

2026 9 Tier Standard - AmeriHealth Caritas VIP Care MI (HMO-DSNP)

2026 Member Formulary

Formulary ID 26326

CURRENT AS OF 6/1/2026

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
8 HR ARTHRITIS PAIN RELIEF ORAL TABLET EXTENDED RELEASE 650 MG	9	
<i>acetaminophen childrens oral liquid 160 mg/5ml</i>	9	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	9	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	9	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	9	
<i>acetaminophen er oral tablet extended release 650 mg</i>	9	
<i>acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml</i>	9	
<i>acetaminophen extra strength oral tablet 500 mg</i>	9	
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	9	
<i>acetaminophen oral liquid 160 mg/5ml</i>	9	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	9	
<i>acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml, 80 mg/2.5ml</i>	9	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	9	
<i>acetaminophen oral tablet chewable 160 mg</i>	9	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	9	
APAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	9	
APAP EXTRA STRENGTH ORAL TABLET 500 MG	9	

Last Update 05/21/2026

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Drug Name	Drug Tier	Requirements/Limits
<i>arthritis pain relief oral tablet extended release 650 mg</i>	9	
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	2	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	PA
CHILDRENS ACETAMINOPHEN ORAL SUSPENSION 160 MG/5ML	9	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	9	
CHILDRENS NON-ASPIRIN ORAL SUSPENSION 160 MG/5ML	9	
CHILDRENS PAIN RELIEVER ORAL TABLET CHEWABLE 80 MG	9	
CHILDRENS SILAPAP ORAL LIQUID 160 MG/5ML	9	
CURANOL ORAL LIQUID 160 MG/5ML	9	
CVS CHILDS NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG	9	
CVS INFANTS PAIN RELIEF DROPS ORAL SUSPENSION 160 MG/5ML	9	
CVS NON-ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 80 MG	9	
CVS PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML	9	
<i>dual action pain relief oral tablet 125-250 mg</i>	9	
ED-APAP ORAL LIQUID 160 MG/5ML	9	
EQ ACETAMINOPHEN ORAL TABLET 325 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
EQL ACETAMINOPHEN ORAL TABLET 325 MG	9	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	9	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	9	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	9	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	9	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	9	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	9	
<i>ft all day pain relief oral tablet 220 mg</i>	9	
<i>ft arthritis pain external gel 1 %</i>	9	
FT ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	9	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	9	
<i>ft aspirin oral tablet 325 mg</i>	9	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	9	
<i>ft dual action oral tablet 125-250 mg</i>	9	
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	9	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	9	
<i>ft ibuprofen infants oral suspension 50 mg/1.25ml</i>	9	
<i>ft ibuprofen minis oral capsule 200 mg</i>	9	
<i>ft ibuprofen oral capsule 200 mg</i>	9	
<i>ft ibuprofen oral tablet 200 mg</i>	9	
<i>ft pain & fever childrens oral suspension 160 mg/5ml</i>	9	
<i>ft pain & fever infants oral suspension 160 mg/5ml</i>	9	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	9	
<i>ft pain relief extra strength oral tablet 500 mg</i>	9	
<i>ft pain relief oral tablet 200 mg, 325 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
FT PAIN RELIEVER ADULTS RECTAL SUPPOSITORY 650 MG	9	
<i>ft pain reliever children rectal suppository 120 mg</i>	9	
<i>ft pain reliever ex str adult oral tablet 500 mg</i>	9	
<i>ft rapid release pain relief oral tablet 500 mg</i>	9	
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	9	
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	9	
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	9	
<i>gnp acetaminophen oral tablet 325 mg</i>	9	
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	9	
<i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i>	9	
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	9	
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	9	
GNP PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML	9	
<i>gnp pain relief extra strength oral tablet 500 mg</i>	9	
<i>gnp pain relief oral tablet 325 mg</i>	9	
GOODSENSE ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	9	
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	9	
GOODSENSE PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML	9	
<i>goodsense pain relief extra st oral tablet 500 mg</i>	9	
<i>goodsense pain relief oral tablet 325 mg</i>	9	
HM PAIN RELIEF ORAL TABLET EXTENDED RELEASE 650 MG	9	
LIQUID ACETAMINOPHEN ORAL LIQUID 160 MG/5ML	9	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	9	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
MAPAP ORAL CAPSULE 500 MG	9	
MAPAP ORAL LIQUID 160 MG/5ML	9	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML	9	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	9	
MEIJER ASPIRIN FREE ORAL TABLET 325 MG, 500 MG	9	
<i>menstrual pain relief oral tablet 500-25-15 mg</i>	9	
<i>m-pap oral liquid 160 mg/5ml</i>	9	
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	MME
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	9	
<i>pain & fever infants oral suspension 160 mg/5ml</i>	9	
PAIN & FEVER KIDS ORAL SUSPENSION 160 MG/5ML	9	
PAIN AND FEVER RELIEF KIDS ORAL LIQUID 160 MG/5ML	9	PA
PAIN RELIEF EXTRA STRENGTH ORAL CAPSULE 500 MG	9	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	9	
PANADOL EXTRA ORAL TABLET 500-65 MG	9	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	9	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	9	
QC 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	9	
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	9	
<i>qc dual action pain reliever oral tablet 125-250 mg</i>	9	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>qc ibuprofen childrens oral suspension 100 mg/5ml</i>	9	
<i>qc ibuprofen infants oral suspension 50 mg/1.25ml</i>	9	
<i>qc menstrual pain relief oral tablet 500-25-15 mg</i>	9	
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	9	
<i>qc pain relief extra strength oral tablet 500 mg</i>	9	
<i>qc pain relief oral tablet 325 mg</i>	9	
RA CHILDRENS FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	9	
RA TENSION HEADACHE ORAL TABLET 500-65 MG	9	
SB NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG	9	
SB PAIN RELIEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML	9	
SM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG	9	
<i>sm pain reliever ex st oral tablet 500 mg</i>	9	
TENSION HEADACHE ORAL TABLET 500-65 MG	9	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	9	
Nonsteroidal Anti-inflammatory Drugs		
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	9	PA
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG	9	
ADVIL ORAL CAPSULE 200 MG	9	
ALEVE ORAL CAPSULE 220 MG	9	
ALEVE ORAL TABLET 220 MG	9	
<i>all day pain relief oral tablet 220 mg</i>	9	
<i>all day relief oral tablet 220 mg</i>	9	
<i>arthritis pain reliever external gel 1 %</i>	9	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	9	
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
CHILDRENS IBUPROFEN ORAL SUSPENSION 200 MG/10ML	9	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML	9	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	9	
<i>diclofenac epolamine external patch 1.3 %</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	9	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	
EQ NAPROXEN SODIUM ORAL CAPSULE 220 MG	9	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
FLANAX ORAL TABLET 220 MG	9	
<i>flurbiprofen oral tablet 100 mg</i>	2	
FT NAPROXEN SODIUM ORAL CAPSULE 220 MG	9	
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	9	
GNP DICLOFENAC SODIUM EXTERNAL GEL 1 %	9	
GNP DUAL ACTION PAIN RELIEVER ORAL TABLET 125-250 MG	9	PA
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	9	
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	9	
<i>gnp ibuprofen oral capsule 200 mg</i>	9	
<i>gnp ibuprofen oral tablet 200 mg</i>	9	
<i>gnp naproxen sodium oral capsule 220 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp naproxen sodium oral tablet 220 mg</i>	9	
GOODSENSE ARTHRITIS PAIN EXTERNAL GEL 1 %	9	
GOODSENSE DUAL ACTION ORAL TABLET 125-250 MG	9	PA
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	9	
GOODSENSE IBUPROFEN CHILDRENS ORAL TABLET CHEWABLE 100 MG	9	
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	9	
<i>goodsense ibuprofen oral capsule 200 mg</i>	9	
<i>goodsense ibuprofen oral tablet 200 mg</i>	9	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	9	
HY-VEE ALL DAY RELIEF ORAL TABLET 220 MG	9	
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML	9	
<i>ibu oral tablet 400 mg</i>	1	
<i>ibu oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibu oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
IBU-200 ORAL TABLET 200 MG	9	
IBUPROFEN 100 JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	9	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	9	
IBUPROFEN CHILDRENS ORAL SUSPENSION 200 MG/10ML	9	
IBUPROFEN INFANTS ORAL SUSPENSION 50 MG/1.25ML	9	
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	9	
<i>ibuprofen oral capsule 200 mg</i>	9	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral suspension 200 mg/10ml</i>	9	
<i>ibuprofen oral tablet 200 mg</i>	9	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet chewable 100 mg</i>	9	
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	9	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
KLS IBUPROFEN IB ORAL TABLET 200 MG	9	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	2	
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	9	
MEDI-PROFEN ORAL CAPSULE 200 MG	9	
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	9	
MEDI-PROFEN ORAL TABLET 200 MG	9	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
MM IBUPROFEN ORAL TABLET 200 MG	9	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG	9	
MOTRIN IB ORAL TABLET 200 MG	9	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML	9	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	3	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	3	
<i>naproxen oral tablet delayed release 500 mg</i>	2	
<i>naproxen sodium oral capsule 220 mg</i>	9	
<i>naproxen sodium oral tablet 220 mg</i>	9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG	9	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
PROPRINAL ORAL CAPSULE 200 MG	9	
<i>qc ibuprofen oral capsule 200 mg</i>	9	
<i>qc ibuprofen oral tablet 200 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
QC NAPROXEN SODIUM ORAL CAPSULE 220 MG	9	
<i>qc naproxen sodium oral tablet 220 mg</i>	9	
SB INFANTS IBUPROFEN ORAL SUSPENSION 50 MG/1.25ML	9	
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	9	
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	9	
<i>sm ibuprofen oral tablet 200 mg</i>	9	
<i>sm naproxen sodium oral tablet 220 mg</i>	9	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
WAL-PROFEN ORAL TABLET 200 MG	9	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>	4	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	4	PA; MME; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MME; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	MME; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	MME; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MME; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	2	MME
<i>tramadol hcl oral tablet 50 mg</i>	2	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
ANECREAM EXTERNAL CREAM 4 %	9	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 %	9	

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<i>lidocaine external cream 4 %</i>	9	
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	
LIDOCAINE PAIN RELIEF MAX ST EXTERNAL PATCH 4 %	9	QL (30 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
LMX 4 EXTERNAL CREAM 4 %	9	
ZTLIDO EXTERNAL PATCH 1.8 %	4	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	QL (1 EA per 28 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>nicotine transdermal patch 24 hour 14 mg/24hr</i>	9	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (150 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	6	
<i>naltrexone hcl oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	3	
Opioid Reversal Agents		
FT NALOXONE HCL NASAL LIQUID 4 MG/0.1ML	9	
GNP NALOXONE HCL NASAL LIQUID 4 MG/0.1ML	9	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	6	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	6	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	6	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	6	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	9	
NARCAN NASAL LIQUID 4 MG/0.1ML	9	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	6	
REXTOVY NASAL LIQUID 4 MG/0.25ML	6	
REZENOPY NASAL LIQUID 10 MG/0.11ML	6	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
EQ NICOTINE MOUTH/THROAT GUM 4 MG	9	
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 4 MG	9	
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	9	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	9	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	9	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	9	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	9	
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG	9	QL (600 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	9	
GOODSENSE NICOTINE POLICRILEX MOUTH/THROAT GUM 4 MG	9	QL (720 EA per 30 days)
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	9	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	9	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	9	
KLS QUIT4 MOUTH/THROAT GUM 4 MG	9	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	9	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	9	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	9	
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	9	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	9	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	9	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	9	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	9	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	9	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	9	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	9	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	9	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR	9	
<i>sm nicotine mouth/throat gum 4 mg</i>	9	
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	9	
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	9	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	9	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	2	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	2	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	2	QL (6 EA per 180 days)
<i>ft triple antibiotic external ointment 3.5-400-5000</i>	9	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	4	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	4	
Beta-lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium intravenous solution prefilled syringe 2 gm/10ml</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	5	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium in dextrose intravenous solution 2 gm/100ml</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	2	
<i>nafcillin sodium injection solution reconstituted 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	2	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
<i>piperacillin-tazobactam-nacl intravenous solution reconstituted 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml</i>	2	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	2	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	QL (136 ML per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i>	5	QL (20 EA per 10 days)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
<i>brivaracetam oral solution 10 mg/ml</i>	2	QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (360 ML per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	2	ST; QL (360 EA per 30 days)
<i>levetiracetam oral tablet disintegrating soluble 500 mg</i>	2	ST; QL (180 EA per 30 days)
<i>perampanel oral suspension 0.5 mg/ml</i>	5	ST; QL (720 ML per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	ST; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	ST; QL (60 EA per 30 days)
<i>roweepra oral tablet 500 mg</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	ST; QL (180 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral solution 25 mg/ml</i>	2	PA; QL (480 ML per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>midazolam intramuscular solution auto-injector 10 mg/0.7ml</i>	2	QL (2.8 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
RELGAABI ORAL CAPSULE 200 MG	5	ST; QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	2	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	5	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	ST
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	5	ST
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (28 EA per 180 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA
<i>imipramine pamoate oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	2	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg</i>	2	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	2	QL (120 EA per 30 days)
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>ft motion sickness oral tablet 25 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft motion sickness oral tablet chewable 25 mg</i>	9	
<i>gnp motion sickness relief oral tablet 25 mg</i>	9	
<i>gnp motion sickness relief oral tablet chewable 25 mg</i>	9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>meclizine hcl oral tablet chewable 25 mg</i>	9	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>motion sickness relief oral tablet 25 mg</i>	9	
<i>motion-time oral tablet chewable 25 mg</i>	9	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	QL (180 EA per 30 days)
<i>promethegan rectal suppository 50 mg</i>	4	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	B/D
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
3 DAY VAGINAL VAGINAL CREAM 2 %	9	

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Drug Name	Drug Tier	Requirements/Limits
7 DAY VAGINAL VAGINAL CREAM 2 %	9	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	B/D
<i>antifungal (clotrimazole) external cream 1 %</i>	9	
<i>antifungal external cream 2 %</i>	9	
<i>athletes foot (clotrimazole) external cream 1 %</i>	9	
ATHLETES FOOT EXTERNAL CREAM 1 %	9	
ATHLETES FOOT EXTERNAL SOLUTION 1 %	9	
AZOLEN TINCTURE EXTERNAL SOLUTION 2 %	9	
<i>butenafine hcl external cream 1 %</i>	9	
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	PA
<i>clotrimazole anti-fungal external cream 1 %</i>	9	
<i>clotrimazole external cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	2	QL (150 EA per 30 days)
<i>clotrimazole vaginal cream 1 %</i>	9	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
CVS ATHLETES FOOT (TOLNAFTATE) EXTERNAL CREAM 1 %	9	
CVS MICONAZOLE 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & %	9	
CVS TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 %	9	
DESENEX EXTERNAL CREAM 1 %	9	
<i>econazole nitrate external cream 1 %</i>	2	
EQ ATHLETES FOOT (TOLNAFTATE) EXTERNAL CREAM 1 %	9	
EQ MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & %	9	
EQ TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 %	9	
EQL ATHLETES FOOT EXTERNAL CREAM 1 %	9	

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Drug Name	Drug Tier	Requirements/Limits
EQL MICONAZOLE 3 VAGINAL KIT 200 & 2 MG-% (9GM)	9	
EQL TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	9	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
FT 7 DAY VAGINAL VAGINAL CREAM 1 %	9	
<i>ft antifungal external cream 1 %, 2 %</i>	9	
<i>ft athletes foot (butenafine) external cream 1 %</i>	9	
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	9	
<i>ft clotrimazole 3 vaginal cream 2 %</i>	9	
<i>ft clotrimazole vaginal cream 1 %</i>	9	
FT MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & %	9	
<i>ft miconazole 3 comb pack-supp vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>ft miconazole 7 vaginal cream 2 %</i>	9	
FT TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	9	
FUNGI-GUARD EXTERNAL CREAM 1 %	9	
<i>gnp athletes foot external cream 1 %</i>	9	
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	9	
GNP MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & %	9	
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>gnp miconazole 7 vaginal cream 2 %</i>	9	
<i>gnp tolnaftate external cream 1 %</i>	9	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>klayesta external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
LOTRIMIN AF EXTERNAL CREAM 1 %	9	PA
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 %	9	
MICADERM EXTERNAL CREAM 2 %	9	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	4	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	2	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	2	
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	9	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>miconazole 7 vaginal cream 2 %</i>	9	
<i>miconazole nitrate combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>miconazole nitrate external cream 2 %</i>	9	
<i>miconazole nitrate external solution 2 %</i>	9	
MICONI-AL EXTERNAL SOLUTION 2 %	9	
MICOTRIN AC EXTERNAL CREAM 1 %	9	PA
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & %	9	
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & %	9	
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 %	9	
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	9	
MYCOZYL AC EXTERNAL CREAM 1 %	9	PA
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystop external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	2	PA; QL (96 EA per 30 days)
PRO-EX ANTIFUNGAL EXTERNAL CREAM 1 %	9	
QC ANTIFUNGAL (TOLNAFTATE) EXTERNAL CREAM 1 %	9	
<i>qc clotrimazole external cream 1 %</i>	9	
<i>qc miconazole 7 vaginal cream 2 %</i>	9	
RA FOOT CARE (TOLNAFTATE) EXTERNAL CREAM 1 %	9	
RA TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 %	9	
SB ANTI-FUNGAL EXTERNAL CREAM 1 %	9	
SB CLOTRIMAZOLE FOOT EXTERNAL CREAM 1 %	9	
<i>sm 3-day vaginal vaginal cream 2 %</i>	9	
<i>sm miconazole 7 vaginal cream 2 %</i>	9	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
TINACTIN EXTERNAL CREAM 1 %	9	
TINEACIDE EXTERNAL CREAM 2 %	9	
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	9	
TM-CLOTRIMAZOLE EXTERNAL CREAM 1 %	9	
TOLNAFTATE ANTIFUNGAL EXTERNAL CREAM 1 %	9	
<i>tolnaftate external cream 1 %</i>	9	
<i>tolnaftate external powder 1 %</i>	9	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM)	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	5	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	B/D
LEUKERAN ORAL TABLET 2 MG	5	PA
<i>lomustine oral capsule 10 mg</i>	2	
<i>lomustine oral capsule 100 mg, 40 mg</i>	5	
MATULANE ORAL CAPSULE 50 MG	5	
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5	PA
<i>nilutamide oral tablet 150 mg</i>	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 EA per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	5	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (240 EA per 30 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	2	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	4	
TABLOID ORAL TABLET 40 MG	4	PA
XROMI ORAL SOLUTION 100 MG/ML	4	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (60 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA; QL (66 EA per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
INLURIYO ORAL TABLET 200 MG	5	PA
IWILFIN ORAL TABLET 192 MG	5	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (90 EA per 30 days)
HYRNUO ORAL TABLET 10 MG	5	PA; QL (120 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib d-tartrate oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
<i>pazopanib hcl oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TRUQAP ORAL TABLET 200 MG	5	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; QL (42 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>tretinoin oral capsule 10 mg</i>	5	PA
Treatment Adjuncts		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	
<i>ivermectin external lotion 0.5 %</i>	9	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	2	
SKLICE EXTERNAL LOTION 0.5 %	9	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (12 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	ST
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	3	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	3	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA; QL (8 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (360 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 150 mg</i>	2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
<i>rilpivirine hcl oral tablet 25 mg</i>	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (90 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (42 ML per 365 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (1840 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	QL (6 ML per 365 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	2	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (84 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (1080 ML per 84 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i>	3	QL (20 EA per 5 days)
<i>paxlovid (300/100 & 150/100) oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i>	3	QL (11 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i>	3	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	6	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	2	PA; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	3	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin aspart injection solution 100 unit/ml</i>	2	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro injection solution 100 unit/ml</i>	2	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	2	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
INSULIN SYRINGE 27G X 1/2" 1 ML, 29G 0.3 ML	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD DASH INTRO (GEN 4) KIT	3	
OMNIPOD DASH PDM (GEN 4) KIT	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
PEN NEEDLES 31G X 4 MM , 31G X 5 MM , 31G X 8 MM	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	2	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	2	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
TAVNEOS ORAL CAPSULE 10 MG	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
XOLREMDI ORAL CAPSULE 100 MG	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
Platelet Modifying Agents		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	9	QL (30 EA per 30 days)
<i>aspirin low dose oral tablet chewable 81 mg</i>	9	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	9	
<i>aspirin oral tablet 325 mg</i>	9	
<i>aspirin oral tablet chewable 81 mg</i>	9	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	9	
<i>aspirin rectal suppository 300 mg</i>	9	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	9	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	9	
BRILINTA ORAL TABLET 90 MG	4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	5	PA
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	9	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	9	
FT ASPIRIN ORAL TABLET CHEWABLE 81 MG	9	
FT ENTERIC COATED ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
GENUINE ASPIRIN ORAL TABLET 325 MG	9	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	9	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
GNP ASPIRIN ORAL TABLET 325 MG	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>	9	
GOODSENSE ASPIRIN ADULTS ORAL TABLET 325 MG	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>goodsense aspirin oral tablet chewable 81 mg</i>	9	
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	9	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	9	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	9	
MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG	9	
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	9	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	9	QL (30 EA per 30 days)
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	9	QL (30 EA per 30 days)
<i>qc aspirin oral tablet 325 mg</i>	9	
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG	9	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG	9	
SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG	9	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	9	
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	9	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	9	
SM ASPIRIN TRI-BUFFERED ORAL TABLET 325 MG	9	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
<i>tri-buffered aspirin oral tablet 325 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	2	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	PA
<i>nimodipine oral capsule 30 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	5	PA; QL (4 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg</i>	2	PA; QL (90 EA per 30 days)
<i>ivabradine hcl oral tablet 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	5	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>niacin er oral capsule extended release 500 mg</i>	9	
<i>niacin er oral tablet extended release 500 mg</i>	9	
<i>niacin oral tablet 100 mg, 500 mg</i>	9	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
<i>prevalite oral packet 4 gm</i>	2	
<i>prevalite oral powder 4 gm/dose</i>	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (56 EA per 180 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (28 EA per 180 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	5	PA
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	9	PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (60 EA per 30 days)
<i>phentermine hcl oral tablet 8 mg</i>	9	PA; AL (Min 17 Years and Max 999 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	9	PA; AL (Min 12 Years and Max 999 Years)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	ST; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	2	QL (55 EA per 180 days)
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	ST; QL (55 EA per 180 days)
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (14 EA per 28 days)
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	PA; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	2	PA; QL (120 EA per 180 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; QL (20 ML per 180 days)
PONVORY ORAL TABLET 20 MG	5	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	5	PA; QL (14 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	5	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (28 EA per 180 days)
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetanide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents - Treatment Of Skin Conditions		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA
<i>acne medication 10 external gel 10 %</i>	9	
ACNE MEDICATION 10 EXTERNAL LOTION 10 %	9	
ACNE MEDICATION 2.5 EXTERNAL GEL 2.5 %	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>acne medication 5 external gel 5 %</i>	9	
<i>adapalene external cream 0.1 %</i>	9	
<i>adapalene external gel 0.1 %</i>	9	
<i>adapalene external gel 0.3 %</i>	2	
<i>adapalene treatment external gel 0.1 %</i>	9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	9	
<i>benzoyl peroxide external liquid 10 %</i>	9	
<i>benzoyl peroxide external lotion 10 %</i>	9	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	9	
BP WASH EXTERNAL LIQUID 5 %	9	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
CVS ADVANCED 3-IN-1 CLEANSER EXTERNAL LIQUID 5 %	9	
DIFFERIN CLEANSER EXTERNAL LIQUID 5 %	9	
DIFFERIN EXTERNAL CREAM 0.1 %	9	
DIFFERIN EXTERNAL GEL 0.1 %, 0.3 %	9	
DIFFERIN EXTERNAL LOTION 0.1 %	9	
FABIOR EXTERNAL FOAM 0.1 %	9	
GNP ADAPALENE EXTERNAL GEL 0.1 %	9	QL (45 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	2	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>anti-itch maximum strength external cream 1 %</i>	9	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 %	9	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 %	9	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	2	QL (50 ML per 30 days)
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 %	9	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 %	9	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 %	9	

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Drug Name	Drug Tier	Requirements/Limits
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 %	9	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 %	9	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 %	9	
CVS HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 0.5 %	9	
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	2	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	2	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external lotion 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>ft itch relief max strength external cream 1 %</i>	9	
<i>ft itch relief max strength external ointment 1 %</i>	9	
<i>ft itch relief/aloe max str external cream 1 %</i>	9	
<i>gnp hydrocortisone external cream 0.5 %</i>	9	
<i>gnp hydrocortisone max st external ointment 1 %</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp hydrocortisone plus external cream 1 %</i>	9	
<i>gnp hydrocortisone/aloe external cream 1 %</i>	9	
GOODSENSE ANTI-ITCH MAX STR EXTERNAL CREAM 1 %	9	
GOODSENSE ANTI-ITCH MAXIMUM ST EXTERNAL OINTMENT 1 %	9	
<i>halobetasol propionate external cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	2	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone acetate external cream 1 %</i>	9	
<i>hydrocortisone acetate external ointment 1 %</i>	9	
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 0.5 %</i>	9	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone max st external cream 1 %</i>	9	
HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 %	9	
HYDROCORTISONE PLUS EXTERNAL CREAM 1 %	9	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
<i>hydrocortisone/aloe max str external cream 1 %</i>	9	
HYFTOR EXTERNAL GEL 0.2 %	5	PA
INSTACORT 5 EXTERNAL CREAM 0.5 %	9	
MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM 1 %	9	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	2	ST
QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 %	9	

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Drug Name	Drug Tier	Requirements/Limits
SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 %	9	
<i>selenium sulfide external lotion 2.5 %</i>	2	
SM HYDROCORTISONE EXTERNAL CREAM 0.5 %	9	
<i>sm hydrocortisone external cream 1 %</i>	9	
<i>sm hydrocortisone max st external ointment 1 %</i>	9	
<i>sm hydrocortisone plus external cream 1 %</i>	9	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	2	
Dermatological Agents		
<i>hydrocortisone external cream 0.5 %</i>	9	
Dermatological Agents, Other		
ALCOHOL PAD	9	QL (200 EA per 30 days)
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 28 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	2	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	2	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (55 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	5	PA; QL (41 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>tretinoin external gel 0.05 %</i>	9	
<i>tretinoin microsphere pump external gel 0.08 %</i>	9	
Pediculicides/Scabicides		
<i>ft lice killing max st external shampoo 0.33-4 %</i>	9	
GNP LICE KILLING EXTERNAL SHAMPOO 0.33-4 %	9	QL (59 ML per 30 days)
<i>gnp lice treatment external liquid 1 %</i>	9	
GOODSENSE LICE KILLING EXTERNAL LIQUID 1 %	9	QL (59 ML per 30 days)
GOODSENSE LICE KILLING MAX STR EXTERNAL SHAMPOO 0.33-4 %	9	
LICE KILLING SHAMPOO MAX STR EXTERNAL SHAMPOO 0.33-4 %	9	QL (59 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	2	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	2	QL (60 GM per 30 days)
RA LICE TREATMENT EXTERNAL LIQUID 1 %	9	
SB LICE TREATMENT EXTERNAL LIQUID 1 %	9	
SM LICE TREATMENT EXTERNAL LIQUID 1 %	9	QL (59 ML per 30 days)
VANALICE EXTERNAL GEL 0.3-3.5 %	9	
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	2	QL (30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir external ointment 5 %</i>	2	QL (30 GM per 30 days)
BETADINE EXTERNAL SOLUTION 10 %	9	
<i>ciclopirox external solution 8 %</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	QL (60 EA per 30 days)
CVS POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
EQ FIRST AID ANTISEPTIC EXTERNAL SOLUTION 10 %	9	
EQ POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
<i>ery external pad 2 %</i>	2	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	QL (60 ML per 30 days)
FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-500-10000	9	
FIRST AID ANTISEPTIC EXTERNAL OINTMENT 10 %	9	
FT POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
GNP POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
<i>gnp triple antibiotic external ointment</i>	9	
GOODSENSE FIRST AID ANTIBIOTIC EXTERNAL OINTMENT	9	
LANABIOTIC EXTERNAL OINTMENT 5-500-10000	9	
MEIJER TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000	9	
<i>metronidazole external cream 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	2	QL (45 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external gel 1 %</i>	2	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	2	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (44 GM per 30 days)
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000	9	
<i>penciclovir external cream 1 %</i>	2	QL (5 GM per 30 days)
<i>povidone-iodine external solution 10 %</i>	9	
QC POVIDONE IODINE EXTERNAL SOLUTION 10 %	9	
QC TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000	9	
RA ANTISEPTIC EXTERNAL SOLUTION 10 %	9	
SB POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
SB TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000	9	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
SM POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	9	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	9	
TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 MG-UNIT	9	
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
<i>chromic chloride intravenous solution 40 mcg/10ml</i>	9	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	9	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	9	
<i>iron chews pediatric oral tablet chewable 15 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
<i>klor-con m10 oral tablet extended release 10 meq</i>	3	
<i>klor-con m15 oral tablet extended release 15 meq</i>	3	
<i>klor-con m20 oral tablet extended release 20 meq</i>	3	
KLOR-CON ORAL PACKET 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
K-PHOS ORAL TABLET 500 MG	9	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	9	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	9	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	9	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	9	
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	9	
MAOX ORAL TABLET 420 MG	9	
OSTEOPRIME PLUS ORAL TABLET	9	
<i>oyster shell calcium oral tablet 500 mg</i>	9	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	9	
<i>phosphorus supplement oral packet 280-160-250 mg</i>	9	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	9	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	9	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
PRO-CAL ORAL TABLET	9	
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	9	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	9	
<i>sodium chloride (pf) injection solution 0.9 %</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	2	
<i>sodium chloride oral tablet 1 gm</i>	9	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
ULTRA BONEUP ORAL TABLET	9	
WES-PHOS 250 NEUTRAL ORAL TABLET 155-852-130 MG	9	
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	9	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	5	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	2	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
<i>penicillamine oral tablet 250 mg</i>	5	PA
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	5	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	5	PA; QL (56 EA per 28 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
A THRU Z ADVANCED ADULT ORAL TABLET	9	
A THRU Z ADVANCED ORAL TABLET	9	
A THRU Z HIGH POTENCY ORAL TABLET	9	
A THRU Z SELECT ADVANCED ORAL TABLET	9	
A THRU Z SELECT ULTIMATE WOMEN ORAL TABLET	9	
A THRU Z ULTIMATE MENS ORAL TABLET	9	
ABC COMPLETE ADULT ORAL TABLET	9	
ABC COMPLETE MENS ORAL TABLET	9	
ABC COMPLETE SENIOR 50+ ORAL TABLET	9	
ABC COMPLETE SENIOR MENS 50+ ORAL TABLET	9	
ABC COMPLETE SENIOR WOMENS 50+ ORAL TABLET	9	
ABC COMPLETE WOMENS ORAL TABLET	9	
ACCRUFER ORAL CAPSULE 30 MG	9	
<i>active fe oral tablet 75-1.25 mg</i>	9	
ACTIVITE ORAL TABLET 1 MG	9	
ALIVE DAILY ENERGY ORAL TABLET	9	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	9	
ALIVE ENERGY 50+ ORAL TABLET	9	
ALIVE MENS 50+ ORAL TABLET	9	
ALIVE MENS COMPLETE MULTI ORAL TABLET	9	
ALIVE ONCE DAILY WOMENS ORAL TABLET	9	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	9	
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	9	
ALIVE WOMENS ENERGY ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
ALPHA BETIC ORAL TABLET	9	
ANTIOXIDANT A/C/E/SELENIUM ORAL TABLET	9	
ANTIOXIDANT FORMULA ORAL TABLET	9	
ANTIOXIDANT VITAMINS ORAL TABLET	9	
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	9	
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	9	
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	9	
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	9	
<i>b-2 oral tablet 100 mg</i>	9	
BACMIN ORAL TABLET	9	
BASIC AM ORAL TABLET	9	
BASIC PM ORAL TABLET	9	
<i>b-complex/b-12 oral tablet</i>	9	
BENTIVITE ORAL TABLET 35-1 MG	9	
<i>beta carotene high potency oral capsule 25000 unit</i>	9	
<i>beta carotene oral capsule 25000 unit</i>	9	
BIOCEL ORAL TABLET	9	
BONEUP VEGETARIAN ORAL TABLET	9	
BP VIT 3 ORAL CAPSULE 1 MG	9	
B-PLEX PLUS ORAL TABLET	9	
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	9	
CALCIDOL ORAL SOLUTION 200 MCG/ML	9	
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	9	
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	9	
<i>calcium 600+d3 oral tablet 600-20 mg-mcg</i>	9	
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	9	
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	9	
<i>calcium citrate oral tablet 250 mg</i>	9	
<i>calcium-vitamin d3 oral tablet 600-10 mg-mcg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
CENTAVITE A-Z COMPLETE-MINERAL ORAL TABLET	9	
CENTRATEX ORAL CAPSULE 106-1 MG	9	
CENTRAVITES 50 PLUS ORAL TABLET	9	
CENTRAVITES ADULTS ORAL TABLET	9	
CENTRAVITES ORAL TABLET	9	
CENTRUM CARDIO ORAL TABLET	9	
CENTRUM MEN ORAL TABLET	9	
CENTRUM MINIS ADULTS 50+ ORAL TABLET	9	
CENTRUM MINIS MEN 50+ ORAL TABLET	9	
CENTRUM MINIS WOMEN 50+ ORAL TABLET	9	
CENTRUM SILVER ORAL TABLET	9	
CENTRUM SPECIALIST HEART ORAL TABLET	9	
CENTRUM SPECIALIST IMMUNE ORAL TABLET	9	
CENTRUM SPECIALIST VISION ORAL TABLET	9	
CENTURY MATURE ORAL TABLET	9	
CENTURY ORAL TABLET	9	
CEROVITE SENIOR ORAL TABLET	9	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	9	
<i>chelated magnesium oral tablet 100 mg</i>	9	
<i>cholecalciferol oral tablet 50 mcg (2000 ut)</i>	9	
CHROMAGEN ORAL CAPSULE	9	
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG	9	QL (30 EA per 30 days); AL (Min 12 Years and Max 55 Years)
<i>clinisol sf intravenous solution 15 %</i>	4	B/D
COMPANION ORAL TABLET	9	
COMPETE ORAL TABLET	9	
CORVITA 150 ORAL TABLET 150-1.25 MG	9	
CORVITA ORAL TABLET	9	
CORVITE 150 ORAL TABLET	9	
<i>corvite fe oral tablet</i>	9	
<i>cvs d3 oral capsule 50 mcg (2000 ut)</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
CVS DAILY MULTIPLE FOR MEN ORAL TABLET	9	
CVS DAILY MULTIPLE WOMEN 50+ ORAL TABLET	9	
CVS EYE HEALTH & LUTEIN ORAL TABLET	9	
CVS ONE DAILY MENS 50+ ADV ORAL TABLET	9	
CVS ONE DAILY MENS FORMULA ORAL TABLET	9	
CVS ONE DAILY WOMENS 50+ ADV ORAL TABLET	9	
CVS ONE DAILY WOMENS FORMULA ORAL TABLET	9	
CVS SPECTRAVITE MEN ORAL TABLET	9	
CVS SPECTRAVITE SENIOR ORAL TABLET	9	
<i>cvs vitamin b-2 oral tablet 100 mg</i>	9	
CVS WOMENS ACTIVE DAILY ORAL TABLET	9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	9	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	9	
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	9	
<i>d3 high potency oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	9	
<i>d3 oral capsule 50 mcg (2000 ut)</i>	9	
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	9	
DAILY BETIC ORAL TABLET	9	
DAILY COMBO MULTI VITAMINS ORAL TABLET	9	
DAILY MULTIPLE VITAMINS/MIN ORAL TABLET	9	
DAILY-VITE ORAL TABLET	9	
DAYAVITE ORAL TABLET	9	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	9	
<i>dekas essential oral capsule</i>	9	
<i>dekas essential oral liquid</i>	9	
DEKAS PLUS ORAL CAPSULE	9	

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Drug Name	Drug Tier	Requirements/Limits
DEKAS PLUS ORAL LIQUID	9	
DEKAS PLUS ORAL TABLET CHEWABLE	9	
DERMACINRX MULTITAM ORAL TABLET	9	
DERMACINRX RIBOTIN-E ORAL TABLET	9	
DERMACINRX ZINTREXYL-C ORAL TABLET	9	
DERMAVITE ORAL TABLET	9	
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
DIABETES HEALTH FORMULA ORAL TABLET	9	
DIALYVITE 3000 ORAL TABLET 3 MG	9	
DIALYVITE 5000 ORAL TABLET 5 MG	9	
DIALYVITE 800 ORAL TABLET 0.8 MG	9	
DIALYVITE 800 ORAL WAFER 0.8 MG	9	
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG	9	
DIALYVITE 800/ULTRA D ORAL TABLET	9	
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	9	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	9	
DIALYVITE ORAL TABLET	9	
DIALYVITE SUPREME D ORAL TABLET	9	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	9	
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	9	
DIALYVITE/ZINC ORAL TABLET	9	
DIATROL ORAL TABLET	9	
DODEX INJECTION SOLUTION 1000 MCG/ML	9	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	9	
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	9	
<i>e-200 oral capsule 90 mg (200 unit)</i>	9	
ENLYTE ORAL CAPSULE	9	

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Drug Name	Drug Tier	Requirements/Limits
EQ ONE DAILY MENS 50+ ORAL TABLET	9	
EQ ONE DAILY MENS HEALTH ORAL TABLET	9	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	9	
EQ ONE DAILY WOMENS HEALTH ORAL TABLET	9	
EQL CENTURY MATURE ADULTS 50+ ORAL TABLET	9	
EQL CENTURY MATURE MEN 50+ ORAL TABLET	9	
EQL CENTURY MATURE ORAL TABLET	9	
EQL CENTURY MATURE WOMEN 50+ ORAL TABLET	9	
EQL CENTURY MENS ORAL TABLET	9	
EQL CENTURY ORAL TABLET	9	
EQL CENTURY WOMENS ORAL TABLET	9	
EQL ONE DAILY MENS 50+ ADVANCE ORAL TABLET	9	
EQL ONE DAILY MENS HEALTH ORAL TABLET	9	
EQL ONE DAILY MENS ORAL TABLET	9	
EQL ONE DAILY WOMENS 50+ ADV ORAL TABLET	9	
EQL VISION FORMULA ORAL TABLET	9	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	9	
<i>ergocalciferol oral solution 200 mcg/ml</i>	9	
ESSENTIAL BALANCE ORAL TABLET	9	
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET	9	
EYE HEALTH + LUTEIN ORAL TABLET	9	
EYE MULTIVITAMIN/SODIUM ORAL TABLET	9	
EYE-VITES ORAL TABLET	9	
FERATE ORAL TABLET 240 (27 FE) MG	9	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG	9	
FERIVA 21/7 ORAL TABLET 75-1 MG	9	
FEROSUL ORAL TABLET 325 (65 FE) MG	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	9	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	9	
<i>ferrous sulfate oral solution 300 mg/6.8ml</i>	9	AL (Max 12 Years)
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	9	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	9	
FE-VITE IRON ORAL SOLUTION 75 (15 FE) MG/ML	9	
FITNESS TABS FOR MEN AM/PM ORAL TABLET	9	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	9	
FLORAFOL FE PEDIATRIC ORAL SOLUTION 0.25-7 MG/ML	9	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	9	
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	9	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	9	
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	9	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	9	
FLOTREX ORAL TABLET CHEWABLE 1 MG	9	QL (30 EA per 30 days); AL (Max 12 Years)
FOLAMAX ORAL TABLET	9	
FOLBEE ORAL TABLET 2.5-25-1 MG	9	
FOLBIC ORAL TABLET 2.5-25-2 MG	9	
<i>folic acid injection solution 5 mg/ml</i>	9	
<i>folic acid oral tablet 1 mg</i>	9	
FOLIFLEX ORAL TABLET	9	
FOLIKA-BC ORAL TABLET 1 MG	9	
FOLITIN-Z ORAL TABLET	9	
FOLIVANE-F ORAL CAPSULE 125-1 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	9	
FOLTRATE ORAL TABLET 500-1 MCG-MG	9	
FOSTEUM PLUS ORAL CAPSULE	9	
FREEDAVITE ORAL TABLET	9	
<i>ft vitamin d3 oral capsule 50 mcg (2000 ut)</i>	9	
<i>ft vitamin d3 oral tablet 50 mcg</i>	9	
GENICIN VITA-S ORAL TABLET 1 MG	9	
GERI-FREEDA SENIOR FORMULA ORAL TABLET	9	
GERIVITE COMPLETE ORAL TABLET	9	
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	9	
GNP CENTURY MATURE WOMEN'S 50+ ORAL TABLET	9	
<i>gnp childrens chewables/ex c oral tablet chewable</i>	9	
GNP HAIR/SKIN/NAILS ORAL TABLET	9	
GNP HEALTHY EYES ORAL TABLET	9	
<i>gnp iron oral tablet 200 (65 fe) mg</i>	9	
<i>gnp little ones childrens oral tablet chewable</i>	9	
GNP ONE DAILY MENS/LYCOPENE ORAL TABLET	9	
GNP ONE DAILY WOMENS 50+ ORAL TABLET	9	
GNP ONE DAILY WOMENS ORAL TABLET	9	
HAIR SKIN & NAILS ADVANCED ORAL TABLET	9	
HAIR SKIN & NAILS ORAL TABLET	9	
HAIR SKIN AND NAILS FORMULA ORAL TABLET	9	
HAIR/SKIN/NAILS ORAL TABLET	9	
HEAD CARE PROACTIVE HEALTH ORAL TABLET	9	
HEALTHY EYES ORAL TABLET	9	
HI-KOVITE 2-PART FORMULA ORAL TABLET	9	
HM COMPLETE MEN ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
HM WOMENS 50+ ADVANCED DAILY ORAL TABLET	9	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	9	
HYLAZINC ORAL TABLET	9	
ICAPS AREDS FORMULA ORAL TABLET	9	
ICAPS MV ORAL TABLET	9	
INFUVITE ADULT INTRAVENOUS INJECTABLE	9	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	9	
IRON INFANT & TODDLER ORAL SOLUTION 75 (15 FE) MG/ML	9	
IRON INFANT/TODDLER ORAL SOLUTION 75 (15 FE) MG/ML	9	
IROSPAN 24/6 ORAL	9	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
I-VITE ORAL TABLET	9	
KEYFOLIC ORAL TABLET	9	
KEYLOSA ORAL TABLET	9	
KP ADULTS DAILY FORMULA ORAL TABLET	9	
KP MENS 50+ DAILY FORMULA ORAL TABLET	9	
KP MENS DAILY FORMULA ORAL TABLET	9	
KP VISION FORMULA ORAL TABLET	9	
KP VISION FORMULA/LUTEIN ORAL TABLET	9	
KP WOMENS 50+ DAILY FORMULA ORAL TABLET	9	
KP WOMENS DAILY FORMULA ORAL TABLET	9	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	9	
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine sf oral solution 1 gm/10ml</i>	2	
LIVER DETOX ORAL TABLET	9	
LORMATE ORAL CAPSULE	9	
<i>lutein-zeaxanthin oral tablet</i>	9	
LYSIPLEX PLUS ORAL TABLET	9	
MACUVITE EYE CARE ORAL TABLET	9	
MACUVITE ORAL TABLET	9	
MACUVITE/LUTEIN ORAL TABLET	9	
<i>mag 440 oral tablet 440 mg</i>	9	
<i>magnesium gluconate oral tablet 27.5 mg</i>	9	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	9	
MAXIMUM DAILY GREEN ORAL TABLET	9	
MEGA MULTI FOR WOMEN ORAL TABLET	9	
MEGAVITE FRUITS & VEGGIES ORAL TABLET	9	
MEIJER ADVANCED FORMULA ORAL TABLET	9	
MENS 50+ MULTIVITAMIN ORAL TABLET	9	
MENS LIFE PACK ORAL TABLET	9	
MENS MULTIVITAMIN ORAL TABLET	9	
MG PLUS PROTEIN ORAL TABLET 133 MG	9	
MTX SUPPORT ORAL TABLET	9	
MULTI FOR HER 50+ ORAL TABLET	9	
MULTI FOR HER ORAL TABLET	9	
MULTI FOR HIM 50+ ORAL TABLET	9	
MULTI FOR HIM ORAL TABLET	9	
<i>multi vitamin/minerals oral tablet</i>	9	
MULTIPLE VIT/MINERALS/NO IRON ORAL TABLET	9	
MULTIPLE VITAMINS/WOMENS ORAL TABLET	9	
MULTITOL-M ORAL TABLET	9	
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
MULTIVITAMIN ADULT (MINERALS) ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN ADULTS ORAL TABLET	9	
MULTIVITAMIN MEN ORAL TABLET	9	
MULTI-VITAMIN MONOCAPS ORAL TABLET	9	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	9	
MULTIVITAMIN WOMENS 50+ ADV ORAL TABLET	9	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	9	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>multivitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	9	
<i>multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	9	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
MULTI-VITAMIN/MINERALS ORAL TABLET	9	
MULTIVITAMIN/ZINC STRESS ORAL TABLET	9	
MULTIVITAMIN-MINERALS ORAL TABLET	9	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	9	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	9	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	9	
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	9	
MVW COMPLETE FORMULATION ORAL CAPSULE	9	
MVW COMPLETE FORMULATION ORAL SOLUTION	9	

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Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	9	
MYAMULTI ORAL TABLET	9	
NANOVIM 1-3 YEARS ORAL POWDER	9	
NANOVIM 4-8 YEARS ORAL POWDER	9	
NANOVIM 9-18 YEARS ORAL POWDER	9	
NANOVIM T/F ORAL POWDER	9	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	9	
NAT-RUL THERAVITE-M ORAL TABLET	9	
NATRUL-VITES ORAL TABLET	9	
NEOVITE ORAL TABLET	9	
NEPHPLEX RX ORAL TABLET	9	
NEPHRON FA ORAL TABLET	9	
NEPHRONEX ORAL TABLET	9	
NEPHRO-VITE ORAL TABLET 0.8 MG	9	
NICADAN ORAL TABLET	9	
NICAZEL FORTE ORAL TABLET	9	
NICAZEL ORAL TABLET	9	
NIFEREX ORAL TABLET	9	
NIVA-FOL ORAL TABLET 2.5-25-2 MG	9	
NO IRON MULT VITAMIN-MINERALS ORAL TABLET	9	
NUTRICAP ORAL TABLET	9	
NUTRIFAC ZX ORAL TABLET	9	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
OCULAR VITAMINS ORAL TABLET	9	
OCUTABS ORAL TABLET	9	
OCUTABS-LUTEIN ORAL TABLET	9	
OCUVITE EXTRA ORAL TABLET	9	
OCUVITE EYE + MULTI ORAL TABLET	9	
OCUVITE-LUTEIN ORAL TABLET	9	
ONCOVITE ORAL TABLET	9	
ONE DAILY 50 PLUS ORAL TABLET	9	
ONE DAILY CALCIUM/IRON ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
ONE DAILY COMPLETE FOR MEN ORAL TABLET	9	
ONE DAILY COMPLETE ORAL TABLET	9	
ONE DAILY FOR WOMEN 50+ ADV ORAL TABLET	9	
ONE DAILY FOR WOMEN ORAL TABLET	9	
ONE DAILY HEALTHY WEIGHT ADV ORAL TABLET	9	
ONE DAILY HEALTHY WEIGHT ORAL TABLET	9	
ONE DAILY MAXIMUM ORAL TABLET	9	
ONE DAILY MEN FORMULA W/O IRON ORAL TABLET	9	
ONE DAILY MENS 50+ MULTIVIT ORAL TABLET	9	
ONE DAILY MENS 50+/LYCOPENE ORAL TABLET	9	
ONE DAILY MENS ORAL TABLET	9	
ONE DAILY MULTIVIT/IRON-FREE ORAL TABLET	9	
ONE DAILY MULTIVITAMIN MEN ORAL TABLET	9	
ONE DAILY MULTIVITAMIN WOMEN ORAL TABLET	9	
ONE DAILY WOMENS 50 PLUS ORAL TABLET	9	
ONE DAILY WOMENS 50+ ORAL TABLET	9	
ONE DAILY WOMENS ORAL TABLET	9	
ONE DAILY/MINERALS ORAL TABLET	9	
ONE-A-DAY ENERGY ORAL TABLET	9	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	9	
ONE-A-DAY MENS (MINERALS) ORAL TABLET	9	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	9	
ONE-A-DAY MENS 50+ ORAL TABLET	9	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS PRO EDGE ORAL TABLET	9	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	9	
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	9	
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	9	
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	9	
ONE-A-DAY WOMENS 50+ ORAL TABLET	9	
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	9	
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	9	
ONE-A-DAY WOMENS ORAL TABLET	9	
ONE-A-DAY WOMENS PETITES ORAL TABLET	9	
ONE-DAILY MULTI-VIT/MINERAL ORAL TABLET	9	
ONEVITE ORAL TABLET	9	
OPTIC-VITES ORAL TABLET	9	
OPTIC-VITES WITH LUTEIN ORAL TABLET	9	
OPTIMUM PMS ORAL TABLET	9	
OPTIVITE P.M.T. ORAL TABLET	9	
OPURITY B12/FOLIC ACID ORAL TABLET 1000-200 MCG	9	
OPURITY ORAL TABLET	9	
<i>oralyte oral solution</i>	9	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	9	
ORAZINC ORAL TABLET 110 (25 ZN) MG	9	
OSTEOPRIME ULTRA ORAL TABLET	9	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	9	
<i>oyster shell calcium oral tablet 1250 (500 ca) mg</i>	9	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	9	
PARVLEX ORAL TABLET	9	
PAXLYTE ORAL CAPSULE	9	

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Drug Name	Drug Tier	Requirements/Limits
PC PEDIATRIC IRON DROPS ORAL SOLUTION 75 (15 FE) MG/ML	9	
PEDIALYTE FREEZER POPS ORAL SOLUTION	9	
PEDIALYTE ORAL SOLUTION	9	
PEDIALYTE SINGLES ORAL SOLUTION	9	
<i>phos-nak oral packet 280-160-250 mg</i>	9	
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>	9	
PHYTOMULTI ORAL TABLET	9	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	9	
<i>phytonadione oral tablet 5 mg</i>	9	
<i>plenamine intravenous solution 15 %</i>	4	B/D
PNV 27-CA/FE/FA ORAL TABLET 60-1 MG	2	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	9	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	9	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	9	
POLY-VITAMIN/FLUORIDE ORAL SOLUTION 0.5 MG/ML	9	
<i>poly-vitamin/fluoride oral suspension 0.5 mg/ml</i>	9	
<i>prenatal oral tablet 27-1 mg</i>	2	
PRESERVISION AREDS ORAL TABLET	9	
PROCERV HP ORAL TABLET	9	
PROFOLA ORAL TABLET	9	
PROLEEVA ORAL CAPSULE	9	
PRORENAL + D ORAL TABLET	9	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	9	
PROSIGHT ORAL TABLET	9	
PROVIT ORAL TABLET	9	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
QC DAILY MULTIVIT/MULTIMINERAL ORAL TABLET	9	
QC HAIR SKIN & NAILS ORAL TABLET	9	
QC MULTI-VITE 50 & OVER ORAL TABLET	9	
QC MULTI-VITE ORAL TABLET	9	
QC THERIN-M ORAL TABLET	9	
QC WOMENS DAILY MULTIVITAMIN ORAL TABLET	9	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	9	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	9	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	9	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
QUIN B STRONG ORAL TABLET	9	
QUINTABS-M ORAL TABLET	9	
RA CENTRAL-VITE MENS MATURE ORAL TABLET	9	
RA ONE DAILY MAXIMUM ORAL TABLET	9	
RA ONE DAILY MENS 50+ W/VIT D3 ORAL TABLET	9	
RA ONE DAILY MENS MULTI ORAL TABLET	9	
RA ONE DAILY MENS/VIT D-3 ORAL TABLET	9	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	9	
RAYAVIT ORAL TABLET	9	
RENAL ORAL CAPSULE 1 MG	9	
RENAPLEX ORAL TABLET	9	
RENAPLEX-D ORAL TABLET	9	
RENA-VITE RX ORAL TABLET 1 MG	9	
RENO CAPS ORAL CAPSULE 1 MG	9	
RHEUMATE ORAL CAPSULE	9	
SENTRY SENIOR/LUTEIN ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
SIDEROL ORAL TABLET	9	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	9	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG	9	
SM ANTIOXIDANT VITAMINS ORAL TABLET	9	
SM COMPLETE ADVANCED FORMULA ORAL TABLET	9	
SM DAILY DIET SUPPORT ORAL TABLET	9	
SM HAIR/SKIN/NAILS ORAL TABLET	9	
SM ONE DAILY MENS ORAL TABLET	9	
SM ONE DAILY WOMENS ORAL TABLET	9	
SM OPTI-VITAMINS ORAL TABLET	9	
<i>sm pediatric electrolyte oral solution</i>	9	
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>	9	
SOLO ORAL TABLET	9	
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	9	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	9	
SOLUVITA WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	9	
STRESS B COMPLEX/ANTIOXID/ZINC ORAL TABLET	9	
STRESSTABS ADVANCED ORAL TABLET	9	
STROVITE ONE ORAL TABLET	9	
SUPER AYTINAL 50 PLUS ORAL TABLET	9	
SUPER AYTINAL ORAL TABLET	9	
SUPER MULTIPLE ORAL TABLET	9	
SUPER VITA-MINS ORAL TABLET	9	
SUPERIOR MENS MULTI ORAL TABLET	9	
SUPERIOR WOMENS MULTI ORAL TABLET	9	
SYSTANE ICAPS AREDS2 ORAL TABLET	9	
TALIVA ORAL CAPSULE 1 MG	9	
<i>taron forte oral capsule</i>	9	
THERA ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
THERA VITAL M ORAL TABLET	9	
THERA VITAL-M ORAL TABLET	9	
THERABASIC-M ORAL TABLET	9	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	9	
THERAGRAN-M ADVANCED ORAL TABLET	9	
THERAGRAN-M ORAL TABLET	9	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	9	
THERAGRAN-M PREMIER ORAL TABLET	9	
THERAPEUTIC FORMULA/HEMATINICS ORAL TABLET	9	
THERAPEUTIC-M ORAL TABLET	9	
THERA-TABS M ORAL TABLET	9	
THERATRUM COMPLETE 50 PLUS ORAL TABLET	9	
THERATRUM COMPLETE ORAL TABLET	9	
THERA-VITE MAX-M ORAL TABLET	9	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	9	
THRIVE FOR LIFE WOMENS ORAL TABLET	9	
TM-DAILY VITE ORAL TABLET	9	
TM-VITE RX ORAL TABLET 1 MG	9	
TOBAKIENT ORAL CAPSULE	9	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	9	
TRIPHROCAPS ORAL CAPSULE 1 MG	9	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	9	
TRONVITE ORAL TABLET 1 MG	9	
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE 324 MG	9	
TRUE FOLIC ACID ORAL TABLET 1 MG	9	
<i>true magnesium oxide oral tablet 500 mg</i>	9	
TRUE OYSTER SHELL CALCIUM ORAL TABLET 1250 (500 CA) MG	9	
<i>true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>true vitamin b3 oral tablet 500 mg</i>	9	
<i>true vitamin b6 oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	9	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT), 50 MCG (2000 UT)	9	
<i>true vitamin d3 oral capsule 10 mcg (400 unit)</i>	9	
<i>true vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg</i>	9	
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	9	
<i>true vitamin e oral capsule 180 mg, 90 mg</i>	9	
TRUE VITAMIN E ORAL CAPSULE 450 MG	9	
<i>truelyte oral solution</i>	9	
<i>tulivite oral tablet 35-1 mg</i>	9	
T-VITES ORAL TABLET	9	
UDAMIN SP ORAL TABLET	9	
ULTRA CALCIUM + VITAMIN D3 ORAL TABLET 600-10 MG-MCG	9	
ULTRA FREEDA ORAL TABLET	9	
ULTRA FREEDA/IRON ORAL TABLET	9	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	9	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	9	
VENEXA FE ORAL TABLET	9	
VENEXA ORAL TABLET	9	
VENTRIXYL FE ORAL TABLET	9	
VENTRIXYL ORAL TABLET	9	
VISION FORMULA/LUTEIN ORAL TABLET	9	
VISION VITAMINS ORAL TABLET	9	
VITA HAIR ORAL TABLET	9	
VITA S FORTE ORAL TABLET	9	
VITABASIC COMPLETE ORAL TABLET	9	
VITABASIC SENIOR ORAL TABLET	9	
VITACEL ORAL TABLET	9	

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Drug Name	Drug Tier	Requirements/Limits
VITAL-D RX ORAL TABLET 1 MG	9	
VITAMEZ ORAL CAPSULE 1 MG	9	
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	9	
VITAMIN A/C/D/ INFANT/TODDLER ORAL SOLUTION 250-10-50 MCG-MG/ML	9	
<i>vitamin b complex w/b-12 oral tablet</i>	9	
<i>vitamin b1 oral tablet 100 mg</i>	9	
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	9	
<i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i>	9	
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	9	
<i>vitamin c oral tablet 500 mg</i>	9	
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	9	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	9	
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	9	
<i>vitamin d oral liquid 10 mcg/ml</i>	9	
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>	9	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	9	
<i>vitamin d3 oral liquid 10 mcg/ml</i>	9	
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	9	
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>	9	
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	9	
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	9	
<i>vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	9	
<i>vitamin e oral solution 15 mg/0.67ml</i>	9	
<i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i>	9	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>vitamins a-d-e/selenium oral tablet</i>	9	
VITAROCA PLUS ORAL TABLET	9	
VITASANA ORAL TABLET	9	
VITASURE ORAL TABLET 1 MG	9	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	9	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	9	
VITRAMYN ORAL TABLET	9	
VITRANOL FE ORAL TABLET	9	
VITRANOL ORAL TABLET	9	
VITREXATE FE ORAL TABLET	9	
VITREXATE ORAL TABLET	9	
VITREXYL + IRON ORAL TABLET	9	
VITREXYL ORAL TABLET	9	
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	9	
<i>well vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	9	
WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT)	9	
WELLFOLA ORAL TABLET	9	
WESCAPS ORAL CAPSULE 1 MG	9	
WESTAB MAX ORAL TABLET 2.5-25-2 MG	9	
WESTAB ONE ORAL TABLET 2.5-25-1 MG	9	
WOMENS 50+ MULTI VITAMIN ORAL TABLET	9	
WOMENS DAILY FORMULA ORAL TABLET	9	
WOMENS LIFE PACK ORAL TABLET	9	
WOMENS MULTIVITAMIN ORAL TABLET	9	
<i>zinc gluconate oral tablet 100 mg</i>	9	
<i>zinc oral capsule 220 (50 zn) mg</i>	9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	9	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	QL (360 EA per 30 days)
CALPHRON ORAL TABLET 667 MG	9	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	2	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	2	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
BEELITH ORAL TABLET 362-20 MG	9	
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	9	
<i>bisacodyl oral tablet delayed release 5 mg</i>	9	
<i>bisacodyl rectal suppository 10 mg</i>	9	
<i>chocolated laxative oral tablet chewable 15 mg</i>	9	
CLEARLAX ORAL POWDER 17 GM/SCOOP	9	
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	9	
COLACE CLEAR ORAL CAPSULE 50 MG	9	
COLACE ORAL CAPSULE 100 MG	9	
<i>constulose oral solution 10 gm/15ml</i>	2	
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>cvs enema disposable rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i>	9	
CVS PURELAX ORAL PACKET 17 GM	9	
CVS STOOL SOFTENER ORAL CAPSULE 240 MG	9	
<i>docusate calcium oral capsule 240 mg</i>	9	
<i>docusate mini rectal enema 283 mg/5ml</i>	9	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	9	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	9	
DOK ORAL TABLET 100 MG	9	
DULCOLAX RECTAL SUPPOSITORY 10 MG	9	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	9	
<i>enema ready-to-use rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i>	9	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	9	
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	9	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>eq enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i>	9	
EQ LAXATIVE ORAL PACKET 17 GM	9	
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	9	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	9	
FLEET ENEMA RECTAL ENEMA , 19-7 GM/197ML, 7-19 GM/118ML	9	
FLEET OIL RECTAL ENEMA	9	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML, 9.5-3.5 GM/59ML	9	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG	9	
FLEET STOOL SOFTENER ORAL CAPSULE 100 MG	9	
GAVILAX ORAL PACKET 17 GM	9	
<i>gavilax oral powder 17 gm/scoop</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>gentle laxative oral tablet delayed release 5 mg</i>	9	
<i>gentle laxative rectal suppository 10 mg</i>	9	
GLYCOLAX ORAL POWDER 17 GM/SCOOP	9	
GNP CLEARLAX ORAL PACKET 17 GM	9	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	9	
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	9	
<i>gnp gentle laxative rectal suppository 10 mg</i>	9	
<i>gnp senna lax oral tablet 8.6 mg</i>	9	
<i>gnp senna plus oral tablet 8.6-50 mg</i>	9	
<i>gnp stool softener oral capsule 100 mg</i>	9	
GNP STOOL SOFTENER ORAL CAPSULE 240 MG, 250 MG	9	
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	9	
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	9	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	9	
<i>goodsense enema rectal enema 19-7 gm/118ml</i>	9	
GOODSENSE ENEMA RECTAL ENEMA 7-19 GM/118ML	9	
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	9	
HEALTHYLAX ORAL PACKET 17 GM	9	
HM ENEMA MINERAL OIL RECTAL ENEMA	9	
<i>hm stool softener oral capsule 100 mg</i>	9	
KLS STOOL SOFTENER ORAL CAPSULE 100 MG	9	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	2	
<i>laxative max str oral tablet 25 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVE RECTAL SUPPOSITORY 10 MG	9	
<i>laxative regular strength oral tablet 15 mg</i>	9	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)
MILK OF MAGNESIA ORAL SUSPENSION 2400 MG/30ML	9	
MIRALAX MIX-IN PAX ORAL PACKET 17 GM	9	
MM STOOL SOFTENER LAXATIVE ORAL CAPSULE 100 MG	9	
MM STOOL SOFTENER ORAL CAPSULE 100 MG	9	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	9	
<i>peg 3350 oral packet 17 gm</i>	9	
<i>peg 3350 oral powder 17 gm/scoop</i>	9	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG	9	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	9	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	9	
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG	9	
QC DOCUSATE CALCIUM ORAL CAPSULE 240 MG	9	
<i>qc enema rectal enema , 19-7 gm/118ml</i>	9	
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	9	
QC GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG	9	
QC LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	9	
QC STOOL SOFTENER ORAL CAPSULE 250 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
RA COL-RITE ORAL CAPSULE 100 MG, 250 MG	9	
RA FAST RELIEF LAXATIVE RECTAL SUPPOSITORY 10 MG	9	
RELISTOR ORAL TABLET 150 MG	4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG	9	
SB DOCUSATE SODIUM ORAL CAPSULE 100 MG	9	
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG	9	
SB LAXATIVE RECTAL SUPPOSITORY 10 MG	9	
SB STOOL SOFTENER ORAL CAPSULE 240 MG	9	
SENEXON-S ORAL TABLET 8.6-50 MG	9	
<i>senna oral capsule 8.6 mg</i>	9	
<i>senna oral liquid 8.8 mg/5ml</i>	9	
<i>senna oral syrup 176 mg/5ml, 26.4 mg/15ml, 8.8 mg/5ml</i>	9	
<i>senna oral tablet 8.6 mg</i>	9	
<i>senna plus oral capsule 50-8.6 mg</i>	9	
<i>senna plus oral tablet 8.6-50 mg</i>	9	
<i>senna-lax oral tablet 8.6 mg</i>	9	
SENNA-TIME ORAL TABLET 8.6 MG	9	
SENNA-TIME S ORAL TABLET 8.6-50 MG	9	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	9	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	9	
SENOKOT ORAL TABLET 8.6 MG	9	
SENOKOT S ORAL TABLET 8.6-50 MG	9	
SILACE ORAL LIQUID 150 MG/15ML	9	

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Drug Name	Drug Tier	Requirements/Limits
SM DOCUSATE CALCIUM ORAL CAPSULE 240 MG	9	
<i>sm enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i>	9	
SM LAXATIVE RECTAL SUPPOSITORY 10 MG	9	
<i>sm mineral oil rectal enema</i>	9	
SM STOOL SOFTENER ORAL CAPSULE 250 MG	9	
SMOOTH LAX ORAL PACKET 17 GM	9	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	9	
<i>stool softener oral capsule 100 mg</i>	9	
STOOL SOFTENER ORAL CAPSULE 240 MG	9	
STOOL SOFTENER ORAL LIQUID 50 MG/5ML	9	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	9	
<i>stool softener/laxative oral capsule 50-8.6 mg</i>	9	
SURFAK ORAL CAPSULE 240 MG	9	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	9	
TRULANCE ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	2	QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML	9	
<i>anti-diarrheal oral tablet 2 mg</i>	9	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	PA
EQ LOPERAMIDE HCL ORAL SOLUTION 1 MG/7.5ML	9	
<i>ft anti-diarrheal oral capsule 2 mg</i>	9	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	9	
GNP ANTI-DIARRHEAL ORAL TABLET 2 MG	9	
GNP LOPERAMIDE HCL ORAL SOLUTION 1 MG/7.5ML	9	

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Drug Name	Drug Tier	Requirements/Limits
GOODSENSE ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML	9	
GOODSENSE STOMACH RELIEF ORAL SUSPENSION 1050 MG/30ML	9	
HM ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML	9	
IMODIUM A-D ORAL CAPSULE 2 MG	9	
IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML	9	
IMODIUM A-D ORAL TABLET 2 MG	9	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	9	
<i>loperamide hcl oral tablet 2 mg</i>	9	
MEDI-BISMUTH ORAL TABLET CHEWABLE 262 MG	9	
MEIJER ANTI-DIARRHEAL ORAL TABLET 2 MG	9	
PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	9	
<i>qc anti-diarrheal oral capsule 2 mg</i>	9	
<i>qc anti-diarrheal oral tablet 2 mg</i>	9	
QC STOMACH RELIEF ORAL TABLET 262 MG	9	
QC STOMACH RELIEF ULTRA ORAL SUSPENSION 525 MG/15ML	9	
SB ANTI-DIARRHEA ORAL TABLET 2 MG	9	
<i>sm anti-diarrheal oral tablet 2 mg</i>	9	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	9	
SOOTHE ORAL SUSPENSION 525 MG/30ML	9	
STOMACH RELIEF ORAL SUSPENSION 527 MG/30ML	9	
STOMACH RELIEF PLUS ORAL SUSPENSION 525 MG/15ML	9	
XERMELO ORAL TABLET 250 MG	5	PA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
Gastrointestinal Agents		
<i>docusate sodium oral capsule 250 mg</i>	9	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	9	
<i>senna oral capsule 8.6 mg</i>	9	
<i>senna oral tablet 8.6 mg</i>	9	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	9	
Gastrointestinal Agents, Other		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	9	
ACID REDUCER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
ADIPEX-P ORAL TABLET 37.5 MG	9	
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG	9	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	9	
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	9	
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml</i>	9	
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	9	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	9	
ANTACID & ANTIGAS ORAL SUSPENSION 2400-2400-240 MG/30ML	9	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML	9	
<i>antacid calcium oral tablet chewable 500 mg</i>	9	
ANTACID EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	9	
<i>antacid extra strength oral tablet chewable 750 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
ANTACID I ORAL SUSPENSION 200-200-20 MG/5ML	9	
ANTACID III ORAL SUSPENSION 400-400-40 MG/5ML	9	
ANTACID MAXIMUM ORAL TABLET CHEWABLE 1000 MG	9	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	9	
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	9	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	9	
<i>antacid oral tablet chewable 750 mg</i>	9	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	9	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	9	
ANTACID/ANTIGAS ORAL SUSPENSION 400-400-40 MG/10ML	9	
ANTACID/SIMETHICONE DS ORAL SUSPENSION 400-400-40 MG/5ML	9	
<i>benzphetamine hcl oral tablet 50 mg</i>	9	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	9	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>calcium antacid oral tablet chewable 500 mg</i>	9	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	9	
<i>calcium carbonate antacid oral tablet 648 mg</i>	9	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	9	
CHENODAL ORAL TABLET 250 MG	5	PA
COMFORT GEL ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML	9	
COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5ML	9	
CULTURELLE HEALTH & WELLNESS ORAL CAPSULE	9	
CULTURELLE HEALTH (INULIN) ORAL CAPSULE	9	

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Drug Name	Drug Tier	Requirements/Limits
CULTURELLE IMMUNITY SUPPORT ORAL CAPSULE	9	
CULTURELLE ORAL CAPSULE	9	
CULTURELLE PRO-WELL HEALTH ORAL CAPSULE	9	
CVS ANTACID ORAL TABLET CHEWABLE 750 MG	9	
CVS HEARTBURN RELIEF EX ST ORAL SUSPENSION 254-237.5 MG/5ML	9	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	9	
<i>diethylpropion hcl oral tablet 25 mg</i>	9	
EQ ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG	9	
EQ ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG	9	
EQL ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG	9	
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	9	
<i>ft acid reducer + antacid oral tablet chewable 10-800-165 mg</i>	9	
<i>ft acid reducer max strength oral tablet 20 mg</i>	9	
<i>ft acid reducer oral capsule delayed release 20 mg</i>	9	
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	9	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	9	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	9	
<i>ft anti-diarrheal oral tablet 2 mg</i>	9	
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	9	
<i>ft clearlax oral powder 17 gm/scoop</i>	9	
<i>ft enema mineral oil rectal enema</i>	9	
<i>ft gentle laxative rectal suppository 10 mg</i>	9	
<i>ft laxative oral tablet delayed release 5 mg</i>	9	
<i>ft senna laxative oral tablet 8.6 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft senna laxatives oral tablet 8.6 mg</i>	9	
<i>ft senna-s oral tablet 8.6-50 mg</i>	9	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	9	
<i>ft stomach relief oral tablet 262 mg</i>	9	
<i>ft stomach relief oral tablet chewable 262 mg</i>	9	
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	9	
<i>ft stool softener oral tablet 100 mg, 50-8.6 mg</i>	9	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML	9	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML	9	
GERI-LANTA ORAL SUSPENSION 1200-1200-120 MG/30ML	9	
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	9	
GNP ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG	9	
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	9	
<i>gnp anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	9	
<i>gnp pink bismuth oral tablet 262 mg</i>	9	
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	9	
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	9	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	9	
GOODSENSE ANTACID & GAS RELIEF ORAL SUSPENSION 400-400-40 MG/10ML	9	
GOODSENSE ANTACID EXTRA STR ORAL TABLET CHEWABLE 750 MG	9	
GOODSENSE ANTACID ORAL TABLET CHEWABLE 1000 MG	9	
GOODSENSE ANTACID SUPERCHEWS ORAL TABLET CHEWABLE 750 MG	9	
<i>goodsense anti-diarr/ant-gas oral tablet 2-125 mg</i>	9	
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	9	
HEARTBURN RELIEF EX ST ORAL SUSPENSION 254-237.5 MG/5ML	9	

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Drug Name	Drug Tier	Requirements/Limits
HM ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG	9	
HM ANTACID ORAL SUSPENSION 200-200-20 MG/5ML	9	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA
LOMAIRA ORAL TABLET 8 MG	9	PA; AL (Min 17 Years and Max 999 Years)
<i>loperamide-simethicone oral tablet 2-125 mg</i>	9	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	9	
MAG-AL ORAL LIQUID 200-200 MG/5ML	9	
<i>mag-al oral suspension 1200-1200 mg/30ml</i>	9	
MAG-AL PLUS ORAL LIQUID 200-200-20 MG/5ML	9	
<i>mag-al plus oral suspension 1200-1200-120 mg/30ml</i>	9	
MAG-AL PLUS XS ORAL LIQUID 400-400-40 MG/5ML	9	
<i>mag-al plus xs oral suspension 2400-2400-240 mg/30ml</i>	9	
<i>magnesium citrate oral tablet 100 mg</i>	9	
<i>magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i>	9	
MEIJER ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML	9	
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	9	
<i>orlistat oral capsule 120 mg</i>	9	PA; QL (90 EA per 30 days); AL (Min 12 Years and Max 999 Years)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	9	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	9	
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	9	
<i>phentermine hcl oral tablet 37.5 mg</i>	9	

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You can find information on what the symbols and abbreviations in this table mean by going to Section C. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>qc antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	9	
<i>qc antacid oral tablet chewable 500 mg</i>	9	
QC ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG	9	
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	9	
QC ANTACID/ANTI-GAS ORAL SUSPENSION 400-400-40 MG/10ML	9	
QC PINK BISMUTH ORAL SUSPENSION 262 MG/15ML, 525 MG/15ML	9	
QC PINK BISMUTH ORAL TABLET 262 MG	9	
<i>qc stomach relief oral suspension 525 mg/30ml</i>	9	
<i>qc stomach relief oral tablet chewable 262 mg</i>	9	
RA ACID REDUCER PLUS ANTACID ORAL TABLET CHEWABLE 10-800-165 MG	9	
RA ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG	9	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	9	PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years)
SB BISMUTH ORAL TABLET 262 MG	9	
<i>sennosides oral tablet 8.6 mg</i>	9	
<i>simethicone oral suspension 40 mg/0.6ml</i>	9	
SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG	9	
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	9	
SM ANTACID ORAL SUSPENSION 400-400-40 MG/10ML	9	
SM SMOOTH ANTACID EX ST ORAL TABLET CHEWABLE 750 MG	9	
<i>sm stomach relief oral tablet 262 mg</i>	9	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	9	
STOMACH RELIEF EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	9	
<i>stomach relief oral suspension 525 mg/30ml</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>stomach relief oral tablet 262 mg</i>	9	
<i>stomach relief oral tablet chewable 262 mg</i>	9	
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	9	
<i>true laxative oral powder 17 gm/scoop</i>	9	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG	9	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	4	PA; QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	4	PA; QL (112 EA per 14 days)
VOWST ORAL CAPSULE	5	PA
WELL MAGNESIUM OXIDE ORAL TABLET 400 (240 MG) MG	9	
XENICAL ORAL CAPSULE 120 MG	9	
XERAC AC EXTERNAL SOLUTION 6.25 %	9	
Histamine2 (H2) Receptor Antagonists		
ACID CONTROL MAXIMUM STRENGTH ORAL TABLET 20 MG	9	
ACID CONTROLLER MAX ST ORAL TABLET 20 MG	9	
ACID CONTROLLER ORAL TABLET 10 MG	9	
<i>acid reducer maximum strength oral tablet 20 mg</i>	9	
<i>acid reducer oral tablet 10 mg</i>	9	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
CVS ACID CONTROLLER MAX ST ORAL TABLET 20 MG	9	
CVS ACID CONTROLLER ORAL TABLET 10 MG	9	
CVS DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
DUO FUSION ORAL TABLET CHEWABLE 10-800-165 MG	9	
EQ ACID REDUCER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
EQL DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
EQL HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG	9	
<i>famotidine maximum strength oral tablet 20 mg</i>	9	
<i>famotidine oral tablet 10 mg</i>	9	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
FAMOTIDINE ORIG ST ORAL TABLET 10 MG	9	
FT ACID REDUCER ORAL TABLET 10 MG	9	
GNP ACID REDUCER MAX ST ORAL TABLET 20 MG	9	
<i>gnp acid reducer oral tablet 10 mg</i>	9	
GOODSENSE DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
HEARTBURN RELIEF MAX ST ORAL TABLET 20 MG	9	
HEARTBURN RELIEF ORAL TABLET 10 MG	9	
KLS ACID CONTROLLER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
KLS ACID CONTROLLER MAX ST ORAL TABLET 20 MG	9	
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG	9	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG	9	
PEPCID AC ORAL TABLET 10 MG	9	
PEPCID COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
QC ACID CONTROLLER MAX ST ORAL TABLET 20 MG	9	
QC ACID CONTROLLER ORAL TABLET 10 MG	9	
QC FAMOTIDINE ACID REDUCER ORAL TABLET 10 MG, 20 MG	9	
RA DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
SB ACID CONTROLLER MAX ST ORAL TABLET 20 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
SB ACID CONTROLLER ORAL TABLET 10 MG	9	
SB ACID REDUCER ORAL TABLET 10 MG	9	
<i>sm acid reducer oral tablet 10 mg</i>	9	
ZANTAC 360 MAX ST ORAL TABLET 20 MG	9	
ZANTAC 360 ORAL TABLET 10 MG	9	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	9	
EQ LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG	9	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	9	
<i>ft omeprazole oral tablet delayed release 20 mg</i>	9	
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	9	
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	9	
GNP OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20.6 (20 BASE) MG	9	PA
<i>gnp omeprazole oral tablet delayed release 20 mg</i>	9	
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>	9	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	9	PA
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	9	
<i>goodsense omeprazole/sodium bicarbonate oral capsule 20-1100 mg</i>	9	
<i>hm esomeprazole magnesium oral capsule delayed release 20 mg</i>	9	
KLS LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
KLS OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG	9	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	9	
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	9	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	9	
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>	9	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG	9	
QC LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG	9	
<i>qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	9	PA
QC OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG	9	
SB OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG	9	
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	9	
<i>sm omeprazole oral tablet delayed release 20 mg</i>	9	

**Genetic Or Enzyme Or Protein
Disorder: Replacement, Modifiers,
Treatment - Products That Replace,
Modify, Or Treat Genetic Or Enzyme
Disorders**

**Genetic or Enzyme or Protein Disorder:
Replacement, Modifiers, Treatment**

ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	4	PA
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	5	PA
<i>l-glutamine oral packet 5 gm</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	

Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	ST; QL (30 EA per 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	9	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
AIMSCO LUBRICATED	9	QL (36 EA per 30 days)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>condoms</i>	9	QL (36 EA per 30 days)
DUREX EXTRA SENSITIVE THIN	9	QL (36 EA per 30 days)
DUREX EXTRA SENSITIVE THIN DEVICE	9	QL (36 EA per 30 days)
DUREX REALFEEL DEVICE	9	QL (36 EA per 30 days)
DUREX TROPICAL	9	QL (36 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE 100 MG	4	
FANTASY LUBRICATED	9	QL (36 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	9	QL (36 EA per 30 days)
FC2 FEMALE CONDOM	9	QL (36 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA
KIMONO	9	QL (36 EA per 30 days)
KIMONO COLORS DEVICE	9	QL (36 EA per 30 days)
KIMONO MAXX-LARGE FLARE	9	QL (36 EA per 30 days)
KIMONO MICRO THIN	9	QL (36 EA per 30 days)
KIMONO MICRO THIN PLUS	9	QL (36 EA per 30 days)
KIMONO PLUS	9	QL (36 EA per 30 days)
KIMONO PS	9	QL (36 EA per 30 days)
KIMONO PS PLUS	9	QL (36 EA per 30 days)
KIMONO SENSATION	9	QL (36 EA per 30 days)
KIMONO SENSATION PLUS	9	QL (36 EA per 30 days)
KIMONO SPECIAL DEVICE	9	QL (36 EA per 30 days)
MAXX	9	QL (36 EA per 30 days)
MAXX PLUS	9	QL (36 EA per 30 days)
PREMIUM CONDOMS LUBRICATED	9	QL (36 EA per 30 days)
REALITY LATEX CONDOMS	9	QL (36 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	5	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	5	PA
TROJAN ENZ	9	QL (36 EA per 30 days)
TROJAN MAGNUM	9	QL (36 EA per 30 days)
TROJAN ULTRA RIBBED LUBRICATED DEVICE	9	QL (36 EA per 30 days)
TROJAN ULTRA THIN	9	QL (36 EA per 30 days)
TROJAN ULTRA THIN/SPERMICIDAL	9	QL (36 EA per 30 days)
TROJAN-ENZ LUBRICATED	9	QL (36 EA per 30 days)
TROJAN-ENZ/SPERMICIDAL	9	QL (36 EA per 30 days)
<i>true cover device</i>	9	QL (36 EA per 30 days)
TRUSTEX COLOR CONDOMS + LUBE	9	QL (36 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDER	9	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	9	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	9	QL (36 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EXTRA ST	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED/SPERMICIDE	9	QL (36 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE	9	QL (36 EA per 30 days)
TRUSTEX NON-LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX RIA LUB/SPERMICIDE	9	QL (36 EA per 30 days)
TRUSTEX RIA LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	9	QL (36 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	5	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>methyltestosterone oral capsule 10 mg</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 %</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
<i>yuvafem vaginal tablet 10 mcg</i>	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	2	
ABIGALE ORAL TABLET 1-0.5 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	2	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days)
<i>cryselle oral tablet 0.3-30 mg-mcg</i>	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	
<i>emzahh oral tablet 0.35 mg</i>	2	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	2	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	2	
<i>jasmiel oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	2	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	2	
LORYNA ORAL TABLET 3-0.02 MG	2	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	2	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY	4	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nikki oral tablet 3-0.02 mg</i>	2	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>norethin ace-eth estrad-fe oral tablet chewable 1- 20 mg-mcg(24)</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	9	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45- 1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	3	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	
<i>vestura oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>violele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera oral tablet 0.5-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine oral tablet 3-0.03 mg</i>	2	
Progestins		
AFTERA ORAL TABLET 1.5 MG	9	
AFTERPILL ORAL TABLET 1.5 MG	9	
<i>camila oral tablet 0.35 mg</i>	2	
CURAE ORAL TABLET 1.5 MG	9	
<i>deblitane oral tablet 0.35 mg</i>	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	9	
<i>errin oral tablet 0.35 mg</i>	2	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>levonorgestrel oral tablet 1.5 mg</i>	9	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA
<i>meleya oral tablet 0.35 mg</i>	2	
MY CHOICE ORAL TABLET 1.5 MG	9	
MY WAY ORAL TABLET 1.5 MG	9	
NEW DAY ORAL TABLET 1.5 MG	9	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
OPILL ORAL TABLET 0.075 MG	9	
OPTION 2 ORAL TABLET 1.5 MG	9	
ORQUIDEA ORAL TABLET 0.35 MG	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
TAKE ACTION ORAL TABLET 1.5 MG	9	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (30 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Immunoglobulins		
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	5	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 30 days)
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 30 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	5	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	5	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LEQSELVI ORAL TABLET 8 MG	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LITFULO ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	5	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
STARJEMZA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	5	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	5	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; QL (3 ML per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (480 ML per 24 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; QL (2 ML per 28 days)
Immunosuppressants		
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	3	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg</i>	2	B/D
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	QL (42 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg</i>	2	B/D
<i>tacrolimus er oral capsule extended release 24 hour 5 mg</i>	4	B/D
<i>tacrolimus intravenous solution 5 mg/ml</i>	5	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	6	

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Drug Name	Drug Tier	Requirements/Limits
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
ENFLONIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	6	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	6	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	
IPOL INJECTION SUSPENSION	6	

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Drug Name	Drug Tier	Requirements/Limits
IXIARO INTRAMUSCULAR SUSPENSION	6	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	6	
MENVEO INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION	6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	B/D
ROTARIX ORAL SUSPENSION	6	

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	6	QL (2 ML per 999 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION)	6	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	6	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	6	QL (4 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	

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Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine rectal enema 4 gm</i>	2	
<i>mesalamine rectal suppository 1000 mg</i>	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	2	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
ENOBYSUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	4	

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Drug Name	Drug Tier	Requirements/Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	5	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
ALCON TEARS OPHTHALMIC SOLUTION 0.5 %	9	
ALTALUBE OPHTHALMIC OINTMENT 85-15 %	9	
ARTIFICIAL TEARS OPHTHALMIC SOLUTION 0.5-0.6 %	9	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	9	
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	9	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	9	
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	9	
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	9	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	9	
CVS DRY-EYE RELIEF NIGHTTIME OPHTHALMIC OINTMENT 42.5-57.3 %	9	
CVS EYE LUBRICANT NIGHTTIME OPHTHALMIC OINTMENT 3-94 %	9	
CVS EYE LUBRICANT OPHTHALMIC OINTMENT	9	
CVS LUBRICANT DROPS OPHTHALMIC GEL 1 %	9	
CVS LUBRICATING EYE/OVERNIGHT OPHTHALMIC OINTMENT	9	
CVS NIGHTTIME DRY-EYE RELIEF OPHTHALMIC OINTMENT	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	ST
EQ RESTORE PM OPHTHALMIC OINTMENT	9	
EYES ALIVE OPHTHALMIC SOLUTION 0.5 %	9	
FOR STY RELIEF OPHTHALMIC OINTMENT 31.9-57.7 %	9	
<i>ft lubricant eye drops ophthalmic solution 0.5 %</i>	9	
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	9	
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	9	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	9	
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	9	
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	9	
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	9	
GNP LUBRICANT EYE DROPS (PF) OPHTHALMIC SOLUTION 0.5 %	9	
GNP NIGHTTIME RELIEF LUB EYE OPHTHALMIC OINTMENT 57.3-42.5 %	9	
GOODSENSE LUBRICATING EYE DROP OPHTHALMIC SOLUTION 0.5 %	9	
GOODSENSE LUBRICATING PLUS PF OPHTHALMIC SOLUTION 0.5 %	9	
HYPOTEARs OPHTHALMIC OINTMENT	9	
<i>lubricant eye drop ophthalmic solution 0.6 %</i>	9	
<i>lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	9	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	9	
LUBRICANT EYE FAST ACTING OPHTHALMIC OINTMENT	9	
<i>lubricant eye nighttime ophthalmic ointment</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
LUBRICATING EYE DROPS OPHTHALMIC SOLUTION 0.4-0.3 %	9	
LUBRIFRESH P.M. OPHTHALMIC OINTMENT	9	
MURO 128 OPHTHALMIC OINTMENT 5 %	9	
MURO 128 OPHTHALMIC SOLUTION 5 %	9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	9	
QC ARTIFICIAL TEARS OPHTHALMIC SOLUTION 0.5-0.6 %	9	
<i>qc lubricant eye drops ophthalmic solution 0.6 %</i>	9	
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	9	
REFRESH CONTACTS DROPS SOLUTION	9	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	9	
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	9	
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	9	
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	9	
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	9	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %	9	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	9	
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 %	9	
RETAIN PM OPHTHALMIC OINTMENT	9	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	9	
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	9	
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	9	
SYSTANE COMPLETE PF OPHTHALMIC SOLUTION 0.6 %	9	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	9	
SYSTANE NIGHT OPHTHALMIC GEL 0.3 %	9	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	9	
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	9	
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	9	
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	9	
SYSTANE PRO PF OPHTHALMIC SOLUTION 0.6 %	9	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	9	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	9	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 %	9	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
ULTRA FRESH PM OPHTHALMIC OINTMENT	9	
VENTIVA TEARS OPHTHALMIC SOLUTION 0.5 %	9	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	PA
Ophthalmic Anti-allergy Agents		
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 0.2 %	9	
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	9	

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Drug Name	Drug Tier	Requirements/Limits
ALAWAY OPHTHALMIC SOLUTION 0.035 %	9	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
CVS ALLERGY EYE DROPS OPHTHALMIC SOLUTION 0.035 %	9	
CVS EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 %	9	
EQ EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 %	9	
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	9	
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	9	
<i>eye itch relief ophthalmic solution 0.035 %</i>	9	
<i>ft eye allergy itch & redness ophthalmic solution 0.1 %</i>	9	
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	9	
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	9	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	9	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	9	PA
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	9	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %, 0.7 %	9	PA
RA EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 %	9	
SM EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 %	9	
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	9	
ZADITOR OPHTHALMIC SOLUTION 0.035 %	9	
Ophthalmic Anti-Infectives		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-inflammatory		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>12hr allergy relief oral tablet 60 mg</i>	9	
<i>24hr allergy relief oral tablet 180 mg</i>	9	
ALA-HIST IR ORAL TABLET 2 MG	9	
ALERTAB ORAL TABLET 25 MG	9	
<i>all day allergy childrens oral solution 5 mg/5ml</i>	9	
<i>all day allergy oral tablet 10 mg</i>	9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML	9	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	9	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG	9	
<i>aller-chlor oral tablet 4 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy childrens oral solution 5 mg/5ml</i>	9	
ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML	9	
<i>allergy oral capsule 25 mg</i>	9	
<i>allergy oral tablet 4 mg</i>	9	
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	9	
ALLERGY RELIEF (CETIRIZINE) ORAL CAPSULE 10 MG	9	PA
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	9	
<i>allergy relief (loratadine) oral tablet 10 mg</i>	9	
<i>allergy relief cetirizine oral tablet 10 mg</i>	9	
ALLERGY RELIEF CETIRIZINE ORAL TABLET 5 MG	9	
ALLERGY RELIEF CHILDRENS 24-HR ORAL SOLUTION 1 MG/ML	9	
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	9	
<i>allergy relief childrens oral solution 1 mg/ml</i>	9	
ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
<i>allergy relief oral capsule 25 mg</i>	9	
<i>allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg</i>	9	
ALLERGY RELIEF ORAL TABLET CHEWABLE 25 MG	9	
ALLERGY RELIEF/INDOOR/OUTDOOR ORAL TABLET 180 MG	9	
ALLERGY-TIME ORAL TABLET 4 MG	9	
ANTI-HIST ALLERGY ORAL TABLET 25 MG	9	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (60 ML per 30 days)
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	9	
BANOPHEN ORAL TABLET 25 MG	9	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	9	
BENADRYL ALLERGY ORAL TABLET 25 MG	9	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	9	
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	9	
CETIRIZINE HCL CHILDRENS ORAL SOLUTION 5 MG/5ML	9	PA
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	9	
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	9	PA
<i>childrens loratadine oral solution 5 mg/5ml</i>	9	
CHLORPHEN ORAL TABLET 4 MG	9	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
CLARITIN ORAL SOLUTION 5 MG/5ML	9	
CLARITIN ORAL TABLET 10 MG	9	
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG	9	
COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG	9	
CURELIEF ORAL LIQUID 12.5 MG/5ML	9	
CVS ALLERG REL CHILD (LORAT) ORAL SOLUTION 5 MG/5ML	9	
CVS ALLERGY RELIEF ORAL TABLET CHEWABLE 25 MG	9	
<i>cypheptadine hcl oral syrup 2 mg/5ml</i>	2	PA
<i>cypheptadine hcl oral tablet 4 mg</i>	2	PA
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	9	
DIMETANE ALLERGY RELIEF EX ST ORAL CAPSULE 50 MG	9	AL (Max 64 Years)
DIMETANE ALLERGY RELIEF ORAL CAPSULE 25 MG	9	AL (Max 64 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	9	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	9	
<i>diphenhydramine hcl oral liquid 25 mg/10ml</i>	9	PA
<i>diphenhydramine hcl oral tablet 25 mg</i>	9	
ED CHLORPED JR ORAL SYRUP 2 MG/5ML	9	

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Drug Name	Drug Tier	Requirements/Limits
EQ ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG	9	
EQ ALLERG RELIEF CHILD (CETIR) ORAL SOLUTION 5 MG/5ML	9	
EQ ALLERG RELIEF CHILD (LORAT) ORAL SOLUTION 5 MG/5ML	9	
EQ ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
EQ CETIRIZINE HCL ORAL TABLET CHEWABLE 10 MG	9	
EQ LORATADINE CHILDRENS ORAL TABLET DISPERSIBLE 10 MG	9	
EQ LORATADINE ORAL TABLET 10 MG	9	
EQL ALLERGY ORAL TABLET 4 MG	9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	9	
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	9	
<i>ft all day allergy childrens oral solution 5 mg/5ml</i>	9	
<i>ft all day allergy oral tablet 10 mg</i>	9	
<i>ft all day allergy relief oral tablet 10 mg</i>	9	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	9	
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	9	
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	9	
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	9	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	9	
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	9	
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	9	
<i>ft allergy relief loratadine oral tablet 10 mg</i>	9	
<i>ft allergy relief oral capsule 25 mg</i>	9	
<i>ft allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg</i>	9	
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	9	
<i>gnp all day allergy oral tablet 10 mg</i>	9	
<i>gnp all day allergy relief oral capsule 10 mg</i>	9	
<i>gnp allergy oral tablet 25 mg</i>	9	
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp allergy relief childrens oral liquid 12.5 mg/5ml</i>	9	
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	9	
<i>gnp allergy relief oral capsule 25 mg</i>	9	
<i>gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg</i>	9	
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	9	
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	9	
GNP FEXOFENADINE HCL ORAL TABLET 180 MG	9	
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	9	
GNP LORATADINE ORAL SOLUTION 5 MG/5ML	9	
<i>gnp loratadine oral tablet 10 mg</i>	9	
GNP LORATADINE ORAL TABLET DISPERSIBLE 10 MG	9	
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	9	
<i>goodsense all day allergy oral tablet 10 mg</i>	9	
<i>goodsense aller-ease oral tablet 180 mg</i>	9	
GOODSENSE ALLERGY RELIEF CHILD ORAL SOLUTION 5 MG/5ML	9	
<i>goodsense allergy relief oral tablet 10 mg</i>	9	
GOODSENSE ALLERGY RELIEF ORAL TABLET 25 MG	9	
GOODSENSE LORATADINE ORAL TABLET 10 MG	9	
HISTEX ORAL SYRUP 2.5 MG/5ML	9	
HISTEX PD ORAL LIQUID 0.938 MG/ML, 1.25 MG/ML	9	
HISTEX PDX ORAL LIQUID 1.25 MG/ML	9	
HM LORATADINE CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
<i>hm loratadine oral tablet 10 mg</i>	9	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
KLS ALLERGY MEDICINE ORAL TABLET 25 MG	9	
KP DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
KP FEXOFENADINE HCL ORAL TABLET 60 MG	9	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
LIQUID ALLERGY RELIEF ORAL LIQUID 12.5 MG/5ML	9	
<i>loratadine childrens oral solution 5 mg/5ml</i>	9	
LORATADINE CHILDRENS ORAL TABLET CHEWABLE 5 MG	9	
<i>loratadine oral solution 5 mg/5ml</i>	9	
<i>loratadine oral tablet 10 mg</i>	9	
<i>loratadine oral tablet dispersible 10 mg</i>	9	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	9	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	9	
MEIJER ALLERGY RELIEF ORAL TABLET 10 MG	9	
MEIJER ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG	9	
MEIJER LORATADINE ORAL SOLUTION 5 MG/5ML	9	
MM ALLER-BEN ORAL TABLET 25 MG	9	
MM ALLERGY RELIEF 24 HOUR ORAL TABLET 180 MG	9	
NARAMIN ORAL LIQUID 12.5 MG/5ML	9	
PEDIACLEAR 8 CHILDRENS ORAL LIQUID 12.5 MG/15ML	9	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	9	
PEDIAVENT ORAL SYRUP 2 MG/5ML	9	
PHARBEDRYL ORAL CAPSULE 50 MG	9	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	
<i>qc allergy relief (cetirizine) oral tablet 10 mg</i>	9	
QC ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
QC ALLERGY RELIEF CHILDRENS ORAL SYRUP 1 MG/ML	9	
<i>qc allergy relief oral capsule 10 mg</i>	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>qc allergy relief oral capsule 25 mg</i>	9	AL (Max 64 Years)
QC ALLERGY RELIEF ORAL TABLET 10 MG, 25 MG, 4 MG, 60 MG	9	
<i>qc allergy relief oral tablet 180 mg</i>	9	
QC ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG	9	
QC COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG	9	
RA ALLERGY ORAL TABLET 25 MG	9	
RA ALLERGY RELIEF CHILDRENS ORAL SOLUTION 1 MG/ML	9	
RA ALLERGY RELIEF CHILDRENS ORAL SYRUP 5 MG/5ML	9	
RA LORATADINE ORAL SOLUTION 5 MG/5ML	9	
SB ALLERGY MEDICINE ORAL TABLET 25 MG	9	
SB ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG	9	
SB CETIRIZINE HCL CHILDRENS ORAL SOLUTION 1 MG/ML	9	
SB LORATADINE ALLERGY RELIEF ORAL TABLET 10 MG	9	
SB LORATADINE ORAL SOLUTION 5 MG/5ML	9	
SILADRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	9	
<i>sm all day allergy relief oral tablet 10 mg</i>	9	
SM ALLERGY RELIEF ORAL TABLET 60 MG	9	
SM ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG	9	
SM CHILDRENS LORATADINE ORAL SOLUTION 5 MG/5ML	9	
SM FEXOFENADINE HCL ORAL TABLET 60 MG	9	
SM LORATADINE ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG	9	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	9	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	9	
WAL-DRYL ALLERGY ORAL TABLET 25 MG	9	
WAL-FEX ORAL TABLET 180 MG	9	
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ITIN ORAL SOLUTION 5 MG/5ML	9	
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 5 MG	9	
WAL-ZYR ORAL SOLUTION 5 MG/5ML	9	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML	9	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG	9	
ZYRTEC ORAL TABLET CHEWABLE 10 MG	9	
Anti-inflammatories, Inhaled Corticosteroids		
<i>allergy nasal spray (momet) nasal suspension 50 mcg/act</i>	9	
<i>allergy relief nasal suspension 50 mcg/act</i>	9	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D; QL (60 ML per 30 days)
<i>budesonide nasal suspension 32 mcg/act</i>	9	
CLARISPRAY NASAL SUSPENSION 50 MCG/ACT	9	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	9	

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Drug Name	Drug Tier	Requirements/Limits
<i>flutisolid nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	2	QL (600 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	2	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>ft 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	9	
<i>ft allergy relief 24 hr nasal suspension 50 mcg/act</i>	9	
GNP 24 HOUR NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT	9	PA
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>	9	
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	9	
GOODSENSE 24-HR ALLERGY NASAL NASAL SUSPENSION 50 MCG/ACT	9	PA
GOODSENSE NASAL ALLERGY SPRAY NASAL AEROSOL 55 MCG/ACT	9	PA
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	9	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT	9	
<i>qc allergy relief nasal suspension 50 mcg/act</i>	9	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	
<i>triamcinolone acetone nasal aerosol 55 mcg/act</i>	9	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	4	ST

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	B/D; QL (672 ML per 84 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	9	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	5	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	5	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	2	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	5	PA; QL (30 EA per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	PA
SALINE MIST SPRAY NASAL SOLUTION 0.65 %	9	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500- 50 mcg/act</i>	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	2	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Disorder Agents		
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	9	
<i>melatonin oral liquid 1 mg/ml</i>	9	
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML	4	PA; QL (2.4 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	9	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	5	PA; QL (2 ML per 28 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA

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