Preferred Drug List

The Western Sky Community care Preferred Drug List includes a list of drugs covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest Preferred Drug List on our website: **WesternSkyCommunityCare.com**, or call **1-844-543-8996 (TTY/TDD 711)**.

Preferred Drug Locator Instructions:

1. Within the PDF, click on the Edit menu, then click Find.
2. In the Find box, type the name of the medication you want to locate.
3. Click the Next button until you find the drug(s).

What is the Western Sky Community Care Preferred Drug List (PDL)?

The preferred drug list (which is also called a “formulary”) is a list showing the drugs that can be covered by your Western Sky Community Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at a pharmacy that we cover
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Western Sky Community Care (WSCC) Member Services at **1-844543-8996** (TTY/TDD **711**).

How will I know what I will pay?

In most cases you will not have a copay. However, depending on the category you are eligible for or the drug(s) you are taking, you may have a copay.

Will the Preferred Drug List change?

Yes, it will change if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

What are generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less.

Does the plan cover over–the –counter (OTC) drugs?

Yes, Western Sky Community Care covers certain OTC drugs. All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered.

Are there any limits on my drug coverage?

There may be some limits on covered drugs such as:

PRIOR AUTHORIZATION (PA):
Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-844-543-8996** (TTY/ TDD **711**) and a representative will explain the process to you.

QUANTITY LIMITS (QL):
For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in **Additional Information** column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-844-543-8996** (TTY/TDD **711**) and ask how you or your provider can submit a quantity limit exception request.

MORPHINE MILLIGRAM EQUIVALENT (MME) DOSING:
MME dosing is a tool used to make sure you are taking a safe dose of pain drugs. This tool helps WSCC calculate the total daily dose of pain drugs a member is taking no matter which pain drug is prescribed. The current daily limit is 90MME per day. If you are taking more than 90MME per day of pain drugs, you will need to get a prior authorization.

HOW MUCH IS 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS?
90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/ acetaminophen 10/325 mg)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- 20 mg of methadone (4 tablets of methadone 5 mg)

SPECIALTY PHARMACY (SP) DRUGS: Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs need a prior authorization before a prescription may be filled. Your prescription can be filled for up to a 30-day supply and must be filled at Acaria Specialty Pharmacy. Your drugs will then be mailed to you. For more information about specialty drugs, contact Member Services at **1-844-543-8996** (TTY/TDD **711**).

What if my drug(s) is not on the Preferred Drug List?

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact WSCC Member Services at **1-844- 543-8996** (TTY/TDD **711**) for further assistance.

Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by calling Member Services at **1-844543-8996** (TTY/TDD **711**).

Providers: In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by submitting additional information to in writing to the Appeals Department at the following address:

Western Sky Community Care Health Plan
Appeals Department
5300 Homestead Rd NE
Albuquerque, NM, 87110

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling Western Sky Community Care Health Plan at **1-844-5438996** (TTY/TDD **711**).

Abbreviations:

- **AL:** Age Limit
- **PA:** Prior Authorization
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90 day supply

Such services are funded in part with the State of New Mexico

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (*Use Amphetamine-Dextroamphetamine*)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (*Use Amphetamine-Dextroamphetamine*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUER	P	
ADZENYS XR-ODT TBED	P	
amphetamine sulfate tabs	P	
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	P	QL(2 ea daily); AL(At least 3 yrs old)
DESOXYN TABS (*Use Methamphetamine HCl*)	NP	
DEXEDRINE CP24 10 MG, 15 MG (*Use Dextroamphetamine Sulfate*)	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate soln 5 mg/5ml	P	
dextroamphetamine sulfate tabs 5 mg, 10 mg	P	QL(3 ea daily); AL(At least 3 yrs old)
DYANAVEL XR SUER	P	
EVEKEO TABS (*Use Amphetamine Sulfate*)	NP	
methamphetamine hcl tabs	P	
MYDAYIS CP24	P	
PROCENTRA SOLN (*Use Dextroamphetamine Sulfate*)	NP	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	PA; QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	P	
ZENZEDI TABS	P	
Analeptics		
CAFCIT SOLN (*Use Caffeine Citrate*)	NP	
caffeine citrate soln iv 60 mg/3ml	P	
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	P	QL(45 ml per fill retail)
caffeine tabs	P	
CAFFEINE/SODIUM BENZOATE SOLN	P	
DOPRAM SOLN	P	
ENERGY CHEWS CHEW	P	
RA STAY AWAKE TABS	P	

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QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
VIVARIN TABS (*Use Caffeine*)	NP	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	P	AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd) tb24	P	QL(1 ea daily)
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	NP	QL(1 ea daily)
KAPVAY TB12 (*Use Clonidine HCl (ADHD)*)	NP	
STRATTERA CAPS (*Use Atomoxetine HCl*)	NP	AL(At least 6 yrs old)
Stimulants - Misc.		
APTENSIO XR CP24	P	
armodafinil tabs	P	PA; QL(1 ea daily)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (*Use Methylphenidate HCl*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (*Use Methylphenidate HCl*)	NP	QL(2 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	P	
DAYTRANA PTCH	P	QL(1 ea daily)
dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	P	QL(1 ea daily)
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	P	QL(2 ea daily)
FOCALIN TABS (*Use Dexmethylphenidate HCl*)	NP	QL(2 ea daily)
FOCALIN XR CP24 (*Use Dexmethylphenidate HCl*)	NP	QL(1 ea daily)
METADATE CD CPCR (*Use Methylphenidate HCl*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN CHEW (*Use Methylphenidate HCl*)	NP	
METHYLIN SOLN (*Use Methylphenidate HCl*)	NP	
methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg	P	
methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg	P	
methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml	P	
methylphenidate hcl tabs 5 mg, 10 mg, 20 mg	P	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tbcr 10 mg, 36 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 18 mg, 20 mg, 27 mg, 54 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 72 mg	P	
METHYLPHENIDATE HYDROCHLORIDE ER (*LA*) CP24	P	
METHYLPHENIDATE HYDROCHLORIDE ER TB24	P	
modafinil tabs	P	QL(1 ea daily)
NUVIGIL TABS (*Use Armodafinil*)	NP	PA; QL(1 ea daily)
PROVIGIL TABS (*Use Modafinil*)	NP	QL(1 ea daily)
QUILLICHEW ER CHER	P	
QUILLIVANT XR SUSR	P	
RITALIN LA CP24 (*Use Methylphenidate HCl*)	NP	
RITALIN TABS (*Use Methylphenidate HCl*)	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		

Drug Name	Drug Tier	Requirements/ Limits
melatonin tabs	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
KITABIS PAK NEBU	P	PA; QL(1 ml daily); SP
neomycin sulfate tabs	P	
TOBI NEBU (*Use Tobramycin*)	NP	PA; QL(1 ml daily); SP
tobramycin nebu	P	PA; QL(1 ml daily); SP
TOBRAMYCIN NEBU	P	PA; QL(1 ml daily); SP
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	P	
tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	P	
tobramycin sulfate solr 1.2 gm	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	P	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	P	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	P	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (*Use Ibuprofen*)	NP	MP
ALEVE ARTHRITIS TABS (*Use Naproxen Sodium*)	NP	QL(2 ea daily); MP
ALEVE TABS (*Use Naproxen Sodium*)	NP	QL(2 ea daily); MP
ANAPROX DS TABS (*Use Naproxen Sodium*)	NP	MP
CELEBREX CAPS 400 MG (*Use Celecoxib*)	NP	PA; QL(2 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (*Use Celecoxib*)	NP	PA; QL(1 ea daily)
celecoxib caps 400 mg	P	PA; QL(2 ea daily)
celecoxib caps 50 mg, 100 mg, 200 mg	P	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (*Use Ibuprofen*)	NP	RX/OTC; MP
CHILDRENS MOTRIN SUSP (*Use Ibuprofen*)	NP	RX/OTC; MP
DAYPRO TABS (*Use Oxaprozin*)	NP	MP
diclofenac potassium tabs	P	MP
diclofenac sodium tb24	P	MP
diclofenac sodium tbec	P	MP
EC-NAPROSYN TBEC (*Use Naproxen*)	NP	QL(2 ea daily); MP
etodolac caps	P	MP
etodolac tabs	P	MP
etodolac tb24	P	MP
FELDENE CAPS (*Use Piroxicam*)	NP	MP
flurbiprofen tabs	P	MP
ibuprofen chew 100 mg	P	MP
ibuprofen susp 100 mg/5ml	P	RX/OTC; MP
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	P	MP
ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg	P	MP

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Drug Name	Drug Tier	Requirements/ Limits
indomethacin caps	P	MP
indomethacin cpcr	P	MP
INFANTS ADVIL SUSP (*Use Ibuprofen*)	NP	MP
ketoprofen caps 50 mg, 75 mg	P	MP
KETOPROFEN CAPS 50 MG, 75 MG	P	MP
KETOPROFEN ER CP24	P	
ketorolac tromethamine tabs	P	QL(20 ea per 30 days retail)
LODINE TABS (*Use Etodolac*)	NP	MP
mefenamic acid caps	P	
meloxicam tabs	P	MP
MOBIC TABS (*Use Meloxicam*)	NP	MP
MOTRIN INFANTS DROPS SUSP (*Use Ibuprofen*)	NP	MP
nabumetone tabs	P	MP
NAPRELAN TB24 (*Use Naproxen Sodium*)	NP	
NAPROSYN SUSP (*Use Naproxen*)	NP	MP
NAPROSYN TABS (*Use Naproxen*)	NP	MP
naproxen sodium tabs 220 mg	P	QL(2 ea daily); MP
naproxen sodium tabs 275 mg, 550 mg	P	MP
naproxen sodium tb24 375 mg, 500 mg	P	
naproxen susp 125 mg/5ml	P	MP
naproxen tabs 250 mg, 375 mg, 500 mg	P	MP
naproxen tbec 375 mg, 500 mg	P	QL(2 ea daily); MP
oxaprozin tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
piroxicam caps	P	MP
PONSTEL CAPS (*Use Mefenamic Acid*)	NP	
sulindac tabs	P	MP
TOLMETIN SODIUM CAPS 400 MG	P	MP
TOLMETIN SODIUM TABS 200 MG	P	MP
TOLMETIN SODIUM TABS 600 MG	P	
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use Leflunomide*)	NP	MP
leflunomide tabs	P	MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs	P	
butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg	P	
butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg	P	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg	P	QL(4 ea daily)
butalbital-aspirin-caffeine caps	P	QL(4 ea daily)
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	NP	QL(4 ea daily)
FIORICET CAPS (*Use Butalbital-Acetaminophen-Caffeine*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	NP	QL(4 ea daily)
TENCON TABS	P	
Analgesics Other		
acetaminophen chew or 80 mg, 160 mg	P	
acetaminophen liqd or 160 mg/5ml	P	
acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml	P	
acetaminophen supp re 120 mg, 325 mg, 650 mg	P	QL(12 ea per fill retail)
acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml	P	
acetaminophen tabs or 325 mg, 500 mg	P	
NORTEMP INFANTS SUSP	P	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (*Use Acetaminophen*)	NP	
TYLENOL CHILDRENS SUSP (*Use Acetaminophen*)	NP	
TYLENOL EXTRA STRENGTH TABS (*Use Acetaminophen*)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (*Use Acetaminophen*)	NP	
TYLENOL INFANTS SUSP (*Use Acetaminophen*)	NP	
TYLENOL TABS (*Use Acetaminophen*)	NP	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	P	
aspirin chew or 81 mg	P	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	P	QL(12 ea per fill retail)
aspirin supp re 300 mg, 600 mg	P	QL(12 ea per fill retail)
aspirin tabs or 325 mg	P	
aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg	P	
BUFFERIN TABS (*Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide*))	NP	
choline & mag salicylate liqd	P	
diflunisal tabs	P	MP
DISALCID TABS (*Use Salsalate*)	NP	
ECOTRIN MAXIMUM STRENGTH TBEC (*Use Aspirin*)	NP	
ECOTRIN REGULAR STRENGTH TBEC (*Use Aspirin*)	NP	
salsalate tabs	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (*Use Fentanyl Citrate*)	NP	PA
codeine sulfate tabs 15 mg, 30 mg, 60 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (*Use Codeine Sulfate*)	NP	QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID LIQD OR 1 MG/ML (*Use Hydromorphone HCl*)	NP	PA
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML (*Use Hydromorphone HCl*)	NP	PA
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use Hydromorphone HCl*)	NP	QL(6 ea daily)
DURAGESIC PT72 (*Use Fentanyl*)	NP	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXALGO T24A (*Use Hydromorphone HCl*)	NP	PA
fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	P	PA
FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML (*Use Fentanyl Citrate*)	NP	PA
fentanyl citrate soln ij 100 mcg/2ml, 250 mcg/5ml, 1000 mcg/20ml	P	PA
fentanyl pt72	P	QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	P	PA
hydromorphone hcl soln ij 1 mg/ml, 2 mg/ml, 10 mg/ml, 50 mg/5ml, 500 mg/50ml	P	PA
HYDROMORPHONE HCL SOLN IJ 4 MG/ML	NP	PA
HYDROMORPHONE HCL SUPP RE 3 MG	P	QL(12 ea per fill retail)
hydromorphone hcl t24a or 8mg, 8 mg, 12 mg, 16 mg, 32 mg	P	PA
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	P	QL(6 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN 1 MG/ML, 110 MG/55ML	NP	PA
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (*Use Hydromorphone HCl*)	NP	PA
KADIAN CP24 (*Use Morphine Sulfate*)	NP	PA
morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	P	PA
morphine sulfate soln iv 4 mg/ml, 8 mg/ml, 10 mg/ml	P	PA
MORPHINE SULFATE SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML (*Use Morphine Sulfate*)	NP	PA
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	QL(20 ml daily)
morphine sulfate soln or 20 mg/ml, 100 mg/5ml	P	PA; QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	P	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	P	QL(6 ea daily)
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	P	QL(3 ea daily)
MS CONTIN TBCR (*Use Morphine Sulfate*)	NP	QL(3 ea daily)
OPANA TABS (*Use Oxymorphone HCl*)	NP	PA
oxycodone hcl caps 5 mg	P	QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	P	QL(6 ml daily)
oxycodone hcl soln 5 mg/5ml	P	QL(90 ml daily)
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	P	QL(6 ea daily)
oxymorphone hcl tabs	P	PA
ROXICODONE TABS (*Use Oxycodone HCl*)	NP	QL(6 ea daily)
tramadol hcl tabs 50 mg	P	QL(8 ea daily); AL(At least 18 yrs old)
tramadol hcl tb24 100 mg, 200 mg, 300 mg	P	PA; AL(At least 18 yrs old)
ULTRAM TABS (*Use Tramadol HCl*)	NP	QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	P	QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg	P	QL(6 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg	P	PA; AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod caps	P	QL(4 ea daily); AL(At least 12 yrs old)
FIORICET/CODEINE CAPS (*Use Butalbital-Acetaminophen-Caffeine w/ Codeine*)	NP	PA; AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	NP	QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	P	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10mg-325mg	P	QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg	P	PA
hydrocodone-acetaminophen tabs 5mg-325mg	P	QL(12 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	P	QL(8 ea daily)
hydrocodone-ibuprofen tabs	P	PA
IBUDONE TABS (*Use Hydrocodone-Ibuprofen*)	NP	PA
NORCO TABS 10MG-325MG (*Use Hydrocodone-Acetaminophen*)	NP	QL(6 ea daily)
NORCO TABS 5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NP	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NP	QL(8 ea daily)
oxycodone w/ acetaminophen tabs	P	QL(6 ea daily)
oxycodone-aspirin tabs	P	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	P	QL(30 ml daily)
PERCOCET TABS (*Use Oxycodone w/ Acetaminophen*)	NP	QL(6 ea daily)
REPREXAIN TABS (*Use Hydrocodone-Ibuprofen*)	NP	PA
tramadol-acetaminophen tabs	P	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	NP	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	NP	QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XODOL TABS (*Use Hydrocodone-Acetaminophen*)	NP	PA
Opioid Partial Agonists		
BUNAVAIL FILM	P	
buprenorphine hcl subl	P	
buprenorphine hcl-naloxone hcl dihydrate film	P	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl	P	QL(3 ea daily)
PROBUPHINE IMPLANT KIT IMPL	P	SP
SUBLOCADE SOSY	P	SP
SUBOXONE FILM	P	QL(3 ea daily)
ZUBSOLV SUBL	P	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM PT24	P	QL(1 ea daily)
ANDROID CAPS (*Use Methyltestosterone*)	NP	
ANDROXY TABS	P	
AXIRON SOLN (*Use Testosterone*)	NP	PA
DEPO-TESTOSTERONE SOLN 100 MG/ML (*Use Testosterone Cypionate*)	NP	PA
DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use Testosterone Cypionate*)	NP	PA; Limit 4mls per month;QL(0.14 29 ml daily)
METHITEST TABS	P	
METHYLTESTOSTERONE CAPS	NP	
testosterone cypionate soln 100 mg/ml	P	PA
testosterone cypionate soln 200 mg/ml	P	PA; Limit 4mls per month;QL(0.14 29 ml daily)
TESTOSTERONE CYPIONATE SOLN 200 MG/ML	P	PA; Limit 4mls per month;QL(0.14 29 ml daily)
testosterone soln	P	PA
TESTRED CAPS (*Use Methyltestosterone*)	NP	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	NP	QL(420 ml per fill retail)
hydrocortisone (intrarectal) enem	P	QL(420 ml per fill retail)
Rectal Combinations		
ANALPRAM HC CREA (*Use Hydrocortisone Acetate w/ Pramoxine*)	NP	
ANALPRAM HC SINGLES CREA (*Use Hydrocortisone Acetate w/ Pramoxine*)	NP	
ANALPRAM-HC CREA (*Use Hydrocortisone Acetate w/ Pramoxine*)	NP	
hydrocortisone acetate w/ pramoxine crea	P	
phenylephrine-shark liver oil-cocoa butter supp	P	QL(12 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	P	QL(30 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM (*Use Pramoxine HCl (Rectal)*)	NP	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (*Use Hydrocortisone (Rectal)*)	NP	QL(30 gm per fill retail)
hydrocortisone (rectal) crea 1 %	P	
hydrocortisone (rectal) crea 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone acetate (rectal) supp	P	
PROCTOCORT CREA (*Use Hydrocortisone (Rectal)*)	NP	
PROCTOCORT SUPP (*Use Hydrocortisone Acetate (Rectal)*)	NP	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml	P	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml	P	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	P	Limit 496 per month;QL(16.54 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg, 750 mg	P	
TUMS CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS CHEWY BITES CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS E-X 750 CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS EXTRA STRENGTH 750 CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS KIDS CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS LASTING EFFECTS CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
TUMS SMOOTHIES CHEW (*Use Calcium Carbonate (Antacid)*)	NP	
Antacids - Magnesium Salts		
magnesium oxide tabs	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	P	
ivermectin tabs	P	
pyrantel pamoate susp	P	
STROMECTOL TABS (*Use Ivermectin*)	NP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
colistimethate sodium solr	P	
COLY-MYCIN M SOLR (*Use Colistimethate Sodium*)	NP	
FLAGYL CAPS (*Use Metronidazole*)	NP	
FLAGYL TABS (*Use Metronidazole*)	NP	
metronidazole caps	P	
metronidazole tabs	P	
TINDAMAX TABS (*Use Tinidazole*)	NP	
tinidazole tabs	P	
trimethoprim tabs	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	NP	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	NP	
sulfamethoxazole-trimethoprim susp	P	
sulfamethoxazole-trimethoprim tabs	P	
Antiprotozoal Agents		
atovaquone susp	P	
MEPRON SUSP (*Use Atovaquone*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
Carbapenems		
imipenem-cilastatin solr	P	
meropenem solr	P	
MERREM SOLR (*Use Meropenem*)	NP	
PRIMAXIN IV SOLR (*Use Imipenem-Cilastatin*)	NP	
Cyclic Lipopeptides		
CUBICIN RF SOLR (*Use Daptomycin*)	NP	
CUBICIN SOLR (*Use Daptomycin*)	NP	
daptomycin solr 500 mg	P	
Glycopeptides		
FIRVANQ SOLR	NP	
VANCOCIN HCL CAPS 125 MG (*Use Vancomycin HCl*)	NP	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (*Use Vancomycin HCl*)	NP	QL(8 ea daily)
vancomycin hcl caps or 125 mg	P	QL(4 ea daily)
vancomycin hcl caps or 250 mg	P	QL(8 ea daily)
vancomycin hcl solr iv 1 gm, 1000 mg	P	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	P	Limit 14 per month;QL(0.46 7 ea daily)
Leprostatics		
dapsone tabs	P	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (*Use Clindamycin HCl*)	NP	
CLEOCIN IN D5W SOLN (*Use Clindamycin Phosphate in D5W*)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	NP	1 rtl pack lmt per fill,
CLEOCIN PHOSPHATE SOLN (*Use Clindamycin Phosphate in D5W*)	NP	
CLEOCIN PHOSPHATE SOLN (*Use Clindamycin Phosphate*)	NP	
clindamycin hcl caps	P	
clindamycin palmitate hydrochloride solr	P	1 rtl pack lmt per fill,
clindamycin phosphate in d5w soln	P	
clindamycin phosphate soln	P	
LINCOCIN SOLN (*Use Lincomycin HCl*)	NP	
lincomycin hcl soln	P	
Monobactams		
AZACTAM SOLR (*Use Aztreonam*)	NP	
aztreonam solr	P	
Oxazolidinones		
linezolid soln	P	
linezolid susr	P	
linezolid tabs	P	
SIVEXTRO TABS	P	PA; QL(6 ea per fill retail)
ZYVOX SOLN (*Use Linezolid*)	NP	
ZYVOX SUSR (*Use Linezolid*)	NP	
ZYVOX TABS (*Use Linezolid*)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		

Drug Name	Drug Tier	Requirements/ Limits
ISORDIL TITRADOSE TABS (*Use Isosorbide Dinitrate*)	NP	MP
ISOSORBIDE DINITRATE ER TBCR	P	MP
isosorbide dinitrate tabs	P	MP
isosorbide mononitrate tabs 10 mg, 20 mg	P	QL(2 ea daily); MP
isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg	P	QL(1 ea daily); MP
NITRO-BID OINT	P	MP
NITRO-DUR PT24 (*Use Nitroglycerin*)	NP	MP
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	P	MP
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	MP
nitroglycerin soln tl 0.4 mg/spray	P	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	P	MP
NITROLINGUAL PUMPSPRAY SOLN (*Use Nitroglycerin*)	NP	
NITROSTAT SUBL (*Use Nitroglycerin*)	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs	P	QL(3 ea daily); MP
droperidol soln	P	
HYDROXYZINE HCL SOLN IM 25 MG/ML	P	
hydroxyzine hcl soln im 50 mg/ml	P	
hydroxyzine hcl syrp or 10 mg/5ml	P	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	P	MP
HYDROXYZINE PAMOATE CAPS 100 MG	P	
hydroxyzine pamoate caps 25 mg	P	
hydroxyzine pamoate caps 50 mg	P	MP
meprobamate tabs	P	
VISTARIL CAPS 25 MG (*Use Hydroxyzine Pamoate*)	NP	
VISTARIL CAPS 50 MG (*Use Hydroxyzine Pamoate*)	NP	MP
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	QL(4 ea daily)
alprazolam tb24 0.5 mg, 1 mg, 2 mg	P	QL(1 ea daily)
alprazolam tb24 3 mg	P	QL(2 ea daily)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (*Use Lorazepam*)	NP	
ATIVAN TABS OR 0.5 MG, 2 MG (*Use Lorazepam*)	NP	QL(3 ea daily)
ATIVAN TABS OR 1 MG (*Use Lorazepam*)	NP	QL(4 ea daily)
chlordiazepoxide hcl caps	P	QL(4 ea daily)
clorazepate dipotassium tabs	P	QL(3 ea daily)
DIAZEPAM SOLN IJ 5 MG/ML	P	
DIAZEPAM SOLN OR 5 MG/5ML	P	QL(500 ml per fill retail)
diazepam tabs or 2 mg, 5 mg, 10 mg	P	QL(4 ea daily)
lorazepam conc or 2 mg/ml	P	
lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml	P	
lorazepam tabs or 0.5 mg, 2 mg	P	QL(3 ea daily)
lorazepam tabs or 1 mg	P	QL(4 ea daily)
oxazepam caps 10 mg, 15 mg, 30 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OXAZEPAM CAPS 30 MG	P	QL(4 ea daily)
TRANXENE T TABS (*Use Clorazepate Dipotassium*)	NP	QL(3 ea daily)
VALIUM TABS (*Use Diazepam*)	NP	QL(4 ea daily)
XANAX TABS (*Use Alprazolam*)	NP	QL(4 ea daily)
XANAX XR TB24 0.5 MG, 1 MG, 2 MG (*Use Alprazolam*)	NP	QL(1 ea daily)
XANAX XR TB24 3 MG (*Use Alprazolam*)	NP	QL(2 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	MP
NORPACE CAPS (*Use Disopyramide Phosphate*)	NP	MP
quinidine gluconate tbcr	P	
QUINIDINE SULFATE TABS	P	
Antiarrhythmics Type I-B		
mexiletine hcl caps	P	MP
Antiarrhythmics Type I-C		
flecainide acetate tabs	P	MP
propafenone hcl cp12 225 mg, 325 mg, 425 mg	P	
propafenone hcl tabs 150 mg, 225 mg, 300 mg	P	MP
RYTHMOL SR CP12 (*Use Propafenone HCl*)	NP	
RYTHMOL TABS (*Use Propafenone HCl*)	NP	MP
Antiarrhythmics Type III		
amiodarone hcl tabs	P	MP
dofetilide caps	P	
TIKOSYN CAPS (*Use Dofetilide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium nebu	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
INCRUSE ELLIPTA AEPB	P	QL(1 ea daily)
ipratropium bromide soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
TUDORZA PRESSAIR AEPB	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Leukotriene Modulators		
ACCOLATE TABS (*Use Zafirlukast*)	NP	
montelukast sodium chew 4 mg, 5 mg	P	QL(1 ea daily); MP
montelukast sodium pack 4 mg	P	QL(1 ea daily)
montelukast sodium tabs 10 mg	P	QL(1 ea daily); MP
SINGULAIR CHEW 4 MG, 5 MG (*Use Montelukast Sodium*)	NP	QL(1 ea daily); MP
SINGULAIR PACK 4 MG (*Use Montelukast Sodium*)	NP	QL(1 ea daily)
SINGULAIR TABS 10 MG (*Use Montelukast Sodium*)	NP	QL(1 ea daily); MP
zafirlukast tabs	P	
zileuton tb12	P	
ZYFLO CR TB12 (*Use Zileuton*)	NP	
Steroid Inhalants		
AEROSPAN AERS	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
budesonide (inhalation) susp	P	QL(4 ml daily); AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB	P	QL(2 ea daily)
FLOVENT HFA AERO	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
PULMICORT FLEXHALER AEPB	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
PULMICORT SUSP (*Use Budesonide (Inhalation*))	NP	QL(4 ml daily); AL(Up to 6 yrs old)
Sympathomimetics		
ALBUTEROL SULFATE ER TB12	P	
albuterol sulfate nebu in 0.5 %	P	QL(2 ml daily)
albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml	P	QL(12.5 ml daily)
albuterol sulfate syrp or 2 mg/5ml	P	
albuterol sulfate tabs or 2 mg, 4 mg	P	
albuterol sulfate tb12 or 4 mg, 8 mg	P	
COMBIVENT RESPIMAT AERS	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
DULERA AERO	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
ipratropium-albuterol soln	P	QL(12 ml daily)
isoproterenol hcl soln	P	
ISUPREL SOLN (*Use Isoproterenol HCl*)	NP	
levalbuterol hcl nebu	P	
METAPROTERENOL SULFATE SYRP 10 MG/5ML	P	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	P	
PROAIR HFA AERS	NP	QL(0.57 gm daily)
PROVENTIL HFA AERS	NP	
SEREVENT DISKUS AEPB	P	QL(2 ea daily)
SYMBICORT AERO	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
terbutaline sulfate tabs	P	MP
VENTOLIN HFA AERS	P	2 rtl pack lmt amt,30 rtl pack lmt day(s),
VOSPIRE ER TB12 (*Use Albuterol Sulfate*)	NP	
XOPENEX CONCENTRATE NEBU (*Use Levalbuterol HCl*)	NP	
XOPENEX NEBU (*Use Levalbuterol HCl*)	NP	
Xanthines		
ELIXOPHYLLIN ELIX	P	
THEO-24 CP24	P	
theophylline soln 80 mg/15ml	P	QL(475 ml per fill retail); MP
theophylline tb12 100 mg, 200 mg, 300 mg	P	MP
theophylline tb12 450 mg	P	
theophylline tb24 400 mg, 600 mg	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	NP	MP
warfarin sodium tabs	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	P	QL(4 ea daily)
ELIQUIS TABS	P	QL(4 ea daily)
XARELTO TABS 10 MG	P	QL(1 ea daily,35 ea per 180 days retail)

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 15 MG	P	QL(2 ea daily)
XARELTO TABS 20 MG	P	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (*Use Fondaparinux Sodium*)	NP	SP
enoxaparin sodium soln ij 300 mg/3ml	P	QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml	P	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
enoxaparin sodium soln sc 30 mg/0.3ml	P	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
enoxaparin sodium soln sc 40 mg/0.4ml	P	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
enoxaparin sodium soln sc 60 mg/0.6ml	P	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml	P	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
fondaparinux sodium soln	P	SP
heparin (porcine) in sodium chloride soln	P	
heparin sodium (porcine) soln	P	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN (*Use Heparin (Porcine*) in Sodium Chloride)	NP	
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IJ 2UNIT/ML-0.9%	NP	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	NP	QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (*Use Enoxaparin Sodium*)	NP	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	NP	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	NP	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	NP	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (*Use Enoxaparin Sodium*)	NP	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	P	
FYCOMPA TABS	P	
Anticonvulsants - Benzodiazepines		
clobazam susp	P	
clobazam tabs	P	
clonazepam tabs 0.5 mg, 1 mg, 2 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
DIASTAT ACUDIAL GEL	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM RECTAL GEL GEL	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
KLONOPIN TABS (*Use Clonazepam*)	NP	QL(4 ea daily)
ONFI SUSP (*Use Clobazam*)	NP	
ONFI TABS (*Use Clobazam*)	NP	
Anticonvulsants - Misc.		
APTIOM TABS	P	PA;
BANZEL SUSP	P	SP
BANZEL TABS	P	SP
BRIVIACT SOLN IV 50 MG/5ML	P	SP
BRIVIACT SOLN OR 10 MG/ML	P	
BRIVIACT TABS OR 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	P	
carbamazepine chew	P	MP
carbamazepine cp12	P	MP
carbamazepine susp	P	MP
carbamazepine tabs	P	MP
carbamazepine tb12	P	MP
CARBATROL CP12 (*Use Carbamazepine*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
FANATREX FUSEPAQ SUSP	P	
gabapentin caps 100 mg, 300 mg, 400 mg	P	QL(4 ea daily); MP
gabapentin soln 250 mg/5ml, 300 mg/6ml	P	MP
gabapentin tabs 600 mg, 800 mg	P	QL(4 ea daily); MP
KEPPRA SOLN IV 500 MG/5ML (*Use Levetiracetam*)	NP	
KEPPRA SOLN OR 100 MG/ML (*Use Levetiracetam*)	NP	QL(30 ml daily); MP
KEPPRA TABS OR 1000 MG (*Use Levetiracetam*)	NP	MP
KEPPRA TABS OR 250 MG, 500 MG, 750 MG (*Use Levetiracetam*)	NP	QL(4 ea daily); MP
KEPPRA XR TB24 (*Use Levetiracetam*)	NP	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	NP	MP
LAMICTAL ODT KIT	P	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (*Use Lamotrigine*)	NP	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (*Use Lamotrigine*)	NP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (*Use Lamotrigine*)	NP	
LAMICTAL STARTER/TAKING VALPROATE KIT (*Use Lamotrigine*)	NP	
LAMICTAL TABS (*Use Lamotrigine*)	NP	MP
LAMICTAL XR KIT	P	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (*Use Lamotrigine*)	NP	
lamotrigine chew 5 mg, 25 mg	P	MP
lamotrigine kit 25 mg,	P	
lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	P	MP
lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	P	
lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg	P	
levetiracetam in sodium chloride soln	P	
levetiracetam soln iv 500 mg/5ml	P	
LEVETIRACETAM SOLN IV 500MG/100ML-820MG/100ML, 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML (*Use Levetiracetam in Sodium Chloride*)	NP	
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(30 ml daily); MP
levetiracetam tabs or 1000 mg	P	MP
levetiracetam tabs or 250 mg, 500 mg, 750 mg	P	QL(4 ea daily); MP
levetiracetam tb24 or 500 mg, 750 mg	P	MP
LYRICA CAPS	P	
LYRICA SOLN	P	
MYSOLINE TABS (*Use Primidone*)	NP	MP
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*Use Gabapentin*)	NP	QL(4 ea daily); MP
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN TABS 600 MG, 800 MG (*Use Gabapentin*)	NP	QL(4 ea daily); MP
oxcarbazepine susp	P	MP
oxcarbazepine tabs	P	MP
OXTELLAR XR TB24	P	
POTIGA TABS	P	PA;
primidone tabs	P	MP
QUDEXY XR CS24	P	
SPRITAM TB3D	P	
TEGRETOL SUSP (*Use Carbamazepine*)	NP	MP
TEGRETOL TABS (*Use Carbamazepine*)	NP	MP
TEGRETOL-XR TB12 (*Use Carbamazepine*)	NP	MP
TOPAMAX SPRINKLE CPSP 15 MG (*Use Topiramate*)	NP	QL(6 ea daily); MP
TOPAMAX SPRINKLE CPSP 25 MG (*Use Topiramate*)	NP	QL(8 ea daily); MP
TOPAMAX TABS (*Use Topiramate*)	NP	QL(3 ea daily); MP
topiramate cpsp 15 mg	P	QL(6 ea daily); MP
topiramate cpsp 25 mg	P	QL(8 ea daily); MP
TOPIRAMATE ER CS24	P	
topiramate tabs 25 mg, 50 mg, 100 mg, 200 mg	P	QL(3 ea daily); MP
TRILEPTAL SUSP (*Use Oxcarbazepine*)	NP	MP
TRILEPTAL TABS (*Use Oxcarbazepine*)	NP	MP
TROKENDI XR CP24	P	
VIMPAT SOLN IV 200 MG/20ML	P	

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT SOLN OR 10 MG/ML	P	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	P	PA;
ZONEGRAN CAPS (*Use Zonisamide*)	NP	MP
zonisamide caps	P	MP
Carbamates		
felbamate susp	P	
felbamate tabs	P	
FELBATOL SUSP (*Use Felbamate*)	NP	
FELBATOL TABS (*Use Felbamate*)	NP	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG (*Use Tiagabine HCl*)	NP	
GABITRIL TABS 2 MG, 4 MG (*Use Tiagabine HCl*)	NP	MP
SABRIL PACK (*Use Vigabatrin*)	NP	SP
SABRIL TABS	P	SP
tiagabine hcl tabs 12 mg, 16 mg	P	
tiagabine hcl tabs 2 mg, 4 mg	P	MP
vigabatrin pack	P	SP
Hydantoins		
CEREBYX SOLN (*Use Fosphenytoin Sodium*)	NP	
DILANTIN CAPS 100 MG (*Use Phenytoin Sodium Extended*)	NP	MP
DILANTIN CAPS 30 MG	P	
DILANTIN INFATABS CHEW (*Use Phenytoin*)	NP	MP
DILANTIN-125 SUSP (*Use Phenytoin*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
fosphenytoin sodium soln	P	
PHENYTEK CAPS (*Use Phenytoin Sodium Extended*)	NP	MP
phenytoin chew	P	MP
phenytoin sodium extended caps	P	MP
phenytoin sodium soln	P	
phenytoin susp	P	MP
Succinimides		
ethosuximide caps	P	MP
ethosuximide soln	P	MP
ZARONTIN CAPS (*Use Ethosuximide*)	NP	MP
ZARONTIN SOLN (*Use Ethosuximide*)	NP	MP
Valproic Acid		
DEPACON SOLN (*Use Valproate Sodium*)	NP	
DEPAKENE CAPS 250 MG (*Use Valproic Acid*)	NP	MP
DEPAKENE SOLN 250 MG/5ML (*Use Valproate Sodium*)	NP	
DEPAKOTE ER TB24 (*Use Divalproex Sodium*)	NP	MP
DEPAKOTE SPRINKLES CSDR (*Use Divalproex Sodium*)	NP	MP
DEPAKOTE TBEC (*Use Divalproex Sodium*)	NP	MP
divalproex sodium csdr	P	MP
divalproex sodium tb24	P	MP
divalproex sodium tbec	P	MP
valproate sodium soln	P	
valproic acid caps	P	MP

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg, 30 mg, 45 mg	P	QL(1 ea daily); MP
mirtazapine tabs 7.5 mg	P	QL(1 ea daily)
mirtazapine tbdp 15 mg, 30 mg, 45 mg	P	QL(1 ea daily)
REMERON SOLTAB TBDP (*Use Mirtazapine*)	NP	QL(1 ea daily)
REMERON TABS (*Use Mirtazapine*)	NP	QL(1 ea daily); MP
Antidepressants - Misc.		
bupropion hcl tabs 75 mg, 100 mg	P	QL(3 ea daily); MP
bupropion hcl tb12 100 mg, 150 mg, 200 mg	P	QL(2 ea daily); MP
bupropion hcl tb24 150 mg, 300 mg	P	QL(1 ea daily); MP
MAPROTILINE HCL TABS	P	
WELLBUTRIN SR TB12 (*Use Bupropion HCl*)	NP	QL(2 ea daily); MP
WELLBUTRIN XL TB24 (*Use Bupropion HCl*)	NP	QL(1 ea daily); MP
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (*Use Phenelzine Sulfate*)	NP	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	NP	
phenelzine sulfate tabs	P	
tranylcypromine sulfate tabs	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG (*Use Citalopram Hydrobromide*)	NP	QL(1.5 ea daily); MP
CELEXA TABS 40 MG (*Use Citalopram Hydrobromide*)	NP	QL(1 ea daily); MP
citalopram hydrobromide soln 10 mg/5ml	P	QL(8 ml daily)
citalopram hydrobromide tabs 10 mg, 20 mg	P	QL(1.5 ea daily); MP
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily); MP
escitalopram oxalate soln 5 mg/5ml	P	
escitalopram oxalate tabs 10 mg	P	QL(1.5 ea daily)
escitalopram oxalate tabs 5 mg, 20 mg	P	QL(1 ea daily); MP
fluoxetine hcl caps 10 mg, 20 mg	P	QL(4 ea daily); MP
fluoxetine hcl caps 40 mg	P	QL(2 ea daily); MP
fluoxetine hcl soln 20 mg/5ml	P	QL(4 ml daily); AL(At least 7 yrs old)
fluoxetine hcl tabs 10 mg	P	QL(1 ea daily); AL(At least 13 yrs old); MP
fluoxetine hcl tabs 20 mg, 60 mg	P	
FLUOXETINE HYDROCHLORIDE TABS	P	
FLUOXETINE HYDROCHLORIDE TABS (*Use Fluoxetine HCl*)	NP	
fluvoxamine maleate cp24 100 mg, 150 mg	P	
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (*Use Escitalopram Oxalate*)	NP	
LEXAPRO TABS 10 MG (*Use Escitalopram Oxalate*)	NP	QL(1.5 ea daily)
LEXAPRO TABS 5 MG, 20 MG (*Use Escitalopram Oxalate*)	NP	QL(1 ea daily); MP
paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily); MP
paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR TB24 (*Use Paroxetine HCl*)	NP	
PAXIL SUSP 10 MG/5ML	P	QL(40 ml daily)
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (*Use Paroxetine HCl*)	NP	QL(2 ea daily); MP
PROZAC CAPS 10 MG, 20 MG (*Use Fluoxetine HCl*)	NP	QL(4 ea daily); MP
PROZAC CAPS 40 MG (*Use Fluoxetine HCl*)	NP	QL(2 ea daily); MP
sertraline hcl conc 20 mg/ml	P	QL(10 ml daily)
sertraline hcl tabs 100 mg	P	QL(2 ea daily); MP
sertraline hcl tabs 25 mg, 50 mg	P	QL(1.5 ea daily); MP
ZOLOFT CONC 20 MG/ML (*Use Sertraline HCl*)	NP	QL(10 ml daily)
ZOLOFT TABS 100 MG (*Use Sertraline HCl*)	NP	QL(2 ea daily); MP
ZOLOFT TABS 25 MG, 50 MG (*Use Sertraline HCl*)	NP	QL(1.5 ea daily); MP
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	P	
nefazodone hcl tabs 50 mg, 250 mg	P	
NEFAZODONE HYDROCHLORIDE TABS	P	
trazodone hcl tabs 300 mg	P	QL(2 ea daily)
trazodone hcl tabs 50 mg, 100 mg, 150 mg	P	MP
VIIBRYD TABS	P	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use Duloxetine HCl*)	NP	QL(1 ea daily); MP
desvenlafaxine succinate tb24	P	
duloxetine hcl cpep	P	QL(1 ea daily); MP
EFFEXOR XR CP24 (*Use Venlafaxine HCl*)	NP	QL(1 ea daily); MP
PRISTIQ TB24 (*Use Desvenlafaxine Succinate*)	NP	
venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg	P	QL(1 ea daily); MP
venlafaxine hcl tabs 25 mg, 50 mg, 100 mg	P	
venlafaxine hcl tabs 75 mg, 37.5 mg	P	MP
venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg	P	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	P	
AMOXAPINE TABS	P	
ANAFRANIL CAPS (*Use Clomipramine HCl*)	NP	
clomipramine hcl caps	P	
desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	P	
desipramine hcl tabs 25 mg	P	QL(2 ea daily)
doxepin hcl caps	P	
doxepin hcl conc	P	
ELAVIL TABS (*Use Amitriptyline HCl*)	NP	
imipramine hcl tabs	P	
imipramine pamoate caps	P	
NORPRAMIN TABS 10 MG (*Use Desipramine HCl*)	NP	
NORPRAMIN TABS 25 MG (*Use Desipramine HCl*)	NP	QL(2 ea daily)
nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg	P	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	P	QL(20 ml daily)
nortriptyline hcl soln 10 mg/5ml	P	QL(20 ml daily)
PAMELOR CAPS (*Use Nortriptyline HCl*)	NP	

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MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
protriptyline hcl tabs	P	
SURMONTIL CAPS (*Use Trimipramine Maleate*)	NP	
TOFRANIL TABS (*Use Imipramine HCl*)	NP	
trimipramine maleate caps	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	P	
GLYSET TABS (*Use Miglitol*)	NP	
miglitol tabs	P	
PRECOSE TABS (*Use Acarbose*)	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	Limit 4 pens per month;QL(0.36 ml daily)
SYMLINPEN 60 SOPN	P	Limit 4 pens per month;QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*Use Pioglitazone HCl-Metformin HCl*)	NP	QL(2 ea daily); MP
alogliptin-metformin hcl tabs	P	QL(1 ea daily); MP
alogliptin-pioglitazone tabs	P	QL(1 ea daily); MP
DUETACT TABS (*Use Pioglitazone HCl-Glimepiride*)	NP	
glipizide-metformin hcl tabs	P	MP
GLUCOVANCE TABS (*Use Glyburide-Metformin*)	NP	MP
glyburide-metformin tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABS	P	QL(2 ea daily); MP
JENTADUETO XR TB24	P	QL(2 ea daily)
KAZANO TABS (*Use Alogliptin-Metformin HCl*)	NF	QL(1 ea daily); MP
OSENI TABS (*Use Alogliptin-Pioglitazone*)	NF	QL(1 ea daily); MP
pioglitazone hcl-glimepiride tabs	P	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily); MP
Biguanides		
FORTAMET TB24 (*Use Metformin HCl*)	NP	PA
GLUCOPHAGE TABS 1000 MG (*Use Metformin HCl*)	NP	QL(2 ea daily); MP
GLUCOPHAGE TABS 500 MG (*Use Metformin HCl*)	NP	QL(5 ea daily); MP
GLUCOPHAGE TABS 850 MG (*Use Metformin HCl*)	NP	QL(3 ea daily); MP
GLUCOPHAGE XR TB24 500 MG (*Use Metformin HCl*)	NP	QL(4 ea daily); MP
GLUCOPHAGE XR TB24 750 MG (*Use Metformin HCl*)	NP	QL(2 ea daily); MP
GLUMETZA TB24 (*Use Metformin HCl*)	NP	PA
metformin hcl tabs 1000 mg	P	QL(2 ea daily); MP
metformin hcl tabs 500 mg	P	QL(5 ea daily); MP
metformin hcl tabs 850 mg	P	QL(3 ea daily); MP
metformin hcl tb24 500 mg	P	QL(4 ea daily); MP
metformin hcl tb24 500 mg, 1000 mg	P	PA
metformin hcl tb24 750 mg	P	QL(2 ea daily); MP
Diabetic Other		
BD GLUCOSE CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
GLUCAGEN HYPOKIT SOLR	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	P	QL(1 ea per fill retail)
GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
GNP GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
PROGLYCEM SUSP	P	
SM GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW	P	Limit 50 per month;QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	P	QL(1 ea daily); MP
NESINA TABS (*Use Alogliptin Benzoate*)	NF	QL(1 ea daily); MP
TRADJENTA TABS	P	QL(1 ea daily); AL(At least 18 yrs old); MP
Incretin Mimetic Agents (GLP-1 Receptor		
ADLYXIN SOPN	P	PA
ADLYXIN STARTER PACK PNKT	P	PA
BYDUREON BCISE AUIJ	P	PA
BYDUREON PEN PEN	P	PA; Limit 1 syringe per month;QL(0.143 ea daily)
BYDUREON SRER	P	PA; Limit 1 syringe per month;QL(0.143 ea daily)
BYETTA SOPN 10 MCG/0.04ML	P	PA; Limit 1 syringe per month;QL(0.08 ml daily)
BYETTA SOPN 5 MCG/0.02ML	P	PA; Limit 1 syringe per month;QL(0.04 ml daily)
OZEMPIC SOPN	P	PA
TANZEUM PEN	P	PA
TRULICITY SOPN	P	PA
VICTOZA SOPN	P	PA; Limit 3 syringes per month;QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (*Use Pioglitazone HCl*)	NP	QL(1 ea daily); MP
AVANDIA TABS	P	QL(1 ea daily); MP
pioglitazone hcl tabs	P	QL(1 ea daily); MP
Insulin		
ADMELOG SOLN	P	Limit 40mls per month;QL(1.34 ml daily)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)
APIDRA SOLN	P	Limit 30mls per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	P	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	P	

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Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH SOPN	P	QL(1 ml daily)
FIASP SOLN	P	Limit 30mls per month;QL(1 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(1 ml daily)
HUMALOG KWIKPEN SOPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	P	QL(1 ml daily)
HUMALOG SOLN	P	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ml daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	P	QL(1 ml daily)
HUMULIN N SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	P	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 (*CONCENTRATED*) SOLN	P	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	P	QL(1.34 ml daily)
LANTUS SOLOSTAR SOPN	NP	PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	P	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	P	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	P	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	P	QL(1 ml daily)
NOVOLOG SOLN	P	Limit 30mls per month;QL(1 ml daily)
Meglitinide Analogues		
nateglinide tabs	P	QL(3 ea daily); MP
PRANDIN TABS (*Use Repaglinide*)	NP	
repaglinide tabs	P	
STARLIX TABS (*Use Nateglinide*)	NP	QL(3 ea daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	P	MP
JARDIANCE TABS	P	QL(1 ea daily)
Sulfonylureas		

Drug Name	Drug Tier	Requirements/ Limits
AMARYL TABS 1 MG, 2 MG (*Use Glimepiride*)	NP	QL(1 ea daily); MP
AMARYL TABS 4 MG (*Use Glimepiride*)	NP	QL(2 ea daily); MP
glimepiride tabs 1 mg, 2 mg	P	QL(1 ea daily); MP
glimepiride tabs 4 mg	P	QL(2 ea daily); MP
glipizide tabs	P	MP
glipizide tb24	P	MP
GLUCOTROL TABS (*Use Glipizide*)	NP	MP
GLUCOTROL XL TB24 (*Use Glipizide*)	NP	MP
glyburide micronized tabs	P	MP
glyburide tabs	P	MP
GLYNASE TABS (*Use Glyburide Micronized*)	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
Acidophilus cap-misc	P	
bismuth subsalicylate chew 262 mg	P	
bismuth subsalicylate susp 525 mg/15ml	P	
PEPTO-BISMOL CHEW 262 MG (*Use Bismuth Subsalicylate*)	NP	
PEPTO-BISMOL INSTACOOL CHEW (*Use Bismuth Subsalicylate*)	NP	
PEPTO-BISMOL MAX STRENGTH SUSP (*Use Bismuth Subsalicylate*)	NP	
PEPTO-BISMOL TO-GO CHEW (*Use Bismuth Subsalicylate*)	NP	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	P	
DIPHENOXYLATE/ATROPINE LIQD	P	
IMODIUM A-D CAPS (*Use Loperamide HCl*)	NP	RX/OTC
IMODIUM A-D TABS (*Use Loperamide HCl*)	NP	QL(2 ea daily)
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	NP	
loperamide hcl caps 2 mg	P	RX/OTC
loperamide hcl liqd 1 mg/5ml	P	
loperamide hcl tabs 2 mg	P	QL(2 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	P	
JADENU SPRINKLE PACK	P	PA; SP
JADENU TABS	P	PA; SP
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml	P	2 rtl pack lmt amt,30 rtl pack lmt day(s),
NALOXONE HCL SOSY 2 MG/2ML	P	QL(8 ml per 30 days retail)
naltrexone hcl tabs	P	
NARCAN LIQD	P	
VIVITROL SUSR	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	P	
ondansetron hcl soln or 4 mg/5ml	P	QL(30 ml daily)
ondansetron hcl tabs or 24 mg	P	QL(1 ea daily)
ondansetron hcl tabs or 4 mg, 8 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONDANSETRON HYDROCHLORIDE SOLN	P	
ondansetron tbdp	P	QL(3 ea daily)
ZOFRAN ODT TBDP (*Use Ondansetron*)	NP	QL(3 ea daily)
ZOFRAN SOLN 4 MG/5ML (*Use Ondansetron HCl*)	NP	QL(30 ml daily)
ZOFRAN TABS 4 MG, 8 MG (*Use Ondansetron HCl*)	NP	QL(3 ea daily)
Antiemetics - Anticholinergic		
dimenhydrinate tabs	P	
DRAMAMINE TABS (*Use Dimenhydrinate*)	NP	
meclizine hcl chew 25 mg	P	
meclizine hcl tabs 25 mg, 12.5 mg	P	RX/OTC
TIGAN CAPS (*Use Trimethobenzamide HCl*)	NP	
trimethobenzamide hcl caps	P	
Antiemetics - Miscellaneous		
dronabinol caps	P	PA
MARINOL CAPS (*Use Dronabinol*)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	P	PA
EMEND CAPS (*Use Aprepitant*)	NP	PA
EMEND TRIPACK CAPS (*Use Aprepitant*)	NP	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (*Use Flucytosine*)	NP	
flucytosine caps	P	
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	NP	
griseofulvin microsize susp	P	
griseofulvin microsize tabs	P	
griseofulvin ultramicrosize tabs	P	
LAMISIL TABS (*Use Terbinafine HCl*)	NP	QL(1 ea daily,90 ea per 120 days retail)
nystatin tabs	P	QL(6 ea daily)
terbinafine hcl tabs	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use Fluconazole*)	NP	1 rtl pack lmt per fill,
DIFLUCAN TABS 100 MG (*Use Fluconazole*)	NP	QL(1 ea daily)
DIFLUCAN TABS 150 MG (*Use Fluconazole*)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG (*Use Fluconazole*)	NP	QL(2 ea daily)
DIFLUCAN TABS 50 MG (*Use Fluconazole*)	NP	QL(7 ea per fill retail)
fluconazole susr 10 mg/ml, 40 mg/ml	P	1 rtl pack lmt per fill,
fluconazole tabs 100 mg	P	QL(1 ea daily)
fluconazole tabs 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs 200 mg	P	QL(2 ea daily)
fluconazole tabs 50 mg	P	QL(7 ea per fill retail)
itraconazole caps	P	PA; QL(1 ea daily)
SPORANOX CAPS (*Use Itraconazole*)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NP	PA; QL(1 ea daily)
VFEND IV SOLR (*Use Voriconazole*)	NP	
VFEND SUSR (*Use Voriconazole*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS (*Use Voriconazole*)	NP	
voriconazole solr	P	
voriconazole susr	P	
voriconazole tabs	P	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (*Use Chlorpheniramine Maleate*)	NP	QL(60 ml daily)
CHLOR-TRIMETON TABS 4 MG (*Use Chlorpheniramine Maleate*)	NP	QL(120 ea per fill retail)
chlorpheniramine maleate syrp 2 mg/5ml	P	QL(60 ml daily)
chlorpheniramine maleate tabs 4 mg	P	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (*Use Diphenhydramine HCl*)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (*Use Diphenhydramine HCl*)	NP	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use Diphenhydramine HCl*)	NP	QL(4 ea daily)
clemastine fumarate tabs	P	QL(2 ea daily)
diphenhydramine hcl caps 25 mg	P	QL(4 ea daily)
diphenhydramine hcl caps 50 mg	P	QL(4 ea daily); RX/OTC
diphenhydramine hcl elix 12.5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	P	QL(4 ea daily)
SILPHEN COUGH SYRP	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TAVIST ALLERGY TABS (*Use Clemastine Fumarate*)	NP	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (*Use Fexofenadine HCl*)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (*Use Fexofenadine HCl*)	NP	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	P	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	P	QL(1 ea daily)
CLARINEX TABS (*Use Desloratadine*)	NP	
CLARITIN ALLERGY CHILDRENS SYRP (*Use Loratadine*)	NP	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP (*Use Loratadine*)	NP	
CLARITIN SYRP 5 MG/5ML (*Use Loratadine*)	NP	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use Loratadine*)	NP	
desloratadine tabs	P	
fexofenadine hcl tabs 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs	P	RX/OTC
loratadine soln 5 mg/5ml	P	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	P	QL(240 ml per fill retail)
loratadine tabs 10 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
loratadine tbdp 10 mg	P	
XYZAL ALLERGY 24HR TABS (*Use Levocetirizine Dihydrochloride*)	NP	RX/OTC
XYZAL TABS (*Use Levocetirizine Dihydrochloride*)	NP	RX/OTC
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (*Use Cetirizine HCl*)	NP	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (*Use Promethazine HCl*)	NP	
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	P	
promethazine hcl soln or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl supp re 25 mg, 50 mg, 12.5 mg	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	P	
cyproheptadine hcl tabs	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	P	PA; QL(1 ea daily)
VYTORIN TABS (*Use Ezetimibe-Simvastatin*)	NP	PA; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (*Use Omega-3-acid Ethyl Esters*)	NP	
omega-3-acid ethyl esters caps	P	
Bile Acid Sequestrants		
cholestyramine light pack	P	MP
cholestyramine light powd	P	MP
cholestyramine pack	P	MP
cholestyramine powd	P	MP
COLESTID FLAVORED GRAN 5 GM (*Use Colestipol HCl*)	NP	MP
COLESTID FLAVORED PACK 5 GM/7.5GM (*Use Colestipol HCl*)	NP	
COLESTID GRAN 5 GM (*Use Colestipol HCl*)	NP	MP
COLESTID PACK 5 GM (*Use Colestipol HCl*)	NP	
COLESTID TABS 1 GM (*Use Colestipol HCl*)	NP	MP
colestipol hcl gran 5 gm	P	MP
colestipol hcl pack 5 gm	P	
colestipol hcl tabs 1 gm	P	MP
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	NP	MP
QUESTRAN PACK (*Use Cholestyramine*)	NP	MP
QUESTRAN POWD (*Use Cholestyramine*)	NP	MP
Fibric Acid Derivatives		
choline fenofibrate cpdr	P	
fenofibrate micronized caps 134 mg, 200 mg	P	QL(1 ea daily); MP
fenofibrate micronized caps 67 mg	P	QL(2 ea daily); MP
FENOFIBRATE TABS 160 MG	P	QL(1 ea daily); MP
fenofibrate tabs 160 mg	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate tabs 40 mg, 48 mg, 120 mg, 145 mg	P	
fenofibrate tabs 54 mg	P	QL(3 ea daily); MP
FENOGLIDE TABS (*Use Fenofibrate*)	NP	
gemfibrozil tabs	P	QL(2 ea daily); MP
LOFIBRA CAPS (*Use Fenofibrate Micronized*)	NP	QL(1 ea daily); MP
LOFIBRA TABS (*Use Fenofibrate*)	NP	QL(1 ea daily); MP
LOPID TABS (*Use Gemfibrozil*)	NP	QL(2 ea daily); MP
TRICOR TABS (*Use Fenofibrate*)	NP	
TRIGLIDE TABS	P	QL(1 ea daily); MP
TRILIPIX CPDR (*Use Choline Fenofibrate*)	NP	
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	P	QL(1 ea daily); MP
fluvastatin sodium tb24	P	
LESCOL XL TB24 (*Use Fluvastatin Sodium*)	NP	
LIPITOR TABS (*Use Atorvastatin Calcium*)	NP	QL(1 ea daily); MP
lovastatin tabs 10 mg, 20 mg	P	QL(1 ea daily); MP
lovastatin tabs 40 mg	P	QL(2 ea daily); MP
MEVACOR TABS (*Use Lovastatin*)	NP	QL(2 ea daily); MP
PRAVACHOL TABS (*Use Pravastatin Sodium*)	NP	QL(1 ea daily); MP
pravastatin sodium tabs	P	QL(1 ea daily); MP
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	P	QL(1 ea daily); MP
simvastatin tabs 80 mg	P	MP
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (*Use Simvastatin*)	NP	QL(1 ea daily); MP
ZOCOR TABS 80 MG (*Use Simvastatin*)	NP	MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	P	PA
ZETIA TABS (*Use Ezetimibe*)	NP	PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	P	
NIACOR TABS	P	MP
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*Use Quinapril HCl*)	NP	QL(1 ea daily); MP
ACEON TABS (*Use Perindopril Erbumine*)	NP	
ALTACE CAPS (*Use Ramipril*)	NP	QL(2 ea daily); MP
benazepril hcl tabs 40 mg	P	QL(2 ea daily); MP
benazepril hcl tabs 5 mg, 10 mg, 20 mg	P	QL(1 ea daily); MP
captopril tabs	P	QL(3 ea daily); MP
enalapril maleate tabs	P	QL(2 ea daily); MP
EPANED SOLR	P	AL(Up to 8 yrs old)
fosinopril sodium tabs	P	QL(1 ea daily); MP
lisinopril tabs 2.5 mg	P	QL(1 ea daily); MP
lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily); MP
LOTENSIN TABS 10 MG, 20 MG (*Use Benazepril HCl*)	NP	QL(1 ea daily); MP
LOTENSIN TABS 40 MG (*Use Benazepril HCl*)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
MAVIK TABS (*Use Trandolapril*)	NP	QL(1 ea daily); MP
perindopril erbumine tabs	P	
PRINIVIL TABS (*Use Lisinopril*)	NP	QL(2 ea daily); MP
quinapril hcl tabs	P	QL(1 ea daily); MP
ramipril caps	P	QL(2 ea daily); MP
trandolapril tabs 1 mg, 2 mg	P	QL(1 ea daily); MP
trandolapril tabs 4 mg	P	QL(2 ea daily); MP
VASOTEC TABS (*Use Enalapril Maleate*)	NP	QL(2 ea daily); MP
ZESTRIL TABS 2.5 MG (*Use Lisinopril*)	NP	QL(1 ea daily); MP
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (*Use Lisinopril*)	NP	QL(2 ea daily); MP
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (*Use Phenoxybenzamine HCl*)	NP	
phenoxybenzamine hcl caps	P	
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use Candesartan Cilexetil*)	NP	
AVAPRO TABS (*Use Irbesartan*)	NP	QL(1 ea daily); MP
BENICAR TABS (*Use Olmesartan Medoxomil*)	NP	
candesartan cilexetil tabs	P	
COZAAR TABS (*Use Losartan Potassium*)	NP	QL(1 ea daily); MP
DIOVAN TABS (*Use Valsartan*)	NP	QL(1 ea daily); MP
irbesartan tabs	P	QL(1 ea daily); MP
losartan potassium tabs	P	QL(1 ea daily); MP
MICARDIS TABS (*Use Telmisartan*)	NP	QL(1 ea daily)
olmesartan medoxomil tabs	P	
telmisartan tabs	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use Doxazosin Mesylate*)	NP	MP
CATAPRES TABS (*Use Clonidine HCl*)	NP	MP
clonidine hcl tabs	P	MP
doxazosin mesylate tabs	P	MP
guanfacine hcl tabs	P	MP
methyldopa tabs	P	MP
MINIPRESS CAPS (*Use Prazosin HCl*)	NP	MP
prazosin hcl caps	P	MP
TENEX TABS (*Use Guanfacine HCl*)	NP	MP
terazosin hcl caps	P	MP
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NP	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NP	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (*Use Quinapril-Hydrochlorothiazide*)	NP	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps 5mg-10mg, 5mg-20mg, 10mg-20mg, 2.5mg-10mg	P	QL(1 ea daily); MP
amlodipine besylate-benazepril hcl caps 5mg-40mg, 10mg-40mg	P	MP
amlodipine besylate-olmesartan medoxomil tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-valsartan tabs	P	
amlodipine-valsartan-hydrochlorothiazide tabs	P	
ATACAND HCT TABS (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	NP	
atenolol & chlorthalidone tabs	P	QL(1 ea daily); MP
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
AZOR TABS (*Use Amlodipine Besylate-Olmesartan Medoxomil*)	NP	
benazepril & hydrochlorothiazide tabs	P	QL(1 ea daily); MP
BENICAR HCT TABS (*Use Olmesartan Medoxomil-Hydrochlorothiazide*)	NP	
bisoprolol & hydrochlorothiazide tabs 2.5mg-6.25mg	P	MP
bisoprolol & hydrochlorothiazide tabs 5mg-6.25mg, 10mg-6.25mg	P	QL(1 ea daily); MP
candesartan cilexetil-hydrochlorothiazide tabs	P	
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS	P	QL(2 ea daily); MP
CORZIDE TABS 40MG-5MG (*Use Nadolol & Bendroflumethiazide*)	NP	
CORZIDE TABS 80MG-5MG	NP	
DIOVAN HCT TABS (*Use Valsartan-Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
DUTOPROL TB24 25MG-12.5MG	P	QL(1 ea daily); MP
DUTOPROL TB24 50MG-12.5MG, 100MG-12.5MG	P	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide tabs	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT TABS (*Use Amlodipine-Valsartan-Hydrochlorothiazide*)	NP	
EXFORGE TABS (*Use Amlodipine Besylate-Valsartan*)	NP	
fosinopril sodium & hydrochlorothiazide tabs	P	QL(1 ea daily); MP
HYZAAR TABS (*Use Losartan Potassium & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide tabs	P	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg	P	QL(2 ea daily); MP
lisinopril & hydrochlorothiazide tabs 20mg-25mg	P	QL(1 ea daily); MP
LOPRESSOR HCT TABS (*Use Metoprolol & Hydrochlorothiazide*)	NP	QL(2 ea daily); MP
losartan potassium & hydrochlorothiazide tabs	P	QL(1 ea daily); MP
LOTENSIN HCT TABS (*Use Benazepril & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
LOTREL CAPS 10MG-40MG (*Use Amlodipine Besylate-Benazepril HCl*)	NP	MP
LOTREL CAPS 5MG-10MG, 5MG-20MG, 10MG-20MG (*Use Amlodipine Besylate-Benazepril HCl*)	NP	QL(1 ea daily); MP
metoprolol & hydrochlorothiazide tabs	P	QL(2 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 25MG-12.5MG	P	QL(1 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 50MG-12.5MG, 100MG-12.5MG	P	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	P	QL(2 ea daily); MP

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS HCT TABS (*Use Telmisartan-Hydrochlorothiazide*)	NP	QL(1 ea daily)
nadolol & bendroflumethiazide tabs	P	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	P	
olmesartan medoxomil-hydrochlorothiazide tabs	P	
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	P	MP
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	P	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	P	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	P	QL(2 ea daily)
TARKA TBCR (*Use Trandolapril-Verapamil HCl*)	NP	
telmisartan-amlodipine tabs	P	
telmisartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
TENORETIC 100 TABS (*Use Atenolol & Chlorthalidone*)	NP	QL(1 ea daily); MP
TENORETIC 50 TABS (*Use Atenolol & Chlorthalidone*)	NP	QL(1 ea daily); MP
trandolapril-verapamil hcl tbcr	P	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	P	
TRIBENZOR TABS (*Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide*)	NP	
TWYNSTA TABS (*Use Telmisartan-Amlodipine*)	NP	
valsartan-hydrochlorothiazide tabs	P	QL(1 ea daily); MP
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	NP	QL(2 ea daily); MP
ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (*Use Lisinopril & Hydrochlorothiazide*)	NP	QL(2 ea daily); MP
ZESTORETIC TABS 20MG-25MG (*Use Lisinopril & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
ZIAC TABS 2.5MG-6.25MG (*Use Bisoprolol & Hydrochlorothiazide*)	NP	MP
ZIAC TABS 5MG-6.25MG, 10MG-6.25MG (*Use Bisoprolol & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	P	
INSPRA TABS (*Use Eplerenone*)	NP	
Vasodilators		
hydralazine hcl tabs	P	MP
minoxidil tabs	P	MP
NITROPRESS SOLN (*Use Nitroprusside Sodium*)	NP	
nitroprusside sodium soln	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	P	
COARTEM TABS	P	QL(24 ea per fill retail)
MALARONE TABS (*Use Atovaquone-Proguanil HCl*)	NP	
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
chloroquine phosphate tabs 500 mg	P	
hydroxychloroquine sulfate tabs	P	MP
MEFLOQUINE HCL TABS	P	
mefloquine hcl tabs	P	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	NP	MP
QUALAQUIN CAPS (*Use Quinine Sulfate*)	NP	
quinine sulfate caps	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (*Use Pyridostigmine Bromide*)	NP	
MESTINON TIMESPAN TBCR (*Use Pyridostigmine Bromide*)	NP	
pyridostigmine bromide tabs	P	
pyridostigmine bromide tbcr	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	P	MP
ISONIAZID SYRP 50 MG/5ML	P	MP
isoniazid tabs 100 mg, 300 mg	P	MP
MYAMBUTOL TABS (*Use Ethambutol HCl*)	NP	MP
MYCOBUTIN CAPS (*Use Rifabutin*)	NP	
pyrazinamide tabs	P	
rifabutin caps	P	
RIFADIN CAPS (*Use Rifampin*)	NP	
RIFADIN SOLR (*Use Rifampin*)	NP	
rifampin caps	P	
rifampin solr	P	
TRECATOR TABS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (*Use Melphalan HCl*)	NP	SP
ALKERAN TABS OR 2 MG (*Use Melphalan*)	NP	
cyclophosphamide caps 25 mg, 50 mg	P	
CYCLOPHOSPHAMIDE CAPS 25 MG, 50 MG (*Use Cyclophosphamide*)	NP	
LEUKERAN TABS	P	
melphalan hcl solr	P	SP
melphalan tabs	P	
MYLERAN TABS	P	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (*Use Temozolomide*)	NP	PA; SP
TEMODAR SOLR IV 100 MG	P	PA; SP
temozolomide caps	P	PA; SP
Antimetabolites		
capecitabine tabs	P	PA; SP
mercaptopurine tabs	P	
methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml	P	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	P	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium tabs or 2.5 mg	P	
PURIXAN SUSP	P	AL(Up to 8 yrs old)
TREXALL TABS	P	
XELODA TABS (*Use Capecitabine*)	NP	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	P	PA; SP
ODOMZO CAPS	P	PA; SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate tabs	P	PA; SP
anastrozole tabs	P	
ARIMIDEX TABS (*Use Anastrozole*)	NP	
AROMASIN TABS (*Use Exemestane*)	NP	SP
bicalutamide tabs	P	QL(1 ea daily)
CASODEX TABS (*Use Bicalutamide*)	NP	QL(1 ea daily)
EMCYT CAPS	P	SP
exemestane tabs	P	SP
FARESTON TABS	P	PA
FEMARA TABS (*Use Letrozole*)	NP	
flutamide caps	P	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	P	Limit 5ml per month;QL(0.167 ml daily); AL(At least 16 yrs old); SP
letrozole tabs	P	
LYSODREN TABS	P	SP
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate susp	P	
megestrol acetate tabs	P	
NILANDRON TABS (*Use Nilutamide*)	NP	
nilutamide tabs	P	
tamoxifen citrate tabs	P	MP
XTANDI CAPS	P	PA; SP
ZYTIGA TABS (*Use Abiraterone Acetate*)	NP	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	P	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	P	PA; SP
AFINITOR TABS	P	PA; SP
BOSULIF TABS	P	PA; SP
COTELLIC TABS	P	PA; SP
FARYDAK CAPS	P	PA; SP
GILOTRIF TABS	P	PA; SP
GLEEVEC TABS (*Use Imatinib Mesylate*)	NP	PA; SP
IBRANCE CAPS	P	PA; SP
ICLUSIG TABS	P	PA; SP
imatinib mesylate tabs	P	PA; SP
INLYTA TABS	P	PA; SP
JAKAFI TABS	P	PA; SP
MEKINIST TABS	P	PA; SP
NEXAVAR TABS	P	PA; SP
NINLARO CAPS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL TABS	P	PA; SP
STIVARGA TABS	P	PA; SP
SUTENT CAPS	P	PA; SP
TAFINLAR CAPS	P	PA; SP
TARCEVA TABS	P	PA; SP
TASIGNA CAPS	P	PA; SP
TYKERB TABS	P	PA; SP
VOTRIENT TABS	P	PA; SP
XALKORI CAPS	P	PA; SP
ZELBORAF TABS	P	PA; SP
ZOLINZA CAPS	P	PA; SP
ZYKADIA CAPS	P	PA; SP
Antineoplastics Misc.		
bexarotene caps	P	PA; SP
HYDREA CAPS (*Use Hydroxyurea*)	NP	
hydroxyurea caps	P	
MATULANE CAPS	P	PA; SP
TARGRETIN CAPS (*Use Bexarotene*)	NP	PA; SP
tretinoin (chemotherapy) caps	P	PA; SP
Chemotherapy Rescue/Antidote Agents		
dexrazoxane solr	P	SP
FUSILEV SOLR (*Use Levoleucovorin Calcium*)	NP	SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	P	
leucovorin calcium tabs or 5 mg, 25 mg	P	
levoleucovorin calcium solr	P	SP
mesna soln	P	SP
MESNEX SOLN IV 100 MG/ML (*Use Mesna*)	NP	SP
MESNEX TABS OR 400 MG	P	PA; SP
ZINECARD SOLR (*Use Dexrazoxane*)	NP	SP
Mitotic Inhibitors		
ETOPOSIDE CAPS	P	SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN (*Use Irinotecan HCl*)	NP	SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	P	PA; SP
HYCAMTIN SOLR IV 4 MG (*Use Topotecan HCl*)	NP	SP
irinotecan hcl soln	P	SP
topotecan hcl solr	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs	P	
LODOSYN TABS (*Use Carbidopa*)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate soln ij 1 mg/ml	P	
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	P	MP
COGENTIN SOLN (*Use Benztropine Mesylate*)	NP	
trihexyphenidyl hcl elix 0.4 mg/ml	P	QL(16.67 ml daily); MP
trihexyphenidyl hcl tabs 2 mg, 5 mg	P	MP
Antiparkinson COMT Inhibitors		
COMTAN TABS (*Use Entacapone*)	NP	
entacapone tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
TASMAR TABS (*Use Tolcapone*)	NP	
tolcapone tabs	P	
Antiparkinson Dopaminergics		
amantadine hcl caps	P	MP
amantadine hcl syrp	P	MP
bromocriptine mesylate caps	P	
bromocriptine mesylate tabs	P	
carbidopa-levodopa tabs	P	MP
carbidopa-levodopa tbcr	P	MP
MIRAPEX ER TB24 (*Use Pramipexole Dihydrochloride*)	NP	
MIRAPEX TABS (*Use Pramipexole Dihydrochloride*)	NP	QL(3 ea daily)
PARLODEL CAPS (*Use Bromocriptine Mesylate*)	NP	
PARLODEL TABS (*Use Bromocriptine Mesylate*)	NP	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg	P	QL(3 ea daily)
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg, 2.25 mg, 3.75 mg	P	
REQUIP TABS 0.25 MG (*Use Ropinirole Hydrochloride*)	NP	QL(6 ea daily); MP
REQUIP TABS 0.5 MG, 1 MG, 2 MG (*Use Ropinirole Hydrochloride*)	NP	QL(3 ea daily); MP
REQUIP TABS 3 MG, 4 MG (*Use Ropinirole Hydrochloride*)	NP	QL(6 ea daily)
REQUIP TABS 5 MG (*Use Ropinirole Hydrochloride*)	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REQUIP XL TB24 (*Use Ropinirole Hydrochloride*)	NP	
ropinirole hydrochloride tabs 0.25 mg	P	QL(6 ea daily); MP
ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg	P	QL(3 ea daily); MP
ropinirole hydrochloride tabs 3 mg, 4 mg	P	QL(6 ea daily)
ropinirole hydrochloride tabs 5 mg	P	QL(3 ea daily)
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg, 12 mg	P	
SINEMET CR TBCR (*Use Carbidopa-Levodopa*)	NP	MP
SINEMET TABS (*Use Carbidopa-Levodopa*)	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (*Use Rasagiline Mesylate*)	NP	
ELDEPRYL CAPS (*Use Selegiline HCl*)	NP	MP
rasagiline mesylate tabs	P	
selegiline hcl caps	P	MP
selegiline hcl tabs	P	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 150 mg, 300 mg, 600 mg	P	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (*Use Lithium Carbonate*)	NP	
lithium carbonate tabs 300 mg	P	
lithium carbonate tbcr 300 mg, 450 mg	P	
LITHIUM SOLN	P	
LITHOBID TBCR (*Use Lithium Carbonate*)	NP	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
GEODON CAPS (*Use Ziprasidone HCl*)	NP	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	P	
NUPLAZID TABS	P	QL(2 ea daily)
VRAYLAR CPPK	P	
ziprasidone hcl caps	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA SUSTENNA SUSP 117 MG/0.75ML	P	Limit 1 syringe per month;QL(0.027 ml daily)
INVEGA SUSTENNA SUSP 156 MG/ML	P	Limit 1 syringe per month;QL(0.036 ml daily)
INVEGA SUSTENNA SUSP 234 MG/1.5ML	P	Limit 1 syringe per month;QL(0.054 ml daily)
INVEGA SUSTENNA SUSP 39 MG/0.25ML	P	Limit 1 syringe per month;QL(0.009 ml daily)
INVEGA SUSTENNA SUSP 78 MG/0.5ML	P	Limit 1 syringe per month;QL(0.018 ml daily)
INVEGA TB24 (*Use Paliperidone*)	NP	
INVEGA TRINZA SUSP 273 MG/0.875ML	P	Limit 1 syringe every 3 months;QL(1 ml per 84 days retail)
INVEGA TRINZA SUSP 546 MG/1.75ML, 410 MG/1.315ML	P	Limit 1 syringe every 3 months;QL(2 ml per 84 days retail)
INVEGA TRINZA SUSP 819 MG/2.625ML	P	Limit 1 syringe every 3 months;QL(3 ml per 84 days retail)
paliperidone tb24	P	
RISPERDAL CONSTA SUSR	P	Limit 2 vials per month;QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (*Use Risperidone*)	NP	QL(2 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN 1 MG/ML (*Use Risperidone*)	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*Use Risperidone*)	NP	QL(2 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	P	QL(1 ea daily); AL(At least 5 yrs old)
risperidone soln 1 mg/ml	P	QL(4 ml daily); AL(At least 5 yrs old)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(2 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.25 mg	P	QL(1 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use Haloperidol Decanoate*)	NP	
HALDOL DECANOATE 50 SOLN (*Use Haloperidol Decanoate*)	NP	
HALDOL SOLN (*Use Haloperidol Lactate*)	NP	
haloperidol decanoate soln	P	
haloperidol lactate conc	P	

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
haloperidol lactate soln	P	
haloperidol tabs 0.5 mg, 1 mg, 10 mg	P	QL(3 ea daily)
haloperidol tabs 2 mg, 5 mg, 20 mg	P	
Dibenzapines		
ADASUVE AEPB	P	
clozapine tabs 100 mg	P	QL(9 ea daily); AL(At least 18 yrs old)
clozapine tabs 25 mg, 50 mg, 200 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG (*Use Clozapine*)	NP	QL(9 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG (*Use Clozapine*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
loxapine succinate caps	P	QL(4 ea daily)
olanzapine tabs	P	QL(1 ea daily); AL(At least 13 yrs old)
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	P	QL(2 ea daily)
quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg	P	
SEROQUEL TABS (*Use Quetiapine Fumarate*)	NP	QL(2 ea daily)
SEROQUEL XR TB24 (*Use Quetiapine Fumarate*)	NP	
ZYPREXA RELPREVV SUSR	P	Limit 2 vials per month;QL(0.072 ea daily)
ZYPREXA TABS (*Use Olanzapine*)	NP	QL(1 ea daily); AL(At least 13 yrs old)
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML	P	
chlorpromazine hcl tabs or 10 mg	P	QL(10 ea daily)
chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg	P	QL(3 ea daily)
fluphenazine decanoate soln	P	
fluphenazine hcl tabs	P	
perphenazine tabs	P	QL(4 ea daily)
prochlorperazine maleate tabs	P	
prochlorperazine supp	P	
thioridazine hcl tabs	P	QL(3 ea daily)
trifluoperazine hcl tabs	P	QL(3 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	
ABILIFY MAINTENA SRER	P	
ABILIFY TABS (*Use Aripiprazole*)	NP	QL(1 ea daily)
aripiprazole soln 1 mg/ml	P	QL(25 ml daily); AL(At least 6 yrs old)
aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	P	QL(1 ea daily)
aripiprazole tbdp 10 mg, 15 mg	P	QL(1 ea daily)
ARISTADA PRSY 1064 MG/3.9ML	P	
ARISTADA PRSY 441 MG/1.6ML	P	Limit 1 syringe per month;QL(0.057 ml daily)
ARISTADA PRSY 662 MG/2.4ML	P	Limit 1 syringe per month;QL(0.086 ml daily)
ARISTADA PRSY 882 MG/3.2ML	P	Limit 1 syringe per month;QL(0.114 ml daily)
Thioxanthenes		

Drug Name	Drug Tier	Requirements/ Limits
thiothixene caps	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd	P	
dakin's solution soln	P	
DAKINS SOLUTION FULL STRENGTH SOLN (*Use Dakin's Solution*)	NP	
DAKINS SOLUTION HALF STRENGTH SOLN (*Use Dakin's Solution*)	NP	
DAKINS SOLUTION QUARTER STRENGTH SOLN (*Use Dakin's Solution*)	NP	
HIBICLENS LIQD (*Use Chlorhexidine Gluconate*)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	P	QL(30 ml daily)
abacavir sulfate tabs 300 mg	P	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	P	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	P	QL(2 ea daily)
APTIVUS CAPS 250 MG	P	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	QL(10 ml daily)
atazanavir sulfate caps	P	QL(2 ea daily)
ATRIPLA TABS	P	QL(1 ea daily)
BIKTARVY TABS	P	
CIMDUO TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	NP	QL(2 ea daily)
COMPLERA TABS	P	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	P	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	P	QL(6 ea daily)
DELSTRIGO TABS	P	QL(1 ea daily)
DESCOVY TABS	P	QL(1 ea daily)
didanosine cpdr	P	QL(1 ea daily)
EDURANT TABS	P	QL(1 ea daily)
efavirenz caps 200 mg	P	QL(1 ea daily)
efavirenz caps 50 mg	P	QL(2 ea daily)
efavirenz tabs 600 mg	P	QL(1 ea daily)
EMTRIVA CAPS 200 MG	P	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (*Use Lamivudine*)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use Lamivudine*)	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use Lamivudine*)	NP	QL(1 ea daily)
EPZICOM TABS (*Use Abacavir Sulfate-Lamivudine*)	NP	QL(1 ea daily)
EVOTAZ TABS	P	QL(1 ea daily)
fosamprenavir calcium tabs	P	QL(4 ea daily)
FUZEON SOLR	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
GENVOYA TABS	P	QL(1 ea daily)
INTELENCE TABS 200 MG	P	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPS 200 MG	P	QL(10 ea daily)
INVIRASE TABS 500 MG	P	QL(4 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS HD TABS	P	
ISENTRESS PACK 100 MG	P	QL(2 ea daily)
ISENTRESS TABS 400 MG	P	QL(2 ea daily)
JULUCA TABS	P	
KALETRA SOLN 400MG/5ML-100MG/5ML (*Use Lopinavir-Ritonavir*)	NP	1 rtl pack lmt per fill,
KALETRA TABS 100MG-25MG	P	QL(4 ea daily)
KALETRA TABS 200MG-50MG	P	QL(6 ea daily)
lamivudine soln 10 mg/ml	P	QL(30 ml daily)
lamivudine tabs 150 mg	P	QL(2 ea daily)
lamivudine tabs 300 mg	P	QL(1 ea daily)
lamivudine-zidovudine tabs	P	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use Fosamprenavir Calcium*)	NP	QL(4 ea daily)
lopinavir-ritonavir soln	P	1 rtl pack lmt per fill,
nevirapine susp 50 mg/5ml	P	QL(40 ml daily)
nevirapine tabs 200 mg	P	QL(2 ea daily)
nevirapine tb24 100 mg	P	QL(3 ea daily)
nevirapine tb24 400 mg	P	QL(1 ea daily)
NORVIR CAPS 100 MG	P	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR PACK 100 MG	P	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (*Use Ritonavir*)	NP	QL(12 ea daily)
ODEFSEY TABS	P	
PIFELTRO TABS	P	QL(1 ea daily)
PREZCOBIX TABS	P	
PREZISTA SUSP 100 MG/ML	P	QL(12 ml daily)
PREZISTA TABS 150 MG	P	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily)
PREZISTA TABS 800 MG	P	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	P	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	P	QL(6 ea daily)
RETROVIR CAPS 100 MG (*Use Zidovudine*)	NP	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (*Use Zidovudine*)	NP	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG, 300 MG (*Use Atazanavir Sulfate*)	NP	QL(2 ea daily)
REYATAZ PACK 50 MG	P	QL(6 ea daily)
ritonavir tabs	P	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	P	
SELZENTRY TABS 25 MG, 75 MG, 150 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG	P	QL(4 ea daily)
stavudine caps	P	QL(2 ea daily)
STRIBILD TABS	P	QL(1 ea daily)
SUSTIVA CAPS 200 MG (*Use Efavirenz*)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA CAPS 50 MG (*Use Efavirenz*)	NP	QL(2 ea daily)
SUSTIVA TABS 600 MG (*Use Efavirenz*)	NP	QL(1 ea daily)
SYMFI LO TABS	P	
SYMFI TABS	P	
SYMTUZA TABS	P	QL(1 ea daily)
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
TIVICAY TABS	P	QL(1 ea daily)
TRIUMEQ TABS	P	
TRIZIVIR TABS (*Use Abacavir Sulfate-Lamivudine-Zidovudine*)	NP	QL(2 ea daily)
TROGARZO SOLN	P	
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	P	
TRUVADA TABS 300MG-200MG	P	QL(1 ea daily)
TYBOST TABS	P	QL(1 ea daily)
VIDEX EC CPDR 125 MG	P	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (*Use Didanosine*)	NP	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	P	QL(20 ml daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (*Use Nevirapine*)	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	NP	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (*Use Nevirapine*)	NP	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (*Use Nevirapine*)	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	P	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
VIREAD TABS 300 MG (*Use Tenofovir Disoproxil Fumarate*)	NP	QL(1 ea daily)
VITEKTA TABS	P	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (*Use Stavudine*)	NP	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	P	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (*Use Abacavir Sulfate*)	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	NP	QL(2 ea daily)
zidovudine caps 100 mg	P	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	P	QL(60 ml daily)
zidovudine tabs 300 mg	P	QL(2 ea daily)
CMV Agents		
CYTOVENE SOLR (*Use Ganciclovir Sodium*)	NP	
ganciclovir sodium solr	P	
VALCYTE SOLR 50 MG/ML (*Use Valganciclovir HCl*)	NP	
VALCYTE TABS 450 MG (*Use Valganciclovir HCl*)	NP	QL(2 ea daily)
valganciclovir hcl solr 50 mg/ml	P	
valganciclovir hcl tabs 450 mg	P	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	P	SP
BARACLUDE TABS (*Use Entecavir*)	NP	SP
COPEGUS TABS (*Use Ribavirin (Hepatitis C)*)	NP	PA; SP
entecavir tabs	P	SP

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV TABS (*Use Lamivudine (HBV)*)	NP	SP
HEPSERA TABS (*Use Adefovir Dipivoxil*)	NP	SP
lamivudine (hbv) tabs	P	SP
MAVYRET TABS	P	PA; QL(3 ea daily); SP
REBETOL CAPS (*Use Ribavirin (Hepatitis C)*)	NP	PA; SP
ribavirin (hepatitis c) caps	P	PA; SP
ribavirin (hepatitis c) tabs	P	PA; SP
Herpes Agents		
acyclovir caps 200 mg	P	Limit 50 per month;QL(1.67 ea daily)
acyclovir susp 200 mg/5ml	P	Limit 400ml per month;QL(13.34 ml daily)
acyclovir tabs 400 mg	P	QL(3 ea daily)
acyclovir tabs 800 mg	P	Limit 50 per month;QL(1.67 ea daily)
famciclovir tabs	P	
FAMVIR TABS (*Use Famciclovir*)	NP	
valacyclovir hcl tabs 1 gm, 1000 mg	P	Limit 21 per month;QL(1 ea daily)
valacyclovir hcl tabs 500 mg	P	QL(2 ea daily)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	NP	Limit 21 per month;QL(1 ea daily)
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	NP	Limit 50 per month;QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	NP	Limit 400ml per month;QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG (*Use Acyclovir*)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (*Use Acyclovir*)	NP	Limit 50 per month;QL(1.67 ea daily)
Influenza Agents		
FLUMADINE TABS (*Use Rimantadine Hydrochloride*)	NP	
oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg	P	
oseltamivir phosphate susr or 6 mg/ml	P	
RELENZA DISKHALER AEPB	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),; AL(At least 6 yrs old)
rimantadine hydrochloride tabs	P	
TAMIFLU CAPS (*Use Oseltamivir Phosphate*)	NP	
TAMIFLU SUSR (*Use Oseltamivir Phosphate*)	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin solr	P	
VIRAZOLE SOLR (*Use Ribavirin*)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	P	QL(1 ea daily)
carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg	P	QL(3 ea daily); MP
carvedilol tabs 25 mg	P	QL(4 ea daily); MP
COREG CR CP24 (*Use Carvedilol Phosphate*)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (*Use Carvedilol*)	NP	QL(3 ea daily); MP
COREG TABS 25 MG (*Use Carvedilol*)	NP	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl tabs 100 mg	P	QL(3 ea daily); MP
labetalol hcl tabs 200 mg	P	QL(6 ea daily); MP
labetalol hcl tabs 300 mg	P	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	MP
atenolol tabs	P	QL(2 ea daily); MP
bisoprolol fumarate tabs	P	QL(1 ea daily); MP
BREVIBLOC SOLN (*Use Esmolol HCl*)	NP	
esmolol hcl soln	P	
LOPRESSOR TABS 100 MG (*Use Metoprolol Tartrate*)	NP	QL(2 ea daily); MP
LOPRESSOR TABS 50 MG (*Use Metoprolol Tartrate*)	NP	QL(3 ea daily); MP
metoprolol succinate tb24 200 mg	P	QL(2 ea daily); MP
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	P	QL(1 ea daily); MP
metoprolol tartrate tabs 25 mg, 100 mg	P	QL(2 ea daily); MP
metoprolol tartrate tabs 50 mg	P	QL(3 ea daily); MP
SECTRAL CAPS (*Use Acebutolol HCl*)	NP	MP
TENORMIN TABS (*Use Atenolol*)	NP	QL(2 ea daily); MP
TOPROL XL TB24 200 MG (*Use Metoprolol Succinate*)	NP	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG (*Use Metoprolol Succinate*)	NP	QL(1 ea daily); MP
ZEBETA TABS (*Use Bisoprolol Fumarate*)	NP	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use Sotalol HCl (AFIB/AFL)*)	NP	QL(2 ea daily); MP
BETAPACE TABS (*Use Sotalol HCl*)	NP	QL(2 ea daily); MP
CORGARD TABS (*Use Nadolol*)	NP	QL(2 ea daily); MP
HEMANGEOL SOLN	P	PA
INDERAL LA CP24 (*Use Propranolol HCl*)	NP	QL(2 ea daily); MP
nadolol tabs	P	QL(2 ea daily); MP
pindolol tabs	P	MP
propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg	P	QL(2 ea daily); MP
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	P	MP
sotalol hcl (afib/afl) tabs	P	QL(2 ea daily); MP
sotalol hcl tabs 240 mg	P	MP
sotalol hcl tabs 80 mg, 120 mg, 160 mg	P	QL(2 ea daily); MP
TIMOLOL MALEATE TABS	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (*Use Nifedipine*)	NP	QL(1 ea daily); MP
ADALAT CC TB24 60 MG (*Use Nifedipine*)	NP	QL(2 ea daily); MP
amlodipine besylate tabs	P	QL(1 ea daily); MP
CALAN SR TBCR (*Use Verapamil HCl*)	NP	QL(2 ea daily); MP
CALAN TABS (*Use Verapamil HCl*)	NP	QL(3 ea daily); MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (*Use Diltiazem HCl Coated Beads*)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM CD CP24 240 MG (*Use Diltiazem HCl Coated Beads*)	NP	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG (*Use Diltiazem HCl Coated Beads*)	NP	PA
CARDIZEM LA TB24 (*Use Diltiazem HCl Coated Beads*)	NP	PA
CARDIZEM TABS (*Use Diltiazem HCl*)	NP	QL(3 ea daily); MP
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily); MP
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily); MP
diltiazem hcl coated beads cp24 360 mg	P	PA
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	P	PA
diltiazem hcl cp12 60 mg, 90 mg, 120 mg	P	QL(2 ea daily); MP
diltiazem hcl cp24 120 mg, 180 mg	P	QL(1 ea daily); MP
diltiazem hcl cp24 240 mg	P	QL(2 ea daily); MP
diltiazem hcl extended release beads cp24	P	QL(1 ea daily); MP
diltiazem hcl tabs 30 mg, 60 mg, 90 mg, 120 mg	P	QL(3 ea daily); MP
felodipine tb24	P	QL(1 ea daily); MP
nicardipine hcl caps	P	
nifedipine caps 10 mg, 20 mg	P	QL(4 ea daily); MP
nifedipine tb24 30 mg, 90 mg	P	QL(1 ea daily); MP
nifedipine tb24 60 mg	P	QL(2 ea daily); MP
nisoldipine tb24	P	
NORVASC TABS (*Use Amlodipine Besylate*)	NP	QL(1 ea daily); MP
PROCARDIA CAPS (*Use Nifedipine*)	NP	QL(4 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG (*Use Nifedipine*)	NP	QL(1 ea daily); MP
PROCARDIA XL TB24 60 MG (*Use Nifedipine*)	NP	QL(2 ea daily); MP
SULAR TB24 (*Use Nisoldipine*)	NP	
TIAZAC CP24 (*Use Diltiazem HCl Extended Release Beads*)	NP	QL(1 ea daily); MP
verapamil hcl cp24 100 mg, 200 mg, 300 mg	P	MP
verapamil hcl cp24 120 mg, 180 mg, 240 mg	P	QL(2 ea daily); MP
VERAPAMIL HCL SR CP24	P	QL(1 ea daily); MP
verapamil hcl tabs 40 mg, 80 mg, 120 mg	P	QL(3 ea daily); MP
verapamil hcl tbcr 120 mg, 180 mg, 240 mg	P	QL(2 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (*Use Verapamil HCl*)	NP	QL(2 ea daily); MP
VERELAN CP24 360 MG	P	QL(1 ea daily); MP
VERELAN PM CP24 (*Use Verapamil HCl*)	NP	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln ij 0.25 mg/ml	P	
DIGOXIN SOLN OR 0.05 MG/ML	P	MP
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	P	MP
LANOXIN SOLN IJ 0.25 MG/ML (*Use Digoxin*)	NP	
LANOXIN TABS OR 125 MCG, 250 MCG (*Use Digoxin*)	NP	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-atorvastatin calcium tabs	P	
CADUET TABS (*Use Amlodipine Besylate-Atorvastatin Calcium*)	NP	
Peripheral Vasodilators		
isoxsuprine hcl tabs	P	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil susr	P	
cefadroxil tabs	P	
cephalexin caps	P	
cephalexin susr	P	
KEFLEX CAPS (*Use Cephalexin*)	NP	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	P	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
CEFOTAN SOLR (*Use Cefotetan Disodium*)	NP	
cefotetan disodium solr	P	
cefprozil susr 125 mg/5ml, 250 mg/5ml	P	1 rtl pack lmt per fill,; AL(Up to 12 yrs old)
cefprozil tabs 250 mg, 500 mg	P	QL(20 ea per fill retail)
CEFTIN SUSR	P	1 rtl pack lmt per fill,; AL(Up to 12 yrs old)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
cefuroxime sodium solr	P	
ZINACEF SOLR (*Use Cefuroxime Sodium*)	NP	
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	P	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	P	1 rtl pack lmt per fill,
cefixime susr	P	
ceftazidime solr	P	
ceftriaxone sodium solr 1 gm, 500 mg	P	
ceftriaxone sodium solr 250 mg	P	QL(3 ea per fill retail)
FORTAZ SOLR (*Use Ceftazidime*)	NP	
SUPRAX SUSR (*Use Cefixime*)	NP	
Cephalosporins - 4th Generation		
cefepime hcl solr	P	
MAXIPIME SOLR (*Use Cefepime HCl*)	NP	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (*Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium*)	NP	
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	NP	QL(1 ea daily); MP
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic)*)	NP	QL(1 ea daily); MP
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	NP	QL(1 ea daily); MP
desogestrel & ethinyl estradiol tabs	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (biphasic) tabs	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (triphasic) tabs	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol tabs	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol-levomefolate calcium tabs	P	
ESTROSTEP FE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	NP	
ethynodiol diacet & eth estrad tabs	P	QL(1 ea daily); MP
FEMCON FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NP	
GENERESS FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NP	
levonorgestrel & eth estradiol tabs	P	QL(1 ea daily); MP
levonorgestrel-eth estradiol (triphasic) tabs	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (91-day) tabs	P	QL(1 ea daily)
levonorgestrel-ethinyl estradiol (91-day) tabs	P	
LO LOESTRIN FE TABS	P	
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NP	QL(1 ea daily); MP
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NP	QL(1 ea daily); MP
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	NP	QL(1 ea daily); MP
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	NP	QL(1 ea daily); MP
LOSEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NP	
MINASTRIN 24 FE CHEW (*Use Norethin Acet & Estrad-Fe*)	NP	
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic)*)	NP	QL(1 ea daily); MP
NATAZIA TABS	P	
NECON 1/50-28 TABS	P	QL(1 ea daily); MP
NECON 10/11-28 TABS	P	QL(1 ea daily); MP
norethin acet & estrad-fe chew 75mg-20mcg-1mg	P	
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	P	QL(1 ea daily); MP
norethindrone & eth estradiol tabs	P	QL(1 ea daily); MP
norethindrone & ethinyl estradiol-fe chew	P	
norethindrone acet & eth estra tabs	P	QL(1 ea daily); MP
norethindrone acetate-ethinyl estradiol-fe tabs	P	
norethindrone-eth estradiol (triphasic) tabs	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol (triphasic) tabs	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol (triphasic) tabs	P	QL(1 ea daily)
norgestimate-ethinyl estradiol tabs	P	QL(1 ea daily); MP
norgestrel & ethinyl estradiol tabs	P	QL(1 ea daily); MP
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	QL(1 ea daily); MP
OGESTREL TABS	P	QL(1 ea daily); MP
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NP	QL(1 ea daily)
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	NP	QL(1 ea daily); MP
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	QL(1 ea daily); MP
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NP	QL(1 ea daily); MP
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	NP	QL(1 ea daily); MP
QUARTETTE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NP	
SAFYRAL TABS (*Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium*)	NP	
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NP	QL(1 ea daily)
TAYTULLA CAPS	P	
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NP	QL(1 ea daily); MP
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	NP	QL(1 ea daily); MP
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	NP	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
XULANE PTWK	P	Limit 3 patches per month;QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	P	QL(1 ea per fill retail)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	P	

Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
ELLA TABS	P	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
KYLEENA IUD	P	SP
LILETTA IUD	P	SP
MIRENA IUD	P	SP
SKYLA IUD	P	SP
Progestin Contraceptives - Implants		
NEXPLANON IMPL	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NP	
DEPO-SUBQ PROVERA 104 SUSY	P	PA
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	
Progestin Contraceptives - Oral		
NOR-QD TABS (*Use Norethindrone (Contraceptive)*)	NP	QL(1 ea daily)
norethindrone (contraceptive) tabs	P	QL(1 ea daily)
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	NP	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep	P	
CORTEF TABS (*Use Hydrocortisone*)	NP	
CORTISONE ACETATE TABS	P	
DEPO-MEDROL SUSP (*Use Methylprednisolone Acetate*)	NP	
dexamethasone elix 0.5 mg/5ml	P	
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	P	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	P	
dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	P	
DEXAMETHASONE TABS 1 MG, 2 MG	P	
ENTOCORT EC CPEP (*Use Budesonide*)	NP	
hydrocortisone tabs	P	
KENALOG-40 SUSP (*Use Triamcinolone Acetonide*)	NP	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	NP	
MEDROL TABS (*Use Methylprednisolone*)	NP	
methylprednisolone acetate susp 40 mg/ml	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML	NP	
methylprednisolone sod succ solr	P	
methylprednisolone tabs	P	
methylprednisolone tbpk	P	
MILLIPRED SOLN (*Use Prednisolone Sodium Phosphate*)	NP	
ORAPRED ODT TBDP (*Use Prednisolone Sodium Phosphate*)	NP	
PEDIAPRED SOLN (*Use Prednisolone Sodium Phosphate*)	NP	
prednisolone sodium phosphate soln or 15 mg/5ml	P	QL(240 ml per fill retail)
prednisolone sodium phosphate soln or 20 mg/5ml	P	QL(150 ml per fill retail)
prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml	P	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	P	
PREDNISOLONE SOLN	P	
prednisolone soln	P	
prednisolone syrp	P	
PREDNISONE INTENSOL CONC	P	
PREDNISONE SOLN 5 MG/5ML	P	
prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg	P	
PREDNISONE TABS 50 MG	P	
SOLU-MEDROL SOLR (*Use Methylprednisolone Sod Succ*)	NP	
triamcinolone acetonide susp	P	
TRIAMCINOLONE ACETONIDE SUSP	NP	
VERIPRED 20 SOLN (*Use Prednisolone Sodium Phosphate*)	NP	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	P	AL(At least 10 yrs old)
benzonatate caps 200 mg	P	QL(1 ea daily); AL(At least 10 yrs old)
hydrocodone w/ homatropine syrp	P	AL(At least 18 yrs old)
TESSALON PERLES CAPS (*Use Benzonatate*)	NP	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph elix	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd	P	QL(120 ml per fill retail)
cetirizine-pseudoephedrine tb12	P	QL(2 ea daily)
CHERACOL PLUS LIQD (*Use Dextromethorphan-Guaifenesin*)	NP	
CHERACOL-D COUGH LIQD (*Use Dextromethorphan-Guaifenesin*)	NP	
CLARITIN-D 12 HOUR TB12 (*Use Loratadine & Pseudoephedrine*)	NP	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (*Use Loratadine & Pseudoephedrine*)	NP	QL(1 ea daily)
dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	P	
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	P	
DIMETAPP COLD & ALLERGY ELIX (*Use Brompheniramine & Phenyleph*)	NP	QL(120 ml per fill retail)
guaifenesin-codeine liqd	P	QL(240 ml per fill retail)
guaifenesin-codeine soln	P	QL(240 ml per fill retail)
guaifenesin-codeine syrp	P	QL(240 ml per fill retail)
loratadine & pseudoephedrine tb12 5mg-120mg	P	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg	P	QL(1 ea daily)
phenylephrine-dm liqd	P	QL(240 ml per fill retail)
phenylephrine-dm soln	P	QL(240 ml per fill retail)
promethazine & phenylephrine soln	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine w/codeine soln	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine-phenylephrine-codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
PROMETHAZINE/PHENYLEPHRINE SYRP	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYLEPHRINE/CODEINE SYRP	P	QL(240 ml per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SCOT-TUSSIN LIQD (*Use Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate*)	NP	
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use Cetirizine-Pseudoephedrine*)	NP	QL(2 ea daily)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) aers	P	
sodium chloride (inhalant) nebu	P	
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS	NP	PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
ACZONE GEL (*Use Dapsone (Topical)*)	NP	
adapalene crea 0.1 %	P	
adapalene gel 0.1 %	P	QL(45 gm per 30 days retail); AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	P	
adapalene-benzoyl peroxide gel	P	
ATRALIN GEL (*Use Tretinoin*)	NP	
AVAR LS CLEANSER LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
AVAR-E LS CREA (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
BENZAC AC WASH LIQD (*Use Benzoyl Peroxide*)	NP	RX/OTC
BENZACLIN GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	NP	
BENZACLIN WITH PUMP GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	NP	
BENZAMYCIN GEL (*Use Benzoyl Peroxide-Erythromycin*)	NP	
BENZEFOAM ULTRA FOAM (*Use Benzoyl Peroxide*)	NP	
benzoyl peroxide bar 10 %	P	
benzoyl peroxide crea 10 %	P	
benzoyl peroxide foam 9.8 %	P	
benzoyl peroxide gel 10 %	P	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	P	
benzoyl peroxide gel 5 %	P	
benzoyl peroxide liqd 4 %	P	
benzoyl peroxide liqd 5 %, 10 %	P	RX/OTC
benzoyl peroxide-erythromycin gel	P	
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	P	
CLEOCIN-T LOTN (*Use Clindamycin Phosphate (Topical)*)	NP	QL(60 ml per fill retail)
CLEOCIN-T SOLN (*Use Clindamycin Phosphate (Topical)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T SWAB (*Use Clindamycin Phosphate (Topical)*)	NP	
clindamycin phosphate (topical) foam	P	
clindamycin phosphate (topical) lotn	P	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln	P	
clindamycin phosphate (topical) swab	P	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	P	
clindamycin phosphate-benzoyl peroxide gel	P	
dapsone (topical) gel	P	
DESQUAM-X WASH LIQD (*Use Benzoyl Peroxide*)	NP	RX/OTC
DIFFERIN CREA 0.1 % (*Use Adapalene*)	NP	
DIFFERIN GEL 0.1 % (*Use Adapalene*)	NP	QL(45 gm per 30 days retail); AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (*Use Adapalene*)	NP	
DUAC GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)*)	NP	
EPIDUO GEL (*Use Adapalene-Benzoyl Peroxide*)	NP	
ERYGEL GEL (*Use Erythromycin (Acne Aid)*)	NP	QL(60 gm per fill retail)
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
erythromycin (acne aid) soln	P	
EVOCLIN FOAM (*Use Clindamycin Phosphate (Topical)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin caps	P	PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	NP	QL(120 ml per fill retail)
PANOXYL-4 CREAMY WASH LIQD (*Use Benzoyl Peroxide*)	NP	
PLEXION CLEANSER LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
PLEXION CREA (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
PLEXION LOTN (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (*Use Tretinoin*)	NP	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % (*Use Tretinoin*)	NP	QL(15 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.025 % (*Use Tretinoin*)	NP	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A MICRO GEL (*Use Tretinoin Microsphere*)	NP	
RETIN-A MICRO PUMP GEL (*Use Tretinoin Microsphere*)	NP	
SODIUM SULFACETAMIDE/SULFUR LOTN	P	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	P	QL(30 gm per fill retail)
sulfacetamide sodium (acne) lotn	P	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur crea	P	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium w/ sulfur liqd	P	
sulfacetamide sodium w/ sulfur lotn	P	
sulfacetamide sodium w/ sulfur pads	P	
sulfacetamide sodium w/ sulfur susp	P	
SUMADAN WASH LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
SUMAXIN PADS (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
SUMAXIN TS SUSP (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
SUMAXIN WASH LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	NP	
tretinoin crea 0.025 %, 0.05 %, 0.1 %	P	QL(20 gm per fill retail); AL(Up to 21 yrs old)
tretinoin gel 0.01 %	P	QL(15 gm per fill retail); AL(Up to 21 yrs old)
tretinoin gel 0.025 %	P	QL(20 gm per fill retail); AL(Up to 21 yrs old)
tretinoin gel 0.05 %	P	
tretinoin microsphere gel	P	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel	P	
VOLTAREN GEL (*Use Diclofenac Sodium (Topical)*)	NP	
Antibiotics - Topical		
BACIGUENT OINT (*Use Bacitracin (Topical)*)	NP	QL(30 gm per fill retail)
bacitracin (topical) oint	P	QL(30 gm per fill retail)
bacitracin zinc oint	P	QL(30 gm per fill retail)
bacitracin-polymyxin b oint	P	
BACTROBAN CREA (*Use Mupirocin Calcium (Topical)*)	NP	QL(30 gm per fill retail)
CENTANY OINT	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) crea	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) oint	P	QL(30 gm per fill retail)
mupirocin calcium (topical) crea	P	QL(30 gm per fill retail)
mupirocin oint	P	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin oint	P	QL(30 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	P	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (*Use Neomycin-Bacitracin-Polymyxin*)	NP	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use Neomycin-Polymyxin w/ Pramoxine*)	NP	QL(30 gm per fill retail)
POLYSPORIN OINT (*Use Bacitracin-Polymyxin B*)	NP	
Antifungals - Topical		
CICLODAN SOLUTION KIT KIT (*Use Ciclopirox*)	NP	
ciclopirox kit	P	
ciclopirox olamine crea	P	
ciclopirox olamine susp	P	
ciclopirox sham	P	
ciclopirox soln	P	
clotrimazole (topical) crea	P	QL(30 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole (topical) soln	P	QL(30 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	P	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn	P	QL(30 ml per fill retail)
econazole nitrate crea	P	QL(30 gm per fill retail)
EXTINA FOAM (*Use Ketoconazole (Topical)*)	NP	
iodoquinol-hydrocortisone in aloe vehicle crea	P	
ketoconazole (topical) crea	P	1 rtl pack lmt per fill,
ketoconazole (topical) foam	P	
ketoconazole (topical) sham	P	QL(120 ml per fill retail)
LAMISIL AT CREA (*Use Terbinafine HCl (Topical)*)	NP	QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (*Use Terbinafine HCl (Topical)*)	NP	QL(30 gm per fill retail)
LOPROX CREA (*Use Ciclopirox Olamine*)	NP	
LOPROX SHAMPOO SHAM (*Use Ciclopirox*)	NP	
LOPROX SUSP (*Use Ciclopirox Olamine*)	NP	
LOTRIMIN AF CREA (*Use Clotrimazole (Topical)*)	NP	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (*Use Clotrimazole (Topical)*)	NP	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use Clotrimazole (Topical)*)	NP	QL(30 gm per fill retail); RX/OTC
LOTRISONE CREA (*Use Clotrimazole w/ Betamethasone*)	NP	QL(45 gm per fill retail)
MICATIN CREA (*Use Miconazole Nitrate (Topical)*)	NP	QL(45 ml per fill retail)
miconazole nitrate (topical) crea	P	QL(45 ml per fill retail)
naftifine hcl crea	P	
NAFTIN CREA (*Use Naftifine HCl*)	NP	
NIZORAL SHAM (*Use Ketoconazole (Topical)*)	NP	QL(120 ml per fill retail)
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin (topical) powd	P	QL(60 gm per fill retail)
nystatin-triamcinolone crea	P	QL(30 gm per fill retail)
nystatin-triamcinolone oint	P	QL(30 gm per fill retail)
oxiconazole nitrate crea	P	
OXISTAT CREA (*Use Oxiconazole Nitrate*)	NP	
PENLAC NAIL LACQUER SOLN (*Use Ciclopirox*)	NP	
terbinafine hcl (topical) crea	P	QL(30 gm per fill retail)
TINACTIN CREA (*Use Tolnaftate*)	NP	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (*Use Tolnaftate*)	NP	QL(30 gm per fill retail)
tolnaftate crea	P	QL(30 gm per fill retail)
VYTONE CREA (*Use Iodoquinol-Hydrocortisone in Aloe Vehicle*)	NP	
Antihistamines-Topical		
diphenhydramine hcl (topical) crea	P	
ITCH RELIEF CREA	P	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	P	QL(30 gm per fill retail)
diclofenac sodium (actinic keratoses) gel	P	PA
EFUDEX CREA (*Use Fluorouracil (Topical)*)	NP	QL(40 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) crea	P	QL(40 gm per fill retail)
FLUOROURACIL CREA 0.5 %	P	QL(30 gm per fill retail)
FLUOROURACIL SOLN 2 %, 5 %	P	QL(10 ml per fill retail)
SOLARAZE GEL (*Use Diclofenac Sodium (Actinic Keratoses)*)	NP	PA
Antipruritics - Topical		
camphor & menthol lotn	P	QL(222 ml per fill retail)
SARNA LOTN (*Use Camphor & Menthol*)	NP	QL(222 ml per fill retail)
Antipsoriatics		
acitretin caps	P	
calcipotriene crea	P	QL(60 gm per fill retail)
calcipotriene soln	P	QL(60 ml per fill retail)
DOVONEX CREA (*Use Calcipotriene*)	NP	QL(60 gm per fill retail)
methoxsalen rapid caps	P	
OXSORALEN ULTRA CAPS (*Use Methoxsalen Rapid*)	NP	
SORIATANE CAPS (*Use Acitretin*)	NP	
tazarotene crea	P	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.05 %	P	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.1 % (*Use Tazarotene*)	NP	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	P	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Antiseborrheic Products		
OVACE PLUS SHAM (*Use Sulfacetamide Sodium*)	NP	
OVACE PLUS WASH GEL (*Use Sulfacetamide Sodium*)	NP	
OVACE PLUS WASH LIQD (*Use Sulfacetamide Sodium*)	NP	QL(360 ml per fill retail)
OVACE WASH LIQD (*Use Sulfacetamide Sodium*)	NP	QL(360 ml per fill retail)
selenium sulfide lotn 1 %	P	QL(240 ml per fill retail)
selenium sulfide lotn 2.5 %	P	QL(120 ml per fill retail)
selenium sulfide sham 1 %	P	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (*Use Selenium Sulfide*)	NP	QL(240 ml per fill retail)
SELSUN BLUE LOTN (*Use Selenium Sulfide*)	NP	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (*Use Selenium Sulfide*)	NP	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (*Use Selenium Sulfide*)	NP	QL(240 ml per fill retail)
sulfacetamide sodium gel	P	
sulfacetamide sodium liqd	P	QL(360 ml per fill retail)
sulfacetamide sodium sham	P	
Antivirals - Topical		
acyclovir topical oint	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
ZOVIRAX CREA EX 5 %	P	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Burn Products		
mafenide acetate pack	P	

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE CREA (*Use Silver Sulfadiazine*)	NP	QL(50 gm per fill retail)
silver sulfadiazine crea	P	QL(50 gm per fill retail)
SULFAMYLON PACK (*Use Mafenide Acetate*)	NP	
Corticosteroids - Topical		
ACLOVATE CREA (*Use Alclometasone Dipropionate*)	NP	
ALA SCALP LOTN	NP	
alclometasone dipropionate crea	P	
APEXICON E CREA	P	QL(60 gm per fill retail)
betamethasone dipropionate augmented crea	P	QL(50 gm per fill retail)
betamethasone dipropionate augmented lotn	P	
betamethasone dipropionate augmented oint	P	
betamethasone valerate crea 0.1 %	P	QL(45 gm per fill retail)
betamethasone valerate foam 0.12 %	P	
betamethasone valerate lotn 0.1 %	P	QL(60 ml per fill retail)
betamethasone valerate oint 0.1 %	P	QL(45 gm per fill retail)
calcipotriene-betamethasone dipropionate oint	P	
clobetasol propionate crea	P	QL(45 gm per fill retail)
clobetasol propionate emollient base crea	P	QL(60 gm per fill retail)
clobetasol propionate emulsion foam	P	
clobetasol propionate foam	P	
clobetasol propionate gel	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate liqd	P	
clobetasol propionate lotn	P	
clobetasol propionate oint	P	QL(60 gm per fill retail)
clobetasol propionate sham	P	
clobetasol propionate soln	P	QL(25 ml per fill retail)
CLOBEX LIQD (*Use Clobetasol Propionate*)	NP	
CLOBEX LOTN (*Use Clobetasol Propionate*)	NP	
CLOBEX SHAM (*Use Clobetasol Propionate*)	NP	
CORDRAN CREA 0.05 % (*Use Flurandrenolide*)	NP	
CORDRAN LOTN 0.05 % (*Use Flurandrenolide*)	NP	
CORDRAN OINT 0.05 % (*Use Flurandrenolide*)	NP	
CUTIVATE LOTN (*Use Fluticasone Propionate*)	NP	
DERMA-SMOOTHE/FS BODY OIL (*Use Fluocinolone Acetonide*)	NP	
DERMA-SMOOTHE/FS SCALP OIL (*Use Fluocinolone Acetonide*)	NP	
DERMATOP CREA (*Use Prednicarbate*)	NP	QL(60 gm per fill retail)
DERMATOP OINT (*Use Prednicarbate*)	NP	QL(60 gm per fill retail)
desonide crea	P	
desonide lotn	P	
DESOWEN CREA (*Use Desonide*)	NP	
DESOWEN LOTN (*Use Desonide*)	NP	
desoximetasone crea 0.05 %	P	QL(60 gm per fill retail)
desoximetasone crea 0.25 %	P	

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone gel 0.05 %	P	
desoximetasone oint 0.05 %, 0.25 %	P	
DIFLORASONE DIACETATE CREA	P	QL(60 gm per fill retail)
diflorasone diacetate oint	P	QL(60 gm per fill retail)
DIPROLENE AF CREA (*Use Betamethasone Dipropionate Augmented*)	NP	QL(50 gm per fill retail)
DIPROLENE LOTN (*Use Betamethasone Dipropionate Augmented*)	NP	
DIPROLENE OINT (*Use Betamethasone Dipropionate Augmented*)	NP	
ELOCON CREA (*Use Mometasone Furoate*)	NP	QL(45 gm per fill retail)
ELOCON OINT (*Use Mometasone Furoate*)	NP	QL(45 gm per fill retail)
EPIFOAM FOAM	P	
fluocinolone acetonide crea	P	
fluocinolone acetonide oil	P	
fluocinolone acetonide oint	P	
fluocinolone acetonide soln	P	
fluocinonide crea 0.05 %	P	QL(60 gm per fill retail)
fluocinonide crea 0.1 %	P	
fluocinonide emulsified base crea	P	QL(60 gm per fill retail)
fluocinonide gel 0.05 %	P	QL(60 gm per fill retail)
fluocinonide oint 0.05 %	P	QL(60 gm per fill retail)
fluocinonide soln 0.05 %	P	QL(60 ml per fill retail)
flurandrenolide crea	P	
flurandrenolide lotn	P	

Drug Name	Drug Tier	Requirements/ Limits
flurandrenolide oint	P	
fluticasone propionate crea 0.05 %	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
fluticasone propionate lotn 0.05 %	P	
fluticasone propionate oint 0.005 %	P	QL(60 gm per fill retail)
halobetasol propionate crea	P	
halobetasol propionate oint	P	
hydrocortisone (topical) crea 0.5 %, 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone (topical) crea 1%, 1 %	P	QL(60 gm per fill retail); RX/OTC
hydrocortisone (topical) lotn 1 %, 2.5 %	P	QL(60 ml per fill retail)
hydrocortisone (topical) oint 0.5 %	P	
hydrocortisone (topical) oint 1 %	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
hydrocortisone (topical) oint 2.5 %	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
hydrocortisone butyrate crea	P	
hydrocortisone butyrate hydrophilic lipo base crea	P	
hydrocortisone butyrate lotn	P	
hydrocortisone butyrate oint	P	
hydrocortisone butyrate soln	P	QL(60 ml per fill retail)
hydrocortisone valerate oint	P	
hydrocortisone-aloe vera crea	P	QL(60 gm per fill retail)
KENALOG AERS (*Use Triamcinolone Acetonide (Topical)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID CREA (*Use Hydrocortisone Butyrate*)	NP	
LOCOID LIPOCREAM CREA (*Use Hydrocortisone Butyrate Hydrophilic Lipo Base*)	NP	
LOCOID LOTN (*Use Hydrocortisone Butyrate*)	NP	
LOCOID OINT (*Use Hydrocortisone Butyrate*)	NP	
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	NP	QL(60 ml per fill retail)
LUXIQ FOAM (*Use Betamethasone Valerate*)	NP	
mometasone furoate crea	P	QL(45 gm per fill retail)
mometasone furoate oint	P	QL(45 gm per fill retail)
mometasone furoate soln	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use Hydrocortisone (Topical)*)	NP	QL(60 gm per fill retail); RX/OTC
NOVACORT GEL	NP	
OLUX FOAM (*Use Clobetasol Propionate*)	NP	
OLUX-E FOAM (*Use Clobetasol Propionate Emulsion*)	NP	
PRAMOSONE CREA (*Use Pramoxine-HC*)	NP	
pramoxine-hc crea	P	
pramoxine-hc gel	P	
PREDNICARBATE CREA	P	QL(60 gm per fill retail)
prednicarbate crea	P	QL(60 gm per fill retail)
PREDNICARBATE OINT	P	QL(60 gm per fill retail)
PSORCON CREA	P	QL(60 gm per fill retail)
SYNALAR CREA (*Use Fluocinolone Acetonide*)	NP	
SYNALAR OINT (*Use Fluocinolone Acetonide*)	NP	
SYNALAR SOLN (*Use Fluocinolone Acetonide*)	NP	
TACLONEX OINT (*Use Calcipotriene-Betamethasone Dipropionate*)	NP	
TEMOVATE CREA (*Use Clobetasol Propionate*)	NP	QL(45 gm per fill retail)
TEMOVATE E CREA (*Use Clobetasol Propionate Emollient Base*)	NP	QL(60 gm per fill retail)
TEMOVATE OINT (*Use Clobetasol Propionate*)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (*Use Desoximetasone*)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.25 % (*Use Desoximetasone*)	NP	
TOPICORT GEL 0.05 % (*Use Desoximetasone*)	NP	
TOPICORT OINT 0.05 %, 0.25 % (*Use Desoximetasone*)	NP	
triamcinolone acetonide (topical) aers 0.147 mg/gm	P	
triamcinolone acetonide (topical) crea 0.025 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	P	QL(30 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	P	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	P	QL(15 gm per fill retail)
TRIDESILON CREA (*Use Desonide*)	NP	
ULTRAVATE CREA (*Use Halobetasol Propionate*)	NP	
ULTRAVATE OINT (*Use Halobetasol Propionate*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
VANOS CREA (*Use Fluocinonide*)	NP	
WESTCORT OINT (*Use Hydrocortisone Valerate*)	NP	
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (*Use Urea in Lactic Acid Vehicle*)	NP	
HYDRO 40 FOAM FOAM (*Use Urea*)	NP	
KERALAC CREA (*Use Urea*)	NP	
URAMAXIN GEL (*Use Urea*)	NP	
URAMAXIN GT GEL (*Use Urea*)	NP	
urea crea 39 %, 47 %	P	
urea crea 40 %	P	QL(210 gm per fill retail); RX/OTC
urea foam 40 %	P	
urea gel 45 %	P	
urea in lactic acid vehicle foam	P	
urea lotn 40 %	P	QL(240 ml per fill retail)
Emollients		
A + D PERSONAL CARE LOTION LOTN	NP	
ALOE AFTERSUN LOTION LOTN	NP	
AMLACTIN CERAPEUTIC LOTN	NP	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	NP	
AQUA LACTEN LOTN	NP	
AQUADERM TREATMENT/MOISTURIZER LOTN	NP	
AQUAMED LOTN	NP	
AQUAPHILIC OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
AQUAPHOR ADVANCED THERAPY OINT	P	
AQUAPHOR OINT	P	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	NP	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	NP	
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	NP	
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	NP	
AVEENO POSITIVELY RADIANT LOTN	NP	
AVEENO STRESS RELIEF MOISTURIZING LOTN	NP	
BETA CARE LOTN	NP	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	P	
CAM LOTN	NP	
CERAVE AM SPF 30 LOTN	NP	
CERAVE LOTN	NP	
CERAVE PM LOTN	NP	
CERAVE SA RENEWING LOTN	NP	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	NP	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	NP	
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	NP	
CETAPHIL MOISTURIZING LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL RESTORADERM LOTN	NP	
CLN FACIAL MOISTURIZER NOURISHING LOTN	NP	
COCOA BUTTER HAND & BODYLOTION LOTN	NP	
COCOA BUTTER LOTN	NP	
CVS DAILY ULTRA MOISTURELOTION LOTN	NP	
DAILY CONDITIONING TREATMENT OINT	P	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	NP	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	NP	
DERMAL THERAPY FOOT MASSAGE LOTN	NP	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	NP	
DERMAL THERAPY HEEL CARE LOTN	NP	
DIABETIDERM HAND & BODY LOTN	NP	
DIABETIDERM LOTN	NP	
EMOLLIA-LOTION LOTN	NP	
emollient lotn	P	
emollient oint	P	
EPILYT LOTN	NP	
EQL ADVANCED RECOVERY SKIN CARE LOTN	NP	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	NP	
EUCERIN BABY LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
EUCERIN DAILY PROTECTION/SPF 30 LOTN	NP	
EUCERIN INTENSIVE REPAIR LOTN	NP	
EUCERIN LOTN	NP	
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	NP	
EUCERIN PLUS LOTN	NP	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	NP	
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	NP	
FORMULA 405 MOISTURIZING LOTN	NP	
GNP ADVANCED RECOVERY LOTN	NP	
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	NP	
GOLD BOND MEDICATED BODYLOTION LOTN	NP	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	NP	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	NP	
GOLD BOND ULTIMATE HEALING LOTN	NP	
GOLD BOND ULTIMATE HEALING OINT	P	
GOLD BOND ULTIMATE LOTN	NP	
GOLD BOND ULTIMATE OVERNIGHT LOTN	NP	
GOLD BOND ULTIMATE PROTECTION LOTN	NP	
GOLD BOND ULTIMATE RESTORING LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	NP	
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	NP	
GOLD BOND ULTIMATE SOFTENING LOTN	NP	
GOLD BOND ULTIMATE SOOTHING LOTN	NP	
GRX VITAMIN E LOTN	NP	
hyaluronate sodium (emollient) gel	P	
HYDRAZONE LOTION LOTN	NP	
HYLIRA GEL (*Use Hyaluronate Sodium (Emollient)*)	NP	
KERI ADVANCED MOISTURE THERAPY LOTN	NP	
KERI BASIC ESSENTIALS LOTN	NP	
KERI NOURISHING SHEA BUTTER LOTN	NP	
KERI ORIGINAL LOTN	NP	
KERI OVERNIGHT LOTN	NP	
KERI RENEWAL MILK BODY LOTN	NP	
KERI RENEWAL SKIN FIRMING LOTN	NP	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	NP	
KERI SENSITIVE SKIN LOTN	NP	
LAC-HYDRIN CREA (*Use Lactic Acid (Ammonium Lactate)*)	NP	QL(140 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LAC-HYDRIN TWELVE LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
lactic acid (ammonium lactate) crea	P	QL(140 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
LANAPHILIC OINT	P	
LUBRIDERM ADVANCED THERAPY LOTN	NP	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	NP	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	NP	
LUBRIDERM INTENSE SKIN REPAIR LOTN	NP	
LUBRIDERM LOTN	NP	
LUBRIDERM MENS 3-IN-1 LOTN	NP	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	NP	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	NP	
LUBRISOFT LOTN	NP	
MAXAM LOTN	NP	
MEDERMA AG HAND & BODY LOTION LOTN	NP	
MOTHERS FRIEND LOTN	NP	
MSM SKIN LOTION LOTN	NP	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	NP	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	NP	
NIVEA EXTRA ENRICHED LOTION LOTN	NP	
NIVEA EXTRA ENRICHED LOTN	NP	
NIVEA GENTLE BODY EXFOLIATOR LOTN	NP	
NIVEA LIGHT LOTN	NP	
NIVEA LOTN	NP	
NIVEA ORIGINAL LOTN	NP	
NIVEA ORIGINAL MOISTURE LOTN	NP	
NIVEA VISAGE LOTN	NP	
NUTRADERM ADVANCED FORMULA LOTN	NP	
NUTRADERM LOTN	NP	
OINTMENT BASE OINT	P	
RA ADVANCED HEALING OINT	P	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	NP	
RA RENEWAL DRY SKIN THERAPY LOTN	NP	
RADIAGUARD ADVANCED LOTN	NP	
RESTA LITE LOTN	NP	
ROC DEEP WRINKLE SERUM LOTN	NP	
ROSE MILK LOTN	NP	
SKIN REPAIR LOTN	NP	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	NP	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	NP	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	NP	
THERABETIC SKIN CARE LOTN	NP	
THERAPLEX HYDROLOTION LOTN	NP	
VANICREAM LITE LOTN	NP	
WIBI LOTN	NP	
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NP	
imiquimod crea	P	
Immunosuppressive Agents - Topical		
ELIDEL CREA	P	PA; 1 rtl pack lmt amt,30 rtl pack lmt day(s),
PROTOPIC OINT (*Use Tacrolimus (Topical)*)	NP	PA; 1 rtl pack lmt amt,30 rtl pack lmt day(s),
tacrolimus (topical) oint	P	PA; 1 rtl pack lmt amt,30 rtl pack lmt day(s),
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (*Use Podofilox*)	NP	QL(4 ml per fill retail)
KERALYT GEL (*Use Salicylic Acid*)	NP	QL(40 gm per fill retail)
podofilox soln	P	QL(4 ml per fill retail)
SALEX SHAM (*Use Salicylic Acid*)	NP	
salicylic acid foam 6 %	P	
salicylic acid gel 6 %	P	QL(40 gm per fill retail)
salicylic acid liqd 27.5 %	P	

Drug Name	Drug Tier	Requirements/ Limits
salicylic acid sham 6 %	P	
salicylic acid soln 28.5 %	P	
SALVAX FOAM (*Use Salicylic Acid*)	NP	
ULTRASAL-ER SOLN (*Use Salicylic Acid*)	NP	
VIRASAL LIQD (*Use Salicylic Acid*)	NP	
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	P	QL(60 gm per fill retail)
capsaicin crea 0.025 %	P	
capsaicin crea 0.1 %	P	QL(42.5 gm per fill retail)
CAPZASIN-HP CREA (*Use Capsaicin*)	NP	QL(42.5 gm per fill retail)
dibucaine oint	P	QL(30 gm per fill retail)
lidocaine crea 4 %	P	QL(30 gm per fill retail)
lidocaine hcl crea ex 3 %	P	QL(30 gm per fill retail); RX/OTC
lidocaine hcl crea ex 3.88 %	P	
lidocaine hcl crea ex 4 %	P	QL(65 ml per fill retail)
lidocaine hcl gel ex 2 %	P	QL(30 ml per fill retail); RX/OTC
lidocaine hcl soln ex 4 %	P	
lidocaine ptch 5 %	P	PA
lidocaine-prilocaine crea	P	QL(30 gm per fill retail)
LIDODERM PTCH (*Use Lidocaine*)	NP	PA
LIDOTRAL CREA (*Use Lidocaine HCl*)	NP	
LMX 4 CREA (*Use Lidocaine*)	NP	QL(30 gm per fill retail)
PREDATOR CREA (*Use Lidocaine HCl*)	NP	QL(65 ml per fill retail)
Misc. Topical		
DRYSOL SOLN	P	QL(60 ml per fill retail)
zinc oxide (topical) oint	P	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (*Use Metronidazole (Topical)*)	NP	QL(45 gm per fill retail)
METROGEL GEL (*Use Metronidazole (Topical)*)	NP	
METROLOTION LOTN (*Use Metronidazole (Topical)*)	NP	
metronidazole (topical) crea 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) gel 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) gel 1 %	P	
metronidazole (topical) lotn 0.75 %	P	
Scabicides & Pediculicides		
crotamiton lotn	P	QL(60 gm per fill retail)
ELIMITE CREA (*Use Permethrin*)	NP	QL(60 gm per fill retail)
EURAX CREA	P	QL(60 gm per fill retail)
EURAX LOTN (*Use Crotamiton*)	NP	QL(60 gm per fill retail)
malathion lotn	P	QL(59 ml per fill retail)
NATROBA SUSP	P	QL(120 ml per fill retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD (*Use Permethrin*)	NP	
OVIDE LOTN (*Use Malathion*)	NP	QL(59 ml per fill retail)
permethrin crea 5 %	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
permethrin liqd 1 %	P	
permethrin lotn 1 %	P	QL(120 ml per fill retail)
pyrethrins-piperonyl butoxide liqd 0.33%-4%	P	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide liqd 1.2%-0.3%-0.3%-2.4%-3%	P	
pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%	P	
pyrethrins-piperonyl butoxide sham 0.33%-4%	P	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	P	
RID COMPLETE LICE ELIMINATION KIT (*Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover*)	NP	
RID LIQD (*Use Pyrethrins-Piperonyl Butoxide*)	NP	QL(60 ml per fill retail)
SPINOSAD SUSP	P	QL(120 ml per fill retail); AL(At least 1 yrs old)
Tar Products		
coal tar extract sham	P	
DHS TAR GEL SHAM (*Use Coal Tar Extract*)	NP	
DHS TAR SHAM (*Use Coal Tar Extract*)	NP	
NEUTROGENA T/GEL SHAM (*Use Coal Tar Extract*)	NP	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*Use Coal Tar Extract*)	NP	
Wound Care Products		
HYGEL GEL	NP	
THERAPEVO GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	P	
CHEK-STIX CONTROL STRP	P	
CHEMSTRIP-K STRP	P	
KETOCARE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	P	QL(1 ea daily)
PRECISION XTRA STRP VI	P	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	P	QL(1 ea daily)
RELION KETONE STRP	P	
RELION KETONE TEST STRIPS STRP	P	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	P	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PANCREAZE CPEP	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	P	MP
acetazolamide tabs	P	MP
DIAMOX CP12 (*Use Acetazolamide*)	NP	MP
methazolamide tabs	P	
NEPTAZANE TABS (*Use Methazolamide*)	NP	
Diuretic Combinations		
ALDACTAZIDE TABS (*Use Spironolactone & Hydrochlorothiazide*)	NP	MP
amiloride & hydrochlorothiazide tabs	P	QL(1 ea daily)
DYAZIDE CAPS (*Use Triamterene & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
MAXZIDE TABS (*Use Triamterene & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
MAXZIDE-25 TABS (*Use Triamterene & Hydrochlorothiazide*)	NP	QL(1 ea daily); MP
spironolactone & hydrochlorothiazide tabs	P	MP
triamterene & hydrochlorothiazide caps	P	QL(1 ea daily); MP
triamterene & hydrochlorothiazide tabs	P	QL(1 ea daily); MP
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	P	QL(1 ea daily); MP
Loop Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
bumetanide tabs	P	MP
BUMEX TABS (*Use Bumetanide*)	NP	MP
DEMADEX TABS (*Use Torsemide*)	NP	QL(1 ea daily); MP
EDECRIN TABS (*Use Ethacrynic Acid*)	NP	
ethacrynate sodium solr	P	
ethacrynic acid tabs	P	
furosemide soln ij 10 mg/ml	P	
furosemide soln or 10 mg/ml	P	MP
FUROSEMIDE SOLN OR 8 MG/ML	P	MP
furosemide tabs or 20 mg, 40 mg, 80 mg	P	MP
LASIX TABS (*Use Furosemide*)	NP	MP
SODIUM EDECRIN SOLR (*Use Ethacrynate Sodium*)	NP	
torsemide tabs	P	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use Spironolactone*)	NP	MP
amiloride hcl tabs	P	QL(4 ea daily)
spironolactone tabs	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium solr	P	
CHLOROTHIAZIDE TABS 250 MG	P	QL(2 ea daily); MP
chlorothiazide tabs 500 mg	P	QL(4 ea daily); MP
chlorthalidone tabs	P	MP
hydrochlorothiazide caps	P	MP
hydrochlorothiazide tabs	P	MP
indapamide tabs	P	MP
metolazone tabs	P	MP
MICROZIDE CAPS (*Use Hydrochlorothiazide*)	NP	MP
SODIUM DIURIL SOLR (*Use Chlorothiazide Sodium*)	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (*Use Risedronate Sodium*)	NP	
ACTONEL TABS 35 MG (*Use Risedronate Sodium*)	NP	PA; Limit 4 per month;QL(0.13 4 ea daily)
ACTONEL TABS 5 MG, 30 MG (*Use Risedronate Sodium*)	NP	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	P	QL(10.8 ml daily); MP
alendronate sodium tabs 35 mg, 70 mg	P	Limit 4 per month;QL(0.13 4 ea daily); MP
ALENDRONATE SODIUM TABS 40 MG	P	QL(1 ea daily); MP
alendronate sodium tabs 5 mg, 10 mg	P	QL(1 ea daily); MP
BONIVA SOLN IV 3 MG/3ML (*Use Ibandronate Sodium*)	NP	SP
BONIVA TABS OR 150 MG (*Use Ibandronate Sodium*)	NP	
calcitonin (salmon) soln	P	QL(0.143 ml daily)
FOSAMAX TABS (*Use Alendronate Sodium*)	NP	Limit 4 per month;QL(0.13 4 ea daily); MP
ibandronate sodium soln iv 3 mg/3ml	P	SP
ibandronate sodium tabs or 150 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN SOLN IJ 200 UNIT/ML	P	QL(2 ml per fill retail)1 rtl pack lmt amt,30 rtl pack lmt day(s),
MIACALCIN SOLN NA 200 UNIT/ACT (*Use Calcitonin (Salmon)*)	NP	QL(0.143 ml daily)
RECLAST SOLN (*Use Zoledronic Acid*)	NP	SP
risedronate sodium tabs 150 mg	P	
risedronate sodium tabs 35 mg	P	PA; Limit 4 per month;QL(0.13 4 ea daily)
risedronate sodium tabs 5 mg, 30 mg	P	PA; QL(1 ea daily)
zoledronic acid conc	P	SP
zoledronic acid soln	P	SP
ZOMETA CONC (*Use Zoledronic Acid*)	NP	SP
Growth Hormones		
NORDITROPIN FLEXPRO SOLN	P	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	P	PA; SP
NUTROPIN AQ NUSPIN 20 SOLN	P	PA; SP
NUTROPIN AQ NUSPIN 5 SOLN	P	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	NP	QL(1 ea daily)
raloxifene hcl tabs	P	QL(1 ea daily)
Metabolic Modifiers		
BUPHENYL POWD (*Use Sodium Phenylbutyrate*)	NP	SP
calcitriol caps	P	
calcitriol soln	P	

Drug Name	Drug Tier	Requirements/ Limits
CARNITOR SF SOLN (*Use Levocarnitine (Metabolic Modifiers)*)	NP	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers)*)	NP	QL(30 ml daily)
CARNITOR TABS 330 MG (*Use Levocarnitine (Metabolic Modifiers)*)	NP	QL(3 ea daily); RX/OTC
doxercalciferol caps	P	
doxercalciferol soln	P	
HECTOROL CAPS (*Use Doxercalciferol*)	NP	
HECTOROL SOLN (*Use Doxercalciferol*)	NP	
levocarnitine (metabolic modifiers) soln 1 gm/10ml	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	P	QL(3 ea daily); RX/OTC
paricalcitol caps or 1 mcg, 2 mcg	P	
paricalcitol soln iv 2 mcg/ml, 5 mcg/ml	P	SP
ROCALTROL CAPS (*Use Calcitriol*)	NP	
ROCALTROL SOLN (*Use Calcitriol*)	NP	
sodium phenylbutyrate powd	P	SP
XURIDEN PACK	P	
ZEMPLAR CAPS OR 1 MCG, 2 MCG (*Use Paricalcitol*)	NP	
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (*Use Paricalcitol*)	NP	SP
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	P	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	NP	PA; QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use Desmopressin Acetate*)	NP	QL(3 ea daily)
desmopressin acetate spray refrigerated soln	P	QL(5 ml per fill retail)
desmopressin acetate spray soln	P	PA; QL(5 ml per fill retail)
desmopressin acetate tabs	P	QL(3 ea daily)
Somatostatic Agents		
octreotide acetate soln	P	SP
SANDOSTATIN SOLN (*Use Octreotide Acetate*)	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*Use Estradiol & Norethindrone Acetate*)	NP	QL(1 ea daily)
ANGELIQ TABS	P	
CLIMARA PRO PTWK	P	
COMBIPATCH PTTW	P	Limit 8 patches per month;QL(0.29 ea daily)
DUAVEE TABS	P	
esterified estrogens & methyltestosterone tabs	P	QL(1 ea daily)
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT LOW DOSE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol*)	NP	
norethindrone acetate-ethinyl estradiol tabs	P	
PREFEST TABS	P	
PREMPHASE TABS	P	QL(1 ea daily)
PREMPRO TABS	P	QL(1 ea daily)
Estrogens		
ALORA PTTW	P	Limit 8 patches per month;QL(0.29 ea daily); MP
CLIMARA PTWK (*Use Estradiol*)	NP	Limit 4 patches per month;QL(0.14 3 ea daily); MP
DELESTROGEN OIL (*Use Estradiol Valerate*)	NP	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use Estradiol*)	NP	MP
estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	P	Limit 8 patches per month;QL(0.29 ea daily); MP
estradiol pttw td 0.0375 mg/24hr	P	QL(0.29 ea daily); MP
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	P	Limit 4 patches per month;QL(0.14 3 ea daily); MP
estradiol tabs or 0.5 mg, 1 mg, 2 mg	P	MP
estradiol valerate oil	P	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	P	QL(1 ea daily); MP
ESTROPIPATE TABS 3 MG	P	QL(2 ea daily); MP
MENEST TABS	NP	
MINIVELLE PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (*Use Estradiol*)	NP	Limit 8 patches per month;QL(0.29 ea daily); MP
MINIVELLE PTTW 0.0375 MG/24HR (*Use Estradiol*)	NP	QL(0.29 ea daily); MP
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (*Use Estradiol*)	NP	Limit 8 patches per month;QL(0.29 ea daily); MP
VIVELLE-DOT PTTW 0.0375 MG/24HR (*Use Estradiol*)	NP	QL(0.29 ea daily); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (*Use Moxifloxacin HCl*)	NP	
AVELOX TABS (*Use Moxifloxacin HCl*)	NP	
CIPRO I.V.-IN D5W SOLN (*Use Ciprofloxacin in D5W*)	NP	
CIPRO SUSR (*Use Ciprofloxacin*)	NP	
CIPRO TABS (*Use Ciprofloxacin HCl*)	NP	
CIPRO XR TB24 (*Use Ciprofloxacin-Ciprofloxacin HCl*)	NP	
CIPROFLOXACIN ER TB24	NP	
CIPROFLOXACIN HCL TABS 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	P	
ciprofloxacin in d5w soln	P	
ciprofloxacin susr	P	
LEVAQUIN TABS (*Use Levofloxacin*)	NP	QL(1 ea daily,14 ea per fill retail)
levofloxacin tabs	P	QL(1 ea daily,14 ea per fill retail)
moxifloxacin hcl tabs	P	
OFLOXACIN TABS 300 MG	P	QL(56 ea per fill retail)
ofloxacin tabs 400 mg	P	QL(56 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (*Use Simethicone*)	NP	
MYLICON INFANTS GAS RELIEF SUSP (*Use Simethicone*)	NP	QL(30 ml per fill retail)
MYLICON SUSP (*Use Simethicone*)	NP	QL(30 ml per fill retail)
simethicone chew 80 mg	P	
simethicone liqd 20 mg/0.3ml, 40 mg/0.6ml	P	
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	P	QL(30 ml per fill retail)
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	NP	QL(3 ea daily); MP
URSO 250 TABS (*Use Ursodiol*)	NP	QL(7 ea daily); MP
URSO FORTE TABS (*Use Ursodiol*)	NP	
ursodiol caps 300 mg	P	QL(3 ea daily); MP
ursodiol tabs 250 mg	P	QL(7 ea daily); MP
ursodiol tabs 500 mg	P	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	P	
GASTROCROM CONC (*Use Cromolyn Sodium (Mastocytosis)*)	NP	
Gastrointestinal Stimulants		
metoclopramide hcl soln	P	
metoclopramide hcl tabs	P	
REGLAN TABS (*Use Metoclopramide HCl*)	NP	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE TABS (*Use Sulfasalazine*)	NP	MP
balsalazide disodium caps	P	QL(9 ea daily)
COLAZAL CAPS (*Use Balsalazide Disodium*)	NP	QL(9 ea daily)
DELZICOL CPDR	P	PA; QL(6 ea daily)
INFLECTRA SOLR	P	PA; SP
mesalamine enem	P	QL(60 ml daily)
mesalamine w/ cleanser kit	P	
RENFLEXIS SOLR	P	PA; SP
ROWASA KIT (*Use Mesalamine w/ Cleanser*)	NP	
SFROWASA ENEM	P	
sulfasalazine tabs	P	MP
sulfasalazine tbec	P	MP
Intestinal Acidifiers		
lactulose (encephalopathy) soln	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	P	
LOTRONEX TABS (*Use Alosetron HCl*)	NP	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
FOSRENOL CHEW (*Use Lanthanum Carbonate*)	NP	
lanthanum carbonate chew	P	
RENVELA PACK (*Use Sevelamer Carbonate*)	NP	
RENVELA TABS (*Use Sevelamer Carbonate*)	NP	
sevelamer carbonate pack	P	
sevelamer carbonate tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr	P	
potassium citrate-citric acid pack	P	
SHOHLS SOLUTION MODIFIED SOLN (*Use Sodium Citrate & Citric Acid*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
sodium citrate & citric acid soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
UROCIT-K 10 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NP	
UROCIT-K 15 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NP	
UROCIT-K 5 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NP	
Genitourinary Irrigants		
neomycin/polymyxin b gu soln	P	
NEOSPORIN GU IRRIGANT SOLN (*Use Neomycin/Polymyxin B GU*)	NP	
sodium chloride (gu irrigant) soln	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	P	
AVODART CAPS (*Use Dutasteride*)	NP	
dutasteride caps	P	
dutasteride-tamsulosin hcl caps	P	

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
finasteride tabs	P	QL(1 ea daily); MP
FLOMAX CAPS (*Use Tamsulosin HCl*)	NP	QL(2 ea daily); MP
JALYN CAPS (*Use Dutasteride-Tamsulosin HCl*)	NP	
PROSCAR TABS (*Use Finasteride*)	NP	QL(1 ea daily); MP
tamsulosin hcl caps	P	QL(2 ea daily); MP
UROXATRAL TB24 (*Use Alfuzosin HCl*)	NP	
Urinary Analgesics		
phenazopyridine hcl tabs	P	
PYRIDIUM TABS (*Use Phenazopyridine HCl*)	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	P	
Gout Agents		
allopurinol sodium solr	P	
allopurinol tabs	P	MP
ALOPRIM SOLR (*Use Allopurinol Sodium*)	NP	
COLCHICINE TABS	P	PA; Limit 6 per claim;QL(6 ea per fill retail)
COLCRYS TABS	P	PA; Limit 6 per claim;QL(6 ea per fill retail)
ZYLOPRIM TABS (*Use Allopurinol*)	NP	MP
Uricosurics		
probenecid tabs	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		

Drug Name	Drug Tier	Requirements/ Limits
ADVATE SOLR	P	PA; SP
ADYNOVATE SOLR	P	PA; SP
AFSTYLA KIT	P	PA; SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	P	PA; SP
ALPHANINE SD SOLR	P	PA; SP
ALPROLIX SOLR	P	PA; SP
BEBULIN SOLR	P	PA; SP
BENEFIX KIT	P	PA; SP
COAGADEX SOLR	P	PA; SP
CORIFACT KIT	P	PA; SP
ELOCTATE SOLR	P	PA; SP
FEIBA SOLR	P	PA; SP
FIBRYGA SOLR	P	PA; SP
HELIXATE FS KIT	P	PA; SP
HEMOFIL M SOLR	P	PA; SP
HUMATE-P SOLR	P	PA; SP
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	P	PA; SP
IXINITY SOLR	P	PA; SP
KCENTRA KIT	P	PA; SP
KOATE SOLR	P	PA; SP
KOATE-DVI SOLR	P	PA; SP
KOGENATE FS BIO-SET KIT	P	PA; SP
KOGENATE FS KIT	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
KOVALTRY SOLR	P	PA; SP
MONOCLATE-P KIT	P	PA; SP
MONONINE SOLR	P	PA; SP
NOVOEIGHT SOLR	P	PA; SP
NOVOSEVEN RT SOLR	P	PA; SP
NUWIQ KIT	P	PA; SP
NUWIQ SOLR	P	PA; SP
OBIZUR SOLR	P	PA; SP
PROFILNINE SD SOLR	P	PA; SP
PROFILNINE SOLR	P	PA; SP
REBINYN SOLR	P	PA; SP
RECOMBINATE SOLR	P	PA; SP
RIASTAP SOLR	P	PA; SP
RIXUBIS SOLR	P	PA; SP
TRETTEN SOLR	P	PA; SP
VONVENDI SOLR	P	PA; SP
WILATE KIT	P	PA; SP
XYNTHA KIT	P	PA; SP
XYNTHA SOLOFUSE KIT	P	PA; SP
Hematorheologic Agents		
pentoxifylline tbcr	P	MP
Platelet Aggregation Inhibitors		
BRILINTA TABS	P	QL(2 ea daily)
cilostazol tabs	P	QL(2 ea daily); MP
clopidogrel bisulfate tabs 300 mg	P	
clopidogrel bisulfate tabs 75 mg	P	QL(1 ea daily); MP
dipyridamole tabs	P	MP
EFFIENT TABS (*Use Prasugrel HCl*)	NP	QL(1 ea daily)
PLAVIX TABS 300 MG (*Use Clopidogrel Bisulfate*)	NP	
PLAVIX TABS 75 MG (*Use Clopidogrel Bisulfate*)	NP	QL(1 ea daily); MP
prasugrel hcl tabs	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Anemia		
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin soln	P	
cyanocobalamin tabs	P	
Folic Acid/Folates		
folic acid tabs 1 mg	P	RX/OTC; MP
folic acid tabs 400 mcg, 800 mcg	P	QL(1 ea daily)
Hematopoietic Growth Factors		
ZARXIO SOSY	P	PA; SP
Hematopoietic Mixtures		
CORVITE 150 TABS (*Use Iron-Folic Acid-Vitamin C-Vitamin B6-Vitamin B12-Zinc*)	NP	
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps	P	
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	P	QL(1 ea daily)
FOLGARD RX TABS (*Use Folic Acid-Vitamin B6-Vitamin B12*)	NP	
folic acid-vitamin b6-vitamin b12 tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc tabs	P	
TANDEM PLUS CAPS (*Use Fe Fum-Iron Polysacch Complex-FA-B Complex-C-Zn-Mn-Cu*)	NP	
Iron		
FER-IN-SOL SOLN (*Use Ferrous Sulfate*)	NP	QL(3.4 ml daily); MP
FERRETTS TABS	P	QL(2 ea daily)
FERRLECIT SOLN (*Use Sodium Ferric Gluconate Complex in Sucrose*)	NP	
ferrous gluconate tabs 27 mg, 240 mg	P	
FERROUS GLUCONATE TABS 324 MG	P	AL(Up to 50 yrs old)
ferrous sulfate dried tbcr	P	
ferrous sulfate elix 220 mg/5ml	P	QL(16 ml daily); MP
ferrous sulfate soln 15 mg/ml	P	QL(3.4 ml daily); MP
ferrous sulfate tabs 28 mg	P	
ferrous sulfate tabs 65 mg, 325 mg	P	MP
FERROUS SULFATE TBEC 324 MG	P	MP
ferrous sulfate tbec 325 mg	P	MP
IRON CHEWS PEDIATRIC CHEW	P	
polysaccharide iron complex caps	P	QL(1 ea daily)
sodium ferric gluconate complex in sucrose soln	P	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS	P	QL(24 ea per fill retail); SP
LYSTEDA TABS (*Use Tranexamic Acid*)	NP	QL(30 ea per 5 days retail)
tranexamic acid tabs	P	QL(30 ea per 5 days retail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	P	
diphenhydramine hcl (sleep) tabs 25 mg	P	QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	P	
doxylamine succinate (sleep) tabs	P	
NYTOL MAXIMUM STRENGTH TABS (*Use Diphenhydramine HCl (Sleep)*)	NP	
UNISOM SLEEPGELS CAPS (*Use Diphenhydramine HCl (Sleep)*)	NP	
UNISOM SLEEPTABS TABS (*Use Doxylamine Succinate (Sleep)*)	NP	
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN (*Use Pentobarbital Sodium*)	NP	
pentobarbital sodium soln	P	
phenobarbital elix	P	
phenobarbital soln	P	
phenobarbital tabs	P	
Hypnotics - Tricyclic Agents		
SILENOR TABS	P	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (*Use Zolpidem Tartrate*)	NP	
AMBIEN TABS (*Use Zolpidem Tartrate*)	NP	QL(1 ea daily)
dexmedetomidine hcl soln	P	

Drug Name	Drug Tier	Requirements/ Limits
DORAL TABS	P	
EDLUAR SUBL	P	
estazolam tabs	P	
FLURAZEPAM HCL CAPS	P	QL(1 ea daily)
HALCION TABS (*Use Triazolam*)	NP	QL(1 ea daily)
INTERMEZZO SUBL (*Use Zolpidem Tartrate*)	NP	
midazolam hcl soln	P	
MIDAZOLAM/SYRSPEND SF PH4 SUSP	P	
PRECEDEX SOLN (*Use Dexmedetomidine HCl*)	NP	
QUAZEPAM TABS	P	
RESTORIL CAPS 15 MG (*Use Temazepam*)	NP	QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 30 MG (*Use Temazepam*)	NP	QL(2 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG (*Use Temazepam*)	NP	
SONATA CAPS (*Use Zaleplon*)	NP	QL(1 ea daily); AL(At least 18 yrs old)
temazepam caps 15 mg	P	QL(1 ea daily); AL(At least 18 yrs old)
temazepam caps 30 mg	P	QL(2 ea daily); AL(At least 18 yrs old)
temazepam caps 7.5 mg, 22.5 mg	P	
triazolam tabs	P	QL(1 ea daily)
zaleplon caps	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate subl sl 3.5 mg, 1.75 mg	P	
zolpidem tartrate tabs or 5 mg, 10 mg	P	QL(1 ea daily)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	P	
Orexin Receptor Antagonists		
BELSOMRA TABS	P	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	P	SP
ROZEREM TABS	P	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	QL(10 ea daily)
EVAC POWD (*Use Psyllium*)	NP	
FIBERCON TABS (*Use Calcium Polycarbophil*)	NP	QL(10 ea daily)
KONSYL DAILY FIBER PACK	P	
KONSYL DAILY FIBER POWD (*Use Psyllium*)	NP	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (*Use Psyllium*)	NP	
METAMUCIL CAPS (*Use Psyllium*)	NP	
METAMUCIL ORIGINAL TEXTURE POWD (*Use Psyllium*)	NP	
METAMUCIL POWD (*Use Psyllium*)	NP	
psyllium caps	P	
psyllium powd	P	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NP	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	NP	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	P	QL(4000 ml per fill retail)
PREPOPIK PACK	P	
sennosides-docusate sodium tabs	P	QL(4 ea daily)
SENOKOT S TABS (*Use Sennosides-Docusate Sodium*)	NP	QL(4 ea daily)
SUPREP BOWEL PREP KIT SOLN	P	
Laxatives - Miscellaneous		
glycerin (laxative) supp	P	
GLYCERIN ADULT SUPP (*Use Glycerin (Laxative)*)	NP	
lactulose soln	P	
MIRALAX PACK (*Use Polyethylene Glycol 3350*)	NP	RX/OTC
MIRALAX POWD (*Use Polyethylene Glycol 3350*)	NP	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP	P	
polyethylene glycol 3350 pack	P	RX/OTC
polyethylene glycol 3350 powd	P	QL(34 gm daily); RX/OTC
SORBITOL SOLN	P	
Saline Laxatives		
FLEET ENEMA ENEM (*Use Sodium Phosphates*)	NP	
FLEET ENEMA SIX PACK ENEM (*Use Sodium Phosphates*)	NP	
FLEET PEDIATRIC ENEM (*Use Sodium Phosphates*)	NP	
magnesium citrate soln	P	
magnesium hydroxide susp	P	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	P	
sodium phosphates enem	P	
Stimulant Laxatives		
bisacodyl supp re 10 mg	P	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	P	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*Use Bisacodyl*)	NP	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*Use Bisacodyl*)	NP	QL(1 ea daily)
EX-LAX TABS (*Use Sennosides*)	NP	
SENNA SYRP	P	
sennosides liqd	P	
sennosides syrp	P	
sennosides tabs	P	
SENOKOT TABS (*Use Sennosides*)	NP	
SENOKOT XTRA TABS (*Use Sennosides*)	NP	
Surfactant Laxatives		
COLACE CAPS (*Use Docusate Sodium*)	NP	QL(3 ea daily)
COLACE CLEAR CAPS (*Use Docusate Sodium*)	NP	
docusate calcium caps	P	
docusate sodium caps 100 mg, 250 mg	P	QL(3 ea daily)
docusate sodium caps 50 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
docusate sodium liqd 50 mg/5ml, 150 mg/15ml	P	
docusate sodium syrp 60 mg/15ml	P	
docusate sodium tabs 100 mg	P	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine soln	P	
lidocaine w/ epinephrine soln	P	
MARCAINE/EPINEPHRINE SOLN (*Use Bupivacaine w/ Epinephrine*)	NP	
XYLOCAINE-MPF/EPINEPHRINE SOLN (*Use Lidocaine w/ Epinephrine*)	NP	
XYLOCAINE/EPINEPHRINE SOLN (*Use Lidocaine w/ Epinephrine*)	NP	
Local Anesthetics - Amides		
bupivacaine hcl soln	P	
bupivacaine in dextrose soln	P	
CARBOCAINE SOLN (*Use Mepivacaine HCl*)	NP	
lidocaine hcl (local anesth.) soln	P	
LIDOCAINE HCL SOLN IJ 4 %	NP	
MARCAINE SOLN (*Use Bupivacaine HCl*)	NP	
MARCAINE SPINAL SOLN (*Use Bupivacaine in Dextrose*)	NP	
mepivacaine hcl soln	P	
NAROPIN SOLN (*Use Ropivacaine HCl*)	NP	
ropivacaine hcl soln	P	

Drug Name	Drug Tier	Requirements/ Limits
ROPIVACAINE HYDROCHLORIDE SOLN IJ 2 MG/ML	NP	
XYLOCAINE SOLN (*Use Lidocaine HCl (Local Anesth.)*)	NP	
XYLOCAINE-MPF SOLN (*Use Lidocaine HCl (Local Anesth.)*)	NP	
Local Anesthetics - Esters		
chloroprocaine hcl soln	P	
NESACAINE-MPF SOLN (*Use Chloroprocaine HCl*)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	P	QL(2 ea per fill retail)
azithromycin solr iv 500 mg	P	
azithromycin susr or 100 mg/5ml, 200 mg/5ml	P	1 rtl pack lmt per fill,
azithromycin tabs or 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	P	QL(4 ea daily)
azithromycin tabs or 600 mg	P	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	P	QL(2 ea per fill retail)
ZITHROMAX SOLR IV 500 MG (*Use Azithromycin*)	NP	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (*Use Azithromycin*)	NP	1 rtl pack lmt per fill,
ZITHROMAX TABS OR 250 MG (*Use Azithromycin*)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*Use Azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (*Use Azithromycin*)	NP	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	NP	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (*Use Clarithromycin*)	NP	
BIAXIN TABS 250 MG, 500 MG (*Use Clarithromycin*)	NP	QL(28 ea per fill retail)
CLARITHROMYCIN SUSR 125 MG/5ML	P	1 rtl pack lmt per fill,
clarithromycin susr 125 mg/5ml	P	1 rtl pack lmt per fill,
CLARITHROMYCIN SUSR 250 MG/5ML	P	
clarithromycin susr 250 mg/5ml	P	
clarithromycin tabs 250 mg, 500 mg	P	QL(28 ea per fill retail)
clarithromycin tb24 500 mg	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	P	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	NP	
ERY-TAB TBEC	P	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	NP	
ERYPED 400 SUSR	P	
ERYTHROCIN STEARATE TABS	P	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin ethylsuccinate susr 200 mg/5ml	P	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	P	
PCE TBEC	P	

Drug Name	Drug Tier	Requirements/ Limits
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
Gauze Pads & Dressings-Misc	P	RX/OTC
Contraceptives		
Condoms Latex Lubricated-Misc	P	QL(36 ea per fill retail)
Diabetic Supplies		
Lancet Devices-Misc	P	
Lancets-Misc	P	QL(5 ea daily)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	P	
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	P	
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	P	
Misc. Devices		
Alcohol Swabs-Misc	P	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
Insulin Pen Needle-Misc	P	QL(5 ea daily); RX/OTC
Insulin Syringe/Needle-Misc	P	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
Spacer/Aerosol Holding Chambers-Misc	P	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (*Use Ergotamine w/ Caffeine*)	NP	
ergotamine w/ caffeine tabs	P	

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
D.H.E. 45 SOLN (*Use Dihydroergotamine Mesylate*)	NP	AL(At least 18 yrs old)
dihydroergotamine mesylate soln ij 1 mg/ml	P	AL(At least 18 yrs old)
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	P	AL(At least 18 yrs old)
MIGRANAL SOLN	P	AL(At least 18 yrs old)
Serotonin Agonists		
almotriptan malate tabs	P	
AMERGE TABS (*Use Naratriptan HCl*)	NP	Limit 9 per month;QL(0.3 ea daily); AL(At least 18 yrs old)
AXERT TABS (*Use Almotriptan Malate*)	NP	
eletriptan hydrobromide tabs	P	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (*Use Frovatriptan Succinate*)	NP	
frovatriptan succinate tabs	P	
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (*Use Sumatriptan*)	NP	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NP	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT (*Use Sumatriptan Succinate*)	NP	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (*Use Sumatriptan Succinate*)	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NP	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (*Use Sumatriptan Succinate*)	NP	Limit 9 per month;QL(0.3 ea daily); AL(At least 12 yrs old)
MAXALT TABS (*Use Rizatriptan Benzoate*)	NP	Limit 12 per month;QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (*Use Rizatriptan Benzoate*)	NP	
naratriptan hcl tabs	P	Limit 9 per month;QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX TABS (*Use Eletriptan Hydrobromide*)	NP	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
rizatriptan benzoate tabs 5 mg, 10 mg	P	Limit 12 per month;QL(0.4 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate tbdp 5 mg, 10 mg	P	
sumatriptan soln	P	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
sumatriptan succinate soaj sc 4 mg/0.5ml	P	

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate soaj sc 6 mg/0.5ml	P	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate soct sc 6 mg/0.5ml	P	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate soln sc 6 mg/0.5ml	P	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	P	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	P	Limit 9 per month;QL(0.3 ea daily); AL(At least 12 yrs old)
zolmitriptan tabs	P	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
zolmitriptan tbdp	P	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG	P	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	NP	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	NP	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	P	
calcium carbonate tabs	P	
calcium carbonate-cholecalciferol chew	P	
calcium carbonate-cholecalciferol tabs	P	
calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit	P	
calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit	P	QL(2 ea daily)
calcium citrate tabs	P	
CALCIUM TABS	P	
calcium w/ vitamin d tabs	P	
CALTRATE 600+D TABS (*Use Calcium Carbonate-Cholecalciferol*)	NP	
oyster shell tabs	P	
PARVA-CAL TABS	P	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	NP	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	P	
CERASPORT SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN (*Use Oral Electrolytes*)	NP	
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN	P	
oral electrolytes soln	P	
PEDIALYTE ADVANCED CARE SOLN (*Use Oral Electrolytes*)	NP	
PEDIALYTE FREEZER POPS SOLN (*Use Oral Electrolytes*)	NP	
PEDIALYTE SINGLES SOLN (*Use Oral Electrolytes*)	NP	
PEDIALYTE SOLN (*Use Oral Electrolytes*)	NP	
Fluoride		
FLORIVA LIQD	P	
FLUORABON SOLN	P	
FLURA-DROPS SOLN	P	
LURIDE SOLN (*Use Sodium Fluoride*)	NP	AL(Up to 15 yrs old)
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg	P	AL(Up to 15 yrs old)
sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml	P	AL(Up to 15 yrs old)
SODIUM FLUORIDE TABS 0.5 MG	P	
Magnesium		
magnesium oxide (mg supplement) tabs 400 mg	P	
Phosphate		
K-PHOS NEUTRAL TABS (*Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic*)	NP	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	P	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	NP	MP
K-TAB TBCR 8 MEQ	P	MP
KLOR-CON M15 TBCR	P	
KLOR-CON/25 PACK	P	
MICRO-K CPCR 10 MEQ (*Use Potassium Chloride*)	NP	MP
MICRO-K CPCR 8 MEQ (*Use Potassium Chloride*)	NP	QL(1 ea daily); MP
potassium acetate soln	P	
potassium bicarbonate tbef	P	
potassium chloride cpcr or 10 meq	P	MP
potassium chloride cpcr or 8 meq	P	QL(1 ea daily); MP
POTASSIUM CHLORIDE ER TBCR	P	MP
potassium chloride microencapsulated crystals er tbcr	P	MP
potassium chloride pack or 20 meq	P	
potassium chloride tbcr or 8 meq, 10 meq	P	MP
Zinc		
zinc sulfate caps	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	P	
SYPRINE CAPS (*Use Trientine HCl*)	NP	PA; SP
trientine hcl caps	P	PA; SP
Immunosuppressive Agents		

Drug Name	Drug Tier	Requirements/ Limits
AZASAN TABS	P	QL(3 ea daily)
azathioprine tabs	P	
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	NP	QL(2 ea daily); SP
CELLCEPT SUSR 200 MG/ML (*Use Mycophenolate Mofetil*)	NP	QL(15 ml daily); SP
CELLCEPT TABS 500 MG (*Use Mycophenolate Mofetil*)	NP	QL(4 ea daily); SP
cyclosporine caps or 25 mg, 100 mg	P	QL(4 ea daily); SP
cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg	P	QL(4 ea daily); SP
cyclosporine modified (for microemulsion) soln 100 mg/ml	P	QL(8 ml daily); SP
CYCLOSPORINE MODIFIED CAPS	P	QL(4 ea daily); SP
CYCLOSPORINE MODIFIED CAPS (*Use Cyclosporine Modified (For Microemulsion*))	NP	QL(4 ea daily); SP
IMURAN TABS (*Use Azathioprine*)	NP	
mycophenolate mofetil caps 250 mg	P	QL(2 ea daily); SP
mycophenolate mofetil susr 200 mg/ml	P	QL(15 ml daily); SP
mycophenolate mofetil tabs 500 mg	P	QL(4 ea daily); SP
mycophenolate sodium tbec 180 mg	P	QL(2 ea daily); SP
mycophenolate sodium tbec 360 mg	P	QL(4 ea daily); SP
MYFORTIC TBEC 180 MG (*Use Mycophenolate Sodium*)	NP	QL(2 ea daily); SP
MYFORTIC TBEC 360 MG (*Use Mycophenolate Sodium*)	NP	QL(4 ea daily); SP
NEORAL CAPS 25 MG, 100 MG (*Use Cyclosporine Modified (For Microemulsion*))	NP	QL(4 ea daily); SP
NEORAL SOLN 100 MG/ML (*Use Cyclosporine Modified (For Microemulsion*))	NP	QL(8 ml daily); SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*Use Tacrolimus*)	NP	QL(3 ea daily); SP
RAPAMUNE SOLN 1 MG/ML	P	SP
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (*Use Sirolimus*)	NP	SP
SANDIMMUNE CAPS OR 25 MG, 100 MG (*Use Cyclosporine*)	NP	QL(4 ea daily); SP
SANDIMMUNE SOLN OR 100 MG/ML	P	QL(8 ml daily); SP
sirolimus tabs	P	SP
tacrolimus caps	P	QL(3 ea daily); SP
Potassium Removing Agents		
KAYEXALATE POWD (*Use Sodium Polystyrene Sulfonate*)	NP	QL(454 gm per fill retail)
sodium polystyrene sulfonate powd	P	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp	P	
Prostaglandins		
alprostadil soln	P	
PROSTIN VR PEDIATRIC SOLN (*Use Alprostadil*)	NP	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat) susp	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	P	
PERIDEX SOLN (*Use Chlorhexidine Gluconate (Mouth-Throat)*)	NP	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (*Use Stannous Fluoride*)	NP	RX/OTC
PREVIDENT 5000 BOOSTER PLUS PSTE (*Use Sodium Fluoride (Dental)*)	NP	
PREVIDENT 5000 BOOSTER PSTE (*Use Sodium Fluoride (Dental)*)	NP	
PREVIDENT 5000 DRY MOUTH GEL (*Use Sodium Fluoride (Dental)*)	NP	QL(60 ml per fill retail)
PREVIDENT 5000 ENAMEL PROTECT PSTE (*Use Sodium Fluoride-Potassium Nitrate*)	NP	
PREVIDENT 5000 PLUS CREA (*Use Sodium Fluoride (Dental)*)	NP	QL(60 gm per fill retail)
PREVIDENT 5000 SENSITIVE PSTE (*Use Sodium Fluoride-Potassium Nitrate*)	NP	
PREVIDENT FLUORIDE GEL (*Use Sodium Fluoride (Dental)*)	NP	QL(60 ml per fill retail)
PREVIDENT RINSE SOLN (*Use Sodium Fluoride (Dental)*)	NP	
sodium fluoride (dental) crea dt 1.1 %	P	QL(60 gm per fill retail)
sodium fluoride (dental) gel dt 1.1 %	P	QL(60 ml per fill retail)
sodium fluoride (dental) pste dt 1.1 %	P	
sodium fluoride (dental) soln mt 0.2 %	P	
sodium fluoride-potassium nitrate pste	P	
stannous fluoride conc	P	RX/OTC
THERA-FLUR-N GEL (*Use Sodium Fluoride (Dental)*)	NP	QL(60 ml per fill retail)
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
cevimeline hcl caps	P	
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
EVOXAC CAPS (*Use Cevimeline HCl*)	NP	
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs 5 mg	P	QL(6 ea daily)
pilocarpine hcl (oral) tabs 7.5 mg	P	
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SALAGEN TABS 5 MG (*Use Pilocarpine HCl (Oral)*)	NP	QL(6 ea daily)
SALAGEN TABS 7.5 MG (*Use Pilocarpine HCl (Oral)*)	NP	
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps	P	QL(1 ea daily)
b-complex vitamins tabs	P	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg	P	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid tabs 1.5mg-10mg-20mg-1.7mg-6mcg-1mg-300mcg-10mg-60mg, 30mcg-1.5mg-20mg-1.7mg-1mg-1mg-300mcg-8mg-200mg, 10mg-20mg-1.7mg-6mcg-1.5mg-1mg-300mcg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1mg-300mcg-10mg-100mg, 1.5mg-1.7mg-10mg-0.01mcg-20mg-1mg-300mcg-10mg-60mg, 20mg-1.7mg-10mg-0.006mg-1.5mg-1mg-0.3mg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1000mcg-300mcg-10mg-100mg	P	RX/OTC
NEPHRO-VITE RX TABS (*Use B-Complex w/ C & Folic Acid*)	NP	RX/OTC
NEPHROCAPS CAPS (*Use B-Complex w/ C & Folic Acid*)	NP	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
Multiple Vitamins w/ Minerals Tab-Misc	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals-Misc	P	QL(1 ea daily); RX/OTC
Multivitamins		
CARDENZ TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
ESTROFACTORS TABS	P	QL(1 ea daily)
MULTI VITAMIN TABS	P	QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily)
multiple vitamin tabs	P	QL(1 ea daily)
NEOMULTIVITE TABS	P	QL(1 ea daily)
OMNICAP TABS	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
ONE-A-DAY MENS TABS (*Use Multiple Vitamin*)	NP	QL(1 ea daily)
QUINTABS TABS	P	QL(1 ea daily)
THERA TABS	P	QL(1 ea daily)
Ped MV w/ Fluoride		
Pediatric Multiple Vitamins w/ FluorideChew	P	QL(1 ea daily); AL: Up to 13 yrs old
Pediatric Multiple Vitamins w/ FluorideSoln	P	QL(50ml per fill retail); AL: Up to 13 yrs old
Ped MV w/ Iron		
pediatric multiple vitamins w/ iron soln 0.6mg/ml-10mg/ml-5unit/ml-8mg/ml-1500unit/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml	P	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VI-SOL/IRON SOLN (*Use Pediatric Multiple Vitamins w/ Iron*)	NP	QL(50 ml per fill retail)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (*Use Pediatric Multiple Vitamin w/ C & FA*)	NP	QL(1 ea daily)
pediatric multiple vitamin w/ c & fa chew	P	QL(1 ea daily)
pediatric multiple vitamin w/ c soln	P	QL(50 ml per fill retail)
POLY-VI-SOL SOLN (*Use Pediatric Multiple Vitamin w/ C*)	NP	QL(50 ml per fill retail)
Pediatric Vitamins		
pediatric vitamins adc soln	P	QL(50 ml per fill retail)
Prenatal Vitamins		
ACTIVE OB CAPS	P	
ATABEX EC TBEC	P	
ATABEX OB TABS	P	
BAL-CARE DHA MISC	P	
BP FOLINATAL PLUS B TABS	P	
BP MULTINATAL PLUS TABS	P	
C-NATE DHA CAPS	P	
CALCIUM PNV CAPS	P	
CITRANATAL 90 DHA MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL ASSURE MISC	P	
CITRANATAL B-CALM MISC	P	
CITRANATAL BLOOM DHA MISC	P	
CITRANATAL BLOOM TABS	P	
CITRANATAL DHA MISC	P	
CITRANATAL HARMONY CAPS	P	
CITRANATAL RX TABS	P	
CLASSIC PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
CO-NATAL FA TABS	P	
COMPLETE NATAL DHA MISC	P	
COMPLETENATE CHEW	P	
CONCEPT DHA CAPS	P	
CONCEPT OB CAPS	P	
CVS PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
DOTHELLE DHA CAPS	P	
DUET DHA 400 MISC	P	
DUET DHA BALANCED MISC	P	
ELITE-OB TABS	P	
ENBRACE HR CAPS	P	
EQL PRENATAL FORMULA TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
EXTRA-VIRT PLUS DHA CAPS	P	
FOCALGIN 90 DHA MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
FOCALGIN CA MISC	P	
FOLCAL DHA CAPS	P	
FOLCAPS OMEGA 3 CAPS	P	
FOLET ONE CAPS	P	
FOLIVANE-OB CAPS	P	
GNP PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
GOODSENSE PRENATAL VITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
HEMENATAL OB + DHA MISC	P	
HEMENATAL OB TABS	P	
HM PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
INATAL GT TABS	P	
INFANATE BALANCE CAPS	P	
KOSHER PRENATAL PLUS IRON TABS	P	
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
KPN PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old)
LEVOMEFOLATE DHA CAPS	P	
M-NATAL PLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
M-VIT TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
MACNATAL CN DHA CAPS	P	
MARNATAL-F CAPS	P	
MULTI PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
MYNATAL ADVANCE TABS	P	
MYNATAL CAPS	P	QL(1 ea daily); AL(Up to 45 yrs old)
MYNATAL PLUS TABS	P	
MYNATAL ULTRACAPLET TABS	P	
MYNATAL-Z TABS	P	
MYNATE 90 PLUS TBCR	P	
NAT-RUL PRENATAL VITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
NATACHEW CHEW	P	
NATALVIT TABS	P	
NATELLE ONE CAPS	P	
NEEVO DHA CAPS	P	
NEONATAL PLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
NEONATAL VITAMIN TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
NESTABS ABC MISC	P	
NESTABS DHA MISC	P	
NESTABS ONE CAPS	P	
NESTABS TABS	P	
NEWGEN TABS	P	
NEXA PLUS CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
NIVA-PLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
O-CAL FA TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
O-CAL PRENATAL TABS	P	
OB COMPLETE ADVANCED CAPS	P	
OB COMPLETE GOLD CAPS	P	
OB COMPLETE ONE CAPS	P	
OB COMPLETE PETITE CAPS	P	
OB COMPLETE PREMIER TABS	P	
OB COMPLETE TABS	P	
OB COMPLETE/DHA CAPS	P	
OBSTETRIX ONE CAPS	P	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	P	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
PNV OB+DHA MISC	P	
PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC	P	
PNV PRENATAL PLUS MULTIVITAMIN TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
PNV TABS 29-1 TABS	P	
PNV-DHA+DOCUSATE CAPS	P	
PNV-OMEGA CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
PNV-TOTAL CAPS	P	
PNV-VP-U CAPS	P	
PR NATAL 400 EC MISC	P	
PR NATAL 400 MISC	P	
PR NATAL 430 EC MISC	P	
PR NATAL 430 MISC	P	
PRE-NATAL FORMULA TABS	P	QL(1 ea daily); AL(Up to 45 yrs old)
PREFERA OB TABS	P	
PREFERAOB +DHA MISC	P	
PREFERAOB ONE CAPS	P	
PREMESISRX TABS	P	
PRENA 1 TRUE MISC	P	
PRENA1 CHEW CHEW	P	
PRENA1 PEARL CPCR	P	
PRENAISSANCE BALANCE CAPS	P	
PRENAISSANCE CAPS	P	
PRENAISSANCE HARMONY DHA MISC	P	
PRENAISSANCE NEXT TABS	P	
PRENAISSANCE NEXT-B TABS	P	
PRENAISSANCE PLUS CAPS	P	
PRENATA CHEW	P	
PRENATABS FA TABS	P	
PRENATABS RX TABS	P	
PRENATAL 19 CHEW	P	

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS	P	
PRENATAL AND IRON TABS	P	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL FORTE TABS	P	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL LOW IRON TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL MULTIVITAMIN TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL ONE DAILY TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL PLUS IRON TABS	P	
PRENATAL PLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	P	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL VITAMIN & MINERAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL VITAMIN TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN/IRON TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL VITAMINS PLUS LOW IRON TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
PRENATAL VITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
PRENATAL-U CAPS	P	
PRENATE AM TABS	P	
PRENATE CHEW	P	
PRENATE DHA CAPS	P	
PRENATE ELITE TABS	P	
PRENATE ENHANCE CAPS	P	
PRENATE ESSENTIAL CAPS	P	
PRENATE MINI CAPS	P	
PRENATE PIXIE CAPS	P	
PRENATE RESTORE CAPS	P	
PRENATE STAR TABS	P	
PREPLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
PREQUE 10 TABS	P	
PRETAB TABS	P	
PRIMACARE CAPS	P	
PROVIDA DHA CAPS	P	
PROVIDA OB CAPS	P	
PUREFE OB PLUS CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
PX PRENATAL MULTIVITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
QC PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
R-NATAL OB CAPS	P	
RA PRENATAL FORMULA/FOLICACID TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
RA PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
RELNATE DHA CAPS	P	
RIGHT STEP PRENATAL TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	
SELECT-OB CHEW	P	
SELECT-OB+DHA MISC	P	
SM PRENATAL VITAMINS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); MP
TARON-BC MISC	P	
TARON-C DHA CAPS	P	
TARON-PREX CAPS	P	
THERANATAL CORE NUTRITION TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
THRIVITE 19 TABS	P	
THRIVITE RX TABS	P	
TL FOLATE TABS	P	
TL-CARE DHA CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
TL-SELECT CAPS	P	
TRI-TABS DHA MISC	P	
TRIADVANCE TABS	P	
TRICARE PRENATAL CHEW	P	
TRICARE PRENATAL COMPLEAT MISC	P	
TRICARE PRENATAL DHA ONE CAPS	P	
TRICARE PRENATAL DHA ONE/FOLATE CAPS	P	
TRICARE TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
TRINATAL GT TABS	P	
TRINATAL RX 1 TABS	P	
TRINATE TABS	P	
TRISTART DHA CAPS	P	
TRISTART ONE CAPS	P	
TRIVEEN-DUO DHA MISC	P	
TRIVEEN-PRX RNF CAPS	P	
ULTIMATECARE ONE CAPS	P	
ULTIMATECARE ONE NF CAPS	P	
VEMAVITE-PRX 2 CAPS	P	
VENA-BAL DHA MISC	P	
VIL-RX TABS	P	
VINATE DHA RF CAPS	P	
VINATE II TABS	P	
VINATE M TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
VINATE ONE TABS	P	
VIRT NATE TABS	P	
VIRT-ADVANCE TABS	P	
VIRT-C DHA CAPS	P	
VIRT-NATE DHA CAPS	P	
VIRT-PN PLUS CAPS	P	
VIRT-SELECT CAPS	P	
VIRT-VITE GT TABS	P	
VIRTPREX CAPS	P	
VITA-PREN TABS	P	
VITAFOL GUMMIES CHEW	P	
VITAFOL ULTRA CAPS	P	
VITAFOL-NANO TABS	P	
VITAFOL-OB TABS	P	
VITAFOL-OB+DHA MISC	P	
VITAFOL-ONE CAPS	P	
VITAMEDMD ONE RX/QUATREFOLIC CAPS	P	
VITAMEDMD PLUS RX/QUATREFOLIC MISC	P	
VITAMEDMD REDICHEW RX CHEW	P	
VITAPEARL CPCR	P	
VITATRUE MISC	P	
VIVA DHA CAPS	P	
VOL-NATE TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
VOL-PLUS TABS	P	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC; MP
VOL-TAB RX TABS	P	
VP-CH PLUS CAPS	P	
VP-CH-PNV CAPS	P	
VP-GGR-B6 PRENATAL TABS	P	
VP-HEME OB + DHA MISC	P	
VP-HEME OB TABS	P	
VP-HEME ONE CAPS	P	
VP-PNV-DHA CAPS	P	
ZATEAN-CH CAPS	P	
ZATEAN-PN PLUS CAPS	P	
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps	P	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs 10 mg, 20 mg	P	MP
carisoprodol tabs	P	
CHLORZOXAZONE TABS	P	
cyclobenzaprine hcl tabs 5 mg, 10 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs 7.5 mg	P	
FEXMID TABS (*Use Cyclobenzaprine HCl*)	NP	
metaxalone tabs	P	
methocarbamol soln	P	
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
PARAFON FORTE DSC TABS (*Use Chlorzoxazone*)	NP	
ROBAXIN SOLN (*Use Methocarbamol*)	NP	
ROBAXIN TABS (*Use Methocarbamol*)	NP	
ROBAXIN-750 TABS (*Use Methocarbamol*)	NP	
SKELAXIN TABS (*Use Metaxalone*)	NP	
SOMA TABS (*Use Carisoprodol*)	NP	
tizanidine hcl caps	P	
tizanidine hcl tabs	P	
ZANAFLEX CAPS (*Use Tizanidine HCl*)	NP	
ZANAFLEX TABS (*Use Tizanidine HCl*)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS (*Use Dantrolene Sodium*)	NP	
DANTRIUM IV SOLR (*Use Dantrolene Sodium*)	NP	
dantrolene sodium caps	P	
dantrolene sodium solr	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (*Use Saline*)	NP	QL(90 ml per fill retail)
saline soln	P	QL(90 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	P	
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
ASTEPRO SOLN (*Use Azelastine HCl*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
azelastine hcl soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
cromolyn sodium (nasal) aers	P	QL(26 ml per fill retail)
NASALCROM AERS (*Use Cromolyn Sodium (Nasal)*)	NP	QL(26 ml per fill retail)
olopatadine hcl (nasal) soln	P	
PATANASE SOLN (*Use Olopatadine HCl (Nasal)*)	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use Fluticasone Propionate (Nasal)*)	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use Fluticasone Propionate (Nasal)*)	NP	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp	P	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO	P	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO (*Use Triamcinolone Acetonide (Nasal)*)	NP	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use Triamcinolone Acetonide (Nasal)*)	NP	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	NP	QL(17 gm per fill retail); AL(At least 2 yrs old)
triamcinolone acetonide (nasal) aero	P	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN	P	
phenylephrine hcl (oral) tabs	P	QL(24 ea per fill retail)
SUDAFED PE CONGESTION TABS (*Use Phenylephrine HCl (Oral)*)	NP	QL(24 ea per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (*Use Riluzole*)	NP	
riluzole tabs	P	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids caps	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear ointment oint	P	QL(4 gm per fill retail)
polyvinyl alcohol soln	P	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (*Use White Petrolatum-Mineral Oil*)	NP	QL(4 gm per fill retail)
white petrolatum-mineral oil oint	P	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	NP	QL(10 ml per fill retail)
betaxolol hcl (ophth) soln	P	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
carteolol hcl (ophth) soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
CARTEOLOL HCL SOLN	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
COSOPT SOLN (*Use Dorzolamide HCl-Timolol Maleate*)	NP	QL(10 ml per fill retail)
dorzolamide hcl-timolol maleate soln	P	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	P	QL(10 ml per fill retail)
levobunolol hcl soln	P	QL(10 ml per fill retail)
METIPRANOLOL SOLN	P	
timolol maleate (ophth) solg 0.5 %	P	QL(5 ml per fill retail)
timolol maleate (ophth) soln 0.25 %	P	QL(10 ml per fill retail)
timolol maleate (ophth) soln 0.5 %	P	QL(15 ml per fill retail)
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	P	QL(5 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	P	QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % (*Use Timolol Maleate (Ophth)*)	NP	QL(10 ml per fill retail)
TIMOPTIC SOLN 0.5 % (*Use Timolol Maleate (Ophth)*)	NP	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG	P	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	P	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	P	QL(15 ml per fill retail)
CYCLOGYL SOLN 0.5 %, 1 % (*Use Cyclopentolate HCl*)	NP	QL(15 ml per fill retail)
CYCLOGYL SOLN 2 % (*Use Cyclopentolate HCl*)	NP	
cyclopentolate hcl soln 0.5 %, 1 %	P	QL(15 ml per fill retail)
cyclopentolate hcl soln 2 %	P	
ISOPTO ATROPINE SOLN	P	QL(15 ml per fill retail)
MYDRIACYL SOLN (*Use Tropicamide*)	NP	QL(15 ml per fill retail)
tropicamide soln	P	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (*Use Pilocarpine HCl*)	NP	
pilocarpine hcl soln	P	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN (*Use Brimonidine Tartrate*)	NP	
apraclonidine hcl soln	P	
brimonidine tartrate soln 0.15 %	P	
brimonidine tartrate soln 0.2 %	P	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (*Use Apraclonidine HCl*)	NP	
IOPIDINE SOLN 1 %	P	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth) oint	P	QL(4 gm per fill retail)
BLEPH-10 SOLN (*Use Sulfacetamide Sodium (Ophth)*)	NP	QL(15 ml per fill retail)
CILOXAN SOLN (*Use Ciprofloxacin HCl (Ophth)*)	NP	
ciprofloxacin hcl (ophth) soln	P	
erythromycin (ophth) oint	P	QL(4 gm per fill retail)
gatifloxacin (ophth) soln	P	
GENTAK OINT	P	QL(4 gm per fill retail)
gentamicin sulfate (ophth) oint	P	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (ophth) soln	P	QL(15 ml per fill retail)
moxifloxacin hcl (ophth) soln	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	P	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln	P	QL(10 ml per fill retail)
NEOSPORIN SOLN (*Use Neomycin-Polymyxin-Gramicidin*)	NP	QL(10 ml per fill retail)
OCUFLOX SOLN (*Use Ofloxacin (Ophth)*)	NP	QL(10 ml per fill retail)
ofloxacin (ophth) soln	P	QL(10 ml per fill retail)
polymyxin b-trimethoprim soln	P	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per fill retail)
tobramycin (ophth) soln	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
TOBREX SOLN (*Use Tobramycin (Ophth)*)	NP	QL(5 ml per fill retail)
trifluridine soln	P	QL(8 ml per fill retail)
VIGAMOX SOLN (*Use Moxifloxacin HCl (Ophth)*)	NP	QL(3 ml per fill retail)
VIROPTIC SOLN (*Use Trifluridine*)	NP	QL(8 ml per fill retail)
ZYMAXID SOLN (*Use Gatifloxacin (Ophth)*)	NP	
Ophthalmic Decongestants		
phenylephrine hcl (ophth) soln	P	QL(15 ml per fill retail)
tetrahydrozoline hcl (ophth) soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
VISINE SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Ophthalmic Local Anesthetics		
ALCAINE SOLN (*Use Proparacaine HCl*)	NP	
proparacaine hcl soln	P	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	P	QL(5 ml per fill retail)
fluorometholone (ophth) susp	P	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	NP	QL(15 ml per fill retail)
FML OINT	P	QL(4 gm per fill retail)
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (*Use Neomycin-Polymy-Dexameth*)	NP	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (*Use Neomycin-Polymy-Dexameth*)	NP	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%	P	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%	P	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	P	QL(8 ml per fill retail)
OMNIPRED SUSP (*Use Prednisolone Acetate (Ophth)*)	NP	QL(15 ml per fill retail)
PRED FORTE SUSP (*Use Prednisolone Acetate (Ophth)*)	NP	QL(15 ml per fill retail)
PRED MILD SUSP	P	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PRED-G SUSP	P	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	P	QL(15 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
sulfacetamide sod-prednisolone soln	P	QL(10 ml per fill retail)
TOBRADEX OINT	P	QL(4 gm per fill retail)
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	P	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NP	
ACULAR SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NP	QL(10 ml per fill retail)
AZOPT SUSP	P	QL(15 ml per fill retail)
BSS PLUS SOLN	NP	
BSS SOLN (*Use Ophthalmic Irrigation Solution - Intraocular*)	NP	
cromolyn sodium (ophth) soln	P	QL(10 ml per fill retail)
diclofenac sodium (ophth) soln	P	QL(5 ml per fill retail)
DORZOLAMIDE HCL SOLN	P	QL(10 ml per fill retail)
dorzolamide hcl soln	P	QL(10 ml per fill retail)
ELESTAT SOLN (*Use Epinastine HCl (Ophth)*)	NP	
epinastine hcl (ophth) soln	P	
flurbiprofen sodium soln	P	QL(3 ml per fill retail)
ketorolac tromethamine (ophth) soln 0.4 %	P	
ketorolac tromethamine (ophth) soln 0.5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) soln	P	QL(10 ml per fill retail)
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	NP	QL(3 ml per fill retail)
olopatadine hcl soln	P	
ophthalmic irrigation solution - intraocular soln	P	
PATADAY SOLN (*Use Olopatadine HCl*)	NP	
PATANOL SOLN (*Use Olopatadine HCl*)	NP	
TRUSOPT SOLN (*Use Dorzolamide HCl*)	NP	QL(10 ml per fill retail)
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	NP	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost soln	P	QL(3 ml per fill retail)
LATANOPROST SOLN	P	QL(3 ml per fill retail)
XALATAN SOLN (*Use Latanoprost*)	NP	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	P	QL(15 ml per fill retail)
carbamide peroxide (otic) soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
DEBROX SOLN (*Use Carbamide Peroxide (Otic)*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Otic Anti-infectives		
FLOXIN OTIC SOLN (*Use Ofloxacin (Otic)*)	NP	QL(10 ml per fill retail)
ofloxacin (otic) soln	P	QL(10 ml per fill retail)
Otic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
CORTANE-B-OTIC SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
neomycin-polymyxin-hc (otic) soln	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	P	QL(10 ml per fill retail)
OTICIN HC NR SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
pramoxine-hc-chloroxylenol soln	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
Otic Steroids		
DERMOTIC OIL (*Use Fluocinolone Acetonide (Otic)*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
fluocinolone acetonide (otic) oil	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
hydrocortisone w/acetic acid soln	P	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs	P	
oxytocin soln	P	
PITOCIN SOLN (*Use Oxytocin*)	NP	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	P	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	P	
AMOXICILLIN CHEW 125 MG, 250 MG	P	
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	P	
amoxicillin tabs 875 mg	P	
ampicillin caps 250 mg, 500 mg	P	
AMPICILLIN CAPS 500 MG	P	
Natural Penicillins		
penicillin g potassium solr	P	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	P	
penicillin v potassium solr 125 mg/5ml, 250 mg/5ml	P	
penicillin v potassium tabs 250 mg, 500 mg	P	
PFIZERPEN SOLR (*Use Penicillin G Potassium*)	NP	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml	P	1 rtl pack lmt per fill,
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml	P	
amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml	P	2 rtl pack lmt per fill,
amoxicillin & pot clavulanate tabs 250mg-125mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 500mg-125mg, 875mg-125mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000mg-62.5mg	P	Limit 40 per 30 days;QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	P	QL(20 ea per fill retail)
ampicillin & sulbactam sodium solr	P	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	NP	2 rtl pack lmt per fill,
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	NP	1 rtl pack lmt per fill,
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NP	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	NP	Limit 40 per 30 days;QL(1.34 ea daily)
piperacillin sodium-tazobactam sodium solr	P	
UNASYN BULK PACK SOLR (*Use Ampicillin & Sulbactam Sodium*)	NP	
UNASYN SOLR (*Use Ampicillin & Sulbactam Sodium*)	NP	
ZOSYN SOLR (*Use Piperacillin Sodium-Tazobactam Sodium*)	NP	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
RESOURCE THICKENUP POWD	P	
starch-maltodextrin (thickening) powd	P	
THICK-IT #2 POWD	P	
THICK-IT ORIGINAL POWD (*Use Starch-Maltodextrin (Thickening)*)	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	NP	
hydroxyprogesterone caproate oil 250 mg/ml	P	SP
MAKENA OIL IM 250 MG/ML (*Use Hydroxyprogesterone Caproate*)	NP	SP
MAKENA SOAJ SC 275 MG/1.1ML	P	PA; SP
medroxyprogesterone acetate tabs	P	MP
MEGACE ES SUSP (*Use Megestrol Acetate (Appetite)*)	NP	
megestrol acetate (appetite) susp	P	
norethindrone acetate tabs	P	
progesterone micronized caps 100 mg	P	QL(1 ea daily)
progesterone micronized caps 200 mg	P	Limit 20 per month;QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (*Use Progesterone Micronized*)	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (*Use Progesterone Micronized*)	NP	Limit 20 per month;QL(0.67 ea daily)
PROVERA TABS (*Use Medroxyprogesterone Acetate*)	NP	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	P	
ANTABUSE TABS (*Use Disulfiram*)	NP	
disulfiram tabs	P	
Anti-Cataplectic Agents		
XYREM SOLN	P	SP
Antidementia Agents		

Drug Name	Drug Tier	Requirements/ Limits
ACETYL L-CARNITINE CAPS	P	
ARICEPT TABS 23 MG (*Use Donepezil Hydrochloride*)	NP	
ARICEPT TABS 5 MG, 10 MG (*Use Donepezil Hydrochloride*)	NP	QL(1 ea daily)
donepezil hydrochloride tabs 23 mg	P	
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(1 ea daily)
donepezil hydrochloride tbdp 5 mg, 10 mg	P	
EXELON CAPS OR 1.5 MG (*Use Rivastigmine Tartrate*)	NP	QL(2 ea daily)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR, 13.3 MG/24HR (*Use Rivastigmine*)	NP	QL(1 ea daily)
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	P	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	P	QL(6 ml daily)
galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg	P	QL(2 ea daily)
memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg	P	
memantine hcl soln 2 mg/ml	P	QL(10 ml daily)
memantine hcl tabs	P	1 rtl pack lmt amt,28 rtl pack lmt day(s),
memantine hcl tabs 5 mg, 10 mg	P	QL(2 ea daily)
NAMENDA SOLN 10 MG/5ML (*Use Memantine HCl*)	NP	QL(10 ml daily)
NAMENDA TABS 5 MG, 10 MG (*Use Memantine HCl*)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (*Use Memantine HCl*)	NP	1 rtl pack lmt amt,28 rtl pack lmt day(s),
NAMENDA XR CP24 (*Use Memantine HCl*)	NP	
NAMENDA XR TITRATION PACK CP24	P	
NAMZARIC C4PK	P	
NAMZARIC CP24	P	
RAZADYNE ER CP24 (*Use Galantamine Hydrobromide*)	NP	QL(1 ea daily)
RAZADYNE TABS (*Use Galantamine Hydrobromide*)	NP	QL(2 ea daily)
rivastigmine pt24	P	QL(1 ea daily)
rivastigmine tartrate caps	P	QL(2 ea daily)
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	P	
DERMACINRX DPN PAK THPK	P	
olanzapine-fluoxetine hcl caps	P	
PERPHENAZINE/AMITRIPTYLINE TABS	P	QL(4 ea daily)
SYMBYAX CAPS (*Use Olanzapine-Fluoxetine HCl*)	NP	
Fibromyalgia Agents		
SAVELLA TABS	P	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	P	PA; QL(55 ea per 365 days retail)
Hypoactive Sexual Desire Disorder (HSDD)		
ADDYI TABS	P	
Movement Disorder Drug Therapy		
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
tetrabenazine tabs	P	SP
XENAZINE TABS (*Use Tetrabenazine*)	NP	SP
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
AUBAGIO TABS	P	SP
AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
BETASERON KIT	P	SP
COPAXONE SOSY (*Use Glatiramer Acetate*)	NP	PA; SP
EXTAVIA KIT	P	SP
GILENYA CAPS 0.5 MG	P	PA; SP
glatiramer acetate sosy	P	PA; SP
OCREVUS SOLN	P	SP
PLEGRIDY SOPN	P	PA; SP
PLEGRIDY SOSY	P	PA; SP
PLEGRIDY STARTER PACK SOPN	P	PA; SP
PLEGRIDY STARTER PACK SOSY	P	PA; SP
TECFIDERA CPDR	P	PA; SP
TECFIDERA STARTER PACK MISC	P	PA; SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
ACTIVE-PAC/GABAPENTIN THPK	P	
CONVENIENCE PAK THPK	P	
GRALISE STARTER MISC	P	
GRALISE TABS	P	
LYRICA CR TB24	P	
SMARTRX GABA KIT THPK	P	
SMARTRX GABA-V KIT THPK	P	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs	P	
SARAFEM TABS (*Use Fluoxetine HCl (PMDD)*)	NP	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	P	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	P	
ORAP TABS (*Use Pimozide*)	NP	
pimozide tabs	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	P	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	P	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	P	
CHANTIX STARTING MONTH PAK TABS	P	
CHANTIX TABS	P	
NICODERM CQ PT24 (*Use Nicotine*)	NP	
NICORETTE GUM (*Use Nicotine Polacrilex*)	NP	
NICORETTE LOZG (*Use Nicotine Polacrilex*)	NP	
NICORETTE MINI LOZG (*Use Nicotine Polacrilex*)	NP	
NICORETTE STARTER KIT GUM (*Use Nicotine Polacrilex*)	NP	
nicotine polacrilex gum	P	
nicotine polacrilex lozg	P	
nicotine pt24	P	
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	P	
ZYBAN TB12 (*Use Bupropion HCl (Smoking Deterrent)*)	NP	QL(2 ea daily)
Vasomotor Symptom Agents		
BRISDELLE CAPS (*Use Paroxetine Mesylate (Vasomotor)*)	NP	
paroxetine mesylate (vasomotor) caps	P	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	P	PA; SP
KALYDECO TABS	P	PA; SP
ORKAMBI TABS 100MG-125MG, 200MG-125MG	P	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS (*Use Doxycycline Hyclate*)	NP	
ADOXA PAK 1/100 TABS (*Use Doxycycline (Monohydrate)*)	NP	
ADOXA PAK 1/150 TABS (*Use Doxycycline (Monohydrate)*)	NP	
ADOXA PAK 2/100 TABS (*Use Doxycycline (Monohydrate)*)	NP	
ADOXA TABS (*Use Doxycycline (Monohydrate)*)	NP	
DORYX TBEC (*Use Doxycycline Hyclate*)	NP	
doxycycline (monohydrate) caps	P	
doxycycline (monohydrate) susr	P	
doxycycline (monohydrate) tabs	P	
doxycycline hyclate caps	P	
doxycycline hyclate tabs	P	
doxycycline hyclate tbec	P	
MINOCIN CAPS (*Use Minocycline HCl*)	NP	
minocycline hcl caps	P	
minocycline hcl tb24	P	
MONODOX CAPS (*Use Doxycycline (Monohydrate)*)	NP	
SOLODYN TB24 (*Use Minocycline HCl*)	NP	
tetracycline hcl caps 250 mg, 500 mg	P	
TETRACYCLINE HCL CAPS 250 MG, 500 MG (*Use Tetracycline HCl*)	NP	
VIBRAMYCIN CAPS (*Use Doxycycline Hyclate*)	NP	
VIBRAMYCIN SUSR (*Use Doxycycline (Monohydrate)*)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	MP
propylthiouracil tabs	P	MP
TAPAZOLE TABS (*Use Methimazole*)	NP	MP
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (*Use Thyroid*)	NP	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (*Use Liothyronine Sodium*)	NP	MP
levothyroxine sodium tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
liothyronine sodium soln iv 10 mcg/ml	P	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	P	MP
NATURE-THROID TABS	P	
SYNTHROID TABS (*Use Levothyroxine Sodium*)	NP	MP
thyroid tabs	P	
THYROLAR-1 TABS	P	
THYROLAR-1/2 TABS	P	
THYROLAR-1/4 TABS	P	
THYROLAR-2 TABS	P	
THYROLAR-3 TABS	P	
TRIOSTAT SOLN (*Use Liothyronine Sodium*)	NP	
WESTHROID TABS	P	
WP THYROID TABS	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	AL(At least 19 yrs old)
BOOSTRIX SUSP	P	AL(At least 19 yrs old)
DAPTACEL SUSP	P	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX SUSP	P	
KINRIX SUSP	P	
PEDIARIX SUSP	P	
PENTACEL SUSR	P	
QUADRACEL SUSP	P	
TENIVAC INJ	P	AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	P	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Proton Pump Inhibitors		
Omeprazole Delayed Release Tab 20mg	P	QL(1 ea daily);
Antispasmodics		
ANASPAZ TBDP (*Use Hyoscyamine Sulfate*)	NP	
BENTYL CAPS (*Use Dicyclomine HCl*)	NP	
BENTYL SOLN (*Use Dicyclomine HCl*)	NP	
BENTYL TABS (*Use Dicyclomine HCl*)	NP	
chlordiazepoxide hcl-clidinium bromide caps	P	
dicyclomine hcl caps or 10 mg	P	
dicyclomine hcl soln im 10 mg/ml	P	
dicyclomine hcl soln or 10 mg/5ml	P	QL(40 ml daily)
dicyclomine hcl tabs or 20 mg	P	
DONNATAL TABS (*Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine*)	NP	
glycopyrrolate soln ij 0.4 mg/2ml, 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml	P	
glycopyrrolate tabs or 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	P	
hyoscyamine sulfate soln or 0.125 mg/ml	P	
hyoscyamine sulfate subl sl 0.125 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
hyoscyamine sulfate tabs or 0.125 mg	P	
hyoscyamine sulfate tb12 or 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	P	
LEVBID TB12 (*Use Hyoscyamine Sulfate*)	NP	QL(4 ea daily)
LEVSIN TABS (*Use Hyoscyamine Sulfate*)	NP	
LEVSIN/SL SUBL (*Use Hyoscyamine Sulfate*)	NP	
LIBRAX CAPS (*Use Chlordiazepoxide HCl-Clidinium Bromide*)	NP	
methscopolamine bromide tabs	P	
phenobarbital-hyoscyamine-atropine-scopolamine tabs	P	
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	NP	QL(4 ea daily)
ROBINUL SOLN IJ 0.4 MG/2ML, 0.2 MG/ML, 1 MG/5ML, 4 MG/20ML (*Use Glycopyrrolate*)	NP	
ROBINUL TABS OR 1 MG (*Use Glycopyrrolate*)	NP	QL(4 ea daily)
H-2 Antagonists		
CIMETIDINE HCL SOLN	P	QL(27 ml daily)
cimetidine tabs 200 mg	P	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	P	
famotidine susr 40 mg/5ml	P	
famotidine tabs 10 mg, 40 mg	P	
famotidine tabs 20 mg	P	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	NP	RX/OTC
PEPCID AC TABS (*Use Famotidine*)	NP	
PEPCID SUSR 40 MG/5ML (*Use Famotidine*)	NP	
PEPCID TABS 20 MG (*Use Famotidine*)	NP	RX/OTC
PEPCID TABS 40 MG (*Use Famotidine*)	NP	
ranitidine hcl caps or 150 mg	P	QL(2 ea daily)
ranitidine hcl caps or 300 mg	P	QL(1 ea daily)
ranitidine hcl soln ij 50 mg/2ml, 150 mg/6ml	P	
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	P	QL(20 ml daily); AL(Up to 6 yrs old)
ranitidine hcl tabs or 150 mg	P	QL(2 ea daily); RX/OTC
ranitidine hcl tabs or 75 mg, 300 mg	P	QL(2 ea daily)
TAGAMET HB TABS (*Use Cimetidine*)	NP	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (*Use Ranitidine HCl*)	NP	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (*Use Ranitidine HCl*)	NP	QL(2 ea daily)
ZANTAC SOLN IJ 25 MG/ML, 50 MG/2ML (*Use Ranitidine HCl*)	NP	
ZANTAC TABS OR 150 MG (*Use Ranitidine HCl*)	NP	QL(2 ea daily); RX/OTC
ZANTAC TABS OR 300 MG (*Use Ranitidine HCl*)	NP	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	P	QL(420 ml per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS 1 GM (*Use Sucralfate*)	NP	QL(4 ea daily)
sucralfate tabs	P	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (*Use Rabeprazole Sodium*)	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium cpdr	P	RX/OTC
lansoprazole cpdr 15 mg	P	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	P	
lansoprazole tbdp 15 mg, 30 mg	P	PA
NEXIUM 24HR CLEAR MINIS CPDR (*Use Esomeprazole Magnesium*)	NP	RX/OTC
NEXIUM 24HR CPDR (*Use Esomeprazole Magnesium*)	NP	RX/OTC
NEXIUM CPDR (*Use Esomeprazole Magnesium*)	NP	RX/OTC
omeprazole cpdr 10 mg	P	
omeprazole cpdr 20 mg	P	QL(1 ea daily); RX/OTC
omeprazole cpdr 40 mg	P	QL(1 ea daily)
pantoprazole sodium tbec 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	P	QL(2 ea daily)
PREVACID 24HR CPDR (*Use Lansoprazole*)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use Lansoprazole*)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use Lansoprazole*)	NP	
PREVACID SOLUTAB TBDP (*Use Lansoprazole*)	NP	PA
PRILOSEC CPDR 10 MG (*Use Omeprazole*)	NP	
PRILOSEC CPDR 20 MG (*Use Omeprazole*)	NP	QL(1 ea daily); RX/OTC
PRILOSEC CPDR 40 MG (*Use Omeprazole*)	NP	QL(1 ea daily)
PROTONIX TBEC 20 MG (*Use Pantoprazole Sodium*)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (*Use Pantoprazole Sodium*)	NP	QL(2 ea daily)
rabeprazole sodium tbec	P	PA

Drug Name	Drug Tier	Requirements/ Limits
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*Use Misoprostol*)	NP	
misoprostol tabs	P	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs	P	
Urinary Anti-infectives		
FURADANTIN SUSP (*Use Nitrofurantoin*)	NP	QL(40 ml daily); AL(Up to 6 yrs old)
HIPREX TABS (*Use Methenamine Hippurate*)	NP	
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	NP	
MACRODANTIN CAPS (*Use Nitrofurantoin Macrocrystal*)	NP	
methenamine hippurate tabs	P	
methenamine mandelate tabs	P	
nitrofurantoin macrocrystal caps	P	
nitrofurantoin monohyd macro caps	P	
nitrofurantoin susp	P	QL(40 ml daily); AL(Up to 6 yrs old)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	P	
DETROL LA CP24 (*Use Tolterodine Tartrate*)	NP	QL(1 ea daily)
DETROL TABS (*Use Tolterodine Tartrate*)	NP	QL(2 ea daily)
DITROPAN XL TB24 (*Use Oxybutynin Chloride*)	NP	QL(2 ea daily); MP

Western Sky Updated December 1, 2018
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, RX/OTC - both Rx and OTC NDCs
MP-Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
ENABLEX TB24 (*Use Darifenacin Hydrobromide*)	NP	
oxybutynin chloride syrp 5 mg/5ml	P	QL(16 ml daily); MP
oxybutynin chloride tabs 5 mg	P	QL(3 ea daily); MP
oxybutynin chloride tb24 5 mg, 10 mg, 15 mg	P	QL(2 ea daily); MP
tolterodine tartrate cp24 2 mg, 4 mg	P	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	P	QL(2 ea daily)
trospium chloride tabs	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	P	MP
URECHOLINE TABS (*Use Bethanechol Chloride*)	NP	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	P	AL(At least 19 yrs old)
BEXSERO SUSY	P	AL(At least 19 yrs old)
HIBERIX SOLR	P	AL(At least 19 yrs old)
MENACTRA INJ	P	AL(At least 19 yrs old)
MENHIBRIX SOLR	P	
MENOMUNE-A/C/Y/W-135 INJ	P	
MENVEO SOLR	P	AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	P	One per lifetime;QL(1 ml per 999 days retail); AL(At least 65 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	One per lifetime;QL(1 ml per 999 days retail); AL(At least 65 yrs old)
PREVNAR 13 SUSP	P	One per lifetime;QL(1 ml per 999 days retail); AL(At least 65 yrs old)
TRUMENBA SUSY	P	AL(At least 19 yrs old)
Viral Vaccines		
CERVARIX SUSP	P	
ENGERIX-B INJ	P	AL(At least 19 yrs old)
ENGERIX-B SUSP	P	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT SUSP	P	1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 2 yrs old - Up to 49 yrs old)
GARDASIL 9 SUSP	P	AL(At least 19 yrs old - Up to 26 yrs old)
GARDASIL 9 SUSY	P	AL(At least 19 yrs old - Up to 26 yrs old)
GARDASIL SUSP	P	AL(At least 19 yrs old - Up to 26 yrs old)
HAVRIX SUSP	P	AL(At least 19 yrs old)
Influenza Vaccine	P	QL(1 ml per 180 days retail)
IPOL INACTIVATED IPV INJ	P	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II INJ	P	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	P	AL(At least 19 yrs old)
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SHINGRIX SUSR	P	AL(At least 50 yrs old)
TWINRIX SUSP	P	AL(At least 19 yrs old)
VAQTA SUSP	P	AL(At least 19 yrs old)
VARIVAX INJ	P	AL(At least 19 yrs old)
ZOSTAVAX SUSR	P	AL(At least 60 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
ENCARE SUPP	P	
nonoxynol-9 gel	P	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (*Use Nonoxynol-9*)	NP	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	P	
SHUR-SEAL GEL	P	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use Clindamycin Phosphate Vaginal*)	NP	QL(40 gm per fill retail)
clindamycin phosphate vaginal crea	P	QL(40 gm per fill retail)
clotrimazole vaginal crea 1 %	P	QL(45 gm per fill retail)
clotrimazole vaginal crea 2 %	P	QL(20 gm per fill retail)
GYNAZOLE-1 CREA	P	

Drug Name	Drug Tier	Requirements/ Limits
GYNE-LOTRIMIN 3 CREA (*Use Clotrimazole Vaginal*)	NP	QL(20 gm per fill retail)
GYNE-LOTRIMIN CREA (*Use Clotrimazole Vaginal*)	NP	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (*Use Metronidazole Vaginal*)	NP	QL(70 gm per fill retail)
metronidazole vaginal gel	P	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	P	QL(3 ea per fill retail)
miconazole nitrate vaginal crea 2 %	P	QL(45 gm per fill retail)
miconazole nitrate vaginal crea 4 %	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
miconazole nitrate vaginal kit	P	QL(1 gm per fill retail)
miconazole nitrate vaginal kit	P	
miconazole nitrate vaginal supp 100 mg	P	QL(7 ea per fill retail)
MONISTAT 1 COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	NP	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	NP	
MONISTAT 3 COMBINATION PACK KIT (*Use Miconazole Nitrate Vaginal*)	NP	QL(1 gm per fill retail)
MONISTAT 3 CREA (*Use Miconazole Nitrate Vaginal*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
MONISTAT 7 SIMPLY CURE CREA (*Use Miconazole Nitrate Vaginal*)	NP	QL(45 gm per fill retail)
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	NP	QL(45 gm per fill retail)
TERCONAZOLE CREA	P	QL(20 gm per fill retail)
terconazole vaginal crea 0.4 %	P	QL(45 gm per fill retail)
terconazole vaginal crea 0.8 %	P	QL(20 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
terconazole vaginal supp 80 mg	P	QL(3 ea per fill retail)
tioconazole vaginal oint	P	QL(5 gm per fill retail)
VAGISTAT-1 OINT (*Use Tioconazole Vaginal*)	NP	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (*Use Estradiol Vaginal*)	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),
estradiol vaginal crea 0.1 mg/gm	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
estradiol vaginal tabs 10 mcg	P	
PREMARIN CREA VA 0.625 MG/GM	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
VAGIFEM TABS (*Use Estradiol Vaginal*)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ	NP	PA; QL(4 ea per 365 days retail)
AUVI-Q SOAJ	NP	PA; QL(4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj	P	
EPIPEN 2-PAK SOAJ	NP	PA; QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ	NP	PA
Vasopressors		
midodrine hcl tabs	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1000 unit, 2000 unit	P	

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol caps 5000 unit	P	QL(2 ea daily)
cholecalciferol caps 50000 unit	P	Limit 8 per month;QL(0.26 7 ea daily)
cholecalciferol chew 400 unit	P	
cholecalciferol liqd 400 unit/ml	P	
cholecalciferol tabs 400 unit	P	
D-VI-SOL LIQD (*Use Cholecalciferol*)	NP	
DRISDOL CAPS (*Use Ergocalciferol*)	NP	
ergocalciferol caps 50000 unit	P	
MEPHYTON TABS (*Use Phytonadione*)	NP	
phytonadione tabs	P	
vitamin e caps 100 unit, 200 unit, 400 unit	P	QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg	P	
niacin cpcr	P	
niacin tabs	P	
niacin tbcr	P	
NIACIN TR TBCR	P	
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	P	
riboflavin tabs	P	
SLO-NIACIN TBCR (*Use Niacin*)	NP	
thiamine hcl tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
thiamine mononitrate tabs	P	

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