QL(6 EA daily) |
| Opioid Partial Agonists | | |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG* | 1 | QL(2 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG* | 1 | QL(3 EA daily) |
| *buprenorphine hcl-naloxone hcl dihydrate SUBL* | 1 | QL(3 EA daily) |
| *buprenorphine hcl SUBL 8 MG* | 1 | QL(4 EA daily) |
| *buprenorphine hcl SUBL 2 MG* | 1 | QL(3 EA daily) |
| SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)* | 7 | QL(2 EA daily) |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)* | 7 | QL(3 EA daily) |
| ANDROGENS-ANABOLIC - Drugs to Regulate | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Hormones | | |
| Anabolic Steroids | | |
| ***oxandrolone 2.5 MG*** | 1 | |
| ***oxandrolone 10 MG*** | 1 | QL(2 EA daily) |
| Androgens | | |
| (Methyltestosterone) METHITEST TABS | 1 | |
| (Testosterone) TESTIM GEL TD 1 % | 2 | QL(10 GM daily) |
| ANDROGEL PUMP GEL TD ***(testosterone)*** | 7 | Limited to 300 gms per month; QL(10 GM daily) |
| ***danazol CAPS*** | 1 | |
| FORTESTA GEL TD ***(testosterone)*** | 7 | QL(3.5 GM daily) |
| ***methyltestosterone CAPS*** | 1 | |
| ***testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %*** | 1 | Limited to 300 gms per month; QL(10 GM daily) |
| ***testosterone GEL TD 1 %*** | 1 | Limit 300gms per month; QL(10 GM daily) |
| ***testosterone GEL TD 10 MG/ACT*** | 1 | QL(3.5 GM daily) |
| ***testosterone GEL TD 1 %, 50 MG/5GM*** | 1 | QL(10 GM daily) |
| VOGELXO PUMP GEL TD ***(testosterone)*** | 2 | Limit 300gms per month; QL(10 GM daily) |
| VOGELXO GEL TD ***(testosterone)*** | 2 | QL(10 GM daily) |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| CORTENEMA ***(hydrocortisone (intrarectal))*** | 7 | QL(60 ML daily) |
| CORTIFOAM EX 10 % | 2 | |
| ***hydrocortisone (intrarectal)*** | 1 | QL(60 ML daily) |
| Rectal Combinations | | |
| PROCTOFOAM HC FOAM EX | 2 | |
| Rectal Steroids | | |
| (Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % | 1 | |
| ANUSOL-HC EX ***(hydrocortisone (rectal))*** | 7 | |
| ***hydrocortisone (rectal) EX 2.5 %*** | 1 | |
| Vasodilating Agents | | |
| ***nitroglycerin (intra-anal)*** | 1 | |
| RECTIV ***(nitroglycerin (intra-anal))*** | 7 | |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| BENZNIDAZOLE | 2 | AL(At least 2 yrs old - Up to 12 yrs old) |
| BILTRICIDE ***(praziquantel)*** | 7 | |
| ***ivermectin*** | 1 | QL(5 EA per fill retail); PA |
| ***praziquantel*** | 1 | |
| STROMECTOL ***(ivermectin)*** | 7 | QL(5 EA per fill retail); PA |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ***ranolazine TB12 500 MG*** | 1 | QL(4 EA daily) |
| ***ranolazine TB12 1000 MG*** | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Nitrates | | |
| ISORDIL TITRADOSE TABS *(isosorbide dinitrate)* | 7 | |
| *isosorbide dinitrate TABS* | 1 | |
| *isosorbide mononitrate TABS* | 1 | |
| ISOSORBIDE MONONITRATE TABS | 2 | |
| *isosorbide mononitrate TB24* | 1 | |
| NITRO-BID OINT | 2 | |
| NITRO-DUR PT24 *(nitroglycerin)* | 7 | QL(1 EA daily) |
| NITRO-DUR PT24 | 2 | QL(1 EA daily) |
| *nitroglycerin PT24* | 1 | QL(1 EA daily) |
| *nitroglycerin SOLN TL 0.4 MG/SPRAY* | 1 | |
| *nitroglycerin SUBL* | 1 | |
| NITROLINGUAL SOLN TL *(nitroglycerin)* | 7 | |
| NITROSTAT SUBL *(nitroglycerin)* | 7 | |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| *buspirone hcl* | 1 | |
| *hydroxyzine hcl SYRP* | 1 | |
| *hydroxyzine hcl TABS* | 1 | |
| *hydroxyzine pamoate CAPS* | 1 | |
| VISTARIL CAPS *(hydroxyzine pamoate)* | 7 | |
| Benzodiazepines | | |
| (Diazepam) DIAZEPAM INTENSOL CONC | 1 | |
| (Lorazepam) LORAZEPAM INTENSOL CONC | 1 | |
| *alprazolam TABS* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ATIVAN TABS *(lorazepam)* | 7 | |
| *chlordiazepoxide hcl CAPS* | 1 | |
| *clorazepate dipotassium TABS* | 1 | |
| *diazepam CONC* | 1 | |
| *diazepam SOLN PO 5 MG/5ML* | 1 | |
| *diazepam TABS 10 MG* | 1 | QL(4 EA daily) |
| *diazepam TABS 2 MG, 5 MG* | 1 | |
| *lorazepam CONC* | 1 | |
| *lorazepam TABS* | 1 | |
| *oxazepam CAPS 30 MG* | 1 | QL(2 EA daily) |
| *oxazepam CAPS 10 MG, 15 MG* | 1 | |
| VALIUM TABS 10 MG *(diazepam)* | 7 | QL(4 EA daily) |
| VALIUM TABS 2 MG, 5 MG *(diazepam)* | 7 | |
| XANAX TABS *(alprazolam)* | 7 | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| *disopyramide phosphate CAPS* | 1 | |
| NORPACE CR CP12 | 2 | |
| NORPACE CAPS *(disopyramide phosphate)* | 7 | |
| *quinidine gluconate TBCR* | 1 | |
| Antiarrhythmics Type I-B | | |
| *mexiletine hcl* | 1 | |
| Antiarrhythmics Type I-C | | |
| *flecainide acetate* | 1 | |
| *propafenone hcl CP12* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *propafenone hcl TABS 225 MG, 300 MG* | 1 | QL(3 EA daily) |
| *propafenone hcl TABS 150 MG* | 1 | QL(6 EA daily) |
| RYTHMOL SR CP12 *(propafenone hcl)* | 7 | |
| Antiarrhythmics Type III | | |
| (Amiodarone Hcl) PACERONE TABS | 1 | |
| *amiodarone hcl TABS* | 1 | |
| *dofetilide* | 1 | |
| TIKOSYN *(dofetilide)* | 7 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Anti-Inflammatory Agents | | |
| *cromolyn sodium NEBU* | 1 | |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | 2 | Limit 2 inhalers per month; QL(0.86 GM daily) |
| INCRUSE ELLIPTA | 2 | QL(1 EA daily) |
| *ipratropium bromide SOLN 0.02 %* | 1 | |
| SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)* | 7 | QL(1 EA daily) |
| SPIRIVA RESPIMAT AERS 1.25 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.143 GM daily) |
| SPIRIVA RESPIMAT AERS 2.5 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.14 GM daily) |
| *tiotropium bromide monohydrate CAPS* | 1 | QL(1 EA daily) |
| Leukotriene Modulators | | |
| *montelukast sodium CHEW* | 1 | QL(1 EA daily) |
| *montelukast sodium PACK* | 1 | QL(1 EA daily) |
| *montelukast sodium TABS* | 1 | QL(1 EA daily) |
| SINGULAIR CHEW *(montelukast sodium)* | 7 | QL(1 EA daily) |
| SINGULAIR PACK *(montelukast sodium)* | 7 | QL(1 EA daily) |
| SINGULAIR TABS *(montelukast sodium)* | 7 | QL(1 EA daily) |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP *(roflumilast)* | 7 | QL(1 EA daily) |
| *roflumilast* | 1 | QL(1 EA daily) |
| Steroid Inhalants | | |
| ARNUITY ELLIPTA | 2 | QL(1 EA daily) |
| *budesonide (inhalation) SUSP 0.5 MG/2ML* | 1 | QL(4 ML daily) |
| *budesonide (inhalation) SUSP 0.25 MG/2ML* | 1 | QL(8 ML daily) |
| *budesonide (inhalation) SUSP 1 MG/2ML* | 1 | QL(2 ML daily) |
| *fluticasone propionate (inhalation) AEPB 100 MCG/ACT* | 1 | QL(20 EA daily) |
| *fluticasone propionate (inhalation) AEPB 50 MCG/ACT* | 1 | QL(40 EA daily) |
| *fluticasone propionate (inhalation) AEPB 250 MCG/ACT* | 1 | QL(8 EA daily) |
| *fluticasone propionate hfa 44 MCG/ACT* | 1 | Limit 2 inhalers per month; QL(0.36 GM daily) |
| *fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT* | 1 | QL(0.8 GM daily) |
| PULMICORT FLEXHALER AEPB 90 MCG/ACT | 2 | Limit 8 Inhalers per month; QL(0.27 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PULMICORT FLEXHALER AEPB 180 MCG/ACT | 2 | Limit 2 inhalers per month; QL(0.07 EA daily) |
| PULMICORT SUSP 0.25 MG/2ML *(budesonide (inhalation))* | 7 | QL(8 ML daily) |
| PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))* | 7 | QL(2 ML daily) |
| PULMICORT SUSP 0.5 MG/2ML *(budesonide (inhalation))* | 7 | QL(4 ML daily) |
| QVAR REDIHALER 80 MCG/ACT | 2 | QL(0.72 GM daily) |
| Sympathomimetics | | |
| (Budesonide-Formoterol Fumarate Dihydrate) BREYNA | 1 | |
| (Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT | 1 | QL(2 EA daily) |
| ADVAIR DISKUS AEPB *(fluticasone-salmeterol)* | 7 | QL(2 EA daily) |
| *albuterol sulfate AERS* | 1 | |
| *albuterol sulfate AERS* | 1 | QL(0.47 GM daily) |
| *albuterol sulfate AERS* | 1 | QL(1.2 GM daily) |
| *albuterol sulfate NEBU* | 1 | |
| ALBUTEROL SULFATE NEBU | 2 | |
| *albuterol sulfate SYRP* | 1 | |
| *albuterol sulfate TABS* | 1 | |
| ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)* | 7 | QL(2 EA daily) |
| *arformoterol tartrate* | 1 | QL(4 ML daily) |
| BREZTRI AEROSPHERE | 2 | QL(0.36 GM daily) |
| BROVANA *(arformoterol tartrate)* | 7 | QL(4 ML daily) |
| *budesonide-formoterol fumarate dihydrate* | 1 | |
| *fluticasone furoate-vilanterol* | 1 | QL(2 EA daily) |
| *fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT* | 1 | QL(2 EA daily) |
| *fluticasone-salmeterol AERO* | 1 | Limit 1 inhaler per month; QL(0.4 GM daily) |
| *formoterol fumarate NEBU* | 1 | QL(4 ML daily) |
| *ipratropium-albuterol SOLN* | 1 | |
| *levalbuterol hcl* | 1 | |
| *levalbuterol tartrate* | 1 | QL(0.5 GM daily) |
| PERFOROMIST NEBU *(formoterol fumarate)* | 7 | QL(4 ML daily) |
| SEREVENT DISKUS | 2 | QL(2 EA daily) |
| STIOLTO RESPIMAT | 2 | Limit 1 inhaler per month; QL(0.14 GM daily) |
| STRIVERDI RESPIMAT | 2 | Limit 1 inhaler per month; QL(0.14 GM daily) |
| SYMBICORT *(budesonide-formoterol fumarate dihydrate)* | 7 | |
| *terbutaline sulfate TABS* | 1 | |
| TRELEGY ELLIPTA | 2 | QL(2 EA daily) |
| *umeclidinium-vilanterol* | 1 | QL(2 EA daily) |
| Xanthines | | |
| *theophylline TB12 300 MG* | 1 | QL(2 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *theophylline TB12 450 MG* | 1 | QL(1 EA daily) |
| *theophylline TB24* | 1 | QL(1 EA daily) |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| (Warfarin Sodium) JANTOVEN TABS | 1 | |
| *warfarin sodium TABS* | 1 | |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT/PE STARTER PACK TBPK | 2 | QL(74 EA per 30 day(s) retail) |
| ELIQUIS TABS | 2 | QL(2 EA daily) |
| *rivaroxaban TABS 2.5 MG* | 1 | QL(1 EA daily) |
| XARELTO STARTER PACK TBPK | 2 | QL(51 EA per 30 day(s) retail) |
| XARELTO SUSR | 2 | QL(900 ML per 30 day(s) retail) |
| XARELTO TABS 10 MG | 2 | QL(2 EA daily) |
| XARELTO TABS 2.5 MG, 15 MG, 20 MG | 2 | QL(1 EA daily) |
| XARELTO TABS 2.5 MG, 15 MG, 20 MG *(rivaroxaban)* | 2 | QL(1 EA daily) |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate CAPS 110 MG* | 1 | QL(4 EA daily) |
| *dabigatran etexilate mesylate CAPS 75 MG, 150 MG* | 1 | QL(2 EA daily) |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| Anticonvulsants - Benzodiazepines | | |
| *clonazepam TABS* | 1 | |
| *clonazepam TBDP* | 1 | |
| KLONOPIN TABS *(clonazepam)* | 7 | |
| Anticonvulsants - Misc. | | |
| (Carbamazepine) EPITOL TABS | 1 | |
| (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG | 1 | ST |
| (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT | 1 | ST |
| (Lamotrigine) SUBVENITE TABS | 1 | |
| (Levetiracetam) ROWEEPRA TABS 500 MG | 1 | QL(6 EA daily) |
| (Oxcarbazepine) TRILEPTAL SUSP | 1 | QL(40 ML daily) |
| BANZEL SUSP *(rufinamide)* | 7 | |
| BANZEL TABS 200 MG *(rufinamide)* | 7 | |
| BANZEL TABS 400 MG *(rufinamide)* | 7 | QL(8 EA daily) |
| *carbamazepine CHEW 100 MG* | 1 | |
| *carbamazepine CP12* | 1 | |
| *carbamazepine SUSP* | 1 | |
| *carbamazepine TABS* | 1 | |
| *carbamazepine TB12 200 MG* | 1 | QL(8 EA daily) |
| *carbamazepine TB12 100 MG* | 1 | |
| *carbamazepine TB12 400 MG* | 1 | QL(4 EA daily) |
| CARBATROL CP12 *(carbamazepine)* | 7 | |
| *gabapentin CAPS* | 1 | |
| *gabapentin SOLN* | 1 | |
| *gabapentin TABS 600 MG, 800 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KEPPRA XR TB24 *(levetiracetam)* | 7 | QL(4 EA daily) |
| KEPPRA SOLN PO 100 MG/ML *(levetiracetam)* | 7 | |
| KEPPRA TABS 1000 MG *(levetiracetam)* | 7 | QL(3 EA daily) |
| KEPPRA TABS 250 MG, 500 MG, 750 MG *(levetiracetam)* | 7 | QL(6 EA daily) |
| *lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML* | 1 | QL(40 ML daily) |
| *lacosamide TABS* | 1 | QL(2 EA daily) |
| LAMICTAL ODT TBDP *(lamotrigine)* | 7 | PA |
| LAMICTAL STARTER KIT 25 MG *(lamotrigine)* | 7 | ST |
| LAMICTAL CHEW *(lamotrigine)* | 7 | |
| LAMICTAL TABS *(lamotrigine)* | 7 | |
| *lamotrigine CHEW* | 1 | |
| *lamotrigine KIT 25 MG* | 1 | ST |
| *lamotrigine TABS* | 1 | |
| *lamotrigine TBDP* | 1 | PA |
| *levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML* | 1 | |
| *levetiracetam TABS 250 MG, 500 MG, 750 MG* | 1 | QL(6 EA daily) |
| *levetiracetam TABS 1000 MG* | 1 | QL(3 EA daily) |
| *levetiracetam TB24* | 1 | QL(4 EA daily) |
| LYRICA CAPS 225 MG, 300 MG *(pregabalin)* | 7 | QL(2 EA daily) |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(pregabalin)* | 7 | QL(3 EA daily) |
| LYRICA SOLN *(pregabalin)* | 7 | QL(30 ML daily) |
| MYSOLINE *(primidone)* | 7 | |
| NEURONTIN CAPS *(gabapentin)* | 7 | |
| NEURONTIN SOLN *(gabapentin)* | 7 | |
| NEURONTIN TABS *(gabapentin)* | 7 | |
| *oxcarbazepine SUSP* | 1 | QL(40 ML daily) |
| *oxcarbazepine TABS 150 MG* | 1 | |
| *oxcarbazepine TABS 300 MG* | 1 | QL(8 EA daily) |
| *oxcarbazepine TABS 600 MG* | 1 | QL(4 EA daily) |
| *pregabalin CAPS 225 MG, 300 MG* | 1 | QL(2 EA daily) |
| *pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG* | 1 | QL(3 EA daily) |
| *pregabalin SOLN* | 1 | QL(30 ML daily) |
| *primidone 50 MG, 250 MG* | 1 | |
| *rufinamide SUSP* | 1 | |
| *rufinamide TABS 400 MG* | 1 | QL(8 EA daily) |
| *rufinamide TABS 200 MG* | 1 | |
| TEGRETOL SUSP *(carbamazepine)* | 7 | |
| TEGRETOL TABS *(carbamazepine)* | 7 | |
| TEGRETOL-XR TB12 200 MG *(carbamazepine)* | 7 | QL(8 EA daily) |
| TEGRETOL-XR TB12 400 MG *(carbamazepine)* | 7 | QL(4 EA daily) |
| TEGRETOL-XR TB12 100 MG *(carbamazepine)* | 7 | |
| TOPAMAX SPRINKLE CPSP *(topiramate)* | 7 | |
| TOPAMAX TABS 200 MG *(topiramate)* | 7 | QL(2 EA daily) |
| TOPAMAX TABS 50 MG *(topiramate)* | 7 | QL(8 EA daily) |
| TOPAMAX TABS 25 MG *(topiramate)* | 7 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOPAMAX TABS 100 MG *(topiramate)* | 7 | QL(4 EA daily) |
| *topiramate CPSP 15 MG, 25 MG* | 1 | |
| *topiramate TABS 100 MG* | 1 | QL(4 EA daily) |
| *topiramate TABS 50 MG* | 1 | QL(8 EA daily) |
| *topiramate TABS 200 MG* | 1 | QL(2 EA daily) |
| *topiramate TABS 25 MG* | 1 | |
| TRILEPTAL TABS 300 MG *(oxcarbazepine)* | 7 | QL(8 EA daily) |
| TRILEPTAL TABS 600 MG *(oxcarbazepine)* | 7 | QL(4 EA daily) |
| TRILEPTAL TABS 150 MG *(oxcarbazepine)* | 7 | |
| VIMPAT SOLN PO 10 MG/ML *(lacosamide)* | 7 | QL(40 ML daily) |
| VIMPAT TABS *(lacosamide)* | 7 | QL(2 EA daily) |
| ZONEGRAN CAPS 25 MG *(zonisamide)* | 7 | |
| ZONEGRAN CAPS 100 MG *(zonisamide)* | 7 | QL(6 EA daily) |
| *zonisamide CAPS 25 MG, 50 MG* | 1 | |
| *zonisamide CAPS 100 MG* | 1 | QL(6 EA daily) |
| Carbamates | | |
| *felbamate SUSP* | 1 | |
| *felbamate TABS* | 1 | |
| FELBATOL SUSP *(felbamate)* | 7 | |
| FELBATOL TABS *(felbamate)* | 7 | |
| GABA Modulators | | |
| (Vigabatrin) VIGADRONE, VIGPODER PACK | 1 | QL(6 EA daily) |
| (Vigabatrin) VIGADRONE TABS | 1 | |
| SABRIL PACK *(vigabatrin)* | 7 | QL(6 EA daily) |
| SABRIL TABS *(vigabatrin)* | 7 | |
| *vigabatrin PACK* | 1 | QL(6 EA daily) |
| *vigabatrin TABS* | 1 | |
| Hydantoins | | |
| (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG | 1 | |
| (Phenytoin) PHENYTOIN INFATABS CHEW | 1 | |
| DILANTIN *(phenytoin sodium extended)* | 7 | |
| DILANTIN 30 MG | 2 | |
| DILANTIN INFATABS CHEW *(phenytoin)* | 7 | |
| DILANTIN-125 SUSP *(phenytoin)* | 7 | |
| DILANTIN SUSP *(phenytoin)* | 7 | |
| *phenytoin sodium extended 100 MG, 200 MG, 300 MG* | 1 | |
| *phenytoin CHEW* | 1 | |
| *phenytoin SUSP* | 1 | |
| Succinimides | | |
| CELONTIN *(methsuximide)* | 7 | |
| *ethosuximide CAPS* | 1 | |
| *ethosuximide SOLN* | 1 | |
| *methsuximide* | 1 | |
| ZARONTIN CAPS *(ethosuximide)* | 7 | |
| ZARONTIN SOLN *(ethosuximide)* | 7 | |
| Valproic Acid | | |
| DEPAKOTE ER TB24 *(divalproex sodium)* | 7 | |
| DEPAKOTE SPRINKLES CSDR *(divalproex sodium)* | 7 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEPAKOTE TBEC *(divalproex sodium)* | 7 | |
| *divalproex sodium CSDR* | 1 | |
| *divalproex sodium TB24* | 1 | |
| *divalproex sodium TBEC* | 1 | |
| *valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML* | 1 | |
| *valproic acid CAPS* | 1 | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| *mirtazapine TABS* | 1 | |
| *mirtazapine TBDP* | 1 | |
| REMERON SOLTAB TBDP *(mirtazapine)* | 7 | |
| REMERON TABS 15 MG, 30 MG *(mirtazapine)* | 7 | |
| Antidepressants - Misc. | | |
| *bupropion hcl TABS* | 1 | |
| *bupropion hcl TB12* | 1 | |
| *bupropion hcl TB24 150 MG, 300 MG* | 1 | QL(1 EA daily) |
| WELLBUTRIN SR TB12 *(bupropion hcl)* | 7 | |
| WELLBUTRIN XL TB24 *(bupropion hcl)* | 7 | QL(1 EA daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| NARDIL *(phenelzine sulfate)* | 7 | |
| PARNATE *(tranylcypromine sulfate)* | 7 | |
| *phenelzine sulfate* | 1 | |
| *tranylcypromine sulfate* | 1 | |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| SPRAVATO (56 MG DOSE) | 2 | PA |
| SPRAVATO (84 MG DOSE) | 2 | PA |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CELEXA TABS *(citalopram hydrobromide)* | 7 | QL(1 EA daily) |
| *citalopram hydrobromide SOLN* | 1 | QL(20 ML daily) |
| *citalopram hydrobromide TABS* | 1 | QL(1 EA daily) |
| *escitalopram oxalate SOLN* | 1 | |
| *escitalopram oxalate TABS 10 MG, 20 MG* | 1 | QL(1 EA daily) |
| *escitalopram oxalate TABS 5 MG* | 1 | QL(2 EA daily) |
| *fluoxetine hcl CAPS 10 MG, 20 MG* | 1 | |
| *fluoxetine hcl CAPS 40 MG* | 1 | QL(1 EA daily) |
| *fluoxetine hcl SOLN* | 1 | QL(15 ML daily) |
| *fluoxetine hcl TABS 10 MG* | 1 | |
| *fluoxetine hcl TABS 20 MG* | 1 | QL(1 EA daily) |
| *fluvoxamine maleate CP24 100 MG* | 1 | QL(3 EA daily) |
| *fluvoxamine maleate CP24 150 MG* | 1 | |
| *fluvoxamine maleate TABS 100 MG* | 1 | QL(3 EA daily) |
| *fluvoxamine maleate TABS 25 MG, 50 MG* | 1 | |
| LEXAPRO TABS 5 MG *(escitalopram oxalate)* | 7 | QL(2 EA daily) |
| LEXAPRO TABS 10 MG, 20 MG *(escitalopram oxalate)* | 7 | QL(1 EA daily) |
| *paroxetine hcl SUSP* | 1 | |
| *paroxetine hcl TABS* | 1 | |
| *paroxetine hcl TB24* | 1 | |

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|---|---|---|
| PAXIL CR TB24 *(paroxetine hcl)* | 7 | |
| PAXIL SUSP *(paroxetine hcl)* | 7 | |
| PAXIL TABS *(paroxetine hcl)* | 7 | |
| PROZAC CAPS 10 MG, 20 MG *(fluoxetine hcl)* | 7 | |
| PROZAC CAPS 40 MG *(fluoxetine hcl)* | 7 | QL(1 EA daily) |
| *sertraline hcl CONC* | 1 | |
| *sertraline hcl TABS* | 1 | QL(2 EA daily) |
| ZOLOFT CONC *(sertraline hcl)* | 7 | |
| ZOLOFT TABS *(sertraline hcl)* | 7 | QL(2 EA daily) |
| Serotonin Modulators | | |
| *nefazodone hcl* | 1 | |
| *trazodone hcl TABS* | 1 | |
| TRINTELLIX | 2 | ST |
| VIIBRYD TABS 20 MG *(vilazodone hcl)* | 7 | QL(2 EA daily) |
| VIIBRYD TABS 10 MG, 40 MG *(vilazodone hcl)* | 7 | |
| *vilazodone hcl TABS 10 MG, 40 MG* | 1 | |
| *vilazodone hcl TABS 20 MG* | 1 | QL(2 EA daily) |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| CYMBALTA CPEP *(duloxetine hcl)* | 7 | QL(2 EA daily) |
| *desvenlafaxine succinate* | 1 | QL(1 EA daily) |
| *duloxetine hcl CPEP 20 MG, 30 MG, 60 MG* | 1 | QL(2 EA daily) |
| EFFEXOR XR CP24 150 MG *(venlafaxine hcl)* | 7 | QL(2 EA daily) |
| EFFEXOR XR CP24 37.5 MG, 75 MG *(venlafaxine hcl)* | 7 | QL(1 EA daily) |
| PRISTIQ *(desvenlafaxine succinate)* | 7 | QL(1 EA daily) |
| *venlafaxine hcl CP24 150 MG* | 1 | QL(2 EA daily) |
| *venlafaxine hcl CP24 37.5 MG, 75 MG* | 1 | QL(1 EA daily) |
| *venlafaxine hcl TABS* | 1 | |
| *venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG* | 1 | QL(1 EA daily) |
| *venlafaxine hcl TB24 225 MG* | 1 | |
| Tricyclic Agents | | |
| *amitriptyline hcl TABS* | 1 | |
| *amoxapine* | 1 | |
| ANAFRANIL *(clomipramine hcl)* | 7 | |
| *clomipramine hcl* | 1 | |
| *desipramine hcl TABS* | 1 | |
| *doxepin hcl CAPS* | 1 | |
| *doxepin hcl CONC* | 1 | |
| *imipramine hcl TABS 50 MG* | 1 | QL(4 EA daily) |
| *imipramine hcl TABS 10 MG, 25 MG* | 1 | |
| NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)* | 7 | |
| *nortriptyline hcl CAPS* | 1 | |
| *nortriptyline hcl SOLN* | 1 | |
| PAMELOR CAPS *(nortriptyline hcl)* | 7 | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose* | 1 | |
| Antidiabetic Combinations | | |
| ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)* | 7 | |

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|---|---|---|
| *dapagliflozin propanediol-metformin hcl 1000 MG-5 MG* | 1 | QL(2 EA daily) |
| *dapagliflozin propanediol-metformin hcl 1000 MG-10 MG* | 1 | QL(1 EA daily) |
| DUETACT *(pioglitazone hcl-glimepiride)* | 7 | |
| *glipizide-metformin hcl* | 1 | |
| *glyburide-metformin* | 1 | |
| GLYXAMBI | 2 | |
| JANUMET XR TB24 1000 MG-100 MG | 2 | QL(1 EA daily) |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 2 | QL(2 EA daily) |
| JANUMET TABS | 2 | QL(2 EA daily) |
| *pioglitazone hcl-glimepiride* | 1 | |
| *pioglitazone hcl-metformin hcl TABS* | 1 | |
| *saxagliptin-metformin hcl* | 1 | QL(1 EA daily) |
| SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 EA daily) |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG | 2 | QL(1 EA daily) |
| SYNJARDY TABS | 2 | QL(2 EA daily) |
| TRIJARDY XR | 2 | |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG | 2 | QL(1 EA daily) |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG | 2 | QL(2 EA daily) |
| Biguanides | | |
| *metformin hcl SOLN* | 1 | |
| *metformin hcl TABS 500 MG, 850 MG, 1000 MG* | 1 | |
| *metformin hcl TB24 500 MG, 750 MG* | 1 | |
| RIOMET SOLN *(metformin hcl)* | 7 | |
| Diabetic Other | | |
| GLUCAGON EMERGENCY | 2 | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| JANUVIA | 2 | QL(1 EA daily) |
| *saxagliptin hcl* | 1 | QL(1 EA daily) |
| Incretin Mimetic Agents | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 4 | Check plan documents for coverage. Not available through mail order; PA |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 4 | Check plan documents for coverage. Not available through mail order; PA |
| OZEMPIC (2 MG/DOSE) SOPN | 4 | Check plan documents for coverage. Not available through mail order; PA |
| RYBELSUS TABS | 2 | Check plan documents for coverage. Not available through mail order; PA |
| TRULICITY | 4 | Check plan documents for coverage. Not available through mail order; PA |
| Insulin | | |
| HUMALOG JUNIOR KWIKPEN SOPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HUMALOG KWIKPEN SOPN 200 UNIT/ML | 2 | Limit 24mls per Month; QL(0.8 ML daily) |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMALOG MIX 50/50 KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMALOG MIX 50/50 SUSP | 2 | Limit 40mls per month; QL(1.5 ML daily) |
| HUMALOG MIX 75/25 KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMALOG MIX 75/25 SUSP | 2 | Limit 40mls per month; QL(1.34 ML daily) |
| HUMALOG SOCT | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMALOG SOLN IJ | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMULIN 70/30 KWIKPEN SUPN | 2 | Limit 45ml per month; QL(1.5 ML daily) |
| HUMULIN 70/30 SUSP | 2 | Limit 40mls per month; QL(1.34 ML daily) |
| HUMULIN 70/30 SUSP | 2 | Limit 4 vials per month; QL(1.34 ML daily) |
| HUMULIN N KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| HUMULIN N SUSP | 2 | Limit 40mls per month; QL(1.34 ML daily) |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | Limit 40mls per month; QL(1.34 ML daily) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | QL(40 ML per fill retail; 40 ML per 30 day(s) retail) |
| HUMULIN R SOLN IJ | 2 | Limit 40mls per month; QL(1.34 ML daily) |
| HUMULIN R SOLN IJ | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| INSULIN LISPRO PROT & LISPRO SUPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| LANTUS SOLOSTAR SOPN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| LANTUS SOLN | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| TOUJEO MAX SOLOSTAR SOPN | 2 | Limit 2 pens per month; QL(0.2 ML daily) |
| TOUJEO SOLOSTAR SOPN | 2 | Limit 3 pens per month; QL(0.15 ML daily) |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML | 2 | Limit 27mls per month; QL(0.9 ML daily) |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML | 2 | Limit 45mls per month; QL(1.5 ML daily) |
| TRESIBA SOLN | 2 | QL(1.5 ML daily) |
| Insulin Sensitizing Agents | | |
| ACTOS 30 MG, 45 MG *(pioglitazone hcl)* | 7 | QL(1 EA daily) |
| ACTOS 15 MG *(pioglitazone hcl)* | 7 | |
| ***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 | | |
| ***dapagliflozin propanediol*** | 1 | QL(1 EA daily) |
| FARXIGA | 2 | QL(1 EA daily) |
| JARDIANCE | 2 | QL(1 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Sulfonylureas | | |
| (Glipizide) GLIPIZIDE XL TB24 | 1 | |
| AMARYL *(glimepiride)* | 7 | |
| *glimepiride 1 MG, 2 MG, 4 MG* | 1 | |
| *glipizide TABS* | 1 | |
| *glipizide TB24* | 1 | |
| GLUCOTROL XL TB24 *(glipizide)* | 7 | |
| *glyburide micronized 1.5 MG, 3 MG, 6 MG* | 1 | |
| *glyburide TABS* | 1 | |
| GLYNASE *(glyburide micronized)* | 7 | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| *diphenoxylate w/ atropine LIQD* | 1 | |
| *diphenoxylate w/ atropine TABS* | 1 | |
| LOMOTIL TABS *(diphenoxylate w/ atropine)* | 7 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| *deferasirox TABS* | 1 | PA |
| JADENU TABS *(deferasirox)* | 7 | PA |
| Opioid Antagonists | | |
| KLOXXADO LIQD | 2 | |
| *naltrexone hcl* | 1 | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| *ondansetron hcl SOLN PO 4 MG/5ML* | 1 | Limit 50mls per month; QL(1.67 ML daily; 50 ML per fill retail) |
| *ondansetron hcl TABS 4 MG, 8 MG* | 1 | QL(20 EA per fill retail) |
| *ondansetron TBDP 4 MG, 8 MG* | 1 | QL(20 EA per fill retail) |
| Antiemetics - Anticholinergic | | |
| (Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW | 1 | RX/OTC |
| ANTIVERT CHEW *(meclizine hcl)* | 7 | RX/OTC |
| *meclizine hcl CHEW* | 1 | RX/OTC |
| *trimethobenzamide hcl CAPS* | 1 | |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungals | | |
| *griseofulvin microsize SUSP* | 1 | |
| *griseofulvin microsize TABS* | 1 | |
| *griseofulvin ultramicrosize* | 1 | |
| *nystatin TABS* | 1 | |
| *terbinafine hcl TABS* | 1 | QL(1 EA daily; 90 EA per 365 day(s) retail) |
| Imidazole-Related Antifungals | | |
| DIFLUCAN SUSR *(fluconazole)* | 7 | |
| DIFLUCAN TABS 100 MG, 150 MG, 200 MG *(fluconazole)* | 7 | |
| *fluconazole SUSR* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluconazole TABS* | 1 | |
| *itraconazole CAPS* | 1 | ST; PA |
| *itraconazole SOLN* | 1 | PA |
| *ketoconazole* | 1 | |
| SPORANOX CAPS *(itraconazole)* | 7 | ST; PA |
| SPORANOX SOLN *(itraconazole)* | 7 | PA |
| TOLSURA CAPS | 2 | PA |
| VFEND SUSR *(voriconazole)* | 7 | |
| VFEND TABS *(voriconazole)* | 7 | QL(2 EA daily) |
| *voriconazole SUSR* | 1 | |
| *voriconazole TABS* | 1 | QL(2 EA daily) |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| *carbinoxamine maleate SOLN* | 1 | |
| *clemastine fumarate SYRP* | 1 | |
| *clemastine fumarate TABS 2.68 MG* | 1 | |
| Antihistamines - Phenothiazines | | |
| (Promethazine Hcl) PROMETHEGAN SUPP 50 MG | 1 | QL(3 EA daily) |
| (Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG | 1 | |
| *promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML* | 1 | |
| *promethazine hcl SUPP 12.5 MG, 25 MG* | 1 | |
| *promethazine hcl TABS 25 MG* | 1 | QL(6 EA daily) |
| *promethazine hcl TABS 50 MG* | 1 | QL(3 EA daily) |
| *promethazine hcl TABS 12.5 MG* | 1 | |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl SYRP* | 1 | |
| *cyproheptadine hcl TABS* | 1 | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| *ezetimibe-simvastatin* | 1 | QL(1 EA daily) |
| VYTORIN *(ezetimibe-simvastatin)* | 7 | QL(1 EA daily) |
| Antihyperlipidemics - Misc. | | |
| *icosapent ethyl* | 2 | PA |
| LOVAZA *(omega-3-acid ethyl esters)* | 7 | QL(4 EA daily) |
| *omega-3-acid ethyl esters* | 1 | QL(4 EA daily) |
| VASCEPA *(icosapent ethyl)* | 2 | PA |
| Bile Acid Sequestrants | | |
| (Cholestyramine Light) PREVALITE POWD | 1 | |
| *cholestyramine light POWD* | 1 | |
| *cholestyramine POWD* | 1 | |
| COLESTID FLAVORED GRAN *(colestipol hcl)* | 7 | |
| COLESTID GRAN *(colestipol hcl)* | 7 | |
| COLESTID TABS *(colestipol hcl)* | 7 | |
| *colestipol hcl GRAN* | 1 | |
| *colestipol hcl TABS* | 1 | |
| QUESTRAN LIGHT POWD *(cholestyramine light)* | 7 | |
| QUESTRAN POWD *(cholestyramine)* | 7 | |
| Fibric Acid Derivatives | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *choline fenofibrate 45 MG* | 1 | |
| *choline fenofibrate 135 MG* | 1 | QL(1 EA daily) |
| *fenofibrate micronized 43 MG, 67 MG, 134 MG* | 1 | |
| *fenofibrate micronized 130 MG, 200 MG* | 1 | QL(1 EA daily) |
| *fenofibrate TABS 54 MG* | 1 | QL(2 EA daily) |
| *fenofibrate TABS 48 MG* | 1 | |
| *fenofibrate TABS 145 MG, 160 MG* | 1 | QL(1 EA daily) |
| *gemfibrozil TABS* | 1 | |
| LOPID TABS *(gemfibrozil)* | 7 | |
| TRICOR TABS 145 MG *(fenofibrate)* | 7 | QL(1 EA daily) |
| TRICOR TABS 48 MG *(fenofibrate)* | 7 | |
| TRILIPIX 135 MG *(choline fenofibrate)* | 7 | QL(1 EA daily) |
| TRILIPIX 45 MG *(choline fenofibrate)* | 7 | |
| HMG CoA Reductase Inhibitors | | |
| *atorvastatin calcium TABS* | 1 | QL(1 EA daily) |
| CRESTOR TABS *(rosuvastatin calcium)* | 7 | QL(1 EA daily) |
| *fluvastatin sodium CAPS* | 1 | QL(1 EA daily) |
| *fluvastatin sodium TB24* | 1 | QL(1 EA daily) |
| LESCOL XL TB24 *(fluvastatin sodium)* | 7 | QL(1 EA daily) |
| LIPITOR TABS *(atorvastatin calcium)* | 7 | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lovastatin TABS 10 MG, 20 MG* | 5 | $0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); PV |
| *lovastatin TABS 40 MG* | 5 | $0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV |
| *pravastatin sodium 10 MG, 20 MG, 80 MG* | 1 | QL(1 EA daily) |
| *pravastatin sodium 40 MG* | 1 | QL(2 EA daily) |
| *rosuvastatin calcium TABS* | 1 | QL(1 EA daily) |
| *simvastatin TABS* | 1 | QL(1 EA daily) |
| ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)* | 7 | QL(1 EA daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | 1 | |
| ZETIA *(ezetimibe)* | 7 | |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) TBCR* | 1 | |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| PRALUENT SOAJ | 4 | PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACE Inhibitors | | |
| ACCUPRIL *(quinapril hcl)* | 7 | |
| ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)* | 7 | QL(2 EA daily) |
| *benazepril hcl* | 1 | |
| *captopril* | 1 | |
| *enalapril maleate TABS* | 1 | QL(2 EA daily) |
| *fosinopril sodium* | 1 | |
| *lisinopril TABS 40 MG* | 1 | QL(2 EA daily) |
| *lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG* | 1 | |
| LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)* | 7 | |
| *moexipril hcl* | 1 | |
| *perindopril erbumine* | 1 | |
| *quinapril hcl* | 1 | |
| *ramipril CAPS* | 1 | QL(2 EA daily) |
| *trandolapril* | 1 | |
| VASOTEC TABS *(enalapril maleate)* | 7 | QL(2 EA daily) |
| ZESTRIL TABS 40 MG *(lisinopril)* | 7 | QL(2 EA daily) |
| ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG *(lisinopril)* | 7 | |
| Agents for Pheochromocytoma | | |
| DIBENZYLINE *(phenoxybenzamine hcl)* | 7 | Not available through mail |
| *phenoxybenzamine hcl* | 1 | Not available through mail |
| Angiotensin II Receptor Antagonists | | |
| ATACAND 4 MG, 8 MG, 16 MG *(candesartan cilexetil)* | 7 | |
| ATACAND 32 MG *(candesartan cilexetil)* | 7 | QL(1 EA daily) |
| AVAPRO 150 MG, 300 MG *(irbesartan)* | 7 | |
| BENICAR 40 MG *(olmesartan medoxomil)* | 7 | QL(1 EA daily) |
| BENICAR 5 MG, 20 MG *(olmesartan medoxomil)* | 7 | |
| *candesartan cilexetil 32 MG* | 1 | QL(1 EA daily) |
| *candesartan cilexetil 4 MG, 8 MG, 16 MG* | 1 | |
| COZAAR *(losartan potassium)* | 7 | |
| DIOVAN TABS 160 MG *(valsartan)* | 7 | QL(2 EA daily) |
| DIOVAN TABS 40 MG, 80 MG, 320 MG *(valsartan)* | 7 | |
| *irbesartan* | 1 | |
| *losartan potassium* | 1 | |
| MICARDIS 20 MG, 40 MG *(telmisartan)* | 7 | |
| MICARDIS 80 MG *(telmisartan)* | 7 | QL(1 EA daily) |
| *olmesartan medoxomil 40 MG* | 1 | QL(1 EA daily) |
| *olmesartan medoxomil 5 MG, 20 MG* | 1 | |
| *telmisartan 20 MG, 40 MG* | 1 | |
| *telmisartan 80 MG* | 1 | QL(1 EA daily) |
| *valsartan TABS 160 MG* | 1 | QL(2 EA daily) |
| *valsartan TABS 40 MG, 80 MG, 320 MG* | 1 | |
| Antiadrenergic Antihypertensives | | |
| CARDURA *(doxazosin mesylate)* | 7 | |
| *clonidine hcl TABS* | 1 | |
| *doxazosin mesylate* | 1 | |
| *guanfacine hcl* | 1 | |
| *methyldopa TABS* | 1 | |
| MINIPRESS CAPS *(prazosin hcl)* | 7 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *prazosin hcl CAPS* | 1 | |
| *terazosin hcl 10 MG* | 1 | QL(2 EA daily) |
| *terazosin hcl 1 MG, 2 MG, 5 MG* | 1 | |
| Antihypertensive Combinations | | |
| ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)* | 7 | |
| *amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG* | 1 | QL(1 EA daily) |
| *amlodipine besylate-benazepril hcl 10 MG-2.5 MG* | 1 | |
| *amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG* | 1 | |
| *amlodipine besylate-valsartan 10 MG-160 MG* | 1 | QL(1 EA daily) |
| *amlodipine-valsartan-hydrochlorothiazide* | 1 | |
| ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)* | 7 | |
| *atenolol & chlorthalidone* | 1 | |
| AVALIDE *(irbesartan-hydrochlorothiazide)* | 7 | |
| *benazepril & hydrochlorothiazide* | 1 | |
| BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG *(olmesartan medoxomil-hydrochlorothiazide)* | 7 | QL(1 EA daily) |
| BENICAR HCT 12.5 MG-20 MG *(olmesartan medoxomil-hydrochlorothiazide)* | 7 | |
| *bisoprolol & hydrochlorothiazide* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide* | 1 | |
| DIOVAN HCT 25 MG-160 MG *(valsartan-hydrochlorothiazide)* | 7 | QL(1 EA daily) |
| DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG *(valsartan-hydrochlorothiazide)* | 7 | |
| *enalapril maleate & hydrochlorothiazide* | 1 | |
| EXFORGE 10 MG-160 MG *(amlodipine besylate-valsartan)* | 7 | QL(1 EA daily) |
| EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG *(amlodipine besylate-valsartan)* | 7 | |
| EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)* | 7 | |
| *fosinopril sodium & hydrochlorothiazide* | 1 | |
| HYZAAR *(losartan potassium & hydrochlorothiazide)* | 7 | |
| *irbesartan-hydrochlorothiazide* | 1 | |
| *lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG* | 1 | |
| *lisinopril & hydrochlorothiazide 25 MG-20 MG* | 1 | QL(2 EA daily) |
| *losartan potassium & hydrochlorothiazide* | 1 | |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)* | 7 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)* | 7 | QL(1 EA daily) |
| *metoprolol & hydrochlorothiazide TABS* | 1 | |
| MICARDIS HCT *(telmisartan-hydrochlorothiazide)* | 7 | |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 1 | ST |
| *olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG* | 1 | QL(1 EA daily) |
| *quinapril-hydrochlorothiazide 25 MG-20 MG* | 1 | QL(1 EA daily) |
| *quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG* | 1 | |
| *telmisartan-amlodipine* | 1 | |
| *telmisartan-hydrochlorothiazide* | 1 | |
| TENORETIC 100 *(atenolol & chlorthalidone)* | 7 | |
| TENORETIC 50 *(atenolol & chlorthalidone)* | 7 | |
| TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)* | 7 | ST |
| *valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG* | 1 | |
| *valsartan-hydrochlorothiazide 25 MG-160 MG* | 1 | QL(1 EA daily) |
| VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)* | 7 | |
| ZESTORETIC 25 MG-20 MG *(lisinopril & hydrochlorothiazide)* | 7 | QL(2 EA daily) |
| ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(lisinopril & hydrochlorothiazide)* | 7 | |
| ZIAC *(bisoprolol & hydrochlorothiazide)* | 7 | |
| Selective Aldosterone Receptor Antagonists (SARAs) | | |
| *eplerenone* | 1 | |
| INSPRA *(eplerenone)* | 7 | |
| Vasodilators | | |
| *hydralazine hcl TABS* | 1 | |
| *minoxidil 2.5 MG, 10 MG* | 1 | |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| FLAGYL CAPS *(metronidazole)* | 7 | |
| IMPAVIDO | 2 | |
| *metronidazole CAPS* | 1 | |
| *metronidazole TABS 250 MG, 500 MG* | 1 | |
| NEBUPENT IN *(pentamidine isethionate)* | 7 | |
| *pentamidine isethionate IN* | 1 | |
| *trimethoprim TABS* | 1 | |
| Anti-infective Misc. - Combinations | | |
| (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)* | 7 | |
| BACTRIM TABS *(sulfamethoxazole-trimethoprim)* | 7 | |
| *sulfamethoxazole-trimethoprim SUSP* | 1 | |
| *sulfamethoxazole-trimethoprim TABS* | 1 | |
| Antiprotozoal Agents | | |
| *atovaquone* | 1 | |
| LAMPIT | 2 | AC; PA |
| MEPRON *(atovaquone)* | 7 | |
| Glycopeptides | | |
| VANCOCIN CAPS *(vancomycin hcl)* | 7 | QL(2 EA daily) |
| *vancomycin hcl CAPS* | 1 | QL(2 EA daily) |
| Leprostatics | | |
| *dapsone 25 MG* | 1 | |
| *dapsone 100 MG* | 1 | QL(4 EA daily) |
| Lincosamides | | |
| CLEOCIN *(clindamycin hcl)* | 7 | |
| *clindamycin hcl* | 1 | |
| Oxazolidinones | | |
| *linezolid SUSR* | 1 | QL(210 ML per 90 day(s) retail); PA |
| *linezolid TABS* | 1 | QL(20 EA per 90 day(s) retail); PA |
| SIVEXTRO TABS | 2 | QL(6 EA per 90 day(s) retail) |
| ZYVOX SUSR *(linezolid)* | 7 | QL(210 ML per 90 day(s) retail); PA |
| ZYVOX TABS *(linezolid)* | 7 | QL(20 EA per 90 day(s) retail); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Urinary Anti-infectives | | |
| MACROBID *(nitrofurantoin monohyd macro)* | 7 | |
| MACRODANTIN *(nitrofurantoin macrocrystal)* | 7 | |
| *methenamine mandelate* | 1 | |
| *nitrofurantoin* | 1 | |
| *nitrofurantoin macrocrystal* | 1 | |
| *nitrofurantoin monohyd macro* | 1 | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| *atovaquone-proguanil hcl 25 MG-62.5 MG* | 1 | |
| COARTEM | 2 | QL(0.8 EA daily) |
| MALARONE 25 MG-62.5 MG *(atovaquone-proguanil hcl)* | 7 | |
| Antimalarials | | |
| *chloroquine phosphate TABS 250 MG* | 1 | |
| *chloroquine phosphate TABS 500 MG* | 2 | |
| *hydroxychloroquine sulfate 200 MG* | 1 | |
| KRINTAFEL | 2 | QL(2 EA per 30 day(s) retail) |
| *mefloquine hcl* | 1 | QL(6 EA per fill retail) |
| *primaquine phosphate TABS* | 1 | |
| PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)* | 7 | |
| QUALAQUIN CAPS *(quinine sulfate)* | 7 | QL(2 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *quinine sulfate CAPS 324 MG* | 1 | QL(2 EA daily); PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| MESTINON TABS *(pyridostigmine bromide)* | 7 | |
| MESTINON TBCR *(pyridostigmine bromide)* | 7 | |
| *pyridostigmine bromide TABS 60 MG* | 1 | |
| *pyridostigmine bromide TBCR* | 1 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *ethambutol hcl TABS* | 1 | |
| *isoniazid SYRP* | 1 | |
| *isoniazid TABS* | 1 | |
| MYAMBUTOL TABS 400 MG *(ethambutol hcl)* | 7 | |
| MYCOBUTIN *(rifabutin)* | 7 | |
| PRIFTIN | 2 | |
| *pyrazinamide* | 1 | |
| *rifabutin* | 1 | |
| *rifampin CAPS* | 1 | |
| TRECATOR | 2 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN *(melphalan)* | 7 | AC |
| *cyclophosphamide CAPS* | 1 | AC |
| CYCLOPHOSPHAMIDE TABS | 2 | |
| GLEOSTINE 10 MG, 40 MG, 100 MG | 2 | AC; AC |
| LEUKERAN | 2 | AC |
| *melphalan* | 1 | AC |
| MYLERAN TABS | 2 | AC |
| *temozolomide CAPS* | 1 | AC |
| Antimetabolites | | |
| *capecitabine 150 MG* | 1 | AC |
| *capecitabine 500 MG* | 1 | AC |
| *mercaptopurine TABS* | 1 | AC |
| *methotrexate sodium TABS 2.5 MG* | 1 | AC |
| ONUREG TABS | 2 | AC; PA |
| TABLOID | 2 | AC |
| XATMEP SOLN PO | 2 | AC; PA |
| XELODA 500 MG *(capecitabine)* | 7 | AC |
| XELODA 150 MG *(capecitabine)* | 7 | AC |
| Antineoplastic - Angiogenesis Inhibitors | | |
| INLYTA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| LENVIMA (10 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (12 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (14 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA (18 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| LENVIMA (20 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (24 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (4 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (8 MG DAILY DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| Antineoplastic - Anti-HER2 Agents | | |
| TUKYSA | 2 | PA; AC; AC; PA |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPK | 2 | PA; AC; AC; PA |
| VENCLEXTA TABS 100 MG | 2 | PA; AC; QL(4 EA daily); AC; PA |
| VENCLEXTA TABS 10 MG | 2 | PA; AC; QL(2 EA daily); AC; PA |
| VENCLEXTA TABS 50 MG | 2 | PA; AC; AC; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antineoplastic - EGFR Inhibitors | | |
| *erlotinib hcl* | 1 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| *gefitinib* | 1 | AC; AC |
| GILOTRIF | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| IRESSA *(gefitinib)* | 7 | AC; AC |
| TAGRISSO | 2 | SP; AC; PA |
| TARCEVA *(erlotinib hcl)* | 7 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| VIZIMPRO | 2 | PA; AC; AC; PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 2 | PA |
| ERIVEDGE | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| ODOMZO | 2 | AC |
| Antineoplastic - Hormonal and Related Agents | | |
| (Abiraterone Acetate) ABIRTEGA 250 MG | 1 | Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA |
| *abiraterone acetate* | 1 | Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA |
| *anastrozole* | 5 | Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ARIMIDEX *(anastrozole)* | 5 | Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC |
| AROMASIN *(exemestane)* | 5 | Grand Fathered Plans at Tier 2; PV; AC |
| *bicalutamide* | 1 | QL(1 EA daily); AC |
| CASODEX *(bicalutamide)* | 7 | QL(1 EA daily); AC |
| EMCYT | 2 | AC |
| ERLEADA 240 MG | 2 | Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA |
| ERLEADA 60 MG | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| EULEXIN | 2 | AC |
| *exemestane* | 5 | Grand Fathered Plans at Tier 2; PV; AC |
| FARESTON *(toremifene citrate)* | 7 | AC |
| FEMARA *(letrozole)* | 7 | AC |
| *letrozole* | 1 | AC |
| LYSODREN | 2 | AC |
| *megestrol acetate SUSP* | 1 | AC |
| *megestrol acetate TABS* | 1 | AC |
| NILANDRON *(nilutamide)* | 7 | AC |
| *nilutamide* | 1 | AC |
| NUBEQA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| SOLTAMOX SOLN | 5 | Grand Fathered Plans at Tier 2; PV |
| *tamoxifen citrate TABS* | 5 | Grand Fathered Plans at Tier 2; PV; AC |
| *toremifene citrate* | 1 | AC |
| XTANDI CAPS | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| XTANDI TABS | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| ZYTIGA *(abiraterone acetate)* | 7 | Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA |
| Antineoplastic - Immunomodulators | | |
| POMALYST | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG | 2 | AC; PA |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG | 2 | AC; PA |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG | 2 | AC; PA |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG | 2 | AC; PA |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG | 2 | AC; PA |
| XPOVIO (80 MG TWICE WEEKLY) | 2 | PA; AC; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antineoplastic Combinations | | |
| INQOVI | 2 | PA |
| KISQALI FEMARA (200 MG DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| KISQALI FEMARA (400 MG DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| KISQALI FEMARA (600 MG DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| LONSURF | 2 | PA; AC; AC; PA |
| Antineoplastic Enzyme Inhibitors | | |
| (Everolimus) TORPENZ TABS | 1 | QL(1 EA daily); SP; AC; PA |
| AFINITOR TABS ***(everolimus)*** | 7 | QL(1 EA daily); SP; AC; PA |
| ALECENSA | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| ALUNBRIG TABS | 2 | PA; AC; ; AC; PA |
| ALUNBRIG TBPK | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| BALVERSA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| BOSULIF CAPS | 2 | Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA |
| BOSULIF TABS | 2 | Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA |
| BRAFTOVI 75 MG | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| CABOMETYX TABS 20 MG, 60 MG | 2 | QL(1 EA daily); AC; PA |
| CABOMETYX TABS 40 MG | 2 | QL(2 EA daily); AC; PA |
| CALQUENCE | 2 | QL(2 EA daily); AC; PA |
| CAPRELSA | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| COMETRIQ (100 MG DAILY DOSE) KIT | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| COMETRIQ (140 MG DAILY DOSE) KIT | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| COMETRIQ (60 MG DAILY DOSE) KIT | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| COTELLIC | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dasatinib* | 1 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| *everolimus TABS* | 1 | QL(1 EA daily); SP; AC; PA |
| IBRANCE CAPS | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| IBRANCE TABS | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| ICLUSIG 15 MG, 45 MG | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| ICLUSIG 10 MG, 30 MG | 2 | SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| IDHIFA | 2 | PA; AC; AC; PA |
| *imatinib mesylate TABS 100 MG* | 1 | QL(3 EA daily); AC; PA |
| *imatinib mesylate TABS 400 MG* | 1 | QL(2 EA daily); PA |
| IMBRUVICA CAPS 70 MG | 2 | QL(1 EA daily); SP; AC; PA |
| IMBRUVICA CAPS 140 MG | 2 | QL(3 EA daily); SP; AC; PA |
| IMBRUVICA SUSP | 2 | QL(8 ML daily); SP; AC; PA |
| IMBRUVICA TABS | 2 | QL(1 EA daily); SP; AC; PA |
| JAKAFI | 2 | PA; AC; QL(2 EA daily); AC; PA |
| KISQALI (200 MG DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| KISQALI (400 MG DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| KISQALI (600 MG DOSE) | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| KOSELUGO | 2 | PA; AC; PA |
| *lapatinib ditosylate* | 1 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| LORBRENA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| LUMAKRAS 320 MG | 2 | QL(3 EA daily); PA |
| LUMAKRAS 120 MG, 240 MG | 2 | QL(2 EA daily); PA |
| LYNPARZA TABS | 2 | QL(4 EA daily); SP; AC; PA |
| MEKINIST TABS | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| MEKTOVI | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NERLYNX | 2 | Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA |
| NEXAVAR *(sorafenib tosylate)* | 7 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| NINLARO | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| *pazopanib hcl* | 1 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| PIQRAY (200 MG DAILY DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| PIQRAY (250 MG DAILY DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| PIQRAY (300 MG DAILY DOSE) | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA |
| QINLOCK | 2 | PA; AC; AC; PA |
| RETEVMO CAPS | 2 | PA; AC; AC; PA |
| RUBRACA | 2 | PA; AC; AC; PA |
| RYDAPT | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sorafenib tosylate* | 1 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| SPRYCEL *(dasatinib)* | 7 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| STIVARGA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| *sunitinib malate 25 MG* | 1 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| *sunitinib malate 12.5 MG, 37.5 MG, 50 MG* | 1 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| SUTENT 12.5 MG, 37.5 MG, 50 MG *(sunitinib malate)* | 7 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA |
| SUTENT 25 MG *(sunitinib malate)* | 7 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| TABRECTA | 2 | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA |
| TAFINLAR CAPS | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TALZENNA 0.25 MG, 1 MG | 2 | PA; AC; ; AC; PA |
| TASIGNA | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA |
| TAZVERIK | 2 | PA; AC; PA |
| TYKERB *(lapatinib ditosylate)* | 7 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| VERZENIO | 2 | QL(2 EA daily); AC; PA |
| VITRAKVI CAPS | 2 | PA; AC; PA |
| VITRAKVI SOLN | 2 | PA; AC; PA |
| VOTRIENT | 2 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| VOTRIENT *(pazopanib hcl)* | 7 | SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| XALKORI CAPS | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| XOSPATA | 2 | PA; AC; PA |
| ZEJULA CAPS | 2 | PA; AC; AC; PA |
| ZEJULA TABS | 2 | PA |
| ZELBORAF | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| ZOLINZA | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| ZYDELIG | 2 | PA; AC; AC; PA |
| Antineoplastics Misc. | | |
| *bexarotene* | 1 | SP; AC; PA |
| HYDREA *(hydroxyurea)* | 7 | AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC |
| *hydroxyurea* | 1 | AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC |
| MATULANE | 2 | AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC |
| TARGRETIN *(bexarotene)* | 7 | SP; AC; PA |
| *tretinoin (chemotherapy)* | 1 | PA; AC; AC |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| *leucovorin calcium TABS* | 1 | AC |
| Mitotic Inhibitors | | |
| *etoposide CAPS* | 1 | AC; AC |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | 2 | PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Anticholinergics | | |
| *benztropine mesylate TABS* | 1 | |
| *trihexyphenidyl hcl SOLN* | 1 | |
| *trihexyphenidyl hcl TABS* | 1 | |
| Antiparkinson Dopaminergics | | |
| *amantadine hcl CAPS* | 1 | |

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|---|---|---|
| *bromocriptine mesylate CAPS* | 1 | |
| *bromocriptine mesylate TABS 2.5 MG* | 1 | |
| *carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG* | 1 | |
| *carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG* | 2 | |
| *carbidopa-levodopa TABS* | 1 | |
| *carbidopa-levodopa TBCR 100 MG-25 MG* | 1 | QL(8 EA daily) |
| *carbidopa-levodopa TBCR 200 MG-50 MG* | 1 | |
| DHIVY TABS | 2 | |
| DUOPA SUSP | 2 | PA |
| INBRIJA CAPS | 2 | PA |
| PARLODEL CAPS *(bromocriptine mesylate)* | 7 | |
| PARLODEL TABS *(bromocriptine mesylate)* | 7 | |
| *pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG* | 1 | |
| *pramipexole dihydrochloride TABS 1.5 MG* | 1 | QL(3 EA daily) |
| *pramipexole dihydrochloride TABS 1 MG* | 1 | QL(4 EA daily) |
| *ropinirole hydrochloride TABS* | 1 | |
| *ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG* | 1 | |
| *ropinirole hydrochloride TB24 12 MG* | 1 | QL(2 EA daily) |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)* | 7 | |
| STALEVO 50 *(carbidopa-levodopa-entacapone)* | 7 | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT *(rasagiline mesylate)* | 7 | |
| *rasagiline mesylate* | 1 | |
| *selegiline hcl CAPS* | 1 | QL(2 EA daily) |
| *selegiline hcl TABS* | 1 | QL(2 EA daily) |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| *lithium* | 1 | |
| *lithium carbonate CAPS 150 MG, 600 MG* | 1 | |
| *lithium carbonate CAPS 300 MG* | 1 | QL(6 EA daily) |
| *lithium carbonate TABS* | 1 | |
| *lithium carbonate TBCR* | 1 | |
| LITHOBID TBCR *(lithium carbonate)* | 7 | |
| Antipsychotics - Misc. | | |
| GEODON 60 MG, 80 MG *(ziprasidone hcl)* | 7 | QL(2 EA daily) |
| GEODON 20 MG, 40 MG *(ziprasidone hcl)* | 7 | |
| LATUDA *(lurasidone hcl)* | 7 | |
| *lurasidone hcl* | 1 | |
| *ziprasidone hcl 60 MG, 80 MG* | 1 | QL(2 EA daily) |
| *ziprasidone hcl 20 MG, 40 MG* | 1 | |
| Benzisoxazoles | | |

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|---|---|---|
| RISPERDAL SOLN *(risperidone)* | 7 | |
| RISPERDAL TABS 3 MG *(risperidone)* | 7 | QL(2 EA daily) |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG *(risperidone)* | 7 | |
| *risperidone SOLN* | 1 | |
| *risperidone TABS 3 MG* | 1 | QL(2 EA daily) |
| *risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG* | 1 | |
| *risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG* | 1 | |
| Butyrophenones | | |
| *haloperidol lactate CONC* | 1 | |
| *haloperidol TABS* | 1 | |
| Dibenzapines | | |
| *clozapine TABS* | 1 | |
| CLOZARIL TABS *(clozapine)* | 7 | |
| *loxapine succinate* | 1 | |
| *olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG* | 1 | |
| *olanzapine TABS 15 MG, 20 MG* | 1 | QL(1 EA daily) |
| *quetiapine fumarate TABS 200 MG* | 1 | QL(4 EA daily) |
| *quetiapine fumarate TABS 300 MG, 400 MG* | 1 | QL(2 EA daily) |
| *quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG* | 1 | |
| SEROQUEL TABS 200 MG *(quetiapine fumarate)* | 7 | QL(4 EA daily) |
| SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)* | 7 | QL(2 EA daily) |
| SEROQUEL TABS 25 MG, 50 MG, 100 MG *(quetiapine fumarate)* | 7 | |
| ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG *(olanzapine)* | 7 | |
| ZYPREXA TABS 15 MG, 20 MG *(olanzapine)* | 7 | QL(1 EA daily) |
| Phenothiazines | | |
| (Prochlorperazine) COMPRO | 1 | QL(2 EA daily) |
| *chlorpromazine hcl TABS* | 1 | |
| *fluphenazine hcl ELIX* | 1 | |
| *fluphenazine hcl TABS* | 1 | |
| *perphenazine TABS* | 1 | |
| *prochlorperazine* | 1 | QL(2 EA daily) |
| *prochlorperazine maleate TABS* | 1 | |
| *thioridazine hcl 50 MG* | 1 | QL(4 EA daily) |
| *thioridazine hcl 10 MG, 25 MG, 100 MG* | 1 | |
| *trifluoperazine hcl TABS* | 1 | |
| Quinolinone Derivatives | | |
| ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG *(aripiprazole)* | 7 | |
| ABILIFY TABS 20 MG *(aripiprazole)* | 7 | QL(1 EA daily) |
| ABILIFY TABS 15 MG *(aripiprazole)* | 7 | QL(2 EA daily) |
| *aripiprazole SOLN PO* | 1 | |
| *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) |
| Thioxanthenes | | |
| *thiothixene* | 1 | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *abacavir sulfate-lamivudine* | 1 | |
| *abacavir sulfate SOLN* | 1 | |
| *abacavir sulfate TABS* | 1 | |
| APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) | 5 | Available through the Medical Benefit |
| APTIVUS CAPS | 2 | |
| *atazanavir sulfate CAPS* | 1 | |
| BIKTARVY 200 MG-50 MG-25 MG | 2 | |
| CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) | 5 | Available through the Medical Benefit |
| CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) | 5 | Available through the Medical Benefit |
| CIMDUO | 2 | |
| COMBIVIR *(lamivudine-zidovudine)* | 7 | |
| COMPLERA | 2 | |
| *darunavir TABS* | 1 | |
| DELSTRIGO | 2 | |
| DESCOVY 200 MG-25 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| DOVATO | 2 | |
| EDURANT | 2 | |
| *efavirenz CAPS* | 1 | |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1 | QL(1 EA daily) |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | 1 | |
| *efavirenz TABS* | 1 | |
| *emtricitabine CAPS* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG* | 1 | QL(1 EA daily) |
| *emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG* | 5 | Grand Fathered Plans at Tier 2; QL(1 EA daily); PV |
| EMTRIVA CAPS *(emtricitabine)* | 7 | |
| EMTRIVA SOLN | 2 | |
| EPIVIR SOLN *(lamivudine)* | 7 | |
| EPIVIR TABS *(lamivudine)* | 7 | |
| EPZICOM *(abacavir sulfate-lamivudine)* | 7 | |
| *etravirine* | 1 | |
| EVOTAZ | 2 | |
| *fosamprenavir calcium TABS* | 1 | |
| GENVOYA | 2 | |
| INTELENCE 25 MG | 2 | |
| INTELENCE *(etravirine)* | 7 | |
| ISENTRESS HD TABS | 2 | |
| ISENTRESS CHEW | 2 | |
| ISENTRESS PACK | 2 | |
| ISENTRESS TABS | 2 | |
| JULUCA | 2 | |
| KALETRA SOLN | 2 | |
| KALETRA TABS *(lopinavir-ritonavir)* | 7 | |
| *lamivudine SOLN* | 1 | |
| *lamivudine TABS* | 1 | |
| *lamivudine-zidovudine* | 1 | |
| LEXIVA SUSP | 2 | |
| LEXIVA TABS *(fosamprenavir calcium)* | 7 | |
| *lopinavir-ritonavir SOLN* | 1 | |
| *lopinavir-ritonavir TABS* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *maraviroc TABS* | 1 | |
| *nevirapine SUSP* | 1 | |
| *nevirapine TABS* | 1 | |
| *nevirapine TB24* | 1 | |
| NORVIR CAPS | 2 | |
| NORVIR PACK | 2 | |
| NORVIR TABS *(ritonavir)* | 7 | |
| ODEFSEY | 2 | |
| PIFELTRO | 2 | |
| PREZCOBIX | 2 | |
| PREZISTA SUSP | 2 | |
| PREZISTA TABS 75 MG, 150 MG | 2 | |
| PREZISTA TABS *(darunavir)* | 7 | |
| RETROVIR CAPS *(zidovudine)* | 7 | |
| RETROVIR SYRP *(zidovudine)* | 7 | |
| REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)* | 7 | |
| REYATAZ PACK | 2 | |
| *ritonavir TABS* | 1 | |
| RUKOBIA | 2 | |
| SELZENTRY SOLN | 2 | |
| SELZENTRY TABS 25 MG, 75 MG | 2 | |
| SELZENTRY TABS *(maraviroc)* | 7 | |
| *stavudine CAPS* | 1 | |
| STRIBILD | 2 | |
| SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)* | 7 | |
| SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)* | 7 | |
| SYMTUZA | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tenofovir disoproxil fumarate TABS* | 1 | |
| TIVICAY TABS | 2 | |
| TRIUMEQ PD TBSO | 2 | |
| TRIUMEQ TABS | 2 | |
| TRIZIVIR | 2 | |
| TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)* | 5 | Grand Fathered Plans at Tier 2; QL(1 EA daily); PV |
| TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)* | 7 | QL(1 EA daily) |
| TYBOST | 2 | |
| VIRACEPT TABS | 2 | |
| VIREAD POWD | 2 | |
| VIREAD TABS *(tenofovir disoproxil fumarate)* | 7 | |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 2 | |
| ZIAGEN SOLN *(abacavir sulfate)* | 7 | |
| ZIAGEN TABS *(abacavir sulfate)* | 7 | |
| *zidovudine CAPS* | 1 | |
| *zidovudine SYRP* | 1 | |
| *zidovudine TABS* | 1 | |
| Antiviral Combinations | | |
| MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) | 5 | Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old) |
| PAXLOVID (150/100) | 5 | 5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PAXLOVID (300/100) | 5 | 5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV |
| CMV Agents | | |
| VALCYTE SOLR *(valganciclovir hcl)* | 7 | QL(21 ML daily) |
| VALCYTE TABS *(valganciclovir hcl)* | 7 | |
| *valganciclovir hcl SOLR* | 1 | QL(21 ML daily) |
| *valganciclovir hcl TABS* | 1 | |
| Hepatitis Agents | | |
| *adefovir dipivoxil* | 1 | |
| BARACLUDE TABS *(entecavir)* | 7 | |
| *entecavir TABS* | 1 | |
| EPCLUSA PACK | 2 | SP; PA |
| EPCLUSA TABS | 2 | SP; PA |
| EPCLUSA TABS | 2 | SP; PA |
| *ribavirin (hepatitis c) CAPS* | 1 | PA |
| VOSEVI | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| Herpes Agents | | |
| *acyclovir CAPS* | 1 | |
| *acyclovir SUSP* | 1 | |
| *acyclovir TABS PO 800 MG* | 1 | QL(5 EA daily) |
| *acyclovir TABS PO 400 MG* | 1 | |
| *famciclovir* | 1 | |
| *valacyclovir hcl 500 MG* | 1 | QL(8 EA daily) |
| *valacyclovir hcl 1 GM* | 1 | QL(4 EA daily) |
| VALTREX 500 MG *(valacyclovir hcl)* | 7 | QL(8 EA daily) |
| VALTREX 1 GM *(valacyclovir hcl)* | 7 | QL(4 EA daily) |
| Influenza Agents | | |
| *oseltamivir phosphate CAPS* | 1 | QL(10 EA per fill retail) |
| *oseltamivir phosphate SUSR* | 1 | QL(75 ML daily; 5 Day(s) limit) |
| *rimantadine hydrochloride TABS* | 1 | QL(180 EA per fill retail; 180 EA per 10 day(s) retail) |
| TAMIFLU CAPS *(oseltamivir phosphate)* | 7 | QL(10 EA per fill retail) |
| TAMIFLU SUSR *(oseltamivir phosphate)* | 7 | QL(75 ML daily; 5 Day(s) limit) |
| Misc. Antivirals | | |
| LAGEVRIO | 5 | 5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV |
| TPOXX (TECOVIRIMAT CAP 200 MG) | 5 | |
| TPOXX CAPS | 5 | PV |
| TPOXX SOLN | 5 | PV |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| *carvedilol* | 1 | |
| *carvedilol phosphate* | 1 | |
| COREG *(carvedilol)* | 7 | |
| COREG CR *(carvedilol phosphate)* | 7 | |
| *labetalol hcl TABS 100 MG, 200 MG, 300 MG* | 1 | |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl CAPS* | 1 | |
| *atenolol TABS* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *betaxolol hcl* | 1 | |
| *bisoprolol fumarate* | 1 | QL(1 EA daily) |
| BYSTOLIC *(nebivolol hcl)* | 7 | |
| LOPRESSOR TABS *(metoprolol tartrate)* | 7 | |
| *metoprolol succinate TB24* | 1 | |
| *metoprolol tartrate TABS* | 1 | |
| *nebivolol hcl* | 1 | |
| TENORMIN TABS *(atenolol)* | 7 | |
| TOPROL XL TB24 *(metoprolol succinate)* | 7 | |
| Beta Blockers Non-Selective | | |
| (Sotalol Hcl) SORINE TABS | 1 | |
| BETAPACE AF *(sotalol hcl (afib/afl))* | 7 | |
| BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)* | 7 | |
| CORGARD TABS 20 MG, 40 MG *(nadolol)* | 7 | |
| INDERAL LA CP24 *(propranolol hcl)* | 7 | |
| *nadolol TABS 20 MG, 40 MG, 80 MG* | 1 | |
| *pindolol TABS* | 1 | |
| *propranolol hcl CP24* | 1 | |
| *propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML* | 1 | |
| *propranolol hcl TABS* | 1 | |
| *sotalol hcl (afib/afl)* | 1 | |
| *sotalol hcl TABS* | 1 | |
| SOTYLIZE SOLN PO | 2 | |
| *timolol maleate TABS 5 MG* | 1 | QL(2 EA daily; 60 EA per fill retail) |
| *timolol maleate TABS 20 MG* | 1 | QL(60 EA per fill retail) |
| *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 120 MG, 180 MG, 240 MG, 300 MG | 1 | QL(1 EA daily) |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER | 1 | |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1 | |
| (Diltiazem Hcl) DILT-XR CP24 | 1 | |
| (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 1 | |
| *amlodipine besylate TABS 2.5 MG* | 1 | QL(2 EA daily) |
| *amlodipine besylate TABS 5 MG, 10 MG* | 1 | QL(1 EA daily) |
| CALAN SR TBCR 120 MG *(verapamil hcl)* | 7 | |
| CALAN SR TBCR 180 MG, 240 MG *(verapamil hcl)* | 7 | QL(2 EA daily) |
| CARDIZEM CD CP24 *(diltiazem hcl coated beads)* | 7 | QL(1 EA daily) |
| CARDIZEM LA TB24 *(diltiazem hcl)* | 7 | |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)* | 7 | |
| *diltiazem hcl coated beads CP24* | 1 | QL(1 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diltiazem hcl extended release beads* | 1 | |
| *diltiazem hcl CP12* | 1 | |
| *diltiazem hcl CP24* | 1 | |
| *diltiazem hcl TABS* | 1 | |
| *diltiazem hcl TB24* | 1 | |
| *felodipine 2.5 MG, 5 MG* | 1 | |
| *felodipine 10 MG* | 1 | QL(1 EA daily) |
| *nifedipine CAPS* | 1 | |
| *nifedipine TB24* | 1 | QL(1 EA daily) |
| *nifedipine TB24 30 MG, 60 MG* | 1 | |
| *nimodipine CAPS* | 1 | |
| *nimodipine SOLN* | 1 | |
| *nisoldipine* | 1 | |
| NORVASC TABS 5 MG, 10 MG *(amlodipine besylate)* | 7 | QL(1 EA daily) |
| NORVASC TABS 2.5 MG *(amlodipine besylate)* | 7 | QL(2 EA daily) |
| PROCARDIA XL TB24 *(nifedipine)* | 7 | QL(1 EA daily) |
| SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)* | 7 | |
| TIAZAC *(diltiazem hcl extended release beads)* | 7 | |
| VERAPAMIL HCL ER CP24 *(verapamil hcl)* | 2 | |
| *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 CP24 360 MG* | 1 | QL(1 EA daily) |
| *verapamil hcl TABS* | 1 | |
| *verapamil hcl TBCR 180 MG, 240 MG* | 1 | QL(2 EA daily) |
| *verapamil hcl TBCR 120 MG* | 1 | |
| VERELAN PM CP24 *(verapamil hcl)* | 2 | |
| VERELAN CP24 360 MG *(verapamil hcl)* | 2 | QL(1 EA daily) |
| VERELAN CP24 120 MG, 240 MG *(verapamil hcl)* | 7 | |
| VERELAN CP24 180 MG *(verapamil hcl)* | 7 | QL(2 EA daily) |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin SOLN PO 0.05 MG/ML* | 1 | |
| *digoxin TABS 62.5 MCG, 125 MCG, 250 MCG* | 1 | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)* | 7 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| BIDIL *(isosorbide dinitrate-hydralazine hcl)* | 7 | |
| *isosorbide dinitrate-hydralazine hcl* | 1 | |
| Impotence Agents | | |
| CIALIS 2.5 MG *(tadalafil)* | 7 | Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA |
| CIALIS 5 MG, 10 MG, 20 MG *(tadalafil)* | 7 | Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sildenafil citrate* | 1 | Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA |
| *tadalafil 5 MG, 10 MG, 20 MG* | 1 | Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA |
| *tadalafil 2.5 MG* | 1 | Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA |
| VIAGRA *(sildenafil citrate)* | 7 | Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA |
| Prostaglandin Vasodilators | | |
| TYVASO DPI INSTITUTIONAL KIT POWD | 2 | QL(4 EA daily); PA |
| TYVASO DPI MAINTENANCE KIT POWD | 2 | QL(4 EA daily); PA |
| TYVASO DPI MAINTENANCE KIT POWD | 2 | QL(8 EA daily); PA |
| TYVASO DPI TITRATION KIT POWD | 2 | QL(9 EA daily); PA |
| TYVASO DPI TITRATION KIT POWD | 2 | QL(7 EA daily); PA |
| VENTAVIS IN | 2 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | 1 | ST; QL(1 EA daily); PA |
| *bosentan TABS 62.5 MG* | 1 | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| *bosentan TABS 125 MG* | 1 | ST |
| LETAIRIS *(ambrisentan)* | 7 | ST; QL(1 EA daily); PA |
| TRACLEER TABS 125 MG *(bosentan)* | 7 | ST |
| TRACLEER TABS 62.5 MG *(bosentan)* | 7 | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| TRACLEER TBSO | 2 | ST; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| (Tadalafil (Pulmonary Hypertension)) ALYQ TABS | 1 | 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 |
| *tadalafil (pulmonary hypertension) TABS* | 1 | New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA |
| Transthyretin Stabilizers | | |
| VYNDAMAX | 2 | QL(1 EA daily); PA |
| VYNDAQEL | 2 | QL(4 EA daily); PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Cephalosporins - 1st Generation | | |
| *cefadroxil CAPS* | 1 | |
| *cefadroxil SUSR* | 1 | |
| *cefadroxil TABS* | 1 | |
| *cephalexin CAPS 250 MG, 500 MG* | 1 | |
| *cephalexin SUSR* | 1 | |
| Cephalosporins - 2nd Generation | | |
| *cefaclor CAPS* | 1 | |
| *cefaclor SUSR 125 MG/5ML, 375 MG/5ML* | 1 | |
| *cefprozil SUSR* | 1 | |
| *cefprozil TABS* | 1 | |
| *cefuroxime axetil TABS* | 1 | |
| Cephalosporins - 3rd Generation | | |
| *cefdinir CAPS* | 1 | |
| *cefdinir SUSR* | 1 | |
| *cefixime CAPS* | 1 | |
| *cefixime SUSR* | 1 | |
| *cefpodoxime proxetil SUSR* | 1 | |
| *cefpodoxime proxetil TABS* | 1 | |
| SUPRAX CAPS *(cefixime)* | 7 | |
| SUPRAX SUSR 200 MG/5ML *(cefixime)* | 7 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA | 5 | Grand Fathered Plans at Tier 2; PV |
| (Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET | 5 | Grand Fathered Plans at Tier 2; PV |
| (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) | 5 | Grand Fathered Plans at Tier 2; PV |
| (Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE | 5 | Grand Fathered Plans at Tier 2; PV |
| (Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG | 5 | Grand Fathered Plans at Tier 2.; PV |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG | 5 | Grand Fathered Plans at Tier 2.; PV |
| (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA | 5 | Grand Fathered Plans at Tier 2; PV |
| (Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)* | 5 | Grand Fathered Plans at Tier 2; PV |
| BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *desogestrel-ethinyl estradiol (biphasic)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *drospirenone-ethinyl estradiol* | 5 | Grand Fathered Plans at Tier 2; PV |
| *drospirenone-ethinyl estradiol-levomefolate calcium* | 5 | Grand Fathered Plans at Tier 2; PV |
| *ethynodiol diacet & eth estrad* | 5 | Grand Fathered Plans at Tier 2; PV |
| GENERESS FE *(norethindrone & ethinyl estradiol-fe)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *levonorgestrel & eth estradiol TABS* | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levonorgestrel-eth estradiol (triphasic)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG* | 5 | Grand Fathered Plans at Tier 2; PV |
| *levonorgestrel-ethinyl estradiol (continuous)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *levonorgestrel-ethinyl estradiol-iron* | 5 | Grand Fathered Plans at Tier 2; PV |
| LO LOESTRIN FE TABS | 5 | Grand Fathered Plans at Tier 2; PV |
| LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))* | 5 | Grand Fathered Plans at Tier 2; PV |
| MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)* | 5 | Grand Fathered Plans at Tier 2; PV |
| MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))* | 5 | Grand Fathered Plans at Tier 2; PV |
| NATAZIA | 5 | Grand Fathered Plans at Tier 2; PV |
| NEXTSTELLIS | 5 | Grand Fathered Plans at Tier 2; PV |
| *norethin acet & estrad-fe CAPS* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norethin acet & estrad-fe CHEW* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norethindrone & ethinyl estradiol-fe* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norethindrone acet & eth estra TABS* | 5 | Grand Fathered Plans at Tier 2.; PV |
| *norethindrone acetate-ethinyl estradiol-fe* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norgestimate-ethinyl estradiol* | 5 | Grand Fathered Plans at Tier 2; PV |
| *norgestimate-ethinyl estradiol (triphasic)* | 5 | Grand Fathered Plans at Tier 2; PV |
| QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))* | 5 | Grand Fathered Plans at Tier 2; PV |
| SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)* | 5 | Grand Fathered Plans at Tier 2; PV |
| SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))* | 5 | Grand Fathered Plans at Tier 2; PV |
| TAYTULLA CAPS *(norethin acet & estrad-fe)* | 5 | Grand Fathered Plans at Tier 2; PV |
| TYBLUME CHEW | 5 | Grand Fathered Plans at Tier 2; PV |
| YASMIN 28 *(drospirenone-ethinyl estradiol)* | 5 | Grand Fathered Plans at Tier 2; PV |
| YAZ *(drospirenone-ethinyl estradiol)* | 5 | Grand Fathered Plans at Tier 2; PV |
| Combination Contraceptives - Transdermal | | |
| (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY | 5 | Grand Fathered Plans at Tier 2; PV |
| *norelgestromin-ethinyl estradiol* | 5 | Grand Fathered Plans at Tier 2; PV |
| TWIRLA | 5 | Grand Fathered Plans at Tier 2; PV |
| Combination Contraceptives - Vaginal | | |
| (Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANNOVERA | 5 | Grand Fathered Plans at Tier 2; PV |
| ***etonogestrel-ethinyl estradiol*** | 5 | Grand Fathered Plans at Tier 2; PV |
| NUVARING ***(etonogestrel-ethinyl estradiol)*** | 5 | Grand Fathered Plans at Tier 2; PV |
| Emergency Contraceptives | | |
| (Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, 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 | Grand Fathered Plans at Tier 2; PV |
| ELLA | 5 | Grand Fathered Plans at Tier 2; PV |
| ***levonorgestrel (emergency oc) 1.5 MG*** | 5 | Grand Fathered Plans at Tier 2; PV |
| PLAN B ONE-STEP ***(levonorgestrel (emergency oc))*** | 5 | Grand Fathered Plans at Tier 2; PV |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) | 5 | Available through the Medical Benefit |
| Progestin Contraceptives - Oral | | |
| (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL | 5 | Grand Fathered Plans at Tier 2; PV |
| ***norethindrone (contraceptive)*** | 5 | Grand Fathered Plans at Tier 2; PV |
| OPILL | 5 | Grandfather Plans at Tier 2; PV |
| SLYND | 5 | Grand Fathered Plans at Tier 2; PV |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| ***budesonide CPEP*** | 1 | QL(3 EA daily) |
| CORTEF TABS ***(hydrocortisone)*** | 7 | |
| DEXAMETHASONE INTENSOL CONC | 2 | |
| ***dexamethasone ELIX*** | 1 | |
| ***dexamethasone SOLN*** | 1 | |
| ***dexamethasone TABS*** | 1 | |
| ***hydrocortisone TABS*** | 1 | |
| MEDROL TABS 4 MG, 8 MG, 16 MG ***(methylprednisolone)*** | 7 | |
| MEDROL TABS | 2 | |
| MEDROL TBPK ***(methylprednisolone)*** | 7 | |
| ***methylprednisolone TABS*** | 1 | |
| ***methylprednisolone TBPK*** | 1 | |
| PEDIAPRED SOLN ***(prednisolone sodium phosphate)*** | 7 | |
| ***prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML*** | 1 | |
| PREDNISONE INTENSOL CONC | 2 | |
| ***prednisone SOLN*** | 1 | |
| ***prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG*** | 1 | |
| ***prednisone TBPK*** | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Mineralocorticoids | | |
| *fludrocortisone acetate TABS* | 1 | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN | 1 | |
| *benzonatate 100 MG, 200 MG* | 1 | |
| HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)* | 7 | |
| HYCODAN TABS 1.5 MG-5 MG *(hydrocodone bitartrate-homatropine methylbromide)* | 7 | |
| *hydrocodone bitartrate-homatropine methylbromide SOLN* | 1 | |
| *hydrocodone bitartrate-homatropine methylbromide TABS* | 1 | |
| Cough/Cold/Allergy Combinations | | |
| (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML | 1 | |
| (Guaifenesin-Codeine) GUAIFENESIN AC SYRP | 1 | |
| (Promethazine & Phenylephrine) PROMETHAZINE VC SYRP | 1 | QL(30 ML daily) |
| (Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE | 1 | |
| (Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML | 1 | |
| *guaifenesin-codeine SOLN* | 1 | |
| *hydrocodone polistirex-chlorpheniramine polistirex SUER* | 1 | Limit 10mls per day; QL(10 ML daily); AL(At least 6 yrs old) |
| *promethazine & phenylephrine SYRP* | 1 | QL(30 ML daily) |
| *promethazine w/codeine SOLN* | 1 | QL(30 ML daily) |
| *promethazine w/codeine SYRP* | 1 | QL(30 ML daily) |
| *promethazine-dm SYRP* | 1 | QL(30 ML daily) |
| *pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML* | 1 | |
| Misc. Respiratory Inhalants | | |
| *sodium chloride (inhalant) NEBU 0.9 %* | 1 | |
| Mucolytics | | |
| *acetylcysteine SOLN* | 1 | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| (Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 % | 1 | QL(45 GM per fill retail); RX/OTC |
| (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC | 1 | |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG | 1 | QL(5 EA daily; 150 Day(s) limit) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG | 1 | QL(2 EA daily; 150 Day(s) limit) |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG | 1 | QL(3 EA daily; 150 Day(s) limit) |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG | 1 | QL(4 EA daily; 150 Day(s) limit) |
| (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM | 1 | |
| (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % | 1 | |
| (Tretinoin) AVITA CREA 0.025 % | 1 | |
| (Tretinoin) AVITA GEL 0.025 % | 1 | |
| ABSORICA 10 MG, 25 MG *(isotretinoin)* | 7 | QL(4 EA daily; 150 Day(s) limit) |
| ABSORICA 20 MG *(isotretinoin)* | 7 | QL(5 EA daily; 150 Day(s) limit) |
| ABSORICA 35 MG, 40 MG *(isotretinoin)* | 7 | QL(2 EA daily; 150 Day(s) limit) |
| ABSORICA 30 MG *(isotretinoin)* | 7 | QL(3 EA daily; 150 Day(s) limit) |
| *adapalene-benzoyl peroxide GEL 2.5 %-0.1 %* | 1 | Limit 45gms per month; QL(1.5 GM daily) |
| *adapalene CREA* | 1 | QL(45 GM per fill retail) |
| *adapalene GEL 0.1 %* | 1 | QL(45 GM per fill retail); RX/OTC |
| *adapalene GEL 0.3 %* | 1 | QL(45 GM per fill retail; 135 per fill mail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)* | 7 | QL(2 GM daily) |
| *benzoyl peroxide-erythromycin GEL* | 1 | QL(2 GM daily) |
| CLEOCIN-T LOTN *(clindamycin phosphate (topical))* | 7 | |
| CLINDAGEL GEL *(clindamycin phosphate (topical))* | 7 | |
| *clindamycin phosphate (topical) GEL* | 1 | |
| *clindamycin phosphate (topical) LOTN* | 1 | |
| *clindamycin phosphate (topical) SOLN* | 1 | |
| *clindamycin phosphate-benzoyl peroxide (refrigerate)* | 1 | |
| DIFFERIN CREA *(adapalene)* | 7 | QL(45 GM per fill retail) |
| DIFFERIN GEL 0.1 % *(adapalene)* | 7 | QL(45 GM per fill retail); RX/OTC |
| DIFFERIN GEL 0.3 % *(adapalene)* | 7 | QL(45 GM per fill retail; 135 per fill mail) |
| EPIDUO GEL *(adapalene-benzoyl peroxide)* | 7 | Limit 45gms per month; QL(1.5 GM daily) |
| ERYGEL GEL *(erythromycin (acne aid))* | 7 | |
| *erythromycin (acne aid) GEL* | 1 | |
| *erythromycin (acne aid) SOLN* | 1 | |
| *isotretinoin 20 MG* | 1 | QL(5 EA daily; 150 Day(s) limit) |
| *isotretinoin 35 MG, 40 MG* | 1 | QL(2 EA daily; 150 Day(s) limit) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *isotretinoin 10 MG, 25 MG* | 1 | QL(4 EA daily; 150 Day(s) limit) |
| *isotretinoin 30 MG* | 1 | QL(3 EA daily; 150 Day(s) limit) |
| KLARON *(sulfacetamide sodium (acne))* | 7 | |
| RETIN-A MICRO *(tretinoin microsphere)* | 7 | Limit 50gms per month; QL(1.7 GM daily) |
| RETIN-A MICRO PUMP 0.04 %, 0.1 % *(tretinoin microsphere)* | 7 | Limit 50gms per month; QL(1.7 GM daily) |
| RETIN-A CREA *(tretinoin)* | 7 | |
| RETIN-A GEL *(tretinoin)* | 7 | |
| *sulfacetamide sodium (acne)* | 1 | |
| *sulfacetamide sodium w/ sulfur LOTN 10 %-5 %* | 1 | QL(30 GM per fill retail) |
| *tretinoin microsphere 0.04 %, 0.1 %* | 1 | Limit 50gms per month; QL(1.7 GM daily) |
| *tretinoin CREA 0.025 %, 0.05 %, 0.1 %* | 1 | |
| *tretinoin GEL 0.01 %, 0.025 %* | 1 | |
| Antibiotics - Topical | | |
| *gentamicin sulfate (topical) CREA* | 1 | |
| *gentamicin sulfate (topical) OINT* | 1 | |
| *mupirocin OINT* | 1 | |
| Antifungals - Topical | | |
| (Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTRIMAZOLE SOLN | 1 | RX/OTC |
| (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX | 1 | |
| *ciclopirox olamine CREA* | 1 | |
| *ciclopirox olamine SUSP* | 1 | |
| *ciclopirox GEL* | 1 | |
| *ciclopirox SHAM* | 1 | |
| *clotrimazole (topical) SOLN* | 1 | RX/OTC |
| *clotrimazole w/ betamethasone CREA* | 1 | QL(45 GM per fill retail; 45 GM per 30 day(s) retail) |
| *clotrimazole w/ betamethasone LOTN* | 1 | QL(60 ML per fill retail; 60 ML per 30 day(s) retail) |
| *econazole nitrate CREA* | 1 | |
| *ketoconazole (topical) CREA* | 1 | QL(2 GM daily) |
| LOPROX SHAM *(ciclopirox)* | 7 | |
| LOPROX SUSP *(ciclopirox olamine)* | 7 | |
| *nystatin (topical) CREA* | 1 | |
| *nystatin (topical) OINT* | 1 | |
| *nystatin (topical) POWD EX* | 1 | |
| *nystatin-triamcinolone CREA* | 1 | Limit 30gms per month; QL(1 GM daily) |
| *nystatin-triamcinolone OINT* | 1 | Limit 30gms per month; QL(1 GM daily) |
| Anti-inflammatory Agents - Topical | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX | 1 | RX/OTC |
| *diclofenac sodium (topical) GEL EX* | 1 | RX/OTC |
| *diclofenac sodium (topical) SOLN EX 1.5 %* | 1 | QL(5 ML daily) |
| VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))* | 7 | RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| *bexarotene (topical)* | 1 | |
| CARAC CREA *(fluorouracil (topical))* | 2 | QL(1 GM daily) |
| EFUDEX CREA *(fluorouracil (topical))* | 7 | |
| *fluorouracil (topical) CREA 5 %* | 1 | |
| *fluorouracil (topical) SOLN* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TARGRETIN *(bexarotene (topical))* | 7 | |
| Antipsoriatics | | |
| (Calcipotriene) CALCITRENE OINT | 1 | QL(5 GM daily) |
| *calcipotriene CREA* | 1 | QL(5 GM daily) |
| *calcipotriene OINT* | 1 | QL(5 GM daily) |
| *calcipotriene SOLN* | 1 | |
| *calcitriol (topical)* | 1 | Limited 100 gms per month; QL(3.4 GM daily) |
| COSENTYX (300 MG DOSE) SOSY | 4 | See plan documents for specific Coverage; QL(0.72 ML daily); PA |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4 | See plan documents for specific Coverage; QL(0.72 ML daily); PA |
| COSENTYX SENSOREADY PEN SOAJ | 4 | See plan documents for specific Coverage; QL(0.72 ML daily); PA |
| COSENTYX UNOREADY SOAJ | 4 | See plan documents for specific Coverage; QL(0.72 ML daily); PA |
| COSENTYX SOSY 75 MG/0.5ML | 4 | See plan documents for specific Coverage; QL(0.18 ML daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COSENTYX SOSY 150 MG/ML | 4 | See plan documents for specific Coverage; QL(0.036 ML daily); PA |
| DOVONEX CREA *(calcipotriene)* | 7 | QL(5 GM daily) |
| *methoxsalen rapid* | 1 | |
| SKYRIZI PEN SOAJ | 4 | Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA |
| SKYRIZI SOSY | 4 | Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA |
| STELARA SOLN 45 MG/0.5ML | 4 | See plan documents for specific Coverage.; SP; PA |
| STELARA SOSY 45 MG/0.5ML | 4 | See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA |
| STELARA SOSY 90 MG/ML | 4 | See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA |
| *tazarotene CREA* | 1 | QL(1 GM daily) |
| *tazarotene GEL* | 1 | QL(1 GM daily) |
| TAZORAC CREA *(tazarotene)* | 7 | QL(1 GM daily) |
| TAZORAC GEL *(tazarotene)* | 7 | QL(1 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TREMFYA ONE-PRESS SOAJ 100 MG/ML | 4 | See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA |
| TREMFYA PEN SOAJ 100 MG/ML | 4 | See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA |
| TREMFYA SOSY 100 MG/ML | 4 | See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA |
| USTEKINUMAB SOLN 45 MG/0.5ML | 4 | See plan documents for specific Coverage.; SP; PA |
| USTEKINUMAB SOSY 90 MG/ML | 4 | See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA |
| USTEKINUMAB SOSY 45 MG/0.5ML | 4 | See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA |
| Antiseborrheic Products | | |
| OVACE PLUS WASH LIQD *(sulfacetamide sodium)* | 7 | |
| OVACE WASH LIQD *(sulfacetamide sodium)* | 7 | |
| *selenium sulfide LOTN 2.5 %* | 1 | |
| *sulfacetamide sodium LIQD* | 1 | |
| Antivirals - Topical | | |
| *acyclovir topical OINT* | 1 | QL(1 GM daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZOVIRAX OINT *(acyclovir topical)* | 7 | QL(1 GM daily) |
| Burn Products | | |
| (Silver Sulfadiazine) SSD | 1 | |
| SILVADENE *(silver sulfadiazine)* | 7 | |
| *silver sulfadiazine* | 1 | |
| Corticosteroids - Topical | | |
| (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % | 1 | |
| (Clobetasol Propionate) CLODAN SHAM | 1 | |
| (Hydrocortisone (Topical)) ALA-CORT CREA 2.5 % | 1 | |
| (Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 % | 1 | |
| *alclometasone dipropionate CREA* | 1 | |
| *alclometasone dipropionate OINT* | 1 | |
| APEXICON E CREA | 2 | |
| *betamethasone dipropionate (topical) CREA* | 1 | |
| *betamethasone dipropionate (topical) LOTN* | 1 | |
| *betamethasone dipropionate (topical) OINT* | 1 | |
| *betamethasone dipropionate augmented CREA* | 1 | |
| *betamethasone dipropionate augmented GEL 0.05 %* | 1 | |
| *betamethasone dipropionate augmented LOTN* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *betamethasone dipropionate augmented OINT* | 1 | |
| *betamethasone valerate CREA* | 1 | |
| *betamethasone valerate LOTN* | 1 | |
| *betamethasone valerate OINT* | 1 | |
| CAPEX SHAM | 2 | |
| *clobetasol propionate emollient base 0.05 %* | 1 | |
| *clobetasol propionate CREA 0.05 %* | 1 | |
| *clobetasol propionate GEL 0.05 %* | 1 | |
| *clobetasol propionate OINT 0.05 %* | 1 | |
| *clobetasol propionate SHAM* | 1 | |
| *clobetasol propionate SOLN 0.05 %* | 1 | |
| CLOBEX SHAM *(clobetasol propionate)* | 7 | |
| DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)* | 7 | |
| DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)* | 7 | |
| *desonide CREA* | 1 | |
| *desonide LOTN* | 1 | |
| *desonide OINT* | 1 | |
| DESOWEN CREA *(desonide)* | 7 | |
| *desoximetasone CREA* | 1 | |
| *desoximetasone GEL* | 1 | |
| *desoximetasone OINT 0.25 %* | 1 | |
| *diflorasone diacetate CREA* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diflorasone diacetate OINT* | 1 | |
| DIPROLENE OINT *(betamethasone dipropionate augmented)* | 7 | |
| *fluocinolone acetonide CREA* | 1 | |
| *fluocinolone acetonide OIL* | 1 | |
| *fluocinolone acetonide OINT* | 1 | |
| *fluocinolone acetonide SOLN* | 1 | |
| *fluocinonide emulsified base* | 1 | |
| *fluocinonide CREA 0.05 %* | 1 | |
| *fluocinonide GEL* | 1 | |
| *fluocinonide OINT* | 1 | |
| *fluocinonide SOLN* | 1 | |
| *fluticasone propionate CREA 0.05 %* | 1 | |
| *fluticasone propionate OINT* | 1 | |
| *halobetasol propionate CREA* | 1 | |
| *halobetasol propionate OINT* | 1 | |
| *hydrocortisone (topical) CREA 2.5 %* | 1 | |
| *hydrocortisone (topical) LOTN 2.5 %* | 1 | |
| *hydrocortisone (topical) OINT 2.5 %* | 1 | |
| *hydrocortisone butyrate CREA* | 1 | |
| *hydrocortisone butyrate OINT* | 1 | |
| KENALOG AERS *(triamcinolone acetonide (topical))* | 7 | |
| *mometasone furoate CREA* | 1 | |
| *mometasone furoate OINT* | 1 | |
| *mometasone furoate SOLN* | 1 | |
| SYNALAR CREA *(fluocinolone acetonide)* | 7 | |
| SYNALAR OINT *(fluocinolone acetonide)* | 7 | |
| SYNALAR SOLN *(fluocinolone acetonide)* | 7 | |
| TOPICORT CREA *(desoximetasone)* | 7 | |
| TOPICORT GEL *(desoximetasone)* | 7 | |
| TOPICORT OINT 0.25 % *(desoximetasone)* | 7 | |
| *triamcinolone acetonide (topical) AERS* | 1 | |
| *triamcinolone acetonide (topical) CREA* | 1 | |
| *triamcinolone acetonide (topical) LOTN* | 1 | |
| *triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %* | 1 | |
| TRIDESILON CREA 0.05 % *(desonide)* | 7 | |
| Immunomodulating Agents - Topical | | |
| *imiquimod 5 %* | 1 | |
| Immunosuppressive Agents - Topical | | |
| PROTOPIC OINT 0.03 % *(tacrolimus (topical))* | 7 | QL(2 GM daily); AL(At least 2 yrs old) |
| PROTOPIC OINT 0.1 % *(tacrolimus (topical))* | 7 | QL(2 GM daily); AL(At least 15 yrs old) |
| *tacrolimus (topical) OINT 0.03 %* | 1 | QL(2 GM daily); AL(At least 2 yrs old) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tacrolimus (topical) OINT 0.1 %* | 1 | QL(2 GM daily); AL(At least 15 yrs old) |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| (Salicylic Acid) KERALYT SHAM 6 % | 1 | |
| CONDYLOX GEL *(podofilox)* | 7 | |
| *podofilox GEL* | 1 | |
| *podofilox SOLN* | 1 | |
| *salicylic acid SHAM 6 %* | 1 | |
| Local Anesthetics - Topical | | |
| (Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % | 1 | QL(3 EA daily) |
| *lidocaine hcl SOLN* | 1 | |
| *lidocaine PTCH 5 %* | 1 | QL(3 EA daily) |
| LIDODERM PTCH *(lidocaine)* | 7 | QL(3 EA daily) |
| Misc. Topical | | |
| DRYSOL SOLN | 2 | |
| Rosacea Agents | | |
| *azelaic acid GEL* | 1 | |
| FINACEA GEL *(azelaic acid)* | 7 | |
| METROCREAM CREA *(metronidazole (topical))* | 7 | |
| METROGEL GEL 1 % *(metronidazole (topical))* | 7 | |
| METROLOTION LOTN *(metronidazole (topical))* | 7 | QL(60 ML per fill retail) |
| *metronidazole (topical) CREA* | 1 | |
| *metronidazole (topical) GEL 1 %* | 1 | |
| *metronidazole (topical) GEL 0.75 %* | 1 | QL(45 GM per fill retail) |
| *metronidazole (topical) LOTN* | 1 | QL(60 ML per fill retail) |
| Scabicides & Pediculicides | | |
| ELIMITE CREA *(permethrin)* | 7 | QL(60 GM per fill retail) |
| *permethrin CREA* | 1 | QL(60 GM per fill retail) |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Tests | | |
| COVID-19 AT HOME TEST KITS | 5 | Up to 8 tests per month |
| COVID-19 FLU A&B 3-IN-1 TEST | 5 | PV |
| FLOWFLEX PLUS COVID-19/FLU A/B | 5 | PV |
| FREESTYLE INSULINX TEST STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| FREESTYLE LITE TEST STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| FREESTYLE PRECISION NEO TEST STRP | 2 | Limit 200 per month without prior authorization; QL(6.7 EA daily); RX/OTC |
| FREESTYLE TEST STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| KETONE TEST STRP | 2 | QL(50 EA per fill retail) |
| KETOSTIX STRP | 2 | QL(50 EA per fill retail) |
| ONETOUCH ULTRA BLUE TEST STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONETOUCH ULTRA TEST STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| ONETOUCH ULTRA STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| ONETOUCH VERIO STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| PRECISION XTRA BLOOD GLUCOSE STRP | 2 | Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC |
| PRECISION XTRA KETONE | 2 | QL(0.36 EA daily) |
| SPEEDY SWAB COVID-19/FLU HOME | 5 | PV |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | 2 | |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| *acetazolamide CP12* | 1 | QL(2 EA daily) |
| *acetazolamide TABS 125 MG* | 1 | |
| *acetazolamide TABS 250 MG* | 1 | QL(4 EA daily) |
| *methazolamide TABS* | 1 | |
| Diuretic Combinations | | |
| ALDACTAZIDE *(spironolactone & hydrochlorothiazide)* | 7 | |
| *amiloride & hydrochlorothiazide* | 1 | |
| MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)* | 7 | QL(2 EA daily) |
| MAXZIDE TABS *(triamterene & hydrochlorothiazide)* | 7 | QL(1 EA daily) |
| *spironolactone & hydrochlorothiazide* | 1 | |
| *triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG* | 1 | |
| *triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG* | 1 | QL(2 EA daily) |
| *triamterene & hydrochlorothiazide TABS 50 MG-75 MG* | 1 | QL(1 EA daily) |
| Loop Diuretics | | |
| *bumetanide TABS 2 MG* | 1 | QL(5 EA daily) |
| *bumetanide TABS 0.5 MG, 1 MG* | 1 | |
| BUMEX TABS 0.5 MG *(bumetanide)* | 7 | |
| *furosemide SOLN PO 10 MG/ML* | 1 | |
| *furosemide TABS* | 1 | |
| LASIX TABS *(furosemide)* | 7 | |
| SOAANZ TABS 20 MG *(torsemide)* | 7 | |
| *torsemide TABS 100 MG* | 1 | QL(2 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *torsemide TABS 5 MG, 10 MG, 20 MG* | 1 | |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS *(spironolactone)* | 7 | |
| *amiloride hcl TABS* | 1 | |
| *spironolactone TABS* | 1 | |
| Thiazides and Thiazide-Like Diuretics | | |
| *chlorthalidone 25 MG, 50 MG* | 1 | |
| *hydrochlorothiazide CAPS* | 1 | QL(1 EA daily) |
| *hydrochlorothiazide TABS 25 MG, 50 MG* | 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 35 MG, 70 MG* | 1 | QL(0.15 EA daily) |
| *alendronate sodium TABS 5 MG, 10 MG* | 1 | QL(1 EA daily) |
| *calcitonin (salmon) NA* | 1 | |
| FOSAMAX TABS 70 MG *(alendronate sodium)* | 7 | QL(0.15 EA daily) |
| *ibandronate sodium TABS* | 1 | QL(0.04 EA daily) |
| Fertility Regulators | | |
| (Clomiphene Citrate) CLOMID TABS | 1 | Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail) |
| *clomiphene citrate TABS* | 1 | Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail) |
| Growth Hormones | | |
| HUMATROPE CART IJ | 4 | Please refer to your plan documents for specific coverage; PA |
| NORDITROPIN FLEXPRO SOPN | 4 | Please refer to your plan documents for specific coverage; PA |
| Hormone Receptor Modulators | | |
| EVISTA *(raloxifene hcl)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *raloxifene hcl* | 5 | Grand Fathered Plans at Tier 2; PV |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| SYNAREL | 2 | |
| Metabolic Modifiers | | |
| (Sapropterin Dihydrochloride) JAVYGTOR PACK | 1 | Specialty Drug refer to Caremark SP RX |
| (Sapropterin Dihydrochloride) JAVYGTOR TABS | 1 | Specialty Drug refer to Caremark SP RX |
| *calcitriol CAPS 0.25 MCG* | 1 | |
| *calcitriol CAPS 0.5 MCG* | 1 | QL(4 EA daily) |
| *calcitriol SOLN PO* | 1 | |
| KUVAN PACK *(sapropterin dihydrochloride)* | 7 | Specialty Drug refer to Caremark SP RX |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KUVAN TABS *(sapropterin dihydrochloride)* | 7 | Specialty Drug refer to Caremark SP RX |
| *paricalcitol CAPS* | 1 | |
| ROCALTROL CAPS 0.5 MCG *(calcitriol)* | 7 | QL(4 EA daily) |
| ROCALTROL CAPS 0.25 MCG *(calcitriol)* | 7 | |
| ROCALTROL SOLN PO *(calcitriol)* | 7 | |
| *sapropterin dihydrochloride PACK* | 1 | Specialty Drug refer to Caremark SP RX |
| *sapropterin dihydrochloride TABS* | 1 | Specialty Drug refer to Caremark SP RX |
| ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)* | 7 | |
| Posterior Pituitary Hormones | | |
| DDAVP TABS 0.2 MG *(desmopressin acetate)* | 7 | QL(6 EA daily) |
| DDAVP TABS 0.1 MG *(desmopressin acetate)* | 7 | |
| *desmopressin acetate spray* | 1 | |
| *desmopressin acetate spray refrigerated 0.01 %* | 1 | |
| *desmopressin acetate TABS 0.1 MG* | 1 | |
| *desmopressin acetate TABS 0.2 MG* | 1 | QL(6 EA daily) |
| Progesterone Receptor Antagonists | | |
| MIFEPREX *(mifepristone)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *mifepristone* | 5 | Grand Fathered Plans at Tier 2; PV |
| Prolactin Inhibitors | | |
| *cabergoline* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| (Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS | 1 | |
| (Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG | 1 | |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI | 1 | |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG | 1 | |
| ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)* | 7 | |
| CLIMARA PRO | 2 | QL(4 EA per 30 day(s) retail) |
| *estradiol & norethindrone acetate TABS* | 1 | |
| *norethindrone acetate-ethinyl estradiol* | 1 | |
| ORIAHNN | 2 | PA |
| PREMPHASE | 2 | QL(1 EA daily) |
| PREMPRO | 2 | QL(1 EA daily) |
| Estrogens | | |
| (Estradiol) DOTTI, LYLLANA PTTW | 1 | QL(0.29 EA daily) |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 2 | QL(0.29 EA daily) |
| CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)* | 7 | QL(4 EA per fill retail; 4 EA per 30 day(s) retail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ESTRACE TABS *(estradiol)* | 7 | |
| ***estradiol PTTW*** | 1 | QL(0.29 EA daily) |
| ***estradiol PTWK*** | 1 | QL(4 EA per fill retail; 4 EA per 30 day(s) retail) |
| ***estradiol TABS*** | 1 | |
| MENEST 2.5 MG | 2 | QL(3 EA daily) |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG | 2 | QL(1 EA daily) |
| MINIVELLE PTTW *(estradiol)* | 7 | QL(0.29 EA daily) |
| PREMARIN TABS | 2 | QL(1 EA daily) |
| VIVELLE-DOT PTTW *(estradiol)* | 7 | QL(0.29 EA daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| ***ciprofloxacin hcl TABS*** | 1 | |
| CIPRO SUSR | 2 | |
| CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)* | 7 | |
| ***levofloxacin SOLN PO*** | 1 | |
| ***levofloxacin TABS*** | 1 | QL(14 EA per fill retail) |
| ***moxifloxacin hcl TABS*** | 1 | |
| ***ofloxacin 300 MG*** | 1 | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Gallstone Solubilizing Agents | | |
| URSO 250 TABS *(ursodiol)* | 7 | |
| URSO FORTE TABS *(ursodiol)* | 7 | |
| ***ursodiol CAPS*** | 1 | |
| ***ursodiol TABS*** | 1 | |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA *(lubiprostone)* | 7 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***lubiprostone*** | 1 | |
| Gastrointestinal Stimulants | | |
| ***metoclopramide hcl TABS*** | 1 | |
| REGLAN TABS *(metoclopramide hcl)* | 7 | |
| Inflammatory Bowel Agents | | |
| APRISO CP24 *(mesalamine)* | 7 | QL(4 EA daily) |
| ASACOL HD TBEC *(mesalamine)* | 7 | |
| AZULFIDINE EN-TABS TBEC *(sulfasalazine)* | 7 | QL(8 EA daily) |
| AZULFIDINE TABS *(sulfasalazine)* | 7 | QL(8 EA daily) |
| ***balsalazide disodium CAPS*** | 1 | QL(9 EA daily; 280 EA per fill retail) |
| CANASA SUPP *(mesalamine)* | 7 | QL(1 EA daily) |
| COLAZAL CAPS *(balsalazide disodium)* | 7 | QL(9 EA daily; 280 EA per fill retail) |
| DELZICOL CPDR *(mesalamine)* | 7 | QL(6 EA daily) |
| LIALDA TBEC *(mesalamine)* | 7 | QL(4 EA daily) |
| ***mesalamine CP24*** | 1 | QL(4 EA daily) |
| ***mesalamine CPDR*** | 1 | QL(6 EA daily) |
| ***mesalamine ENEM*** | 1 | QL(60 ML daily) |
| ***mesalamine SUPP*** | 1 | QL(1 EA daily) |
| ***mesalamine TBEC 800 MG*** | 1 | |
| ***mesalamine TBEC 1.2 GM*** | 1 | QL(4 EA daily) |
| SFROWASA ENEM | 2 | |
| SKYRIZI SOCT | 4 | Check Benefits for coverage; 1 package(s) per fill retail; PA |
| ***sulfasalazine TABS*** | 1 | QL(8 EA daily) |
| ***sulfasalazine TBEC*** | 1 | QL(8 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML | 4 | See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA |
| TREMFYA PEN SOAJ SC 200 MG/2ML | 4 | See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA |
| TREMFYA SOSY SC 200 MG/2ML | 4 | See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA |
| Intestinal Acidifiers | | |
| (Lactulose (Encephalopathy)) ENULOSE, GENERLAC | 1 | |
| *lactulose (encephalopathy)* | 1 | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| LINZESS | 2 | QL(1 EA daily) |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK | 2 | QL(1 EA daily) |
| Phosphate Binder Agents | | |
| (Calcium Acetate (Phosphate Binder)) CALPHRON TABS | 1 | RX/OTC |
| *calcium acetate (phosphate binder) CAPS* | 1 | |
| *calcium acetate (phosphate binder) TABS* | 1 | RX/OTC |
| FOSRENOL CHEW 1000 MG *(lanthanum carbonate)* | 7 | QL(3 EA daily) |
| FOSRENOL CHEW 750 MG *(lanthanum carbonate)* | 7 | QL(4 EA daily) |
| FOSRENOL CHEW 500 MG *(lanthanum carbonate)* | 7 | |
| FOSRENOL PACK | 2 | |
| *lanthanum carbonate CHEW 750 MG* | 1 | QL(4 EA daily) |
| *lanthanum carbonate CHEW 1000 MG* | 1 | QL(3 EA daily) |
| *lanthanum carbonate CHEW 500 MG* | 1 | |
| RENVELA PACK 2.4 GM *(sevelamer carbonate)* | 7 | QL(5 EA daily) |
| RENVELA PACK 0.8 GM *(sevelamer carbonate)* | 7 | |
| RENVELA TABS *(sevelamer carbonate)* | 7 | |
| *sevelamer carbonate PACK 2.4 GM* | 1 | QL(5 EA daily) |
| *sevelamer carbonate PACK 0.8 GM* | 1 | |
| *sevelamer carbonate TABS* | 1 | |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Acidifiers | | |
| K-PHOS NO 2 | 2 | |
| Alkalinizers | | |
| (Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP | 1 | |
| (Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK | 1 | |
| (Potassium Citrate-Citric Acid) CYTRA-K SOLN | 1 | RX/OTC |
| (Sodium Citrate & Citric Acid) CYTRA-2 | 1 | RX/OTC |
| *potassium citrate (alkalinizer) TBCR* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *potassium citrate-citric acid SOLN* | 1 | RX/OTC |
| *sodium citrate & citric acid* | 1 | RX/OTC |
| UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))* | 7 | |
| UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))* | 7 | |
| UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))* | 7 | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 2 | |
| PROCYSBI CPDR | 2 | |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | 1 | QL(1 EA daily) |
| AVODART *(dutasteride)* | 7 | AL(At least 40 yrs old) |
| *dutasteride* | 1 | AL(At least 40 yrs old) |
| *dutasteride-tamsulosin hcl* | 1 | |
| *finasteride* | 1 | QL(1 EA daily); AL(At least 40 yrs old) |
| JALYN *(dutasteride-tamsulosin hcl)* | 7 | |
| PROSCAR *(finasteride)* | 7 | QL(1 EA daily); AL(At least 40 yrs old) |
| *tamsulosin hcl* | 1 | QL(2 EA daily) |
| UROXATRAL *(alfuzosin hcl)* | 7 | QL(1 EA daily) |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid* | 1 | |
| Gout Agents | | |
| *allopurinol 300 MG* | 1 | QL(2 EA daily) |
| *allopurinol 100 MG* | 1 | QL(3 EA daily) |
| *colchicine TABS* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COLCRYS TABS *(colchicine)* | 7 | |
| *febuxostat 80 MG* | 1 | QL(1 EA daily) |
| *febuxostat 40 MG* | 1 | QL(2 EA daily) |
| ULORIC 80 MG *(febuxostat)* | 7 | QL(1 EA daily) |
| ULORIC 40 MG *(febuxostat)* | 7 | QL(2 EA daily) |
| ZYLOPRIM 300 MG *(allopurinol)* | 7 | QL(2 EA daily) |
| ZYLOPRIM 100 MG *(allopurinol)* | 7 | QL(3 EA daily) |
| Uricosurics | | |
| *probenecid* | 1 | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Complement Inhibitors | | |
| FABHALTA | 2 | PA |
| Hematorheologic Agents | | |
| *pentoxifylline* | 1 | QL(3 EA daily) |
| Platelet Aggregation Inhibitors | | |
| AGRYLIN 0.5 MG *(anagrelide hcl)* | 7 | |
| *anagrelide hcl* | 1 | |
| BRILINTA | 2 | QL(2 EA daily) |
| *cilostazol* | 1 | QL(2 EA daily) |
| *clopidogrel bisulfate* | 1 | QL(2 EA daily) |
| *dipyridamole* | 1 | |
| EFFIENT *(prasugrel hcl)* | 7 | |
| PLAVIX 75 MG *(clopidogrel bisulfate)* | 7 | QL(2 EA daily) |
| *prasugrel hcl* | 1 | |
| *ticagrelor 90 MG* | 1 | QL(2 EA daily) |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Sickle Cell Disease | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DROXIA CAPS | 2 | |
| ENDARI *(glutamine (sickle cell))* | 7 | SP; PA |
| *glutamine (sickle cell)* | 1 | SP; PA |
| Folic Acid/Folates | | |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG | 5 | Grand Fathered Plans at Tier 2; PV |
| (Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG | 1 | RX/OTC |
| *folic acid TABS 400 MCG, 800 MCG* | 5 | Grand Fathered Plans at Tier 2; PV |
| *folic acid TABS 1 MG* | 1 | RX/OTC |
| Hematopoietic Growth Factors | | |
| PROMACTA PACK 12.5 MG | 2 | QL(1 EA daily); PA |
| PROMACTA PACK 25 MG | 2 | QL(1 EA daily); PA |
| PROMACTA TABS | 2 | QL(1 EA daily); PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| *tranexamic acid TABS* | 1 | QL(6 EA daily; 5 Day(s) limit) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| *phenobarbital ELIX* | 1 | |
| *phenobarbital TABS* | 1 | |
| Non-Barbiturate Hypnotics | | |
| AMBIEN TABS 5 MG *(zolpidem tartrate)* | 7 | QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail) |
| AMBIEN TABS 10 MG *(zolpidem tartrate)* | 7 | QL(1 EA daily; 30 EA per fill retail) |
| *estazolam* | 1 | |
| *flurazepam hcl 30 MG* | 1 | QL(1 EA daily) |
| *flurazepam hcl 15 MG* | 1 | QL(2 EA daily) |
| HALCION 0.25 MG *(triazolam)* | 7 | QL(1 EA daily) |
| RESTORIL 30 MG *(temazepam)* | 7 | QL(1 EA daily) |
| RESTORIL 15 MG *(temazepam)* | 7 | QL(2 EA daily) |
| RESTORIL 7.5 MG *(temazepam)* | 7 | |
| *temazepam 15 MG* | 1 | QL(2 EA daily) |
| *temazepam 7.5 MG* | 1 | |
| *temazepam 30 MG* | 1 | QL(1 EA daily) |
| *triazolam 0.125 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *triazolam 0.25 MG* | 1 | QL(1 EA daily) |
| *zaleplon* | 1 | QL(1 EA daily) |
| *zolpidem tartrate TABS 5 MG* | 1 | QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail) |
| *zolpidem tartrate TABS 10 MG* | 1 | QL(1 EA daily; 30 EA per fill retail) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 2 | QL(1 EA daily); ST |
| LAXATIVES - Bowel Treatment Drugs | | |
| Laxative Combinations | | |
| (PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT | 5 | Grand Fathered Plans at Tier 2; PV |
| (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM | 5 | Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV |
| (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK | 5 | Grand Fathered Plans at Tier 2; PV |
| GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)* | 5 | Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | 5 | Grand Fathered Plans at Tier 2; PV |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM* | 5 | Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 5 | Grand Fathered Plans at Tier 2; PV |
| PEG-PREP | 5 | Grand Fathered Plans at Tier 2; QL(1 EA per fill retail); PV |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | 5 | Grand Fathered Plans at Tier F |
| SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)* | 5 | Grand Fathered Plans at Tier F |
| Laxatives - Miscellaneous | | |
| (Lactulose) CONSTULOSE SOLN 10 GM/15ML | 1 | |
| (Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT 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, TRUE LAXATIVE POWD | 1 | Limit 528gms per month; QL(17.6 GM daily) |
| *lactulose SOLN* | 1 | |
| MIRALAX POWD *(polyethylene glycol 3350)* | 7 | Limit 528gms per month; QL(17.6 GM daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *polyethylene glycol 3350 POWD* | 1 | Limit 528gms per month; QL(17.6 GM daily) |
| Saline Laxatives | | |
| OSMOPREP | 5 | Grand Fathered Plans at Tier 2; PV |
| Stimulant Laxatives | | |
| (Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| *bisacodyl SUPP* | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| *bisacodyl TBEC* | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)* | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| DULCOLAX SUPP *(bisacodyl)* | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DULCOLAX TBEC *(bisacodyl)* | 5 | Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin PACK* | 1 | |
| *azithromycin SUSR* | 1 | |
| *azithromycin TABS 600 MG* | 1 | QL(10 EA per fill retail) |
| *azithromycin TABS 250 MG* | 1 | QL(6 EA per fill retail) |
| *azithromycin TABS 500 MG* | 1 | QL(3 EA daily) |
| ZITHROMAX TRI-PAK TABS *(azithromycin)* | 7 | QL(3 EA daily) |
| ZITHROMAX Z-PAK TABS *(azithromycin)* | 7 | QL(6 EA per fill retail) |
| ZITHROMAX PACK | 2 | |
| ZITHROMAX SUSR *(azithromycin)* | 7 | |
| ZITHROMAX TABS 250 MG *(azithromycin)* | 7 | QL(6 EA per fill retail) |
| ZITHROMAX TABS 500 MG *(azithromycin)* | 7 | QL(3 EA daily) |
| Clarithromycin | | |
| *clarithromycin SUSR* | 1 | |
| *clarithromycin TABS* | 1 | |
| *clarithromycin TB24* | 1 | QL(14 EA per fill retail) |
| Erythromycins | | |
| (Erythromycin Base) ERY-TAB TBEC | 1 | |
| (Erythromycin Ethylsuccinate) E.E.S. 400 TABS | 1 | |
| (Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG | 1 | |
| E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)* | 7 | |
| ERYPED 200 SUSR *(erythromycin ethylsuccinate)* | 7 | |
| ERYPED 400 SUSR *(erythromycin ethylsuccinate)* | 7 | |
| *erythromycin base CPEP* | 2 | |
| *erythromycin base TABS* | 1 | |
| *erythromycin base TBEC* | 1 | |
| *erythromycin ethylsuccinate SUSR* | 1 | |
| *erythromycin ethylsuccinate TABS* | 1 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| CAYA DPRH | 5 | Grand Fathered Plans at Tier 2; QL(1 EA per 365 day(s) retail); PV |
| CONDOMS | 5 | PV |
| DUREX EXTRA SENSITIVE THIN DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| DUREX EXTRA SENSITIVE THIN MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| DUREX TROPICAL MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FANTASY LUBRICATED/SPERMICIDE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| FANTASY LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| FC2 FEMALE CONDOM | 5 | Grand Fathered Plans at Tier 2; PV |
| FEMCAP DEVI | 5 | Grand Fathered Plans at Tier 2; PV |
| KAMELEON LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO COLORS DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO MAXX-LARGE FLARE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO MICRO THIN PLUS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO MICRO THIN MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO PLUS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO PS PLUS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO PS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO SENSATION PLUS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO SENSATION MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO SPECIAL DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| KIMONO MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| K-Y ME & YOU INTENSE DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| MAXX PLUS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| MAXX MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| OMNIFLEX DIAPHRAGM | 5 | Grand Fathered Plans at Tier 2; PV |
| REALITY LATEX CONDOMS MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| REALITY LATEX/ULTRA TEXTURED DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| REALITY LATEX/ULTRA THIN DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TROJAN ENZ MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |

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|---|---|---|
| TROJAN MAGNUM MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TROJAN ULTRA THIN/SPERMICIDAL MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TROJAN ULTRA THIN MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TROJAN-ENZ LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TROJAN-ENZ/SPERMICIDAL MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUE COVER DEVI | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUB/RIBBED/STUDDED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUB/SPERMICIDE EX ST MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUB/SPERMICIDE XL MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUBRICATED EX LARGE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUBRICATED EXTRA ST MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX NATURAL CONDOMS + LUBE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX NON-LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX RIA LUB/SPERMICIDE MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX RIA LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX RIA NON-LUBRICATED MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | 5 | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail) |
| WIDE-SEAL DIAPHRAGM 60 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 65 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 70 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 75 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 80 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 85 | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| WIDE-SEAL DIAPHRAGM 90 | 5 | Grand Fathered Plans at Tier 2; PV |
| WIDE-SEAL DIAPHRAGM 95 | 5 | Grand Fathered Plans at Tier 2; PV |
| Diabetic Supplies | | |
| 1ST TIER UNILET COMFORTOUCH | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACTI-LANCE 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACTI-LANCE LITE LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ACTI-LANCE UNIVERSAL 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ADVANCED MOBILE LANCET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ADVOCATE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ADVOCATE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ADVOCATE SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ADVOCATE SAFETY LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AIMSCO TWIST LANCETS 32G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AIMSCO TWIST LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AQUALANCE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE COMFORT LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ASSURE HAEMOLANCE PLUS HIGH | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS PED | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE LANCE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE LANCE LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AURORA LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| AURORA LANCET THIN 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| BD LANCET ULTRAFINE 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| BD LANCET ULTRAFINE 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| BD MICROTAINER LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CAREONE LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CAREONE LANCET THIN 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARESENS LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARESENS LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARETOUCH SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARETOUCH SAFETY LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARETOUCH TWIST LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARETOUCH TWIST LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARETOUCH TWIST LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CHOSEN LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CHOSEN SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEANLET LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEVER CHEK LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEVER CHOICE COMFORT EZ | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEVER CHOICE LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEVER CHOICE LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CLEVER CHOICE LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COAGUCHEK LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT ASSURED LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT ASSURED LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT TOUCH LANCETS 31G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COMFORT TOUCH TWIST LANCET 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS MICRO THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS ORIGINAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS LANCETS ULTRA-THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| CVS ULTRA THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DIATHRIVE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DROPLET LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DROPLET PERSONAL LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DROPSAFE ACTI-LANCE 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DRUG MART LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DRUG MART UNILET LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DRUG MART UNILET LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| DRUG MART UNILET LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY COMFORT LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 32G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EQL COLOR LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EQL COLOR LANCETS MICRO 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EQL SUPER THIN LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EQL THIN LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| E-Z JECT LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| E-Z JECT LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| E-Z JECT LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| E-Z JECT LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EZ-LETS LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EZ-LETS LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EZ-LETS LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| EZ-LETS LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FIFTY50 SAFETY SEAL LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FIFTY50 UNILET LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FINE 30 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FINGERSTIX LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FORA LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FREDS PHARMACY UNILET LANC 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FREDS PHARMACY UNILET LANC 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FREESTYLE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| FREESTYLE LITE KIT | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| FREESTYLE PRECISION NEO SYSTEM KIT | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE UNISTICK II LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GENTLE-LET GP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GENTLE-LET LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GLUCOCOM LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GLUCOCOM LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GLUCOCOM LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GNP LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GNP LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GNP STERILE LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GNP STERILE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GNP STERILE LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOJJI STERILE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOODSENSE COLOR LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOODSENSE LANCETS 26G UNIV | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOODSENSE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOODSENSE LANCETS 30G UNIV | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| GOODSENSE LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GOODSENSE LANCETS 33G UNIV | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE PLUS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE PLUS MAX FLOW | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HEALTHY ACCENTS UNILET LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| H-E-B INCONTROL LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| H-E-B INCONTROL LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| H-E-B INCONTROL LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HY-VEE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| HY-VEE THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| IN TOUCH STERILE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KINNEY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KINNEY THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER HEALTHPRO LANCET 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KROGER LANCETS MICRO THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS SUPER THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| KROGER LANCETS ULTRATHIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS 28G THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS MICRO THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS SUPER THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS SUPER THIN 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS ULTRA THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LIBERTY MEDICAL LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LIFESCAN UNISTIK 2 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LIFESCAN UNISTIK II LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LITE TOUCH LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LITETOUCH LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LIVE BETTER LANCET SUPER THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LIVE BETTER LANCET ULTRA THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LONGS LANCETS STANDARD | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LONGS LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| LONGS LANCETS ULTRA THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDICHOICE SAFETY LANCET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDICHOICE SAFETY LANCET NORM | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE EXTRA 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE LITE 25G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS EXTRA 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS LITE 25G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEDLANCE UNIVERSAL 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEIJER LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEIJER LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MEIJER SUPER THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MICROLET LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MM TWIST LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MOBILE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MONOLET LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MONOLET OPD LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MONOLETTOR SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MPD SAFETY LANCET 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MPD SAFETY LANCET 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MPD SAFETY LANCET 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MPD SAFETY LANCET 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| MYGLUCOHEALTH LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| NOVA SAFETY LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| NOVA SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| NOVA SUREFLEX LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH CLUB LANCETS FINE PT | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH DELICA LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH DELICA SAFETY LANCING | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH FINEPOINT LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH ULTRA 2 KIT | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH ULTRASOFT LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ONETOUCH VERIO FLEX SYSTEM KIT | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| ONETOUCH VERIO REFLECT KIT | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| PC LANCETS SUPER THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PERFECT LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PERFECT LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PERFECT POINT SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PHARMACIST CHOICE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PHARMACY COUNTER LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PIP LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PIP LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PRECISION THINS GP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PREFERRED PLUS LANCETS COLORED | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PREFERRED PLUS LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| PRO COMFORT LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REALITY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| REALITY TRIGGER LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION LANCET DEVICES 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION LANCETS MICRO-THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION ULTRA THIN LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RELION ULTRA THIN PLUS LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| REXALL LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| RIGHTEST GL300 LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFE-T-LANCE | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFE-T-LANCE PLUS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFETY LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFETY LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAPS HEALTH PLUS LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAPS HEALTH TWIST TOP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SAPS TWIST TOP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SAPSCARE TWIST TOP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SB LANCETS THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SB LANCETS ULTRA THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SHOPKO ON-THE-GO LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SHOPKO UNILET LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SHOPKO UNILET LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SINGLE-LET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SM LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SMART SENSE COLOR LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SMART SENSE STANDARD LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SMART SENSE SUPER THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SMART SENSE THIN LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SMARTEST LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SOLUS V2 LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SOLUS V2 TWIST LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| STERILANCE TL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SUPER THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SURE COMFORT LANCETS 18G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SURE COMFORT LANCETS 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SURE COMFORT LANCETS 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SURE COMFORT LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SURE COMFORT LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| SURELITE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TECHLITE AST LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TECHLITE LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TECHLITE LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TECHLITE LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TGT LANCET MICRO THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TGT LANCET THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TGT LANCET ULTRA THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| THINLETS GP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TRAVEL LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TRAVEL LANCETS ADVANCED 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TRUE COMFORT SAFETY LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| TRUEPLUS LANCETS 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNILET MICRO-THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNILET SUPERLITE LANCET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNILET SUPER-THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNILET ULTRA-THIN 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 1 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 COMFORT | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 EXTRA | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 NEONATAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 NORMAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 2 SUPER | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 COMFORT | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 EXTRA | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 GENTLE | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 NEONATAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK 3 NORMAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK CZT COMFORT | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK CZT NORMAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK NORMAL | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNISTIK PRO SAFETY LANCET | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK SAFETY LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VALUE PLUS LANCET STANDARD 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VALUE PLUS LANCETS SUPER THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VALUE PLUS LANCETS THIN 26G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VALUMARK LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VALUMARK LANCET ULTRA THIN 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE SAFE LANCET MINI 21G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE SAFE LANCET MINI 23G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE SAFE LANCET MINI 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE SAFE LANCET MINI 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VERIFINE UNIVERSAL LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VIDA MIA UNILET LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VIDA MIA UNILET LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VIVAGUARD LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VIVAGUARD LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| VIVAGUARD SAFETY LANCETS 28G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS ADV TRAVEL LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS LANCETS MICRO THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS LANCETS SUPER THIN | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| WALGREENS ULTRA THIN LANCETS | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| ZEVRX TWIST TOP LANCETS 30G | 2 | QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC |
| Parenteral Therapy Supplies | | |
| ASSURE ID INSULIN SAFETY SYR | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| ASSURE ID INSULIN SAFETY SYR | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD AUTOSHIELD | 2 | Available through Mail Order; QL(6.67 EA daily) |
| BD AUTOSHIELD DUO | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD DISP NEEDLES | 2 | RX/OTC |
| BD ECLIPSE LUER-LOK NEEDLE | 2 | RX/OTC |
| BD PEN NEEDLE MICRO U/F | 2 | Available through Mail Order; QL(6.67 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BD PEN NEEDLE MINI U/F | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD PEN NEEDLE NANO 2ND GEN | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD PEN NEEDLE NANO U/F | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD PEN NEEDLE ORIGINAL U/F | 2 | Available through Mail Order; QL(6.67 EA daily) |
| BD PEN NEEDLE SHORT U/F | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD VEO INSULIN SYRINGE U/F | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| BD VEO INSULIN SYRINGE U/F | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| CAREPOINT POLY HUB NEEDLE | 2 | RX/OTC |
| COMFORT EZ INSULIN SYRINGE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| COMFORT EZ INSULIN SYRINGE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| DROPLET INSULIN SYRINGE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| DROPLET INSULIN SYRINGE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| EASY TOUCH FLIPLOCK NEEDLES | 2 | RX/OTC |
| EASY TOUCH HYPODERMIC NEEDLE | 2 | RX/OTC |
| EMBECTA INSULIN SYRINGE U/F | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| EMBECTA INSULIN SYRINGE U/F | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYR | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYR | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| POLY HUB NEEDLE | 2 | RX/OTC |
| RELION INSULIN SYRINGE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| RELION INSULIN SYRINGE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |
| TECHLITE INSULIN SYRINGE | 2 | Limit 200; QL(6.67 EA daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TECHLITE INSULIN SYRINGE | 2 | Available through Mail Order; QL(6.67 EA daily); RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AJOVY SOAJ | 4 | PA |
| AJOVY SOSY | 4 | PA |
| EMGALITY SOAJ | 4 | PA |
| EMGALITY SOSY | 4 | PA |
| UBRELVY | 2 | QL(10 EA per 30 day(s) retail); ST |
| Migraine Combinations | | |
| CAFERGOT TABS *(ergotamine w/ caffeine)* | 7 | |
| *ergotamine w/ caffeine TABS* | 1 | |
| Migraine Products | | |
| ERGOMAR SUBL | 2 | |
| Serotonin Agonists | | |
| *almotriptan malate* | 1 | QL(0.2 EA daily) |
| IMITREX 5 MG/ACT *(sumatriptan)* | 7 | QL(6 EA per fill retail; 6 EA per 30 day(s) retail) |
| IMITREX 20 MG/ACT *(sumatriptan)* | 7 | Limit 6 sprayers per month; QL(2 EA daily) |
| IMITREX TABS *(sumatriptan succinate)* | 7 | QL(2 EA daily) |
| MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)* | 7 | Limit 12 per month; QL(0.4 EA daily) |
| MAXALT TABS 10 MG *(rizatriptan benzoate)* | 7 | QL(0.6 EA daily) |
| *naratriptan hcl* | 1 | QL(9 EA per fill retail; 9 EA per 30 day(s) retail) |
| *rizatriptan benzoate TABS* | 1 | QL(0.6 EA daily) |
| *rizatriptan benzoate TBDP* | 1 | Limit 12 per month; QL(0.4 EA daily) |
| *sumatriptan 5 MG/ACT* | 1 | QL(6 EA per fill retail; 6 EA per 30 day(s) retail) |
| *sumatriptan 20 MG/ACT* | 1 | Limit 6 sprayers per month; QL(2 EA daily) |
| *sumatriptan succinate TABS* | 1 | QL(2 EA daily) |
| MINERALS & ELECTROLYTES | | |
| Fluoride | | |
| (Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV |
| (Sodium Fluoride) NAFRINSE CHEW 2.2 MG | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV |
| *sodium fluoride CHEW* | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV |
| *sodium fluoride SOLN* | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC |
| *sodium fluoride TABS 1 MG* | 1 | AL(Up to 6 yrs old) |
| *sodium fluoride TABS 0.5 MG* | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SOLUVITA SOLN | 5 | Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC |
| Phosphate | | |
| (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL | 1 | |
| (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS | 1 | |
| K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)* | 7 | |
| K-PHOS TABS *(potassium phosphate monobasic)* | 7 | |
| *pot phosphate monobasic w/ sod phosphate dibasic & monobasic* | 1 | |
| Potassium | | |
| (Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF | 1 | |
| (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ | 1 | |
| (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ | 1 | |
| (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ | 1 | |
| (Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ | 1 | |
| (Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ | 1 | |
| (Potassium Chloride) KLOR-CON PACK PO 20 MEQ | 1 | |
| K-TAB TBCR 10 MEQ *(potassium chloride)* | 7 | |
| *potassium chloride microencapsulated crystals er* | 1 | |
| *potassium chloride CPCR* | 1 | |
| *potassium chloride PACK PO 20 MEQ* | 1 | |
| *potassium chloride SOLN PO 10 %, 20 %, 10 %* | 1 | |
| *potassium chloride TBCR 8 MEQ, 10 MEQ* | 1 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| DEPEN TITRATABS TABS *(penicillamine)* | 7 | |
| *penicillamine TABS* | 1 | |
| *trientine hcl 500 MG* | 1 | PA |
| Immunomodulators | | |
| *lenalidomide* | 1 | SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| Immunosuppressive Agents | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG | 1 | |
| (Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN | 1 | |
| *azathioprine TABS 50 MG* | 1 | |
| CELLCEPT CAPS *(mycophenolate mofetil)* | 7 | |
| CELLCEPT SUSR *(mycophenolate mofetil)* | 7 | |
| CELLCEPT TABS *(mycophenolate mofetil)* | 7 | |
| *cyclosporine modified (for microemulsion) CAPS* | 1 | |
| *cyclosporine modified (for microemulsion) SOLN* | 1 | |
| *cyclosporine CAPS* | 1 | |
| *everolimus (immunosuppressant)* | 1 | |
| IMURAN TABS *(azathioprine)* | 7 | |
| *mycophenolate mofetil CAPS* | 1 | |
| *mycophenolate mofetil SUSR* | 1 | |
| *mycophenolate mofetil TABS* | 1 | |
| NEORAL CAPS *(cyclosporine modified (for microemulsion))* | 7 | |
| NEORAL SOLN *(cyclosporine modified (for microemulsion))* | 7 | |
| PROGRAF CAPS *(tacrolimus)* | 7 | |
| SANDIMMUNE CAPS *(cyclosporine)* | 7 | |
| SANDIMMUNE SOLN PO 100 MG/ML | 2 | |
| *tacrolimus CAPS* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZORTRESS *(everolimus (immunosuppressant))* | 7 | |
| Potassium Removing Agents | | |
| (Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML | 1 | |
| *sodium polystyrene sulfonate POWD* | 1 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| *lidocaine hcl (mouth-throat) 2 %* | 1 | |
| Anti-infectives - Throat | | |
| *clotrimazole* | 1 | |
| NYSTATIN *(nystatin (mouth-throat))* | 7 | |
| *nystatin (mouth-throat)* | 1 | |
| Antiseptics - Mouth/Throat | | |
| (Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD | 1 | |
| *chlorhexidine gluconate (mouth-throat)* | 1 | |
| PERIDEX *(chlorhexidine gluconate (mouth-throat))* | 7 | |
| Steroids - Mouth/Throat/Dental | | |
| (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE | 1 | |
| *triamcinolone acetonide (mouth)* | 1 | |
| Throat Products - Misc. | | |
| *pilocarpine hcl (oral) 5 MG* | 1 | QL(6 EA daily) |
| *pilocarpine hcl (oral) 7.5 MG* | 1 | QL(4 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SALAGEN 5 MG *(pilocarpine hcl (oral))* | 7 | QL(6 EA daily) |
| SALAGEN 7.5 MG *(pilocarpine hcl (oral))* | 7 | QL(4 EA daily) |
| MULTIVITAMINS | | |
| Ped Multi Vitamins w/Fl & FE | | |
| (Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| POLY-VI-FLOR/IRON CHEW | 2 | AL(Up to 5 yrs old) |
| QUFLORA FE PEDIATRIC LIQD | 2 | AL(Up to 6 yrs old) |
| Ped MV w/ Fluoride | | |
| (Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN | 1 | AL(Up to 6 yrs old); RX/OTC |
| FLORAFOL PEDIATRIC CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| FLORAFOL PEDIATRIC SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| FLORIVA PLUS SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| FLOTREX CHEW 0.25 MG, 0.5 MG | 2 | AL(Up to 6 yrs old); RX/OTC |
| MULTIVITAMIN + FLUORIDE CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| MULTIVITAMIN/FLUORIDE CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| MULTIVITAMIN/FLUORIDE SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| MULTI-VIT-FLOR CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| *pediatric multivitamins w/fl CHEW* | 1 | AL(Up to 6 yrs old); RX/OTC |
| POLY-VI-FLOR CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| QUFLORA GUMMIES CHEW | 2 | AL(Up to 6 yrs old) |
| QUFLORA PEDIATRIC CHEW | 2 | AL(Up to 6 yrs old); RX/OTC |
| QUFLORA PEDIATRIC SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| SOLUVITA ACD WITH FLUORIDE SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| SOLUVITA WITH FLUORIDE SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN | 2 | AL(Up to 6 yrs old); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Prenatal Vitamins | | |
| (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS | 1 | |
| (Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW | 1 | |
| ATABEX EC TBEC | 2 | |
| CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG | 2 | |
| CITRANATAL ASSURE | 2 | |
| CITRANATAL DHA | 2 | |
| COMPLETENATE CHEW | 2 | |
| CONCEPT DHA | 2 | |
| CONCEPT OB | 2 | |
| FOLIVANE-OB | 2 | |
| M-NATAL PLUS TABS | 2 | RX/OTC |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | RX/OTC |
| NEONATAL PLUS TABS | 2 | RX/OTC |
| NESTABS DHA | 2 | |
| NIVA-PLUS TABS | 2 | RX/OTC |
| OBSTETRIX DHA MISC | 2 | |
| OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG | 2 | |
| ONE VITE WOMENS PLUS TABS | 2 | RX/OTC |
| PRENA 1 TRUE | 2 | |
| PRENATAL 19 CHEW | 2 | |
| PRENATAL PLUS VITAMIN/MINERAL TABS | 2 | RX/OTC |
| PRENATAL PLUS TABS | 2 | RX/OTC |
| PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG | 2 | RX/OTC |
| PRENATAL-U CAPS | 2 | |
| PRENATRIX TABS | 2 | RX/OTC |
| PRENATRYL TABS | 2 | RX/OTC |
| PROVIDA OB | 2 | |
| SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG | 2 | |
| SE-NATAL 19 CHEW | 2 | |
| THERANATAL CORE NUTRITION TABS | 2 | RX/OTC |
| TRICARE TABS | 2 | RX/OTC |
| VITATHELY WITH GINGER TABS | 2 | RX/OTC |
| VITATRUE | 2 | |
| WESCAP-C DHA | 2 | |
| WESTAB PLUS TABS | 2 | RX/OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| (Carisoprodol) VANADOM TABS 350 MG | 1 | |
| *baclofen TABS 15 MG* | 1 | QL(3 EA daily); PA |
| *baclofen TABS 20 MG* | 1 | QL(4 EA daily) |
| *baclofen TABS 5 MG* | 1 | |
| *baclofen TABS 10 MG* | 1 | QL(6 EA daily) |
| *carisoprodol TABS 350 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cyclobenzaprine hcl TABS 5 MG, 10 MG* | 1 | |
| *methocarbamol TABS 500 MG, 750 MG* | 1 | |
| *orphenadrine citrate TB12* | 1 | |
| SOMA TABS 350 MG *(carisoprodol)* | 7 | |
| *tizanidine hcl TABS 2 MG* | 1 | |
| *tizanidine hcl TABS 4 MG* | 1 | QL(9 EA daily) |
| ZANAFLEX TABS 4 MG *(tizanidine hcl)* | 7 | QL(9 EA daily) |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS 25 MG *(dantrolene sodium)* | 7 | |
| *dantrolene sodium CAPS* | 1 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| (Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY | 1 | Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC |
| *azelastine hcl 0.1 %, 137 MCG/SPRAY* | 1 | Limit 1 inhaler per month; QL(1.2 ML daily) |
| *azelastine hcl 0.15 %, 205.5 MCG/SPRAY* | 1 | Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC |
| Nasal Anticholinergics | | |
| *ipratropium bromide (nasal)* | 1 | |
| Nasal Steroids | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP | 1 | QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC |
| (Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP | 1 | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC |
| (Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO | 1 | Limit 1 sprayer per month; QL(1.2 ML daily) |
| FLONASE ALLERGY REL CHILDRENS SUSP *(fluticasone propionate (nasal))* | 7 | QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC |
| FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))* | 7 | QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluticasone propionate (nasal) SUSP* | 1 | QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC |
| *mometasone furoate (nasal) SUSP* | 1 | Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC |
| NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))* | 7 | Limit 1 sprayer per month; QL(1.2 ML daily) |
| NASONEX 24HR SUSP *(mometasone furoate (nasal))* | 7 | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC |
| *triamcinolone acetonide (nasal) AERO* | 1 | Limit 1 sprayer per month; QL(1.2 ML daily) |
| XHANCE EXHU | 2 | QL(1.07 ML daily); ST |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| Spinal Muscular Atrophy Agents (SMA) | | |
| EVRYSDI | 2 | PA |
| NUTRIENTS | | |
| Lipids | | |
| DOJOLVI | 2 | PA |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| *betaxolol hcl (ophth) SOLN* | 1 | |
| BETIMOL *(timolol)* | 7 | |
| BETIMOL 0.25 % | 2 | |
| BETOPTIC-S SUSP | 2 | |
| COSOPT *(dorzolamide hcl-timolol maleate)* | 7 | |
| DORZOLAMIDE HCL-TIMOLOL MAL | 2 | |
| *dorzolamide hcl-timolol maleate* | 1 | |
| ISTALOL SOLN *(timolol maleate (ophth))* | 7 | |
| *levobunolol hcl 0.5 %* | 1 | |
| *timolol* | 1 | |
| *timolol maleate (ophth) SOLG* | 1 | |
| *timolol maleate (ophth) SOLN* | 1 | |
| TIMOPTIC SOLN *(timolol maleate (ophth))* | 7 | |
| TIMOPTIC-XE SOLG *(timolol maleate (ophth))* | 2 | |
| Cycloplegic Mydriatics | | |
| (Homatropine Hbr) HOMATROPAIRE | 1 | |
| (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % | 1 | |
| *atropine sulfate (ophthalmic) OINT* | 1 | |
| *atropine sulfate (ophthalmic) SOLN* | 1 | |
| ATROPINE SULFATE SOLN 1 % *(atropine sulfate (ophthalmic))* | 7 | |
| ATROPINE SULFATE SOLN 1 % | 2 | |
| CYCLOGYL | 2 | |
| CYCLOGYL *(cyclopentolate hcl)* | 7 | |
| *cyclopentolate hcl 1 %* | 1 | |
| ISOPTO ATROPINE SOLN | 2 | |
| *phenylephrine hcl (mydriatic) SOLN 2.5 %* | 1 | |
| PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))* | 7 | |
| 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 *(brimonidine tartrate)* | 7 | |
| *brimonidine tartrate* | 1 | |
| Ophthalmic Anti-infectives | | |
| (Bacitracin-Polymyxin B (Ophth)) POLYCIN | 1 | |
| (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN | 1 | |
| *bacitracin (ophthalmic)* | 2 | |
| *bacitracin-polymyxin b (ophth)* | 1 | |
| CILOXAN OINT | 2 | |
| CILOXAN SOLN *(ciprofloxacin hcl (ophth))* | 7 | |
| *ciprofloxacin hcl (ophth) SOLN* | 1 | |
| ERYTHROMYCIN | 2 | |
| *erythromycin (ophth)* | 1 | |
| *gatifloxacin (ophth)* | 1 | |
| *gentamicin sulfate (ophth) SOLN* | 1 | |
| *moxifloxacin hcl (ophth) SOLN OP* | 1 | QL(3 ML per fill retail) |
| NATACYN | 2 | |
| *neomycin-bacitracin zn-polymyxin* | 1 | |
| *neomycin-polymyxin-gramicidin* | 1 | |
| OCUFLOX *(ofloxacin (ophth))* | 7 | QL(5 ML per fill retail) |
| *ofloxacin (ophth)* | 1 | QL(5 ML per fill retail) |
| *polymyxin b-trimethoprim* | 1 | |
| POLYTRIM *(polymyxin b-trimethoprim)* | 7 | |
| *sulfacetamide sodium (ophth) OINT* | 1 | |
| *sulfacetamide sodium (ophth) SOLN* | 1 | |
| *tobramycin (ophth) SOLN* | 1 | |
| TOBREX OINT | 2 | |
| *trifluridine* | 1 | |
| VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))* | 7 | QL(3 ML per fill retail) |
| ZYMAXID *(gatifloxacin (ophth))* | 7 | |
| Ophthalmic Immunomodulators | | |
| *cyclosporine (ophth) EMUL* | 1 | QL(2 EA daily) |
| Ophthalmic Steroids | | |
| (Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC | 1 | QL(4 GM per fill retail) |
| (Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F | 1 | |
| *bacitracin-poly-neomycin-hc* | 1 | QL(4 GM per fill retail) |
| *dexamethasone sodium phosphate (ophth)* | 1 | |
| FLAREX | 2 | |
| *fluorometholone (ophth) SUSP* | 1 | |
| FML FORTE SUSP | 2 | |
| FML LIQUIFILM SUSP *(fluorometholone (ophth))* | 7 | |
| MAXIDEX SUSP OP | 2 | |
| MAXITROL OINT *(neomycin-polymy-dexameth)* | 7 | |
| MAXITROL SUSP *(neomycin-polymy-dexameth)* | 7 | |
| *neomycin-polymy-dexameth OINT* | 1 | |
| *neomycin-polymy-dexameth SUSP* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neomycin-polymyxin-hc (ophth)* | 1 | |
| PRED MILD | 2 | |
| *prednisolone acetate (ophth)* | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE | 2 | |
| *sulfacetamide sod-prednisolone SOLN* | 1 | |
| TOBRADEX SUSP *(tobramycin-dexamethasone)* | 7 | QL(5 ML per fill retail) |
| *tobramycin-dexamethasone SUSP* | 1 | QL(5 ML per fill retail) |
| Ophthalmics - Misc. | | |
| (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % | 1 | Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC |
| (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % | 1 | Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC |
| ACULAR *(ketorolac tromethamine (ophth))* | 7 | |
| ACULAR LS *(ketorolac tromethamine (ophth))* | 7 | |
| ALOCRIL | 2 | |
| ALOMIDE | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *azelastine hcl (ophth)* | 1 | |
| AZOPT *(brinzolamide)* | 7 | Limit 10mls per month; QL(0.4 ML daily) |
| *brinzolamide* | 1 | Limit 10mls per month; QL(0.4 ML daily) |
| *bromfenac sodium (ophth) 0.09 %* | 1 | |
| *cromolyn sodium (ophth)* | 1 | |
| CYSTARAN | 2 | Limit 4 bottles per month; QL(2.15 ML daily) |
| *diclofenac sodium (ophth)* | 1 | |
| *dorzolamide hcl* | 1 | |
| DORZOLAMIDE HCL | 2 | |
| *epinastine hcl (ophth)* | 1 | |
| *flurbiprofen sodium* | 1 | |
| *ketorolac tromethamine (ophth)* | 1 | |
| *olopatadine hcl 0.2 %* | 1 | Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC |
| *olopatadine hcl 0.1 %* | 1 | Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC |
| PATADAY 0.1 % *(olopatadine hcl)* | 7 | Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC |
| PATADAY 0.2 % *(olopatadine hcl)* | 7 | Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC |
| Prostaglandins - Ophthalmic | | |
| *bimatoprost SOLN* | 1 | Limit 2.5mls per month; QL(0.09 ML daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *latanoprost SOLN* | 1 | QL(0.0949 ML daily) |
| LATANOPROST SOLN | 2 | QL(0.0949 ML daily) |
| LUMIGAN SOLN 0.01 % | 2 | Limit 2.5mls per month; QL(0.09 ML daily) |
| TRAVATAN Z SOLN *(travoprost)* | 7 | Limit 2.5mls per month; QL(0.09 ML daily) |
| *travoprost SOLN* | 1 | Limit 2.5mls per month; QL(0.09 ML daily) |
| XALATAN SOLN *(latanoprost)* | 7 | QL(0.0949 ML daily) |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| *acetic acid (otic)* | 1 | |
| Otic Anti-infectives | | |
| CETRAXAL *(ciprofloxacin hcl (otic))* | 2 | |
| *ciprofloxacin hcl (otic)* | 1 | |
| *ofloxacin (otic)* | 1 | |
| Otic Combinations | | |
| (Pramoxine-HC-Chloroxylenol) CORTIC-ND | 1 | |
| CIPRODEX *(ciprofloxacin-dexamethasone)* | 7 | QL(8 ML per fill retail) |
| *ciprofloxacin-dexamethasone* | 1 | QL(8 ML per fill retail) |
| *neomycin-polymyxin-hc (otic) SOLN* | 1 | |
| *neomycin-polymyxin-hc (otic) SUSP* | 1 | |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| (Methylergonovine Maleate) METHERGINE TABS | 1 | |
| *methylergonovine maleate TABS* | 1 | |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| *amoxicillin CAPS* | 1 | |
| *amoxicillin CHEW 125 MG, 250 MG* | 1 | |
| *amoxicillin SUSR* | 1 | |
| AMOXICILLIN SUSR *(amoxicillin)* | 7 | |
| *amoxicillin TABS* | 1 | |
| *ampicillin CAPS 500 MG* | 1 | |
| Natural Penicillins | | |
| *penicillin v potassium SOLR* | 1 | |
| *penicillin v potassium TABS* | 1 | |
| Penicillin Combinations | | |
| *amoxicillin & pot clavulanate CHEW* | 1 | |
| *amoxicillin & pot clavulanate SUSR* | 1 | |
| *amoxicillin & pot clavulanate TABS* | 1 | |
| *amoxicillin & pot clavulanate TB12* | 1 | |
| AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)* | 7 | |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | 2 | |
| AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)* | 7 | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| (Norethindrone Acetate) GALLIFREY TABS | 1 | |
| AYGESTIN TABS *(norethindrone acetate)* | 7 | |
| *medroxyprogesterone acetate 10 MG* | 1 | QL(1 EA daily) |
| *medroxyprogesterone acetate 2.5 MG, 5 MG* | 1 | |
| *norethindrone acetate TABS* | 1 | |
| *progesterone CAPS* | 1 | QL(1 EA daily) |
| PROMETRIUM CAPS *(progesterone)* | 7 | QL(1 EA daily) |
| PROVERA 5 MG *(medroxyprogesterone acetate)* | 7 | |
| PROVERA 10 MG *(medroxyprogesterone acetate)* | 7 | QL(1 EA daily) |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| *acamprosate calcium* | 1 | |
| *disulfiram* | 1 | |
| *lofexidine hcl* | 1 | QL(224 EA per 14 day(s) retail); PA |
| LUCEMYRA *(lofexidine hcl)* | 7 | QL(224 EA per 14 day(s) retail); PA |
| Antidementia Agents | | |
| ARICEPT TABS 5 MG, 10 MG *(donepezil hydrochloride)* | 7 | |
| ARICEPT TABS 23 MG *(donepezil hydrochloride)* | 7 | QL(1 EA daily) |
| *donepezil hydrochloride TABS 5 MG, 10 MG* | 1 | |
| *donepezil hydrochloride TABS 23 MG* | 1 | QL(1 EA daily) |
| *donepezil hydrochloride TBDP* | 1 | QL(1 EA daily) |
| EXELON *(rivastigmine)* | 7 | |
| *galantamine hydrobromide CP24* | 1 | QL(1 EA daily) |
| *galantamine hydrobromide SOLN* | 1 | |
| *galantamine hydrobromide TABS* | 1 | |
| *memantine hcl SOLN* | 1 | |
| *memantine hcl TABS 5 MG* | 1 | QL(4 EA daily) |
| *memantine hcl TABS* | 1 | |
| *memantine hcl TABS 10 MG* | 1 | QL(2 EA daily) |
| NAMENDA TITRATION PAK TABS *(memantine hcl)* | 7 | |
| NAMENDA TABS 10 MG *(memantine hcl)* | 7 | QL(2 EA daily) |
| NAMENDA TABS 5 MG *(memantine hcl)* | 7 | QL(4 EA daily) |
| RAZADYNE ER CP24 *(galantamine hydrobromide)* | 7 | QL(1 EA daily) |
| *rivastigmine* | 1 | |
| *rivastigmine tartrate CAPS* | 1 | |
| Movement Disorder Drug Therapy | | |
| AUSTEDO XR PATIENT TITRATION TEPK | 2 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| AUSTEDO XR TB24 | 2 | QL(1 EA daily); PA |
| AUSTEDO TABS | 2 | QL(1 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INGREZZA CAPS | 2 | QL(1 EA daily); PA |
| INGREZZA CPPK | 2 | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| INGREZZA CPSP | 2 | QL(1 EA daily); PA |
| Multiple Sclerosis Agents | | |
| AMPYRA *(dalfampridine)* | 7 | PA |
| AUBAGIO *(teriflunomide)* | 7 | QL(1 EA daily) |
| *dalfampridine* | 1 | PA |
| *dimethyl fumarate CDPK* | 1 | QL(60 EA per 365 day(s) retail); SP |
| *dimethyl fumarate CPDR* | 1 | QL(2 EA daily); SP |
| *fingolimod hcl* | 1 | QL(1 EA daily) |
| GILENYA *(fingolimod hcl)* | 7 | QL(1 EA daily) |
| MAYZENT STARTER PACK TBPK 0.25 MG | 2 | not available thru mail order; PA |
| MAYZENT STARTER PACK TBPK 0.25 MG | 2 | not available thru mail order; QL(12 EA per 5 day(s) retail); PA |
| MAYZENT TABS 2 MG | 2 | not available thru mail order; QL(1 EA daily); PA |
| MAYZENT TABS 1 MG | 2 | not available thru mail order; PA |
| MAYZENT TABS 0.25 MG | 2 | not available thru mail order; QL(4 EA daily); PA |
| PLEGRIDY SOSY IM | 4 | PA |
| TECFIDERA CDPK *(dimethyl fumarate)* | 7 | QL(60 EA per 365 day(s) retail); SP |
| TECFIDERA CPDR *(dimethyl fumarate)* | 7 | QL(2 EA daily); SP |
| *teriflunomide* | 1 | QL(1 EA daily) |

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR | 5 | Grand Fathered Plans at Tier 2; PV |
| (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR | 5 | Grand Fathered Plans at Tier 2; PV |
| (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR | 5 | Grand Fathered Plans at Tier 2; PV |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR | 5 | Grand Fathered Plans at Tier 2; PV |
| (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR | 5 | Grand Fathered Plans at Tier 2; PV |
| APO-VARENICLINE TABS | 5 | Grand Fathered Plans at Tier 2; QL(2 EA daily); PV |
| *bupropion hcl (smoking deterrent)* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICODERM CQ PT24 TD *(nicotine)* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICORETTE MINI LOZG *(nicotine polacrilex)* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICORETTE STARTER KIT GUM *(nicotine polacrilex)* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICORETTE GUM *(nicotine polacrilex)* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICORETTE LOZG *(nicotine polacrilex)* | 5 | Grand Fathered Plans at Tier 2; PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nicotine polacrilex GUM* | 5 | Grand Fathered Plans at Tier 2; PV |
| *nicotine polacrilex LOZG* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICOTINE KIT | 5 | Grand Fathered Plans at Tier 2; PV |
| *nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR* | 5 | Grand Fathered Plans at Tier 2; PV |
| NICOTROL NS SOLN | 5 | Grand Fathered Plans at Tier 2; PV |
| NICOTROL INHA | 5 | Grand Fathered Plans at Tier 2; PV |
| *varenicline tartrate TABS* | 5 | Grand Fathered Plans at Tier 2; QL(2 EA daily); PV |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Cystic Fibrosis Agents | | |
| KALYDECO PACK | 2 | PA |
| KALYDECO TABS | 2 | PA |
| PULMOZYME | 2 | QL(5 ML daily); PA |
| SYMDEKO 150 MG-100 MG | 2 | PA |
| SYMDEKO 75 MG-50 MG | 2 | PA |
| TRIKAFTA TBPK 100 MG-50 MG | 2 | QL(3 EA daily); PA |
| TRIKAFTA TBPK 50 MG-25 MG | 2 | QL(3 EA daily); PA |
| Pulmonary Fibrosis Agents | | |
| ESBRIET CAPS *(pirfenidone)* | 2 | QL(3 EA daily); PA |
| ESBRIET TABS *(pirfenidone)* | 2 | QL(3 EA daily); PA |
| *pirfenidone CAPS* | 1 | QL(3 EA daily); PA |
| *pirfenidone TABS* | 1 | QL(3 EA daily); PA |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG | 1 | |
| (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG | 1 | |
| (Doxycycline Hyclate) LYMEPAK TABS 100 MG | 1 | |
| *demeclocycline hcl TABS* | 1 | |
| *doxycycline (monohydrate) CAPS 50 MG, 100 MG* | 1 | |
| *doxycycline (monohydrate) CAPS 150 MG* | 1 | Use MONODOX generic |
| *doxycycline (monohydrate) SUSR* | 1 | |
| *doxycycline (monohydrate) TABS* | 1 | |
| *doxycycline hyclate CAPS* | 1 | |
| *doxycycline hyclate TABS 100 MG* | 1 | |
| *minocycline hcl CAPS* | 1 | |
| *tetracycline hcl CAPS* | 1 | |
| VIBRAMYCIN CAPS *(doxycycline hyclate)* | 7 | |
| VIBRAMYCIN SUSR *(doxycycline (monohydrate))* | 7 | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| *methimazole TABS* | 1 | |
| *propylthiouracil* | 1 | QL(3 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Thyroid Hormones | | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG | 1 | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG | 1 | QL(1 EA daily) |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG | 1 | |
| ADTHYZA TABS | 2 | |
| ARMOUR THYROID TABS | 2 | |
| CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)* | 2 | QL(2 EA daily) |
| CYTOMEL TABS 5 MCG *(liothyronine sodium)* | 2 | |
| *levothyroxine sodium CAPS 125 MCG* | 1 | QL(1 EA daily) |
| *levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG* | 1 | |
| *levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG* | 1 | |
| *levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG* | 1 | QL(1 EA daily) |
| *liothyronine sodium TABS 25 MCG, 50 MCG* | 1 | QL(2 EA daily) |
| *liothyronine sodium TABS 5 MCG* | 1 | |
| NIVA THYROID TABS | 2 | |
| NP THYROID TABS | 2 | |
| 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) |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 2 | |
| TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG | 2 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG | 1 | |
| (Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG | 1 | |
| CUVPOSA SOLN PO *(glycopyrrolate)* | 7 | |
| *dicyclomine hcl CAPS* | 1 | |
| *dicyclomine hcl SOLN PO* | 1 | |
| *dicyclomine hcl TABS* | 1 | |
| *glycopyrrolate SOLN PO 1 MG/5ML* | 1 | |
| *glycopyrrolate TABS 1 MG, 2 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hyoscyamine sulfate SUBL 0.125 MG* | 1 | |
| *hyoscyamine sulfate TABS 0.125 MG* | 1 | |
| LEVSIN/SL SUBL *(hyoscyamine sulfate)* | 7 | |
| LEVSIN TABS *(hyoscyamine sulfate)* | 7 | |
| *methscopolamine bromide* | 1 | |
| ROBINUL-FORTE TABS *(glycopyrrolate)* | 7 | |
| ROBINUL TABS *(glycopyrrolate)* | 7 | |
| H-2 Antagonists | | |
| (Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG | 1 | QL(4 EA daily); RX/OTC |
| *cimetidine hcl PO 300 MG/5ML* | 1 | |
| *cimetidine TABS 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 | QL(4 EA daily); RX/OTC |
| *nizatidine CAPS* | 1 | |
| PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)* | 7 | QL(4 EA daily); RX/OTC |
| PEPCID TABS 20 MG *(famotidine)* | 7 | QL(4 EA daily); RX/OTC |
| PEPCID TABS 40 MG *(famotidine)* | 7 | QL(2 EA daily) |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP *(sucralfate)* | 7 | |
| CARAFATE TABS *(sucralfate)* | 7 | QL(4 EA daily) |
| *sucralfate SUSP* | 1 | |
| *sucralfate TABS* | 1 | QL(4 EA daily) |
| Proton Pump Inhibitors | | |
| (Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG | 1 | QL(1 EA daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG | 1 | QL(1 EA daily) |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR | 1 | QL(1 EA daily) |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR | 1 | QL(1 EA daily) |
| *lansoprazole CPDR* | 1 | QL(1 EA daily) |
| *omeprazole magnesium CPDR* | 1 | QL(1 EA daily) |
| *omeprazole CPDR 10 MG* | 1 | |
| *omeprazole CPDR 20 MG, 40 MG* | 1 | QL(1 EA daily) |
| *pantoprazole sodium TBEC* | 1 | QL(1 EA daily) |
| PREVACID 24HR CPDR *(lansoprazole)* | 7 | QL(1 EA daily); RX/OTC |
| PREVACID CPDR 30 MG *(lansoprazole)* | 7 | QL(1 EA daily) |
| PROTONIX TBEC *(pantoprazole sodium)* | 7 | QL(1 EA daily) |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC *(misoprostol)* | 7 | |
| *misoprostol* | 1 | |
| Ulcer Therapy Combinations | | |
| *amoxicillin-clarithromycin w/ lansoprazole THPK* | 1 | 14 day(s) max supply per 365 day(s) retail |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| DETROL LA CP24 *(tolterodine tartrate)* | 7 | QL(1 EA daily) |
| DETROL TABS *(tolterodine tartrate)* | 7 | QL(2 EA daily) |
| DITROPAN XL TB24 5 MG *(oxybutynin chloride)* | 7 | |
| *fesoterodine fumarate* | 1 | QL(1 EA daily) |
| *oxybutynin chloride TABS 5 MG* | 1 | QL(4 EA daily) |
| *oxybutynin chloride TB24* | 1 | |
| *tolterodine tartrate CP24* | 1 | QL(1 EA daily) |
| *tolterodine tartrate TABS* | 1 | QL(2 EA daily) |
| TOVIAZ *(fesoterodine fumarate)* | 7 | QL(1 EA daily) |
| *trospium chloride CP24* | 1 | |
| *trospium chloride TABS* | 1 | QL(2 EA daily) |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride* | 1 | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| *flavoxate hcl* | 1 | |
| VACCINES | | |
| Viral Vaccines | | |
| ABRYSVO | 5 | PV |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AFLURIA QUADRIVALENT SUSP | 5 | PV |
| AREXVY | 5 | AL(At least 50 yrs old); PV |
| COVID VACCINES | 5 | |
| FLUBLOK QUADRIVALENT | 5 | PV |
| FLUBLOK SOSY | 5 | PV |
| FLUCELVAX QUADRIVALENT SUSY | 5 | PV |
| FLUCELVAX SUSP | 5 | PV |
| FLUMIST QUADRIVALENT | 5 | PV |
| FLUZONE HIGH-DOSE SUSY | 5 | PV |
| FLUZONE QUADRIVALENT SUSP | 5 | PV |
| MODERNA COVID-19 VAC 6M-11Y SUSY | 5 | PV |
| MRESVIA | 5 | AL(At least 60 yrs old); PV |
| NOVAVAX COVID-19 VACCINE SUSY | 5 | PV |
| VAGINAL AND RELATED PRODUCTS | | |
| Spermicides | | |
| ENCARE SUPP 100 MG | 5 | Grand Fathered Plans at Tier 2; PV |
| OPTIONS GYNOL II CONTRACEPTIVE GEL | 5 | Grand Fathered Plans at Tier 2; PV |
| SHUR-SEAL CONTRACEPTIVE GEL | 5 | Grand Fathered Plans at Tier 2; PV |
| TODAY SPONGE MISC | 5 | Grand Fathered Plans at Tier 2; PV |
| VCF VAGINAL CONTRACEPTIVE FILM | 5 | Grand Fathered Plans at Tier 2; PV |
| VCF VAGINAL CONTRACEPTIVE FOAM | 5 | Grand Fathered Plans at Tier 2; PV |
| VCF VAGINAL CONTRACEPTIVE GEL | 5 | Grand Fathered Plans at Tier 2; PV |
| Vaginal Anti-infectives | | |
| CLEOCIN CREA *(clindamycin phosphate vaginal)* | 7 | |
| *clindamycin phosphate vaginal CREA* | 1 | |
| *metronidazole vaginal* | 1 | |
| *terconazole vaginal CREA* | 1 | |
| VANDAZOLE | 2 | |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | 5 | Grand Fathered Plans at Tier 2; PV |
| Vaginal Estrogens | | |
| (Estradiol Vaginal) YUVAFEM TABS | 1 | |
| ESTRACE CREA *(estradiol vaginal)* | 7 | |
| *estradiol vaginal CREA* | 1 | |
| *estradiol vaginal TABS* | 1 | |
| ESTRING RING | 2 | QL(1 EA per fill retail; 1 per fill mail) |
| PREMARIN | 2 | QL(2 GM daily) |
| VAGIFEM TABS *(estradiol vaginal)* | 7 | |
| Vaginal Progestins | | |
| CRINONE GEL 8 % | 2 | QL(168 GM per 180 day(s) retail); PA |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| *epinephrine (anaphylaxis) SOAJ* | 4 | QL(2 EA per fill retail; 4 EA per 30 day(s) retail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| DRISDOL CAPS *(ergocalciferol)* | 5 | Grand Fathered Plans at Tier 2; PV |
| *ergocalciferol CAPS* | 5 | Grand Fathered Plans at Tier 2; PV |
| *phytonadione TABS 5 MG* | 1 | |

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