



2027

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: 27184, Version Number: 6

This *Drug List* was updated on 01/01/2027. **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.amerihealthcaritasvipcare.com/mi.

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

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ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID: 27184, Version Number 6

This *Drug List* was updated on 01/01/2027. For more recent information or other questions, please 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**](http://www.amerihealthcaritasvipcare.com/mi).
Formulary last updated 01/01/2027

AmeriHealth Caritas VIP Care (HMO D-SNP) 2027 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 (OTC) 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*.

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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 Member Services **1-844-964-4433 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. This call is free.
- ❖ For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.
- ❖ AmeriHealth Caritas VIP Care is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.
- ❖ 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 (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.



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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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**
 - 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**



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- 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*.

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're 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 product 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.



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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- **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.

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 based on specific criteria



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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.

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.amerihealthcaritasvipcare.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.

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.



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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 142. 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**
- 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.



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

If you have 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.

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.



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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.amerihealthcaritasvipcare.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.

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



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B15. What are OTC drugs?

OTC stands for "over-the-counter." AmeriHealth Caritas VIP Care covers some OTC drugs when they're written as prescriptions by your provider.

You can read the AmeriHealth Caritas VIP Care *Drug List* to find out what OTC drugs are covered.

B16. 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 90-day supply of your drugs sent directly to your home.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs.

B17. 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.

B18. What is my copay?

AmeriHealth Caritas VIP Care members have copays for prescription as long as the member follows the plan's rules. Refer to questions B15 for more information about OTC drugs.

Tiers are groups of drugs on our *Drug List*.

- Tier 1: Preferred Generics-- \$0
- Tier 2: Generics-- \$4/\$8/\$12
- Tier 3: Preferred Brands-- 25%
- Tier 4: Non-Preferred Drug-- 25%
- Tier 5: Specialty-- 29%
- Tier 50: Non-Part D Drugs-- \$0

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



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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., SYNTHROID), and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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.

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

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



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

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

Note: A Tier 50 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)**.
- 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.



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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



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Prescription type	Medical condition
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
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



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**.
Formulary last updated 01/01/2027

Prescription type	Medical condition
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
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



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Formulary last updated 01/01/2027

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



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Formulary last updated 01/01/2027

AmeriHealth Caritas VIP Care (HMO-DSNP)

2027 Formulary

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

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
JOURNAVX ORAL TABLET	4	QL (30 EA per 90 days)
<i>ketorolac tromethamine + rfid injection solution</i>	4	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	
<i>ketorolac tromethamine oral tablet</i>	4	QL (20 EA per 30 days)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	4	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	4	
<i>meloxicam oral tablet</i>	1	
<i>methadone hcl intensol oral concentrate</i>	3	NDS
<i>methadone hcl oral concentrate</i>	3	NDS
<i>methadone hcl oral solution</i>	3	NDS
<i>methadone hcl oral tablet</i>	2	NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	NDS
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate er oral tablet extended release</i>	3	NDS
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate oral solution</i>	3	NDS
<i>morphine sulfate oral tablet</i>	3	NDS
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen oral tablet delayed release 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet</i>	3	
<i>oxycodone hcl oral solution</i>	3	NDS
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NDS
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule</i>	3	
<i>sulindac oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS
<i>tramadol-acetaminophen oral tablet</i>	2	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	NDS
Anesthetics		
<i>lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine-prilocaine external cream</i>	2	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	3	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	QL (60 EA per 30 days)
<i>disulfiram oral tablet</i>	3	
KLOXXADO NASAL LIQUID	4	
<i>naloxone hcl injection solution</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl oral tablet</i>	2	
NICOTROL NS NASAL SOLUTION	4	QL (360 ML per 365 days)
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate(continue) oral tablet</i>	4	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	NDS
Antibacterials		
ALCOHOLPREPPAD70%	3	
ALCOHOL PREP PADS PAD , 70 %	3	

Last Update 1/1/2027

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

Last Update 1/1/2027

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

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour</i>	4	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
<i>clindacin etz external swab</i>	3	QL (69 EA per 30 days)
<i>clindacin-p external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	4	
<i>clindamycin phosphate external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin phosphate injection solution</i>	3	
<i>clindamycin phosphate vaginal cream</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	
<i>daptomycin intravenous solution reconstituted</i>	4	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	4	
<i>demeclocycline hcl oral tablet</i>	4	
<i>dicloxacillin sodium oral capsule</i>	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	3	
DROPSAFE ALCOHOL PREP PAD	3	
<i>ertapenem sodium injection solution reconstituted</i>	4	
<i>erythromycin base oral tablet delayed release</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fidaxomicin oral tablet</i>	5	QL (20 EA per 10 days); NDS
<i>fosfomycin tromethamine oral packet</i>	4	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
<i>gentamicin sulfate injection solution</i>	3	
GOODSENSE ALCOHOL SWABS PAD	3	
HUMATIN ORAL CAPSULE	5	NDS
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
IMPAVIDO ORAL CAPSULE	5	NDS
<i>levofloxacin in d5w intravenous solution</i>	4	
<i>levofloxacin intravenous solution</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	QL (1800 ML per 28 days); NDS
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted</i>	3	
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole intravenous solution</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	3	
<i>minocycline hcl oral capsule</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>nafcillin sodium injection solution reconstituted</i>	4	
<i>nafcillin sodium intravenous solution reconstituted</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted</i>	5	NDS
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	5	QL (6 EA per 30 days); NDS
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	QL (60 EA per 30 days); NDS
<i>sulfadiazine oral tablet</i>	5	NDS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>tazicef injection solution reconstituted</i>	3	
<i>tazicef intravenous solution reconstituted</i>	3	
<i>tetracycline hcl oral capsule</i>	3	
<i>tigecycline intravenous solution reconstituted</i>	4	
<i>tinidazole oral tablet</i>	4	
<i>tobramycin sulfate injection solution</i>	4	
<i>tobramycin sulfate injection solution reconstituted</i>	4	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
Anticonvulsants		
<i>brivaracetam oral solution</i>	4	PA NSO; QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg</i>	4	PANSO
<i>brivaracetam oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA NSO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension</i>	3	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet chewable</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	5	PANSO;NDS
DIACOMIT ORAL PACKET	5	PANSO;NDS
<i>diazepam rectal gel 10 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal gel 2.5 mg, 20 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PANSO;NDS
<i>eslicarbazepine acetate oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 400 mg</i>	4	
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 EA per 30 days)
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	3	
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA NSO; QL (360 ML per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	4	
<i>lacosamide oral tablet</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	4	
<i>lamotrigine starter kit-green oral kit</i>	4	
<i>lamotrigine starter kit-orange oral kit</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
<i>methsuximide oral capsule</i>	4	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
<i>perampanel oral suspension</i>	5	NDS
<i>perampanel oral tablet</i>	4	QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	4	
<i>phenobarbital oral tablet</i>	4	
<i>phenyteK oral capsule</i>	2	
<i>phenytoin infatabs oral tablet chewable</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
<i>roweepra oral tablet</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral suspension 40 mg/ml</i>	5	NDS
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
SUBVENITE ORAL SUSPENSION	4	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit-blue oral kit</i>	4	
<i>subvenite starter kit-green oral kit</i>	4	
<i>subvenite starter kit-orange oral kit</i>	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NDS
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet</i>	4	
<i>topiramate oral capsule sprinkle</i>	3	
<i>topiramate oral solution 25 mg/ml</i>	4	
<i>topiramate oral tablet</i>	1	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
<i>vigabatrin oral packet</i>	5	PANSO;NDS
<i>vigabatrin oral tablet</i>	5	PA NSO; QL (180 EA per 30 days); NDS
VIGADRONE ORAL PACKET	5	PANSO;NDS
VIGADRONE ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
VIGAFYDE ORAL SOLUTION	5	PANSO;NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (60 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG	5	PA NSO; QL (56 EA per 28 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG& 14X25 MG	4	PA NSO; QL (56 EA per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG& 14X100 MG	5	PA NSO; QL (56 EA per 365 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 150 & 200 MG	5	PANSO;NDS
ZONISADE ORAL SUSPENSION	4	STNSO
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PANSO;NDS
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral solution</i>	4	
<i>galantamine hydrobromide oral tablet</i>	4	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (7.2 ML per 28 days); NDS
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>memantine hcl oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	4	
<i>rivastigmine transdermal patch 24 hour</i>	4	
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	3	
<i>amoxapine oral tablet</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE	4	QL (60 EA per 30 days)
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	QL (102 EA per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour JOO mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>citalopram hydrobromide oral solution</i>	4	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet</i>	1	QL (30 EA per 30 days)
<i>clomipramine hcl oral capsule</i>	4	
<i>desipramine hcl oral tablet</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule</i>	3	
<i>doxepin hcl oral concentrate</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
<i>escitalopram oxalate oral solution</i>	3	
<i>escitalopram oxalate oral tablet</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST NSO; QL (56 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	4	
<i>fluvoxamine maleate oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	4	
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	3	
<i>nefazodone hcl oral tablet</i>	4	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>phenelzine sulfate oral tablet</i>	3	
<i>protriptyline hcl oral tablet</i>	4	
RALDESY ORAL SOLUTION	4	
<i>sertraline hcl oral concentrate</i>	3	
<i>sertraline hcl oral tablet</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PANSO;NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PANSO;NDS
<i>tranylcypromine sulfate oral tablet</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule</i>	4	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl oral tablet</i>	2	
<i>vilazodone hcl oral tablet</i>	4	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days); NDS
ZURZUVAEORALCAPSULE30MG	5	PA NSO; QL (14 EA per 14 days); NDS
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	5	<i>BID</i> PA; QL (2 EA per 30 days); NDS
<i>aprepitant oral capsule 40 mg</i>	4	<i>BID</i> PA; QL (1 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250mg</i>	4	
<i>itraconazole oral capsule</i>	4	PA
JUBLIA EXTERNAL SOLUTION	5	NDS
<i>ketoconazole external cream</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external shampoo</i>	2	QL (120 ML per 30 days)
<i>ketoconazole oral tablet</i>	2	
<i>klayesta external powder</i>	2	QL (120 GM per 30 days)
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin external cream</i>	2	QL (60 GM per 30 days)
<i>nystatin external ointment</i>	2	QL (60 GM per 30 days)
<i>nystatin external powder</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>nystop external powder</i>	2	QL (120 GM per 30 days)
<i>posaconazole oral suspension</i>	5	PA; QL (600 ML per 30 days); NDS
<i>posaconazole oral tablet delayed release</i>	5	PA; QL (93 EA per 30 days); NDS
<i>terbinafine hcl oral tablet</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	3	
<i>voriconazole intravenous solution reconstituted</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	QL (600 ML per 30 days); NDS
<i>voriconazole oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	QL (480 EA per 30 days)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	
<i>colchicine-probenecid oral tablet</i>	2	
<i>febuxostat oral tablet</i>	4	
<i>probenecid oral tablet</i>	2	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG	3	PA; QL (2 ML per 28 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 EA per 30 days); NDS
CAVHANZA ORAL TABLET DISPERSIBLE	5	PANSO;NDS
<i>cisplatin intravenous solution 100 mg/100ml</i>	4	
COMETRIQ ORAL KIT	5	PANSO;NDS
COPIKTRA ORAL CAPSULE	5	PANSO;NDS
COTELLIC ORAL TABLET	5	PANSO;NDS
<i>cyclophosphamide oral capsule</i>	3	B/DPA
DANZITEN ORAL TABLET	5	PANSO;NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 70 mg</i>	5	PA NSO; QL (30 EA per 30 days); NDS
<i>dasatinib oral tablet 20 mg, 50 mg</i>	5	PA NSO; QL (90 EA per 30 days); NDS
<i>dasatinib oral tablet 80 mg</i>	5	PA NSO; QL (60 EA per 30 days); NDS
DAURISMO ORAL TABLET	5	PANSO;NDS
DROXIA ORAL CAPSULE	3	
ENSACOVE ORAL CAPSULE	5	PANSO;NDS
ERIVEDGE ORAL CAPSULE	5	PANSO;NDS
ERLEADA ORAL TABLET	5	PANSO;NDS
<i>erlotinib hcl oral tablet</i>	4	PANSO
EULEXIN ORAL CAPSULE	4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 EA per 30 days); NDS
<i>everolimus oral tablet soluble</i>	5	PANSO;NDS
<i>exemestane oral tablet</i>	4	
FOTIVDA ORAL CAPSULE	5	PANSO;NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; QL (84 EA per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; QL (21 EA per 28 days); NDS
GAVRETO ORAL CAPSULE	5	PANSO;NDS
<i>gefitinib oral tablet</i>	5	PANSO;NDS
GILOTRIF ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
GOMEKLI ORAL CAPSULE	5	PANSO;NDS
GOMEKLI ORAL TABLETS SOLUBLE	5	PANSO;NDS
HERNEXEOS ORAL TABLET	5	PANSO;NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea oral capsule</i>	2	
HYRNUO ORAL TABLET	5	PANSO;NDS
IBRANCE ORAL CAPSULE	5	PANSO;NDS
IBRANCE ORAL TABLET	5	PANSO;NDS
IBTROZI ORAL CAPSULE	5	PANSO;NDS
ICLUSIG ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
IDHIFA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
<i>imatinib mesylate oral tablet 100 mg</i>	3	PANSO
<i>imatinib mesylate oral tablet 400 mg</i>	4	PANSO
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 EA per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (28 EA per 28 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA NSO; QL (240 ML per 30 days); NDS
IMBRUVICA ORAL TABLET	5	PA NSO; QL (28 EA per 28 days); NDS
IMKELDI ORAL SOLUTION	5	PANSO;NDS
INLURIYO ORAL TABLET	5	PANSO
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 EA per 30 days); NDS
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (120 EA per 30 days); NDS
INQOVI ORAL TABLET	5	PANSO;NDS
INREBIC ORAL CAPSULE	5	PANSO;NDS
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; QL (60 EA per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PANSO;NDS
IWILFIN ORAL TABLET	5	PANSO;NDS
JAKAFI ORAL TABLET	5	PA NSO; QL (60 EA per 30 days); NDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA NSO; QL (30 EA per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; QL (90 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (21 EA per 21 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (42 EA per 21 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (63 EA per 21 days); NDS
KOMZIFTI ORAL CAPSULE	5	PANSO;NDS
KOSELUGO ORAL CAPSULE	5	PANSO;NDS
KOSELUGO ORAL CAPSULE SPRINKLE	5	PANSO;NDS
KRAZATI ORAL TABLET	5	PANSO;NDS
<i>lapatinib ditosylate oral tablet</i>	5	PANSO;NDS
LAZCLUZE ORAL TABLET 240 MG	5	PANSO;NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days); NDS
<i>lederle leucovorin oral tablet</i>	3	
<i>lenalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days); NDS
LENVIMA ORAL CAPSULE THERAPY PACK 10&4MG, 10MG, 10MG&2X4MG,2X 10 MG, 2 X 10MG&4MG, 2X4MG, 3 X4MG, 4MG	5	PANSO;NDS
<i>letrozole oral tablet</i>	2	
<i>leucovorin calcium oral tablet</i>	3	
LEUKERAN ORAL TABLET	5	NDS
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PANSO;NDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PANSO;NDS
<i>lomustine oral capsule</i>	4	
LONSURF ORAL TABLET	5	PANSO;NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
LUMAKRASORALTABLET	5	PANSO;NDS
LYNPARZA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
LYSODREN ORAL TABLET	5	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS
MATULANE ORAL CAPSULE	5	NDS
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PANSO;NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 EA per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
MEKTOVIORAL TABLET	5	PANSO;NDS
<i>mercaptopurine oral suspension</i>	5	NDS
<i>mercaptopurine oral tablet</i>	3	
<i>mesna oral tablet</i>	3	
MODEYSO ORAL CAPSULE	5	PANSO;NDS
NERL YNX ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
<i>nilotinib hcl oral capsule 150 mg</i>	5	PA NSO; QL (140 EA per 28 days); NDS
<i>nilotinib hcl oral capsule 200 mg</i>	5	PA NSO; QL (112 EA per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA NSO; QL (420 EA per 30 days); NDS
<i>nilutamide oral tablet</i>	5	NDS
NINLARO ORAL CAPSULE	5	PANSO;NDS
NUBEQA ORAL TABLET	5	PANSO;NDS
ODOMZO ORAL CAPSULE	5	PANSO;NDS
OGSIVEO ORAL TABLET 100 MG, 50 MG	5	PANSO;NDS
OGSIVEO ORAL TABLET 150 MG	5	PA NSO; QL (60 EA per 30 days); NDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PANSO;NDS
OJEMDA ORAL TABLET	5	PANSO;NDS
OJJAARA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
ONUREG ORAL TABLET	5	PANSO;NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; QL (30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	5	PA NSO; QL (90 EA per 30 days); NDS
PANRETIN EXTERNAL GEL	5	QL (120 GM per 30 days); NDS
<i>pazopanib hcl oral tablet</i>	5	PANSO;NDS
PEMAZYRE ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
PHESGO SUBCUTANEOUS SOLUTION	5	PANSO;NDS
PIQRAY ORAL TABLET THERAPY PACK	5	PANSO;NDS
<i>pomalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days); NDS
POMALYST ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
QINLOCK ORAL TABLET	5	PANSO;NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80MG	5	PA NSO; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET	5	PANSO;NDS
REZLIDHIA ORAL CAPSULE	5	PANSO;NDS
ROMVIMZA ORAL CAPSULE	5	PANSO;NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; QL (150 EA per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; QL (90 EA per 30 days); NDS
ROZLYTREK ORAL PACKET	5	PANSO;NDS
RUBRACA ORAL TABLET 200 MG	5	PA NSO; QL (120 EA per 30 days); NDS
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PANSO;NDS
RYDAPT ORAL CAPSULE	5	PANSO;NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 EA per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; QL (240 EA per 30 days); NDS
SOLTAMOX ORAL SOLUTION	5	NDS
<i>sorafenib tosylate oral tablet</i>	5	PANSO;NDS
STIVARGA ORAL TABLET	5	PANSO;NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	5	PA NSO; QL (28 EA per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate oral capsule 37.5 mg</i>	5	PA NSO; QL (56 EA per 28 days); NDS
TABLOID ORAL TABLET	5	NDS
TABRECTA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
TAFINLAR ORAL CAPSULE	5	PANSO;NDS
TAFINLAR ORAL TABLET SOLUBLE	5	PANSO;NDS
TAGRISSE ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
TAGRISSE ORAL TABLET 80 MG	5	PANSO;NDS
TALZENNA ORAL CAPSULE 0.1 MG, 1 MG	5	PANSO;NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
TALZENNA ORAL CAPSULE 0.35 MG, 0.5 MG, 0.75 MG	5	PA NSO; QL (30 EA per 30 days); NDS
<i>tamoxifen citrate oral tablet</i>	2	
TAZVERIK ORAL TABLET 200 MG	5	PANSO;NDS
TEPMETKO ORAL TABLET	5	PANSO;NDS
TEVIMBRA INTRAVENOUS SOLUTION	5	PANSO;NDS
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; QL (112 EA per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PANSO;NDS
TIBSOVO ORAL TABLET	5	PANSO;NDS
<i>topotecan hcl intravenous solution</i>	5	NDS
<i>topotecan hcl intravenous solution reconstituted</i>	5	NDS
<i>toremifene citrate oral tablet</i>	4	
<i>tretinoin oral capsule</i>	5	NDS
TRUQAP ORAL TABLET	5	PANSO;NDS
TRUQAP ORAL TABLET THERAPY PACK	5	PANSO;NDS
TUKYSA ORAL TABLET	5	PANSO;NDS
TURALIO ORAL CAPSULE	5	PANSO;NDS
VALCHLOR EXTERNAL GEL	5	PA NSO; QL (60 GM per 30 days); NDS
VANFLYTA ORAL TABLET	5	PANSO;NDS
VENCLEXTA ORAL TABLET 10 MG	4	PANSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PANSO;NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA NSO; QL (84 EA per 365 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
VEPPANU ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS
VEPPANU ORAL TABLET 200 MG	5	PANSO;NDS
VERZENIO ORAL TABLET	5	PA NSO; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; QL (180 EA per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA NSO; QL (600 ML per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PANSO;NDS
VONJO ORAL CAPSULE	5	PANSO;NDS
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
XALKORI ORAL CAPSULE	5	PANSO;NDS
XALKORI ORAL CAPSULE SPRINKLE	5	PANSO;NDS
XOSPATA ORAL TABLET	5	PANSO;NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XTANDI ORAL CAPSULE	5	PANSO;NDS
XTANDI ORAL TABLET	5	PANSO;NDS
YONSA ORAL TABLET	5	PANSO;NDS
<i>yulithira oral tablet</i>	4	PA NSO; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET	5	PANSO;NDS
ZOLINZA ORAL CAPSULE	5	PANSO;NDS
ZYDELIG ORAL TABLET	5	PANSO;NDS
ZYKADIA ORAL TABLET	5	PANSO;NDS
Antiparasitics		
<i>albendazole oral tablet</i>	4	
<i>atovaquone oral suspension</i>	4	QL (300 ML per 30 days)
<i>atovaquone-proguanil hcl oral tablet</i>	4	
BENZNIDAZOLE ORAL TABLET	3	
<i>chloroquine phosphate oral tablet</i>	3	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200mg</i>	2	
<i>ivermectin oral tablet</i>	3	PA
<i>mefloquine hcl oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	5	QL (60 EA per 30 days); NDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/DPA
<i>pentamidine isethionate injection solution reconstituted</i>	3	
<i>praziquantel oral tablet</i>	4	
<i>primaquine phosphate oral tablet</i>	3	
<i>pyrimethamine oral tablet</i>	5	PA;NDS
<i>quinine sulfate oral capsule</i>	3	PA
Antiparkinson Agents		
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa er oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>entacapone oral tablet</i>	3	
INBRIJA INHALATION CAPSULE	5	PA;NDS
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	4	
<i>ropinirole hcl oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
<i>trihexyphenidyl hcl oral tablet</i>	4	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days); NDS
<i>aripiprazole oral solution</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 60 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days); NDS
<i>asenapine maleate sublingual tablet sublingual</i>	4	QL (60 EA per 30 days)
BYSANTI ORAL TABLET 1 MG	5	ST NSO; QL (180 EA per 30 days); NDS
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK	4	ST NSO; QL (24 EA per 365 days)
BYSANTI TITRATION PACK CORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
CAPLYTA ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
FANAPT ORAL TABLET 2 MG	4	ST NSO; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	4	ST NSO; QL (24 EA per 365 days)
FANAPT TITRATION PACK CORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
<i>jluphenazine decanoate injection solution</i>	4	
<i>jluphenazine hcl injection solution</i>	4	
<i>jluphenazine hcl oral concentrate</i>	4	
<i>jluphenazine hcl oral elixir</i>	4	
<i>jluphenazine hcl oral tablet</i>	4	
<i>haloperidol decanoate intramuscular solution</i>	3	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	STNSO;NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	ST NSO; QL (5 ML per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 84 days); NDS
<i>loxapine succinate oral capsule</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVIO [®] ORAL TABLET	5	ST NSO; QL (30 EA per 30 days); NDS
<i>molindone hcl oral tablet</i>	4	
NUPLAZID [®] ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
NUPLAZID [®] ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
<i>olanzapine intramuscular solution reconstituted</i>	4	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	3	QL (30 EA per 30 days)
OPIPZA [®] ORAL FILM 10 MG, 5 MG	5	PA NSO; QL (90 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG	5	QL (1 EA per 30 days); NDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 90 MG	5	NDS
<i>pimozide oral tablet</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTIORALTABLET	5	QL (30 EA per 30 days); NDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg</i>	4	
<i>rfaperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 EA per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
<i>thioridazine hcl oral tablet</i>	3	
<i>thiothixene oral capsule</i>	4	
<i>trifluoperazine hcl oral tablet</i>	3	
VERSACLOZ ORAL SUSPENSION	5	QL (540 ML per 30 days); NDS
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	NDS
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule</i>	4	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	3	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/DPA
<i>adefovir dipivoxil oral tablet</i>	4	QL (30 EA per 30 days)
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days); NDS
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	QL (600 ML per 30 days)
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days); NDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5	NDS
CIMDUO ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>darunavir oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO ORAL TABLET	5	QL (30 EA per 30 days); NDS
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days); NDS
DOVATO ORAL TABLET	5	QL (30 EA per 30 days); NDS
EDURANT PED ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
<i>efavirenz oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo d f oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	QL (30 EA per 30 days); NDS
<i>emtricitabine oral capsule</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir d f oral tablet 100-150 mg, 167-250 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir d f oral tablet 133-200 mg</i>	5	QL (30 EA per 30 days); NDS
<i>emtricitabine-tenofovir d f oral tablet 200-300 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov d f oral tablet</i>	5	QL (30 EA per 30 days); NDS
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
<i>entecavir oral tablet</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	4	QL (60 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days); NDS
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	QL (90 EA per 30 days)
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days); NDS
<i>ganciclovir sodium intravenous solution</i>	2	B/DPA
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	B/DPA
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days); NDS
IDVYNZO ORAL TABLET	5	QL (30 EA per 30 days); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL PACKET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET	5	QL (30 EA per 30 days); NDS
KALETRA ORAL SOLUTION	4	QL (480 ML per 30 days)
<i>lamivudine oral solution</i>	3	QL (960 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET	5	QL (360 EA per 30 days); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days); NDS
MAVYRETORALPACKET	5	PA; QL (560 EA per 365 days); NDS
MAVYRETORALTABLET	5	PA; QL (336 EA per 365 days); NDS
<i>nevirapine er oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	QL (360 EA per 30 days)
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (1080 ML per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
PIFELTRO ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREVYMIS ORAL PACKET	5	QL (120 EA per 30 days); NDS
PREVYMIS ORAL TABLET	5	QL (28 EA per 28 days); NDS
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZORALPACKET	5	QL (180 EA per 30 days)
<i>ribavirin oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine hcl oral tablet</i>	5	QL (30 EA per 30 days); NDS
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days); NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days); NDS
SUNLENCA ORAL TABLET	5	QL (24 EA per 168 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 4X300MG	5	QL (8 EA per 365 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X300 MG	5	QL (10 EA per 365 days); NDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NDS
SYMTUZA ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate oral tablet</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET	5	QL (60 EA per 30 days); NDS
TIVICAY PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days); NDS
TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet</i>	3	QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	5	QL (1080 ML per 30 days); NDS
<i>valganciclovir hcl oral tablet</i>	3	QL (120 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days); NDS
VIREAD ORAL POWDER	5	QL (240 GM per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250MG	5	QL (30 EA per 30 days); NDS
VOCABRIA ORAL TABLET	5	NDS
VOSEVI ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
VYJUVEK EXTERNAL GEL	5	PA;NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
<i>zidovudine oral capsule</i>	3	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup</i>	3	QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents		
IGALMI SUBLINGUAL FILM	4	PANSO
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium oral solution</i>	3	
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	2	
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	NDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl oral tablet</i>	1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	3	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBIORAL TABLET	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
HUMALOG INJECTION SOLUTION	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN	3	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R VIAL INJECTION SOLUTION	3	
INSULIN LISPRO INJECTION SOLUTION	3	
JANUMET ORAL TABLET	3	

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

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R RELION INJECTION SOLUTION	3	
NOVOLIN R VIAL INJECTION SOLUTION	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG U-100 FLEXPEN	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLOG U-100 PENFILL	3	
NOVOLOG RELION INJECTION SOLUTION	3	
NOVOLOG U-100 VIAL INJECTION SOLUTION	3	
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
<i>repaglinide oral tablet</i>	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (15 ML per 24 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-500 MG	3	
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers		
<i>anagrelide hcl oral capsule</i>	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	
CABLIVI INJECTION KIT	5	PA; QL (30 EA per 30 days); NDS
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule</i>	4	QL (60 EA per 30 days)
DOPTELET ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (84 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ORAL TABLET SOLUBLE	3	QL (140 EA per 28 days)
<i>eltrombopag olamine oral packet</i>	5	PA; QL (180 EA per 30 days); NDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days); NDS
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days); NDS
<i>enoxaparin sodium injection solution</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution pre-filled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution pre-filled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution pre-filled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution pre-filled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days); NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA;NDS
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA SUBCUTANEOUS SOLUTION	5	PA;NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
<i>prasugrel hcl oral tablet</i>	2	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA;NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA;NDS
<i>rivaroxaban oral suspension reconstituted</i>	4	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet</i>	4	QL (360 EA per 30 days)
<i>ticagrelor oral tablet</i>	3	
<i>tranexamic acid oral tablet</i>	3	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.2 ML per 28 days); NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	NDS
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>aliskiren fumarate oral tablet</i>	2	
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>amlodipine besylate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
<i>atorvastatin calcium oral tablet</i>	1	
<i>azilsartan medoxomil oral tablet</i>	4	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	3	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule extended release 24 hour</i>	2	
<i>carvedilol oral tablet</i>	1	
<i>chlorthalidone oral tablet</i>	2	
<i>cholestyramine light oral packet</i>	4	
<i>cholestyramine light oral powder</i>	4	
<i>cholestyramine oral packet</i>	3	
<i>cholestyramine oral powder</i>	3	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	4	
<i>colesevelam hcl oral tablet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
<i>dapagliflozin oral tablet</i>	3	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	4	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
<i>disopyramide phosphate oral capsule</i>	3	
<i>dofetilide oral capsule</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days); NDS
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	4	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	
FARXIGA ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67mg</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</i>	3	
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days); NDS
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 EA per 30 days); NDS
<i>flecainide acetate oral tablet</i>	2	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	4	
<i>fluvastatin sodium oral capsule</i>	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	2	
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>furosemide solution 10 mg/ml injection</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FUROSEMIDE SOLUTION IO MG/ML INJECTION	2	
<i>gemfibrozil oral tablet</i>	2	
<i>guanfacine hcl oral tablet</i>	4	
<i>hydralazine hcl oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	4	
<i>indapamide oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	4	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
<i>lovastatin oral tablet</i>	1	
<i>matzim la oral tablet extended release 24 hour</i>	4	
<i>methyldopa oral tablet</i>	4	
<i>metolazone oral tablet</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule</i>	5	PA;NDS
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
<i>midodrine hcl oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil oral tablet</i>	2	
<i>moexipril hcl oral tablet</i>	2	
MULTAQ ORAL TABLET	3	
<i>nadolol oral tablet</i>	2	
<i>nebivolol hcl oral tablet</i>	3	
NEXLETOL ORAL TABLET	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nimodipine oral capsule</i>	4	
<i>nitro-bid transdermal ointment</i>	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal ointment</i>	4	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	4	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>omega-3-acid ethyl esters oral capsule</i>	3	
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
<i>pentoxifylline er oral tablet extended release</i>	2	
<i>perindopril erbumine oral tablet</i>	2	
<i>pindolol oral tablet</i>	3	
<i>pitavastatin calcium oral tablet</i>	4	
PRALUENTSUBCUTANEOUSSOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	
<i>prazosin hcl oral capsule</i>	2	
<i>prevalite oral packet</i>	4	
<i>prevalite oral powder</i>	4	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl oral tablet</i>	2	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>quinidine sulfate oral tablet</i>	4	
<i>ramipril oral capsule</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	3	
REPATHA SUBCUTANEOUS SOLUTION REFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	QL (60 EA per 30 days)
<i>simvastatin oral tablet</i>	1	
<i>sotalol hcl (aj) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-hctz oral tablet</i>	1	
<i>tiadylt er oral capsule extended release 24 hour</i>	2	
<i>torsemide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>triamterene oral capsule</i>	4	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days); NDS
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	3	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	3	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days); NDS
<i>bac (butalbital-acetamin-cajj) oral tablet</i>	3	
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days); NDS
<i>butalbital-apap-caffeine oral tablet</i>	3	
COBENFY ORAL CAPSULE	5	PA NSO; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA NSO; QL (112 EA per 365 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (90 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	5	PA; QL (30 EA per 30 days); NDS
<i>glatiramer acetate subcutaneous solution pre.filled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days); NDS
<i>glatiramer acetate subcutaneous solution pre.filled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.4 ML per 28 days); NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days); NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days); NDS
<i>riluzole oral tablet</i>	4	
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	QL (110 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days); NDS
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>periogard mouth/throat solution</i>	1	
<i>pilocarpine hcl oral tablet</i>	4	
<i>triamcinolone acetonide mouth/throat paste</i>	3	
Dermatological Agents		
<i>acitretin oral capsule</i>	4	
<i>acyclovir external ointment</i>	4	QL (60 GM per 30 days)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 28 days); NDS
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnestem oral capsule</i>	4	
<i>azelaic acid external gel</i>	4	QL (100 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	4	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	3	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external ointment</i>	4	
<i>betamethasone valerate external cream</i>	3	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	2	
<i>calcipotriene external cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 ML per 30 days)
<i>ciclodan external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	3	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox olamine external cream</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	3	QL (120 ML per 30 days)
<i>claravis oral capsule</i>	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	
<i>clindamycin phosphate external lotion</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (60 ML per 30 days)
<i>clobetasol prop emollient base external cream</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	3	
<i>clobetasol propionate external ointment</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	3	
<i>clotrimazole-betamethasone external cream</i>	2	QL (90 GM per 30 days)
<i>desonide external cream</i>	3	
<i>desonide external ointment</i>	2	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	ST; QL (300 GM per 30 days)
EBGLYSSSUBCUTANEOUSSOLUTION AUTO-INJECTOR	5	PA
ERY EXTERNAL PAD	3	QL (60 EA per 30 days)
<i>erythromycin external gel</i>	3	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin external solution</i>	2	QL (60 ML per 30 days)
EUCRISA EXTERNAL OINTMENT	4	PA
FINACEA EXTERNAL FOAM	3	QL (50 GM per 30 days)
<i>fluocinolone acetonide external cream</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	3	QL (60 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	2	QL (60 ML per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	3	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
GAUZE PADS PAD 2"X2"	3	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external ointment</i>	4	
<i>hydrocortisone cream 1 % external (rx)</i>	2	
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone ointment 1 % external (rx)</i>	2	QL (100 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	3	QL (60 GM per 30 days)
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>malathion external lotion</i>	4	QL (59 ML per 30 days)
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	QL (110 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
<i>permethrin external cream</i>	3	QL (60 GM per 30 days)
<i>pimecrolimus external cream</i>	4	QL (100 GM per 30 days)
<i>podofilox external solution</i>	3	
SANTYL EXTERNAL OINTMENT	4	QL (180 GM per 30 days)
<i>selenium sulfide external lotion</i>	2	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
<i>silver sulfadiazine external cream</i>	2	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days); NDS
<i>ssd external cream</i>	2	
<i>tacrolimus external ointment</i>	4	QL (100 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	3	PA
<i>tretinoin external cream 0.05 %</i>	4	PA
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.5 %</i>	2	
<i>triderm external cream</i>	2	
<i>urea external lotion</i>	4	
<i>zenatane oral capsule</i>	4	
Electrolytes/Minerals/MetalsNitamins		
AMINOSYN II INTRAVENOUS SOLUTION	4	B/DPA
AMINOSYN-PF INTRAVENOUS SOLUTION	4	B/DPA
<i>calcium acetate (phos binder) oral capsule</i>	4	
<i>calcium acetate (phos binder) oral tablet</i>	3	
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>carglumic acid oral tablet soluble</i>	5	NDS
CHEMET ORAL CAPSULE	5	NDS
<i>deferasirox granules oral packet</i>	5	PA;NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral packet</i>	5	PA;NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg</i>	4	PA
<i>deferasirox oral tablet soluble 500 mg</i>	5	PA;NDS
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-nae! intravenous solution</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
KIONEX COMBINATION SUSPENSION	3	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con ml 0 oral tablet extended release</i>	2	
<i>klor-con ml 5 oral tablet extended release</i>	2	
<i>klor-con m20 oral tablet extended release</i>	2	
<i>klor-con oral packet</i>	4	
<i>klor-con oral tablet extended release</i>	2	
LOKELMA ORAL PACKET	4	QL (90 EA per 30 days)
<i>magnesium sulfate injection solution</i>	3	
<i>penicillamine oral tablet</i>	5	NDS
PLENAMINE INTRAVENOUS SOLUTION	4	B/DPA
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution</i>	4	
<i>potassium citrate er oral tablet extended release</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium chloride intravenous solution 0.45 %</i>	3	
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride solution 0.9 % intravenous</i>	3	
<i>sodium polystyrene sulfonate combination suspension</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
<i>tolvaptan oral tablet</i>	5	PA; QL (120 EA per 30 days); NDS
<i>trientine hcl oral capsule</i>	5	PA;NDS
VELPHORO ORAL TABLET CHEWABLE	5	NDS
VELTASSA ORAL PACKET 1 GM	4	QL (120 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	QL (30 EA per 30 days)
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 EA per 30 days); NDS
<i>bis subcit-metronid-tetracyc oral capsule</i>	4	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA;NDS
BYLVAY ORAL CAPSULE	5	PA;NDS
CLENPIQ ORAL SOLUTION	3	
<i>constulose oral solution</i>	2	
CTEXTLORAL TABLET	5	PA;NDS
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	3	
<i>enulose oral solution</i>	2	
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 40 mg</i>	1	
<i>famotidine tablet 20 mg oral (rx)</i>	1	
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
<i>lactulose encephalopathy oral solution</i>	2	
<i>lactulose oral solution</i>	2	
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone oral capsule</i>	4	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral tablet</i>	3	
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	3	
<i>nitroglycerin rectal ointment</i>	4	QL (30 GM per 30 days)
<i>nizatidine oral capsule</i>	4	
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nae! oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>rabeprazole sodium oral tablet delayed release</i>	3	QL (60 EA per 30 days)
<i>sucralfate oral tablet</i>	2	
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet</i>	3	
VOWST ORAL CAPSULE	5	PA; QL (12 EA per 3 days); NDS
XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
XIFAXAN ORAL TABLET	3	PA; QL (90 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	NDS
CHOLBAM ORAL CAPSULE	5	PA;NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>cromolyn sodium oral concentrate</i>	4	
CYSTAGON ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days); NDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
<i>l-glutamine oral packet</i>	5	PA;NDS
<i>miglustat oral capsule</i>	5	PA; QL (90 EA per 30 days); NDS
<i>nitisinone oral capsule</i>	5	NDS
ONPATTRO INTRAVENOUS SOLUTION	5	PA;NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA;NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days); NDS
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days); NDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days); NDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA;NDS
<i>sapropterin dihydrochloride oral packet</i>	5	PA;NDS
<i>sapropterin dihydrochloride oral tablet</i>	5	PA;NDS
<i>sodium phenylbutyrate oral powder</i>	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA;NDS
SUCRAID ORAL SOLUTION	5	PA;NDS
WELIREG ORAL TABLET	5	PANSO;NDS
<i>yargesa oral capsule</i>	5	PA; QL (90 EA per 30 days); NDS
<i>zelvysia oral packet</i>	5	PA;NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
Genitourinary Agents		
<i>acetic acid irrigation solution</i>	1	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>bethanechol chloride oral tablet</i>	2	
<i>doxazosin mesylate oral tablet</i>	2	
<i>dutasteride oral capsule</i>	2	
ELMIRON ORAL CAPSULE	4	QL (90 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	
GEMTESA ORAL TABLET	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule</i>	4	QL (30 EA per 30 days)
<i>solifenacin succinate oral tablet</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3	
<i>tolterodine tartrate oral tablet</i>	3	
<i>trospium chloride er oral capsule extended release 24 hour</i>	4	
<i>trospium chloride oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE ORAL TABLET	5	NDS
<i>dejlazacort oral suspension</i>	5	PA;NDS
<i>dejlazacort oral tablet</i>	5	PA;NDS
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>jludrocortisone acetate oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>jaythari oral suspension</i>	5	PA;NDS
<i>jaythari oral tablet</i>	5	PA;NDS
<i>kymbee oral suspension</i>	5	PA;NDS
<i>kymbee oral tablet</i>	5	PA;NDS
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	4	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
<i>pyquvi oral suspension</i>	5	PA;NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	4	
<i>desmopressin acetate oral tablet</i>	3	
<i>desmopressin acetate spray nasal solution</i>	4	
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUEICK 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;NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA;NDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA;NDS
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>abigale lo oral tablet</i>	4	
<i>abigale oral tablet</i>	4	
<i>afirmelle oral tablet</i>	3	
<i>altavera oral tablet</i>	3	
<i>alyacen 1/35 oral tablet</i>	3	
<i>alyacen 7/7/7 oral tablet</i>	3	
<i>amethyst oral tablet</i>	3	
<i>ashlyna oral tablet</i>	4	QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	3	
<i>aurovela 1.5/30 oral tablet</i>	3	
<i>aurovela 1/20 oral tablet</i>	3	
<i>aurovelafe 1.5/30 oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovelafe 1/20 oral tablet</i>	3	
<i>aviane oral tablet</i>	3	
<i>ayuna oral tablet</i>	3	
<i>azurette oral tablet</i>	3	
<i>balziva oral tablet</i>	3	
<i>blisovife 1.5/30 oral tablet</i>	3	
<i>blisovi fe 1120 oral tablet</i>	3	
<i>briellyn oral tablet</i>	3	
<i>camila oral tablet</i>	2	
<i>camrese lo oral tablet</i>	4	QL (91 EA per 91 days)
<i>camrese oral tablet</i>	4	QL (91 EA per 91 days)
<i>chateal eq oral tablet</i>	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days)
<i>cryselle oral tablet</i>	3	
<i>cryselle-28 oral tablet</i>	3	
<i>danazol oral capsule</i>	4	
<i>dasetta 1/35 (28) oral tablet</i>	3	
<i>dasetta 7/7/7 oral tablet</i>	3	
<i>daysee oral tablet</i>	4	QL (91 EA per 91 days)
<i>deblitane oral tablet</i>	2	
<i>delyla oral tablet</i>	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet</i>	3	
<i>dolishale oral tablet</i>	3	
<i>dotti transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>elimest oral tablet</i>	3	
<i>eluryng vaginal ring</i>	4	QL (1 EA per 28 days)
<i>emzahh oral tablet</i>	2	
<i>enilloring vaginal ring</i>	4	QL (1 EA per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>errin oral tablet</i>	2	
<i>estarylla oral tablet</i>	3	
<i>estradiol oral tablet</i>	2	
<i>estradiol transdermal gel</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	3	QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	4	
ESTRING VAGINAL RING	4	QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	4	QL (30 EA per 30 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	QL (1 EA per 28 days)
<i>falmina oral tablet</i>	3	
<i>feirza 1.5/30 oral tablet</i>	3	
<i>feirza 1120 oral tablet</i>	3	
<i>fyavolv oral tablet</i>	4	
<i>gallifrey oral tablet</i>	2	
<i>hailey 1.5/30 oral tablet</i>	3	
<i>hailey fe 1.5/30 oral tablet</i>	3	
<i>hailey fe 1/20 oral tablet</i>	3	
<i>heather oral tablet</i>	2	
<i>iclevia oral tablet</i>	4	QL (91 EA per 91 days)
<i>incassia oral tablet</i>	2	
<i>introvale oral tablet</i>	4	QL (91 EA per 91 days)
<i>jaimiess oral tablet</i>	4	QL (91 EA per 91 days)
<i>jencycla oral tablet</i>	2	
<i>jinteli oral tablet</i>	4	
<i>jolessa oral tablet</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30 oral tablet</i>	3	
<i>June! 1/20 oral tablet</i>	3	
<i>junelfe 1.5/30 oral tablet</i>	3	
<i>junel fe 1/20 oral tablet</i>	3	
<i>kariva oral tablet</i>	3	
<i>kelnor 1/35 oral tablet</i>	3	
<i>kurvelo oral tablet</i>	3	
<i>Zarin 1.5/30 oral tablet</i>	3	
<i>Zarin 1/20 oral tablet</i>	3	
<i>larinfe 1.5/30 oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>larinfe 1/20 oral tablet</i>	3	
<i>lessina oral tablet</i>	3	
<i>levonest oral tablet</i>	3	
<i>levonorgest-eth estrad 91-day oral tablet</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	3	
<i>levonorg-eth estrad triphasic oral tablet</i>	3	
<i>levora 0.15/30 (28) oral tablet</i>	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
<i>lojaimiess oral tablet</i>	4	QL (91 EA per 91 days)
<i>low-ogestrel oral tablet</i>	3	
<i>luizza 1.5/30 oral tablet</i>	3	
<i>luizza 1/20 oral tablet</i>	3	
<i>lutura oral tablet</i>	3	
<i>lyleq oral tablet</i>	2	
<i>lyllana transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>lyza oral tablet</i>	2	
<i>marlissa oral tablet</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension pre.filled syringe</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
<i>meleya oral tablet</i>	2	
<i>microgestin 1.5/30 oral tablet</i>	3	
<i>microgestin 1/20 oral tablet</i>	3	
<i>microgestinfe 1.5/30 oral tablet</i>	3	
<i>microgestinfe 1/20 oral tablet</i>	3	
<i>mili oral tablet</i>	3	
<i>mimvey oral tablet</i>	4	
<i>mono-linyah oral tablet</i>	3	
<i>necon 0.5/35 (28) oral tablet</i>	3	
NEXPLANON SUBCUTANEOUS IMPLANT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be oral tablet</i>	2	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	4	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	3	
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone acet-ethinyl est oral tablet</i>	3	
<i>norethindrone oral tablet</i>	2	
<i>norethindrone-eth estradiol oral tablet</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>norlyroc oral tablet</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	3	
<i>nortrel 1/35 (21) oral tablet</i>	3	
<i>nortrel 1/35 (28) oral tablet</i>	3	
<i>nortrel 7/7/7 oral tablet</i>	3	
<i>nylia 1/35 oral tablet</i>	3	
<i>nylia 7/7/7 oral tablet</i>	3	
<i>orquidea oral tablet</i>	2	
OSPHENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>philith oral tablet</i>	3	
<i>pimtrea oral tablet</i>	3	
<i>portia-28 oral tablet</i>	3	
PREMARIN VAGINAL CREAM	4	
PREMPHASE ORAL TABLET	4	QL (28 EA per 28 days)
PREMPRO ORAL TABLET	4	QL (28 EA per 28 days)
<i>progesterone oral capsule</i>	2	
<i>raloxifene hcl oral tablet</i>	2	
<i>setlakin oral tablet</i>	4	QL (91 EA per 91 days)
<i>sharobel oral tablet</i>	2	
<i>simliya oral tablet</i>	3	
<i>simpesse oral tablet</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	3	
<i>sronyx oral tablet</i>	3	
<i>tarina fe 1/20 eq oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	2	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	2	PA; QL (10 ML per 28 days)
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	3	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
<i>tri-estarylla oral tablet</i>	3	
<i>tri-linyah oral tablet</i>	3	
<i>tri-mili oral tablet</i>	3	
<i>tri-sprintec oral tablet</i>	3	
<i>tri-vylibra oral tablet</i>	3	
<i>turqoz oral tablet</i>	3	
<i>valtya 1/35 oral tablet</i>	3	
<i>valtya 1/50 oral tablet</i>	3	
<i>vienva oral tablet</i>	3	
<i>viorele oral tablet</i>	3	
<i>volnea oral tablet</i>	3	
<i>vyfemla oral tablet</i>	3	
<i>vylibra oral tablet</i>	3	
<i>wera oral tablet</i>	3	
<i>xulane transdermal patch weekly</i>	3	
<i>yuvafem vaginal tablet</i>	4	
<i>zafemy transdermal patch weekly</i>	4	
<i>zovia 1/35 (28) oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	2	
<i>liomny oral tablet</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA NSO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA NSO; QL (1 EA per 168 days); NDS
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	2	
<i>propylthiouracil oral tablet</i>	2	
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PANSO;NDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40MG/0.8ML	5	PA; QL (6 EA per 28 days); NDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/DPA
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA;NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PANSO;NDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PANSO;NDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION	5	PA;NDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (10 ML per 28 days); NDS
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	5	PA;NDS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days); NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYXSENOREADYPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days); NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days); NDS
<i>cyclosporine modified oral capsule</i>	4	B/DPA
<i>cyclosporine modified oral solution</i>	4	B/DPA
<i>cyclosporine oral capsule</i>	4	B/DPA
DAPTACELINTRAMUSCULAR SUSPENSION	3	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
EBGLYSSSUBCUTANEOUSSOLUTION PREFILLED SYRINGE	5	PA
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA;NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION	5	PA; QL (4 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ENGERIX-B INJECTION SUSPENSION	1	B/DPA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/DPA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days); NDS
ENVAR SUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/DPA

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Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	BID PA; NDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	BIDPA
<i>everolimus oral tablet 1 mg</i>	5	BID PA; NDS
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>gengraforal capsule</i>	4	BIDPA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL UIML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL UI0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	BIDPA
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA;NDS
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
HYPERHEPBINTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	BIDPA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (36 ML per 30 days); NDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BIDPA
INFANRIX INTRAMUSCULAR SUSPENSION	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYLAMVO ORAL SOLUTION	4	PANSO
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
<i>methotrexate sodium (pf) injection solution</i>	2	
<i>methotrexate sodium injection solution</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral tablet</i>	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
<i>mycophenolate mofetil oral capsule</i>	4	B/DPA
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/DPA
<i>mycophenolate sodium oral tablet delayed release</i>	4	B/DPA
<i>mycophenolic acid oral tablet delayed release</i>	4	B/DPA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (110 EA per 365 days); NDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	5	PA; QL (82 EA per 365 days); NDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	3	
PEGASYSSUBCUTANEOUSSOLUTION	5	PA; QL (4 ML per 28 days); NDS
PEGASYSSUBCUTANEOUSSOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days); NDS

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

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (0.37 ML per 28 days); NDS
STARJEMZA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STARJEMZA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
STEQEYMA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
<i>tacrolimus er oral capsule extended release 24 hour</i>	4	B/DPA
<i>tacrolimus oral capsule</i>	4	B/DPA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days); NDS
TENIVAC INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
<i>tofacitinib citrate er oral tablet extended release 24 hour</i>	5	PA; QL (30 EA per 30 days); NDS
<i>tofacitinib citrate oral solution</i>	5	PA; QL (300 ML per 30 days); NDS
<i>tofacitinib citrate oral tablet</i>	5	PA; QL (60 EA per 30 days); NDS
TREMFYA INTRAVENOUS SOLUTION	5	PA;NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 56 days); NDS
TREMFYAPENSUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (2 ML per 56 days); NDS
TREMFYAPENSUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS
TREMFYASUBCUTANEOUS	5	PA; QL (2 ML per 56 days); NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS

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

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days); NDS
YESINTEK INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
ZYMFENTRA(IPEN)SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA(2PEN)SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days); NDS
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	5	NDS
<i>budesonide oral capsule delayed release particles</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	QL (300 GM per 30 days)
<i>hydrocortisone rectal enema</i>	4	
<i>mesalamine er oral capsule 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine er oral capsule extended release 500 mg</i>	4	QL (240 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine rectal enema</i>	4	QL (1800 ML per 30 days)
<i>mesalamine rectal suppository</i>	4	QL (30 EA per 30 days)
<i>mesa/amine-cleanser rectal kit</i>	5	NDS
<i>procto-med he external cream</i>	2	QL (300 GM per 30 days)
SFROWASA RECTAL ENEMA 4 GM/60ML	5	NDS
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	1	
<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days); NDS
<i>calcitonin (salmon) nasal solution</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	2	
<i>cinacalcet hcl oral tablet</i>	4	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	5	PA;NDS
<i>paricalcitol oral capsule</i>	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	QL (60 EA per 30 days); NDS
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	4	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	5	PA; QL (2.24 ML per 28 days); NDS
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	5	PA; QL (2.24 ML per 28 days); NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (1.56 ML per 30 days); NDS
WYOST SUBCUTANEOUS SOLUTION	5	PA;NDS
MISC		
<i>12hr allergy relief oral tablet</i>	50	
<i>24hr allergy relief oral tablet</i>	50	
<i>600+d3 oral tablet</i>	50	
<i>8 hour arthritis pain oral tablet extended release</i>	50	
<i>8 hour pain reliever oral tablet extended release</i>	50	
<i>8 hr arthritis pain relief oral tablet extended release</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>8hr muscle aches & pain relief oral tablet extended release</i>	50	
ABC COMPLETE ADULT ORAL TABLET	50	
ABC COMPLETE MENS ORAL TABLET	50	
ABC COMPLETE SENIOR 50+ ORAL TABLET	50	
ABC COMPLETE SENIOR MENS 50+ ORAL TABLET	50	
ABC COMPLETE SENIOR WOMENS 50+ ORAL TABLET	50	
ABC COMPLETE WOMENS ORAL TABLET	50	
ACCRUFER ORAL CAPSULE	50	
<i>acetaminophen 8 hour oral tablet extended release</i>	50	
<i>acetaminophen childrens oral liquid 160 mg/5ml</i>	50	PA
<i>acetaminophen childrens oral solution</i>	50	
<i>acetaminophen childrens oral suspension</i>	50	
<i>acetaminophen childrens oral tablet chewable</i>	50	
<i>acetaminophen er oral tablet extended release</i>	50	
<i>acetaminophen extra strength oral liquid</i>	50	
<i>acetaminophen extra strength oral tablet</i>	50	
<i>acetaminophen infants oral suspension</i>	50	
<i>acetaminophen oral liquid 160 mg/5ml</i>	50	PA
<i>acetaminophen oral solution</i>	50	
<i>acetaminophen oral suspension 160 mg/5ml</i>	50	
<i>acetaminophen oral tablet</i>	50	
<i>acetaminophen rectal suppository 650 mg</i>	50	
<i>acetaminophen-ibuprofen oral tablet</i>	50	PA
<i>acid controller oral tablet</i>	50	
<i>acid reducer maximum strength oral tablet</i>	50	
<i>acid reducer oral tablet</i>	50	
<i>acid reducer oral tablet delayed release</i>	50	
<i>acne medication 10 external gel</i>	50	
<i>acne medication 2.5 external gel 2.5 %</i>	50	
<i>acne medication 5 external gel</i>	50	
<i>acne medication external gel</i>	50	
ACTICAL ORAL CAPSULE	50	

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Drug Name	Drug Tier	Requirements/Limits
ACTIVE FE ORAL TABLET	50	
ACTIVITE ORAL TABLET	50	
ACTIVNUTRIENTS ORAL CAPSULE	50	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE	50	
<i>adapalene gel 0.1 % external (ate)</i>	50	QL (45 GM per 30 days)
<i>adapalene treatment external gel</i>	50	QL (45 GM per 30 days)
<i>addaprin oral tablet</i>	50	
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	50	
ADIPEX-P ORAL TABLET 37.5 MG	50	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 0.2 %	50	PA
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE	50	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE	50	
ADVIL MIGRAINE ORAL CAPSULE	50	
ADVIL ORAL CAPSULE	50	
ADVIL ORAL TABLET	50	
AFLORA ORAL TABLET	50	
<i>aftera oral tablet</i>	50	
<i>afterpill oral tablet</i>	50	
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE	50	
AIRBORNE KIDS ORAL TABLET CHEWABLE	50	
AIRBORNE ORAL TABLET CHEWABLE	50	
<i>all 2 external lotion</i>	50	
ALAVERT ORAL TABLET DISPERSIBLE	50	
ALAWAY OPHTHALMIC SOLUTION	50	
ALCON TEARS OPHTHALMIC SOLUTION	50	
ALEVE ALL DAY STRONG ORAL TABLET	50	
ALEVE ORAL TABLET	50	
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE	50	
ALIVE CALCIUM BONE SUPPORT ORAL TABLET	50	

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Drug Name	Drug Tier	Requirements/Limits
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	50	
ALIVE GARDEN GOODNESS ORAL TABLET	50	
ALIVE IMMUNE/ELDERBERRY ORAL TABLET CHEWABLE	50	
ALIVE MAX 6 POTENCY ORAL CAPSULE	50	
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE	50	
ALIVE MENS 50+ ORAL TABLET	50	
ALIVE MENS 50+ ULTRA ORAL TABLET	50	
ALIVE MENS COMPLETE MULTI ORAL TABLET	50	
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	50	
ALIVE MENS PREMIUM GUMMIES ORAL TABLET CHEWABLE	50	
ALIVE MENS ULTRA ORAL TABLET	50	
ALIVE ULTRA POTENCY ADULT ORAL TABLET	50	
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	50	
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	50	
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	50	
ALIVE WOMENS 50+ PREMIUM GUMMY ORAL TABLET CHEWABLE	50	
ALIVE WOMENS ENERGY ORAL TABLET	50	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	50	
ALIVE WOMENS PREMIUM GUMMIES ORAL TABLET CHEWABLE	50	
ALKA-SEL TZER HEARTBURN ORAL TABLET CHEWABLE	50	
<i>all day pain relief oral tablet</i>	50	
<i>all day relief oral tablet</i>	50	
ALLEGRA ALLERGY ORAL TABLET 180 MG	50	
ALLEGRA HIVES 24HR ORAL TABLET	50	
<i>allergy (cetirizine) oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy 24hour indoor/outdoor oral tablet</i>	50	
<i>allergy 24-hr oral tablet 180 mg</i>	50	
<i>allergy childrens oral solution</i>	50	
<i>allergy childrens oral suspension</i>	50	
<i>allergy nasal spray (momet) nasal suspension</i>	50	
<i>allergy oral capsule</i>	50	
<i>allergy rel child (loratadine) oral solution</i>	50	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	50	PA
<i>allergy relief (cetirizine) oral tablet</i>	50	
<i>allergy relief (loratadine) oral capsule</i>	50	
<i>allergy relief (loratadine) oral tablet</i>	50	
<i>allergy relief cetirizine oral tablet</i>	50	
<i>allergy relief childrens 24-hr oral solution</i>	50	PA
<i>allergy relief childrens oral liquid</i>	50	PA
<i>allergy relief childrens oral solution 1 mg/ml</i>	50	PA
<i>allergy relief childrens oral solution 5 mg/5ml</i>	50	
<i>allergy relief oral capsule</i>	50	
<i>allergy relief oral liquid</i>	50	PA
<i>allergy relief oral tablet</i>	50	
<i>allergy relief indoor/outdoor oral tablet 180 mg</i>	50	
<i>allergy spray 24 hour nasal aerosol</i>	50	PA
<i>allergy spray 24 hour nasal suspension</i>	50	PA
ALPHABETIC ORAL TABLET	50	
<i>altachlore ophthalmic ointment</i>	50	
<i>altachlore ophthalmic solution</i>	50	
<i>alum & mag hydroxide-simeth oral suspension</i>	50	
<i>aminofen oral tablet</i>	50	
<i>amlactin external cream 12 %</i>	50	QL (140 GM per 30 days)
<i>ammonium lactate external cream</i>	50	QL (140 GM per 30 days)
<i>ammonium lactate external lotion</i>	50	
<i>antacid & anti-gas max str oral suspension</i>	50	
<i>antacid & antigas oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml</i>	50	
<i>antacid advanced oral suspension</i>	50	
<i>antacid anti-gas max strength oral suspension</i>	50	
<i>antacid anti-gas oral suspension</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>antacid calcium oral tablet chewable</i>	50	
<i>antacid calcium rich oral tablet chewable</i>	50	
<i>antacid extra strength oral tablet chewable 750 mg</i>	50	
<i>antacid maximum oral tablet chewable</i>	50	
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	50	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	50	
<i>antacid oral tablet chewable 750 mg</i>	50	
<i>antacid regular strength oral suspension</i>	50	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	50	
<i>antacid/antigas oral suspension</i>	50	
<i>anti-diarrheal oral solution</i>	50	
<i>anti-diarrheal oral tablet</i>	50	
<i>antifungal (clotrimazole) external cream</i>	50	PA
<i>antifungal external cream</i>	50	
<i>antioxidant formula oral tablet</i>	50	
APETIBEX ORAL CAPSULE	50	
APPE-CURB ORAL CAPSULE	50	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT	50	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT	50	
<i>arthritis pain relief oral tablet extended release</i>	50	
<i>arthritis pain reliever external gel</i>	50	QL (1000 GM per 28 days)
<i>arthritis pain reliever oral tablet extended release</i>	50	
<i>arthritis relief external gel</i>	50	QL (1000 GM per 28 days)
<i>artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml</i>	50	
<i>artificial tears pf ophthalmic solution</i>	50	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	50	
<i>aspirin 81 oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin adult low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin adult low strength oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin childrens oral tablet chewable</i>	50	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin ec adult low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin ec low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin ec low strength oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin low dose oral tablet chewable</i>	50	QL (30 EA per 30 days)
<i>aspirin low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin oral tablet</i>	50	QL (30 EA per 30 days)
<i>aspirin oral tablet chewable</i>	50	QL (30 EA per 30 days)
<i>aspirin oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>aspirin rectal suppository</i>	50	
<i>aspirin regimen oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>athletes foot (clotrimazole) external cream</i>	50	PA
<i>athletes foot external cream</i>	50	PA
<i>athletes foot external solution</i>	50	
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION	50	
<i>b complex-bl 2 oral tablet</i>	50	
<i>b-2 oral tablet</i>	50	
BACMIN ORAL TABLET	50	
<i>banophen oral capsule</i>	50	
<i>banophen oral tablet</i>	50	
<i>bariatric multivitamins oral capsule</i>	50	
<i>bariatric multivitamins oral tablet</i>	50	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	50	QL (30 EA per 30 days)
<i>b-complex plus b-12 oral tablet</i>	50	
<i>b-complex vitamin oral tablet</i>	50	
<i>b-complexlb-12 oral tablet</i>	50	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID	50	PA
BENADRYL ALLERGY ORAL TABLET	50	
BENADRYL ALLERGY ULTRATABS ORAL TABLET	50	
BENTIVITE ORAL TABLET	50	
<i>benzoyl peroxide acne wash external liquid</i>	50	
<i>benzoyl peroxide external gel IO %, 5 %</i>	50	
<i>benzoyl peroxide external lotion IO %</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide wash external liquid</i>	50	
<i>benzphetamine hcl oral tablet</i>	50	
<i>beta carotene high potency oral capsule</i>	50	
BETADINE EXTERNAL SOLUTION 10 %	50	
BIOCEL ORAL TABLET	50	
BIOLYTE ORAL SOLUTION	50	
BION TEARS PF OPHTHALMIC SOLUTION	50	
BIOTECT PLUS ORAL CAPSULE	50	
BIOTRUE SOLUTION	50	
<i>bisacodyl ec oral tablet delayed release</i>	50	
<i>bisacodyl oral tablet delayed release 5 mg</i>	50	
<i>bisacodyl rectal suppository</i>	50	
<i>bismuth subsalicylate oral tablet chewable</i>	50	
BLACK-DRAUGHT LAX-SENNA ORAL TABLET	50	
BLOOD SUGAR MANAGER ORAL TABLET	50	
BONEUP 3 PER DAY ORAL CAPSULE	50	
BONEUP ORAL CAPSULE	50	
BONEUP VEGETARIAN ORAL TABLET	50	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE	50	
BP VIT 3 ORAL CAPSULE	50	
<i>b-plex plus oral tablet</i>	50	
<i>budesonide nasal suspension</i>	50	
<i>butenajine hcl external cream</i>	50	
<i>c 500/rose hips oral tablet</i>	50	
<i>calcidol oral solution</i>	50	
<i>calcium acetate (phos binder) oral tablet</i>	50	PA
<i>carboxymethylcellulose sod pf ophthalmic solution</i>	50	
<i>carboxymethylcellulose sodium ophthalmic solution</i>	50	
CENTRATEX ORAL CAPSULE	50	
CERTAVITE SENIOR ORAL TABLET	50	
<i>cetirizine hcl childrens alrgy oral solution</i>	50	PA
<i>cetirizine hcl childrens hives oral solution</i>	50	PA
<i>cetirizine hcl oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl oral tablet chewable</i>	50	PA
<i>cetirizine hcl solution 1 mg/ml oral (ate)</i>	50	PA
<i>chocolated laxative oral tablet chewable</i>	50	
CHROMAGEN ORAL CAPSULE	50	
<i>chromic chloride intravenous solution</i>	50	
CITRACAL +D3 ORAL TABLET	50	
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE	50	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	50	
CLEAR CARE PLUS/HYDRAGL YDE SOLUTION	50	
<i>clearlax oral powder</i>	50	
<i>clotrimazole 3 vaginal cream</i>	50	
<i>clotrimazole anti-fungal external cream</i>	50	PA
<i>clotrimazole athletes foot external cream 1 %</i>	50	PA
<i>clotrimazole external cream</i>	50	PA
<i>clotrimazole external solution</i>	50	
<i>clotrimazole vaginal cream</i>	50	
COLACE CLEAR ORAL CAPSULE	50	
COLACE ORAL CAPSULE	50	
COMPLETIA DIABETIC MULTIVIT ORAL TABLET	50	
CONDOMS	50	QL (36 EA per 30 days)
COREVIA ORAL TABLET	50	
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM	50	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM	50	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM	50	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT	50	
CORVITA ORAL TABLET	50	
CORVITE 150 ORAL TABLET	50	
CORVITE FE ORAL TABLET	50	
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE	50	

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Drug Name	Drug Tier	Requirements/Limits
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	50	
CULTURELLE HEALTH & WELLNESS ORAL CAPSULE	50	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	50	
CULTURELLE PRO-WELL HEALTH ORAL CAPSULE	50	
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE	50	
<i>cupric chloride intravenous solution</i>	50	
<i>curae oral tablet 1.5 mg</i>	50	
CURANOL ORAL LIQUID	50	PA
CURELIEF ORAL LIQUID	50	PA
<i>cvs acetaminophen ex st oral tablet</i>	50	
<i>cvs antacid extra strength oral tablet chewable</i>	50	
<i>cvs clotrimazole 3 vaginal cream</i>	50	
<i>cvs gentle laxative rectal suppository</i>	50	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	50	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	50	
<i>cyanocobalamin nasal solution</i>	50	
<i>d3 2000 oral capsule</i>	50	
<i>d3 5000 oral capsule</i>	50	
<i>d3 extra strength oral capsule</i>	50	
<i>d3 high potency oral capsule</i>	50	
<i>d3 max st oral capsule</i>	50	
<i>d3 oral capsule 25 mcg (1000 ut)</i>	50	
DAYAVITE ORAL TABLET	50	
DECARA ORAL CAPSULE	50	
DEKAS PLUS OCEAN ORAL CAPSULE	50	
DERMACINRX LASOLEX AC EXTERNAL CREAM	50	
DERMACINRX LASOLEX AL EXTERNAL SOLUTION	50	
DERMACINRX MULTITAM ORAL TABLET	50	
DERMACINRX RIBOTIN-E ORAL TABLET	50	

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Drug Name	Drug Tier	Requirements/Limits
DERMACINRX ZINTREXYL-C ORAL TABLET	50	
DESENEX EXTERNAL CREAM	50	
DIALYVITE 3000 ORAL TABLET 3 MG	50	
DIALYVITE 5000 ORAL TABLET	50	
DIALYVITE ORAL TABLET	50	
DIALYVITE SUPREME D ORAL TABLET	50	
DIALYVITE/ZINC ORAL TABLET	50	
DIATROL ORAL TABLET	50	
<i>diclofenac sodium gel 1 % external (otc)</i>	50	QL (1000 GM per 28 days)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	50	
<i>diethylpropion hcl oral tablet</i>	50	
DIFFERIN CLEANSER EXTERNAL LIQUID	50	
DIFFERIN EXTERNAL GEL 0.1 %	50	QL (45 GM per 30 days)
DIMETANE ALLERGY RELIEF EX ST ORAL CAPSULE	50	
DIMETANE ALLERGY RELIEF ORAL CAPSULE	50	
<i>diphenhydramine hcl childrens oral liquid</i>	50	PA
<i>diphenhydramine hcl oral capsule</i>	50	
<i>diphenhydramine hcl oral liquid</i>	50	PA
<i>diphenhydramine hcl oral tablet</i>	50	
<i>docusate mini rectal enema</i>	50	
<i>docusate sodium oral capsule</i>	50	
<i>docusate sodium oral liquid</i>	50	
DOCUZEN ORAL TABLET	50	
DODEX INJECTION SOLUTION 1000 MCG/ML	50	
<i>dok oral tablet</i>	50	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	50	
<i>dual action pain relief oral tablet</i>	50	PA
DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE	50	
DUREX EXTRA SENSITIVE THIN	50	QL (36 EA per 30 days)
DUREX EXTRA SENSITIVE THIN DEVICE	50	QL (36 EA per 30 days)
DUREX TROPICAL	50	QL (36 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>d-vite pediatric oral liquid</i>	50	
<i>econtra one-step oral tablet</i>	50	
ENEMEEZ MINI RECTAL ENEMA	50	
ENEMEEZPLUSRECTALENEMA	50	
ENLYTE ORAL CAPSULE	50	
<i>ergocalciferol oral capsule</i>	50	
<i>ergocalciferol oral solution 200 mcg/ml</i>	50	
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	50	PA
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	50	
EVERCORE ORAL TABLET	50	
EVERVITA ORAL TABLET	50	
EXCEDRIN TENSION HEADACHE ORAL TABLET	50	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE	50	
<i>eye allergy itch relief ophthalmic solution</i>	50	PA
<i>eye allergy itch/redness rel ophthalmic solution</i>	50	PA
<i>eye health + lutein oral tablet</i>	50	
<i>eye health areds 2 oral capsule</i>	50	
<i>eye health gummies oral tablet chewable</i>	50	
<i>eye itch relief ophthalmic solution</i>	50	
<i>eye multivitamin/sodium oral tablet</i>	50	
EYES ALIVE OPHTHALMIC SOLUTION	50	
<i>famotidine maximum strength oral tablet</i>	50	
<i>famotidine oral tablet 10 mg</i>	50	
<i>famotidine orig st oral tablet</i>	50	
<i>famotidine tablet 20 mg oral (otc)</i>	50	
FC2 FEMALE CONDOM	50	QL (36 EA per 30 days)
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET	50	
FERIVA 21/7 ORAL TABLET 75-1 MG	50	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	50	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml</i>	50	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	50	
<i>fexofenadine hcl oral tablet</i>	50	
FINAZOL ORAL TABLET	50	
<i>finest nutrition vitamin d3 oral capsule</i>	50	
<i>first aid antiseptic external ointment</i>	50	
FLANAX ORAL TABLET	50	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE	50	
FLEET STOOL SOFTENER ORAL CAPSULE	50	
FLONASE ALLERGY REL CHILDRENS NASAL SUSPENSION	50	PA
FLONASE ALLERGY RELIEF NASAL SUSPENSION	50	PA
FLORAFOL FE PEDIATRIC ORAL SOLUTION 0.25-7 MG/ML	50	
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	50	QL (60 ML per 30 days)
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG	50	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 1 MG	50	QL (30 EA per 30 days)
FLORIVA ORAL TABLET CHEWABLE	50	
FLORIVA PLUS ORAL SUSPENSION	50	QL (60 ML per 30 days)
FLORRAVITE ORAL TABLET	50	
FLORRAXYL ORAL TABLET	50	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG,0.5 MG	50	
FLOTREX ORAL TABLET CHEWABLE 1 MG	50	QL (30 EA per 30 days)
<i>fluticasone propionate nasal suspension</i>	50	PA
FOLAMAX ORAL TABLET	50	
FOLAPRIME ORAL TABLET	50	
FOLAREX ORAL TABLET	50	
FOLATEN ORAL TABLET	50	
FOLBEE ORAL TABLET	50	
FOLBIC ORAL TABLET	50	
<i>Jolie acid injection solution</i>	50	
<i>Jolie acid oral tablet 1 mg</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
FOLIFLEX ORAL TABLET	50	
FOLIKA-BC ORAL TABLET	50	
FOLITIN-Z ORAL TABLET	50	
FOLIVANE-F ORAL CAPSULE	50	
FOLIXIA ORAL TABLET	50	
FOLTRATE ORAL TABLET 500-1 MCG-MG	50	
FOLYRAORAL TABLET	50	
FOSTEUM PLUS ORAL CAPSULE	50	
<i>ft 24 hour nasal allergy nasal aerosol</i>	50	PA
<i>ft 7 day vaginal vaginal cream</i>	50	
<i>ft 8 hour pain relief oral tablet extended release</i>	50	
<i>ft acid reducer + antacid oral tablet chewable</i>	50	
<i>ft acid reducer max strength oral tablet</i>	50	
<i>ft acid reducer oral capsule delayed release</i>	50	PA
<i>ft acid reducer oral tablet</i>	50	
<i>ft adult multi gummies oral tablet chewable</i>	50	
<i>ft all day allergy 24 hour oral tablet</i>	50	
<i>ft all day allergy childrens oral solution</i>	50	PA
<i>ft all day allergy oral tablet</i>	50	
<i>ft all day allergy relief oral tablet</i>	50	
<i>ft all day pain relief oral tablet</i>	50	
<i>ft allergy childrens oral solution</i>	50	
<i>ft allergy relief 12 hour oral tablet</i>	50	
<i>ft allergy relief 24 hour oral tablet</i>	50	
<i>ft allergy relief 24 hr nasal suspension</i>	50	PA
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	50	
<i>ft allergy relief childrens oral liquid</i>	50	PA
<i>ft allergy relief childrens oral solution</i>	50	PA
<i>ft allergy relief childrens oral tablet chewable</i>	50	
<i>ft allergy relief loratadine oral tablet 10 mg</i>	50	
<i>ft allergy relief oral capsule</i>	50	
<i>ft allergy relief oral tablet</i>	50	
<i>ft allergy relief oral tablet chewable 25 mg</i>	50	
<i>ft ammonium lactate external lotion</i>	50	
<i>ft antacid & antigas oral suspension</i>	50	
<i>ft antacid extra strength oral tablet chewable</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft antacid regular strength oral tablet chewable</i>	50	
<i>ft anti-diarrheal oral capsule</i>	50	
<i>ft anti-diarrheal oral solution</i>	50	
<i>ft anti-diarrheal oral tablet</i>	50	
<i>ft anti-diarrheal/anti-gas oral tablet</i>	50	
<i>ft antifungal external cream</i>	50	
<i>ft arthritis pain external gel</i>	50	QL (1000 GM per 28 days)
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	50	
<i>ft aspirin adult low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>ft aspirin low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>ft aspirin oral tablet</i>	50	QL (30 EA per 30 days)
<i>ft aspirin oral tablet chewable</i>	50	QL (30 EA per 30 days)
<i>ft athletes foot (butenafine) external cream 1 %</i>	50	
<i>ft athletes foot (clotrimaz) external cream</i>	50	PA
<i>ft calcium + vitamin d3 oral tablet</i>	50	
<i>ft calcium citrate +vitamin d3 oral tablet</i>	50	
<i>ft calcium citrate/vit d3 oral tablet</i>	50	
<i>ft calcium oral tablet</i>	50	
<i>ft calcium+d3 oral tablet</i>	50	
<i>ft century 50+ oral tablet</i>	50	
<i>ft century adults oral tablet</i>	50	
<i>ft century men 50+ oral tablet</i>	50	
<i>ft century men oral tablet</i>	50	
<i>ft century women 50+ oral tablet</i>	50	
<i>ft century women oral tablet</i>	50	
<i>ft childrens multi oral tablet chewable</i>	50	
<i>ft childrens multi plus immune oral tablet chewable</i>	50	
<i>ft children's pain/fever oral tablet chewable</i>	50	
<i>ft clearlax oral powder</i>	50	
<i>ft clotrimazole 3 vaginal cream</i>	50	
<i>ft clotrimazole vaginal cream 1 %</i>	50	
<i>ft dual action oral tablet</i>	50	PA
<i>ft electrolyte oral solution</i>	50	
<i>ft enema mineral oil rectal enema</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>ft enema rectal enema</i>	50	
<i>ft enteric coated aspirin oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>ft eye allergy itch & redness ophthalmic solution</i>	50	PA
<i>ft eye allergy itch relief ophthalmic solution</i>	50	PA
<i>ft eye health oral capsule</i>	50	
<i>ft eye health oral tablet</i>	50	
<i>ft gas relief infants oral suspension</i>	50	
<i>ft gentle laxative rectal suppository</i>	50	
<i>ft ibuprofen childrens oral suspension</i>	50	
<i>ft ibuprofen ib childrens oral tablet chewable</i>	50	
<i>ft ibuprofen infants oral suspension</i>	50	
<i>ft ibuprofen minis oral capsule</i>	50	
<i>ft ibuprofen oral capsule</i>	50	
<i>ft ibuprofen oral tablet</i>	50	
<i>ft immune support oral tablet chewable</i>	50	
<i>ft itch relief max strength external cream</i>	50	
<i>ft itch relief max strength external ointment</i>	50	
<i>ft itch relief taloe max str external cream</i>	50	
<i>ft laxative oral tablet delayed release</i>	50	
<i>ft lice killing max st external shampoo</i>	50	
<i>ft lubricant eye drops ophthalmic solution</i>	50	
<i>ft magnesium oxide oral tablet</i>	50	
<i>ft miconazole 1 vaginal kit</i>	50	
<i>ft miconazole 3 comb pack-supp vaginal kit</i>	50	
<i>ft miconazole 3 combo pack vaginal kit</i>	50	
<i>ft miconazole 7 vaginal cream</i>	50	
<i>ft milk of magnesia oral suspension</i>	50	
<i>ft motion sickness oral tablet 25 mg</i>	50	
<i>ft motion sickness oral tablet chewable</i>	50	
<i>ft naloxone hcl nasal liquid</i>	50	
<i>ft naproxen sodium oral capsule</i>	50	
<i>ft nicotine mini mouth/throat lozenge 2 mg</i>	50	QL (600 EA per 30 days)
<i>ft nicotine mini mouth/throat lozenge 4 mg</i>	50	
<i>ft nicotine mouth/throat gum 2 mg</i>	50	
<i>ft nicotine mouth/throat gum 4 mg</i>	50	QL (720 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ft nicotine mouth/throat lozenge 2 mg</i>	50	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat lozenge 4 mg</i>	50	
<i>ft nicotine transdermal patch 24 hour</i>	50	
<i>ft omeprazole oral tablet delayed release</i>	50	
<i>ft pain & fever childrens oral suspension</i>	50	
<i>ft pain & fever infants oral suspension</i>	50	
<i>ft pain relief adult extra st oral tablet</i>	50	
<i>ft pain relief extra strength oral tablet 500 mg</i>	50	
<i>ft pain relief max strength external patch</i>	50	QL (30 EA per 30 days)
<i>ft pain relief oral tablet</i>	50	
<i>ft pain reliever adults rectal suppository</i>	50	
<i>ft pain reliever children rectal suppository</i>	50	
<i>ft pain reliever ex str adult oral tablet</i>	50	
<i>ft povidone-iodine external solution</i>	50	
<i>ft prenatal oral tablet</i>	50	QL (30 EA per 30 days)
<i>ft rapid release pain relief oral tablet</i>	50	
<i>ft senna laxative oral tablet 8.6 mg</i>	50	
<i>ft senna laxatives oral tablet</i>	50	
<i>ft senna-s oral tablet</i>	50	
<i>ft stomach relief oral suspension</i>	50	
<i>ft stomach relief oral tablet</i>	50	
<i>ft stomach relief oral tablet chewable</i>	50	
<i>ft stool softener oral capsule</i>	50	
<i>ft stool softener oral tablet</i>	50	
<i>ft tioconazole-1 vaginal ointment</i>	50	
<i>ft triple antibiotic external ointment</i>	50	
<i>ft vitamin a oral capsule</i>	50	
<i>ft vitamin b-1 oral tablet</i>	50	
<i>ft vitamin b-6 oral tablet</i>	50	
<i>ft vitamin c/rose hips oral tablet 500 mg</i>	50	
<i>ft vitamin d3 oral capsule</i>	50	
<i>ft vitamin d3 oral tablet</i>	50	
<i>ft vitamin d3 rapid release oral capsule</i>	50	
<i>ft vitamin e oral capsule</i>	50	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	50	
<i>gavilax oral powder</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
GENADEK STEP 1 ORAL CAPSULE	50	
GENADEK STEP 2 ORAL CAPSULE	50	
GENTEAL TEARS NIGHT-TIME OPTHALMIC OINTMENT	50	
GENTEAL TEARS SEVERE DAY/NIGHT OPTHALMIC GEL	50	
<i>gentle laxative oral suspension</i>	50	
<i>gentle laxative oral tablet delayed release</i>	50	
<i>gentle laxative rectal suppository</i>	50	
<i>genuine aspirin oral tablet</i>	50	QL (30 EA per 30 days)
<i>geri-dryl oral liquid</i>	50	PA
<i>geri-dryl oral tablet</i>	50	
<i>geri-kot oral tablet</i>	50	
<i>geri-mox maximum strength oral suspension</i>	50	
<i>glycolax oral powder</i>	50	
<i>goodsense 24-hr allergy nasal nasal suspension</i>	50	PA
<i>goodsense advanced antacid oral suspension</i>	50	
<i>goodsense aller-ease oral tablet</i>	50	
<i>goodsense allergy relief child oral solution</i>	50	
<i>goodsense allergy relief oral capsule</i>	50	
<i>goodsense allergy relief oral tablet 25 mg, 4 mg</i>	50	
<i>goodsense antacid & gas relief oral suspension</i>	50	
<i>goodsense antacid extra str oral tablet chewable</i>	50	
<i>goodsense antacid oral tablet chewable 500 mg, 750mg</i>	50	
<i>goodsense anti-diarr/ant-gas oral tablet</i>	50	
<i>goodsense anti-diarrheal oral solution</i>	50	
<i>goodsense anti-itch max str external cream 1 %</i>	50	
<i>goodsense anti-itch maximum st external ointment</i>	50	
<i>goodsense arthritis pain external gel</i>	50	QL (1000 GM per 28 days)
<i>goodsense aspirin low dose oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>goodsense aspirin oral tablet</i>	50	QL (30 EA per 30 days)
<i>goodsense athletes foot external cream</i>	50	PA
<i>goodsense clear/ax oral powder</i>	50	
<i>goodsense dual action complete oral tablet chewable</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense dual action oral tablet</i>	50	PA
<i>goodsense electrolyte adv care oral solution</i>	50	
<i>goodsense electrolyte oral solution</i>	50	
<i>goodsense enema rectal enema</i>	50	
<i>goodsense eye itch relief ophthalmic solution</i>	50	
<i>goodsense first aid antibiotic external ointment</i>	50	
<i>goodsense ibuprofen childrens oral suspension</i>	50	
<i>goodsense ibuprofen childrens oral tablet chewable</i>	50	
<i>goodsense ibuprofen oral capsule</i>	50	
<i>goodsense ibuprofen oral tablet</i>	50	
<i>goodsense lansoprazole oral capsule delayed release</i>	50	PA
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	50	
<i>goodsense lice killing external liquid</i>	50	
<i>goodsense lice killing max str external shampoo</i>	50	
<i>goodsense lubricating plus pf ophthalmic solution</i>	50	
<i>goodsense milk of magnesia oral suspension</i>	50	
<i>goodsense naproxen sodium oral tablet</i>	50	
<i>goodsense nicotine mouth/throat gum 2 mg</i>	50	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	50	QL (720 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	50	
<i>goodsense nicotine polacrifex mouth/throat gum</i>	50	QL (720 EA per 30 days)
<i>goodsense omep/sod bicarb oral capsule</i>	50	
<i>goodsense pain relief extra st oral tablet</i>	50	
<i>goodsense pain relief oral tablet</i>	50	
<i>goodsense senna laxative oral tablet</i>	50	
<i>goodsense stimulant lax plus oral tablet</i>	50	
<i>goodsense stomach relief oral tablet chewable</i>	50	
<i>goodsense stool softener oral capsule</i>	50	
<i>growing bones & muscles kids oral tablet chewable</i>	50	
<i>habitrol transdermal patch 24 hour</i>	50	
HEAD CARE PROACTIVE HEALTH ORAL TABLET	50	
<i>healthy eyes supervision 2 oral capsule</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	50	
<i>healthy/ax oral packet</i>	50	
<i>heartburn relief ex st oral suspension</i>	50	
HEMOCYTE PLUS ORAL CAPSULE	50	
<i>her style oral tablet</i>	50	
<i>high absorption magnesium oral tablet</i>	50	
<i>high potency e oral capsule</i>	50	
<i>high potency multivit/fa oral tablet</i>	50	
<i>high potency multivitamin oral tablet</i>	50	
HISTEX PD ORAL LIQUID	50	
<i>hm stool softener oral capsule 100 mg</i>	50	
HYDRAL YTE ORAL SOLUTION	50	
<i>hydrocortisone acetate external cream 1 %</i>	50	
<i>hydrocortisone acetate external ointment</i>	50	
<i>hydrocortisone anti-itch external cream</i>	50	
<i>hydrocortisone cream 1 % external (ate)</i>	50	
<i>hydrocortisone external cream 0.5 %</i>	50	
<i>hydrocortisone max st external cream</i>	50	
<i>hydrocortisone max st external ointment</i>	50	
<i>hydrocortisone ointment 1 % external (ate)</i>	50	
<i>hydrocortisone ultra-moisture external cream</i>	50	
<i>hydrocortisone/aloe max str external cream</i>	50	
<i>hydrocortisone-aloe vera external cream</i>	50	
<i>hydroxocobalamin acetate intramuscular solution</i>	50	
HYLAZINC ORAL TABLET	50	
HYVITE ORAL TABLET	50	
<i>ibuprofen childrens oral suspension</i>	50	
<i>ibuprofen infants oral suspension</i>	50	
<i>ibuprofen oral capsule 200 mg</i>	50	
<i>ibuprofen oral tablet 200 mg</i>	50	
<i>immune 24 hour+ oral capsule</i>	50	
IMODIUM A-D ORAL CAPSULE	50	
IMODIUM A-D ORAL TABLET	50	
<i>infants gas relief oral suspension 20 mg/0.3ml</i>	50	
INTEGRA F ORAL CAPSULE	50	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	50	

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Drug Name	Drug Tier	Requirements/Limits
IROSPAN 24/6 ORAL	50	
IS-D 10,000 ORAL CAPSULE	50	
<i>ivermectin external lotion</i>	50	
<i>i-vite wllutein oral tablet</i>	50	
JOINT HEALTH & BONE STRENGTH ORAL TABLET	50	
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	50	
<i>ketotifen fumarate ophthalmic solution</i>	50	
KEYFOLIC ORAL TABLET	50	
KEYLOSA ORAL TABLET	50	
KINDERLYTE ORAL SOLUTION	50	
KINDERL YTE PREMAX ORAL SOLUTION	50	
KINDERMED KIDS ALLERGY ORAL LIQUID	50	PA
K-PHOS ORAL TABLET	50	
K-PHOS-NEUTRAL ORAL TABLET	50	
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	50	PA
<i>lansoprazole tablet delayed release dispersible 15 mg oral (otc)</i>	50	
LASTACRAFT OPHTHALMIC SOLUTION	50	PA
<i>laxative max str oral tablet</i>	50	
<i>laxative osmotic oral powder</i>	50	
<i>laxative regular strength oral tablet</i>	50	
<i>levocetirizine dihydrochloride oral tablet</i>	50	
<i>levonorgestrel oral tablet</i>	50	
<i>lice killing external shampoo</i>	50	
<i>lice killing shampoo max str external shampoo</i>	50	
<i>lice treatment external liquid</i>	50	
<i>lidocaine external cream 4 %</i>	50	
<i>lidocaine external patch 4 %</i>	50	QL (30 EA per 30 days)
<i>lidocaine max st 24 hours external patch</i>	50	QL (30 EA per 30 days)
<i>lidocaine pain relief external patch</i>	50	QL (30 EA per 30 days)
<i>lidocaine pain relief max st external patch</i>	50	QL (30 EA per 30 days)
<i>lidocaine pain relieving external patch</i>	50	QL (30 EA per 30 days)
LIDOZALL EXTERNAL CREAM	50	
LIDOZALL PLUS EXTERNAL CREAM	50	
LIDOZALL PRO EXTERNAL CREAM	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>liquid acetaminophen oral liquid</i>	50	PA
<i>liquid allergy relief oral liquid</i>	50	PA
<i>liraglutide -weight management subcutaneous solution pen-injector</i>	50	PA; QL (15 ML per 30 days)
LITTLE REMEDIES FOR FEVER ORAL LIQUID	50	PA
<i>liver detox oral tablet</i>	50	
LOMAIRA ORAL TABLET	50	PA
<i>loperamide he! oral solution</i>	50	
<i>loperamide he! oral tablet</i>	50	
<i>loperamide-simethicone oral tablet</i>	50	
<i>loratadine childrens oral solution</i>	50	
<i>loratadine childrens oral tablet chewable</i>	50	
<i>loratadine oral solution</i>	50	
<i>loratadine oral tablet</i>	50	
<i>loratadine oral tablet dispersible</i>	50	
LORMATE ORAL CAPSULE	50	
LOTRIMIN AF EXTERNAL CREAM	50	PA
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM	50	PA
<i>lubricant eye drop ophthalmic solution 0.6 %</i>	50	
<i>lubricant eye drops (pf) ophthalmic solution</i>	50	
<i>lubricant eye drops ophthalmic solution</i>	50	
<i>lubricant eye drops pf ophthalmic solution</i>	50	
<i>lubricant eye pm ophthalmic ointment</i>	50	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	50	
<i>lubricating tears eye drops ophthalmic solution</i>	50	
<i>lubrifresh p.m. ophthalmic ointment</i>	50	
LUMIVANCE ORAL CAPSULE	50	
<i>lutein-zeaxanthin oral tablet</i>	50	
LYSIPLEX PLUS ORAL TABLET	50	
MAG 440 ORAL TABLET	50	
<i>mag-al plus oral liquid</i>	50	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg, 500 mg</i>	50	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium-aluminum-simethicone oral suspension</i>	50	
<i>magnesium-oxide oral tablet</i>	50	
<i>manganese chloride intravenous solution</i>	50	
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID	50	PA
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION	50	
MAX RELIEF JUNIOR ORAL LIQUID	50	PA
MAX SLEEP JUNIOR ORAL LIQUID	50	
MAXALLERGY KIDS ORAL LIQUID	50	PA
<i>m-dryl oral liquid</i>	50	PA
<i>meclizine hcl oral tablet chewable</i>	50	
<i>meclizine hcl tablet 25 mg oral (ate)</i>	50	
MEDI TAB ORAL TABLET	50	
MEDPURA ANTIFUNGAL EXTERNAL CREAM	50	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 5 %	50	
MEDPURA HYDROCORTISONE EXTERNAL CREAM	50	
MEGA MULTI MEN ORAL TABLET	50	
MEMORY COMPLEX BRAIN HEALTH ORAL TABLET	50	
<i>mens 50+ multivitamin oral tablet</i>	50	
<i>mens multi health formula oral tablet</i>	50	
<i>mens multivitamin gummies oral tablet chewable</i>	50	
<i>mens multivitamin oral tablet</i>	50	
<i>mens multivitamin oral tablet chewable</i>	50	
METAVAXORAL TABLET	50	
<i>micaderm external cream</i>	50	
MICOCLEAR EXTERNAL CREAM	50	PA
<i>miconazole 3 combo pack vaginal kit</i>	50	
<i>miconazole 7 vaginal cream</i>	50	
<i>miconazole nitrate combo pack vaginal kit</i>	50	
<i>miconazole nitrate external cream</i>	50	
<i>miconazole nitrate external solution</i>	50	
MICOTRIN AC EXTERNAL CREAM	50	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	50	
MIRALAX MIX-IN PAX ORAL PACKET	50	
MI-VITE RX ORAL TABLET	50	
<i>mm acetaminophen ex str oral tablet</i>	50	
<i>mm acid-pep maximum strength oral tablet</i>	50	
MM ALLER-BEN ORAL TABLET	50	
<i>mm allergy relief 24 hour oral tablet</i>	50	
<i>mm arthritis pain reliever external gel</i>	50	QL (1000 GM per 28 days)
<i>mm aspirin oral tablet delayed release</i>	50	QL (30 EA per 30 days)
<i>mm clearlax oral powder</i>	50	
<i>mm fexofenadine hcl oral tablet</i>	50	
<i>mm stool softener laxative oral capsule 100 mg</i>	50	
<i>mm stool softener oral capsule</i>	50	
<i>mometasone furoate nasal suspension</i>	50	
MONISTAT 1 COMBO PACK VAGINAL KIT	50	
MONISTAT 1 VAGINAL OINTMENT	50	
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	50	
MONISTAT 7 VAGINAL CREAM	50	
MOOD FOOD ES ORAL CAPSULE	50	
MOOD FOOD ORAL CAPSULE	50	
<i>motion sickness relief oral tablet 25 mg</i>	50	
<i>motion sickness relief oral tablet chewable 25 mg</i>	50	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE	50	
MOTRIN IB ORAL CAPSULE	50	
MOTRIN INFANTS DROPS ORAL SUSPENSION	50	
<i>m-pap oral liquid</i>	50	PA
MULTITOL-M ORAL TABLET	50	
<i>multi-vit/iron/fl fluoride oral solution 0.25-10 mg/ml</i>	50	QL (60 ML per 30 days)
<i>multivitamin w/fl fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	50	
<i>multivitamin w/fl fluoride oral tablet chewable 1 mg</i>	50	QL (30 EA per 30 days)
<i>multivitamin/fl fluoride oral suspension</i>	50	QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>multi-vitamin/fluoride oral suspension</i>	50	QL (60 ML per 30 days)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	50	
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	50	QL (30 EA per 30 days)
<i>multi-vitamin/fluoride/iron oral solution</i>	50	QL (60 ML per 30 days)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	50	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	50	QL (30 EA per 30 days)
MURO 128 OPHTHALMIC OINTMENT	50	
MURO 128 OPHTHALMIC SOLUTION 5 %	50	
<i>mvw hi-d adek gummies oral tablet chewable</i>	50	
MVW HI-D DROPS W/EXTRA VIT DORAL LIQUID	50	
MVW MODULATOR FORMULATION MINI ORAL CAPSULE	50	
MVW MODULATOR FORMULATION ORAL CAPSULE	50	
MVW MODULATOR FORMULATION PEDS ORAL LIQUID	50	
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE	50	
<i>my choice oral tablet</i>	50	
<i>my way oral tablet</i>	50	
MYCOZYL AC EXTERNAL CREAM	50	PA
<i>mynephrocaps oral capsule 1 mg</i>	50	
MYNEPHRON ORAL CAPSULE	50	
<i>naloxone hcl nasal liquid</i>	50	
<i>naproxen sodium oral capsule</i>	50	
<i>naproxen sodium oral tablet 220 mg</i>	50	
NARCAN NASAL LIQUID	50	
<i>nasal allergy 24 hour nasal aerosol</i>	50	PA
<i>nasal allergy spray nasal aerosol</i>	50	PA
<i>nasal moisturizing spray nasal solution</i>	50	
NASCOBAL NASAL SOLUTION	50	
NASONEX 24HR NASAL SUSPENSION	50	
<i>natural senna laxative oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN ORIGINAL EXTERNAL OINTMENT	50	
NEOVITE ORAL TABLET	50	
NEPHPLEX RX ORAL TABLET	50	
NEPHRON FA ORAL TABLET	50	
NEPHRO-VITE ORAL TABLET	50	
NERVIVE NERVE RELIEF ORAL TABLET	50	
<i>new day oral tablet</i>	50	
NEWVITE ORAL TABLET	50	
<i>niacin er oral tablet extended release 500 mg</i>	50	
<i>niacin oral tablet 100 mg</i>	50	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE	50	
NIAVASC ORAL TABLET EXTENDED RELEASE	50	
NICADAN ORAL TABLET	50	
NICAZEL FORTE ORAL TABLET	50	
NICAZEL ORAL TABLET	50	
NICORETTE MINI MOUTH/THROAT LOZENGE2MG	50	QL (600 EA per 30 days)
NICORETTE MINI MOUTH/THROAT LOZENGE4MG	50	
NICORETTE MOUTH/THROAT GUM 2 MG	50	
NICORETTE MOUTH/THROAT LOZENGE 2 MG	50	QL (600 EA per 30 days)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	50	
<i>nicotine mini mouth/throat lozenge 2 mg</i>	50	QL (600 EA per 30 days)
<i>nicotine mini mouth/throat lozenge 4 mg</i>	50	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	50	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	50	
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	50	QL (720 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	50	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	50	
<i>nicotine step 1 transdermal patch 24 hour</i>	50	
<i>nicotine step 2 transdermal patch 24 hour</i>	50	
<i>nicotine step 3 transdermal patch 24 hour</i>	50	
<i>nicotine transdermal kit</i>	50	

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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>nicotine transdermal patch 24 hour 21 mg/24hr</i>	50	
NIFEREX ORAL TABLET	50	
<i>nighttime relief lubricant eye ophthalmic ointment</i>	50	
NIVA-FOL ORAL TABLET	50	
NORIXA ORAL TABLET	50	
NORVEXA ORAL TABLET	50	
NUTRALYN ORAL TABLET	50	
NUTRAVANCE ORAL TABLET	50	
NUTRA-Z+ ORAL CAPSULE	50	
NUTRIBOOST ORAL CAPSULE	50	
NUTRIFAC ZX ORAL TABLET	50	
NUTRIVIO ORAL CAPSULE	50	
OCUVITE ADULT FORMULA ORAL CAPSULE	50	
OCUVITE EYE PERFORMANCE ORAL CAPSULE	50	
<i>olopatadine hcl extra strength ophthalmic solution</i>	50	PA
<i>olopatadine hcl ophthalmic solution</i>	50	PA
<i>omeprazole magnesium oral tablet delayed release</i>	50	
<i>omeprazole oral tablet delayed release</i>	50	
<i>omeprazole oral tablet delayed release dispersible</i>	50	
ONE A DAY MEN 50 PLUS ORAL TABLET	50	
ONE A DAY MENS VITACRAYES ORAL TABLET CHEWABLE	50	
ONE A DAY POSTNATAL ORAL CAPSULE	50	
ONE A DAY WOMEN 50 PLUS ORAL TABLET	50	
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE	50	
ONE A DAY WOMENS MULTI ORAL TABLET	50	
ONE VITE FERROUS SULFATE ORAL TABLET	50	
ONE VITE M HIGH POTENCY ORAL TABLET	50	

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Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS (MINERALS) ORAL TABLET	50	
ONE-A-DAY MENS 50+ ORAL TABLET	50	
ONE-A-DAY WOMENS 50+ ORAL TABLET	50	
ONE-A-DAY WOMENS ORAL TABLET	50	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	50	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	50	
ONELAX RECTAL SUPPOSITORY	50	
ONEVITE ORAL TABLET	50	
<i>opcicon one-step oral tablet</i>	50	
OPILL ORAL TABLET	50	
<i>option 2 oral tablet</i>	50	
<i>oralyte oral solution</i>	50	
ORLISTAT ORAL CAPSULE	50	PA; QL (90 EA per 30 days)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY	50	
<i>oyster shell calcium oral tablet</i>	50	
<i>oyster shell calcium w/d oral tablet</i>	50	
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	50	
<i>oyster shell calcium/vit d oral tablet</i>	50	
<i>oyster shell calcium/vit d3 oral tablet</i>	50	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	50	
<i>pain & fever childrens oral suspension</i>	50	
<i>pain & fever infants oral suspension</i>	50	
<i>pain & fever kids oral suspension</i>	50	
<i>pain and fever relief kids oral liquid 160 mg/5ml</i>	50	PA
<i>pain relief external patch</i>	50	QL (30 EA per 30 days)
<i>pain relief extra strength oral capsule</i>	50	
<i>pain relief extra strength oral tablet</i>	50	
<i>pain relief max str external patch</i>	50	QL (30 EA per 30 days)
<i>pain relief maximum strength external patch</i>	50	QL (30 EA per 30 days)
<i>pain relief oral liquid</i>	50	
<i>pain relief regular strength oral tablet</i>	50	
<i>pain reliever extra strength oral tablet 500 mg</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>pain reliever for adults oral tablet</i>	50	
<i>pain reliever oral tablet</i>	50	
<i>pain relieving lidocaine external patch</i>	50	QL (30 EA per 30 days)
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	50	
PANADOL EXTRA ORAL TABLET 500-65 MG	50	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	50	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	50	
PATADAY OPHTHALMIC SOLUTION	50	PA
PAXLYTE ORAL CAPSULE	50	
PEDIACLEAR PD CHILDRENS ORAL LIQUID	50	
<i>pediatric electrolyte oral solution</i>	50	
<i>peg 3350 oral packet</i>	50	
<i>peg 3350 oral powder</i>	50	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET	50	
PEPCID AC ORAL TABLET	50	
PEPCID COMPLETE ORAL TABLET CHEWABLE	50	
PEPTYXAL ORAL CAPSULE	50	
<i>pharmacist choice d-vitamin oral liquid</i>	50	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	50	
<i>phendimetrazine tartrate oral tablet</i>	50	
<i>phentermine hcl oral capsule</i>	50	
<i>phentermine hcl oral tablet 37.5 mg</i>	50	
<i>phentermine hcl oral tablet 8 mg</i>	50	PA
<i>phentermine-topiramate er oral capsule extended release 24 hour</i>	50	PA
PHOSPHA 250 NEUTRAL ORAL TABLET	50	
<i>phosphorous oral tablet</i>	50	
<i>phosphorus supplement oral packet</i>	50	
<i>phosphorus w/sod & potassium oral packet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET	50	
PHOSPHO-TRIN K500 ORAL TABLET	50	
<i>phytonadione injection solution</i>	50	
<i>phytonadione oral tablet</i>	50	
PLAN BONE-STEP ORAL TABLET	50	
<i>polyethylene glycol 3350 oral packet</i>	50	
<i>polyethylene glycol 3350 oral powder</i>	50	
POLY-VI-FLOR ORAL SUSPENSION	50	QL (60 ML per 30 days)
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	50	
POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	50	QL (30 EA per 30 days)
POLY-VI-FLOR/IRON ORAL SUSPENSION	50	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	50	
<i>polyvinyl alcohol ophthalmic solution</i>	50	
<i>povidone-iodine external solution</i>	50	
<i>prenatal oral tablet 28-0.8 mg</i>	50	QL (30 EA per 30 days)
PRESCRIPTION SUPPORT MULTIVIT ORAL CAPSULE	50	
PRESERVISION AREDS 2 ORAL CAPSULE	50	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	50	
PRESERVISION AREDS 2+COQIO ORAL CAPSULE	50	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	50	
PRESERVISION AREDS 3 ORAL CAPSULE	50	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE	50	PA
PREVENT ORAL CAPSULE	50	
PREV-RX ORAL TABLET	50	
<i>probiotics + bariatric multi oral capsule</i>	50	
PROCTOZONE-B RECTAL SUPPOSITORY	50	
PROFOLA ORAL TABLET	50	
PROLEEVA ORAL CAPSULE	50	
PROPRINAL ORAL CAPSULE	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>pure calcium carbonate oral tablet</i>	50	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	50	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	50	
<i>qc artifizcial tears ophthalmic solution</i>	50	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	50	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	50	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	50	QL (60 ML per 30 days)
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	50	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	50	QL (30 EA per 30 days)
RAYAVIT ORAL TABLET	50	
<i>react oral tablet 1.5 mg</i>	50	
REFRESH DIGITAL PF OPHTHALMIC SOLUTION	50	
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION	50	
REFRESH OPTIVE MEGA-3 PF OPHTHALMIC SOLUTION	50	
REFRESH RELIEVA OPHTHALMIC SOLUTION	50	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION	50	
REFRESH RELIEVA PF XTRA OPHTHALMIC SOLUTION	50	
REFRESH TEARS PF OPHTHALMIC SOLUTION	50	
<i>renal multivitamin oral tablet</i>	50	
RENAL ORAL CAPSULE	50	
<i>rena-vite oral tablet</i>	50	
RENA-VITE RX ORAL TABLET	50	
RENU ADVANCED FORMULA SOLUTION	50	
RETAINÉ ALLERGY OPHTHALMIC SOLUTION	50	PA
RETAINÉ CMC OPHTHALMIC SOLUTION	50	

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Drug Name	Drug Tier	Requirements/Limits
RETAIN ULTRA PF OPHTHALMIC SOLUTION	50	
REYRA ORAL TABLET	50	
RHEUMATE ORAL CAPSULE	50	
RID ONE & DONE EXTERNAL LOTION	50	
<i>saline nasal spray nasal solution</i>	50	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	50	PA; QL (15 ML per 30 days)
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION	50	
SECURA ANTIFUNGAL EXTRA THICK EXTERNAL CREAM	50	
<i>senexon-s oral tablet</i>	50	
<i>senna oral liquid</i>	50	
<i>senna oral syrup 26.4 mg/5ml, 8.8 mg/5ml</i>	50	
<i>senna oral tablet</i>	50	
<i>senna plus oral capsule 50-8.6 mg</i>	50	
<i>senna plus oral tablet</i>	50	
<i>senna s oral tablet</i>	50	
<i>senna smooth oral tablet</i>	50	
<i>senna-docusate sodium oral tablet</i>	50	
<i>senna-lax oral tablet</i>	50	
<i>senna-plus oral tablet</i>	50	
<i>senna-s oral capsule</i>	50	
<i>senna-s oral tablet</i>	50	
<i>sennosides oral tablet</i>	50	
<i>sennosides-docusate sodium oral tablet</i>	50	
SENOKOT EXTRA STRENGTH ORAL TABLET	50	
SENOKOT ORAL TABLET	50	
SENOKOT S ORAL TABLET	50	
SENTRY SENIOR MENS 50+ ORAL TABLET	50	
<i>shewise oral tablet</i>	50	
SIDEROL ORAL TABLET	50	
<i>simethicone drops childrens oral suspension</i>	50	
<i>simethicone drops infants oral suspension</i>	50	
<i>simethicone oral suspension 20 mg/0.1ml</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
SKLICE EXTERNAL LOTION	50	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	50	
SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE	50	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE	50	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	50	PA
<i>sm allergy relief nasal suspension 50 mcg/act</i>	50	PA
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	50	
<i>smooth antacid extra strength oral tablet chewable</i>	50	
<i>smooth lax oral powder</i>	50	
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (ate)</i>	50	
<i>sodium bicarbonate oral tablet</i>	50	
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	50	
<i>sodium chloride (hypertonic) ophthalmic solution</i>	50	
<i>sodium chloride oral tablet</i>	50	
<i>sodium-potassium-phosphorus oral packet</i>	50	
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION	50	QL (60 ML per 30 days)
SOLUVITA WITH FLUORIDE ORAL SUSPENSION	50	QL (60 ML per 30 days)
<i>soothe oral sw,pension 525 mg/30ml</i>	50	
<i>soothe oral tablet</i>	50	
<i>soothe oral tablet chewable</i>	50	
SPECTRAVITE ORAL TABLET	50	
<i>stimulant laxative oral tablet</i>	50	
<i>stomach relief oral suspension 525 mg/30ml</i>	50	
<i>stomach relief oral tablet</i>	50	
<i>stomach relief oral tablet chewable</i>	50	
<i>stool softener laxative oral capsule 100 mg</i>	50	
<i>stool softener oral capsule 100 mg, 250 mg</i>	50	
<i>stool softener oral liquid</i>	50	
<i>stool softener plus laxative oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>stool softener/laxative oral capsule 50-8.6 mg</i>	50	
<i>stool softener/laxative oral tablet</i>	50	
<i>stress b complex/antioxid/zinc oral tablet</i>	50	
<i>stress formula/zinc/energy oral tablet</i>	50	
STROVITE ONE ORAL TABLET	50	
<i>stye ophthalmic solution</i>	50	
SUPPORT-500 ORAL CAPSULE	50	
<i>sv vitamin d3 oral capsule</i>	50	
SYSTANE COMPLETE OPHTHALMIC SOLUTION	50	
SYSTANE COMPLETE PF OPHTHALMIC SOLUTION	50	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION	50	
SYSTANE ICAPS AREDS2 ORAL TABLET	50	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	50	
SYSTANE PRO PF OPHTHALMIC SOLUTION	50	
SYSTANE ULTRA OPHTHALMIC SOLUTION	50	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION	50	
<i>take action oral tablet</i>	50	
TALIVA ORAL CAPSULE	50	
TARON FORTE ORAL CAPSULE	50	
<i>thera-m plus mv w/beta-carot oral tablet</i>	50	
THERATEARS NIGHTTIME OPHTHALMIC GEL	50	
<i>thera-vite max-moral tablet</i>	50	
THEREMS ORAL TABLET	50	
<i>thiamine hcl injection solution</i>	50	
TINACTIN EXTERNAL CREAM	50	
TM-CLOTRIMAZOLE EXTERNAL CREAM	50	PA
TM-VITE RX ORAL TABLET 1 MG	50	
TOBAKIENT ORAL CAPSULE	50	
<i>tolnaftate antifungal external cream 1 %</i>	50	
<i>tolnaftate external cream</i>	50	
<i>tolnaftate external powder</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>travel-ease oral tablet</i>	50	
<i>travel-ease oral tablet chewable</i>	50	
<i>triamcinolone acetonide nasal aerosol</i>	50	PA
<i>trigels-f forte oral capsule</i>	50	
TRIMAZOLE EXTERNAL CREAM	50	PA
<i>triphrocaps oral capsule</i>	50	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000, 5-400-5000 mg-unit</i>	50	
<i>triprolidine hcl oral liquid</i>	50	
TRITOLNACIDE C EXTERNAL CREAM	50	
TRI-VI-FLOR ORAL SUSPENSION	50	QL (60 ML per 30 days)
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION	50	QL (60 ML per 30 days)
<i>tri-vite/fluoride oral solution</i>	50	QL (60 ML per 30 days)
TRONVITE ORAL TABLET	50	
TRUE COVER DEVICE	50	QL (36 EA per 30 days)
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE	50	
TRUE FOLIC ACID ORAL TABLET 1 MG	50	
<i>true laxative oral powder 17 gm/scoop</i>	50	
TRUE MAGNESIUM OXIDE ORAL TABLET	50	
TRUE MULTIVITAMIN ORAL TABLET	50	
<i>true oyster shell calcium oral tablet</i>	50	
TRUE VITAMIN B2 ORAL TABLET	50	
TRUE VITAMIN B3 ORAL TABLET 500 MG	50	
TRUE VITAMIN B6 ORAL TABLET	50	
TRUE VITAMIN D3 ORAL CAPSULE	50	
TRUE VITAMIN D3 ORAL TABLET	50	
TRUE VITAMIN E ORAL CAPSULE	50	
TRUEBOOST ORAL TABLET	50	
TRUELYTE ORAL SOLUTION	50	
TRUEVITE ORAL TABLET	50	
TULIVITE ORAL TABLET	50	
TUMS CHEWY BITES ORAL TABLET CHEWABLE	50	
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE	50	

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Drug Name	Drug Tier	Requirements/Limits
TUMS SMOOTHIES ORAL TABLET CHEWABLE	50	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	50	
TYLENOL EXTRA STRENGTH ORAL TABLET	50	
TYLENOL FOR CHILDREN+ ADULTS ORAL SUSPENSION	50	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION	50	
TYLENOL PRECISE PAIN RELIEVING EXTERNAL CREAM	50	
UDAMIN SP ORAL TABLET	50	
ULTRA BONEUP ORAL TABLET	50	
<i>ultra calcium + vitamin d3 oral tablet</i>	50	
<i>ultra fresh pm ophthalmic ointment</i>	50	
ULTRA LIDO EXTERNAL CREAM 4 %	50	
<i>ultra lubricating eye drops ophthalmic solution</i>	50	
<i>ultra lubricating eye drops pf ophthalmic solution</i>	50	
UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE	50	
UPSPRING HE NATAL ORAL TABLET	50	
VAGISTAT-3 VAGINAL KIT	50	
<i>vegetable lax+stool softener oral tablet</i>	50	
VENEXA FE ORAL TABLET	50	
VENEXA ORAL TABLET	50	
VENTIVA TEARS OPHTHALMIC SOLUTION 0 . 5%	50	
VENTRIXYL FE ORAL TABLET	50	
VENTRIXYL ORAL TABLET	50	
<i>vision health oral capsule</i>	50	
VISION OPTIMIZER ORAL CAPSULE	50	
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	50	
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	50	
VITA S FORTE ORAL TABLET	50	
<i>vitabasic complete oral tablet</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
<i>vitabasic senior oral tablet</i>	50	
<i>vitabex plus oral capsule</i>	50	
VITACEL ORAL TABLET	50	
<i>vitachew adult multi vitamin oral tablet chewable</i>	50	
VITACORE ORAL TABLET	50	
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE	50	
VITAJoy MULTI GUMMIES ADULT ORAL TABLET CHEWABLE	50	
VITAL-D RX ORAL TABLET	50	
VITALUX ORAL TABLET	50	
VITAMEZ ORAL CAPSULE 1 MG	50	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	50	
<i>vitamin k1 injection solution</i>	50	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	50	QL (60 ML per 30 days)
VITAROCA PLUS ORAL TABLET	50	
VITAScript ORAL TABLET	50	
VITASURE ORAL TABLET	50	
VITEYES AREDS 2 FORMULA +COQ10 ORAL CAPSULE	50	
VITEYES AREDS 2 FORMULA +MULTI ORAL CAPSULE	50	
VITEYES AREDS 2 FORMULA MINI ORAL CAPSULE	50	
VITEYES AREDS 2 FORMULA ORAL CAPSULE	50	
VITEYES CLASSIC ADVANCED ORAL CAPSULE	50	
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE	50	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	50	
VITEYES CLASSIC ZINC FREE ORAL CAPSULE	50	
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE	50	
<i>viteyes complete oral capsule</i>	50	

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Drug Name	Drug Tier	Requirements/Limits
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	50	
VITRAMYN ORAL TABLET	50	
VITRANOL FE ORAL TABLET	50	
VITRANOL ORAL TABLET	50	
VITREXATE FE ORAL TABLET	50	
VITREXATE ORAL TABLET	50	
VITREXYL + IRON ORAL TABLET	50	
VITREXYL ORAL TABLET	50	
<i>wal-sleep z oral liquid</i>	50	
<i>wal-zyr allergy childrens oral solution</i>	50	PA
<i>wal-zyr childrens oral solution 5 mg/5ml</i>	50	PA
WE CARE ENEMA RECTAL ENEMA	50	
<i>weekly-d oral capsule</i>	50	
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	
WELL MAGNESIUM OXIDE ORAL TABLET	50	
WELL VITAMIN D3 ORAL CAPSULE	50	
WELLFOLA ORAL TABLET	50	
<i>welmate lidocaine pain reliev external patch</i>	50	QL (30 EA per 30 days)
<i>wescaps oral capsule</i>	50	
<i>wes-phos 250 neutral oral tablet</i>	50	
WESTAB MAX ORAL TABLET	50	
WESTAB ONE ORAL TABLET	50	
<i>womens 50+ multi vitamin oral tablet</i>	50	
<i>womens multi gummies oral tablet chewable</i>	50	
<i>womens multivitamin + collagen oral tablet chewable</i>	50	
<i>womens multivitamin gummies oral tablet chewable</i>	50	
<i>womens multivitamin oral tablet</i>	50	
XENICAL ORAL CAPSULE	50	PA; QL (90 EA per 30 days)
XERAC AC EXTERNAL SOLUTION	50	
<i>your choice oral tablet</i>	50	
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE	50	

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Drug Name	Drug Tier	Requirements/Limits
YUMVS MULTI ZERO ORAL TABLET CHEWABLE	50	
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE	50	
ZADITOR OPHTHALMIC SOLUTION	50	
ZANTAC 360 MAX ST ORAL TABLET	50	
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID	50	
ZELDANA ORAL CAPSULE	50	
<i>zinc oral capsule 220 (50 zn) mg</i>	50	
<i>zinc sulfate oral capsule</i>	50	
<i>zinc sulfate oral tablet</i>	50	
ZYLORELIEF EXTERNAL CREAM	50	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	50	PA
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG	50	PA
ZYRTEC ORAL TABLET CHEWABLE	50	PA
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD	3	
ALCOHOLPREPPADSPAD70%	3	
AQ INSULIN SYRINGE	2	QL (200 EA per 30 days)
AQINJECT PEN NEEDLE	2	QL (200 EA per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	2	QL (200 EA per 30 days)
ASSURE ID PRO PEN NEEDLES	2	QL (200 EA per 30 days)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4MM	2	QL (200 EA per 30 days)
AUM MINI INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33G X 5 MM , 33G X 6 MM	2	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE	2	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLES	2	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE SHORT ULTRAFINE	2	QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES	2	QL (200 EA per 30 days)
DROPLET MICRON	2	QL (200 EA per 30 days)
DROPSAFE AUTOPROTECT DUO	2	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL (200 EA per 30 days)
ELLA ORAL TABLET	3	
EMBECTA AUTOSHIELD DUO	2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	2	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES	2	QL (200 EA per 30 days)
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 29G X 5MM, 29GX 8MM, 30GX 5 MM, 30GX 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM, 33GX4MM, 33GX 5 MM, 33GX6 MM,34GX3.5MM	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	QL (200 EA per 30 days)
INSUPEN32G EXTR3ME	2	QL (200 EA per 30 days)
KYGEVVIORALPACKET	5	PA;NDS
<i>levocarnitine oral solution</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>levocarnitine sf oral solution</i>	4	
NOVOFINE PEN NEEDLE	2	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	4	B/DPA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM PODS	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS	3	QL (30 EA per 30 days)
PEN NEEDLE/5-BEVEL TIP	2	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	QL (200 EA per 30 days)
PIP PEN NEEDLES 32G X 4MM	2	QL (200 EA per 30 days)
PURE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
RAYA SURE PEN NEEDLE	2	QL (200 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
SAFETY PEN NEEDLES	2	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days); NDS
<i>sodium chloride irrigation solution</i>	2	
TECHLITE PLUS PEN NEEDLES	2	QL (200 EA per 30 days)
TOPFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL (200 EA per 30 days)
UNIFINE OTC PEN NEEDLES	2	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE	2	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days)
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	3	
<i>acetazolamide oral tablet</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	QL (7 GM per 28 days)
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
BESIVANCE OPHTHALMIC SUSPENSION	4	
<i>betaxolol hcl ophthalmic solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	QL (12 ML per 365 days)
<i>carteolol hcl ophthalmic solution</i>	2	
<i>ciprojloxacin hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	3	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>cyclosporine (pf) ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION	5	QL (60 ML per 28 days); NDS
<i>dexamethasone sodium phosphate ophthalmic solution</i>	3	
<i>diclofenac sodium ophthalmic solution</i>	2	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>gatifloxacin ophthalmic solution</i>	4	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	3	
<i>loteprednol etabonate ophthalmic gel</i>	4	QL (20 GM per 365 days)
LUMIGAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	3	
<i>ofloxacin ophthalmic solution</i>	2	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>prednisolone acetate ophthalmic suspension</i>	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3	QL (5.5 ML per 25 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
<i>travoprost (bakfree) ophthalmic solution</i>	4	QL (2.5 ML per 25 days)
<i>trifluridine ophthalmic solution</i>	4	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
VYZULTA OPHTHALMIC SOLUTION	4	QL (5 ML per 25 days)
XDEMVY OPHTHALMIC SOLUTION	5	QL (10 ML per 42 days); NDS
XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
Otic Agents		
<i>acetic acid otic solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprojloxacin-dexamethasone otic suspension</i>	4	
<i>hydrocortisone-acetic acid otic solution</i>	4	
<i>neomycin-polymyxin-hc otic solution</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
<i>ojloxacin otic solution</i>	2	
Respiratory Tract/Pulmonary Agents		
ADEMPAS ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ADVAIRHFAINHALATION AEROSOL	3	QL (24 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	3	QL (32.1 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	<i>BID</i> PA; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	<i>BID</i> PA; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	<i>BID</i> PA; QL (100 EA per 30 days)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	2	<i>BID</i> PA; QL (100 EA per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	<i>BID</i> PA; QL (100 ML per 30 days)
<i>alyq oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; QL (30 EA per 30 days); NDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	4	QL (13 GM per 30 days)
<i>azelastine hcl nasal solution</i>	2	QL (60 ML per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>breynga inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension</i>	4	BID PA; QL (120 ML per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA; QL (84 ML per 28 days); NDS
<i>cetirizine hcl oral solution 5 mg/5ml</i>	2	
<i>cetirizine hcl solution 1 mg/ml oral (rx)</i>	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	3	B/DPA
<i>cyproheptadine hcl oral tablet</i>	4	
<i>diphenhydramine hcl injection solution</i>	4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution auto-injector</i>	3	QL (4 EA per 30 days)
FASENRAPENSUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days); NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days); NDS
<i>flunisolide nasal solution</i>	4	QL (50 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>fluticasone propionate nasal suspension</i>	1	QL (16 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate oral capsule</i>	4	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution</i>	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	<i>BID</i> PA; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (45 ML per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	2	<i>BID</i> PA; QL (540 ML per 30 days)
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days); NDS
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	<i>BID</i> PA; QL (540 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 EA per 30 days)
<i>macitentan oral tablet</i>	5	PA; QL (30 EA per 30 days); NDS
<i>mometasone furoate nasal suspension</i>	4	QL (34 GM per 30 days)
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
<i>nintedanib esylate oral capsule</i>	5	PA; QL (60 EA per 30 days); NDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 28 days); NDS
OFEV ORAL CAPSULE	5	PA; QL (60 EA per 30 days); NDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (336 EA per 365 days); NDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (672 EA per 365 days); NDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (504 EA per 365 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA;NDS
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days); NDS
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days); NDS
<i>pirfenidone oral tablet 534 mg</i>	5	PA;NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days); NDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	PA;NDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	3	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	4	PA; QL (56 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	4	PA; QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (24 GM per 30 days)
<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide inhalation capsule</i>	4	QL (30 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	5	QL (224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	5	<i>BID</i> PA; QL (280 ML per 28 days); NDS
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	<i>BID</i> PA; QL (280 ML per 28 days); NDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days); NDS
WINREVAIR SUBCUTANEOUS KIT	5	PA; QL (1 EA per 21 days); NDS
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	QL (60 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	5	<i>BID</i> PA; QL (90 ML per 30 days); NDS
<i>zafirlukast oral tablet</i>	4	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA; QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	3	
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	5	PA; QL (540 ML per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 EA per 30 days)
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<i>pnv 27-ca/fe/fa oral tablet</i>	2	
<i>pnv prenatal plus multivit+dha oral</i>	2	
<i>pnv tabs 20-1 oral tablet</i>	2	

Last Update 1/1/2027

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
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Last Update 1/1/2027

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.



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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CLASSIC+OMEGA-3	110	<i>womens multivitamin</i>	111	<i>zafemy</i>	63
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<i>vylibra</i>	63	WEEKLY)	25	<i>zolpidem tartrate</i>	122
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