



AmeriHealth Caritas[®]

VIP Care[®]

2026

List of Covered Drugs
(Drug List or Formulary)



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

HPMS Approved Formulary File

Submission ID: 26326

FORMULARY ID: 26326

This *List of Covered Drugs* was updated 4/21/2026. **Important Message About What You Pay for Vaccines** — Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

For more recent information or other questions, contact AmeriHealth Caritas VIP Care (HMO D-SNP) Member Services at **1-844-964-4433 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m., or visit **www.amerhealthcaritasvipcare.com/mi**.

AmeriHealth Caritas VIP Care (HMO D-SNP) 2026 Formulary List of Covered Drugs (Drug List or Formulary)

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

FORMULARY ID: 26326

This *Drug List* was updated on 4/21/2026. For more recent information or other questions, contact us at **1-844-964-4433** (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/mi.



If you have questions, please call AmeriHealth Caritas VIP Care at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit www.amerihealthcaritasvipcare.com/mi.
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AmeriHealth Caritas VIP Care (HMO D-SNP) 2026 List of Covered Drugs (*Drug List* or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter drugs and non-drug products are covered by AmeriHealth Caritas VIP Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by AmeriHealth Caritas VIP Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.



If you have questions, please call AmeriHealth Caritas VIP Care at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit www.amerihealthcaritasvipcare.com/mi.
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A. Disclaimers

This is a list of drugs that members can get in AmeriHealth Caritas VIP Care.

- ❖ You can always check AmeriHealth Caritas VIP Care’s up-to-date *List of Covered Drugs* online at www.amerihealthcaritasvipcare.com/mi or by calling Member Services at **1-844-964-4433 (TTY 711)**. This call is free.
- ❖ You can also get this document for free in other formats, such as large print, Braille, or audio. Call **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. This call is free.
- ❖ This document is available for free in Arabic and Spanish.
- ❖ AmeriHealth Caritas VIP Care is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at **1-844-964-4433 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m.
 - We’ll also ask for your preference during our Welcome Call and later in the year, when you contact the plan.
 - The plan will store your request and continue to send future documents in this requested language or format, unless you ask us to cancel or change the request.
 - You can cancel or change your request at any time, simply by calling Member Services. This call is free.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by AmeriHealth Caritas VIP Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- AmeriHealth Caritas VIP Care will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - AmeriHealth Caritas VIP Care agrees that the drug is medically necessary for you, **and**



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- you fill the prescription at an AmeriHealth Caritas VIP Care network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.amerihealthcaritasvipcare.com/mi, or call Member Services toll-free at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.

B2. Does the *Drug List* ever change?

Yes, and AmeriHealth Caritas VIP Care must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from AmeriHealth Caritas VIP Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, see question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check AmeriHealth Caritas VIP Care's up-to-date *Drug List* online at www.amerihealthcaritasvipcare.com/mi. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week to check the current *Drug List*.



If you have questions, please call AmeriHealth Caritas VIP Care at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit www.amerihealthcaritasvipcare.com/mi.
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B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitution of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological
 - without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you are notified that your medication has been taken off the market and is removed from the *Drug List*, you should contact the provider who wrote the prescription.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or



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- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from AmeriHealth Caritas VIP Care before you fill your prescription. Prior authorization is different from a referral. AmeriHealth Caritas VIP Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes AmeriHealth Caritas VIP Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes AmeriHealth Caritas VIP Care requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If AmeriHealth Caritas VIP Care covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at www.amerhealthcaritasvipcare.com/mi. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.



If you have questions, please call AmeriHealth Caritas VIP Care at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit www.amerhealthcaritasvipcare.com/mi.

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You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will you know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if AmeriHealth Caritas VIP Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it after the Drug Listing on page 183. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C1**, labeled "List of Drugs by Medical Condition." The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week, and ask about it. If you learn that AmeriHealth Caritas VIP Care won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**



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- Ask AmeriHealth Caritas VIP Care to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new AmeriHealth Caritas VIP Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of AmeriHealth Caritas VIP Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- you're taking a drug that is not on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by AmeriHealth Caritas VIP Care, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility, and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new AmeriHealth Caritas VIP Care member.
- This is in addition to the temporary supply during the first 90 days you're a member of AmeriHealth Caritas VIP Care.

A level of care change occurs when a member changes from one treatment setting to another. Examples include entering a long-term care facility from an acute-care hospital or being discharged from hospital to home. Current members who experience a Level of Care Change are eligible to receive a transition supply of a non-formulary drug (a drug not on the *Drug List*) upon admission or discharge from an applicable setting.

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



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B10. Can I ask for an exception to cover my drug?

Yes. You can ask AmeriHealth Caritas VIP Care to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, AmeriHealth Caritas VIP Care may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9, Section G2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. For more information on how to submit a request for an exception, call Member Services at the number at the bottom of the page or by visiting our website at www.amerhealthcaritasvipcare.com/mi.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription — depending on state laws.

AmeriHealth Caritas VIP Care covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, 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.



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For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. Does AmeriHealth Caritas VIP Care cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What is my copay?

AmeriHealth Caritas VIP Care members' copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

Tiers are groups of drugs.

- Tier 1 - Preferred Generics
- Tier 2 - Generics
- Tier 3 - Preferred Brands
- Tier 4 - Non-Preferred Drug
- Tier 5 - Specialty
- Tier 6 - Select Care Drugs
- Tier 9 - Medicaid Only Drugs

If you have questions, call Member Services at **1-844-964-4433 (TTY 711)**.

C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by AmeriHealth Caritas VIP Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by AmeriHealth Caritas VIP Care.

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



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The information in the necessary actions, restrictions, or limits on use column tells you if AmeriHealth Caritas VIP Care has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

B/D: The prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part 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-day prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. 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.

NMO: This Prescription cannot be filled by the mail order pharmacy. Please review your *Provider and Pharmacy Directory* for more information about which pharmacies offer mail order service. For more information consult your *Provider and Pharmacy Directory* or call our Member Services department.

MME: This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity.

DCR: This indicates that an appropriate diagnosis code is required for coverage of this medication.

Note: The DP next to a drug means the drug isn’t a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn’t covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at **1-844-964-4433 (TTY 711)**. To ask for instructions on how to appeal, call Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.



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- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

| Prescription type | Medical condition |
|---|---|
| Analgesics | Treatment of pain |
| Anesthetics | Local treatment of pain |
| Anti-addiction/substance abuse treatment agents | Treatment of substance abuse disorders |
| Antibacterials | Treatment of bacterial infections |
| Anticonvulsants | Treatment of seizures |
| Antidementia agents | Management of dementia |
| Antidepressants | Treatment of depression |
| Antiemetics | Treatment of vomiting or nausea |
| Antifungals | Treatment of fungal or yeast infections |
| Antigout agents | Treatment or prevention of gouty arthritis |
| Anti-inflammatory agents | Treatment of inflammation |
| Antimigraine agents | Treatment of migraine headaches |
| Antimyasthenic agents | Treatment for myasthenia |
| Antimycobacterials | Treatment for infections by tuberculosis-type organisms |
| Antineoplastics | Treatment of cancer |
| Antiparasitics | Treatment of infections from parasites |
| Antiparkinson agents | Treatment of Parkinson's disease |



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| Prescription type | Medical condition |
|---|---|
| Antipsychotics | Treatment of behavioral and emotional disorders |
| Antispasticity agents | Treatment of muscle spasms |
| Antivirals | Treatment of infections by viruses |
| Anxiolytics | Treatment of anxiety or nervousness |
| Bipolar agents | Treatment for bipolar illnesses |
| Blood glucose regulators | Control of diabetes |
| Blood products/modifiers/volume expanders | Prevention of clotting and increasing blood cell production |
| Cardiovascular agents | Treatment of conditions affecting the heart and blood vessels |
| Central nervous system agents | Treatment of disorders of the brain and spinal column |
| Dental and oral agents | Treatment of mouth and gum disorders |
| Dermatological agents | Treatment of skin conditions |
| Diabetic supplies | Supplies used for diabetes |
| Enzyme replacement/modifiers | Medications to replace missing or deficient enzyme production |
| Gastrointestinal agents | Treatment of stomach and intestinal conditions |
| Genitourinary agents | Treatment of urinary tract and prostate conditions |
| Hormonal agents, stimulant/replacement/modifying (adrenal) | Treatment of conditions requiring steroids |
| Hormonal agents, stimulant/replacement/modifying (pituitary) | Treatment of pituitary gland conditions |
| Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers) | For the replacement or modification of sex hormones |



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| Prescription type | Medical condition |
|--|---|
| Hormonal agents, stimulant/replacement/modifying (thyroid) | Treatment of thyroid conditions |
| Hormonal agents, suppressant (adrenal) | Treatment of inoperable adrenal cancer |
| Hormonal agents, suppressant (parathyroid) | Treatment of parathyroid conditions |
| Hormonal agents, suppressant (pituitary) | Treatment of or modification of pituitary hormone secretion |
| Hormonal agents, suppressant (thyroid) | Treatment of overactive thyroid |
| Immunological agents | Medications that alter the immune system including vaccinations |
| Inflammatory bowel disease agents | Treatment of ulcerative colitis or Crohn's disease |
| Metabolic bone disease agents | Treatment of bone diseases including osteoporosis |
| Ophthalmic agents | Treatment of eye conditions |
| Otic agents | Treatment of ear conditions |
| Respiratory tract agents | Treatment of breathing conditions |
| Respiratory tract/pulmonary agents | Treatment of breathing conditions |
| Skeletal muscle relaxants | Treatment of muscle tightness |
| Sleep disorder agents | Treatment of insomnia |

| Prescription type | Medical condition |
|---|---|
| Therapeutic nutrients/minerals/electrolytes | Replacement or supplementation of minerals, nutrients, and vitamins |



If you have questions, please call AmeriHealth Caritas VIP Care at **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit www.amerhealthcaritasvipcare.com/mi.
4/21/2026

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

2026 Member Formulary

Formulary ID 26326

CURRENT AS OF 5/1/2026

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

Last Updated 04/21/2026

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

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

Last Updated 04/21/2026

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

Last Updated 04/21/2026

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ft pain relief oral tablet 200 mg, 325 mg</i> | 9 | |
| FT PAIN RELIEVER ADULTS RECTAL SUPPOSITORY 650 MG | 9 | |
| <i>ft pain reliever children rectal suppository 120 mg</i> | 9 | |
| <i>ft pain reliever ex str adult oral tablet 500 mg</i> | 9 | |
| <i>ft rapid release pain relief oral tablet 500 mg</i> | 9 | |
| <i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i> | 9 | |
| <i>gnp 8 hour pain relief oral tablet extended release 650 mg</i> | 9 | |
| <i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i> | 9 | |
| <i>gnp acetaminophen oral tablet 325 mg</i> | 9 | |
| <i>gnp acetaminophen oral tablet chewable 160 mg</i> | 9 | |
| <i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i> | 9 | |
| <i>gnp infants pain/fever oral suspension 160 mg/5ml</i> | 9 | |
| <i>gnp pain & fever childrens oral suspension 160 mg/5ml</i> | 9 | |
| GNP PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | 9 | |
| <i>gnp pain relief extra strength oral tablet 500 mg</i> | 9 | |
| <i>gnp pain relief oral tablet 325 mg</i> | 9 | |
| GOODSENSE ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG | 9 | |
| <i>goodsense pain & fever child oral suspension 160 mg/5ml</i> | 9 | |
| GOODSENSE PAIN & FEVER INFANTS ORAL SUSPENSION 160 MG/5ML | 9 | |
| <i>goodsense pain relief extra st oral tablet 500 mg</i> | 9 | |
| <i>goodsense pain relief oral tablet 325 mg</i> | 9 | |
| HM PAIN RELIEF ORAL TABLET EXTENDED RELEASE 650 MG | 9 | |
| LIQUID ACETAMINOPHEN ORAL LIQUID 160 MG/5ML | 9 | |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML | 9 | |

Last Updated 04/21/2026

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG | 9 | |
| MAPAP ORAL CAPSULE 500 MG | 9 | |
| MAPAP ORAL LIQUID 160 MG/5ML | 9 | |
| MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML | 9 | |
| MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG | 9 | |
| MEIJER ASPIRIN FREE ORAL TABLET 325 MG, 500 MG | 9 | |
| <i>menstrual pain relief oral tablet 500-25-15 mg</i> | 9 | |
| <i>m-pap oral liquid 160 mg/5ml</i> | 9 | |
| <i>nalbuphine hcl injection solution 10 mg/ml</i> | 2 | MME |
| <i>pain & fever childrens oral suspension 160 mg/5ml</i> | 9 | |
| <i>pain & fever infants oral suspension 160 mg/5ml</i> | 9 | |
| PAIN & FEVER KIDS ORAL SUSPENSION 160 MG/5ML | 9 | |
| PAIN AND FEVER RELIEF KIDS ORAL LIQUID 160 MG/5ML | 9 | PA |
| PAIN RELIEF EXTRA STRENGTH ORAL CAPSULE 500 MG | 9 | |
| PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML | 9 | |
| PANADOL EXTRA ORAL TABLET 500-65 MG | 9 | |
| PANADOL EXTRA STRENGTH ORAL TABLET 500 MG | 9 | |
| PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML | 9 | |
| PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML | 9 | |
| PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML | 9 | |
| PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML | 9 | |
| QC 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG | 9 | |

Last Updated 04/21/2026

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>qc 8 hour pain relief oral tablet extended release 650 mg</i> | 9 | |
| <i>qc dual action pain reliever oral tablet 125-250 mg</i> | 9 | PA |
| <i>qc ibuprofen childrens oral suspension 100 mg/5ml</i> | 9 | |
| <i>qc ibuprofen infants oral suspension 50 mg/1.25ml</i> | 9 | |
| <i>qc menstrual pain relief oral tablet 500-25-15 mg</i> | 9 | |
| <i>qc pain relief childrens oral suspension 160 mg/5ml</i> | 9 | |
| <i>qc pain relief extra strength oral tablet 500 mg</i> | 9 | |
| <i>qc pain relief oral tablet 325 mg</i> | 9 | |
| RA CHILDRENS FEVER/PAIN ORAL SUSPENSION 160 MG/5ML | 9 | |
| RA TENSION HEADACHE ORAL TABLET 500-65 MG | 9 | |
| SB NON-ASPIRIN ORAL TABLET CHEWABLE 80 MG | 9 | |
| SB PAIN RELIEVER CHILDRENS ORAL SUSPENSION 160 MG/5ML | 9 | |
| SM PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | 9 | |
| <i>sm pain reliever ex st oral tablet 500 mg</i> | 9 | |
| TENSION HEADACHE ORAL TABLET 500-65 MG | 9 | |
| TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG | 9 | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| <i>acetaminophen-ibuprofen oral tablet 250-125 mg</i> | 9 | PA |
| ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG | 9 | |
| ADVIL ORAL CAPSULE 200 MG | 9 | |
| ALEVE ORAL CAPSULE 220 MG | 9 | |
| ALEVE ORAL TABLET 220 MG | 9 | |
| <i>all day pain relief oral tablet 220 mg</i> | 9 | |
| <i>all day relief oral tablet 220 mg</i> | 9 | |
| <i>arthritis pain reliever external gel 1 %</i> | 9 | |

Last Updated 04/21/2026

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>celecoxib oral capsule 400 mg</i> | 1 | QL (30 EA per 30 days) |
| CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML | 9 | |
| <i>childrens ibuprofen oral suspension 100 mg/5ml</i> | 9 | |
| CHILDRENS IBUPROFEN ORAL SUSPENSION 200 MG/10ML | 9 | |
| CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML | 9 | |
| CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML | 9 | |
| <i>diclofenac epolamine external patch 1.3 %</i> | 2 | |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | 1 | |
| <i>diclofenac sodium external gel 1 %</i> | 9 | QL (1000 GM per 28 days) |
| <i>diclofenac sodium external gel 3 %</i> | 2 | |
| <i>diclofenac sodium external solution 1.5 %</i> | 2 | |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>diflunisal oral tablet 500 mg</i> | 2 | |
| EQ NAPROXEN SODIUM ORAL CAPSULE 220 MG | 9 | |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | 2 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | 2 | |
| FLANAX ORAL TABLET 220 MG | 9 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 2 | |
| FT NAPROXEN SODIUM ORAL CAPSULE 220 MG | 9 | |
| <i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i> | 9 | |
| GNP DICLOFENAC SODIUM EXTERNAL GEL 1 % | 9 | |
| GNP DUAL ACTION PAIN RELIEVER ORAL TABLET 125-250 MG | 9 | PA |

Last Updated 04/21/2026

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

Last Updated 04/21/2026

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ibuprofen oral capsule 200 mg</i> | 9 | |
| <i>ibuprofen oral suspension 100 mg/5ml</i> | 1 | |
| <i>ibuprofen oral suspension 200 mg/10ml</i> | 9 | |
| <i>ibuprofen oral tablet 200 mg</i> | 9 | |
| <i>ibuprofen oral tablet 400 mg</i> | 1 | QL (240 EA per 30 days) |
| <i>ibuprofen oral tablet 600 mg</i> | 1 | QL (150 EA per 30 days) |
| <i>ibuprofen oral tablet 800 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>ibuprofen oral tablet chewable 100 mg</i> | 9 | |
| <i>indomethacin er oral capsule extended release 75 mg</i> | 2 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 2 | |
| <i>infants ibuprofen oral suspension 50 mg/1.25ml</i> | 9 | |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | 2 | QL (20 EA per 30 days) |
| KLS IBUPROFEN IB ORAL TABLET 200 MG | 9 | |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i> | 2 | |
| MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG | 9 | |
| MEDI-PROFEN ORAL CAPSULE 200 MG | 9 | |
| MEDI-PROFEN ORAL SUSPENSION 40 MG/ML | 9 | |
| MEDI-PROFEN ORAL TABLET 200 MG | 9 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | |
| MM IBUPROFEN ORAL TABLET 200 MG | 9 | |
| MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG | 9 | |
| MOTRIN IB ORAL TABLET 200 MG | 9 | |
| MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML | 9 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>naproxen dr oral tablet delayed release 500 mg</i> | 3 | |
| <i>naproxen oral suspension 125 mg/5ml</i> | 2 | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | 1 | |
| <i>naproxen oral tablet delayed release 375 mg</i> | 3 | |
| <i>naproxen oral tablet delayed release 500 mg</i> | 2 | |
| <i>naproxen sodium oral capsule 220 mg</i> | 9 | |

Last Updated 04/21/2026

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>naproxen sodium oral tablet 220 mg</i> | 9 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 2 | |
| PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG | 9 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | 2 | |
| PROPRINAL ORAL CAPSULE 200 MG | 9 | |
| <i>qc ibuprofen oral capsule 200 mg</i> | 9 | |
| <i>qc ibuprofen oral tablet 200 mg</i> | 9 | |
| QC NAPROXEN SODIUM ORAL CAPSULE 220 MG | 9 | |
| <i>qc naproxen sodium oral tablet 220 mg</i> | 9 | |
| SB INFANTS IBUPROFEN ORAL SUSPENSION 50 MG/1.25ML | 9 | |
| <i>sm childrens ibuprofen oral suspension 100 mg/5ml</i> | 9 | |
| <i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i> | 9 | |
| <i>sm ibuprofen oral tablet 200 mg</i> | 9 | |
| <i>sm naproxen sodium oral tablet 220 mg</i> | 9 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 2 | |
| WAL-PROFEN ORAL TABLET 200 MG | 9 | |
| Opioid Analgesics, Long-acting | | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i> | 2 | QL (4 EA per 28 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr</i> | 2 | PA; MME; QL (10 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 2 | MME; QL (10 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i> | 4 | MME; QL (10 EA per 30 days) |
| <i>methadone hcl oral solution 10 mg/5ml</i> | 2 | MME; QL (600 ML per 30 days) |
| <i>methadone hcl oral solution 5 mg/5ml</i> | 2 | MME; QL (1200 ML per 30 days) |
| <i>methadone hcl oral tablet 10 mg</i> | 2 | PA; MME; QL (120 EA per 30 days) |
| <i>methadone hcl oral tablet 5 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i> | 2 | PA; MME |

Last Updated 04/21/2026

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i> | 2 | MME; QL (60 EA per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG | 4 | PA; MME; QL (90 EA per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG | 4 | PA; MME; QL (60 EA per 30 days) |
| Opioid Analgesics, Short-acting | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | 2 | MME; QL (2700 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | 2 | MME; QL (5 ML per 30 days) |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i> | 2 | MME; QL (2700 ML per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> | 2 | MME; QL (240 EA per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 2 | MME; QL (150 EA per 30 days) |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i> | 2 | MME; QL (600 ML per 30 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i> | 2 | MME |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | 2 | MME; QL (300 ML per 30 days) |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i> | 2 | MME; QL (120 EA per 30 days) |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | 2 | MME; QL (180 ML per 30 days) |
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | 2 | MME; QL (1200 ML per 30 days) |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i> | 2 | MME; QL (120 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 3 | MME; QL (180 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> | 2 | MME; QL (180 EA per 30 days) |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i> | 2 | MME |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>tramadol hcl oral tablet 50 mg</i> | 2 | MME; QL (240 EA per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 2 | MME; QL (240 EA per 30 days) |
| Anesthetics - Local Treatment Of Pain | | |
| Local Anesthetics | | |
| ANECREAM EXTERNAL CREAM 4 % | 9 | |
| ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % | 9 | |
| <i>lidocaine external cream 4 %</i> | 9 | |
| <i>lidocaine external ointment 5 %</i> | 2 | QL (50 GM per 30 days) |
| <i>lidocaine external patch 5 %</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>lidocaine hcl external solution 4 %</i> | 2 | |
| LIDOCAINE PAIN RELIEF MAX ST EXTERNAL PATCH 4 % | 9 | QL (30 EA per 30 days) |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | 2 | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | 2 | |
| LMX 4 EXTERNAL CREAM 4 % | 9 | |
| ZTLIDO EXTERNAL PATCH 1.8 % | 4 | PA; QL (90 EA per 30 days) |
| Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders | | |
| Alcohol Deterrents/Anti-craving | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | 2 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 5 | QL (1 EA per 28 days) |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr</i> | 9 | |
| Opioid Dependence | | |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | 2 | QL (150 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>lofexidine hcl oral tablet 0.18 mg</i> | 5 | PA; QL (224 EA per 14 days) |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i> | 6 | |
| <i>naltrexone hcl oral tablet 50 mg</i> | 1 | |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML | 3 | |
| Opioid Reversal Agents | | |
| FT NALOXONE HCL NASAL LIQUID 4 MG/0.1ML | 9 | |
| GNP NALOXONE HCL NASAL LIQUID 4 MG/0.1ML | 9 | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 6 | |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | 6 | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | 6 | |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i> | 6 | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> | 9 | |
| NARCAN NASAL LIQUID 4 MG/0.1ML | 9 | |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | 6 | |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | 6 | |
| Smoking Cessation Agents | | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | 1 | |
| EQ NICOTINE MOUTH/THROAT GUM 4 MG | 9 | |
| EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 4 MG | 9 | |
| <i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i> | 9 | |
| <i>ft nicotine mouth/throat gum 2 mg, 4 mg</i> | 9 | |
| <i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i> | 9 | |
| <i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | 9 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | 9 | |
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i> | 9 | |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i> | 9 | |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i> | 9 | |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i> | 9 | |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | 9 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | |
| RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR | 9 | |
| <i>sm nicotine mouth/throat gum 4 mg</i> | 9 | |
| <i>sm nicotine polacrilex mouth/throat gum 4 mg</i> | 9 | |
| <i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | 9 | |
| <i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | 9 | |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i> | 2 | QL (56 EA per 28 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i> | 2 | QL (56 EA per 28 days) |
| <i>varenicline tartrate(continue) oral tablet 1 mg</i> | 2 | QL (56 EA per 28 days) |
| Antibacterials - Treatment Of Bacterial Infections | | |
| Aminoglycosides | | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | 2 | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i> | 2 | |
| <i>gentamicin sulfate injection solution 40 mg/ml</i> | 2 | |
| <i>neomycin sulfate oral tablet 500 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i> | 4 | |
| <i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i> | 2 | |
| <i>tobramycin sulfate injection solution reconstituted 1.2 gm</i> | 2 | |
| Antibacterials, Other | | |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i> | 2 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | 1 | |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | 2 | |
| <i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i> | 2 | |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i> | 2 | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | 2 | |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i> | 2 | |
| <i>daptomycin intravenous solution reconstituted 350 mg</i> | 2 | |
| <i>daptomycin intravenous solution reconstituted 500 mg</i> | 4 | |
| <i>fospomycin tromethamine oral packet 3 gm</i> | 2 | QL (6 EA per 180 days) |
| <i>ft triple antibiotic external ointment 3.5-400-5000</i> | 9 | |
| <i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i> | 2 | |
| <i>linezolid intravenous solution 600 mg/300ml</i> | 2 | |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i> | 5 | |
| <i>linezolid oral tablet 600 mg</i> | 2 | |
| <i>methenamine hippurate oral tablet 1 gm</i> | 2 | |
| <i>metronidazole intravenous solution 500 mg/100ml</i> | 2 | |
| <i>metronidazole oral capsule 375 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>metronidazole vaginal gel 0.75 %</i> | 2 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | 2 | |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i> | 2 | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 4 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i> | 2 | |
| <i>tigecycline intravenous solution reconstituted 50 mg</i> | 4 | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML | 4 | |
| <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i> | 2 | |
| <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i> | 2 | |
| <i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i> | 2 | |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i> | 2 | |
| <i>vancomycin hcl oral capsule 125 mg</i> | 2 | QL (40 EA per 10 days) |
| <i>vancomycin hcl oral capsule 250 mg</i> | 2 | QL (80 EA per 10 days) |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML | 4 | |
| Beta-lactam, Cephalosporins | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i> | 2 | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | 2 | |
| <i>cefadroxil oral tablet 1 gm</i> | 2 | |
| <i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i> | 2 | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i> | 2 | |
| <i>cefazolin sodium intravenous solution prefilled syringe 2 gm/10ml</i> | 2 | |
| <i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i> | 2 | |
| <i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i> | 2 | |
| <i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i> | 2 | |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl injection solution reconstituted 1 gm</i> | 2 | |
| <i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i> | 2 | |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i> | 2 | |
| <i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i> | 2 | |
| <i>cefixime oral capsule 400 mg</i> | 2 | |
| <i>cefotaxime sodium injection solution reconstituted 1 gm</i> | 2 | |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | |
| <i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | 2 | |
| <i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i> | 2 | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i> | 5 | |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i> | 2 | |
| <i>ceftazidime intravenous solution reconstituted 2 gm</i> | 2 | |
| <i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i> | 2 | |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | 2 | |
| <i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | |
| <i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i> | 2 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i> | 2 | |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 2 | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 4 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM | 4 | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 5 | |
| Beta-lactam, Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | 2 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 2 | |
| <i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> | 2 | |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i> | 2 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>nafcillin sodium in dextrose intravenous solution 2 gm/100ml</i> | 4 | |
| <i>nafcillin sodium injection solution reconstituted 1 gm</i> | 2 | |
| <i>nafcillin sodium injection solution reconstituted 2 gm</i> | 4 | |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | 2 | |
| <i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i> | 2 | |
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i> | 2 | |
| <i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>penicillin g sodium injection solution reconstituted 5000000 unit</i> | 2 | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 2 | |
| <i>piperacillin-tazobactam-nacl intravenous solution reconstituted 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml</i> | 2 | |
| Carbapenems | | |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i> | 4 | |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i> | 2 | |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i> | 2 | |
| <i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i> | 2 | |
| Macrolides | | |
| <i>azithromycin intravenous solution reconstituted 500 mg</i> | 2 | |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | 2 | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i> | 1 | |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i> | 2 | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 5 | QL (136 ML per 10 days) |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 4 | |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> | 2 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | 2 | |
| <i>fidaxomicin oral tablet 200 mg</i> | 5 | QL (20 EA per 10 days) |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 4 | |
| Quinolones | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i> | 2 | |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i> | 2 | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i> | 2 | |
| <i>moxifloxacin hcl intravenous solution 400 mg/250ml</i> | 2 | |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | 2 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 2 | |
| Sulfonamides | | |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | 2 | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | 1 | |
| Tetracyclines | | |
| <i>doxy 100 intravenous solution reconstituted 100 mg</i> | 2 | |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> | 2 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | 2 | |
| Anticonvulsants - Treatment Of Seizures | | |
| Anticonvulsants, Other | | |
| <i>brivaracetam oral solution 10 mg/ml</i> | 2 | QL (600 ML per 30 days) |
| <i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | 2 | QL (60 EA per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 5 | QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 5 | QL (60 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA; QL (360 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA; QL (180 EA per 30 days) |
| DIACOMIT ORAL PACKET 250 MG | 5 | PA; QL (360 EA per 30 days) |
| DIACOMIT ORAL PACKET 500 MG | 5 | PA; QL (180 EA per 30 days) |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | 2 | |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | 2 | |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA |
| <i>felbamate oral suspension 600 mg/5ml</i> | 2 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | 2 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA; QL (360 ML per 30 days) |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | 2 | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | 2 | |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | 1 | |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i> | 1 | |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>levetiracetam oral tablet disintegrating soluble 250 mg</i> | 2 | ST; QL (360 EA per 30 days) |
| <i>levetiracetam oral tablet disintegrating soluble 500 mg</i> | 2 | ST; QL (180 EA per 30 days) |
| <i>perampanel oral suspension 0.5 mg/ml</i> | 5 | ST; QL (720 ML per 30 days) |
| <i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i> | 5 | ST; QL (30 EA per 30 days) |
| <i>perampanel oral tablet 2 mg</i> | 4 | ST; QL (60 EA per 30 days) |
| <i>roweepra oral tablet 500 mg</i> | 2 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG | 4 | ST; QL (360 EA per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG | 4 | ST; QL (180 EA per 30 days) |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i> | 2 | |
| <i>topiramate oral solution 25 mg/ml</i> | 2 | PA; QL (480 ML per 30 days) |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>valproic acid oral capsule 250 mg</i> | 2 | |
| <i>valproic acid oral solution 250 mg/5ml</i> | 2 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 4 | ST; QL (56 EA per 28 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 4 | ST; QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG | 4 | ST; QL (28 EA per 28 days) |
| Calcium Channel Modifying Agents | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ethosuximide oral capsule 250 mg</i> | 2 | |
| <i>ethosuximide oral solution 250 mg/5ml</i> | 2 | |
| <i>methsuximide oral capsule 300 mg</i> | 2 | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | 2 | QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | 2 | |
| <i>gabapentin oral capsule 100 mg, 400 mg</i> | 1 | QL (270 EA per 30 days) |
| <i>gabapentin oral capsule 300 mg</i> | 1 | QL (360 EA per 30 days) |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i> | 2 | QL (2160 ML per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> | 1 | QL (180 EA per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>midazolam intramuscular solution auto-injector 10 mg/0.7ml</i> | 2 | QL (2.8 ML per 30 days) |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | PA; QL (10 EA per 30 days) |
| <i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i> | 2 | PA |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | PA |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 1 | QL (90 EA per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> | 1 | QL (900 ML per 30 days) |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 2 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | ST; QL (60 EA per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | ST; QL (60 EA per 30 days) |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 4 | PA; QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 4 | PA; QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 4 | PA; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 4 | PA; QL (10 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>vigabatrin oral packet 500 mg</i> | 5 | PA; QL (180 EA per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> | 5 | PA; QL (180 EA per 30 days) |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | 5 | PA |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA; QL (1100 ML per 30 days) |
| Sodium Channel Agents | | |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | 2 | |
| <i>carbamazepine oral tablet 200 mg</i> | 1 | |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i> | 2 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| <i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i> | 2 | QL (1200 ML per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>lacosamide oral tablet 50 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i> | 2 | |
| <i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i> | 5 | |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | 2 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | 1 | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | 4 | |
| <i>phenytoin infatabs oral tablet chewable 50 mg</i> | 2 | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | 2 | |
| <i>phenytoin oral tablet chewable 50 mg</i> | 2 | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>rufinamide oral suspension 40 mg/ml</i> | 2 | PA; QL (2400 ML per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>rufinamide oral tablet 200 mg, 400 mg</i> | 2 | PA; QL (240 EA per 30 days) |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | ST; QL (900 ML per 30 days) |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| Antidementia Agents - Management Of Dementia | | |
| Antidementia Agents, Other | | |
| <i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i> | 2 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | 4 | |
| Cholinesterase Inhibitors | | |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>donepezil hcl oral tablet 23 mg</i> | 2 | |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | 1 | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | 1 | |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | 1 | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | 2 | QL (30 EA per 30 days) |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i> | 1 | |
| Antidepressants - Treatment Of Depression | | |
| Antidepressants, Other | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 5 | PA; QL (60 EA per 30 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | 1 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | 1 | QL (90 EA per 30 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 5 | ST |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG | 5 | ST |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | 1 | |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | 2 | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA; QL (28 EA per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA; QL (14 EA per 14 days) |
| Monoamine Oxidase Inhibitors | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | PA; QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| <i>phenelzine sulfate oral tablet 15 mg</i> | 2 | |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | 2 | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor) | | |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | 2 | |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i> | 2 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 EA per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | ST; QL (28 EA per 180 days) |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | 2 | |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | 1 | |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i> | 2 | |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> | 2 | QL (900 ML per 30 days) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>paroxetine hcl oral tablet 30 mg</i> | 1 | QL (60 EA per 30 days) |
| RALDESY ORAL SOLUTION 10 MG/ML | 4 | |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | 2 | |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | |
| <i>trazodone hcl oral tablet 300 mg</i> | 2 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | 2 | |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | 2 | |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> | 2 | QL (30 EA per 30 days) |
| Tricyclics | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | PA |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | 2 | PA |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | PA |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | 2 | PA |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | PA |
| <i>imipramine pamoate oral capsule 100 mg</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | 2 | |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>trimipramine maleate oral capsule 100 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>trimipramine maleate oral capsule 25 mg, 50 mg</i> | 2 | QL (120 EA per 30 days) |

Antiemetics - Treatment Of Vomiting Or Nausea

Antiemetics, Other

| | | |
|---|---|--|
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i> | 2 | |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>ft motion sickness oral tablet 25 mg</i> | 9 | |
| <i>ft motion sickness oral tablet chewable 25 mg</i> | 9 | |
| <i>gnp motion sickness relief oral tablet 25 mg</i> | 9 | |
| <i>gnp motion sickness relief oral tablet chewable 25 mg</i> | 9 | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | 2 | |
| <i>meclizine hcl oral tablet chewable 25 mg</i> | 9 | |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | 2 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>motion sickness relief oral tablet 25 mg</i> | 9 | |
| <i>motion-time oral tablet chewable 25 mg</i> | 9 | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>prochlorperazine rectal suppository 25 mg</i> | 2 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>promethegan rectal suppository 50 mg</i> | 4 | QL (30 EA per 30 days) |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | 2 | QL (10 EA per 30 days) |
| <i>trimethobenzamide hcl oral capsule 300 mg</i> | 2 | |
| Emetogenic Therapy Adjuncts | | |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> | 2 | B/D |
| <i>aprepitant oral capsule therapy pack 80 & 125 mg</i> | 2 | B/D |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | 2 | B/D; QL (60 EA per 30 days) |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML | 4 | B/D |
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | B/D |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | 2 | B/D |
| <i>ondansetron hcl oral tablet 24 mg</i> | 2 | B/D |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | B/D |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | 2 | B/D |
| Antifungals - Treatment Of Fungal Or Yeast Infections | | |
| Antifungals | | |
| 3 DAY VAGINAL VAGINAL CREAM 2 % | 9 | |
| 7 DAY VAGINAL VAGINAL CREAM 2 % | 9 | |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i> | 2 | B/D |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i> | 5 | B/D |
| <i>antifungal (clotrimazole) external cream 1 %</i> | 9 | |
| <i>antifungal external cream 2 %</i> | 9 | |
| <i>athletes foot (clotrimazole) external cream 1 %</i> | 9 | |
| ATHLETES FOOT EXTERNAL CREAM 1 % | 9 | |
| ATHLETES FOOT EXTERNAL SOLUTION 1 % | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| AZOLEN TINCTURE EXTERNAL SOLUTION 2 % | 9 | |
| <i>butenafine hcl external cream 1 %</i> | 9 | |
| <i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i> | 4 | PA |
| <i>clotrimazole anti-fungal external cream 1 %</i> | 9 | |
| <i>clotrimazole external cream 1 %</i> | 2 | QL (45 GM per 28 days) |
| <i>clotrimazole external solution 1 %</i> | 2 | QL (30 ML per 28 days) |
| <i>clotrimazole mouth/throat troche 10 mg</i> | 2 | QL (150 EA per 30 days) |
| <i>clotrimazole vaginal cream 1 %</i> | 9 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 5 | PA |
| CVS ATHLETES FOOT (TOLNAFTATE) EXTERNAL CREAM 1 % | 9 | |
| CVS MICONAZOLE 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & % | 9 | |
| CVS TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 % | 9 | |
| DESENEX EXTERNAL CREAM 1 % | 9 | |
| <i>econazole nitrate external cream 1 %</i> | 2 | |
| EQ ATHLETES FOOT (TOLNAFTATE) EXTERNAL CREAM 1 % | 9 | |
| EQ MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & % | 9 | |
| EQ TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 % | 9 | |
| EQL ATHLETES FOOT EXTERNAL CREAM 1 % | 9 | |
| EQL MICONAZOLE 3 VAGINAL KIT 200 & 2 MG-% (9GM) | 9 | |
| EQL TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 % | 9 | |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml- %</i> | 2 | |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | 5 | PA |
| FT 7 DAY VAGINAL VAGINAL CREAM 1 % | 9 | |
| <i>ft antifungal external cream 1 %, 2 %</i> | 9 | |
| <i>ft athletes foot (butenafine) external cream 1 %</i> | 9 | |
| <i>ft athletes foot (clotrimaz) external cream 1 %</i> | 9 | |
| <i>ft clotrimazole 3 vaginal cream 2 %</i> | 9 | |
| <i>ft clotrimazole vaginal cream 1 %</i> | 9 | |
| FT MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & % | 9 | |
| <i>ft miconazole 3 comb pack-supp vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>ft miconazole 7 vaginal cream 2 %</i> | 9 | |
| FT TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 % | 9 | |
| FUNGI-GUARD EXTERNAL CREAM 1 % | 9 | |
| <i>gnp athletes foot external cream 1 %</i> | 9 | |
| <i>gnp clotrimazole 3 vaginal cream 2 %</i> | 9 | |
| GNP MICONAZOLE 1 VAGINAL KIT 1200 & 2 MG & % | 9 | |
| <i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>gnp miconazole 7 vaginal cream 2 %</i> | 9 | |
| <i>gnp tolnaftate external cream 1 %</i> | 9 | |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | 2 | |
| <i>itraconazole oral capsule 100 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>itraconazole oral solution 10 mg/ml</i> | 2 | |
| <i>ketoconazole external cream 2 %</i> | 2 | |
| <i>ketoconazole external shampoo 2 %</i> | 1 | |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | |
| <i>klayesta external powder 100000 unit/gm</i> | 1 | QL (180 GM per 30 days) |
| LOTRIMIN AF EXTERNAL CREAM 1 % | 9 | PA |
| LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 % | 9 | |
| MICADERM EXTERNAL CREAM 2 % | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>micafungin sodium intravenous solution reconstituted 100 mg</i> | 4 | |
| <i>micafungin sodium intravenous solution reconstituted 50 mg</i> | 2 | |
| <i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i> | 2 | |
| <i>miconazole 1 vaginal kit 1200 & 2 mg & %</i> | 9 | |
| <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>miconazole 7 vaginal cream 2 %</i> | 9 | |
| <i>miconazole nitrate combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | 9 | |
| <i>miconazole nitrate external cream 2 %</i> | 9 | |
| <i>miconazole nitrate external solution 2 %</i> | 9 | |
| MICONI-AL EXTERNAL SOLUTION 2 % | 9 | |
| MICOTRIN AC EXTERNAL CREAM 1 % | 9 | PA |
| MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & % | 9 | |
| MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & % | 9 | |
| MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % | 9 | |
| MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 % | 9 | |
| MYCOZYL AC EXTERNAL CREAM 1 % | 9 | PA |
| <i>nyamyc external powder 100000 unit/gm</i> | 1 | QL (180 GM per 30 days) |
| <i>nystatin external cream 100000 unit/gm</i> | 1 | QL (30 GM per 30 days) |
| <i>nystatin external ointment 100000 unit/gm</i> | 1 | QL (30 GM per 30 days) |
| <i>nystatin external powder 100000 unit/gm</i> | 1 | QL (180 GM per 30 days) |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | 2 | |
| <i>nystatin oral tablet 500000 unit</i> | 2 | |
| <i>nystop external powder 100000 unit/gm</i> | 1 | QL (180 GM per 30 days) |
| <i>posaconazole intravenous solution 300 mg/16.7ml</i> | 2 | |
| <i>posaconazole oral suspension 40 mg/ml</i> | 5 | PA; QL (630 ML per 30 days) |
| <i>posaconazole oral tablet delayed release 100 mg</i> | 2 | PA; QL (96 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PRO-EX ANTIFUNGAL EXTERNAL CREAM 1 % | 9 | |
| QC ANTIFUNGAL (TOLNAFTATE) EXTERNAL CREAM 1 % | 9 | |
| <i>qc clotrimazole external cream 1 %</i> | 9 | |
| <i>qc miconazole 7 vaginal cream 2 %</i> | 9 | |
| RA FOOT CARE (TOLNAFTATE) EXTERNAL CREAM 1 % | 9 | |
| RA TIOCONAZOLE 1 VAGINAL OINTMENT 6.5 % | 9 | |
| SB ANTI-FUNGAL EXTERNAL CREAM 1 % | 9 | |
| SB CLOTRIMAZOLE FOOT EXTERNAL CREAM 1 % | 9 | |
| <i>sm 3-day vaginal vaginal cream 2 %</i> | 9 | |
| <i>sm miconazole 7 vaginal cream 2 %</i> | 9 | |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 2 | |
| TINACTIN EXTERNAL CREAM 1 % | 9 | |
| TINEACIDE EXTERNAL CREAM 2 % | 9 | |
| TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 % | 9 | |
| TM-CLOTRIMAZOLE EXTERNAL CREAM 1 % | 9 | |
| TOLNAFTATE ANTIFUNGAL EXTERNAL CREAM 1 % | 9 | |
| <i>tolnaftate external cream 1 %</i> | 9 | |
| <i>tolnaftate external powder 1 %</i> | 9 | |
| VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) | 9 | |
| <i>voriconazole intravenous solution reconstituted 200 mg</i> | 4 | PA |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | 5 | PA |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | 2 | PA |
| Antigout Agents - Treatment Or Prevention Of Gouty Arthritis | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| Antigout Agents | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | 2 | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | 2 | ST |
| <i>probenecid oral tablet 500 mg</i> | 2 | |
| Antimigraine Agents - Treatment Of Migraine Headaches | | |
| Antimigraine Agents | | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA; QL (16 EA per 30 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 EA per 30 days) |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT | 5 | PA; QL (8 EA per 30 days) |
| Ergot Alkaloids | | |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | 5 | PA; QL (8 ML per 30 days) |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | 2 | PA |
| Prophylactic | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | PA; QL (1 ML per 28 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL (3 ML per 28 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; QL (2 ML per 28 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; QL (2 ML per 28 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 EA per 30 days) |
| Serotonin (5-HT) Receptor Agonist | | |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 EA per 28 days) |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | 2 | QL (36 EA per 28 days) |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i> | 2 | QL (36 EA per 28 days) |
| <i>sumatriptan nasal solution 20 mg/act</i> | 2 | QL (18 EA per 28 days) |
| <i>sumatriptan nasal solution 5 mg/act</i> | 2 | QL (24 EA per 30 days) |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| <i>hydroxyurea oral capsule 500 mg</i> | 2 | |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA; QL (5 EA per 28 days) |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i> | 5 | PA |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA; QL (14 EA per 28 days) |
| SIKLOS ORAL TABLET 100 MG, 1000 MG | 4 | |
| TABLOID ORAL TABLET 40 MG | 4 | PA |
| XROMI ORAL SOLUTION 100 MG/ML | 4 | |
| Antineoplastics, Other | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA; QL (60 EA per 30 days) |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | 5 | PA; QL (66 EA per 28 days) |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA; QL (120 EA per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 5 | PA |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | 5 | PA |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| INLURIYO ORAL TABLET 200 MG | 5 | PA |
| IWILFIN ORAL TABLET 192 MG | 5 | PA; QL (240 EA per 30 days) |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA; QL (70 EA per 28 days) |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA; QL (91 EA per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 5 | PA |
| KRAZATI ORAL TABLET 200 MG | 5 | PA; QL (180 EA per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG | 5 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | 5 | PA |
| LYSODREN ORAL TABLET 500 MG | 5 | |
| MODEYSO ORAL CAPSULE 125 MG | 5 | PA; QL (20 EA per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA; QL (3 EA per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA; QL (30 EA per 30 days) |
| ORSERDU ORAL TABLET 345 MG | 5 | PA; QL (30 EA per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA; QL (90 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | 5 | PA |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA; QL (60 EA per 30 days) |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 5 | PA; QL (8 EA per 28 days) |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML | 5 | PA |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA |
| WELIREG ORAL TABLET 40 MG | 5 | PA |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; QL (16 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (4 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA; QL (24 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG | 5 | PA; QL (4 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA; QL (32 EA per 28 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |
| Aromatase Inhibitors, 3rd Generation | | |
| <i>anastrozole oral tablet 1 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>exemestane oral tablet 25 mg</i> | 2 | |
| <i>letrozole oral tablet 2.5 mg</i> | 1 | |
| Molecular Target Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA; QL (240 EA per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (60 EA per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA; QL (30 EA per 180 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA; QL (60 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; QL (240 EA per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 5 | PA |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; QL (360 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL (90 EA per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; QL (180 EA per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA; QL (120 EA per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | 5 | PA; QL (60 EA per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 5 | PA; QL (30 EA per 30 days) |
| CALQUENCE ORAL TABLET 100 MG | 5 | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA; QL (30 EA per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA; QL (56 EA per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 5 | PA; QL (84 EA per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA; QL (60 EA per 30 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA; QL (63 EA per 28 days) |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | 5 | PA |
| DAURISMO ORAL TABLET 100 MG | 5 | PA; QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| DAURISMO ORAL TABLET 25 MG | 5 | PA; QL (60 EA per 30 days) |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 5 | PA; QL (30 EA per 30 days) |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>erlotinib hcl oral tablet 100 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>erlotinib hcl oral tablet 150 mg, 25 mg</i> | 5 | PA; QL (90 EA per 30 days) |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> | 5 | PA |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA; QL (21 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 EA per 28 days) |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> | 5 | PA; QL (60 EA per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA; QL (30 EA per 30 days) |
| HERNEXEOS ORAL TABLET 60 MG | 5 | PA; QL (90 EA per 30 days) |
| HYRNUO ORAL TABLET 10 MG | 5 | PA; QL (120 EA per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA; QL (21 EA per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA; QL (21 EA per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>imatinib mesylate oral tablet 100 mg</i> | 2 | PA; QL (180 EA per 30 days) |
| <i>imatinib mesylate oral tablet 400 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (120 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 EA per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA; QL (216 ML per 27 days) |
| IMBRUVICA ORAL TABLET 140 MG | 5 | PA; QL (120 EA per 30 days) |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG | 5 | PA; QL (30 EA per 30 days) |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA; QL (300 ML per 30 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL (120 EA per 30 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 5 | PA |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA; QL (60 EA per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA; QL (60 EA per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA; QL (30 EA per 30 days) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA; QL (21 EA per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA; QL (42 EA per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA; QL (63 EA per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 5 | PA |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG | 5 | PA |
| <i>lapatinib ditosylate oral tablet 250 mg</i> | 5 | PA; QL (180 EA per 30 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA; QL (30 EA per 30 days) |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA; QL (90 EA per 30 days) |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA; QL (60 EA per 30 days) |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA; QL (90 EA per 30 days) |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA; QL (60 EA per 30 days) |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA; QL (90 EA per 30 days) |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA; QL (30 EA per 30 days) |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 5 | PA; QL (60 EA per 30 days) |
| LORBRENA ORAL TABLET 100 MG | 5 | PA; QL (30 EA per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; QL (90 EA per 30 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (120 EA per 30 days) |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA; QL (1200 ML per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 EA per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA; QL (180 EA per 30 days) |
| NERLYNX ORAL TABLET 40 MG | 5 | PA |
| <i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i> | 5 | PA; QL (112 EA per 28 days) |
| <i>nilotinib d-tartrate oral capsule 50 mg</i> | 5 | PA; QL (120 EA per 30 days) |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i> | 5 | PA; QL (112 EA per 28 days) |
| <i>nilotinib hcl oral capsule 50 mg</i> | 5 | PA; QL (120 EA per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA; QL (30 EA per 30 days) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 EA per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 5 | PA |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK) | 5 | PA |
| <i>pazopanib hcl oral tablet 200 mg</i> | 5 | PA; QL (120 EA per 30 days) |
| <i>pazopanib hcl oral tablet 400 mg</i> | 5 | PA; QL (60 EA per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA |
| QINLOCK ORAL TABLET 50 MG | 5 | PA; QL (90 EA per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; QL (180 EA per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA; QL (120 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; QL (180 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| ROZLYTREK ORAL PACKET 50 MG | 5 | PA |

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 2 | |
| Antipsychotics - Treatment Of Behavioral And Emotional Disorders | | |
| 1st Generation/Typical | | |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 4 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | 2 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i> | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 1 | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i> | 4 | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| 2nd Generation/Atypical | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML | 3 | QL (2.4 ML per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML | 3 | QL (3.2 ML per 56 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 3 | QL (1 EA per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 3 | QL (1 EA per 28 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | QL (900 ML per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | 4 | QL (60 EA per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | PA; QL (4.8 ML per 365 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | 5 | PA; QL (3.9 ML per 56 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML | 5 | PA; QL (1.6 ML per 28 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML | 5 | PA; QL (2.4 ML per 28 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | 5 | PA; QL (3.2 ML per 28 days) |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | 2 | QL (60 EA per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | PA; QL (30 EA per 30 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | PA; QL (0.75 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | PA; QL (1.5 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML | 5 | PA; QL (2.25 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 4 | PA; QL (0.25 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | PA; QL (0.5 ML per 28 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | PA; QL (60 EA per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | PA; QL (8 EA per 180 days) |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG | 4 | PA; QL (12 EA per 180 days) |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG | 4 | PA; QL (8 EA per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 3 | QL (3.5 ML per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 3 | QL (5 ML per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 3 | QL (0.75 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 3 | QL (1 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 3 | QL (1.5 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 3 | QL (0.25 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 3 | QL (0.5 ML per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 3 | QL (0.88 ML per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 3 | QL (1.32 ML per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 3 | QL (1.75 ML per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 3 | QL (2.63 ML per 84 days) |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>lurasidone hcl oral tablet 80 mg</i> | 2 | QL (60 EA per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | 4 | QL (90 EA per 30 days) |
| <i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i> | 1 | QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>olanzapine oral tablet dispersible 10 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i> | 2 | QL (30 EA per 30 days) |
| OPIPZA ORAL FILM 10 MG, 5 MG | 5 | PA; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i> | 2 | QL (60 EA per 30 days) |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | PA; QL (1 EA per 28 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i> | 1 | QL (90 EA per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA; QL (30 EA per 30 days) |
| RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG | 2 | QL (2 EA per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> | 2 | QL (360 ML per 30 days) |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>risperidone oral tablet 3 mg, 4 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>risperidone oral tablet dispersible 3 mg, 4 mg</i> | 2 | QL (120 EA per 30 days) |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG | 5 | PA; QL (2 EA per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 5 | PA; QL (30 EA per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 5 | PA; QL (0.28 ML per 28 days) |

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i> | 2 | QL (84 EA per 180 days) |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> | 2 | QL (1080 ML per 84 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | QL (60 EA per 180 days) |
| <i>rimantadine hcl oral tablet 100 mg</i> | 2 | |
| Antiviral, Coronavirus Agents | | |
| LAGEVRIO ORAL CAPSULE 200 MG | 3 | QL (40 EA per 5 days) |
| <i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i> | 3 | QL (20 EA per 5 days) |
| <i>paxlovid (300/100 & 150/100) oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i> | 3 | QL (11 EA per 5 days) |
| <i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i> | 3 | QL (30 EA per 5 days) |
| Anxiolytics - Treatment Of Anxiety Or Nervousness | | |
| Anxiolytics, Other | | |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | PA |
| Benzodiazepines | | |
| <i>alprazolam intensol oral concentrate 1 mg/ml</i> | 2 | QL (300 ML per 30 days) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | QL (150 EA per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | 2 | QL (300 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 2 mg</i> | 2 | QL (300 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> | 2 | QL (360 EA per 30 days) |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | QL (240 ML per 30 days) |
| <i>diazepam oral concentrate 5 mg/ml</i> | 2 | QL (240 ML per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>diazepam oral solution 5 mg/5ml</i> | 2 | QL (1200 ML per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 2 | QL (150 ML per 30 days) |
| <i>lorazepam oral concentrate 2 mg/ml</i> | 2 | QL (150 ML per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | QL (150 EA per 30 days) |
| Bipolar Agents - Treatment For Bipolar Illnesses | | |
| Mood Stabilizers | | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | 4 | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | 2 | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 2 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 2 | |
| <i>lithium oral solution 8 meq/5ml</i> | 2 | |
| Blood Glucose Regulators - Control Of Diabetes | | |
| Antidiabetic Agents | | |
| <i>acarbose oral tablet 100 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>acarbose oral tablet 25 mg</i> | 2 | QL (360 EA per 30 days) |
| <i>acarbose oral tablet 50 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> | 2 | QL (30 EA per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| <i>glimepiride oral tablet 1 mg</i> | 6 | QL (240 EA per 30 days) |
| <i>glimepiride oral tablet 2 mg</i> | 6 | QL (120 EA per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | 6 | QL (240 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i> | 6 | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 6 | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 6 | QL (240 EA per 30 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | 6 | QL (90 EA per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 6 | QL (120 EA per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 6 | QL (240 EA per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL (30 EA per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | 5 | QL (10.8 ML per 30 days) |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | 5 | QL (6 ML per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | 3 | QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG | 3 | QL (30 EA per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | 3 | QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 3 | QL (60 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG | 3 | QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG | 3 | QL (60 EA per 30 days) |
| Glycemic Agents | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 3 | QL (4 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | 3 | QL (4 EA per 30 days) |
| <i>diazoxide oral suspension 50 mg/ml</i> | 2 | |
| <i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i> | 3 | QL (4 EA per 30 days) |
| <i>mifepristone oral tablet 300 mg</i> | 5 | PA; QL (120 EA per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 3 | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | |
| <i>gauze pad 2"x2"</i> | 1 | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | 3 | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | 3 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 3 | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | 3 | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | 3 | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | |
| <i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | 2 | |
| <i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i> | 2 | |
| <i>insulin aspart injection solution 100 unit/ml</i> | 2 | |
| <i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i> | 2 | |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i> | 2 | |
| <i>insulin lispro injection solution 100 unit/ml</i> | 2 | |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i> | 2 | |
| <i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i> | 2 | |
| <i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i> | 1 | |
| INSULIN SYRINGE 27G X 1/2" 1 ML, 29G 0.3 ML | 1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | 3 | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML | 3 | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3 | |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 3 | |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | 3 | |
| OMNIPOD 5 G7 PODS (GEN 5) | 3 | |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | 3 | |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 3 | |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | |
| OMNIPOD DASH PDM (GEN 4) KIT | 3 | |
| OMNIPOD DASH PODS (GEN 4) | 3 | |
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR | 3 | |
| <i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i> | 1 | |
| PEN NEEDLES 31G X 4 MM , 31G X 5 MM , 31G X 8 MM | 1 | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | |
| V-GO 20 KIT 20 UNIT/24HR | 3 | |
| V-GO 30 KIT 30 UNIT/24HR | 3 | |
| V-GO 40 KIT 40 UNIT/24HR | 3 | |
| Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production | | |
| Anticoagulants | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | 4 | PA |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i> | 2 | QL (60 EA per 30 days) |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG | 3 | |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG | 3 | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | QL (148 EA per 365 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG | 3 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 EA per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG | 3 | |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i> | 2 | |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | 2 | |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | 5 | |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> | 2 | |
| <i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i> | 2 | |
| <i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i> | 2 | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | QL (900 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 EA per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | QL (102 EA per 365 days) |
| Blood Products and Modifiers, Other | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>aminocaproic acid oral solution 0.25 gm/ml</i> | 2 | |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i> | 2 | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | 2 | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML | 5 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML | 4 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML | 5 | PA |
| <i>eltrombopag olamine oral packet 12.5 mg</i> | 5 | PA; QL (360 EA per 30 days) |
| <i>eltrombopag olamine oral packet 25 mg</i> | 5 | PA; QL (180 EA per 30 days) |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> | 5 | PA; QL (60 EA per 30 days) |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | 4 | PA |
| NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | 5 | PA |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | 5 | PA |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | 5 | PA |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 4 | PA |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| XOLREMDI ORAL CAPSULE 100 MG | 5 | PA |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA |
| Platelet Modifying Agents | | |
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i> | 9 | QL (30 EA per 30 days) |
| <i>aspirin low dose oral tablet chewable 81 mg</i> | 9 | |
| <i>aspirin low dose oral tablet delayed release 81 mg</i> | 9 | |
| <i>aspirin oral tablet 325 mg</i> | 9 | |
| <i>aspirin oral tablet chewable 81 mg</i> | 9 | |
| <i>aspirin oral tablet delayed release 325 mg, 81 mg</i> | 9 | |
| <i>aspirin rectal suppository 300 mg</i> | 9 | |
| <i>aspirin regimen oral tablet delayed release 81 mg</i> | 9 | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | 2 | |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG | 9 | |
| BRILINTA ORAL TABLET 90 MG | 4 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | PA |
| DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK) | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG | 5 | PA |
| ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG | 9 | |
| ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG | 9 | |
| FT ASPIRIN ORAL TABLET CHEWABLE 81 MG | 9 | |
| FT ENTERIC COATED ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | 9 | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| GENUINE ASPIRIN ORAL TABLET 325 MG | 9 | |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i> | 9 | |
| <i>gnp aspirin low dose oral tablet delayed release 81 mg</i> | 9 | |
| GNP ASPIRIN ORAL TABLET 325 MG | 9 | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| GNP ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG | 9 | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>gnp aspirin oral tablet delayed release 81 mg</i> | 9 | |
| GOODSENSE ASPIRIN ADULTS ORAL TABLET 325 MG | 9 | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>goodsense aspirin oral tablet chewable 81 mg</i> | 9 | |
| H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | 9 | |
| MEDI-FIRST ASPIRIN ORAL TABLET 325 MG | 9 | |
| MEDIQUE ASPIRIN ORAL TABLET 325 MG | 9 | |
| MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | 9 | |
| MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | 9 | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i> | 9 | QL (30 EA per 30 days) |
| QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | 9 | QL (30 EA per 30 days) |
| <i>qc aspirin oral tablet 325 mg</i> | 9 | |
| QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>qc enteric aspirin oral tablet delayed release 325 mg</i> | 9 | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG | 9 | |
| SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG | 9 | |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i> | 9 | |
| SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | 9 | |
| <i>sm aspirin low dose oral tablet chewable 81 mg</i> | 9 | |
| SM ASPIRIN TRI-BUFFERED ORAL TABLET 325 MG | 9 | |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> | 2 | |
| <i>tri-buffered aspirin oral tablet 325 mg</i> | 9 | |

Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels

Alpha-adrenergic Agonists

| | | |
|---|---|-----------------------------|
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | 2 | QL (4 EA per 28 days) |
| <i>droxidopa oral capsule 100 mg</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>droxidopa oral capsule 200 mg, 300 mg</i> | 2 | PA; QL (180 EA per 30 days) |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |

Alpha-adrenergic Blocking Agents

| | | |
|---|---|------------------------|
| <i>doxazosin mesylate oral tablet 1 mg, 4 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>doxazosin mesylate oral tablet 2 mg</i> | 1 | QL (90 EA per 30 days) |
| <i>doxazosin mesylate oral tablet 8 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i> | 5 | PA |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | QL (60 EA per 30 days) |

Angiotensin II Receptor Antagonists

| | | |
|--|---|------------------------|
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> | 6 | QL (60 EA per 30 days) |
|--|---|------------------------|

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>candesartan cilexetil oral tablet 32 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | 6 | |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>olmesartan medoxomil oral tablet 5 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>telmisartan oral tablet 20 mg, 40 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>telmisartan oral tablet 80 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>valsartan oral tablet 320 mg</i> | 6 | QL (30 EA per 30 days) |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 6 | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 6 | |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | 6 | |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | 6 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 6 | |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | 6 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 6 | |
| Antiarrhythmics | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | 2 | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | 2 | |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i> | 2 | |
| MULTAQ ORAL TABLET 400 MG | 4 | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | 4 | |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i> | 2 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> | 1 | |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 1 | |
| Beta-adrenergic Blocking Agents | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | 1 | |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 2 | |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>nebivolol hcl oral tablet 20 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i> | 2 | |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| Calcium Channel Blocking Agents, Dihydropyridines | | |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 2 | |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 2 | PA |
| <i>nimodipine oral capsule 30 mg</i> | 2 | |
| Calcium Channel Blocking Agents, Nondihydropyridines | | |
| CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE | 5 | PA; QL (4 EA per 30 days) |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2 | |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | 2 | |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | 2 | |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 1 | |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| Cardiovascular Agents, Other | | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> | 6 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 6 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 1 | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> | 6 | QL (30 EA per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 4 | PA; QL (450 ML per 30 days) |
| <i>digoxin oral solution 0.05 mg/ml</i> | 2 | QL (150 ML per 30 days) |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i> | 1 | QL (30 EA per 30 days) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | 6 | |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | QL (240 EA per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | 6 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>ivabradine hcl oral tablet 5 mg</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>ivabradine hcl oral tablet 7.5 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | PA; QL (30 EA per 30 days) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 6 | |
| LODOCO ORAL TABLET 0.5 MG | 4 | PA; QL (30 EA per 30 days) |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 6 | |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 2 | |
| <i>metyrosine oral capsule 250 mg</i> | 5 | PA |
| NEXLETOL ORAL TABLET 180 MG | 3 | PA; QL (30 EA per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | PA; QL (30 EA per 30 days) |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 6 | |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i> | 2 | |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | 2 | |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>telmisartan-hctz oral tablet 80-12.5 mg</i> | 6 | QL (60 EA per 30 days) |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 6 | QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 5 | PA |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG | 5 | PA; QL (30 EA per 30 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | 5 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | 5 | PA; QL (3 ML per 28 days) |
| Diuretics, Loop | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>furosemide injection solution 10 mg/ml</i> | 2 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | 1 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 2 | |
| Diuretics, Potassium-sparing | | |
| <i>amiloride hcl oral tablet 5 mg</i> | 1 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| Diuretics, Thiazide | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | |
| <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i> | 2 | |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | 2 | |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i> | 2 | |
| <i>gemfibrozil oral tablet 600 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| Dyslipidemics, HMG CoA Reductase Inhibitors | | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 6 | |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 6 | |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6 | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | 6 | |
| Dyslipidemics, Other | | |
| <i>cholestyramine light oral packet 4 gm</i> | 2 | |
| <i>cholestyramine light oral powder 4 gm/dose</i> | 2 | |
| <i>cholestyramine oral packet 4 gm</i> | 2 | |
| <i>cholestyramine oral powder 4 gm/dose</i> | 2 | |
| <i>colesevelam hcl oral packet 3.75 gm</i> | 2 | |
| <i>colesevelam hcl oral tablet 625 mg</i> | 2 | |
| <i>colestipol hcl oral granules 5 gm</i> | 2 | |
| <i>colestipol hcl oral packet 5 gm</i> | 2 | |
| <i>colestipol hcl oral tablet 1 gm</i> | 2 | |
| <i>ezetimibe oral tablet 10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | 6 | QL (30 EA per 30 days) |
| <i>icosapent ethyl oral capsule 0.5 gm</i> | 2 | QL (240 EA per 30 days) |
| <i>icosapent ethyl oral capsule 1 gm</i> | 2 | QL (120 EA per 30 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 5 | PA |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>niacin er oral capsule extended release 500 mg</i> | 9 | |
| <i>niacin er oral tablet extended release 500 mg</i> | 9 | |
| <i>niacin oral tablet 100 mg, 500 mg</i> | 9 | |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | 2 | |
| <i>prevalite oral packet 4 gm</i> | 2 | |
| <i>prevalite oral powder 4 gm/dose</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | PA; QL (3 ML per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA; QL (3 ML per 28 days) |
| Vasodilators, Direct-acting Arterial | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i> | 2 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 2 | |
| Vasodilators, Direct-acting Arterial/ Venous | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1 | |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 4 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 4 | |
| <i>nitroglycerin rectal ointment 0.4 %</i> | 2 | |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> | 2 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 2 | |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i> | 2 | |
| Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i> | 2 | QL (120 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amphetamine-dextroamphetamine oral tablet 15 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i> | 2 | QL (150 EA per 30 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | 2 | QL (180 EA per 30 days) |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i> | 2 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 10 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i> | 2 | QL (900 ML per 30 days) |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i> | 2 | QL (1800 ML per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i> | 2 | QL (90 EA per 30 days) |
| Central Nervous System, Other | | |
| AQNEURSA ORAL PACKET 1 GM | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; QL (30 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG | 5 | PA; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 5 | PA; QL (90 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 5 | PA; QL (28 EA per 28 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | PA; QL (56 EA per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG | 5 | PA; QL (56 EA per 180 days) |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | 5 | PA; QL (240 ML per 30 days) |
| EVRYSDI ORAL TABLET 5 MG | 5 | PA; QL (30 EA per 30 days) |
| FIRDAPSE ORAL TABLET 10 MG | 5 | PA |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 5 | PA; QL (28 EA per 180 days) |
| LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML | 5 | PA |
| <i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i> | 9 | PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years) |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 5 | PA; QL (60 EA per 30 days) |
| <i>phentermine hcl oral tablet 8 mg</i> | 9 | PA; AL (Min 17 Years and Max 999 Years) |
| <i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i> | 9 | PA; AL (Min 12 Years and Max 999 Years) |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | 5 | PA |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | 5 | PA |
| <i>riluzole oral tablet 50 mg</i> | 2 | |
| <i>tetrabenazine oral tablet 12.5 mg</i> | 4 | PA; QL (120 EA per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | 5 | PA; QL (120 EA per 30 days) |
| VEOZAH ORAL TABLET 45 MG | 4 | PA |
| Fibromyalgia Agents | | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | 4 | ST; QL (60 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>milnacipran hcl oral 12.5 & 25 & 50 mg</i> | 2 | QL (55 EA per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 2 | QL (60 EA per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 4 | ST; QL (60 EA per 30 days) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 4 | ST; QL (55 EA per 180 days) |
| Multiple Sclerosis Agents | | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG | 5 | PA; QL (120 EA per 30 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; QL (14 EA per 28 days) |
| <i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i> | 5 | PA |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i> | 2 | PA; QL (56 EA per 28 days) |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> | 2 | PA; QL (120 EA per 180 days) |
| <i>fingolimod hcl oral capsule 0.5 mg</i> | 4 | PA; QL (30 EA per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | 5 | PA; QL (30 ML per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | 5 | PA; QL (12 ML per 28 days) |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> | 5 | PA; QL (30 ML per 30 days) |
| <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> | 5 | PA; QL (12 ML per 28 days) |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | 5 | PA; QL (30 EA per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; QL (12 EA per 180 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 4 | PA; QL (7 EA per 180 days) |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML | 5 | PA; QL (20 ML per 180 days) |
| PONVORY ORAL TABLET 20 MG | 5 | PA; QL (30 EA per 30 days) |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG | 5 | PA; QL (14 EA per 180 days) |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | 5 | PA |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 5 | PA |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | 5 | PA |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | 5 | PA |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | 2 | PA; QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | 5 | PA; QL (7 EA per 180 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 5 | PA; QL (30 EA per 30 days) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 5 | PA; QL (28 EA per 180 days) |

Dental And Oral Agents - Treatment Of Mouth And Gum Disorders

Dental and Oral Agents

| | | |
|---|---|--|
| <i>cevimeline hcl oral capsule 30 mg</i> | 2 | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | 2 | |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | 2 | |

Dermatological Agents - Treatment Of Skin Conditions

Acne and Rosacea Agents

| | | |
|---|---|----|
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | PA |
| <i>acne medication 10 external gel 10 %</i> | 9 | |
| ACNE MEDICATION 10 EXTERNAL LOTION 10 % | 9 | |
| ACNE MEDICATION 2.5 EXTERNAL GEL 2.5 % | 9 | |
| <i>acne medication 5 external gel 5 %</i> | 9 | |
| <i>adapalene external cream 0.1 %</i> | 9 | |
| <i>adapalene external gel 0.1 %</i> | 9 | |
| <i>adapalene external gel 0.3 %</i> | 2 | |
| <i>adapalene treatment external gel 0.1 %</i> | 9 | |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i> | 2 | |
| <i>amneesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i> | 9 | |
| <i>benzoyl peroxide external liquid 10 %</i> | 9 | |
| <i>benzoyl peroxide external lotion 10 %</i> | 9 | |
| <i>benzoyl peroxide wash external liquid 10 %, 5 %</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BP WASH EXTERNAL LIQUID 5 % | 9 | |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i> | 2 | |
| CVS ADVANCED 3-IN-1 CLEANSER EXTERNAL LIQUID 5 % | 9 | |
| DIFFERIN CLEANSER EXTERNAL LIQUID 5 % | 9 | |
| DIFFERIN EXTERNAL CREAM 0.1 % | 9 | |
| DIFFERIN EXTERNAL GEL 0.1 %, 0.3 % | 9 | |
| DIFFERIN EXTERNAL LOTION 0.1 % | 9 | |
| FABIOR EXTERNAL FOAM 0.1 % | 9 | |
| GNP ADAPALENE EXTERNAL GEL 0.1 % | 9 | QL (45 GM per 30 days) |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>tazarotene external cream 0.05 %, 0.1 %</i> | 2 | QL (60 GM per 30 days) |
| <i>tazarotene external gel 0.05 %, 0.1 %</i> | 2 | QL (100 GM per 30 days) |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> | 2 | QL (45 GM per 30 days) |
| <i>tretinoin external gel 0.01 %, 0.025 %</i> | 2 | QL (45 GM per 30 days) |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| Dermatitis and Pruritus Agents | | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>ammonium lactate external cream 12 %</i> | 2 | |
| <i>ammonium lactate external lotion 12 %</i> | 2 | |
| <i>anti-itch maximum strength external cream 1 %</i> | 9 | |
| AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 % | 9 | |
| AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 % | 9 | |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>betamethasone dipropionate aug external gel 0.05 %</i> | 2 | QL (120 GM per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | 2 | QL (120 ML per 30 days) |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>betamethasone dipropionate external cream 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | 2 | QL (120 ML per 30 days) |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>betamethasone valerate external cream 0.1 %</i> | 2 | QL (120 GM per 30 days) |
| <i>betamethasone valerate external lotion 0.1 %</i> | 2 | QL (120 ML per 30 days) |
| <i>betamethasone valerate external ointment 0.1 %</i> | 2 | QL (120 GM per 30 days) |
| <i>clobetasol prop emollient base external cream 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>clobetasol propionate e external cream 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external cream 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external gel 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external ointment 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external solution 0.05 %</i> | 2 | QL (50 ML per 30 days) |
| CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 % | 9 | |
| CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 % | 9 | |
| CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 % | 9 | |
| CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 % | 9 | |
| CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 % | 9 | |
| CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 % | 9 | |
| CVS HYDROCORTISONE ANTI-ITCH EXTERNAL CREAM 0.5 % | 9 | |
| <i>desonide external cream 0.05 %</i> | 2 | |
| <i>desonide external lotion 0.05 %</i> | 2 | |
| <i>desonide external ointment 0.05 %</i> | 2 | |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>desoximetasone external gel 0.05 %</i> | 2 | |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | 2 | |
| <i>doxepin hcl external cream 5 %</i> | 2 | PA; QL (90 GM per 30 days) |
| EUCRISA EXTERNAL OINTMENT 2 % | 4 | PA |
| <i>fluocinolone acetonide body external oil 0.01 %</i> | 2 | QL (118.28 ML per 30 days) |
| <i>fluocinolone acetonide external cream 0.01 %</i> | 2 | QL (60 GM per 30 days) |
| <i>fluocinolone acetonide external cream 0.025 %</i> | 2 | QL (120 GM per 30 days) |
| <i>fluocinolone acetonide external ointment 0.025 %</i> | 2 | QL (120 GM per 30 days) |
| <i>fluocinolone acetonide external solution 0.01 %</i> | 2 | QL (60 ML per 30 days) |
| <i>fluocinolone acetonide otic oil 0.01 %</i> | 2 | |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | 2 | QL (118.28 ML per 30 days) |
| <i>fluocinonide emulsified base external cream 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>fluocinonide external cream 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>fluocinonide external gel 0.05 %</i> | 2 | QL (120 GM per 30 days) |
| <i>fluocinonide external ointment 0.05 %</i> | 2 | QL (60 GM per 30 days) |
| <i>fluocinonide external solution 0.05 %</i> | 2 | QL (60 ML per 30 days) |
| <i>fluticasone propionate external cream 0.05 %</i> | 2 | |
| <i>fluticasone propionate external lotion 0.05 %</i> | 2 | |
| <i>fluticasone propionate external ointment 0.005 %</i> | 2 | |
| <i>ft itch relief max strength external cream 1 %</i> | 9 | |
| <i>ft itch relief max strength external ointment 1 %</i> | 9 | |
| <i>ft itch relief/aloe max str external cream 1 %</i> | 9 | |
| <i>gnp hydrocortisone external cream 0.5 %</i> | 9 | |
| <i>gnp hydrocortisone max st external ointment 1 %</i> | 9 | |
| <i>gnp hydrocortisone plus external cream 1 %</i> | 9 | |
| <i>gnp hydrocortisone/aloe external cream 1 %</i> | 9 | |
| GOODSENSE ANTI-ITCH MAX STR EXTERNAL CREAM 1 % | 9 | |
| GOODSENSE ANTI-ITCH MAXIMUM ST EXTERNAL OINTMENT 1 % | 9 | |
| <i>halobetasol propionate external cream 0.05 %</i> | 2 | QL (50 GM per 30 days) |
| <i>halobetasol propionate external ointment 0.05 %</i> | 2 | QL (50 GM per 30 days) |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone acetate external cream 1 %</i> | 9 | |

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|--|------------------|----------------------------|
| <i>hydrocortisone acetate external ointment 1 %</i> | 9 | |
| <i>hydrocortisone butyrate external cream 0.1 %</i> | 2 | |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | 2 | |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | 2 | |
| <i>hydrocortisone external cream 0.5 %</i> | 9 | |
| <i>hydrocortisone external cream 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone external lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone max st external cream 1 %</i> | 9 | |
| HYDROCORTISONE MAX ST/12 MOIST EXTERNAL CREAM 1 % | 9 | |
| HYDROCORTISONE PLUS EXTERNAL CREAM 1 % | 9 | |
| <i>hydrocortisone valerate external cream 0.2 %</i> | 2 | |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | 2 | |
| <i>hydrocortisone/aloe max str external cream 1 %</i> | 9 | |
| HYFTOR EXTERNAL GEL 0.2 % | 5 | PA |
| INSTACORT 5 EXTERNAL CREAM 0.5 % | 9 | |
| MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM 1 % | 9 | |
| <i>mometasone furoate external cream 0.1 %</i> | 2 | |
| <i>mometasone furoate external ointment 0.1 %</i> | 2 | |
| <i>mometasone furoate external solution 0.1 %</i> | 2 | |
| <i>pimecrolimus external cream 1 %</i> | 2 | ST |
| QC HYDROCORTISONE MAX ST EXTERNAL CREAM 1 % | 9 | |
| SB HYDROCORTISONE MAX ST EXTERNAL OINTMENT 1 % | 9 | |
| <i>selenium sulfide external lotion 2.5 %</i> | 2 | |
| SM HYDROCORTISONE EXTERNAL CREAM 0.5 % | 9 | |
| <i>sm hydrocortisone external cream 1 %</i> | 9 | |
| <i>sm hydrocortisone max st external ointment 1 %</i> | 9 | |
| <i>sm hydrocortisone plus external cream 1 %</i> | 9 | |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | 2 | ST |
| <i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>triamcinolone acetonide external cream 0.1 %</i> | 2 | QL (454 GM per 30 days) |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 2 | |
| <i>triamcinolone in absorbbase external ointment 0.05 %</i> | 2 | |
| Dermatological Agents | | |
| <i>hydrocortisone external cream 0.5 %</i> | 9 | |
| Dermatological Agents, Other | | |
| ALCOHOL PAD | 9 | QL (200 EA per 30 days) |
| <i>alcohol pad , 70 %</i> | 1 | |
| <i>alcohol sheet , 70 %</i> | 1 | |
| <i>calcipotriene external cream 0.005 %</i> | 2 | QL (120 GM per 30 days) |
| <i>calcipotriene external ointment 0.005 %</i> | 2 | QL (120 GM per 30 days) |
| <i>calcipotriene external solution 0.005 %</i> | 2 | QL (120 ML per 30 days) |
| <i>calcitriol external ointment 3 mcg/gm</i> | 2 | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | 2 | QL (45 GM per 28 days) |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | 2 | QL (60 ML per 28 days) |
| <i>fluorouracil external cream 5 %</i> | 2 | QL (40 GM per 30 days) |
| <i>fluorouracil external solution 2 %, 5 %</i> | 2 | QL (10 ML per 30 days) |
| <i>imiquimod external cream 5 %</i> | 2 | QL (24 EA per 30 days) |
| <i>methoxsalen rapid oral capsule 10 mg</i> | 2 | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | 2 | QL (60 GM per 28 days) |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | 2 | QL (60 GM per 28 days) |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; QL (60 EA per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG | 5 | PA; QL (55 EA per 180 days) |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG | 5 | PA; QL (30 EA per 30 days) |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG | 5 | PA; QL (41 EA per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>podofilox external solution 0.5 %</i> | 2 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 3 | QL (180 GM per 30 days) |
| <i>silver sulfadiazine external cream 1 %</i> | 2 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | 2 | |
| <i>tretinoin external gel 0.05 %</i> | 9 | |
| <i>tretinoin microsphere pump external gel 0.08 %</i> | 9 | |
| Pediculicides/Scabicides | | |
| <i>ft lice killing max st external shampoo 0.33-4 %</i> | 9 | |
| GNP LICE KILLING EXTERNAL SHAMPOO 0.33-4 % | 9 | QL (59 ML per 30 days) |
| <i>gnp lice treatment external liquid 1 %</i> | 9 | |
| GOODSENSE LICE KILLING EXTERNAL LIQUID 1 % | 9 | QL (59 ML per 30 days) |
| GOODSENSE LICE KILLING MAX STR EXTERNAL SHAMPOO 0.33-4 % | 9 | |
| LICE KILLING SHAMPOO MAX STR EXTERNAL SHAMPOO 0.33-4 % | 9 | QL (59 ML per 30 days) |
| <i>malathion external lotion 0.5 %</i> | 2 | QL (59 ML per 30 days) |
| <i>permethrin external cream 5 %</i> | 2 | QL (60 GM per 30 days) |
| RA LICE TREATMENT EXTERNAL LIQUID 1 % | 9 | |
| SB LICE TREATMENT EXTERNAL LIQUID 1 % | 9 | |
| SM LICE TREATMENT EXTERNAL LIQUID 1 % | 9 | QL (59 ML per 30 days) |
| VANALICE EXTERNAL GEL 0.3-3.5 % | 9 | |
| Topical Anti-infectives | | |
| <i>acyclovir external cream 5 %</i> | 2 | QL (30 GM per 30 days) |
| <i>acyclovir external ointment 5 %</i> | 2 | QL (30 GM per 30 days) |
| BETADINE EXTERNAL SOLUTION 10 % | 9 | |
| <i>ciclopirox external solution 8 %</i> | 2 | QL (6.6 ML per 28 days) |
| <i>ciclopirox olamine external cream 0.77 %</i> | 2 | QL (90 GM per 30 days) |
| <i>ciclopirox olamine external suspension 0.77 %</i> | 2 | QL (60 ML per 30 days) |
| <i>clindamycin phos (once-daily) external gel 1 %</i> | 2 | QL (120 ML per 30 days) |
| <i>clindamycin phos (twice-daily) external gel 1 %</i> | 2 | |
| <i>clindamycin phosphate external lotion 1 %</i> | 2 | QL (60 ML per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clindamycin phosphate external solution 1 %</i> | 2 | QL (60 ML per 30 days) |
| <i>clindamycin phosphate external swab 1 %</i> | 2 | QL (60 EA per 30 days) |
| CVS POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| EQ FIRST AID ANTISEPTIC EXTERNAL SOLUTION 10 % | 9 | |
| EQ POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| <i>ery external pad 2 %</i> | 2 | QL (60 EA per 30 days) |
| <i>erythromycin external gel 2 %</i> | 2 | QL (60 GM per 30 days) |
| <i>erythromycin external solution 2 %</i> | 2 | QL (60 ML per 30 days) |
| FIRST AID ANTIBIOTIC EXTERNAL OINTMENT 3.5-500-10000 | 9 | |
| FIRST AID ANTISEPTIC EXTERNAL OINTMENT 10 % | 9 | |
| FT POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| <i>gentamicin sulfate external cream 0.1 %</i> | 1 | QL (30 GM per 30 days) |
| <i>gentamicin sulfate external ointment 0.1 %</i> | 1 | QL (30 GM per 30 days) |
| GNP POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| <i>gnp triple antibiotic external ointment</i> | 9 | |
| GOODSENSE FIRST AID ANTIBIOTIC EXTERNAL OINTMENT | 9 | |
| LANABIOTIC EXTERNAL OINTMENT 5-500-10000 | 9 | |
| MEIJER TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | 9 | |
| <i>metronidazole external cream 0.75 %</i> | 2 | QL (45 GM per 30 days) |
| <i>metronidazole external gel 0.75 %</i> | 2 | QL (45 GM per 30 days) |
| <i>metronidazole external gel 1 %</i> | 2 | QL (60 GM per 30 days) |
| <i>metronidazole external lotion 0.75 %</i> | 2 | QL (59 ML per 30 days) |
| <i>mupirocin external ointment 2 %</i> | 2 | QL (44 GM per 30 days) |
| NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 | 9 | |
| <i>penciclovir external cream 1 %</i> | 2 | QL (5 GM per 30 days) |
| <i>povidone-iodine external solution 10 %</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| QC POVIDONE IODINE EXTERNAL SOLUTION 10 % | 9 | |
| QC TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | 9 | |
| RA ANTISEPTIC EXTERNAL SOLUTION 10 % | 9 | |
| SB POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| SB TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 | 9 | |
| SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| SM POVIDONE-IODINE EXTERNAL SOLUTION 10 % | 9 | |
| <i>sm triple antibiotic original external ointment 3.5-400-5000</i> | 9 | |
| <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i> | 9 | |
| TRIPLE ANTIBIOTIC EXTERNAL OINTMENT 3.5-400-5000 MG-UNIT | 9 | |
| Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins | | |
| Electrolyte/ Mineral Replacement | | |
| <i>carglumic acid oral tablet soluble 200 mg</i> | 5 | PA |
| <i>chromic chloride intravenous solution 40 mcg/10ml</i> | 9 | |
| <i>cupric chloride intravenous solution 0.4 mg/ml</i> | 9 | |
| <i>gnp calcium oral tablet 1500 (600 ca) mg</i> | 9 | |
| <i>iron chews pediatric oral tablet chewable 15 mg</i> | 9 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 4 | |
| <i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i> | 2 | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 3 | |
| <i>klor-con m10 oral tablet extended release 10 meq</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>klor-con m15 oral tablet extended release 15 meq</i> | 3 | |
| <i>klor-con m20 oral tablet extended release 20 meq</i> | 3 | |
| KLOR-CON ORAL PACKET 20 MEQ | 3 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | 3 | |
| K-PHOS ORAL TABLET 500 MG | 9 | |
| K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG | 9 | |
| <i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i> | 9 | |
| <i>magnesium oxide oral tablet 400 mg, 420 mg</i> | 9 | |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i> | 2 | |
| MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG | 9 | |
| <i>manganese chloride intravenous solution 0.1 mg/ml</i> | 9 | |
| MAOX ORAL TABLET 420 MG | 9 | |
| OSTEOPRIME PLUS ORAL TABLET | 9 | |
| <i>oyster shell calcium oral tablet 500 mg</i> | 9 | |
| PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG | 9 | |
| <i>phosphorus supplement oral packet 280-160-250 mg</i> | 9 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG | 9 | |
| PHOSPHO-TRIN K500 ORAL TABLET 500 MG | 9 | |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i> | 1 | |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | 1 | |
| <i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i> | 1 | |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i> | 2 | |
| <i>potassium chloride oral packet 20 meq</i> | 2 | |
| <i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | 2 | |
| PRO-CAL ORAL TABLET | 9 | |
| SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG | 9 | |
| <i>sod citrate-citric acid oral solution 500-334 mg/5ml</i> | 9 | |
| <i>sodium bicarbonate oral tablet 325 mg, 650 mg</i> | 9 | |
| <i>sodium chloride (pf) injection solution 0.9 %</i> | 2 | |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i> | 2 | |
| <i>sodium chloride oral tablet 1 gm</i> | 9 | |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i> | 2 | |
| ULTRA BONEUP ORAL TABLET | 9 | |
| WES-PHOS 250 NEUTRAL ORAL TABLET 155-852-130 MG | 9 | |
| <i>zinc sulfate oral tablet 220 (50 zn) mg</i> | 9 | |
| Electrolyte/Mineral/Metal Modifiers | | |
| CUVRIOR ORAL TABLET 300 MG | 5 | PA |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i> | 5 | PA |
| <i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i> | 5 | PA |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | 2 | PA |
| <i>deferasirox oral tablet soluble 125 mg</i> | 2 | PA |
| <i>deferasirox oral tablet soluble 250 mg, 500 mg</i> | 5 | PA |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i> | 5 | PA |
| <i>penicillamine oral tablet 250 mg</i> | 5 | PA |
| <i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i> | 5 | PA |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i> | 5 | PA |
| <i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i> | 5 | PA; QL (56 EA per 28 days) |
| <i>trientine hcl oral capsule 250 mg</i> | 5 | PA |
| Electrolytes/Minerals/Metals/Vitamins | | |
| A THRU Z ADVANCED ADULT ORAL TABLET | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| A THRU Z ADVANCED ORAL TABLET | 9 | |
| A THRU Z HIGH POTENCY ORAL TABLET | 9 | |
| A THRU Z SELECT ADVANCED ORAL TABLET | 9 | |
| A THRU Z SELECT ULTIMATE WOMEN ORAL TABLET | 9 | |
| A THRU Z ULTIMATE MENS ORAL TABLET | 9 | |
| ABC COMPLETE ADULT ORAL TABLET | 9 | |
| ABC COMPLETE MENS ORAL TABLET | 9 | |
| ABC COMPLETE SENIOR 50+ ORAL TABLET | 9 | |
| ABC COMPLETE SENIOR MENS 50+ ORAL TABLET | 9 | |
| ABC COMPLETE SENIOR WOMENS 50+ ORAL TABLET | 9 | |
| ABC COMPLETE WOMENS ORAL TABLET | 9 | |
| ACCRUFER ORAL CAPSULE 30 MG | 9 | |
| <i>active fe oral tablet 75-1.25 mg</i> | 9 | |
| ACTIVITE ORAL TABLET 1 MG | 9 | |
| ALIVE DAILY ENERGY ORAL TABLET | 9 | |
| ALIVE DIABETIC MULTIVITAMIN ORAL TABLET | 9 | |
| ALIVE ENERGY 50+ ORAL TABLET | 9 | |
| ALIVE MENS 50+ ORAL TABLET | 9 | |
| ALIVE MENS COMPLETE MULTI ORAL TABLET | 9 | |
| ALIVE ONCE DAILY WOMENS ORAL TABLET | 9 | |
| ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET | 9 | |
| ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET | 9 | |
| ALIVE WOMENS ENERGY ORAL TABLET | 9 | |
| ALPHA BETIC ORAL TABLET | 9 | |
| ANTIOXIDANT A/C/E/SELENIUM ORAL TABLET | 9 | |
| ANTIOXIDANT FORMULA ORAL TABLET | 9 | |
| ANTIOXIDANT VITAMINS ORAL TABLET | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>aqueous vitamin d oral liquid 10 mcg/ml</i> | 9 | |
| <i>aqueous vitamin e oral solution 15 mg/0.67ml</i> | 9 | |
| AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET | 9 | |
| AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET | 9 | |
| <i>b-2 oral tablet 100 mg</i> | 9 | |
| BACMIN ORAL TABLET | 9 | |
| BASIC AM ORAL TABLET | 9 | |
| BASIC PM ORAL TABLET | 9 | |
| <i>b-complex/b-12 oral tablet</i> | 9 | |
| BENTIVITE ORAL TABLET 35-1 MG | 9 | |
| <i>beta carotene high potency oral capsule 25000 unit</i> | 9 | |
| <i>beta carotene oral capsule 25000 unit</i> | 9 | |
| BIOCEL ORAL TABLET | 9 | |
| BONEUP VEGETARIAN ORAL TABLET | 9 | |
| BP VIT 3 ORAL CAPSULE 1 MG | 9 | |
| B-PLEX PLUS ORAL TABLET | 9 | |
| BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML | 9 | |
| CALCIDOL ORAL SOLUTION 200 MCG/ML | 9 | |
| <i>calcium + d3 oral tablet 250-3 mg-mcg</i> | 9 | |
| <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i> | 9 | |
| <i>calcium 600+d3 oral tablet 600-20 mg-mcg</i> | 9 | |
| <i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i> | 9 | |
| <i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i> | 9 | |
| <i>calcium citrate oral tablet 250 mg</i> | 9 | |
| <i>calcium-vitamin d3 oral tablet 600-10 mg-mcg</i> | 9 | |
| CENTAVITE A-Z COMPLETE-MINERAL ORAL TABLET | 9 | |
| CENTRATEX ORAL CAPSULE 106-1 MG | 9 | |
| CENTRAVITES 50 PLUS ORAL TABLET | 9 | |
| CENTRAVITES ADULTS ORAL TABLET | 9 | |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| DERMACINRX RIBOTIN-E ORAL TABLET | 9 | |
| DERMACINRX ZINTREXYL-C ORAL TABLET | 9 | |
| DERMAVITE ORAL TABLET | 9 | |
| <i>dextrose intravenous solution 10 %, 5 %</i> | 2 | |
| <i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i> | 2 | |
| DIABETES HEALTH FORMULA ORAL TABLET | 9 | |
| DIALYVITE 3000 ORAL TABLET 3 MG | 9 | |
| DIALYVITE 5000 ORAL TABLET 5 MG | 9 | |
| DIALYVITE 800 ORAL TABLET 0.8 MG | 9 | |
| DIALYVITE 800 ORAL WAFER 0.8 MG | 9 | |
| DIALYVITE 800 PLUS D ORAL WAFER 800 MCG | 9 | |
| DIALYVITE 800/ULTRA D ORAL TABLET | 9 | |
| DIALYVITE 800/ZINC ORAL TABLET 0.8 MG | 9 | |
| DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG | 9 | |
| DIALYVITE ORAL TABLET | 9 | |
| DIALYVITE SUPREME D ORAL TABLET | 9 | |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) | 9 | |
| DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT) | 9 | |
| DIALYVITE/ZINC ORAL TABLET | 9 | |
| DIATROL ORAL TABLET | 9 | |
| DODEX INJECTION SOLUTION 1000 MCG/ML | 9 | |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) | 9 | |
| <i>d-vite pediatric oral liquid 10 mcg/ml</i> | 9 | |
| <i>e-200 oral capsule 90 mg (200 unit)</i> | 9 | |
| ENLYTE ORAL CAPSULE | 9 | |
| EQ ONE DAILY MENS 50+ ORAL TABLET | 9 | |
| EQ ONE DAILY MENS HEALTH ORAL TABLET | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EQ ONE DAILY WOMENS 50+ ORAL TABLET | 9 | |
| EQ ONE DAILY WOMENS HEALTH ORAL TABLET | 9 | |
| EQL CENTURY MATURE ADULTS 50+ ORAL TABLET | 9 | |
| EQL CENTURY MATURE MEN 50+ ORAL TABLET | 9 | |
| EQL CENTURY MATURE ORAL TABLET | 9 | |
| EQL CENTURY MATURE WOMEN 50+ ORAL TABLET | 9 | |
| EQL CENTURY MENS ORAL TABLET | 9 | |
| EQL CENTURY ORAL TABLET | 9 | |
| EQL CENTURY WOMENS ORAL TABLET | 9 | |
| EQL ONE DAILY MENS 50+ ADVANCE ORAL TABLET | 9 | |
| EQL ONE DAILY MENS HEALTH ORAL TABLET | 9 | |
| EQL ONE DAILY MENS ORAL TABLET | 9 | |
| EQL ONE DAILY WOMENS 50+ ADV ORAL TABLET | 9 | |
| EQL VISION FORMULA ORAL TABLET | 9 | |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i> | 9 | |
| <i>ergocalciferol oral solution 200 mcg/ml</i> | 9 | |
| ESSENTIAL BALANCE ORAL TABLET | 9 | |
| ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET | 9 | |
| EYE HEALTH + LUTEIN ORAL TABLET | 9 | |
| EYE MULTIVITAMIN/SODIUM ORAL TABLET | 9 | |
| EYE-VITES ORAL TABLET | 9 | |
| FERATE ORAL TABLET 240 (27 FE) MG | 9 | |
| FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG | 9 | |
| FERIVA 21/7 ORAL TABLET 75-1 MG | 9 | |
| FEROSUL ORAL TABLET 325 (65 FE) MG | 9 | |
| <i>ferrous gluconate oral tablet 324 (38 fe) mg</i> | 9 | |

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>levocarnitine oral tablet 330 mg</i> | 2 | |
| <i>levocarnitine sf oral solution 1 gm/10ml</i> | 2 | |
| LIVER DETOX ORAL TABLET | 9 | |
| LORMATE ORAL CAPSULE | 9 | |
| <i>lutein-zeaxanthin oral tablet</i> | 9 | |
| LYSIPLEX PLUS ORAL TABLET | 9 | |
| MACUVITE EYE CARE ORAL TABLET | 9 | |
| MACUVITE ORAL TABLET | 9 | |
| MACUVITE/LUTEIN ORAL TABLET | 9 | |
| <i>mag 440 oral tablet 440 mg</i> | 9 | |
| <i>magnesium gluconate oral tablet 27.5 mg</i> | 9 | |
| <i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i> | 9 | |
| MAXIMUM DAILY GREEN ORAL TABLET | 9 | |
| MEGA MULTI FOR WOMEN ORAL TABLET | 9 | |
| MEGAVITE FRUITS & VEGGIES ORAL TABLET | 9 | |
| MEIJER ADVANCED FORMULA ORAL TABLET | 9 | |
| MENS 50+ MULTIVITAMIN ORAL TABLET | 9 | |
| MENS LIFE PACK ORAL TABLET | 9 | |
| MENS MULTIVITAMIN ORAL TABLET | 9 | |
| MG PLUS PROTEIN ORAL TABLET 133 MG | 9 | |
| MTX SUPPORT ORAL TABLET | 9 | |
| MULTI FOR HER 50+ ORAL TABLET | 9 | |
| MULTI FOR HER ORAL TABLET | 9 | |
| MULTI FOR HIM 50+ ORAL TABLET | 9 | |
| MULTI FOR HIM ORAL TABLET | 9 | |
| <i>multi vitamin/minerals oral tablet</i> | 9 | |
| MULTIPLE VIT/MINERALS/NO IRON ORAL TABLET | 9 | |
| MULTIPLE VITAMINS/WOMENS ORAL TABLET | 9 | |
| MULTITOL-M ORAL TABLET | 9 | |
| <i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i> | 9 | QL (60 ML per 30 days); AL (Max 12 Years) |

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i> | 9 | |
| PARVLEX ORAL TABLET | 9 | |
| PAXLYTE ORAL CAPSULE | 9 | |
| PC PEDIATRIC IRON DROPS ORAL SOLUTION 75 (15 FE) MG/ML | 9 | |
| PEDIALYTE FREEZER POPS ORAL SOLUTION | 9 | |
| PEDIALYTE ORAL SOLUTION | 9 | |
| PEDIALYTE SINGLES ORAL SOLUTION | 9 | |
| <i>phos-nak oral packet 280-160-250 mg</i> | 9 | |
| <i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i> | 9 | |
| PHYTOMULTI ORAL TABLET | 9 | |
| <i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i> | 9 | |
| <i>phytonadione oral tablet 5 mg</i> | 9 | |
| <i>plenamine intravenous solution 15 %</i> | 4 | B/D |
| PNV 27-CA/FE/FA ORAL TABLET 60-1 MG | 2 | |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | 9 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | 9 | |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML | 9 | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG | 9 | |
| POLY-VITAMIN/FLUORIDE ORAL SOLUTION 0.5 MG/ML | 9 | |
| <i>poly-vitamin/fluoride oral suspension 0.5 mg/ml</i> | 9 | |
| <i>prenatal oral tablet 27-1 mg</i> | 2 | |
| PRESERVISION AREDS ORAL TABLET | 9 | |
| PROCERV HP ORAL TABLET | 9 | |
| PROFOLA ORAL TABLET | 9 | |
| PROLEEVA ORAL CAPSULE | 9 | |
| PRORENAL + D ORAL TABLET | 9 | |
| PRORENAL + D W/ OMEGA-3 ORAL CAPSULE | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PROSIGHT ORAL TABLET | 9 | |
| PROVIT ORAL TABLET | 9 | |
| <i>pyridoxine hcl injection solution 100 mg/ml</i> | 9 | |
| QC DAILY MULTIVIT/MULTIMINERAL ORAL TABLET | 9 | |
| QC HAIR SKIN & NAILS ORAL TABLET | 9 | |
| QC MULTI-VITE 50 & OVER ORAL TABLET | 9 | |
| QC MULTI-VITE ORAL TABLET | 9 | |
| QC THERIN-M ORAL TABLET | 9 | |
| QC WOMENS DAILY MULTIVITAMIN ORAL TABLET | 9 | |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG | 9 | |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML | 9 | |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML | 9 | |
| QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML | 9 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | 9 | |
| QUIN B STRONG ORAL TABLET | 9 | |
| QUINTABS-M ORAL TABLET | 9 | |
| RA CENTRAL-VITE MENS MATURE ORAL TABLET | 9 | |
| RA ONE DAILY MAXIMUM ORAL TABLET | 9 | |
| RA ONE DAILY MENS 50+ W/VIT D3 ORAL TABLET | 9 | |
| RA ONE DAILY MENS MULTI ORAL TABLET | 9 | |
| RA ONE DAILY MENS/VIT D-3 ORAL TABLET | 9 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 9 | |
| RAYAVIT ORAL TABLET | 9 | |
| RENAL ORAL CAPSULE 1 MG | 9 | |
| RENAPLEX ORAL TABLET | 9 | |
| RENAPLEX-D ORAL TABLET | 9 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| SUPERIOR WOMENS MULTI ORAL TABLET | 9 | |
| SYSTANE ICAPS AREDS2 ORAL TABLET | 9 | |
| TALIVA ORAL CAPSULE 1 MG | 9 | |
| <i>taron forte oral capsule</i> | 9 | |
| THERA ORAL TABLET | 9 | |
| THERA VITAL M ORAL TABLET | 9 | |
| THERA VITAL-M ORAL TABLET | 9 | |
| THERABASIC-M ORAL TABLET | 9 | |
| THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET | 9 | |
| THERAGRAN-M ADVANCED ORAL TABLET | 9 | |
| THERAGRAN-M ORAL TABLET | 9 | |
| THERAGRAN-M PREMIER 50 PLUS ORAL TABLET | 9 | |
| THERAGRAN-M PREMIER ORAL TABLET | 9 | |
| THERAPEUTIC FORMULA/HEMATINICS ORAL TABLET | 9 | |
| THERAPEUTIC-M ORAL TABLET | 9 | |
| THERA-TABS M ORAL TABLET | 9 | |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET | 9 | |
| THERATRUM COMPLETE ORAL TABLET | 9 | |
| THERA-VITE MAX-M ORAL TABLET | 9 | |
| <i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i> | 9 | |
| THRIVE FOR LIFE WOMENS ORAL TABLET | 9 | |
| TM-DAILY VITE ORAL TABLET | 9 | |
| TM-VITE RX ORAL TABLET 1 MG | 9 | |
| TOBAKIENT ORAL CAPSULE | 9 | |
| <i>trigels-f forte oral capsule 460-60-0.01-1 mg</i> | 9 | |
| TRIPHROCAPS ORAL CAPSULE 1 MG | 9 | |
| TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML | 9 | QL (60 ML per 30 days); AL (Max 12 Years) |
| <i>tri-vite/fluoride oral solution 0.5 mg/ml</i> | 9 | |
| TRONVITE ORAL TABLET 1 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE 324 MG | 9 | |
| TRUE FOLIC ACID ORAL TABLET 1 MG | 9 | |
| <i>true magnesium oxide oral tablet 500 mg</i> | 9 | |
| TRUE OYSTER SHELL CALCIUM ORAL TABLET 1250 (500 CA) MG | 9 | |
| <i>true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg</i> | 9 | |
| <i>true vitamin b3 oral tablet 500 mg</i> | 9 | |
| <i>true vitamin b6 oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 9 | |
| TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT), 50 MCG (2000 UT) | 9 | |
| <i>true vitamin d3 oral capsule 10 mcg (400 unit)</i> | 9 | |
| <i>true vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg</i> | 9 | |
| TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) | 9 | |
| <i>true vitamin e oral capsule 180 mg, 90 mg</i> | 9 | |
| TRUE VITAMIN E ORAL CAPSULE 450 MG | 9 | |
| <i>truelyte oral solution</i> | 9 | |
| <i>tulivite oral tablet 35-1 mg</i> | 9 | |
| T-VITES ORAL TABLET | 9 | |
| UDAMIN SP ORAL TABLET | 9 | |
| ULTRA CALCIUM + VITAMIN D3 ORAL TABLET 600-10 MG-MCG | 9 | |
| ULTRA FREEDA ORAL TABLET | 9 | |
| ULTRA FREEDA/IRON ORAL TABLET | 9 | |
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET | 9 | |
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET | 9 | |
| VENEXA FE ORAL TABLET | 9 | |
| VENEXA ORAL TABLET | 9 | |
| VENTRIXYL FE ORAL TABLET | 9 | |
| VENTRIXYL ORAL TABLET | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VISION FORMULA/LUTEIN ORAL TABLET | 9 | |
| VISION VITAMINS ORAL TABLET | 9 | |
| VITA HAIR ORAL TABLET | 9 | |
| VITA S FORTE ORAL TABLET | 9 | |
| VITABASIC COMPLETE ORAL TABLET | 9 | |
| VITABASIC SENIOR ORAL TABLET | 9 | |
| VITACEL ORAL TABLET | 9 | |
| VITAL-D RX ORAL TABLET 1 MG | 9 | |
| VITAMEZ ORAL CAPSULE 1 MG | 9 | |
| <i>vitamin a oral capsule 3 mg (10000 ut)</i> | 9 | |
| VITAMIN A/C/D/ INFANT/TODDLER ORAL SOLUTION 250-10-50 MCG-MG/ML | 9 | |
| <i>vitamin b complex w/b-12 oral tablet</i> | 9 | |
| <i>vitamin b1 oral tablet 100 mg</i> | 9 | |
| <i>vitamin b12-folic acid oral tablet 500-400 mcg</i> | 9 | |
| <i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i> | 9 | |
| <i>vitamin b-6 oral tablet 100 mg, 50 mg</i> | 9 | |
| <i>vitamin c oral tablet 500 mg</i> | 9 | |
| <i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i> | 9 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i> | 9 | |
| <i>vitamin d infant oral liquid 10 mcg/ml</i> | 9 | |
| <i>vitamin d oral capsule 50 mcg (2000 ut)</i> | 9 | |
| <i>vitamin d oral liquid 10 mcg/ml</i> | 9 | |
| <i>vitamin d oral tablet 50 mcg (2000 ut)</i> | 9 | |
| <i>vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | 9 | |
| <i>vitamin d3 oral liquid 10 mcg/ml</i> | 9 | |
| <i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i> | 9 | |
| <i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i> | 9 | |
| <i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i> | 9 | |
| <i>vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i> | 9 | |
| <i>vitamin e oral solution 15 mg/0.67ml</i> | 9 | |
| <i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i> | 9 | |
| <i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i> | 9 | |
| VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML | 9 | QL (60 ML per 30 days); AL (Max 12 Years) |
| <i>vitamins a-d-e/selenium oral tablet</i> | 9 | |
| VITAROCA PLUS ORAL TABLET | 9 | |
| VITASANA ORAL TABLET | 9 | |
| VITASURE ORAL TABLET 1 MG | 9 | |
| VITEYES CLASSIC MULTIVITAMIN ORAL TABLET | 9 | |
| VITEYES OPTIC NERVE SUPPORT ORAL TABLET | 9 | |
| VITRAMYN ORAL TABLET | 9 | |
| VITRANOL FE ORAL TABLET | 9 | |
| VITRANOL ORAL TABLET | 9 | |
| VITREXATE FE ORAL TABLET | 9 | |
| VITREXATE ORAL TABLET | 9 | |
| VITREXYL + IRON ORAL TABLET | 9 | |
| VITREXYL ORAL TABLET | 9 | |
| WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) | 9 | |
| <i>well vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut)</i> | 9 | |
| WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) | 9 | |
| WELLFOLA ORAL TABLET | 9 | |
| WESCAPS ORAL CAPSULE 1 MG | 9 | |
| WESTAB MAX ORAL TABLET 2.5-25-2 MG | 9 | |
| WESTAB ONE ORAL TABLET 2.5-25-1 MG | 9 | |
| WOMENS 50+ MULTI VITAMIN ORAL TABLET | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| WOMENS DAILY FORMULA ORAL TABLET | 9 | |
| WOMENS LIFE PACK ORAL TABLET | 9 | |
| WOMENS MULTIVITAMIN ORAL TABLET | 9 | |
| <i>zinc gluconate oral tablet 100 mg</i> | 9 | |
| <i>zinc oral capsule 220 (50 zn) mg</i> | 9 | |
| <i>zinc sulfate oral capsule 220 (50 zn) mg</i> | 9 | |
| Phosphate Binders | | |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | 2 | QL (360 EA per 30 days) |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i> | 2 | QL (360 EA per 30 days) |
| CALPHRON ORAL TABLET 667 MG | 9 | |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | 2 | |
| <i>sevelamer carbonate oral packet 0.8 gm</i> | 2 | QL (270 EA per 30 days) |
| <i>sevelamer carbonate oral packet 2.4 gm</i> | 2 | QL (180 EA per 30 days) |
| <i>sevelamer carbonate oral tablet 800 mg</i> | 2 | QL (540 EA per 30 days) |
| Potassium Binders | | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 3 | |
| <i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i> | 2 | |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i> | 2 | |
| <i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i> | 2 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM | 5 | QL (30 EA per 30 days) |
| VELTASSA ORAL PACKET 8.4 GM | 5 | QL (90 EA per 30 days) |
| Vitamins | | |
| <i>trinatal rx 1 oral tablet 60-1 mg</i> | 2 | |
| Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions | | |
| Anti-Constipation Agents | | |
| BEELITH ORAL TABLET 362-20 MG | 9 | |
| <i>bisacodyl ec oral tablet delayed release 5 mg</i> | 9 | |
| <i>bisacodyl oral tablet delayed release 5 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bisacodyl rectal suppository 10 mg</i> | 9 | |
| <i>chocolated laxative oral tablet chewable 15 mg</i> | 9 | |
| CLEARLAX ORAL POWDER 17 GM/SCOOP | 9 | |
| COLACE 2-IN-1 ORAL TABLET 8.6-50 MG | 9 | |
| COLACE CLEAR ORAL CAPSULE 50 MG | 9 | |
| COLACE ORAL CAPSULE 100 MG | 9 | |
| <i>constulose oral solution 10 gm/15ml</i> | 2 | |
| CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| <i>cvs enema disposable rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i> | 9 | |
| CVS PURELAX ORAL PACKET 17 GM | 9 | |
| CVS STOOL SOFTENER ORAL CAPSULE 240 MG | 9 | |
| <i>docusate calcium oral capsule 240 mg</i> | 9 | |
| <i>docusate mini rectal enema 283 mg/5ml</i> | 9 | |
| <i>docusate sodium oral capsule 100 mg, 250 mg</i> | 9 | |
| <i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i> | 9 | |
| DOK ORAL TABLET 100 MG | 9 | |
| DULCOLAX RECTAL SUPPOSITORY 10 MG | 9 | |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG | 9 | |
| <i>enema ready-to-use rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i> | 9 | |
| ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML | 9 | |
| ENEMEEZ PLUS RECTAL ENEMA 20-283 MG | 9 | |
| <i>enulose oral solution 10 gm/15ml</i> | 2 | |
| <i>eq enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i> | 9 | |
| EQ LAXATIVE ORAL PACKET 17 GM | 9 | |
| EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| FLEET ENEMA RECTAL ENEMA , 19-7 GM/197ML, 7-19 GM/118ML | 9 | |
| FLEET OIL RECTAL ENEMA | 9 | |
| FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML, 9.5-3.5 GM/59ML | 9 | |
| FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| FLEET STOOL SOFTENER ORAL CAPSULE 100 MG | 9 | |
| GAVILAX ORAL PACKET 17 GM | 9 | |
| <i>gavilax oral powder 17 gm/scoop</i> | 9 | |
| <i>gavilyte-c oral solution reconstituted 240 gm</i> | 2 | |
| <i>gavilyte-g oral solution reconstituted 236 gm</i> | 2 | |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i> | 2 | |
| <i>generlac oral solution 10 gm/15ml</i> | 2 | |
| <i>gentle laxative oral tablet delayed release 5 mg</i> | 9 | |
| <i>gentle laxative rectal suppository 10 mg</i> | 9 | |
| GLYCOLAX ORAL POWDER 17 GM/SCOOP | 9 | |
| GNP CLEARLAX ORAL PACKET 17 GM | 9 | |
| GNP CLEARLAX ORAL POWDER 17 GM/SCOOP | 9 | |
| <i>gnp gentle laxative oral tablet delayed release 5 mg</i> | 9 | |
| <i>gnp gentle laxative rectal suppository 10 mg</i> | 9 | |
| <i>gnp senna lax oral tablet 8.6 mg</i> | 9 | |
| <i>gnp senna plus oral tablet 8.6-50 mg</i> | 9 | |
| <i>gnp stool softener oral capsule 100 mg</i> | 9 | |
| GNP STOOL SOFTENER ORAL CAPSULE 240 MG, 250 MG | 9 | |
| <i>gnp stool softener/laxative oral tablet 8.6-50 mg</i> | 9 | |
| <i>gnp womens gentle laxative oral tablet delayed release 5 mg</i> | 9 | |
| GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP | 9 | |
| <i>goodsense enema rectal enema 19-7 gm/118ml</i> | 9 | |
| GOODSENSE ENEMA RECTAL ENEMA 7-19 GM/118ML | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| HEALTHYLAX ORAL PACKET 17 GM | 9 | |
| HM ENEMA MINERAL OIL RECTAL ENEMA | 9 | |
| <i>hm stool softener oral capsule 100 mg</i> | 9 | |
| KLS STOOL SOFTENER ORAL CAPSULE 100 MG | 9 | |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i> | 2 | |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i> | 2 | |
| <i>laxative max str oral tablet 25 mg</i> | 9 | |
| LAXATIVE RECTAL SUPPOSITORY 10 MG | 9 | |
| <i>laxative regular strength oral tablet 15 mg</i> | 9 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 EA per 30 days) |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | 2 | QL (60 EA per 30 days) |
| MILK OF MAGNESIA ORAL SUSPENSION 2400 MG/30ML | 9 | |
| MIRALAX MIX-IN PAX ORAL PACKET 17 GM | 9 | |
| MM STOOL SOFTENER LAXATIVE ORAL CAPSULE 100 MG | 9 | |
| MM STOOL SOFTENER ORAL CAPSULE 100 MG | 9 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 EA per 30 days) |
| ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML | 9 | |
| <i>peg 3350 oral packet 17 gm</i> | 9 | |
| <i>peg 3350 oral powder 17 gm/scoop</i> | 9 | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | 2 | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | 2 | |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG | 9 | |
| <i>polyethylene glycol 3350 oral packet 17 gm</i> | 9 | |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PROCTOZONE-B RECTAL SUPPOSITORY 10 MG | 9 | |
| QC DOCUSATE CALCIUM ORAL CAPSULE 240 MG | 9 | |
| <i>qc enema rectal enema , 19-7 gm/118ml</i> | 9 | |
| QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| QC GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| QC LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| QC STOOL SOFTENER ORAL CAPSULE 250 MG | 9 | |
| RA COL-RITE ORAL CAPSULE 100 MG, 250 MG | 9 | |
| RA FAST RELIEF LAXATIVE RECTAL SUPPOSITORY 10 MG | 9 | |
| RELISTOR ORAL TABLET 150 MG | 4 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE) | 5 | PA; QL (18 ML per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML | 5 | PA; QL (18 ML per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML | 5 | PA; QL (12 ML per 30 days) |
| SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| SB DOCUSATE SODIUM ORAL CAPSULE 100 MG | 9 | |
| SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG | 9 | |
| SB LAXATIVE RECTAL SUPPOSITORY 10 MG | 9 | |
| SB STOOL SOFTENER ORAL CAPSULE 240 MG | 9 | |
| SENEXON-S ORAL TABLET 8.6-50 MG | 9 | |
| <i>senna oral capsule 8.6 mg</i> | 9 | |
| <i>senna oral liquid 8.8 mg/5ml</i> | 9 | |
| <i>senna oral syrup 176 mg/5ml, 26.4 mg/15ml, 8.8 mg/5ml</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>senna oral tablet 8.6 mg</i> | 9 | |
| <i>senna plus oral capsule 50-8.6 mg</i> | 9 | |
| <i>senna plus oral tablet 8.6-50 mg</i> | 9 | |
| <i>senna-lax oral tablet 8.6 mg</i> | 9 | |
| SENNA-TIME ORAL TABLET 8.6 MG | 9 | |
| SENNA-TIME S ORAL TABLET 8.6-50 MG | 9 | |
| <i>senosides-docusate sodium oral tablet 8.6-50 mg</i> | 9 | |
| SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG | 9 | |
| SENOKOT ORAL TABLET 8.6 MG | 9 | |
| SENOKOT S ORAL TABLET 8.6-50 MG | 9 | |
| SILACE ORAL LIQUID 150 MG/15ML | 9 | |
| SM DOCUSATE CALCIUM ORAL CAPSULE 240 MG | 9 | |
| <i>sm enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i> | 9 | |
| SM LAXATIVE RECTAL SUPPOSITORY 10 MG | 9 | |
| <i>sm mineral oil rectal enema</i> | 9 | |
| SM STOOL SOFTENER ORAL CAPSULE 250 MG | 9 | |
| SMOOTH LAX ORAL PACKET 17 GM | 9 | |
| <i>stimulant laxative oral tablet 8.6-50 mg</i> | 9 | |
| <i>stool softener oral capsule 100 mg</i> | 9 | |
| STOOL SOFTENER ORAL CAPSULE 240 MG | 9 | |
| STOOL SOFTENER ORAL LIQUID 50 MG/5ML | 9 | |
| <i>stool softener plus laxative oral tablet 8.6-50 mg</i> | 9 | |
| <i>stool softener/laxative oral capsule 50-8.6 mg</i> | 9 | |
| SURFAK ORAL CAPSULE 240 MG | 9 | |
| THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG | 9 | |
| TRULANCE ORAL TABLET 3 MG | 3 | QL (30 EA per 30 days) |
| Anti-Diarrheal Agents | | |
| <i>alose tron hcl oral tablet 0.5 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>alose tron hcl oral tablet 1 mg</i> | 4 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML | 9 | |
| <i>anti-diarrheal oral tablet 2 mg</i> | 9 | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | 2 | PA |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | 2 | PA |
| EQ LOPERAMIDE HCL ORAL SOLUTION 1 MG/7.5ML | 9 | |
| <i>ft anti-diarrheal oral capsule 2 mg</i> | 9 | |
| <i>gnp anti-diarrheal oral capsule 2 mg</i> | 9 | |
| GNP ANTI-DIARRHEAL ORAL TABLET 2 MG | 9 | |
| GNP LOPERAMIDE HCL ORAL SOLUTION 1 MG/7.5ML | 9 | |
| GOODSENSE ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML | 9 | |
| GOODSENSE STOMACH RELIEF ORAL SUSPENSION 1050 MG/30ML | 9 | |
| HM ANTI-DIARRHEAL ORAL SOLUTION 1 MG/7.5ML | 9 | |
| IMODIUM A-D ORAL CAPSULE 2 MG | 9 | |
| IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML | 9 | |
| IMODIUM A-D ORAL TABLET 2 MG | 9 | |
| <i>loperamide hcl oral capsule 2 mg</i> | 2 | |
| <i>loperamide hcl oral solution 1 mg/7.5ml</i> | 9 | |
| <i>loperamide hcl oral tablet 2 mg</i> | 9 | |
| MEDI-BISMUTH ORAL TABLET CHEWABLE 262 MG | 9 | |
| MEIJER ANTI-DIARRHEAL ORAL TABLET 2 MG | 9 | |
| PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML | 9 | |
| <i>qc anti-diarrheal oral capsule 2 mg</i> | 9 | |
| <i>qc anti-diarrheal oral tablet 2 mg</i> | 9 | |
| QC STOMACH RELIEF ORAL TABLET 262 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| QC STOMACH RELIEF ULTRA ORAL SUSPENSION 525 MG/15ML | 9 | |
| SB ANTI-DIARRHEA ORAL TABLET 2 MG | 9 | |
| <i>sm anti-diarrheal oral tablet 2 mg</i> | 9 | |
| SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML | 9 | |
| SOOTHE ORAL SUSPENSION 525 MG/30ML | 9 | |
| STOMACH RELIEF ORAL SUSPENSION 527 MG/30ML | 9 | |
| STOMACH RELIEF PLUS ORAL SUSPENSION 525 MG/15ML | 9 | |
| XERMELO ORAL TABLET 250 MG | 5 | PA; QL (84 EA per 28 days) |
| XIFAXAN ORAL TABLET 200 MG | 4 | PA; QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; QL (90 EA per 30 days) |
| Antispasmodics, Gastrointestinal | | |
| <i>dicyclomine hcl oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | 2 | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | 1 | |
| <i>glycopyrrolate oral solution 1 mg/5ml</i> | 2 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 2 | |
| Gastrointestinal Agents | | |
| <i>docusate sodium oral capsule 250 mg</i> | 9 | |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 9 | |
| <i>senna oral capsule 8.6 mg</i> | 9 | |
| <i>senna oral tablet 8.6 mg</i> | 9 | |
| <i>senosides-docusate sodium oral tablet 8.6-50 mg</i> | 9 | |
| Gastrointestinal Agents, Other | | |
| ACID GONE ORAL SUSPENSION 95-358 MG/15ML | 9 | |
| ACID REDUCER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| ADIPEX-P ORAL TABLET 37.5 MG | 9 | |
| ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG | 9 | |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| <i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml</i> | 9 | |
| <i>aluminum hydroxide gel oral suspension 320 mg/5ml</i> | 9 | |
| <i>antacid & antigas oral suspension 200-200-20 mg/5ml</i> | 9 | |
| ANTACID & ANTIGAS ORAL SUSPENSION 2400-2400-240 MG/30ML | 9 | |
| ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| <i>antacid calcium oral tablet chewable 500 mg</i> | 9 | |
| ANTACID EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| <i>antacid extra strength oral tablet chewable 750 mg</i> | 9 | |
| ANTACID I ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| ANTACID III ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| ANTACID MAXIMUM ORAL TABLET CHEWABLE 1000 MG | 9 | |
| ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| <i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i> | 9 | |
| <i>antacid oral suspension 400-400-40 mg/10ml</i> | 9 | |
| <i>antacid oral tablet chewable 750 mg</i> | 9 | |
| <i>antacid regular strength oral suspension 200-200-20 mg/5ml</i> | 9 | |
| <i>antacid ultra strength oral tablet chewable 1000 mg</i> | 9 | |
| ANTACID/ANTIGAS ORAL SUSPENSION 400-400-40 MG/10ML | 9 | |
| ANTACID/SIMETHICONE DS ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| <i>benzphetamine hcl oral tablet 50 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bismuth subsalicylate oral tablet chewable 262 mg</i> | 9 | |
| <i>calcium antacid extra strength oral tablet chewable 750 mg</i> | 9 | |
| <i>calcium antacid oral tablet chewable 500 mg</i> | 9 | |
| <i>calcium carbonate antacid oral suspension 1250 mg/5ml</i> | 9 | |
| <i>calcium carbonate antacid oral tablet 648 mg</i> | 9 | |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG | 9 | |
| CHENODAL ORAL TABLET 250 MG | 5 | PA |
| COMFORT GEL ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| CULTURELLE HEALTH & WELLNESS ORAL CAPSULE | 9 | |
| CULTURELLE HEALTH (INULIN) ORAL CAPSULE | 9 | |
| CULTURELLE IMMUNITY SUPPORT ORAL CAPSULE | 9 | |
| CULTURELLE ORAL CAPSULE | 9 | |
| CULTURELLE PRO-WELL HEALTH ORAL CAPSULE | 9 | |
| CVS ANTACID ORAL TABLET CHEWABLE 750 MG | 9 | |
| CVS HEARTBURN RELIEF EX ST ORAL SUSPENSION 254-237.5 MG/5ML | 9 | |
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i> | 9 | |
| <i>diethylpropion hcl oral tablet 25 mg</i> | 9 | |
| EQ ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | 9 | |
| EQ ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | 9 | |
| EQL ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | 9 | |
| <i>esomeprazole magnesium oral tablet delayed release 20 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ft acid reducer + antacid oral tablet chewable 10-800-165 mg</i> | 9 | |
| <i>ft acid reducer max strength oral tablet 20 mg</i> | 9 | |
| <i>ft acid reducer oral capsule delayed release 20 mg</i> | 9 | |
| <i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | 9 | |
| <i>ft antacid extra strength oral tablet chewable 750 mg</i> | 9 | |
| <i>ft antacid regular strength oral tablet chewable 500 mg</i> | 9 | |
| <i>ft anti-diarrheal oral solution 1 mg/7.5ml</i> | 9 | |
| <i>ft anti-diarrheal oral tablet 2 mg</i> | 9 | |
| <i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i> | 9 | |
| <i>ft clearlax oral powder 17 gm/scoop</i> | 9 | |
| <i>ft enema mineral oil rectal enema</i> | 9 | |
| <i>ft gentle laxative rectal suppository 10 mg</i> | 9 | |
| <i>ft laxative oral tablet delayed release 5 mg</i> | 9 | |
| <i>ft senna laxative oral tablet 8.6 mg</i> | 9 | |
| <i>ft senna laxatives oral tablet 8.6 mg</i> | 9 | |
| <i>ft senna-s oral tablet 8.6-50 mg</i> | 9 | |
| <i>ft stomach relief oral suspension 525 mg/30ml</i> | 9 | |
| <i>ft stomach relief oral tablet 262 mg</i> | 9 | |
| <i>ft stomach relief oral tablet chewable 262 mg</i> | 9 | |
| <i>ft stool softener oral capsule 100 mg, 250 mg</i> | 9 | |
| <i>ft stool softener oral tablet 100 mg, 50-8.6 mg</i> | 9 | |
| GATTEX SUBCUTANEOUS KIT 5 MG | 5 | PA |
| GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML | 9 | |
| GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML | 9 | |
| GERI-LANTA ORAL SUSPENSION 1200-1200-120 MG/30ML | 9 | |
| <i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | 9 | |
| GNP ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i> | 9 | |
| <i>gnp anti-diarrheal/anti-gas oral tablet 2-125 mg</i> | 9 | |
| <i>gnp pink bismuth oral tablet 262 mg</i> | 9 | |
| <i>gnp pink bismuth oral tablet chewable 262 mg</i> | 9 | |
| <i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i> | 9 | |
| <i>gnp stomach relief oral suspension 525 mg/30ml</i> | 9 | |
| GOODSENSE ANTACID & GAS RELIEF ORAL SUSPENSION 400-400-40 MG/10ML | 9 | |
| GOODSENSE ANTACID EXTRA STR ORAL TABLET CHEWABLE 750 MG | 9 | |
| GOODSENSE ANTACID ORAL TABLET CHEWABLE 1000 MG | 9 | |
| GOODSENSE ANTACID SUPERCHEWS ORAL TABLET CHEWABLE 750 MG | 9 | |
| <i>goodsense anti-diarr/ant-gas oral tablet 2-125 mg</i> | 9 | |
| <i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i> | 9 | |
| HEARTBURN RELIEF EX ST ORAL SUSPENSION 254-237.5 MG/5ML | 9 | |
| HM ANTACID EXTRA STRENGTH ORAL TABLET CHEWABLE 750 MG | 9 | |
| HM ANTACID ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML | 5 | PA |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG | 5 | PA |
| LOMAIRA ORAL TABLET 8 MG | 9 | PA; AL (Min 17 Years and Max 999 Years) |
| <i>loperamide-simethicone oral tablet 2-125 mg</i> | 9 | |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML | 9 | |
| MAG-AL ORAL LIQUID 200-200 MG/5ML | 9 | |
| <i>mag-al oral suspension 1200-1200 mg/30ml</i> | 9 | |
| MAG-AL PLUS ORAL LIQUID 200-200-20 MG/5ML | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>mag-al plus oral suspension 1200-1200-120 mg/30ml</i> | 9 | |
| MAG-AL PLUS XS ORAL LIQUID 400-400-40 MG/5ML | 9 | |
| <i>mag-al plus xs oral suspension 2400-2400-240 mg/30ml</i> | 9 | |
| <i>magnesium citrate oral tablet 100 mg</i> | 9 | |
| <i>magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i> | 9 | |
| MEIJER ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5ML | 9 | |
| <i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i> | 9 | |
| <i>orlistat oral capsule 120 mg</i> | 9 | PA; QL (90 EA per 30 days); AL (Min 12 Years and Max 999 Years) |
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i> | 9 | |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | 9 | |
| <i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i> | 9 | |
| <i>phentermine hcl oral tablet 37.5 mg</i> | 9 | |
| <i>qc antacid extra strength oral tablet chewable 750 mg</i> | 9 | |
| <i>qc antacid maximum strength oral suspension 800-800-80 mg/10ml</i> | 9 | |
| <i>qc antacid oral tablet chewable 500 mg</i> | 9 | |
| QC ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | 9 | |
| <i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i> | 9 | |
| QC ANTACID/ANTI-GAS ORAL SUSPENSION 400-400-40 MG/10ML | 9 | |
| QC PINK BISMUTH ORAL SUSPENSION 262 MG/15ML, 525 MG/15ML | 9 | |
| QC PINK BISMUTH ORAL TABLET 262 MG | 9 | |
| <i>qc stomach relief oral suspension 525 mg/30ml</i> | 9 | |
| <i>qc stomach relief oral tablet chewable 262 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| RA ACID REDUCER PLUS ANTACID ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| RA ANTACID ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG | 9 | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | 9 | PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years) |
| SB BISMUTH ORAL TABLET 262 MG | 9 | |
| <i>sennosides oral tablet 8.6 mg</i> | 9 | |
| <i>simethicone oral suspension 40 mg/0.6ml</i> | 9 | |
| SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG | 9 | |
| <i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i> | 9 | |
| SM ANTACID ORAL SUSPENSION 400-400-40 MG/10ML | 9 | |
| SM SMOOTH ANTACID EX ST ORAL TABLET CHEWABLE 750 MG | 9 | |
| <i>sm stomach relief oral tablet 262 mg</i> | 9 | |
| <i>smooth antacid extra strength oral tablet chewable 750 mg</i> | 9 | |
| STOMACH RELIEF EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML | 9 | |
| <i>stomach relief oral suspension 525 mg/30ml</i> | 9 | |
| <i>stomach relief oral tablet 262 mg</i> | 9 | |
| <i>stomach relief oral tablet chewable 262 mg</i> | 9 | |
| <i>stomach relief ultra oral suspension 525 mg/15ml</i> | 9 | |
| <i>true laxative oral powder 17 gm/scoop</i> | 9 | |
| TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG | 9 | |
| <i>ursodiol oral capsule 300 mg</i> | 2 | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | 2 | |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG | 4 | PA; QL (112 EA per 14 days) |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | 4 | PA; QL (30 EA per 30 days) |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG | 4 | PA; QL (112 EA per 14 days) |
| VOWST ORAL CAPSULE | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| WELL MAGNESIUM OXIDE ORAL TABLET 400 (240 MG) MG | 9 | |
| XENICAL ORAL CAPSULE 120 MG | 9 | |
| XERAC AC EXTERNAL SOLUTION 6.25 % | 9 | |
| Histamine2 (H2) Receptor Antagonists | | |
| ACID CONTROL MAXIMUM STRENGTH ORAL TABLET 20 MG | 9 | |
| ACID CONTROLLER MAX ST ORAL TABLET 20 MG | 9 | |
| ACID CONTROLLER ORAL TABLET 10 MG | 9 | |
| <i>acid reducer maximum strength oral tablet 20 mg</i> | 9 | |
| <i>acid reducer oral tablet 10 mg</i> | 9 | |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | 2 | |
| CVS ACID CONTROLLER MAX ST ORAL TABLET 20 MG | 9 | |
| CVS ACID CONTROLLER ORAL TABLET 10 MG | 9 | |
| CVS DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| DUO FUSION ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| EQ ACID REDUCER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| EQL DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| EQL HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG | 9 | |
| <i>famotidine maximum strength oral tablet 20 mg</i> | 9 | |
| <i>famotidine oral tablet 10 mg</i> | 9 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | |
| FAMOTIDINE ORIG ST ORAL TABLET 10 MG | 9 | |
| FT ACID REDUCER ORAL TABLET 10 MG | 9 | |
| GNP ACID REDUCER MAX ST ORAL TABLET 20 MG | 9 | |
| <i>gnp acid reducer oral tablet 10 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| GOODSENSE DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| HEARTBURN RELIEF MAX ST ORAL TABLET 20 MG | 9 | |
| HEARTBURN RELIEF ORAL TABLET 10 MG | 9 | |
| KLS ACID CONTROLLER COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| KLS ACID CONTROLLER MAX ST ORAL TABLET 20 MG | 9 | |
| MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG | 9 | |
| PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG | 9 | |
| PEPCID AC ORAL TABLET 10 MG | 9 | |
| PEPCID COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| QC ACID CONTROLLER MAX ST ORAL TABLET 20 MG | 9 | |
| QC ACID CONTROLLER ORAL TABLET 10 MG | 9 | |
| QC FAMOTIDINE ACID REDUCER ORAL TABLET 10 MG, 20 MG | 9 | |
| RA DUAL ACTION COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG | 9 | |
| SB ACID CONTROLLER MAX ST ORAL TABLET 20 MG | 9 | |
| SB ACID CONTROLLER ORAL TABLET 10 MG | 9 | |
| SB ACID REDUCER ORAL TABLET 10 MG | 9 | |
| <i>sm acid reducer oral tablet 10 mg</i> | 9 | |
| ZANTAC 360 MAX ST ORAL TABLET 20 MG | 9 | |
| ZANTAC 360 ORAL TABLET 10 MG | 9 | |
| Protectants | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | 2 | |
| <i>sucralfate oral tablet 1 gm</i> | 1 | |
| Proton Pump Inhibitors | | |
| <i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EQ LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | 9 | |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>ft acid reducer oral capsule delayed release 15 mg</i> | 9 | |
| <i>ft omeprazole oral tablet delayed release 20 mg</i> | 9 | |
| <i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i> | 9 | |
| <i>gnp lansoprazole oral capsule delayed release 15 mg</i> | 9 | |
| GNP OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20.6 (20 BASE) MG | 9 | PA |
| <i>gnp omeprazole oral tablet delayed release 20 mg</i> | 9 | |
| <i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i> | 9 | |
| GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG | 9 | PA |
| <i>goodsense lansoprazole oral capsule delayed release 15 mg</i> | 9 | |
| <i>goodsense omeprazole oral capsule 20-1100 mg</i> | 9 | |
| <i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i> | 9 | |
| KLS LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | 9 | |
| KLS OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | 9 | |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i> | 9 | |
| <i>omeprazole magnesium oral tablet delayed release 20 mg</i> | 9 | |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | 1 | QL (60 EA per 30 days) |
| <i>omeprazole oral tablet delayed release 20 mg</i> | 9 | |
| <i>omeprazole oral tablet delayed release dispersible 20 mg</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | 1 | QL (60 EA per 30 days) |
| PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG | 9 | |
| QC LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG | 9 | |
| <i>qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i> | 9 | PA |
| QC OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | 9 | |
| SB OMEPRAZOLE ORAL TABLET DELAYED RELEASE 20 MG | 9 | |
| <i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i> | 9 | |
| <i>sm omeprazole oral tablet delayed release 20 mg</i> | 9 | |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders | | |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 5 | PA |
| <i>betaine oral powder</i> | 5 | |
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 5 | PA |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | PA |
| GALAFOLD ORAL CAPSULE 123 MG | 5 | PA |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML | 5 | PA |
| GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML | 4 | PA |
| <i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i> | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>l-glutamine oral packet 5 gm</i> | 5 | PA |
| <i>miglustat oral capsule 100 mg</i> | 5 | PA |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | 5 | PA |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | 5 | PA |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | 5 | PA |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i> | 5 | PA |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> | 5 | PA |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i> | 5 | PA |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | 5 | PA |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | 5 | PA |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG | 5 | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG | 5 | PA |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 3 | |

Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions

Antispasmodics, Urinary

| | | |
|---|---|----------------------------|
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | 2 | ST; QL (30 EA per 30 days) |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> | 2 | QL (30 EA per 30 days) |
| GEMTESA ORAL TABLET 75 MG | 3 | QL (30 EA per 30 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | 3 | QL (300 ML per 28 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | QL (30 EA per 30 days) |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i> | 1 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | |
| OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | 9 | |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | 2 | ST; QL (30 EA per 30 days) |
| <i>tropium chloride oral tablet 20 mg</i> | 2 | QL (60 EA per 30 days) |
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>finasteride oral tablet 5 mg</i> | 1 | QL (30 EA per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | 1 | |
| Genitourinary Agents, Other | | |
| AIMSCO LUBRICATED | 9 | QL (36 EA per 30 days) |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>condoms</i> | 9 | QL (36 EA per 30 days) |
| DUREX EXTRA SENSITIVE THIN | 9 | QL (36 EA per 30 days) |
| DUREX EXTRA SENSITIVE THIN DEVICE | 9 | QL (36 EA per 30 days) |
| DUREX REALFEEL DEVICE | 9 | QL (36 EA per 30 days) |
| DUREX TROPICAL | 9 | QL (36 EA per 30 days) |
| ELMIRON ORAL CAPSULE 100 MG | 4 | |
| FANTASY LUBRICATED | 9 | QL (36 EA per 30 days) |
| FANTASY LUBRICATED/SPERMICIDE | 9 | QL (36 EA per 30 days) |
| FC2 FEMALE CONDOM | 9 | QL (36 EA per 30 days) |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 5 | PA |
| KIMONO | 9 | QL (36 EA per 30 days) |
| KIMONO COLORS DEVICE | 9 | QL (36 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| KIMONO MAXX-LARGE FLARE | 9 | QL (36 EA per 30 days) |
| KIMONO MICRO THIN | 9 | QL (36 EA per 30 days) |
| KIMONO MICRO THIN PLUS | 9 | QL (36 EA per 30 days) |
| KIMONO PLUS | 9 | QL (36 EA per 30 days) |
| KIMONO PS | 9 | QL (36 EA per 30 days) |
| KIMONO PS PLUS | 9 | QL (36 EA per 30 days) |
| KIMONO SENSATION | 9 | QL (36 EA per 30 days) |
| KIMONO SENSATION PLUS | 9 | QL (36 EA per 30 days) |
| KIMONO SPECIAL DEVICE | 9 | QL (36 EA per 30 days) |
| MAXX | 9 | QL (36 EA per 30 days) |
| MAXX PLUS | 9 | QL (36 EA per 30 days) |
| PREMIUM CONDOMS LUBRICATED | 9 | QL (36 EA per 30 days) |
| REALITY LATEX CONDOMS | 9 | QL (36 EA per 30 days) |
| <i>tiopronin oral tablet 100 mg</i> | 5 | PA |
| <i>tiopronin oral tablet delayed release 100 mg, 300 mg</i> | 5 | PA |
| TROJAN ENZ | 9 | QL (36 EA per 30 days) |
| TROJAN MAGNUM | 9 | QL (36 EA per 30 days) |
| TROJAN ULTRA RIBBED LUBRICATED DEVICE | 9 | QL (36 EA per 30 days) |
| TROJAN ULTRA THIN | 9 | QL (36 EA per 30 days) |
| TROJAN ULTRA THIN/SPERMICIDAL | 9 | QL (36 EA per 30 days) |
| TROJAN-ENZ LUBRICATED | 9 | QL (36 EA per 30 days) |
| TROJAN-ENZ/SPERMICIDAL | 9 | QL (36 EA per 30 days) |
| <i>true cover device</i> | 9 | QL (36 EA per 30 days) |
| TRUSTEX COLOR CONDOMS + LUBE | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUB/RIBBED/STUDDERED | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUB/SPERMICIDE EX ST | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUB/SPERMICIDE XL | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUBRICATED | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUBRICATED EX LARGE | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUBRICATED EXTRA ST | 9 | QL (36 EA per 30 days) |
| TRUSTEX LUBRICATED/SPERMICIDE | 9 | QL (36 EA per 30 days) |
| TRUSTEX NATURAL CONDOMS + LUBE | 9 | QL (36 EA per 30 days) |
| TRUSTEX NON-LUBRICATED | 9 | QL (36 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TRUSTEX RIA LUB/SPERMICIDE | 9 | QL (36 EA per 30 days) |
| TRUSTEX RIA LUBRICATED | 9 | QL (36 EA per 30 days) |
| TRUSTEX RIA NON-LUBRICATED | 9 | QL (36 EA per 30 days) |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | 9 | QL (36 EA per 30 days) |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML | 5 | PA |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | 5 | PA |
| <i>deflazacort oral suspension 22.75 mg/ml</i> | 5 | PA |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> | 5 | PA |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | 2 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |
| KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | 5 | PA |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | 2 | |
| <i>prednisolone oral solution 15 mg/5ml</i> | 2 | |
| <i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i> | 2 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | 2 | |
| <i>desmopressin acetate spray nasal solution 0.01 %</i> | 2 | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | 5 | PA |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG | 5 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG | 4 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | 5 | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG | 5 | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG | 4 | PA |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML | 5 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | 5 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | 5 | PA |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 5 | PA |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | 5 | PA |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones | | |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>methyltestosterone oral capsule 10 mg</i> | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> | 2 | PA |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | 2 | PA |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | 2 | PA; QL (150 GM per 30 days) |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> | 2 | PA; QL (300 GM per 30 days) |
| <i>testosterone transdermal solution 30 mg/act</i> | 2 | PA; QL (180 ML per 30 days) |
| Estrogens | | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | QL (8 EA per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | QL (4 EA per 28 days) |
| <i>estradiol vaginal cream 0.01 %</i> | 2 | |
| <i>estradiol vaginal tablet 10 mcg</i> | 2 | |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | 2 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | |
| <i>yuvafem vaginal tablet 10 mcg</i> | 3 | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| <i>abigale lo oral tablet 0.5-0.1 mg</i> | 2 | |
| ABIGALE ORAL TABLET 1-0.5 MG | 2 | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>altavera oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | |
| <i>apri oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | |
| <i>ashlyna oral tablet 0.15-0.03 &0.01 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>aurovela 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | |
| <i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>ayuna oral tablet 0.15-30 mg-mcg</i> | 2 | |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 2 | |
| <i>balziva oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | |
| <i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i> | 2 | |
| <i>chateal eq oral tablet 0.15-30 mg-mcg</i> | 2 | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | 4 | QL (8 EA per 28 days) |
| <i>cryselle oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>cryselle-28 oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>cyred eq oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | |
| <i>daysee oral tablet 0.15-0.03 &0.01 mg</i> | 2 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML | 3 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | 2 | |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>eluryng vaginal ring 0.12-0.015 mg/24hr</i> | 2 | |
| <i>emzahh oral tablet 0.35 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ENILLORING VAGINAL RING 0.12-0.015 MG/24HR | 2 | |
| <i>enskyce oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> | 2 | |
| <i>falmina oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>finzala oral tablet chewable 1-20 mg-mcg(24)</i> | 2 | |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | |
| <i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | |
| <i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>haloette vaginal ring 0.12-0.015 mg/24hr</i> | 2 | |
| <i>heather oral tablet 0.35 mg</i> | 2 | |
| <i>iclevia oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>introvale oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>isibloom oral tablet 0.15-30 mg-mcg</i> | 2 | |
| JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG | 2 | |
| <i>jasmiel oral tablet 3-0.02 mg</i> | 2 | |
| <i>jencycla oral tablet 0.35 mg</i> | 2 | |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 2 | |
| <i>jolessa oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>juleber oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>junel 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i> | 2 | |
| <i>kalliga oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | |
| <i>kelnor 1/35 oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>kurvelo oral tablet 0.15-30 mg-mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | 4 | |
| <i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>larin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | |
| <i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | 2 | |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 4 | |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG | 2 | |
| LORYNA ORAL TABLET 3-0.02 MG | 2 | |
| <i>low-ogestrel oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>lo-zumandimine oral tablet 3-0.02 mg</i> | 2 | |
| LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 2 | |
| LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG | 2 | |
| <i>lutura oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>lyleq oral tablet 0.35 mg</i> | 2 | |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i> | 2 | |
| <i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>microgestin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>mimvey oral tablet 1-0.5 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY | 4 | |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | 3 | |
| <i>nikki oral tablet 3-0.02 mg</i> | 2 | |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> | 2 | |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1- 20 mg-mcg(24)</i> | 2 | |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg</i> | 2 | |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg</i> | 2 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | |
| <i>nylia 1/35 oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | 9 | |
| <i>portia-28 oral tablet 0.15-30 mg-mcg</i> | 2 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45- 1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| <i>reclipsen oral tablet 0.15-30 mg-mcg</i> | 2 | |
| <i>setlakin oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | |
| <i>simpesse oral tablet 0.15-0.03 &0.01 mg</i> | 2 | |

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

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

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

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

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (480 ML per 24 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; QL (60 EA per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | 5 | PA; QL (30 EA per 30 days) |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML | 3 | PA; QL (104 ML per 180 days) |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA; QL (0.5 ML per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA; QL (0.5 ML per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 3 | PA; QL (1 ML per 28 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML | 5 | PA; QL (11.648 ML per 28 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML | 5 | PA; QL (16.072 ML per 28 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML | 5 | PA; QL (22.68 ML per 28 days) |
| Immunostimulants | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 5 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; QL (4 ML per 28 days) |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA; QL (2 ML per 28 days) |
| Immunosuppressants | | |
| <i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i> | 3 | PA; QL (6 EA per 28 days) |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i> | 3 | PA; QL (4 EA per 28 days) |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i> | 3 | PA; QL (6 EA per 28 days) |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 4 | B/D |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 5 | B/D |
| <i>azathioprine oral tablet 50 mg</i> | 2 | B/D |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; QL (3 EA per 28 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> | 2 | B/D |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 5 | B/D |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | B/D |
| REZUROCK ORAL TABLET 200 MG | 5 | PA; QL (30 EA per 30 days) |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | 3 | PA; QL (6 EA per 28 days) |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 3 | PA; QL (3 EA per 28 days) |
| SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 3 | PA; QL (3 EA per 28 days) |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | 3 | PA; QL (6 EA per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | 3 | PA; QL (4 EA per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | 3 | PA; QL (6 EA per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | 5 | PA; QL (0.5 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | 5 | PA; QL (0.5 ML per 28 days) |
| <i>sirolimus oral solution 1 mg/ml</i> | 4 | B/D |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | B/D |
| <i>tacrolimus intravenous solution 5 mg/ml</i> | 5 | B/D |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | 2 | B/D |
| Vaccines | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 6 | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 6 | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 6 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 | 6 | |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 6 | |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | 6 | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 6 | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML | 6 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 6 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5 | 6 | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 6 | |
| ENFLONIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML | 6 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 6 | B/D |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 6 | B/D |
| ERVEBO INTRAMUSCULAR SUSPENSION | 6 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML | 6 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 6 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML | 6 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 6 | B/D |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 6 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 6 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 6 | |
| IPOL INJECTION SUSPENSION | 6 | |
| IXIARO INTRAMUSCULAR SUSPENSION | 6 | |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | 6 | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 6 | |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML | 6 | |
| MENVEO INTRAMUSCULAR SOLUTION | 6 | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 6 | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 6 | |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 6 | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 6 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 6 | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 6 | |
| PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 6 | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 6 | |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 6 | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 6 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 6 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 6 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 6 | B/D |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 6 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 6 | B/D |
| ROTARIX ORAL SUSPENSION | 6 | |
| ROTATEQ ORAL SOLUTION | 6 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 6 | QL (2 ML per 999 days) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 6 | QL (2 EA per 999 days) |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION) | 6 | B/D |
| TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML | 6 | B/D |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | 6 | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 6 | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 6 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 6 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 6 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | 6 | |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML | 6 | |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | 6 | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 6 | |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML | 6 | |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 6 | QL (4 EA per 365 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE) | 6 | |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 6 | |
| Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease | | |
| Aminosalicylates | | |
| <i>balsalazide disodium oral capsule 750 mg</i> | 2 | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | 2 | |
| <i>mesalamine oral capsule delayed release 400 mg</i> | 2 | |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> | 2 | |
| <i>mesalamine rectal enema 4 gm</i> | 2 | |
| <i>mesalamine rectal suppository 1000 mg</i> | 2 | |
| <i>sulfasalazine oral tablet 500 mg</i> | 2 | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | 2 | |
| Glucocorticoids | | |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | 4 | QL (30 EA per 30 days) |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | 2 | QL (90 EA per 30 days) |
| <i>dexamethasone intensol oral concentrate 1 mg/ml</i> | 2 | |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | 2 | |
| <i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | 2 | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> | 2 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | 2 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml</i> | 2 | |
| <i>prednisone intensol oral concentrate 5 mg/ml</i> | 2 | |
| <i>prednisone oral solution 5 mg/5ml</i> | 2 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | |
| <i>prednisone oral tablet therapy pack 10 mg (21)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i> | 2 | |
| Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium oral tablet 10 mg</i> | 1 | QL (120 EA per 30 days) |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | 1 | QL (4 EA per 28 days) |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 5 | PA; QL (2.24 ML per 28 days) |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i> | 2 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 2 | |
| <i>calcitriol oral solution 1 mcg/ml</i> | 2 | |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> | 2 | QL (60 EA per 30 days) |
| <i>cinacalcet hcl oral tablet 90 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 2 | |
| <i>ibandronate sodium oral tablet 150 mg</i> | 1 | QL (1 EA per 28 days) |
| JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 3 | QL (1 ML per 180 days) |
| OSEVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | 2 | |
| <i>risedronate sodium oral tablet 150 mg</i> | 2 | QL (1 EA per 28 days) |
| <i>risedronate sodium oral tablet 30 mg</i> | 4 | QL (30 EA per 30 days) |
| <i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | 2 | QL (4 EA per 28 days) |
| <i>risedronate sodium oral tablet 5 mg</i> | 2 | QL (30 EA per 30 days) |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 3 | QL (1 ML per 180 days) |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 5 | PA; QL (2.48 ML per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA |
| WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | |

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| RETAIN PM OPHTHALMIC OINTMENT | 9 | |
| SOOTHE NIGHTTIME OPHTHALMIC OINTMENT | 9 | |
| STYE OPHTHALMIC OINTMENT 31.9-57.7 % | 9 | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | 2 | |
| SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 % | 9 | |
| SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % | 9 | |
| SYSTANE COMPLETE PF OPHTHALMIC SOLUTION 0.6 % | 9 | |
| SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % | 9 | |
| SYSTANE NIGHT OPHTHALMIC GEL 0.3 % | 9 | |
| SYSTANE NIGHTTIME OPHTHALMIC OINTMENT | 9 | |
| SYSTANE OPHTHALMIC GEL 0.4-0.3 % | 9 | |
| SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 % | 9 | |
| SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 % | 9 | |
| SYSTANE PRO PF OPHTHALMIC SOLUTION 0.6 % | 9 | |
| SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % | 9 | |
| SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % | 9 | |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 5 | PA |
| THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % | 9 | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | 2 | |
| ULTRA FRESH PM OPHTHALMIC OINTMENT | 9 | |
| VENTIVA TEARS OPHTHALMIC SOLUTION 0.5 % | 9 | |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 % | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Ophthalmic Anti-allergy Agents | | |
| ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 0.2 % | 9 | |
| ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 % | 9 | |
| ALAWAY OPHTHALMIC SOLUTION 0.035 % | 9 | |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | 1 | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | 1 | |
| CVS ALLERGY EYE DROPS OPHTHALMIC SOLUTION 0.035 % | 9 | |
| CVS EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 % | 9 | |
| EQ EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 % | 9 | |
| <i>eye allergy itch relief ophthalmic solution 0.2 %</i> | 9 | |
| <i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i> | 9 | |
| <i>eye itch relief ophthalmic solution 0.035 %</i> | 9 | |
| <i>ft eye allergy itch & redness ophthalmic solution 0.1 %</i> | 9 | |
| <i>ft eye allergy itch relief ophthalmic solution 0.2 %</i> | 9 | |
| <i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i> | 9 | |
| <i>ketotifen fumarate ophthalmic solution 0.035 %</i> | 9 | |
| LASTACAFT OPHTHALMIC SOLUTION 0.25 % | 9 | PA |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i> | 9 | |
| PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %, 0.7 % | 9 | PA |
| RA EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 % | 9 | |
| SM EYE ITCH RELIEF OPHTHALMIC SOLUTION 0.035 % | 9 | |
| <i>sm olopatadine hcl ophthalmic solution 0.2 %</i> | 9 | |
| ZADITOR OPHTHALMIC SOLUTION 0.035 % | 9 | |
| Ophthalmic Anti-Infectives | | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | 1 | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | 2 | |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | 1 | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | 1 | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | 2 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | 2 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | 1 | |
| Ophthalmic Anti-inflammatories | | |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | 2 | |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> | 2 | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> | 2 | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | 2 | |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | 2 | |
| <i>prednisolone acetate ophthalmic suspension 1 %</i> | 2 | |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i> | 2 | |
| Ophthalmic Beta-Adrenergic Blocking Agents | | |
| <i>carteolol hcl ophthalmic solution 1 %</i> | 2 | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | 1 | |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | 1 | |
| Ophthalmic Intraocular Pressure Lowering Agents, Other | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 2 | |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i> | 2 | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>brimonidine tartrate ophthalmic solution 0.1 %</i> | 2 | |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i> | 1 | |
| <i>brinzolamide ophthalmic suspension 1 %</i> | 2 | ST |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | 2 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i> | 2 | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | ST |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | ST |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | |
| Ophthalmic Prostaglandin and Prostanoid Analogs | | |
| <i>latanoprost ophthalmic solution 0.005 %</i> | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> | 2 | |
| Otic Agents - Treatment Of Ear Conditions | | |
| Otic Agents | | |
| <i>acetic acid otic solution 2 %</i> | 2 | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | 2 | QL (7.5 ML per 7 days) |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | 2 | |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i> | 2 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | 2 | |
| <i>ofloxacin otic solution 0.3 %</i> | 2 | |
| Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions | | |
| Antihistamines | | |
| <i>12hr allergy relief oral tablet 60 mg</i> | 9 | |
| <i>24hr allergy relief oral tablet 180 mg</i> | 9 | |
| ALA-HIST IR ORAL TABLET 2 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ALERTAB ORAL TABLET 25 MG | 9 | |
| <i>all day allergy childrens oral solution 5 mg/5ml</i> | 9 | |
| <i>all day allergy oral tablet 10 mg</i> | 9 | |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML | 9 | |
| ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG | 9 | |
| ALLEGRA HIVES 24HR ORAL TABLET 180 MG | 9 | |
| <i>aller-chlor oral tablet 4 mg</i> | 9 | |
| <i>allergy childrens oral solution 5 mg/5ml</i> | 9 | |
| ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML | 9 | |
| <i>allergy oral capsule 25 mg</i> | 9 | |
| <i>allergy oral tablet 4 mg</i> | 9 | |
| <i>allergy rel child (loratadine) oral solution 5 mg/5ml</i> | 9 | |
| ALLERGY RELIEF (CETIRIZINE) ORAL CAPSULE 10 MG | 9 | PA |
| <i>allergy relief (cetirizine) oral tablet 10 mg</i> | 9 | |
| <i>allergy relief (loratadine) oral tablet 10 mg</i> | 9 | |
| <i>allergy relief cetirizine oral tablet 10 mg</i> | 9 | |
| ALLERGY RELIEF CETIRIZINE ORAL TABLET 5 MG | 9 | |
| ALLERGY RELIEF CHILDRENS 24-HR ORAL SOLUTION 1 MG/ML | 9 | |
| <i>allergy relief childrens oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>allergy relief childrens oral solution 1 mg/ml</i> | 9 | |
| ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | |
| <i>allergy relief oral capsule 25 mg</i> | 9 | |
| <i>allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg</i> | 9 | |
| ALLERGY RELIEF ORAL TABLET CHEWABLE 25 MG | 9 | |
| ALLERGY RELIEF/INDOOR/OUTDOOR ORAL TABLET 180 MG | 9 | |
| ALLERGY-TIME ORAL TABLET 4 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ANTI-HIST ALLERGY ORAL TABLET 25 MG | 9 | |
| <i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i> | 1 | QL (60 ML per 30 days) |
| BANOPHEN ORAL CAPSULE 25 MG, 50 MG | 9 | |
| BANOPHEN ORAL TABLET 25 MG | 9 | |
| BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML | 9 | |
| BENADRYL ALLERGY ORAL TABLET 25 MG | 9 | |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG | 9 | |
| <i>cetirizine hcl allergy child oral solution 5 mg/5ml</i> | 9 | |
| <i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i> | 9 | |
| CETIRIZINE HCL CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | PA |
| <i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i> | 1 | |
| <i>cetirizine hcl oral tablet 10 mg, 5 mg</i> | 9 | |
| <i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i> | 9 | PA |
| <i>childrens loratadine oral solution 5 mg/5ml</i> | 9 | |
| CHLORPHEN ORAL TABLET 4 MG | 9 | |
| CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | |
| CLARITIN ORAL SOLUTION 5 MG/5ML | 9 | |
| CLARITIN ORAL TABLET 10 MG | 9 | |
| CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG | 9 | |
| CURELIEF ORAL LIQUID 12.5 MG/5ML | 9 | |
| CVS ALLERG REL CHILD (LORAT) ORAL SOLUTION 5 MG/5ML | 9 | |
| CVS ALLERGY RELIEF ORAL TABLET CHEWABLE 25 MG | 9 | |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | 2 | PA |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | 2 | PA |
| DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| DIMETANE ALLERGY RELIEF EX ST ORAL CAPSULE 50 MG | 9 | AL (Max 64 Years) |
| DIMETANE ALLERGY RELIEF ORAL CAPSULE 25 MG | 9 | AL (Max 64 Years) |
| <i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i> | 9 | |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>diphenhydramine hcl oral liquid 25 mg/10ml</i> | 9 | PA |
| <i>diphenhydramine hcl oral tablet 25 mg</i> | 9 | |
| ED CHLORPED JR ORAL SYRUP 2 MG/5ML | 9 | |
| EQ ALL DAY ALLERGY RELIEF ORAL TABLET 10 MG | 9 | |
| EQ ALLERG RELIEF CHILD (CETIR) ORAL SOLUTION 5 MG/5ML | 9 | |
| EQ ALLERG RELIEF CHILD (LORAT) ORAL SOLUTION 5 MG/5ML | 9 | |
| EQ ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | |
| EQ CETIRIZINE HCL ORAL TABLET CHEWABLE 10 MG | 9 | |
| EQ LORATADINE CHILDRENS ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| EQ LORATADINE ORAL TABLET 10 MG | 9 | |
| EQL ALLERGY ORAL TABLET 4 MG | 9 | |
| <i>fexofenadine hcl oral tablet 180 mg, 60 mg</i> | 9 | |
| <i>ft all day allergy 24 hour oral tablet 10 mg</i> | 9 | |
| <i>ft all day allergy childrens oral solution 5 mg/5ml</i> | 9 | |
| <i>ft all day allergy oral tablet 10 mg</i> | 9 | |
| <i>ft all day allergy relief oral tablet 10 mg</i> | 9 | |
| <i>ft allergy childrens oral solution 5 mg/5ml</i> | 9 | |
| <i>ft allergy relief 12 hour oral tablet 60 mg</i> | 9 | |
| <i>ft allergy relief 24 hour oral tablet 180 mg</i> | 9 | |
| <i>ft allergy relief cetirizine oral tablet 10 mg</i> | 9 | |
| <i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>ft allergy relief childrens oral solution 5 mg/5ml</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ft allergy relief childrens oral tablet chewable 5 mg</i> | 9 | |
| <i>ft allergy relief loratadine oral tablet 10 mg</i> | 9 | |
| <i>ft allergy relief oral capsule 25 mg</i> | 9 | |
| <i>ft allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg</i> | 9 | |
| <i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i> | 9 | |
| <i>gnp all day allergy oral tablet 10 mg</i> | 9 | |
| <i>gnp all day allergy relief oral capsule 10 mg</i> | 9 | |
| <i>gnp allergy oral tablet 25 mg</i> | 9 | |
| <i>gnp allergy relief 24 hr oral tablet 5 mg</i> | 9 | |
| <i>gnp allergy relief childrens oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i> | 9 | |
| <i>gnp allergy relief oral capsule 25 mg</i> | 9 | |
| <i>gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg</i> | 9 | |
| <i>gnp allergy relief oral tablet chewable 12.5 mg</i> | 9 | |
| <i>gnp childrens allergy oral liquid 12.5 mg/5ml</i> | 9 | |
| GNP FEXOFENADINE HCL ORAL TABLET 180 MG | 9 | |
| <i>gnp loratadine childrens oral solution 5 mg/5ml</i> | 9 | |
| GNP LORATADINE ORAL SOLUTION 5 MG/5ML | 9 | |
| <i>gnp loratadine oral tablet 10 mg</i> | 9 | |
| GNP LORATADINE ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| <i>goodsense all day allergy oral solution 5 mg/5ml</i> | 9 | |
| <i>goodsense all day allergy oral tablet 10 mg</i> | 9 | |
| <i>goodsense aller-ease oral tablet 180 mg</i> | 9 | |
| GOODSENSE ALLERGY RELIEF CHILD ORAL SOLUTION 5 MG/5ML | 9 | |
| <i>goodsense allergy relief oral tablet 10 mg</i> | 9 | |
| GOODSENSE ALLERGY RELIEF ORAL TABLET 25 MG | 9 | |
| GOODSENSE LORATADINE ORAL TABLET 10 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| HISTEX ORAL SYRUP 2.5 MG/5ML | 9 | |
| HISTEX PD ORAL LIQUID 0.938 MG/ML, 1.25 MG/ML | 9 | |
| HISTEX PDX ORAL LIQUID 1.25 MG/ML | 9 | |
| HM LORATADINE CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | |
| <i>hm loratadine oral tablet 10 mg</i> | 9 | |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | 2 | PA |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | PA |
| KLS ALLERGY MEDICINE ORAL TABLET 25 MG | 9 | |
| KP DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG | 9 | |
| KP FEXOFENADINE HCL ORAL TABLET 60 MG | 9 | |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | 2 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | 1 | |
| LIQUID ALLERGY RELIEF ORAL LIQUID 12.5 MG/5ML | 9 | |
| <i>loratadine childrens oral solution 5 mg/5ml</i> | 9 | |
| LORATADINE CHILDRENS ORAL TABLET CHEWABLE 5 MG | 9 | |
| <i>loratadine oral solution 5 mg/5ml</i> | 9 | |
| <i>loratadine oral tablet 10 mg</i> | 9 | |
| <i>loratadine oral tablet dispersible 10 mg</i> | 9 | |
| MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML | 9 | |
| <i>m-dryl oral liquid 12.5 mg/5ml</i> | 9 | |
| MEIJER ALLERGY RELIEF ORAL TABLET 10 MG | 9 | |
| MEIJER ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| MEIJER LORATADINE ORAL SOLUTION 5 MG/5ML | 9 | |
| MM ALLER-BEN ORAL TABLET 25 MG | 9 | |
| MM ALLERGY RELIEF 24 HOUR ORAL TABLET 180 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NARAMIN ORAL LIQUID 12.5 MG/5ML | 9 | |
| PEDIACLEAR 8 CHILDRENS ORAL LIQUID 12.5 MG/15ML | 9 | |
| PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML | 9 | |
| PEDIAVENT ORAL SYRUP 2 MG/5ML | 9 | |
| PHARBEDRYL ORAL CAPSULE 50 MG | 9 | |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i> | 2 | |
| <i>qc allergy relief (cetirizine) oral tablet 10 mg</i> | 9 | |
| QC ALLERGY RELIEF CHILDRENS ORAL SOLUTION 5 MG/5ML | 9 | |
| QC ALLERGY RELIEF CHILDRENS ORAL SYRUP 1 MG/ML | 9 | |
| <i>qc allergy relief oral capsule 10 mg</i> | 9 | |
| <i>qc allergy relief oral capsule 25 mg</i> | 9 | AL (Max 64 Years) |
| QC ALLERGY RELIEF ORAL TABLET 10 MG, 25 MG, 4 MG, 60 MG | 9 | |
| <i>qc allergy relief oral tablet 180 mg</i> | 9 | |
| QC ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| QC COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG | 9 | |
| RA ALLERGY ORAL TABLET 25 MG | 9 | |
| RA ALLERGY RELIEF CHILDRENS ORAL SOLUTION 1 MG/ML | 9 | |
| RA ALLERGY RELIEF CHILDRENS ORAL SYRUP 5 MG/5ML | 9 | |
| RA LORATADINE ORAL SOLUTION 5 MG/5ML | 9 | |
| SB ALLERGY MEDICINE ORAL TABLET 25 MG | 9 | |
| SB ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| SB CETIRIZINE HCL CHILDRENS ORAL SOLUTION 1 MG/ML | 9 | |
| SB LORATADINE ALLERGY RELIEF ORAL TABLET 10 MG | 9 | |
| SB LORATADINE ORAL SOLUTION 5 MG/5ML | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SILADRYL ALLERGY ORAL LIQUID 12.5 MG/5ML | 9 | |
| <i>sm all day allergy relief oral tablet 10 mg</i> | 9 | |
| SM ALLERGY RELIEF ORAL TABLET 60 MG | 9 | |
| SM ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| SM CHILDRENS LORATADINE ORAL SOLUTION 5 MG/5ML | 9 | |
| SM FEXOFENADINE HCL ORAL TABLET 60 MG | 9 | |
| SM LORATADINE ALLERGY RELIEF ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| <i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i> | 9 | |
| WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML | 9 | |
| WAL-DRYL ALLERGY ORAL TABLET 25 MG | 9 | |
| WAL-FEX ORAL TABLET 180 MG | 9 | |
| WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| WAL-ITIN ORAL SOLUTION 5 MG/5ML | 9 | |
| WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| WAL-VERT ORAL TABLET DISPERSIBLE 10 MG | 9 | |
| WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 5 MG | 9 | |
| WAL-ZYR ORAL SOLUTION 5 MG/5ML | 9 | |
| ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML | 9 | |
| ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG | 9 | |
| ZYRTEC ORAL TABLET CHEWABLE 10 MG | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| Anti-inflammatories, Inhaled Corticosteroids | | |
| <i>allergy nasal spray (momet) nasal suspension 50 mcg/act</i> | 9 | |
| <i>allergy relief nasal suspension 50 mcg/act</i> | 9 | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | QL (30 EA per 30 days) |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> | 2 | B/D; QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension 1 mg/2ml</i> | 2 | B/D; QL (60 ML per 30 days) |
| <i>budesonide nasal suspension 32 mcg/act</i> | 9 | |
| CLARISPRAY NASAL SUSPENSION 50 MCG/ACT | 9 | |
| FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT | 9 | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | 2 | QL (50 ML per 30 days) |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i> | 2 | QL (600 EA per 30 days) |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i> | 2 | QL (240 EA per 30 days) |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i> | 2 | QL (120 EA per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i> | 2 | QL (12 GM per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i> | 2 | QL (24 GM per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i> | 2 | QL (10.6 GM per 30 days) |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i> | 2 | QL (16 GM per 30 days) |
| <i>ft 24 hour nasal allergy nasal aerosol 55 mcg/act</i> | 9 | |
| <i>ft allergy relief 24 hr nasal suspension 50 mcg/act</i> | 9 | |
| GNP 24 HOUR NASAL ALLERGY NASAL AEROSOL 55 MCG/ACT | 9 | PA |
| <i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i> | 9 | |
| <i>gnp fluticasone propionate nasal suspension 50 mcg/act</i> | 9 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| GOODSENSE 24-HR ALLERGY NASAL NASAL SUSPENSION 50 MCG/ACT | 9 | PA |
| GOODSENSE NASAL ALLERGY SPRAY NASAL AEROSOL 55 MCG/ACT | 9 | PA |
| <i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i> | 9 | |
| <i>mometasone furoate nasal suspension 50 mcg/act</i> | 2 | QL (34 GM per 30 days) |
| NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT | 9 | |
| <i>qc allergy relief nasal suspension 50 mcg/act</i> | 9 | PA |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT | 4 | |
| <i>triamcinolone acetonide nasal aerosol 55 mcg/act</i> | 9 | |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT | 4 | ST |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 4 | QL (25.8 GM per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | QL (30 EA per 30 days) |
| <i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i> | 2 | QL (25.8 GM per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | B/D |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i> | 2 | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | QL (4 GM per 30 days) |
| <i>tiotropium bromide inhalation capsule 18 mcg</i> | 2 | QL (90 EA per 90 days) |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i> | 1 | QL (36 GM per 30 days) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | 1 | B/D |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 2 | |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | 2 | QL (2 EA per 30 days) |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i> | 2 | B/D; QL (120 ML per 30 days) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i> | 2 | B/D |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | QL (60 EA per 30 days) |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | 2 | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | 3 | QL (36 GM per 30 days) |
| Cystic Fibrosis Agents | | |
| ALYFTREK ORAL TABLET 10-50-125 MG | 5 | PA; QL (56 EA per 28 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 5 | PA; QL (84 EA per 28 days) |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA; QL (84 ML per 56 days) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; QL (56 EA per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; QL (112 EA per 28 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | B/D |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | 5 | PA; QL (56 EA per 28 days) |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | PA; QL (224 EA per 56 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | 3 | B/D; QL (672 ML per 84 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | 3 | B/D; QL (280 ML per 56 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | 5 | PA; QL (84 EA per 28 days) |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | 5 | PA; QL (56 EA per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | 3 | B/D |
| <i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i> | 9 | |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | 2 | |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> | 2 | |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i> | 2 | |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | 2 | |
| <i>theophylline oral solution 80 mg/15ml</i> | 2 | |
| Pulmonary Antihypertensives | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; QL (90 EA per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | 5 | PA; QL (60 EA per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; QL (30 EA per 30 days) |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i> | 4 | PA; QL (720 ML per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>tadalafil (pah) oral tablet 20 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| TADLIQ ORAL SUSPENSION 20 MG/5ML | 5 | PA; QL (300 ML per 30 days) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | 5 | PA |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | 5 | PA |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | 5 | PA |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | 5 | PA |
| Pulmonary Fibrosis Agents | | |
| <i>nintedanib esylate oral capsule 100 mg, 150 mg</i> | 5 | PA; QL (60 EA per 30 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; QL (60 EA per 30 days) |
| <i>pirfenidone oral capsule 267 mg</i> | 5 | PA; QL (270 EA per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | 2 | PA; QL (270 EA per 30 days) |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i> | 5 | PA; QL (90 EA per 30 days) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | 2 | B/D |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 3 | QL (12 GM per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT | 3 | QL (10.7 GM per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | QL (60 EA per 30 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | QL (10.7 GM per 30 days) |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG | 5 | PA; QL (30 EA per 30 days) |
| BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | 2 | QL (10.2 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 4 | QL (8 GM per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 5 | PA; QL (0.5 ML per 28 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i> | 2 | QL (60 EA per 30 days) |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | 2 | B/D |
| <i>montelukast sodium oral packet 4 mg</i> | 2 | |
| <i>montelukast sodium oral tablet 10 mg</i> | 1 | |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> | 1 | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; QL (0.4 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; QL (3 EA per 28 days) |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i> | 2 | PA |
| SALINE MIST SPRAY NASAL SOLUTION 0.65 % | 9 | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | QL (4 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500- 50 mcg/act</i> | 2 | QL (60 EA per 30 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; QL (8 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; QL (8 ML per 28 days) |

Last Updated 04/21/2026

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; QL (8 EA per 28 days) |
| Skeletal Muscle Relaxants - Treatment Of Muscle Tightness | | |
| Skeletal Muscle Relaxants | | |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> | 2 | PA; QL (90 EA per 30 days) |
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | PA; QL (180 EA per 30 days) |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | 1 | PA; QL (90 EA per 30 days) |
| <i>metaxalone oral tablet 800 mg</i> | 2 | PA; QL (120 EA per 30 days) |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA |
| Sleep Disorder Agents - Treatment Of Insomnia | | |
| Sleep Disorder Agents | | |
| MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML | 9 | |
| <i>melatonin oral liquid 1 mg/ml</i> | 9 | |
| Sleep Promoting Agents | | |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 5 | PA; QL (158 ML per 30 days) |
| <i>ramelteon oral tablet 8 mg</i> | 2 | QL (30 EA per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 9 | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 5 | PA; QL (2 ML per 28 days) |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>zolpidem tartrate oral tablet 10 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>zolpidem tartrate oral tablet 5 mg</i> | 2 | QL (30 EA per 30 days) |
| Wakefulness Promoting Agents | | |

Last Updated 04/21/2026

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>armodafinil oral tablet 50 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| <i>modafinil oral tablet 100 mg</i> | 2 | PA; QL (30 EA per 30 days) |
| <i>modafinil oral tablet 200 mg</i> | 2 | PA; QL (60 EA per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> | 5 | PA; QL (540 ML per 30 days) |
| XYWAV ORAL SOLUTION 500 MG/ML | 5 | PA |

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

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.



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