



2027 Formulary

(List of Covered Drugs or "Drug List")

**PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT THE DRUGS WE COVER
IN THIS PLAN.**

HPMS Approved Formulary File

Submission ID Number: 27184

Version Number: 6

This formulary was updated on 01/01/2027. For more recent information or other questions, please contact AmeriHealth Caritas VIP Care (HMO D-SNP) **1-833-535-3767** (TTY users should call **711**), 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit www.amerihealthcaritasvipcare.com/fl. The formulary may change at any time. You will receive notice when necessary.

AmeriHealth Caritas VIP Care (HMO D-SNP) 2027 Formulary (List of Covered Drugs or "Drug List")

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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means AmeriHealth Caritas VIP Care. When it refers to “plan” or “our plan,” it means AmeriHealth Caritas VIP Care.

This document includes Drug List (formulary) for our plan which is current as of 01/01/2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the AmeriHealth Caritas VIP Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by AmeriHealth Caritas VIP Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. AmeriHealth Caritas VIP Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a AmeriHealth Caritas VIP Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but AmeriHealth Caritas VIP Care may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

www.amerihealthcaritasvipcare.com/fl.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological



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product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to AmeriHealth Caritas VIP Care’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines the drug needs to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the AmeriHealth Caritas VIP Care’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new



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benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2027. To get updated information about the drugs covered by AmeriHealth Caritas VIP Care please contact us. Our contact information appears on the front and back cover pages. If our *drug list* changes, you will receive a letter from us telling you of the change. We will also change the *drug list* on our website with the updated *drug list* that shows the change.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index, that begins on page 123. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

AmeriHealth Caritas VIP Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and,



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depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5 “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** AmeriHealth Caritas VIP Care requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care, based on specific criteria before you fill your prescriptions. If you don’t get approval, AmeriHealth Caritas VIP Care, may not cover the drug.
- **Quantity Limits:** For certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that AmeriHealth Caritas VIP Care will cover. For example, AmeriHealth Caritas VIP Care provides 30 tablets per 30-day supply of a prescription for montelukast. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AmeriHealth Caritas VIP Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AmeriHealth Caritas VIP Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the AmeriHealth Caritas VIP Care’s formulary?” on page 7 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. These OTC drugs can be found in the Drug List as Tier 50. AmeriHealth Caritas VIP Care will provide these OTC drugs at no cost to you. The cost to AmeriHealth Caritas VIP Care of these OTC drugs will not count towards your total Part D drug costs.



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What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that AmeriHealth Caritas VIP Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by AmeriHealth Caritas VIP Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by AmeriHealth Caritas VIP Care.
- You can ask AmeriHealth Caritas VIP Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the AmeriHealth Caritas VIP Care's formulary?

You can ask AmeriHealth Caritas VIP Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, AmeriHealth Caritas VIP Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drugs, or applying the restriction would not be as effective for you, and/or, would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no



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later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan for less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

A Level of Care change happens when you move from a hospital to a long-term care facility, or from a hospital back home. If you have a Level of Care change, you may be able to get a temporary supply of a non-formulary drug (a drug that is not on the Drug List) or a drug that has special coverage rules.

If a member has more than one change in level of care in a month, the pharmacy will have to call our plan to request an extension of the transition policy.

For more information

For more detailed information about your AmeriHealth Caritas VIP Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about AmeriHealth Caritas VIP Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <https://www.medicare.gov>.

AmeriHealth Caritas VIP Care formulary

The formulary that begins on the next page provides coverage information about the drugs covered by AmeriHealth Caritas VIP Care. If you have trouble finding your drug in the list,



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turn to the Index that begins on page 123.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID), and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if AmeriHealth Caritas VIP Care has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL: Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that the plan will cover. For example, our plan provides nine tablets per 30 days of a prescription for sumatriptan succinate.

ST: Step Therapy. In some cases, AmeriHealth Caritas VIP Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care may not cover drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care will then cover Drug B.

ST NSO: Step Therapy for New Starts Only. In some cases, AmeriHealth Caritas VIP Care requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care will then cover Drug B.

PA: Prior Authorization. AmeriHealth Caritas VIP Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care may not cover the drug.

PA NSO: Prior Authorization for New Starts Only. AmeriHealth Caritas VIP Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care may not cover the drug.

NDS: This drug is limited to a 30-day supply



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AmeriHealth Caritas VIP Care (HMO-DSNP)

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine oral solution</i>	3	NDS
<i>acetaminophen-codeine oral tablet</i>	2	NDS
<i>buprenorphine transdermal patch weekly</i>	4	QL (4 EA per 28 days); NDS
<i>celecoxib oral capsule</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	3	
<i>diclofenac sodium external solution 1.5 %</i>	4	PA; QL (300 ML per 30 days)
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NDS
<i>endocet oral tablet 5-325 mg</i>	2	NDS
<i>etodolac oral capsule</i>	3	
<i>etodolac oral tablet</i>	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	NDS
<i>flurbiprofen oral tablet</i>	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	3	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NDS
<i>hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	NDS
<i>hydromorphone hcl oral tablet 8 mg</i>	4	NDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	NDS
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release</i>	3	

Last Update 1/1/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule</i>	2	
JOURNAVX ORAL TABLET	4	QL (30 EA per 90 days)
<i>ketorolac tromethamine +rfid injection solution</i>	4	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	
<i>ketorolac tromethamine oral tablet</i>	4	QL (20 EA per 30 days)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	4	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	4	
<i>meloxicam oral tablet</i>	1	
<i>methadone hcl intensol oral concentrate</i>	3	NDS
<i>methadone hcl oral concentrate</i>	3	NDS
<i>methadone hcl oral solution</i>	3	NDS
<i>methadone hcl oral tablet</i>	2	NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	NDS
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate er oral tablet extended release</i>	3	NDS
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate oral solution</i>	3	NDS
<i>morphine sulfate oral tablet</i>	3	NDS
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen oral tablet delayed release 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet</i>	3	
<i>oxycodone hcl oral solution</i>	3	NDS
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NDS
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NDS

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	NDS
<i>piroxicam oral capsule</i>	3	
<i>sulindac oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS
<i>tramadol-acetaminophen oral tablet</i>	2	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	NDS
Anesthetics		
<i>lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine-prilocaine external cream</i>	2	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	3	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	QL (60 EA per 30 days)
<i>disulfiram oral tablet</i>	3	
KLOXXADO NASAL LIQUID	4	
<i>naloxone hcl injection solution</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl oral tablet</i>	2	
NICOTROL NS NASAL SOLUTION	4	QL (360 ML per 365 days)
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate(continue) oral tablet</i>	4	QL (504 EA per 365 days)

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Antibacterials		
ALCOHOL PREP PAD 70 %	3	
ALCOHOL PREP PADS PAD , 70 %	3	
<i>amikacin sulfate injection solution</i>	4	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable</i>	2	
<i>amoxicillin trihydrate oral suspension reconstituted</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	4	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-potassium clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule</i>	2	
<i>ampicillin sodium injection solution reconstituted</i>	3	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	3	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	3	
ARIKAYCE INHALATION SUSPENSION	5	PA; QL (235.2 ML per 28 days)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	4	
AUM ALCOHOL PREP PADS PAD	3	
<i>azithromycin intravenous solution reconstituted</i>	3	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection solution reconstituted</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	4	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefazolin sodium injection solution reconstituted</i> <i>1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	4	
<i>cefazolin sodium intravenous solution</i> <i>reconstituted</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	4	
<i>cefepime hcl intravenous solution</i>	4	
<i>cefepime hcl intravenous solution reconstituted</i>	4	
<i>cefepime-dextrose intravenous solution</i> <i>reconstituted</i>	4	
<i>cefixime oral capsule</i>	4	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	2	
<i>cefotetan disodium injection solution</i> <i>reconstituted</i>	4	
<i>cefoxitin sodium intravenous solution</i> <i>reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension</i> <i>reconstituted</i>	3	
<i>cefpodoxime proxetil oral tablet</i>	4	
<i>cefprozil oral suspension reconstituted</i>	3	
<i>cefprozil oral tablet</i>	2	
<i>ceftaroline fosamil intravenous solution</i> <i>reconstituted</i>	5	
<i>ceftazidime injection solution reconstituted</i>	3	
<i>ceftazidime intravenous solution reconstituted</i>	3	
<i>ceftriaxone sodium injection solution</i> <i>reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3	
<i>ceftriaxone sodium intravenous solution</i> <i>reconstituted 10 gm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour</i>	4	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
<i>clindacin etz external swab</i>	3	QL (69 EA per 30 days)
<i>clindacin-p external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	4	
<i>clindamycin phosphate external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin phosphate injection solution</i>	3	
<i>clindamycin phosphate vaginal cream</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	
<i>daptomycin intravenous solution reconstituted</i>	4	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	4	
<i>demeclocycline hcl oral tablet</i>	4	
<i>dicloxacillin sodium oral capsule</i>	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	3	
DROPSAFE ALCOHOL PREP PAD	3	
<i>ertapenem sodium injection solution reconstituted</i>	4	
<i>erythromycin base oral tablet delayed release</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fidaxomicin oral tablet</i>	5	QL (20 EA per 10 days)
<i>fosfomycin tromethamine oral packet</i>	4	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
<i>gentamicin sulfate injection solution</i>	3	
GOODSENSE ALCOHOL SWABS PAD	3	
HUMATIN ORAL CAPSULE	5	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
IMPAVIDO ORAL CAPSULE	5	
<i>levofloxacin in d5w intravenous solution</i>	4	
<i>levofloxacin intravenous solution</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	QL (1800 ML per 28 days)
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted</i>	3	
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole intravenous solution</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	3	
<i>minocycline hcl oral capsule</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>nafcillin sodium injection solution reconstituted</i>	4	
<i>nafcillin sodium intravenous solution reconstituted</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	5	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	5	QL (6 EA per 30 days)
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	QL (60 EA per 30 days)
<i>sulfadiazine oral tablet</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>tazicef injection solution reconstituted</i>	3	
<i>tazicef intravenous solution reconstituted</i>	3	
<i>tetracycline hcl oral capsule</i>	3	
<i>tigecycline intravenous solution reconstituted</i>	4	
<i>tinidazole oral tablet</i>	4	
<i>tobramycin sulfate injection solution</i>	4	
<i>tobramycin sulfate injection solution reconstituted</i>	4	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
Anticonvulsants		
<i>brivaracetam oral solution</i>	4	PA NSO; QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg</i>	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>brivaracetam oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA NSO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour</i>	3	
<i>carbamazepine oral suspension</i>	3	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet chewable</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	5	PA NSO
DIACOMIT ORAL PACKET	5	PA NSO
<i>diazepam rectal gel 10 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal gel 2.5 mg, 20 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PA NSO
<i>eslicarbazepine acetate oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 400 mg</i>	4	
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 EA per 30 days)
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	3	
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA NSO; QL (360 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	4	
<i>lacosamide oral tablet</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	4	
<i>lamotrigine starter kit-green oral kit</i>	4	
<i>lamotrigine starter kit-orange oral kit</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
<i>methsuximide oral capsule</i>	4	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
<i>perampanel oral suspension</i>	5	
<i>perampanel oral tablet</i>	4	QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	4	
<i>phenobarbital oral tablet</i>	4	
<i>phenytek oral capsule</i>	2	
<i>phenytoin infatabs oral tablet chewable</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
<i>roweepra oral tablet</i>	2	
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
SUBVENITE ORAL SUSPENSION	4	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit-blue oral kit</i>	4	
<i>subvenite starter kit-green oral kit</i>	4	
<i>subvenite starter kit-orange oral kit</i>	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet</i>	4	
<i>topiramate oral capsule sprinkle</i>	3	
<i>topiramate oral solution 25 mg/ml</i>	4	
<i>topiramate oral tablet</i>	1	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	5	PA NSO
<i>vigabatrin oral tablet</i>	5	PA NSO; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
VIGADRONE ORAL TABLET	5	PA NSO; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION	5	PA NSO
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG	5	PA NSO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA NSO; QL (56 EA per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	5	PA NSO; QL (56 EA per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA NSO
ZONISADE ORAL SUSPENSION	4	ST NSO
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PA NSO
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral solution</i>	4	
<i>galantamine hydrobromide oral tablet</i>	4	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (7.2 ML per 28 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>memantine hcl oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	4	
<i>rivastigmine transdermal patch 24 hour</i>	4	
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	3	
<i>amoxapine oral tablet</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	QL (102 EA per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>citalopram hydrobromide oral solution</i>	4	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet</i>	1	QL (30 EA per 30 days)
<i>clomipramine hcl oral capsule</i>	4	
<i>desipramine hcl oral tablet</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 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>doxepin hcl oral capsule</i>	3	
<i>doxepin hcl oral concentrate</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	3	
<i>escitalopram oxalate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST NSO; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	4	
<i>fluvoxamine maleate oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	4	
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	3	
<i>nefazodone hcl oral tablet</i>	4	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>phenelzine sulfate oral tablet</i>	3	
<i>protriptyline hcl oral tablet</i>	4	
RALDESY ORAL SOLUTION	4	
<i>sertraline hcl oral concentrate</i>	3	
<i>sertraline hcl oral tablet</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO
<i>tranylcypromine sulfate oral tablet</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule</i>	4	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl oral tablet</i>	2	
<i>vilazodone hcl oral tablet</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 EA per 14 days)
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	4	B/D PA; QL (6 EA per 30 days)
COMPRO RECTAL SUPPOSITORY	4	
<i>dronabinol oral capsule</i>	4	PA; QL (60 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	4	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	B/D PA; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	2	B/D PA
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine hcl oral solution</i>	3	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository</i>	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	4	PA
<i>scopolamine transdermal patch 72 hour</i>	4	
Antifungals		
<i>amphotericin b intravenous solution reconstituted</i>	4	B/D PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	B/D PA
<i>caspofungin acetate intravenous solution reconstituted</i>	4	
<i>clotrimazole external cream</i>	2	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	2	QL (60 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	3	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; QL (70 EA per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	5	PA; QL (175 EA per 30 days)
<i>econazole nitrate external cream</i>	2	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution</i>	3	

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral suspension reconstituted</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule</i>	4	PA
JUBLIA EXTERNAL SOLUTION	5	
<i>ketoconazole external cream</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external shampoo</i>	2	QL (120 ML per 30 days)
<i>ketoconazole oral tablet</i>	2	
<i>klayesta external powder</i>	2	QL (120 GM per 30 days)
<i>miconazole sodium intravenous solution reconstituted</i>	4	
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin external cream</i>	2	QL (60 GM per 30 days)
<i>nystatin external ointment</i>	2	QL (60 GM per 30 days)
<i>nystatin external powder</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>nystop external powder</i>	2	QL (120 GM per 30 days)
<i>posaconazole oral suspension</i>	5	PA; QL (600 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	5	PA; QL (93 EA per 30 days)
<i>terbinafine hcl oral tablet</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	3	
<i>voriconazole intravenous solution reconstituted</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	QL (600 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	QL (480 EA per 30 days)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	
<i>colchicine-probenecid oral tablet</i>	2	
<i>febuxostat oral tablet</i>	4	
<i>probenecid oral tablet</i>	2	

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG	3	PA; QL (2 ML per 28 days)
<i>dihydroergotamine mesylate nasal solution</i>	4	PA; QL (8 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
<i>ergotamine-cafeine oral tablet</i>	3	QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet</i>	3	QL (9 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (5 ML per 30 days)
<i>timolol maleate oral tablet</i>	3	
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)
<i>zolmitriptan oral tablet</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA
Antimycobacterials		
<i>cycloserine oral capsule</i>	5	
<i>dapsone oral tablet</i>	3	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	1	
PRETOMANID ORAL TABLET	4	
PRIFTIN ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide oral tablet</i>	3	
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous solution reconstituted</i>	4	
<i>rifampin oral capsule</i>	3	
SIRTURO ORAL TABLET	5	
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA NSO
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA NSO
<i>abirtega oral tablet</i>	4	PA NSO
AKEEGA ORAL TABLET	5	PA NSO
ALECENSA ORAL CAPSULE	5	PA NSO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA NSO; QL (60 EA per 365 days)
<i>anastrozole oral tablet</i>	1	
AUGTYRO ORAL CAPSULE	5	PA NSO
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	5	PA NSO
AYVAKIT ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	5	PA NSO
<i>bexarotene external gel</i>	5	PA NSO; QL (60 GM per 30 days)
<i>bexarotene oral capsule</i>	5	PA NSO
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PA NSO
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA NSO
<i>bosutinib oral tablet</i>	5	PA NSO
BRAFTOVI ORAL CAPSULE	5	PA NSO
BRUKINSA ORAL CAPSULE	5	PA NSO
BRUKINSA ORAL TABLET	5	PA NSO
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET	5	PA NSO
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAVHANZA ORAL TABLET DISPERSIBLE	5	PA NSO
<i>cisplatin intravenous solution 100 mg/100ml</i>	4	
COMETRIQ ORAL KIT	5	PA NSO
COPIKTRA ORAL CAPSULE	5	PA NSO
COTELLIC ORAL TABLET	5	PA NSO
<i>cyclophosphamide oral capsule</i>	3	B/D PA
DANZITEN ORAL TABLET	5	PA NSO
<i>dasatinib oral tablet 100 mg, 140 mg, 70 mg</i>	5	PA NSO; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg, 50 mg</i>	5	PA NSO; QL (90 EA per 30 days)
<i>dasatinib oral tablet 80 mg</i>	5	PA NSO; QL (60 EA per 30 days)
DAURISMO ORAL TABLET	5	PA NSO
DROXIA ORAL CAPSULE	3	
ENSACOVE ORAL CAPSULE	5	PA NSO
ERIVEDGE ORAL CAPSULE	5	PA NSO
ERLEADA ORAL TABLET	5	PA NSO
<i>erlotinib hcl oral tablet</i>	4	PA NSO
EULEXIN ORAL CAPSULE	4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	5	PA NSO
<i>exemestane oral tablet</i>	4	
FOTIVDA ORAL CAPSULE	5	PA NSO
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE	5	PA NSO
<i>gefitinib oral tablet</i>	5	PA NSO
GILOTRIF ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
GOMEKLI ORAL CAPSULE	5	PA NSO
GOMEKLI ORAL TABLET SOLUBLE	5	PA NSO
HERNEXEOS ORAL TABLET	5	PA NSO
<i>hydroxyurea oral capsule</i>	2	
HYRNUO ORAL TABLET	5	PA NSO
IBRANCE ORAL CAPSULE	5	PA NSO
IBRANCE ORAL TABLET	5	PA NSO
IBTROZI ORAL CAPSULE	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA NSO
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA NSO
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION	5	PA NSO; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET	5	PA NSO; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION	5	PA NSO
INLURIYO ORAL TABLET	5	PA NSO
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (120 EA per 30 days)
INQOVI ORAL TABLET	5	PA NSO
INREBIC ORAL CAPSULE	5	PA NSO
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO
IWILFIN ORAL TABLET	5	PA NSO
JAKAFI ORAL TABLET	5	PA NSO; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA NSO; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; QL (90 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (21 EA per 21 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (42 EA per 21 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (63 EA per 21 days)
KOMZIFTI ORAL CAPSULE	5	PA NSO
KOSELUGO ORAL CAPSULE	5	PA NSO
KOSELUGO ORAL CAPSULE SPRINKLE	5	PA NSO
KRAZATI ORAL TABLET	5	PA NSO
<i>lapatinib ditosylate oral tablet</i>	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days)
<i>lederle leucovorin oral tablet</i>	3	
<i>lenalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA NSO
<i>letrozole oral tablet</i>	2	
<i>leucovorin calcium oral tablet</i>	3	
LEUKERAN ORAL TABLET	5	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA NSO
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA NSO
<i>lomustine oral capsule</i>	4	
LONSURF ORAL TABLET	5	PA NSO
LORBRENA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET	5	PA NSO
LYNPARZA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
MATULANE ORAL CAPSULE	5	
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA NSO
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET	5	PA NSO
<i>mercaptopurine oral suspension</i>	5	
<i>mercaptopurine oral tablet</i>	3	
<i>mesna oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MODEYSO ORAL CAPSULE	5	PA NSO
NERLYNX ORAL TABLET	5	PA NSO; QL (180 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg</i>	5	PA NSO; QL (140 EA per 28 days)
<i>nilotinib hcl oral capsule 200 mg</i>	5	PA NSO; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA NSO; QL (420 EA per 30 days)
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA NSO
NUBEQA ORAL TABLET	5	PA NSO
ODOMZO ORAL CAPSULE	5	PA NSO
OGSIVEO ORAL TABLET 100 MG, 50 MG	5	PA NSO
OGSIVEO ORAL TABLET 150 MG	5	PA NSO; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA NSO
OJEMDA ORAL TABLET	5	PA NSO
OJJAARA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
ONUREG ORAL TABLET	5	PA NSO
ORSERDU ORAL TABLET 345 MG	5	PA NSO; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; QL (90 EA per 30 days)
PANRETIN EXTERNAL GEL	5	QL (120 GM per 30 days)
<i>pazopanib hcl oral tablet</i>	5	PA NSO
PEMAZYRE ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
PHESGO SUBCUTANEOUS SOLUTION	5	PA NSO
PIQRAY ORAL TABLET THERAPY PACK	5	PA NSO
<i>pomalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days)
POMALYST ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days)
QINLOCK ORAL TABLET	5	PA NSO
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET	5	PA NSO
REZLIDHIA ORAL CAPSULE	5	PA NSO
ROMVIMZA ORAL CAPSULE	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET	5	PA NSO
RUBRACA ORAL TABLET 200 MG	5	PA NSO; QL (120 EA per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PA NSO
RYDAPT ORAL CAPSULE	5	PA NSO
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; QL (240 EA per 30 days)
SOLTAMOX ORAL SOLUTION	5	
<i>sorafenib tosylate oral tablet</i>	5	PA NSO
STIVARGA ORAL TABLET	5	PA NSO
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	5	PA NSO; QL (28 EA per 28 days)
<i>sunitinib malate oral capsule 37.5 mg</i>	5	PA NSO; QL (56 EA per 28 days)
TABLOID ORAL TABLET	5	
TABRECTA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	5	PA NSO
TAFINLAR ORAL TABLET SOLUBLE	5	PA NSO
TAGRISSO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 1 MG	5	PA NSO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.35 MG, 0.5 MG, 0.75 MG	5	PA NSO; QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet</i>	2	
TAZVERIK ORAL TABLET 200 MG	5	PA NSO
TEPMETKO ORAL TABLET	5	PA NSO
TEVIMBRA INTRAVENOUS SOLUTION	5	PA NSO
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET	5	PA NSO
<i>topotecan hcl intravenous solution</i>	5	
<i>topotecan hcl intravenous solution reconstituted</i>	5	
<i>toremifene citrate oral tablet</i>	4	
<i>tretinoin oral capsule</i>	5	
TRUQAP ORAL TABLET	5	PA NSO
TRUQAP ORAL TABLET THERAPY PACK	5	PA NSO
TUKYSA ORAL TABLET	5	PA NSO
TURALIO ORAL CAPSULE	5	PA NSO
VALCHLOR EXTERNAL GEL	5	PA NSO; QL (60 GM per 30 days)
VANFLYTA ORAL TABLET	5	PA NSO
VENCLEXTA ORAL TABLET 10 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA NSO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA NSO; QL (84 EA per 365 days)
VEPPANU ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days)
VEPPANU ORAL TABLET 200 MG	5	PA NSO
VERZENIO ORAL TABLET	5	PA NSO; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; QL (120 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA NSO; QL (600 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO
VONJO ORAL CAPSULE	5	PA NSO
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days)
XALKORI ORAL CAPSULE	5	PA NSO
XALKORI ORAL CAPSULE SPRINKLE	5	PA NSO
XOSPATA ORAL TABLET	5	PA NSO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XTANDI ORAL CAPSULE	5	PA NSO
XTANDI ORAL TABLET	5	PA NSO
YONSA ORAL TABLET	5	PA NSO
<i>yulithira oral tablet</i>	4	PA NSO; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA NSO
ZOLINZA ORAL CAPSULE	5	PA NSO
ZYDELIG ORAL TABLET	5	PA NSO
ZYKADIA ORAL TABLET	5	PA NSO
Antiparasitics		
<i>albendazole oral tablet</i>	4	
<i>atovaquone oral suspension</i>	4	QL (300 ML per 30 days)
<i>atovaquone-proguanil hcl oral tablet</i>	4	
BENZNIDAZOLE ORAL TABLET	3	
<i>chloroquine phosphate oral tablet</i>	3	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	2	
<i>ivermectin oral tablet</i>	3	PA
<i>mefloquine hcl oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	5	QL (60 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D PA
<i>pentamidine isethionate injection solution reconstituted</i>	3	
<i>praziquantel oral tablet</i>	4	
<i>primaquine phosphate oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine oral tablet</i>	5	PA
<i>quinine sulfate oral capsule</i>	3	PA
Antiparkinson Agents		
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa er oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>entacapone oral tablet</i>	3	
INBRIJA INHALATION CAPSULE	5	PA
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	4	
<i>ropinirole hcl oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
<i>trihexyphenidyl hcl oral tablet</i>	4	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days)
<i>aripiprazole oral solution</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	4	QL (60 EA per 30 days)
BYSANTI ORAL TABLET 1 MG	5	ST NSO; QL (180 EA per 30 days)
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days)
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK	4	ST NSO; QL (24 EA per 365 days)
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
CAPLYTA ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days)
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST NSO; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	4	ST NSO; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
<i>fluphenazine decanoate injection solution</i>	4	
<i>fluphenazine hcl injection solution</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution</i>	3	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	ST NSO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	ST NSO; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 84 days)
<i>loxapine succinate oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	5	ST NSO; QL (30 EA per 30 days)
<i>molindone hcl oral tablet</i>	4	
NUPLAZID ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	4	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	3	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA NSO; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA NSO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG	5	QL (1 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 90 MG	5	
<i>pimozide oral tablet</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET	5	QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg</i>	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet</i>	3	
<i>thiothixene oral capsule</i>	4	
<i>trifluoperazine hcl oral tablet</i>	3	
VERSACLOZ ORAL SUSPENSION	5	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule</i>	4	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	3	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir dipivoxil oral tablet</i>	4	QL (30 EA per 30 days)
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION	5	QL (600 ML per 30 days)
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5	
CIMDUO ORAL TABLET	5	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
<i>entecavir oral tablet</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	4	QL (60 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	QL (90 EA per 30 days)
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days)
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	B/D PA
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)
IDVYNZO ORAL TABLET	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	5	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	4	QL (480 ML per 30 days)
<i>lamivudine oral solution</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET	5	QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 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)
MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	QL (360 EA per 30 days)
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (1080 ML per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
PIFELTRO ORAL TABLET	5	QL (30 EA per 30 days)
PREVYMIS ORAL PACKET	5	QL (120 EA per 30 days)
PREVYMIS ORAL TABLET	5	QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	5	QL (180 EA per 30 days)
<i>ribavirin oral tablet</i>	3	
<i>rilpivirine hcl oral tablet</i>	5	QL (30 EA per 30 days)
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	5	PA; QL (84 EA per 365 days)
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET	5	QL (24 EA per 168 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	5	
SYMTUZA ORAL TABLET	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet</i>	3	QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	5	QL (1080 ML per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	QL (120 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)
VIREAD ORAL POWDER	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VOCABRIA ORAL TABLET	5	

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VOSEVI ORAL TABLET	5	PA; QL (84 EA per 365 days)
VYJUVEK EXTERNAL GEL	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
<i>zidovudine oral capsule</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	3	QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents		
IGALMI SUBLINGUAL FILM	4	PA NSO
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium oral solution</i>	3	
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	2	
BAQSIMI ONE PACK NASAL POWDER	3	

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Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet</i>	1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	3	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
HUMALOG INJECTION SOLUTION	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R VIAL INJECTION SOLUTION	3	
INSULIN LISPRO INJECTION SOLUTION	3	
JANUMET ORAL TABLET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LANTUS U-100 SOLOSTAR	3	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LYUMJEV VIAL INJECTION SOLUTION	3	
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	2	
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R RELION INJECTION SOLUTION	3	
NOVOLIN R VIAL INJECTION SOLUTION	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG U-100 FLEXPEN	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLOG U-100 PENFILL	3	
NOVOLOG RELION INJECTION SOLUTION	3	
NOVOLOG U-100 VIAL INJECTION SOLUTION	3	
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
<i>repaglinide oral tablet</i>	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (15 ML per 24 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-500 MG	3	
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1000 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)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
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)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers		
<i>anagrelide hcl oral capsule</i>	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	
CABLIVI INJECTION KIT	5	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule</i>	4	QL (60 EA per 30 days)
DOPTELET ORAL TABLET	5	PA; QL (90 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (84 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	3	QL (140 EA per 28 days)
<i>eltrombopag olamine oral packet</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)
<i>enoxaparin sodium injection solution</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
<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	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEULASTA SUBCUTANEOUS SOLUTION	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days)
<i>prasugrel hcl oral tablet</i>	2	
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
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
<i>rivaroxaban oral suspension reconstituted</i>	4	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet</i>	4	QL (360 EA per 30 days)
<i>ticagrelor oral tablet</i>	3	
<i>tranexamic acid oral tablet</i>	3	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.2 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days)
<i>warfarin sodium oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>aliskiren fumarate oral tablet</i>	2	
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>amlodipine besylate oral tablet</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
<i>atorvastatin calcium oral tablet</i>	1	
<i>azilsartan medoxomil oral tablet</i>	4	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	3	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule extended release 24 hour</i>	2	
<i>carvedilol oral tablet</i>	1	
<i>chlorthalidone oral tablet</i>	2	
<i>cholestyramine light oral packet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder</i>	4	
<i>cholestyramine oral packet</i>	3	
<i>cholestyramine oral powder</i>	3	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	4	
<i>colesevelam hcl oral tablet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
<i>dapagliflozin oral tablet</i>	3	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	4	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
<i>disopyramide phosphate oral capsule</i>	3	
<i>dofetilide oral capsule</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	4	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	
FARXIGA ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	3	
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 EA per 30 days)
<i>flecainide acetate oral tablet</i>	2	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	4	
<i>fluvastatin sodium oral capsule</i>	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	2	
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>furosemide solution 10 mg/ml injection</i>	2	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	2	
<i>gemfibrozil oral tablet</i>	2	
<i>guanfacine hcl oral tablet</i>	4	
<i>hydralazine hcl oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	4	
<i>indapamide oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	4	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
<i>lovastatin oral tablet</i>	1	
<i>matzim la oral tablet extended release 24 hour</i>	4	
<i>methyldopa oral tablet</i>	4	
<i>metolazone oral tablet</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule</i>	5	PA
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
<i>midodrine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	
<i>moexipril hcl oral tablet</i>	2	
MULTAQ ORAL TABLET	3	
<i>nadolol oral tablet</i>	2	
<i>nebivolol hcl oral tablet</i>	3	
NEXLETOL ORAL TABLET	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nimodipine oral capsule</i>	4	
<i>nitro-bid transdermal ointment</i>	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal ointment</i>	4	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	4	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>omega-3-acid ethyl esters oral capsule</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
<i>pentoxifylline er oral tablet extended release</i>	2	
<i>perindopril erbumine oral tablet</i>	2	
<i>pindolol oral tablet</i>	3	
<i>pitavastatin calcium oral tablet</i>	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	
<i>prazosin hcl oral capsule</i>	2	
<i>prevalite oral packet</i>	4	
<i>prevalite oral powder</i>	4	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl oral tablet</i>	2	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>quinidine sulfate oral tablet</i>	4	
<i>ramipril oral capsule</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	QL (60 EA per 30 days)
<i>simvastatin oral tablet</i>	1	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
<i>telmisartan oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet</i>	1	
<i>tiadylt er oral capsule extended release 24 hour</i>	2	
<i>torsemide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>triamterene oral capsule</i>	4	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days)
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	3	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	1	
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	3	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (56 EA per 365 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days)
<i>bac (butalbital-acetamin-caff) oral tablet</i>	3	
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
COBENFY ORAL CAPSULE	5	PA NSO; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA NSO; QL (112 EA per 365 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (90 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	5	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>guanfacine hcl er oral tablet extended release 24 hour</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.4 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet</i>	4	
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	QL (110 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>periogard mouth/throat solution</i>	1	
<i>pilocarpine hcl oral tablet</i>	4	
<i>triamcinolone acetonide mouth/throat paste</i>	3	
Dermatological Agents		
<i>acitretin oral capsule</i>	4	
<i>acyclovir external ointment</i>	4	QL (60 GM per 30 days)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)

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ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 28 days)
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnestem oral capsule</i>	4	
<i>azelaic acid external gel</i>	4	QL (100 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	4	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	3	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	3	
<i>betamethasone dipropionate external ointment</i>	4	
<i>betamethasone valerate external cream</i>	3	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	2	
<i>calcipotriene external cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 ML per 30 days)
<i>ciclodan external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	3	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox olamine external cream</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	3	QL (120 ML per 30 days)
<i>claravis oral capsule</i>	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	
<i>clindamycin phosphate external lotion</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (60 ML per 30 days)
<i>clobetasol prop emollient base external cream</i>	2	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate e external cream</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	3	
<i>clobetasol propionate external ointment</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	3	
<i>clotrimazole-betamethasone external cream</i>	2	QL (90 GM per 30 days)
<i>desonide external cream</i>	3	
<i>desonide external ointment</i>	2	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	ST; QL (300 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ERY EXTERNAL PAD	3	QL (60 EA per 30 days)
<i>erythromycin external gel</i>	3	QL (60 GM per 30 days)
<i>erythromycin external solution</i>	2	QL (60 ML per 30 days)
EUCRISA EXTERNAL OINTMENT	4	PA
FINACEA EXTERNAL FOAM	3	QL (50 GM per 30 days)
<i>fluocinolone acetonide external cream</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	3	QL (60 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	2	QL (60 ML per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	3	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
GAUZE PADS PAD 2"X2"	3	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external ointment</i>	4	

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<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %</i>	2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	3	QL (60 GM per 30 days)
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>malathion external lotion</i>	4	QL (59 ML per 30 days)
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	QL (110 GM per 30 days)
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days)
<i>permethrin external cream</i>	3	QL (60 GM per 30 days)
<i>pimecrolimus external cream</i>	4	QL (100 GM per 30 days)
<i>podofilox external solution</i>	3	
SANTYL EXTERNAL OINTMENT	4	QL (180 GM per 30 days)
<i>selenium sulfide external lotion</i>	2	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
<i>silver sulfadiazine external cream</i>	2	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days)
<i>ssd external cream</i>	2	
<i>tacrolimus external ointment</i>	4	QL (100 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	3	PA
<i>tretinoin external cream 0.05 %</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.5 %</i>	2	
<i>triderm external cream</i>	2	
<i>urea external lotion</i>	4	
<i>zenatane oral capsule</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION	4	B/D PA
AMINOSYN-PF INTRAVENOUS SOLUTION	4	B/D PA
<i>calcium acetate (phos binder) oral capsule</i>	4	
<i>calcium acetate (phos binder) oral tablet</i>	3	
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>carglumic acid oral tablet soluble</i>	5	
CHEMET ORAL CAPSULE	5	
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral packet</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg</i>	4	PA
<i>deferasirox oral tablet soluble 500 mg</i>	5	PA
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-nacl intravenous solution</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
KIONEX COMBINATION SUSPENSION	3	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet extended release</i>	2	
<i>klor-con m15 oral tablet extended release</i>	2	
<i>klor-con m20 oral tablet extended release</i>	2	
<i>klor-con oral packet</i>	4	
<i>klor-con oral tablet extended release</i>	2	

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LOKELMA ORAL PACKET	4	QL (90 EA per 30 days)
<i>magnesium sulfate injection solution</i>	3	
<i>penicillamine oral tablet</i>	5	
PLENAMINE INTRAVENOUS SOLUTION	4	B/D PA
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution</i>	4	
<i>potassium citrate er oral tablet extended release</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium chloride intravenous solution 0.45 %</i>	3	
<i>sodium chloride solution 0.9 % intravenous</i>	3	
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS	3	
<i>sodium polystyrene sulfonate combination suspension</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
<i>tolvaptan oral tablet</i>	5	PA; QL (120 EA per 30 days)
<i>trientine hcl oral capsule</i>	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET 1 GM	4	QL (120 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	QL (30 EA per 30 days)
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 EA per 30 days)
<i>bis subcit-metronid-tetracyc oral capsule</i>	4	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA
BYLVAY ORAL CAPSULE	5	PA
CLENPIQ ORAL SOLUTION	3	
<i>constulose oral solution</i>	2	
CTEXLI ORAL TABLET	5	PA
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	3	
<i>enulose oral solution</i>	2	
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
<i>lactulose encephalopathy oral solution</i>	2	
<i>lactulose oral solution</i>	2	
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone oral capsule</i>	4	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral tablet</i>	3	
MOVANTI ^K ORAL TABLET	3	QL (30 EA per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	3	
<i>nitroglycerin rectal ointment</i>	4	QL (30 GM per 30 days)
<i>nizatidine oral capsule</i>	4	
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)

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<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>rabeprazole sodium oral tablet delayed release</i>	3	QL (60 EA per 30 days)
<i>sucralfate oral tablet</i>	2	
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet</i>	3	
VOWST ORAL CAPSULE	5	PA; QL (12 EA per 3 days)
XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET	3	PA; QL (90 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>cromolyn sodium oral concentrate</i>	4	
CYSTAGON ORAL CAPSULE	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>l-glutamine oral packet</i>	5	PA
<i>miglustat oral capsule</i>	5	PA; QL (90 EA per 30 days)
<i>nitisinone oral capsule</i>	5	
ONPATTRO INTRAVENOUS SOLUTION	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
REVCovi INTRAMUSCULAR SOLUTION	5	PA
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder</i>	5	
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	PA
WELIREG ORAL TABLET	5	PA NSO
<i>yargesa oral capsule</i>	5	PA; QL (90 EA per 30 days)
<i>zelvysia oral packet</i>	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
Genitourinary Agents		
<i>acetic acid irrigation solution</i>	1	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>bethanechol chloride oral tablet</i>	2	
<i>doxazosin mesylate oral tablet</i>	2	
<i>dutasteride oral capsule</i>	2	
ELMIRON ORAL CAPSULE	4	QL (90 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	
GEMTESA ORAL TABLET	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule</i>	4	QL (30 EA per 30 days)
<i>solifenacin succinate oral tablet</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3	
<i>tolterodine tartrate oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride er oral capsule extended release 24 hour</i>	4	
<i>trospium chloride oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE ORAL TABLET	5	
<i>deflazacort oral suspension</i>	5	PA
<i>deflazacort oral tablet</i>	5	PA
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone acetate oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>jaythari oral suspension</i>	5	PA
<i>jaythari oral tablet</i>	5	PA
<i>kymbee oral suspension</i>	5	PA
<i>kymbee oral tablet</i>	5	PA
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	4	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
<i>pyquvi oral suspension</i>	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	4	
<i>desmopressin acetate oral tablet</i>	3	
<i>desmopressin acetate spray nasal solution</i>	4	
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA

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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	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>abigale lo oral tablet</i>	4	
<i>abigale oral tablet</i>	4	
<i>afirmelle oral tablet</i>	3	
<i>altavera oral tablet</i>	3	
<i>alyacen 1/35 oral tablet</i>	3	
<i>alyacen 7/7/7 oral tablet</i>	3	
<i>amethyst oral tablet</i>	3	
<i>ashlyna oral tablet</i>	4	QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	3	
<i>aurovela 1.5/30 oral tablet</i>	3	
<i>aurovela 1/20 oral tablet</i>	3	
<i>aurovela fe 1.5/30 oral tablet</i>	3	
<i>aurovela fe 1/20 oral tablet</i>	3	
<i>aviane oral tablet</i>	3	
<i>ayuna oral tablet</i>	3	
<i>azurette oral tablet</i>	3	
<i>balziva oral tablet</i>	3	
<i>blisovi fe 1.5/30 oral tablet</i>	3	
<i>blisovi fe 1/20 oral tablet</i>	3	
<i>briellyn oral tablet</i>	3	
<i>camila oral tablet</i>	2	
<i>camrese lo oral tablet</i>	4	QL (91 EA per 91 days)
<i>camrese oral tablet</i>	4	QL (91 EA per 91 days)
<i>chateal eq oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days)
<i>cryselle oral tablet</i>	3	
<i>cryselle-28 oral tablet</i>	3	
<i>danazol oral capsule</i>	4	
<i>dasetta 1/35 (28) oral tablet</i>	3	
<i>dasetta 7/7/7 oral tablet</i>	3	
<i>daysee oral tablet</i>	4	QL (91 EA per 91 days)
<i>deblitane oral tablet</i>	2	
<i>delyla oral tablet</i>	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet</i>	3	
<i>dolishale oral tablet</i>	3	
<i>dotti transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>elinest oral tablet</i>	3	
<i>eluryng vaginal ring</i>	4	QL (1 EA per 28 days)
<i>emzahh oral tablet</i>	2	
<i>enilloring vaginal ring</i>	4	QL (1 EA per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>errin oral tablet</i>	2	
<i>estarylla oral tablet</i>	3	
<i>estradiol oral tablet</i>	2	
<i>estradiol transdermal gel</i>	4	
<i>estradiol transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	3	QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	4	
ESTRING VAGINAL RING	4	QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	4	QL (30 EA per 30 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	QL (1 EA per 28 days)
<i>falmina oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>feirza 1.5/30 oral tablet</i>	3	
<i>feirza 1/20 oral tablet</i>	3	
<i>fyavolv oral tablet</i>	4	
<i>gallifrey oral tablet</i>	2	
<i>hailey 1.5/30 oral tablet</i>	3	
<i>hailey fe 1.5/30 oral tablet</i>	3	
<i>hailey fe 1/20 oral tablet</i>	3	
<i>heather oral tablet</i>	2	
<i>iclevia oral tablet</i>	4	QL (91 EA per 91 days)
<i>incassia oral tablet</i>	2	
<i>introvale oral tablet</i>	4	QL (91 EA per 91 days)
<i>jaimiess oral tablet</i>	4	QL (91 EA per 91 days)
<i>jencycla oral tablet</i>	2	
<i>jinteli oral tablet</i>	4	
<i>jolessa oral tablet</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30 oral tablet</i>	3	
<i>junel 1/20 oral tablet</i>	3	
<i>junel fe 1.5/30 oral tablet</i>	3	
<i>junel fe 1/20 oral tablet</i>	3	
<i>kariva oral tablet</i>	3	
<i>kelnor 1/35 oral tablet</i>	3	
<i>kurvelo oral tablet</i>	3	
<i>larin 1.5/30 oral tablet</i>	3	
<i>larin 1/20 oral tablet</i>	3	
<i>larin fe 1.5/30 oral tablet</i>	3	
<i>larin fe 1/20 oral tablet</i>	3	
<i>lessina oral tablet</i>	3	
<i>levonest oral tablet</i>	3	
<i>levonorgest-eth estrad 91-day oral tablet</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	3	
<i>levonorg-eth estrad triphasic oral tablet</i>	3	
<i>levora 0.15/30 (28) oral tablet</i>	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
<i>lojaimiess oral tablet</i>	4	QL (91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel oral tablet</i>	3	
<i>luizza 1.5/30 oral tablet</i>	3	
<i>luizza 1/20 oral tablet</i>	3	
<i>luteru oral tablet</i>	3	
<i>lyleq oral tablet</i>	2	
<i>lyllana transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>lyza oral tablet</i>	2	
<i>marlissa oral tablet</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
<i>meleya oral tablet</i>	2	
<i>microgestin 1.5/30 oral tablet</i>	3	
<i>microgestin 1/20 oral tablet</i>	3	
<i>microgestin fe 1.5/30 oral tablet</i>	3	
<i>microgestin fe 1/20 oral tablet</i>	3	
<i>mili oral tablet</i>	3	
<i>mimvey oral tablet</i>	4	
<i>mono-lynyah oral tablet</i>	3	
<i>necon 0.5/35 (28) oral tablet</i>	3	
NEXPLANON SUBCUTANEOUS IMPLANT	3	
<i>nora-be oral tablet</i>	2	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	4	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	3	
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone acet-ethinyl est oral tablet</i>	3	
<i>norethindrone oral tablet</i>	2	
<i>norethindrone-eth estradiol oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>norlyroc oral tablet</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	3	
<i>nortrel 1/35 (21) oral tablet</i>	3	
<i>nortrel 1/35 (28) oral tablet</i>	3	
<i>nortrel 7/7/7 oral tablet</i>	3	
<i>nylia 1/35 oral tablet</i>	3	
<i>nylia 7/7/7 oral tablet</i>	3	
<i>orquidea oral tablet</i>	2	
OSPHENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>philith oral tablet</i>	3	
<i>pimtrea oral tablet</i>	3	
<i>portia-28 oral tablet</i>	3	
PREMARIN VAGINAL CREAM	4	
PREMPHASE ORAL TABLET	4	QL (28 EA per 28 days)
PREMPRO ORAL TABLET	4	QL (28 EA per 28 days)
<i>progesterone oral capsule</i>	2	
<i>raloxifene hcl oral tablet</i>	2	
<i>setlakin oral tablet</i>	4	QL (91 EA per 91 days)
<i>sharobel oral tablet</i>	2	
<i>simliya oral tablet</i>	3	
<i>simpesse oral tablet</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	3	
<i>sronyx oral tablet</i>	3	
<i>tarina fe 1/20 eq oral tablet</i>	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	2	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	2	PA; QL (10 ML per 28 days)
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	3	PA; QL (5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	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>	4	PA; QL (300 GM per 30 days)
<i>tri-estarylla oral tablet</i>	3	
<i>tri-linyah oral tablet</i>	3	
<i>tri-mili oral tablet</i>	3	
<i>tri-sprintec oral tablet</i>	3	
<i>tri-vylibra oral tablet</i>	3	
<i>turqoz oral tablet</i>	3	
<i>valtya 1/35 oral tablet</i>	3	
<i>valtya 1/50 oral tablet</i>	3	
<i>vienva oral tablet</i>	3	
<i>viorele oral tablet</i>	3	
<i>volnea oral tablet</i>	3	
<i>vyfemla oral tablet</i>	3	
<i>vylibra oral tablet</i>	3	
<i>wera oral tablet</i>	3	
<i>xulane transdermal patch weekly</i>	3	
<i>yuvafem vaginal tablet</i>	4	
<i>zafemy transdermal patch weekly</i>	4	
<i>zovia 1/35 (28) oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>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</i>	3	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	2	
<i>liomny oral tablet</i>	2	
<i>liothyronine sodium oral tablet</i>	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET	3	
<i>unithroid oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline oral tablet</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA NSO; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA NSO; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 84 days)
<i>mifepristone oral tablet 200 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
ORGOVYX ORAL TABLET	5	PA NSO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (30 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA NSO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA NSO; QL (1 EA per 168 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet</i>	2	
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA NSO
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 EA per 28 days)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (3 EA per 28 days)
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days)
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; QL (2 EA per 28 days)
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA NSO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA NSO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (10 ML per 28 days)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days)
<i>cyclosporine modified oral capsule</i>	4	B/D PA
<i>cyclosporine modified oral solution</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION	3	
DENGVAIXA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
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)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
ENGERIX-B INJECTION SUSPENSION	1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet 1 mg</i>	5	B/D PA
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>gengra oral capsule</i>	4	B/D PA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	B/D PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (36 ML per 30 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D PA
INFANRIX INTRAMUSCULAR SUSPENSION	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYLAMVO ORAL SOLUTION	4	PA NSO
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral tablet</i>	2	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
<i>methotrexate sodium (pf) injection solution</i>	2	
<i>methotrexate sodium injection solution</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral tablet</i>	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
<i>mycophenolate mofetil oral capsule</i>	4	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium oral tablet delayed release</i>	4	B/D PA
<i>mycophenolic acid oral tablet delayed release</i>	4	B/D PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
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)
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (110 EA per 365 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	5	PA; QL (82 EA per 365 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	

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Drug Name	Drug Tier	Requirements/Limits
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
REZUROCK ORAL TABLET	5	PA; QL (60 EA per 30 days)
RINVOQ LQ ORAL SOLUTION	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days)
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
<i>sirolimus oral solution</i>	4	B/D PA
<i>sirolimus oral tablet</i>	4	B/D PA
SKYRIZI INTRAVENOUS SOLUTION	5	PA; QL (60 ML per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (0.37 ML per 28 days)
STARJEMZA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STARJEMZA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
STEQEYMA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
<i>tacrolimus er oral capsule extended release 24 hour</i>	4	B/D PA
<i>tacrolimus oral capsule</i>	4	B/D PA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
TENIVAC INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
<i>tofacitinib citrate er oral tablet extended release 24 hour</i>	5	PA; QL (30 EA per 30 days)
<i>tofacitinib citrate oral solution</i>	5	PA; QL (300 ML per 30 days)
<i>tofacitinib citrate oral tablet</i>	5	PA; QL (60 EA per 30 days)
TREMFYA INTRAVENOUS SOLUTION	5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (2 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS	5	PA; QL (2 ML per 56 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	5	PA; QL (4 ML per 28 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3.6 ML per 28 days)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VEOPOZ INJECTION SOLUTION	5	PA
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	QL (4 EA per 999 days)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (20 ML per 28 days)
XATMEP ORAL SOLUTION	4	PA NSO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days)
YESINTEK INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days)
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	QL (300 GM per 30 days)
<i>hydrocortisone rectal enema</i>	4	
<i>mesalamine er oral capsule 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine er oral capsule extended release 500 mg</i>	4	QL (240 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine rectal enema</i>	4	QL (1800 ML per 30 days)
<i>mesalamine rectal suppository</i>	4	QL (30 EA per 30 days)
<i>mesalamine-cleanser rectal kit</i>	5	
<i>procto-med hc external cream</i>	2	QL (300 GM per 30 days)
SFROWASA RECTAL ENEMA 4 GM/60ML	5	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	2	
<i>cinacalcet hcl oral tablet</i>	4	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	5	PA
<i>paricalcitol oral capsule</i>	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	QL (60 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	4	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	5	PA; QL (2.24 ML per 28 days)
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	5	PA; QL (2.24 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; QL (1.56 ML per 30 days)
WYOST SUBCUTANEOUS SOLUTION	5	PA
MISC		
<i>12 hour allergy-d oral tablet extended release 12 hour</i>	50	
<i>12 hr mucus relief max oral tablet extended release 12 hour</i>	50	
<i>12hr allergy relief oral tablet</i>	50	
<i>24hr allergy relief oral tablet</i>	50	
<i>8 hour arthritis pain oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>8 hour pain reliever oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>8 hr arthritis pain relief oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>8hr muscle aches & pain relief oral tablet extended release</i>	50	QL (170 EA per 34 days)

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Drug Name	Drug Tier	Requirements/Limits
ACCRUFER ORAL CAPSULE	50	PA
<i>acetaminophen 8 hour oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>acetaminophen childrens oral liquid 160 mg/5ml</i>	50	
<i>acetaminophen childrens oral solution</i>	50	PA
<i>acetaminophen childrens oral suspension</i>	50	PA
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	50	
<i>acetaminophen er oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>acetaminophen infants oral suspension</i>	50	PA
<i>acetaminophen oral liquid 160 mg/5ml</i>	50	
<i>acetaminophen oral solution</i>	50	PA
<i>acetaminophen oral suspension 160 mg/5ml</i>	50	PA
<i>acidophilus lactobacillus oral capsule</i>	50	PA
<i>acidophilus oral capsule</i>	50	PA
<i>acidophilus probiotic oral capsule</i>	50	PA
<i>acidophilus/pectin oral capsule</i>	50	PA
ACTICAL ORAL CAPSULE	50	PA
ACTIPHLOA ORAL CAPSULE	50	PA
ACTIVE FE ORAL TABLET	50	PA
ACTIVITE ORAL TABLET	50	PA
ACTIVNUTRIENTS ORAL CAPSULE	50	PA
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE	50	PA
<i>adapalene gel 0.1 % external (otc)</i>	50	PA
<i>adapalene treatment external gel</i>	50	PA
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	50	PA
<i>advanced probiotic oral capsule</i>	50	PA
AFLOA ORAL TABLET	50	PA
<i>aftera oral tablet</i>	50	QL (2 EA per 30 days)
<i>afterpill oral tablet</i>	50	QL (2 EA per 30 days)
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE	50	PA
AIRBORNE KIDS ORAL TABLET CHEWABLE	50	PA
AIRBORNE ORAL TABLET CHEWABLE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
ALIGN DUALBIOTIC ORAL TABLET CHEWABLE	50	PA
ALIGN KIDS PROBIOTIC ORAL TABLET CHEWABLE	50	PA
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE	50	PA
ALIVE IMMUNE/ELDERBERRY ORAL TABLET CHEWABLE	50	PA
ALIVE MAX 6 POTENCY ORAL CAPSULE	50	PA
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE	50	PA
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	50	PA
ALIVE MENS PREMIUM GUMMIES ORAL TABLET CHEWABLE	50	PA
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	50	PA
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	50	PA
ALIVE WOMENS 50+ PREMIUM GUMMY ORAL TABLET CHEWABLE	50	PA
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	50	PA
ALIVE WOMENS PREMIUM GUMMIES ORAL TABLET CHEWABLE	50	PA
<i>all day allergy d oral tablet extended release 12 hour</i>	50	
<i>all day allergy-d oral tablet extended release 12 hour</i>	50	
<i>allergy (cetirizine) oral tablet</i>	50	QL (30 EA per 30 days)
<i>allergy 24hour indoor/outdoor oral tablet</i>	50	QL (30 EA per 30 days)
<i>allergy 24-hr oral tablet 180 mg</i>	50	
<i>allergy childrens oral solution</i>	50	
<i>allergy childrens oral suspension</i>	50	PA
<i>allergy rel child (loratadine) oral solution</i>	50	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	50	PA
<i>allergy relief (cetirizine) oral tablet</i>	50	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	50	QL (30 EA per 30 days)
<i>allergy relief cetirizine oral tablet</i>	50	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief childrens 24-hr oral solution</i>	50	QL (300 ML per 30 days)
<i>allergy relief childrens oral solution 1 mg/ml</i>	50	QL (300 ML per 30 days)
<i>allergy relief childrens oral solution 5 mg/5ml</i>	50	
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	50	
<i>allergy relief d-12 oral tablet extended release 12 hour</i>	50	
<i>allergy relief oral tablet 10 mg</i>	50	QL (30 EA per 30 days)
<i>allergy relief oral tablet 180 mg, 60 mg</i>	50	
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	50	
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	50	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	50	
<i>allergy relief-d oral tablet extended release 12 hour</i>	50	
<i>allergy/congestion relief oral tablet extended release 12 hour</i>	50	
<i>allergy-d 12hr oral tablet extended release 12 hour</i>	50	
<i>allergy-d 24hr oral tablet extended release 24 hour</i>	50	
ALTITUSS ORAL LIQUID	50	
ALTRIXA ORAL TABLET	50	PA
AMLADEX ORAL TABLET	50	PA
<i>antacid calcium oral tablet chewable</i>	50	
<i>antacid calcium rich oral tablet chewable</i>	50	
<i>antacid extra strength oral tablet chewable 750 mg</i>	50	
<i>antacid maximum oral tablet chewable</i>	50	
<i>antacid oral tablet chewable 750 mg</i>	50	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	50	
<i>antifungal external cream</i>	50	
APETIBEX ORAL CAPSULE	50	PA
APPE-CURB ORAL CAPSULE	50	PA
<i>arthritis pain relief oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>arthritis pain reliever external gel</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>arthritis pain reliever oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>ascorbic acid injection solution</i>	50	
<i>aspirin 81 oral tablet delayed release</i>	50	
<i>aspirin adult low dose oral tablet delayed release</i>	50	
<i>aspirin adult low strength oral tablet delayed release</i>	50	
<i>aspirin childrens oral tablet chewable</i>	50	
<i>aspirin ec adult low dose oral tablet delayed release</i>	50	
<i>aspirin ec low dose oral tablet delayed release</i>	50	
<i>aspirin ec low strength oral tablet delayed release</i>	50	
<i>aspirin low dose oral tablet chewable</i>	50	
<i>aspirin low dose oral tablet delayed release</i>	50	
<i>aspirin oral tablet</i>	50	
<i>aspirin oral tablet chewable</i>	50	
<i>aspirin oral tablet delayed release</i>	50	
<i>aspirin rectal suppository</i>	50	
<i>aspirin regimen oral tablet delayed release</i>	50	
AVOWISE ORAL TABLET	50	PA
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE	50	PA
AZO DUAL PROTECTION ORAL CAPSULE	50	PA
AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE	50	PA
BACICAP ORAL CAPSULE	50	PA
BACID ORAL CAPSULE	50	PA
BACILLEX ORAL CAPSULE	50	PA
BACMIN ORAL TABLET	50	PA
<i>bariatric multivitamins oral capsule</i>	50	PA
BENTIVITE ORAL TABLET	50	PA
<i>benzonatate oral capsule 100 mg, 200 mg</i>	50	
BIOACTIVE ORAL CAPSULE	50	PA
BIOCEL ORAL TABLET	50	PA
BIOGAIA GASTRUS ORAL CAPSULE	50	PA
BIOGAIA PROTECTIS MUM ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
BIO-KULT ORAL CAPSULE	50	PA
BIOMEPRO ORAL CAPSULE	50	PA
BIOMEVIA ORAL CAPSULE	50	PA
BIOMYRA ORAL CAPSULE	50	PA
BIOTECT PLUS ORAL CAPSULE	50	PA
BIOVANTA ORAL CAPSULE	50	PA
BIOZEN ORAL CAPSULE	50	PA
BOLSITOL ORAL CAPSULE	50	PA
BONEUP 3 PER DAY ORAL CAPSULE	50	PA
BONEUP ORAL CAPSULE	50	PA
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE	50	PA
<i>b-plex plus oral tablet</i>	50	PA
<i>c 500/rose hips oral tablet</i>	50	PA
<i>c extra strength oral tablet</i>	50	PA
<i>c gummies oral tablet chewable</i>	50	PA
<i>calcidol oral solution</i>	50	PA
<i>calcium acetate (phos binder) oral tablet</i>	50	PA
CENTRATEX ORAL CAPSULE	50	
CEREFOLIN BRAIN WELLNESS ORAL TABLET	50	PA
CEREFOLIN NAC ORAL TABLET	50	PA
CEREFOLIN ORAL TABLET	50	PA
<i>cetirizine hcl childrens allergy oral solution</i>	50	QL (300 ML per 30 days)
<i>cetirizine hcl childrens hives oral solution</i>	50	QL (300 ML per 30 days)
<i>cetirizine hcl oral tablet</i>	50	QL (30 EA per 30 days)
<i>cetirizine hcl oral tablet chewable</i>	50	PA; QL (30 EA per 30 days)
<i>cetirizine hcl solution 1 mg/ml oral (otc)</i>	50	QL (300 ML per 30 days)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour</i>	50	
<i>chest congestion relief child oral liquid</i>	50	
<i>chest congestion relief dm oral syrup</i>	50	
<i>chest congestion relief dm oral tablet</i>	50	
<i>chest congestion relief oral liquid</i>	50	
<i>chest congestion relief oral tablet</i>	50	
<i>chest congestion/cough relief oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
CITRACAL CALCIUM +D3 ORAL TABLET EXTENDED RELEASE 24 HOUR	50	PA
<i>clearlax oral powder</i>	50	QL (527 GM per 30 days)
<i>clotrimazole 3 vaginal cream</i>	50	
<i>clotrimazole vaginal cream</i>	50	
<i>coconut oil oral capsule</i>	50	PA
COREVIA ORAL TABLET	50	PA
CORVITA ORAL TABLET	50	PA
CORVITE 150 ORAL TABLET	50	PA
CORVITE FE ORAL TABLET	50	PA
<i>cough & congestion kids oral liquid</i>	50	
CULTRELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE	50	PA
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE	50	PA
CULTURELLE BLOATING & GAS DEF ORAL CAPSULE	50	PA
CULTURELLE IMMUNE DEFENSE ORAL TABLET CHEWABLE	50	PA
CULTURELLE KID PROBIOTIC+FIBER ORAL TABLET CHEWABLE	50	PA
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE	50	PA
CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE	50	PA
CULTURELLE PRO & PREBIOTIC ORAL TABLET CHEWABLE	50	PA
CULTURELLE PROBIOTIC + PREBIOT ORAL TABLET CHEWABLE	50	PA
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	50	PA
CULTURELLE PROBIOTICS KIDS ORAL TABLET CHEWABLE	50	PA
CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE	50	PA
<i>curae oral tablet 1.5 mg</i>	50	QL (2 EA per 30 days)
<i>cvs antacid extra strength oral tablet chewable</i>	50	
<i>cvs clotrimazole 3 vaginal cream</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	50	
<i>cyanocobalamin nasal solution</i>	50	PA
<i>d3 2000 oral capsule</i>	50	PA
<i>d3 5000 oral capsule</i>	50	PA
<i>d3 baby drops oral liquid</i>	50	PA
<i>d3 extra strength oral capsule</i>	50	PA
<i>d3 high potency oral capsule</i>	50	PA
<i>d3 max st oral capsule</i>	50	PA
<i>d3 oral capsule 25 mcg (1000 ut)</i>	50	PA
<i>d3 oral tablet chewable 50 mcg (2000 ut)</i>	50	PA
DAVIMET-M ORAL TABLET CHEWABLE	50	PA
DAYAVITE ORAL TABLET	50	PA
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	50	PA
DEKAS PLUS OCEAN ORAL CAPSULE	50	PA
DEPLIN MA ORAL CAPSULE	50	PA
DEPLINPRO MOOD HEALTH ORAL CAPSULE	50	PA
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	50	PA
DERMACINRX DOTREMIN ORAL TABLET	50	PA
DERMACINRX FOLTAMIN ORAL TABLET	50	PA
DERMACINRX MULTITAM ORAL TABLET	50	PA
DERMACINRX MULTIVITAMIN ORAL TABLET CHEWABLE	50	PA
DERMACINRX PROBEX ORAL CAPSULE	50	PA
DERMACINRX RIBOTIN-E ORAL TABLET	50	PA
DERMACINRX ZINTREXYL-C ORAL TABLET	50	PA
DEXATRAN ORAL CAPSULE	50	PA
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 5-100 mg/5ml</i>	50	
<i>dextromethorphan-guaifenesin oral syrup</i>	50	
<i>dextromethorphan-guaifenesin oral tablet</i>	50	
DIALYVITE 3000 ORAL TABLET 3 MG	50	
DIALYVITE 5000 ORAL TABLET	50	
DIALYVITE ORAL TABLET	50	PA

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Drug Name	Drug Tier	Requirements/Limits
DIALYVITE SUPREME D ORAL TABLET	50	PA
DIALYVITE/ZINC ORAL TABLET	50	
DIATROL ORAL TABLET	50	PA
<i>diclofenac sodium gel 1 % external (otc)</i>	50	
DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE	50	PA
DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL TABLET CHEWABLE	50	PA
DIGESTIVE ADV KID DIGST/IMMUNE ORAL TABLET CHEWABLE	50	PA
DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE	50	PA
DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE	50	PA
DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE	50	PA
DIGESTIVE ADVANTAGE KIDS ORAL TABLET CHEWABLE	50	PA
<i>dm-guaifenesin er oral tablet extended release 12 hour</i>	50	
<i>docusate mini rectal enema</i>	50	
DODEX INJECTION SOLUTION 1000 MCG/ML	50	
<i>d-vite pediatric oral liquid</i>	50	PA
EASY-C IMMUNE HEALTH ORAL TABLET	50	PA
<i>econtra one-step oral tablet</i>	50	QL (2 EA per 30 days)
ENEMEEZ MINI RECTAL ENEMA	50	
ENEMEEZ PLUS RECTAL ENEMA	50	
ENLYTE GUMMY+ ORAL TABLET CHEWABLE	50	PA
ENLYTE ORAL CAPSULE	50	PA
ENVIVE ORAL CAPSULE	50	PA
<i>ergocalciferol oral capsule</i>	50	
<i>ergocalciferol oral solution 200 mcg/ml</i>	50	PA
ESTROVEN SLIMBIOTICS ORAL CAPSULE	50	PA
EVERCORE ORAL TABLET	50	PA
EVERVITA ORAL TABLET	50	PA
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>eye allergy itch/redness rel ophthalmic solution</i>	50	
<i>eye health areds 2 oral capsule</i>	50	PA
<i>eye health gummies oral tablet chewable</i>	50	PA
FEM-DOPHILUS WOMENS ORAL CAPSULE	50	PA
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET	50	PA
FERIVA 21/7 ORAL TABLET 75-1 MG	50	PA
<i>ferrous fumarate oral tablet 324 mg</i>	50	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	50	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml</i>	50	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	50	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	50	
<i>fexofenadine hcl oral tablet</i>	50	
FINAZOL ORAL TABLET	50	PA
<i>finest nutrition vitamin d3 oral capsule</i>	50	PA
<i>fish oil high potency oral capsule 1000 mg</i>	50	PA
<i>fish oil maximum strength oral capsule</i>	50	PA
<i>fish oil minis oral capsule</i>	50	PA
<i>fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 360 mg, 500 mg</i>	50	PA
<i>fish oil oral capsule delayed release 1200 mg</i>	50	PA
<i>flaxseed oil oral capsule 1000 mg</i>	50	PA
<i>flaxseed oil organic oral capsule</i>	50	PA
FLORAJEN WOMEN ORAL CAPSULE	50	PA
FLORAJEN WOMENS PROBIOTIC ORAL CAPSULE	50	PA
FLORAMYRA ORAL CAPSULE	50	PA
FLORASTART ORAL CAPSULE	50	PA
FLORASTOR ADVANCED ORAL CAPSULE	50	PA
FLORASTOR BALANCED BENEFITS ORAL CAPSULE	50	PA
FLORASTOR DIGEST DE-STRESS ORAL CAPSULE	50	PA
FLORASTOR ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
FLORASTOR SELECT GUT BOOST ORAL CAPSULE	50	PA
FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE	50	PA
FLORAVAX ORAL CAPSULE	50	PA
FLORESTA ORAL CAPSULE	50	PA
FLORRAVITE ORAL TABLET	50	PA
FLORRAXYL ORAL TABLET	50	PA
FOLA-B COMPLEX ORAL TABLET	50	PA
FOLACHEW ORAL TABLET CHEWABLE	50	PA
FOLAGENT DHA ORAL CAPSULE	50	PA
FOLAMAX ORAL TABLET	50	PA
FOLAMED DHA ORAL CAPSULE	50	PA
FOLAPRIME ORAL TABLET	50	PA
FOLAREX ORAL TABLET	50	PA
FOLASYNC DHA ORAL CAPSULE	50	PA
FOLATEN ORAL TABLET	50	PA
FOLAWISE ORAL TABLET	50	PA
FOLBIC ORAL TABLET	50	PA
FOLBIC RF ORAL TABLET	50	PA
FOLCYTEINE ORAL TABLET	50	PA
FOLDITAM ORAL TABLET	50	PA
<i>folic acid injection solution</i>	50	
<i>folic acid oral tablet 1 mg</i>	50	
FOLICORE B COMPLEX ORAL TABLET	50	PA
FOLIFLEX ORAL TABLET	50	PA
FOLITIN-Z ORAL TABLET	50	PA
FOLIVANE-F ORAL CAPSULE	50	PA
FOLIVANE-PLUS ORAL CAPSULE	50	
FOLIVRA ORAL TABLET	50	PA
FOLIXAPURE ORAL TABLET	50	PA
FOLIXATE ORAL TABLET	50	PA
FOLIXIA ORAL TABLET	50	PA
FOLTIRA ORAL TABLET	50	PA
FOLTRATE ORAL TABLET 500-1 MCG-MG	50	
FOLTREXYL ORAL TABLET	50	PA

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Drug Name	Drug Tier	Requirements/Limits
FOLTX ORAL TABLET	50	PA
FOLVITA COMPLEX ORAL TABLET	50	PA
FOLVITRA ORAL TABLET 1000-125 MCG	50	PA
FOLVYRIS ORAL TABLET	50	PA
FOLYRA ORAL TABLET	50	PA
FOSTEUM PLUS ORAL CAPSULE	50	PA
<i>ft 7 day vaginal vaginal cream</i>	50	
<i>ft 8 hour pain relief oral tablet extended release</i>	50	QL (170 EA per 34 days)
<i>ft acidophilus probiotic blend oral capsule</i>	50	PA
<i>ft adult multi gummies oral tablet chewable</i>	50	PA
<i>ft all day allergy 24 hour oral tablet</i>	50	QL (30 EA per 30 days)
<i>ft all day allergy childrens oral solution</i>	50	QL (300 ML per 30 days)
<i>ft all day allergy oral tablet</i>	50	QL (30 EA per 30 days)
<i>ft all day allergy relief oral tablet 10 mg</i>	50	QL (30 EA per 30 days)
<i>ft all day allergy-d oral tablet extended release 12 hour</i>	50	
<i>ft allergy childrens oral solution</i>	50	
<i>ft allergy d-12 hour oral tablet extended release 12 hour</i>	50	
<i>ft allergy relief 12 hour oral tablet</i>	50	
<i>ft allergy relief 24 hour oral tablet</i>	50	
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	50	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	50	QL (300 ML per 30 days)
<i>ft allergy relief loratadine oral tablet 10 mg</i>	50	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 10 mg</i>	50	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 180 mg</i>	50	
<i>ft allergy relief-d oral tablet extended release 24 hour</i>	50	
<i>ft antacid extra strength oral tablet chewable</i>	50	
<i>ft antacid regular strength oral tablet chewable</i>	50	
<i>ft antifungal external cream 2 %</i>	50	
<i>ft arthritis pain external gel</i>	50	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	50	QL (170 EA per 34 days)
<i>ft aspirin adult low dose oral tablet delayed release</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft aspirin low dose oral tablet delayed release</i>	50	
<i>ft aspirin oral tablet</i>	50	
<i>ft aspirin oral tablet chewable</i>	50	
<i>ft calcium + vitamin d3 oral tablet</i>	50	PA
<i>ft calcium citrate +vitamin d3 oral tablet</i>	50	PA
<i>ft calcium citrate/vit d3 oral tablet</i>	50	PA
<i>ft calcium oral tablet</i>	50	
<i>ft chest congestion relief dm oral tablet</i>	50	
<i>ft chest congestion relief oral tablet</i>	50	
<i>ft childrens multi oral tablet chewable</i>	50	PA
<i>ft children's pain/fever oral tablet chewable</i>	50	
<i>ft clearlax oral powder</i>	50	QL (527 GM per 30 days)
<i>ft clotrimazole 3 vaginal cream</i>	50	
<i>ft clotrimazole vaginal cream 1 %</i>	50	
<i>ft enteric coated aspirin oral tablet delayed release</i>	50	
<i>ft eye allergy itch & redness ophthalmic solution</i>	50	
<i>ft eye allergy itch relief ophthalmic solution</i>	50	
<i>ft eye health oral capsule</i>	50	PA
<i>ft fish oil oral capsule</i>	50	PA
<i>ft fish oil oral capsule delayed release 1000 mg</i>	50	PA
<i>ft flaxseed oil oral capsule</i>	50	PA
<i>ft immune support oral tablet chewable</i>	50	PA
<i>ft lice killing max st external shampoo</i>	50	
<i>ft magnesium oral tablet</i>	50	PA
<i>ft magnesium oxide oral tablet</i>	50	PA
<i>ft miconazole 1 vaginal kit</i>	50	
<i>ft miconazole 3 comb pack-supp vaginal kit</i>	50	
<i>ft miconazole 3 combo pack vaginal kit</i>	50	
<i>ft miconazole 7 vaginal cream</i>	50	
<i>ft milk thistle extract oral capsule</i>	50	PA
<i>ft mucus relief 12hr max str oral tablet extended release 12 hour</i>	50	
<i>ft mucus relief 12hr oral tablet extended release 12 hour</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft mucus relief dm oral tablet extended release 12 hour</i>	50	
<i>ft naloxone hcl nasal liquid</i>	50	QL (4 EA per 365 days)
<i>ft nicotine mini mouth/throat lozenge</i>	50	
<i>ft nicotine mouth/throat gum</i>	50	
<i>ft nicotine mouth/throat lozenge</i>	50	
<i>ft nicotine transdermal patch 24 hour</i>	50	
<i>ft omeprazole oral tablet delayed release</i>	50	PA
<i>ft pain & fever childrens oral suspension</i>	50	PA
<i>ft pain & fever infants oral suspension</i>	50	PA
<i>ft probiotic advanced oral capsule</i>	50	PA
<i>ft probiotic childrens oral tablet chewable</i>	50	PA
<i>ft probiotic oral capsule</i>	50	PA
<i>ft tioconazole-1 vaginal ointment</i>	50	
<i>ft tussin adult oral liquid</i>	50	
<i>ft tussin dm max adult oral liquid</i>	50	
<i>ft vitamin a oral capsule</i>	50	PA
<i>ft vitamin c oral tablet</i>	50	PA
<i>ft vitamin c oral tablet chewable</i>	50	PA
<i>ft vitamin c/rose hips oral tablet</i>	50	PA
<i>ft vitamin d3 oral capsule</i>	50	PA
<i>ft vitamin d3 oral tablet</i>	50	PA
<i>ft vitamin d3 rapid release oral capsule</i>	50	PA
FULLIFY ORAL CAPSULE	50	PA
FUSION PLUS ORAL CAPSULE	50	
<i>gavilax oral powder</i>	50	QL (527 GM per 30 days)
GENADEK STEP 1 ORAL CAPSULE	50	PA
GENADEK STEP 2 ORAL CAPSULE	50	PA
GENORAVANCE ORAL CAPSULE	50	PA
<i>genuine aspirin oral tablet</i>	50	
<i>geri-tussin dm oral liquid</i>	50	
<i>geri-tussin dm oral syrup</i>	50	
<i>geri-tussin oral liquid</i>	50	
<i>giltuss honey cgh/chest conges oral liquid</i>	50	
<i>giltuss honey cgh/chst child oral liquid</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>giltuss honey dm childrens oral liquid</i>	50	
<i>giltuss honey dm oral liquid</i>	50	
<i>glycolax oral powder</i>	50	QL (527 GM per 30 days)
GOOD START KIDS PROBIOTIC ORAL TABLET CHEWABLE	50	PA
<i>goodsense all day allergy-d oral tablet extended release 12 hour</i>	50	
<i>goodsense aller-ease oral tablet</i>	50	
<i>goodsense allergy relief child oral solution</i>	50	
<i>goodsense antacid extra str oral tablet chewable</i>	50	
<i>goodsense antacid oral tablet chewable 500 mg, 750 mg</i>	50	
<i>goodsense arthritis pain external gel</i>	50	
<i>goodsense aspirin low dose oral tablet delayed release</i>	50	
<i>goodsense aspirin oral tablet</i>	50	
<i>goodsense clearlax oral powder</i>	50	QL (527 GM per 30 days)
<i>goodsense lice killing external liquid</i>	50	
<i>goodsense lice killing max str external shampoo</i>	50	
<i>goodsense mucus dm oral tablet extended release 12 hour 30-600 mg</i>	50	
<i>goodsense mucus er maximum str oral tablet extended release 12 hour</i>	50	
<i>goodsense mucus er oral tablet extended release 12 hour</i>	50	
<i>goodsense mucus relief dm oral tablet</i>	50	
<i>goodsense mucus relief oral tablet</i>	50	
<i>goodsense nicotine mouth/throat gum</i>	50	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	50	
<i>goodsense nicotine polacrilex mouth/throat gum</i>	50	
<i>goodsense omep/sod bicarb oral capsule</i>	50	PA; QL (30 EA per 30 days)
<i>goodsense tussin dm max oral liquid</i>	50	
<i>growing bones & muscles kids oral tablet chewable</i>	50	PA
<i>guaiasorb dm oral liquid 20-200 mg/10ml</i>	50	
<i>guaifed oral liquid</i>	50	
<i>guaifed-dm oral liquid</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin dm oral liquid</i>	50	
<i>guaifenesin er oral tablet extended release 12 hour</i>	50	
<i>guaifenesin oral liquid</i>	50	
<i>guaifenesin oral tablet 400 mg</i>	50	
<i>guaifenesin-codeine oral solution</i>	50	PA
<i>guaifenesin-dm oral liquid 200-10 mg/5ml</i>	50	
<i>guaifenesin-dm oral syrup</i>	50	
GUTSTOR ORAL CAPSULE	50	PA
GUTVANTAGE ORAL CAPSULE	50	PA
GUTVIA ORAL CAPSULE	50	PA
GUTVITE IMMUNE SUPPORT ORAL CAPSULE	50	PA
<i>habitrol transdermal patch 24 hour</i>	50	
<i>healthy eyes supervision 2 oral capsule</i>	50	PA
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	50	PA
<i>healthylax oral packet</i>	50	QL (527 EA per 30 days)
HEMOCYTE PLUS ORAL CAPSULE	50	
<i>her style oral tablet</i>	50	QL (2 EA per 30 days)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	50	PA
HYCODAN ORAL TABLET 5-1.5 MG	50	
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	50	PA
<i>hydrocodone bit-homatrop mbr oral solution</i>	50	PA
<i>hydrocodone bit-homatrop mbr oral tablet</i>	50	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	50	PA
HYLAZINC ORAL TABLET	50	PA
HYVITE ORAL TABLET	50	PA
IDEAL BOWEL SUPPORT ORAL CAPSULE	50	PA
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	50	PA
IMCIVREE SUBCUTANEOUS SOLUTION	50	PA
<i>immune 24 hour+ oral capsule</i>	50	PA
INFUVITE ADULT INTRAVENOUS SOLUTION	50	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	50	

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Drug Name	Drug Tier	Requirements/Limits
INTEGRA F ORAL CAPSULE	50	PA
INTEGRA PLUS ORAL CAPSULE	50	
IRON FOLATE PLUS ORAL CAPSULE	50	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	50	PA
IROSPAN 24/6 ORAL	50	PA
IS-D 10,000 ORAL CAPSULE	50	PA
<i>ivermectin external lotion</i>	50	PA
JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE	50	PA
JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE	50	PA
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	50	PA
KEYFOLIC ORAL TABLET	50	PA
KEYLOSA ORAL TABLET	50	PA
KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE	50	PA
K-PHOS-NEUTRAL ORAL TABLET	50	
LACTEOL DIARRHEASE ORAL CAPSULE	50	PA
<i>lactobacillus oral tablet</i>	50	PA
<i>lactobacillus probiotic oral tablet</i>	50	PA
<i>laxative osmotic oral powder</i>	50	QL (527 GM per 30 days)
<i>levonorgestrel oral tablet</i>	50	QL (2 EA per 30 days)
<i>lice killing external shampoo</i>	50	
<i>lice killing shampoo max str external shampoo</i>	50	
<i>lice treatment external liquid</i>	50	
LIDAFLEX EXTERNAL PATCH	50	PA
<i>liquid acetaminophen oral liquid</i>	50	
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	50	
<i>l-methylfolate oral tablet</i>	50	
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	50	PA
<i>loratadine childrens oral solution</i>	50	
<i>loratadine oral solution</i>	50	
<i>loratadine oral tablet</i>	50	QL (30 EA per 30 days)
<i>loratadine oral tablet dispersible</i>	50	
<i>loratadine-d 12hr oral tablet extended release 12 hour</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	50	
LORMATE ORAL CAPSULE	50	PA
LUMAVEX ORAL CAPSULE	50	PA
LUMIVA ORAL CAPSULE	50	PA
LUMIVANCE ORAL CAPSULE	50	PA
LUNAVIRA ORAL CAPSULE	50	PA
LYSIPLEX PLUS ORAL TABLET	50	PA
<i>magnesium extra strength oral capsule</i>	50	PA
<i>magnesium oxide -mg supplement oral capsule 400 mg</i>	50	PA
<i>magnesium oxide -mg supplement oral tablet</i>	50	PA
<i>magnesium oxide oral tablet</i>	50	PA
<i>magnesium-oxide oral tablet</i>	50	PA
<i>mag-oxide oral tablet</i>	50	PA
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML	50	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID	50	
<i>maxi-tuss ac oral solution</i>	50	PA
<i>maxi-tuss g oral liquid</i>	50	
<i>maxi-tuss gmx oral liquid</i>	50	
MEDI TAB ORAL TABLET	50	PA
MENATROL ORAL CAPSULE	50	PA
<i>mens multivitamin gummies oral tablet chewable</i>	50	PA
<i>mens multivitamin oral tablet chewable</i>	50	PA
METAFOLBIC ORAL TABLET	50	PA
METAFOLBIC PLUS ORAL TABLET	50	PA
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG	50	PA
METAVAX ORAL TABLET	50	PA
<i>methyfol-algae-b12-acetylcyst oral tablet</i>	50	PA
<i>micaderm external cream</i>	50	
<i>miconazole 3 combo pack vaginal kit</i>	50	
<i>miconazole 7 vaginal cream</i>	50	
<i>miconazole nitrate combo pack vaginal kit</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate external cream</i>	50	
MICROBIOTA ORAL CAPSULE	50	PA
MICROFLOR ORAL CAPSULE	50	PA
MICROVIA ORAL CAPSULE	50	PA
MICROWELL ORAL CAPSULE	50	PA
<i>milk thistle oral capsule 175 mg</i>	50	PA
MINCORA ORAL TABLET	50	PA
MINOVIA ORAL TABLET	50	PA
MI-VITE RX ORAL TABLET	50	PA
<i>mm allergy relief 24 hour oral tablet</i>	50	
<i>mm arthritis pain reliever external gel</i>	50	
<i>mm aspirin oral tablet delayed release</i>	50	
<i>mm clearlax oral powder</i>	50	QL (527 GM per 30 days)
<i>mm fexofenadine hcl oral tablet</i>	50	
MOOD FOOD ES ORAL CAPSULE	50	PA
MOOD FOOD ORAL CAPSULE	50	PA
MOVENTRA ORAL CAPSULE	50	PA
MOVYRA ORAL CAPSULE	50	PA
<i>m-pap oral liquid</i>	50	
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID	50	
MUCOLYTE ORAL LIQUID	50	
MUCOLYTE-DM ORAL LIQUID	50	
<i>mucus & chest congestion oral liquid</i>	50	
<i>mucus dm oral tablet extended release 12 hour</i>	50	
<i>mucus relief dm er max str oral tablet extended release 12 hour</i>	50	
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	50	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	50	
<i>mucus relief dm oral tablet</i>	50	
<i>mucus relief dm oral tablet extended release 12 hour</i>	50	
<i>mucus relief er oral tablet extended release 12 hour</i>	50	
<i>mucus relief max st oral tablet extended release 12 hour</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>mucus relief oral tablet</i>	50	
<i>mucus relief oral tablet extended release 12 hour</i>	50	
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	50	
<i>multiple vitamins adult intravenous solution</i>	50	
<i>multiple vitamins pediatric intravenous solution</i>	50	
MULTIPRO ORAL CAPSULE	50	PA
MULTITOL-M ORAL TABLET	50	PA
<i>mvw hi-d adek gummies oral tablet chewable</i>	50	PA
MVW HI-D DROPS W/EXTRA VIT D ORAL LIQUID	50	PA
MVW MODULATOR FORMULATION MINI ORAL CAPSULE	50	PA
MVW MODULATOR FORMULATION ORAL CAPSULE	50	PA
MVW MODULATOR FORMULATION PEDS ORAL LIQUID	50	PA
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE	50	PA
<i>my choice oral tablet</i>	50	QL (2 EA per 30 days)
<i>my way oral tablet</i>	50	QL (2 EA per 30 days)
<i>naloxone hcl nasal liquid</i>	50	QL (4 EA per 365 days)
NARCAN NASAL LIQUID	50	QL (4 EA per 365 days)
NASCOBAL NASAL SOLUTION	50	PA
NEOVITE ORAL TABLET	50	PA
NEPHPLEX RX ORAL TABLET	50	
NEPHRON FA ORAL TABLET	50	PA
<i>new day oral tablet</i>	50	QL (2 EA per 30 days)
NEWFLORA PROBIOTIC ORAL CAPSULE	50	PA
NEXOCHW ORAL TABLET CHEWABLE	50	PA
NICADAN ORAL TABLET	50	PA
NICAZEL FORTE ORAL TABLET	50	PA
NICAZEL ORAL TABLET	50	PA
NICOMIDE ORAL TABLET	50	PA
<i>nicotinamide oral tablet</i>	50	PA
<i>nicotine mini mouth/throat lozenge</i>	50	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex mouth/throat gum</i>	50	
<i>nicotine polacrilex mouth/throat lozenge</i>	50	
<i>nicotine step 1 transdermal patch 24 hour</i>	50	
<i>nicotine step 2 transdermal patch 24 hour</i>	50	
<i>nicotine step 3 transdermal patch 24 hour</i>	50	
<i>nicotine transdermal kit</i>	50	
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	50	
NIFEREX ORAL TABLET	50	PA
NIVA-FOL ORAL TABLET 2.5-25-2 MG	50	PA
NORIXA ORAL TABLET	50	PA
NORVEXA ORAL TABLET	50	PA
NUGUT BOWEL SUPPORT PROBIOTIC ORAL CAPSULE	50	PA
NUTRALYN ORAL TABLET	50	PA
NUTRAVANCE ORAL TABLET	50	PA
NUTRA-Z+ ORAL CAPSULE	50	PA
NUTRIFAC ZX ORAL TABLET	50	PA
OCUVEL ORAL CAPSULE	50	PA
OCUVITE ADULT FORMULA ORAL CAPSULE	50	PA
OCUVITE EYE PERFORMANCE ORAL CAPSULE	50	PA
<i>odorless coated fish oil oral capsule delayed release</i>	50	PA
<i>olopatadine hcl ophthalmic solution</i>	50	
<i>omega 3 fish oil oral capsule</i>	50	PA
<i>omega 3 oral capsule 1000 mg</i>	50	PA
<i>omega-3 fish oil oral capsule 1000 mg, 1200 mg</i>	50	PA
<i>omega-3 oral capsule 1000 mg</i>	50	PA
<i>omeprazole oral tablet delayed release</i>	50	PA
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	50	PA
ONE A DAY POSTNATAL ORAL CAPSULE	50	PA
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE	50	PA
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG	50	PA
ONEVITE ORAL TABLET	50	PA
<i>opcicon one-step oral tablet</i>	50	QL (2 EA per 30 days)
<i>option 2 oral tablet</i>	50	QL (2 EA per 30 days)
<i>oyster shell calcium oral tablet</i>	50	
<i>oyster shell calcium w/d oral tablet</i>	50	PA
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	50	PA
<i>oyster shell calcium/vit d oral tablet</i>	50	PA
<i>oyster shell calcium/vit d3 oral tablet</i>	50	PA
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	50	PA
<i>pain & fever childrens oral suspension</i>	50	PA
<i>pain & fever infants oral suspension</i>	50	PA
<i>pain & fever kids oral suspension</i>	50	PA
<i>pain and fever relief kids oral liquid 160 mg/5ml</i>	50	
PAXLYTE ORAL CAPSULE	50	PA
PAXOTIN ORAL CAPSULE	50	PA
<i>peg 3350 oral packet</i>	50	QL (527 EA per 30 days)
<i>peg 3350 oral powder</i>	50	QL (527 GM per 30 days)
PEPTYXAL ORAL CAPSULE	50	PA
<i>pharmacist choice d-vitamin oral liquid</i>	50	PA
PHOSPHA 250 NEUTRAL ORAL TABLET	50	
<i>phosphorous oral tablet</i>	50	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET	50	
<i>phytonadione injection solution</i>	50	
<i>phytonadione oral tablet</i>	50	
<i>polyethylene glycol 3350 oral packet</i>	50	QL (527 EA per 30 days)
<i>polyethylene glycol 3350 oral powder</i>	50	QL (527 GM per 30 days)
<i>poly-iron 150 forte oral capsule</i>	50	PA
<i>polysaccharide iron forte oral capsule</i>	50	PA
PRESCRIPTION SUPPORT MULTIVIT ORAL CAPSULE	50	PA
PRESERVISION AREDS 2 ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	50	PA
PRESERVISION AREDS 2+COQ10 ORAL CAPSULE	50	PA
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	50	PA
PRESERVISION AREDS 3 ORAL CAPSULE	50	PA
PREVENT ORAL CAPSULE	50	PA
PREV-RX ORAL TABLET	50	PA
PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE	50	PA
<i>primadophilus oral capsule</i>	50	PA
PRIMIDAR ORAL CAPSULE	50	PA
PROBIO DEFENSE ORAL CAPSULE	50	PA
PROBIOFLEXX ORAL CAPSULE	50	PA
PROBIOMAX COMPLETE DF ORAL CAPSULE	50	PA
PROBIOMAX IG 26 DF ORAL CAPSULE	50	PA
PROBIOMAX LEAN DF ORAL CAPSULE	50	PA
PROBIOMAX SB DF ORAL CAPSULE	50	PA
PROBIOMAX SERENITY ORAL CAPSULE	50	PA
PROBIONEXX ORAL CAPSULE	50	PA
PROBIONYX ORAL CAPSULE	50	PA
<i>probiotic + immune oral tablet chewable</i>	50	PA
<i>probiotic + turmeric extract oral capsule</i>	50	PA
<i>probiotic 10 ultra strength oral capsule</i>	50	PA
<i>probiotic acidophilus oral capsule</i>	50	PA
<i>probiotic acidophilus oral tablet chewable</i>	50	PA
<i>probiotic advanced formula oral capsule</i>	50	PA
<i>probiotic digestive supp oral capsule</i>	50	PA
<i>probiotic formula oral capsule</i>	50	PA
<i>probiotic gummies oral tablet chewable</i>	50	PA
<i>probiotic oral capsule 1-250 billion-mg</i>	50	PA
<i>probiotic oral tablet chewable</i>	50	PA
PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC PEARLS WOMENS ORAL CAPSULE	50	PA
<i>probiotic/prebiotic/cranberry oral capsule</i>	50	PA
<i>probiotics + bariatric multi oral capsule</i>	50	PA
PROBIOVEX ORAL CAPSULE	50	PA
PROBISTOR ORAL CAPSULE	50	PA
PROBITROL ORAL CAPSULE	50	PA
PROBIZEN ORAL CAPSULE	50	PA
PROFOLA ORAL TABLET	50	PA
PROLEEVA ORAL CAPSULE	50	PA
PROMEROL ORAL CAPSULE	50	PA
<i>promethazine-codeine oral solution</i>	50	PA
<i>promethazine-codeine oral syrup</i>	50	PA
<i>promethazine-dm oral syrup</i>	50	
<i>pseudoephedrine-bromphen-dm oral syrup</i>	50	
<i>pure calcium carbonate oral tablet</i>	50	
<i>purevit dualfe plus oral capsule</i>	50	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	50	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	50	
<i>quad-probiotic oral capsule</i>	50	PA
<i>react oral tablet 1.5 mg</i>	50	QL (2 EA per 30 days)
REJUVAFLOR ORAL CAPSULE	50	PA
RELCARE ORAL TABLET	50	PA
REMEDIENT ORAL CAPSULE	50	PA
REPHRESH PRO-B ORAL CAPSULE	50	PA
RESTORA RX ORAL CAPSULE	50	PA
REVITAFLOR ORAL CAPSULE	50	PA
REVYRA ORAL TABLET	50	PA
RHEUMATE ORAL CAPSULE	50	PA
<i>saccharomyces boulardii oral capsule</i>	50	PA
SACCHAROMYCIN DF ORAL CAPSULE	50	PA
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID	50	
SD PROBIOTIC-10 COMPLEX ULTRA ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	50	
<i>shewise oral tablet</i>	50	QL (2 EA per 30 days)
SIDEROL ORAL TABLET	50	PA
SMARTY PANTS KIDS PROBIOTIC ORAL TABLET CHEWABLE	50	PA
<i>smooth antacid extra strength oral tablet chewable</i>	50	
<i>smooth lax oral powder</i>	50	QL (527 GM per 30 days)
STABLEGI ORAL CAPSULE	50	PA
STROVITE ONE ORAL TABLET	50	PA
SUPPORT-500 ORAL CAPSULE	50	PA
<i>sv fish oil oral capsule</i>	50	PA
<i>sv magnesium oral tablet</i>	50	PA
<i>sv probiotic extra strength oral capsule</i>	50	PA
<i>sv vitamin d3 oral capsule</i>	50	PA
<i>sv vitamin d3 oral tablet chewable</i>	50	PA
SYMBIARA ORAL CAPSULE	50	PA
SYMBIONEX ORAL CAPSULE	50	PA
SYMFLORA ORAL CAPSULE	50	PA
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	50	PA
<i>take action oral tablet</i>	50	QL (2 EA per 30 days)
TARON FORTE ORAL CAPSULE	50	PA
<i>thiamine hcl injection solution</i>	50	
TM-VITE RX ORAL TABLET 1 MG	50	PA
TOBAKIENT ORAL CAPSULE	50	PA
TREBIOME ORAL CAPSULE	50	PA
TREXION ORAL CAPSULE	50	PA
TREXVIA ORAL CAPSULE	50	PA
<i>trigels-f forte oral capsule</i>	50	PA
TRILOGEL EXTERNAL GEL	50	PA
TRONVITE ORAL TABLET	50	PA
TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE	50	PA
TRUBIOTICS DIGEST + IMM HEALTH ORAL TABLET CHEWABLE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
TRUBIOTICS KIDS ORAL TABLET CHEWABLE	50	PA
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE	50	
<i>true laxative oral powder 17 gm/scoop</i>	50	QL (527 GM per 30 days)
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG	50	PA
<i>true oyster shell calcium oral tablet</i>	50	
TRUE VITAMIN C ORAL TABLET	50	PA
TRUE VITAMIN D3 ORAL CAPSULE	50	PA
TRUE VITAMIN D3 ORAL TABLET	50	PA
TRUEBOOST ORAL TABLET	50	PA
TRUECORE ORAL CAPSULE	50	PA
TRUEVITE ORAL TABLET	50	PA
TULIVITE ORAL TABLET	50	PA
<i>tusnel-ex oral liquid</i>	50	
<i>tussin dm cough & chest conges oral liquid</i>	50	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	50	
<i>tussin dm max oral liquid</i>	50	
<i>tussin dm oral liquid 10-100 mg/5ml</i>	50	
<i>tussin mucus & chest congest oral liquid</i>	50	
<i>tussin mucus+chest congest sf oral liquid</i>	50	
<i>tussin mucus+chest congestion oral liquid</i>	50	
<i>tussin oral liquid</i>	50	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	50	PA
UDAMIN SP ORAL TABLET	50	PA
UP4 PROBIOTICS KIDS CUBES ORAL TABLET CHEWABLE	50	PA
UP4 PROBIOTICS KIDS ORAL TABLET CHEWABLE	50	PA
UP4 PROBIOTICS MENS ORAL CAPSULE	50	PA
UP4 PROBIOTICS ORAL TABLET CHEWABLE	50	PA
UP4 PROBIOTICS ULTRA ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
UP4 PROBIOTICS WOMENS ORAL CAPSULE	50	PA
VALENTA ORAL TABLET	50	PA
VALYRA ORAL CAPSULE	50	PA
<i>v-c forte oral capsule</i>	50	PA
VENEXA FE ORAL TABLET	50	PA
VENEXA ORAL TABLET	50	PA
VENTRIXYL FE ORAL TABLET	50	PA
VENTRIXYL ORAL TABLET	50	PA
VH ESSENTIALS OPTIBALANCE ORAL CAPSULE	50	PA
VIC-FORTE ORAL CAPSULE	50	PA
VIRELIX ORAL TABLET	50	PA
VIREXA ORAL TABLET	50	PA
<i>vision health oral capsule</i>	50	PA
VISION OPTIMIZER ORAL CAPSULE	50	PA
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	50	PA
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	50	PA
VITA S FORTE ORAL TABLET	50	PA
<i>vitabex plus oral capsule</i>	50	PA
VITACEL ORAL TABLET	50	PA
<i>vitachew adult multi vitamin oral tablet chewable</i>	50	PA
VITACHEW ORAL TABLET CHEWABLE	50	PA
<i>vitachew vitamin d3 oral tablet chewable</i>	50	PA
VITACORE ORAL TABLET	50	PA
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE	50	PA
VITAJoy MULTI GUMMIES ADULT ORAL TABLET CHEWABLE	50	PA
VITAL-D RX ORAL TABLET	50	
VITALUX ORAL TABLET	50	PA
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	50	
<i>vitamin k1 injection solution</i>	50	
VITAROCA PLUS ORAL TABLET	50	PA

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Drug Name	Drug Tier	Requirements/Limits
VITASCRIPT ORAL TABLET	50	PA
VITASURE ORAL TABLET	50	PA
VITAVERA ORAL TABLET CHEWABLE	50	PA
VITEYES AREDS 2 FORMULA +COQ10 ORAL CAPSULE	50	PA
VITEYES AREDS 2 FORMULA +MULTI ORAL CAPSULE	50	PA
VITEYES AREDS 2 FORMULA MINI ORAL CAPSULE	50	PA
VITEYES AREDS 2 FORMULA ORAL CAPSULE	50	PA
VITEYES CLASSIC ADVANCED ORAL CAPSULE	50	PA
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE	50	PA
VITEYES CLASSIC ZINC FREE ORAL CAPSULE	50	PA
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE	50	PA
<i>viteyes complete oral capsule</i>	50	PA
VITRAMYN ORAL TABLET	50	PA
VITRANOL FE ORAL TABLET	50	PA
VITRANOL ORAL TABLET	50	PA
VITRAX ORAL TABLET	50	PA
VITREXATE FE ORAL TABLET	50	PA
VITREXATE ORAL TABLET	50	PA
VITREXYL + IRON ORAL TABLET	50	PA
VITREXYL ORAL TABLET	50	PA
VITRION ORAL TABLET	50	PA
VSL#3 ORAL CAPSULE	50	PA
<i>wal-itin d oral tablet extended release 12 hour</i>	50	
<i>wal-zyr allergy childrens oral solution</i>	50	QL (300 ML per 30 days)
<i>wal-zyr childrens oral solution 5 mg/5ml</i>	50	QL (300 ML per 30 days)
<i>weekly-d oral capsule</i>	50	PA
WELL MAGNESIUM OXIDE ORAL TABLET	50	PA
WELL VITAMIN C ORAL TABLET	50	PA
WELL VITAMIN D3 ORAL CAPSULE	50	PA

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Drug Name	Drug Tier	Requirements/Limits
WELLFOLA ORAL TABLET	50	PA
WESTAB MAX ORAL TABLET	50	PA
womens multi gummies oral tablet chewable	50	PA
womens multivitamin + collagen oral tablet chewable	50	PA
womens multivitamin gummies oral tablet chewable	50	PA
your choice oral tablet	50	QL (2 EA per 30 days)
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE	50	PA
YUMVS MULTI ZERO ORAL TABLET CHEWABLE	50	PA
YUMVS PROBIOTIC ZERO ORAL TABLET CHEWABLE	50	PA
YUMVS VITAMIN C ZERO ORAL TABLET CHEWABLE	50	PA
YUMVS VITAMIN D3 ORAL TABLET CHEWABLE	50	PA
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	50	PA
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE	50	PA
YUMVSKIDS PROBIOTIC ZERO ORAL TABLET CHEWABLE	50	PA
YUM-YUM DOPHILUS ORAL TABLET CHEWABLE	50	PA
YUM-YUM DOPHILUS PROBIOTIC ORAL TABLET CHEWABLE	50	PA
ZELDANA ORAL CAPSULE	50	PA
ZENTERA ORAL CAPSULE	50	PA
ZENVYRA ORAL CAPSULE	50	PA
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD	3	
ALCOHOL PREP PADS PAD 70 %	3	
AQ INSULIN SYRINGE	2	QL (200 EA per 30 days)
AQINJECT PEN NEEDLE	2	QL (200 EA per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	2	QL (200 EA per 30 days)
ASSURE ID PRO PEN NEEDLES	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	QL (200 EA per 30 days)
AUM MINI INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE	2	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLES	2	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G 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, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 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	2	QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES	2	QL (200 EA per 30 days)
DROPLET MICRON	2	QL (200 EA per 30 days)
DROPSAFE AUTOPROTECT DUO	2	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL (200 EA per 30 days)
ELLA ORAL TABLET	3	
EMBECTA AUTOSHIELD DUO	2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 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	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	2	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES	2	QL (200 EA per 30 days)
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 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 , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 34G X 3.5 MM	2	QL (200 EA per 30 days)
INSULIN SYRINGES 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" 0.5 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 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, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	QL (200 EA per 30 days)
INSUPEN32G EXTR3ME	2	QL (200 EA per 30 days)
KYGEVVI ORAL PACKET	5	PA
<i>levocarnitine oral solution</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>levocarnitine sf oral solution</i>	4	
NOVOFINE PEN NEEDLE	2	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	4	B/D PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM PODS	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS	3	QL (30 EA per 30 days)
PEN NEEDLE/5-BEVEL TIP	2	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	QL (200 EA per 30 days)
PIP PEN NEEDLES 32G X 4MM	2	QL (200 EA per 30 days)
PURE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
RAYA SURE PEN NEEDLE	2	QL (200 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days)
SAFETY PEN NEEDLES	2	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days)
<i>sodium chloride irrigation solution</i>	2	
TECHLITE PLUS PEN NEEDLES	2	QL (200 EA per 30 days)
TOPFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL (200 EA per 30 days)
UNIFINE OTC PEN NEEDLES	2	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE	2	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
VERISAFE SAFETY INSULIN SYR	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	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	3	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days)
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	3	
<i>acetazolamide oral tablet</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	QL (7 GM per 28 days)
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
BESIVANCE OPHTHALMIC SUSPENSION	4	
<i>betaxolol hcl ophthalmic solution</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	QL (12 ML per 365 days)
<i>carteolol hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	3	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>cyclosporine (pf) ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	3	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	2	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>gatifloxacin ophthalmic solution</i>	4	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	3	
<i>loteprednol etabonate ophthalmic gel</i>	4	QL (20 GM per 365 days)
LUMIGAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	3	
<i>ofloxacin ophthalmic solution</i>	2	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>prednisolone acetate ophthalmic suspension</i>	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3	QL (5.5 ML per 25 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
<i>travoprost (bak free) ophthalmic solution</i>	4	QL (2.5 ML per 25 days)
<i>trifluridine ophthalmic solution</i>	4	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
VYZULTA OPHTHALMIC SOLUTION	4	QL (5 ML per 25 days)
XDEMVIY OPHTHALMIC SOLUTION	5	QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
Otic Agents		
<i>acetic acid otic solution</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	4	
<i>hydrocortisone-acetic acid otic solution</i>	4	
<i>neomycin-polymyxin-hc otic solution</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
<i>ofloxacin otic solution</i>	2	
Respiratory Tract/Pulmonary Agents		
ADEMPAS ORAL TABLET	5	PA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	3	QL (32.1 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D PA; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	B/D PA; QL (375 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	B/D PA; QL (100 EA per 30 days)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	2	B/D PA; QL (100 EA per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	B/D PA; QL (100 ML per 30 days)
<i>alyq oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	4	QL (13 GM per 30 days)
<i>azelastine hcl nasal solution</i>	2	QL (60 ML per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>breynga inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension</i>	4	B/D PA; QL (120 ML per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA; QL (84 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl oral solution 5 mg/5ml</i>	2	
<i>cetirizine hcl solution 1 mg/ml oral (rx)</i>	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	3	B/D PA
<i>cyproheptadine hcl oral tablet</i>	4	
<i>diphenhydramine hcl injection solution</i>	4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution auto-injector</i>	3	QL (4 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	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>flunisolide nasal solution</i>	4	QL (50 ML per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>fluticasone propionate nasal suspension</i>	1	QL (16 GM per 30 days)
<i>fluticasone-salmeterol 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)
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate oral capsule</i>	4	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution</i>	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (45 ML per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	2	B/D PA; QL (540 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	B/D PA; QL (540 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 EA per 30 days)
<i>macitentan oral tablet</i>	5	PA; QL (30 EA per 30 days)
<i>mometasone furoate nasal suspension</i>	4	QL (34 GM per 30 days)
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
<i>nintedanib esylate oral capsule</i>	5	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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	5	PA; QL (3 EA per 28 days)
OFEV ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	4	PA; QL (56 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	4	PA; QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (24 GM per 30 days)
<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>tiotropium bromide inhalation capsule</i>	4	QL (30 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	5	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	5	B/D PA; QL (280 ML per 28 days)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	B/D PA; QL (280 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days)
WINREVAIR SUBCUTANEOUS KIT	5	PA; QL (1 EA per 21 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	QL (60 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	5	B/D PA; QL (90 ML per 30 days)
<i>zafirlukast oral tablet</i>	4	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA; QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	3	
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	5	PA; QL (540 ML per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 EA per 30 days)
Therapeutic Nutrients/Minerals/Electrolytes		
<i>pnv 27-ca/fe/fa oral tablet</i>	2	
<i>pnv prenatal plus multivit+dha oral</i>	2	
<i>pnv tabs 20-1 oral tablet</i>	2	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	2	

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<i>fluphenazine hcl</i>	36	<i>ft 8 hour pain relief</i>	94	<i>ft mucus relief 12hr max str</i>	95
<i>flurbiprofen</i>	10	<i>ft acidophilus probiotic blend</i>	94	<i>ft mucus relief dm</i>	96
<i>flurbiprofen sodium</i>	116	<i>ft adult multi gummies</i>	94	<i>ft naloxone hcl</i>	96
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<i>fluticasone-salmeterol</i>	119	<i>ft all day allergy relief</i>	94	<i>ft pain & fever childrens</i>	96
<i>fluvastatin sodium</i>	52	<i>ft all day allergy-d</i>	94	<i>ft pain & fever infants</i>	96
<i>fluvastatin sodium er</i>	52	<i>ft allergy childrens</i>	94	<i>ft probiotic</i>	96
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INVEGA SUSTENNA.....	37	<i>junel fe 1.5/30</i>	69	<i>lamotrigine starter kit-green</i>	19
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<i>ipratropium bromide hfa</i>	119	JYNNEOS.....	77	LANTUS U-100 VIAL.....	45
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<i>isoniazid</i>	26	TROMETHAMINE.....	11	<i>leflunomide</i>	77
<i>isosorb dinitrate-hydralazine</i>	52	<i>ketorolac tromethamine +rfid</i>	11	<i>lenalidomide</i>	30
<i>isosorbide dinitrate</i>	52	KEYFOLIC.....	99	LENVIMA.....	30
<i>isosorbide mononitrate</i>	52	KEYLOSA.....	99	LEQEMBI IQLIK.....	21
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<i>ivabradine hcl</i>	52	KISQALI (200 MG DOSE).....	29	<i>leuprolide acetate</i>	73
<i>ivermectin</i>	34, 99	KISQALI (400 MG DOSE).....	29	<i>levabuterol hcl</i>	120

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levonorgestrel-ethinyl estrad.....	69	luizza 1.5/30.....	70	MAX TUSSIN MUCUS & CHEST CONG.....	100
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levora 0.15/30 (28).....	69	LUMAKRAS.....	30	maxi-tuss g.....	100
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LIDAFLEX.....	99	LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT		megestrol acetate.....	70
lidocaine.....	12	30MG.....	73	MEKINIST.....	30
lidocaine viscous hcl.....	57	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT		MEKTOVI.....	30
lidocaine-prilocaine.....	12	45MG.....	73	meleya.....	70
LIFYORLI (125 MG DOSE).....	30	LUPRON DEPOT-PED (1- MONTH).....	73	meloxicam.....	11
LIFYORLI (150 MG DOSE).....	30	LUPRON DEPOT-PED (3- MONTH).....	73	memantine hcl.....	21
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