PO Box 66189
Virginia Beach, VA 23466

Medicare and Medicaid Working Together

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Sentara Community Complete (HMO D-SNP)
2025 List of Covered Drugs (Drug List or Formulary)

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

Formulary ID: **25518**, Version: **27**

This formulary was updated on **10/17/2025**. For more recent information or other questions, please contact us at 1-866-650-1274 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Introduction

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

If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update 10/17/2025

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A. Disclaimers

This is a list of drugs that members can get in Sentara Medicare.

- You can always check Sentara Medicare's up-to-date *List of Covered Drugs* online at sentarahealthplans.com/plans/medicare/prescription-drugs or by calling Member Services at 1-866-650-1274 (TTY 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. This call is free.

- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-650-1274 TTY Relay 1-800-828-1140 or 711. This call is free.

- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-650-1274 (TTY: 711). Someone that speaks your language can help you. This is a free service. Members with alternative hearing or speech communication needs can dial 711 to reach a Telecommunications Relay Services (TRS) operator who can help you. Auxiliary aids and services are available upon request at no cost. Visit us online anytime at sentarahealthplans.com or dmas.virginia.gov.

  English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-650-1274 (TTY: 711). Someone who speaks English can help you. This is a free service.

  Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-650-1274. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

  Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-650-1274。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

  Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-650-1274。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

  Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-650-1274. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-650-1274. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-650-1274 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-650-1274. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-650-1274 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-650-1274. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-650-1274 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: *हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें* 1-866-650-1274 *पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.*

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-650-1274. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-650-1274. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-650-1274. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-650-1274. Ta usługa jest bezpłatna.

If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-650-1274 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Bengali: আপনার স্বাস্থ্য বা ওষুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासे हुनुहुन्छ। दोभासे प्राप्त गर्नका लाग, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाइी मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్‌ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్‌ప్రిటర్‌ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section D are the drugs covered by Sentara Medicare. 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."

- Sentara Medicare 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,
  - Sentara Medicare agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Sentara Medicare 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 sentarahealthplans.com/plans/medicare/prescription-drugs or call Member Services at 1-866-650-1274 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and Sentara Medicare must follow Medicare and Cardinal Care 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 Sentara Medicare 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 will cover another drug.)

For more information on these drug rules, refer to question B4.

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

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not 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 Sentara Medicare's up-to-date *Drug List* online at sentarahealthplans.com/plans/medicare/prescription-drugs. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document 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:

- **Substitutions of certain new versions 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 may 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 will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological 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 will 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.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.

  If your drug is taken off the market, you should contact your prescriber for possible drug alternatives available on our Sentara Medicare drug list.
  - You can find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs, or
  - call Member Services at the numbers listed in the footer of this document.

We may make other changes that affect the drugs you take. We will 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 is not 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 will:
  - 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 is 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 Sentara Medicare before you fill your prescription. Prior authorization is different from a referral. Sentara Medicare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Sentara Medicare limits the amount of a drug you can get.
- **Step therapy:** Sometimes Sentara Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug is not effective for you and ask for the other drug to be covered.
- **Indication-based coverage:** If Sentara Medicare covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered

You can find out if your drug has any additional requirements or limits by looking in the tables in section **D**. You can also get more information by visiting our website at sentarahealthplans.com/plans/medicare/prescription-drugs. We have posted documents online that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can 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 is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

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

The table in the List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index of Covered Drugs in section D. 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 as well as over-the-counter (OTC) 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 are used to treat. For example, if you have a heart condition, you should look in CARDIOVASCULAR AGENTS. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the numbers listed in the footer of this document and ask about it. If you learn that Sentara Medicare will not 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**
- You can ask Sentara Medicare 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 Sentara Medicare 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 are a member of Sentara Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is 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 will allow multiple refills to provide up to a maximum of 30 days of medication.

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

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Sentara Medicare, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Sentara Medicare does not consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Sentara Medicare member.
- This is in addition to the temporary supply during the first 90 days you are a member of Sentara Medicare.

If you are a current member and experience a change in your level of care that requires you to transition from one facility to another, we may cover a one-time temporary fill of the prescription you have now. You can get the temporary one-time fill exception regardless of whether or not you are in your first 90 days of program enrollment. Have your doctor or pharmacist contact Sentara Medicare Member Services at 1-866-650-1274 (TTY users call 711) for more details. Calls to this number are free. You can call this number 24 hours per day, 7 days per week.

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

Yes. You can ask Sentara Medicare to make an exception to cover a drug that is not on the *Drug List*.

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

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

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9** section 7.4 of the *Evidence of Coverage* 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 will give you a decision within 72 hours.

You and your provider can ask the plan to make an exception and cover the drug in the way you would like it covered. If your provider says that you have medical reasons that justify asking us for an exception, your provider can help you request an exception. For example, you can ask the plan to cover a drug even though it is not on the plan's "Drug List." Or you can ask the plan to make an exception and cover the drug without restrictions.

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 will 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.

Sentara Medicare 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 biosimilar 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 *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter." Sentara Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Sentara Medicare *Drug List* to find out what OTC drugs are covered.

B16. Does Sentara Medicare cover non-drug OTC products?

Sentara Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. Contact your Care Coordinator, your provider, or Member Services for more information.

You can read the Sentara Medicare *Drug List* to find out what non-drug OTC products are covered. You can also find information on covered non-drug OTC products by referring to **Chapter 4** of the Evidence of Coverage.

B17. Does Sentara Medicare cover long-term supplies of prescriptions?

Sentara Medicare offers two ways to get a long-term supply (also called an extended supply) of maintenance drugs on our plan's "Drug List." (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

- **Mail-Order Programs**. We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

B18. 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.

B19. What is my copayment?

Sentara Medicare members have a copayment for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

Every drug on the plan's "Drug List" is in one of two (2) cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost-Sharing Tier 1 (lowest cost) are generic drugs.
- Cost-Sharing Tier 2 (highest cost) are brand name drugs.
- OTCs have a $0 copayment

To find out which cost-sharing tier your drug is in, look it up in the plan's "Drug List."

If you have questions, call Member Services at the numbers listed in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Sentara Medicare. 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 Sentara Medicare.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR AGENTS. That is where you will find drugs that treat heart conditions.

The information in the Requirements/Limits column tells you if Sentara Medicare has any special requirements for coverage of your drug. Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage for your drug.

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Member Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

V: Vaccines

Sentara Community Complete Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **212**.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin calcium oral tablet*), brand-name drugs are capitalized (for example., EMGALITY SUBCUTANEIOUS SOLUTION PREFILLED SYRINGE).

The information in the "Requirements/Limits" column tells you if Sentara Medicare has any special rules for covering your drug.

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.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln 50 mg	1	B/D PA; MO
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	B/D PA
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	MO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	MO
flucytosine oral capsule 250 mg, 500 mg	1	MO; NEDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	MO
griseofulvin microsize oral tablet 500 mg	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule 100 mg	1	MO; QL (120 per 30 days)
ketoconazole oral tablet 200 mg	1	MO
micafungin intravenous recon soln 100 mg, 50 mg	1	MO
nystatin oral suspension 100,000 unit/ml	1	MO
nystatin oral tablet 500,000 unit	1	MO
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	PA; MO; NEDS; QL (96 per 30 days)
terbinafine hcl oral tablet 250 mg	1	MO
voriconazole intravenous recon soln 200 mg	1	PA; MO; NEDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; MO; NEDS
voriconazole oral tablet 200 mg	1	PA; MO; QL (120 per 30 days)
voriconazole oral tablet 50 mg	1	PA; MO; QL (480 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
voriconazole-hpbcd intravenous recon soln 200 mg	1	PA; NEDS
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	MO
abacavir oral tablet 300 mg	1	MO
abacavir-lamivudine oral tablet 600-300 mg	1	MO
acyclovir oral capsule 200 mg	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet 400 mg, 800 mg	1	MO
acyclovir sodium intravenous solution 50 mg/ml	1	B/D PA; MO
adefovir oral tablet 10 mg	1	MO
amantadine hcl oral capsule 100 mg	1	MO
amantadine hcl oral solution 50 mg/5 ml	1	MO
amantadine hcl oral tablet 100 mg	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
atazanavir oral capsule 150 mg, 200 mg	1	MO; QL (60 per 30 days)
atazanavir oral capsule 300 mg	1	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	MO; NEDS
cidofovir intravenous solution 75 mg/ml	1	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NEDS
darunavir oral tablet 600 mg	1	MO; NEDS; QL (60 per 30 days)
darunavir oral tablet 800 mg	1	MO; NEDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	MO; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
efavirenz oral tablet 600 mg	1	MO; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	MO; NEDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	MO; NEDS
emtricitabine oral capsule 200 mg	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	MO; NEDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	MO; QL (30 per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
entecavir oral tablet 0.5 mg, 1 mg	1	MO
etravirine oral tablet 100 mg, 200 mg	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	MO
fosamprenavir oral tablet 700 mg	1	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NEDS
ganciclovir sodium intravenous recon soln 500 mg	1	MO
ganciclovir sodium intravenous solution 50 mg/ml	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
lamivudine oral solution 10 mg/ml	1	MO
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	MO
lamivudine-zidovudine oral tablet 150-300 mg	1	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; NEDS; QL (28 per 28 days)
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (336 per 28 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	MO
maraviroc oral tablet 150 mg, 300 mg	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; NEDS; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; NEDS; QL (84 per 28 days)
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	MO
oseltamivir oral suspension for reconstitution 6 mg/ml	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	1	PA; NEDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; NEDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; NEDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	1	NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS
ribavirin oral capsule 200 mg	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine oral tablet 100 mg	1	MO
ritonavir oral tablet 100 mg	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	MO; NEDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	MO; NEDS
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln 50 mg/ml	1	MO; NEDS; QL (1080 per 30 days)
valganciclovir oral tablet 450 mg	1	MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
VEKLURY INTRAVENOUS RECON SOLN 100 MG	1	NEDS
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
zidovudine oral capsule 100 mg	1	MO
zidovudine oral syrup 10 mg/ml	1	MO
zidovudine oral tablet 300 mg	1	MO
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	MO
cefadroxil oral capsule 500 mg	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml	1	MO
cefadroxil oral suspension for reconstitution 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 gram	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir oral capsule 300 mg	1	MO
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
cefepime injection recon soln 1 gram, 2 gram	1	MO
cefixime oral capsule 400 mg	1	MO
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	MO
cefpodoxime oral tablet 100 mg, 200 mg	1	MO
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefprozil oral tablet 250 mg, 500 mg	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	1	MO
cefuroxime axetil oral tablet 250 mg, 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	MO
tazicef intravenous recon soln 1 gram, 2 gram	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO
azithromycin oral packet 1 gram	1	MO
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg	1	MO
azithromycin oral tablet 600 mg	1	MO
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
clarithromycin oral tablet 250 mg, 500 mg	1	MO
clarithromycin oral tablet extended release 24 hr 500 mg	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; NEDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	1	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	MO
erythromycin oral tablet 250 mg, 500 mg	1	MO
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	MO; NEDS
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
atovaquone oral suspension 750 mg/5 ml	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	MO
aztreonam injection recon soln 1 gram	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
chloramphenicol sod succinate intravenous recon soln 1 gram	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	MO
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	MO
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
colistin (colistimethate na) injection recon soln 150 mg	1	MO; QL (30 per 10 days)
dapsone oral tablet 100 mg, 25 mg	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NEDS
daptomycin intravenous recon soln 500 mg	1	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ertapenem injection recon soln 1 gram	1	MO; QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	MO
gentamicin injection solution 40 mg/ml	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (84 per 28 days)
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
ivermectin oral tablet 3 mg	1	PA; MO; QL (20 per 30 days)
lincomycin injection solution 300 mg/ml	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	MO
linezolid oral suspension for reconstitution 100 mg/5 ml	1	MO; NEDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	MO; QL (60 per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	1	
mefloquine oral tablet 250 mg	1	MO
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 2 gram	1	
meropenem intravenous recon soln 500 mg	1	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	1	MO
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin oral tablet 500 mg	1	MO
nitazoxanide oral tablet 500 mg	1	MO; NEDS
pentamidine inhalation recon soln 300 mg	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	1	MO
pinaway oral suspension 50 mg/ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
pinworm treatment oral suspension 50 mg/ml	1	OTC
praziquantel oral tablet 600 mg	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
pyrazinamide oral tablet 500 mg	1	MO
pyrimethamine oral tablet 25 mg	1	PA; MO; NEDS
quinine sulfate oral capsule 324 mg	1	MO
reese's pinworm medicine oral suspension 50 mg/ml	1	MO; OTC
rifabutin oral capsule 150 mg	1	MO
rifampin intravenous recon soln 600 mg	1	MO
rifampin oral capsule 150 mg, 300 mg	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
tigecycline intravenous recon soln 50 mg	1	MO; NEDS
tinidazole oral tablet 250 mg, 500 mg	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; NEDS; QL (224 per 56 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; MO; NEDS; QL (280 per 56 days)
tobramycin inhalation solution for nebulization 300 mg/4 ml	1	PA; MO; NEDS; QL (224 per 28 days)
tobramycin sulfate injection recon soln 1.2 gram	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	QL (2 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
vancomycin intravenous recon soln 1,000 mg	1	MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram, 5 gram	1	QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	MO
vancomycin oral capsule 125 mg, 250 mg	1	MO
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; NEDS; QL (60 per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	MO
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral tablet 500 mg, 875 mg	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	MO
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	

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Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	1	NEDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	MO
penicillin g sodium injection recon soln 5 million unit	1	MO
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	MO
penicillin v potassium oral tablet 250 mg, 500 mg	1	MO
pfizerpen-g injection recon soln 20 million unit, 5 million unit	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
QUINOLONES		

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin hcl oral tablet 750 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin oral solution 250 mg/10 ml	1	MO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	MO
moxifloxacin oral tablet 400 mg	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	MO
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	1	MO
doxy-100 intravenous recon soln 100 mg	1	MO
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	MO
doxycycline monohydrate oral tablet 100 mg, 75 mg	1	MO
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	MO
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	MO
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	1	MO
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	MO
trimethoprim oral tablet 100 mg	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	B/D PA; MO; NEDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	MO; NEDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA; NEDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
levoleucovorin calcium intravenous recon soln 50 mg	1	B/D PA; MO; NEDS
levoleucovorin calcium intravenous solution 10 mg/ml	1	B/D PA; NEDS
mesna intravenous solution 100 mg/ml	1	B/D PA; MO
mesna oral tablet 400 mg	1	MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; NEDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; NEDS; QL (60 per 30 days)
abirtega oral tablet 250 mg	1	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	B/D PA; MO; NEDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO; NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	B/D PA; MO; NEDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	B/D PA; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; NEDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; NEDS; QL (30 per 180 days)
anastrozole oral tablet 1 mg	1	MO
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA; NEDS
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO; NEDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	1	NEDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; NEDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA; NEDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	1	B/D PA; MO; NEDS
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium injection recon soln 100 mg	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA; LA; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	B/D PA; NEDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	B/D PA; MO; NEDS
bexarotene oral capsule 75 mg	1	PA; MO; NEDS
bexarotene topical gel 1 %	1	PA; MO; NEDS; QL (60 per 30 days)
bicalutamide oral tablet 50 mg	1	MO
BLINCYTO INTRAVENOUS KIT 35 MCG	1	NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NEDS
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO; NEDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; NEDS; QL (120 per 30 days)
busulfan intravenous solution 60 mg/10 ml	1	B/D PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO; NEDS
cisplatin intravenous solution 1 mg/ml	1	B/D PA; MO
cladribine intravenous solution 10 mg/10 ml	1	MO; NEDS
clofarabine intravenous solution 1 mg/ml	1	B/D PA; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; NEDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; NEDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; NEDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; NEDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	B/D PA; MO
cyclophosphamide oral capsule 25 mg, 50 mg	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	B/D PA; MO
cyclosporine modified oral solution 100 mg/ml	1	B/D PA
cyclosporine oral capsule 100 mg, 25 mg	1	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NEDS
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	MO
cytarabine (pf) injection solution 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	MO
dacarbazine intravenous recon soln 100 mg, 200 mg	1	B/D PA; MO
dactinomycin intravenous recon soln 0.5 mg	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	NEDS
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; MO; NEDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; NEDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg, 70 mg	1	PA; MO; NEDS; QL (60 per 30 days)
daunorubicin intravenous solution 5 mg/ml	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	1	B/D PA; MO; NEDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA; NEDS
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO; NEDS
doxorubicin intravenous recon soln 10 mg, 50 mg	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	1	B/D PA; MO; NEDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	1	NEDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	MO; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	B/D PA; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	B/D PA; MO; NEDS
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; NEDS; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; NEDS; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN 10,000 UNIT	1	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO
etoposide intravenous solution 20 mg/ml	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA; MO; NEDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NEDS
exemestane oral tablet 25 mg	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
floxuridine injection recon soln 0.5 gram	1	
fludarabine intravenous recon soln 50 mg	1	B/D PA; MO
fludarabine intravenous solution 50 mg/2 ml	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; NEDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; NEDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	1	B/D PA; MO; NEDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	B/D PA; MO; NEDS
GEFITINIB ORAL TABLET 250 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO
gengraf oral solution 100 mg/ml	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gleostine oral capsule 10 mg, 100 mg, 40 mg	1	MO
GOMEKLI ORAL CAPSULE 1 MG	1	PA; NEDS; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; NEDS; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA; NEDS; QL (168 per 28 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	B/D PA; MO; NEDS
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; NEDS; QL (30 per 30 days)
idarubicin intravenous solution 1 mg/ml	1	B/D PA; MO
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram, 3 gram	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; NEDS; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; NEDS; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; NEDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; MO; NEDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA; NEDS
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO; NEDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	B/D PA; MO; NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (28 per 28 days)
IWILFIN ORAL TABLET 192 MG	1	PA; LA; NEDS; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	B/D PA; MO; NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	MO; NEDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	B/D PA; MO; NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	MO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	MO; NEDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; NEDS; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; NEDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; NEDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; NEDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NEDS; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	B/D PA; NEDS
lapatinib oral tablet 250 mg	1	PA; MO; NEDS; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; NEDS; QL (60 per 30 days)
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS
letrozole oral tablet 2.5 mg	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (150 per 30 days)
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; MO
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (60 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; NEDS
MATULANE ORAL CAPSULE 50 MG	1	NEDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet 20 mg, 40 mg	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; NEDS; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
melphalan hcl intravenous recon soln 50 mg	1	B/D PA; NEDS
mercaptopurine oral suspension 20 mg/ml	1	MO; NEDS
mercaptopurine oral tablet 50 mg	1	MO
methotrexate sodium (pf) injection recon soln 1 gram	1	B/D PA
methotrexate sodium (pf) injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium oral tablet 2.5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 40 mg	1	B/D PA; MO; NEDS
mitoxantrone intravenous concentrate 2 mg/ml	1	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	B/D PA; NEDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	PA; LA; NEDS; QL (120 per 30 days)
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	1	B/D PA; MO
mycophenolate mofetil oral capsule 250 mg	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	B/D PA; MO; NEDS
mycophenolate mofetil oral tablet 500 mg	1	B/D PA; MO
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	B/D PA; MO; NEDS
nelarabine intravenous solution 250 mg/50 ml	1	B/D PA; MO; NEDS
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg	1	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	B/D PA; MO; NEDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO; NEDS
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	1	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; NEDS; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; NEDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; NEDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; NEDS; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; NEDS; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; NEDS; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	B/D PA; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; NEDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	MO; NEDS
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; NEDS; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; NEDS; QL (90 per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
oxaliplatin intravenous recon soln 100 mg	1	B/D PA
oxaliplatin intravenous recon soln 50 mg	1	B/D PA; MO
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel intravenous concentrate 6 mg/ml	1	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	MO; NEDS
pazopanib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	B/D PA; MO; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; NEDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; NEDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	MO; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; NEDS; QL (21 per 28 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
QINLOCK ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; NEDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; NEDS; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
romidepsin intravenous recon soln 10 mg/2 ml	1	B/D PA; NEDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; NEDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	MO; NEDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NEDS; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	1	NEDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; NEDS; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; NEDS; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	B/D PA; MO
sirolimus oral solution 1 mg/ml	1	B/D PA; MO; NEDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO; NEDS
sorafenib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG	1	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; NEDS; QL (840 per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	B/D PA; MO; NEDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO; NEDS
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	1	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; NEDS; QL (28 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA; NEDS
thiotepa injection recon soln 15 mg	1	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	MO; NEDS
topotecan intravenous recon soln 4 mg	1	B/D PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	B/D PA; MO; NEDS
toremifene oral tablet 60 mg	1	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	B/D PA; MO; NEDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	B/D PA; MO; NEDS
tretinoin (antineoplastic) oral capsule 10 mg	1	MO; NEDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; NEDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; NEDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	B/D PA; NEDS
valrubicin intravesical solution 40 mg/ml	1	B/D PA; MO; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NEDS; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	MO; NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; NEDS; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; NEDS; QL (56 per 28 days)
vinblastine intravenous solution 1 mg/ml	1	MO
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; NEDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; NEDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	NEDS
WELIREG ORAL TABLET 40 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1)	1	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	1	PA; LA; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; NEDS; QL (24 per 30 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS; QL (32 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	B/D PA; MO; NEDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	B/D PA; NEDS
YONSA ORAL TABLET 125 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	NEDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	MO
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	NEDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	MO; QL (600 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet 200 mg	1	MO
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension 2.5 mg/ml	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
divalproex oral capsule, delayed rel sprinkle 125 mg	1	MO
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
eslicarbazepine oral tablet 200 mg	1	MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	MO
ethosuximide oral solution 250 mg/5 ml	1	MO
felbamate oral suspension 600 mg/5 ml	1	MO; NEDS
felbamate oral tablet 400 mg, 600 mg	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; NEDS; QL (360 per 30 days)
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; NEDS; QL (720 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	1	MO; QL (1200 per 28 days)
lacosamide oral solution 10 mg/ml	1	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	MO
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	MO
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	MO
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	MO
methsuximide oral capsule 300 mg	1	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	MO
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	MO; NEDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	MO; NEDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	MO; QL (900 per 30 days)
primidone oral tablet 125 mg	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension 40 mg/ml	1	PA; MO; NEDS; QL (2400 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
rufinamide oral tablet 200 mg	1	PA; MO; NEDS; QL (480 per 30 days)
rufinamide oral tablet 400 mg	1	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	MO; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	MO
topiramate oral solution 25 mg/ml	1	MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid oral capsule 250 mg	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; NEDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG, 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; NEDS; QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine injection solution 1 mg/ml	1	MO
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
bromocriptine oral capsule 5 mg	1	MO
bromocriptine oral tablet 2.5 mg	1	MO
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
entacapone oral tablet 200 mg	1	MO
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
rasagiline oral tablet 0.5 mg, 1 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	MO
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	PA; NEDS; QL (8 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NEDS; QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg	1	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; NEDS; QL (150 per 30 days)
AUSTEDO ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; NEDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; NEDS; QL (28 per 180 days)
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; NEDS; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; NEDS; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; NEDS; QL (60 per 30 days)
donepezil oral tablet 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet 23 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet 5 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet,disintegrating 5 mg	1	MO; QL (30 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; LA; NEDS
fingolimod oral capsule 0.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	MO; QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	MO; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	MO; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; NEDS; QL (1.2 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	PA; MO; QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	PA; MO; QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	PA; MO; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	1	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; MO; NEDS; QL (20 per 180 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NEDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; NEDS; QL (70 per 28 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; NEDS; QL (70 per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	MO; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	MO; QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; NEDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 25 mg	1	PA; MO; NEDS; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; MO; NEDS; QL (15 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; NEDS; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; NEDS; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
baclofen oral tablet 20 mg	1	MO; QL (120 per 30 days)
carisoprodol oral tablet 350 mg	1	MO; QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
tizanidine oral tablet 2 mg, 4 mg	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; NEDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; NEDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; NEDS; QL (180 per 30 days)
buprenorphine hcl injection syringe 0.3 mg/ml	1	NEDS
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA; MO; NEDS; QL (4 per 28 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
endocet oral tablet 5-325 mg	1	MO; NEDS; QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; NEDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; NEDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; NEDS; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; NEDS; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	NEDS; QL (360 per 30 days)
hydromorphone oral liquid 1 mg/ml	1	MO; NEDS; QL (2400 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	1	MO; NEDS; QL (180 per 30 days)
hydromorphone oral tablet 8 mg	1	MO; NEDS; QL (180 per 30 days)
methadone injection solution 10 mg/ml	1	NEDS
methadone intensol oral concentrate 10 mg/ml	1	PA; MO; NEDS; QL (90 per 30 days)
methadone oral concentrate 10 mg/ml	1	PA; NEDS; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; NEDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; NEDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; NEDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
methadose oral concentrate 10 mg/ml	1	PA; MO; NEDS; QL (90 per 30 days)
morphine injection syringe 4 mg/ml	1	MO; NEDS
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet 15 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; MO; NEDS; QL (120 per 30 days)
oxycodone oral capsule 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	MO; NEDS; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 20 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
8 hour pain reliever oral tablet extended release 650 mg	1	OTC
8hr muscle aches-pain oral tablet extended release 650 mg	1	OTC
acetaminophen extra strength oral tablet 500 mg	1	OTC
acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml	1	MO; OTC
acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml	1	OTC
acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)	1	OTC
ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML	1	OTC
acetaminophen oral tablet 325 mg, 500 mg	1	MO; OTC
acetaminophen oral tablet extended release 650 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
acetaminophen oral tablet,disintegrating 80 mg	1	OTC
acetaminophen rectal suppository 120 mg, 650 mg	1	MO; OTC
addaprin oral tablet 200 mg	1	OTC
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	1	OTC
advil junior strength oral tablet,chewable 100 mg	1	MO; OTC
alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
all day pain relief oral tablet 220 mg	1	OTC
all day relief oral tablet 220 mg	1	MO; OTC
aminofen oral tablet 325 mg	1	OTC
antacid and pain relief oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
arthritis pain (diclofenac) topical gel 1 %	1	OTC
arthritis pain relief (acetam) oral tablet extended release 650 mg	1	OTC
arthritis pain reliever oral tablet extended release 650 mg	1	OTC
aspercreme arthritis pain topical gel 1 %	1	OTC
aspirin childrens oral tablet,chewable 81 mg	1	OTC
aspirin oral tablet 325 mg	1	MO; OTC
aspirin oral tablet,chewable 81 mg	1	MO; OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1	MO; OTC
aspirin rectal suppository 300 mg	1	MO; OTC
back and body pain reliever oral tablet 500-32.5 mg	1	OTC
backache relief extra strength oral tablet 580 (467) mg	1	OTC
bayer aspirin oral tablet 325 mg	1	MO; OTC
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1	MO; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	1	MO; OTC
betatemp oral suspension 160 mg/5 ml	1	OTC
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	MO; NEDS; QL (10 per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	MO
child pain rel-fever reducer rectal suppository 120 mg	1	OTC
children's acetaminophen oral liquid 160 mg/5 ml	1	OTC
children's acetaminophen oral suspension 160 mg/5 ml	1	MO; OTC
children's acetaminophen oral suspension 160 mg/5 ml (5 ml)	1	OTC
children's acetaminophen oral tablet,chewable 160 mg, 80 mg	1	OTC
children's advil oral suspension 100 mg/5 ml	1	MO; OTC
children's aspirin oral tablet,chewable 81 mg	1	OTC
children's easy-melts oral tablet,disintegrating 80 mg	1	OTC
children's fever reducing rectal suppository 120 mg	1	OTC
children's ibuprofen oral suspension 100 mg/5 ml	1	OTC
children's mapap oral tablet,chewable 160 mg, 80 mg	1	MO; OTC
children's motrin jr strength oral tablet,chewable 100 mg	1	MO; OTC
children's non-aspirin oral suspension 160 mg/5 ml	1	OTC
children's non-aspirin oral tablet,chewable 160 mg	1	OTC
children's pain relief oral suspension 160 mg/5 ml	1	OTC
children's pain relief oral tablet,chewable 160 mg	1	OTC
children's pain reliever oral suspension 160 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
children's pain-fever relief oral liquid 160 mg/5 ml	1	OTC
children's pain-fever relief oral suspension 160 mg/5 ml	1	MO; OTC
children's pain-fever relief oral tablet,chewable 160 mg	1	OTC
children's profen ib oral suspension 100 mg/5 ml	1	OTC
children's tylenol oral tablet,chewable 160 mg	1	OTC
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	1	MO
diclofenac sodium topical gel 1 %	1	MO; OTC; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	MO; NEDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	MO
diflunisal oral tablet 500 mg	1	MO
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	1	MO; OTC
ed-apap oral liquid 160 mg/5 ml	1	OTC
enteric coated aspirin oral tablet,delayed release (dr/ec) 81 mg	1	OTC
etodolac oral capsule 200 mg, 300 mg	1	MO
etodolac oral tablet 400 mg, 500 mg	1	MO
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	MO
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC
feverall rectal suppository 120 mg	1	OTC
feverall rectal suppository 325 mg	1	MO; OTC
flanax (naproxen) oral tablet 220 mg	1	OTC
flurbiprofen oral tablet 100 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
headache relief (asa-acet-caf) oral tablet 250-250-65 mg	1	OTC
ibu oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibu-200 oral tablet 200 mg	1	OTC
ibuprofen ib oral tablet,chewable 100 mg	1	OTC
ibuprofen jr strength oral tablet,chewable 100 mg	1	OTC
ibuprofen oral capsule 200 mg	1	MO; OTC
ibuprofen oral drops,suspension 50 mg/1.25 ml	1	OTC
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 200 mg	1	MO; OTC
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
ibuprofen oral tablet,chewable 100 mg	1	OTC
indomethacin oral capsule 25 mg, 50 mg	1	MO
infant's acetaminophen oral suspension 160 mg/5 ml	1	MO; OTC
infant's ibuprofen oral drops,suspension 50 mg/1.25 ml	1	MO; OTC
infant's motrin oral drops,suspension 50 mg/1.25 ml	1	MO; OTC
infants' pain and fever oral suspension 160 mg/5 ml	1	OTC
infants' pain relief oral suspension 160 mg/5 ml	1	OTC
infants profenib oral drops,suspension 50 mg/1.25 ml	1	OTC
i-prin oral tablet 200 mg	1	OTC
jr. strength pain reliever oral tablet,disintegrating 160 mg	1	OTC
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
kindermed kids pain-fever oral suspension 160 mg/5 ml	1	OTC
little remedies fever and pain oral liquid 160 mg/5 ml	1	OTC
mapap (acetaminophen) oral capsule 500 mg	1	MO; OTC
mapap (acetaminophen) oral liquid 500 mg/15 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
maxrelief junior oral suspension 160 mg/5 ml	1	OTC
mediproxen oral tablet 220 mg	1	OTC
medi-seltzer oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
menstrual pain relief oral tablet 500-25-15 mg	1	OTC
menstrual relief(pamabr-pyril) oral tablet 500-25-15 mg	1	OTC
migraine formula oral tablet 250-250-65 mg	1	OTC
migraine relief oral tablet 250-250-65 mg	1	OTC
motrin arthritis pain topical gel 1 %	1	MO; OTC
motrin ib oral capsule 200 mg	1	MO; OTC
motrin ib oral tablet 200 mg	1	MO; OTC
m-pap oral liquid 160 mg/5 ml	1	OTC
nabumetone oral tablet 500 mg, 750 mg	1	MO
naloxone injection solution 0.4 mg/ml	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naloxone nasal spray,non-aerosol 4 mg/actuation	1	MO; SUPP
naltrexone oral tablet 50 mg	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen sodium oral capsule 220 mg	1	MO; OTC
naproxen sodium oral tablet 220 mg	1	OTC
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
non-aspirin extra strength oral tablet 500 mg	1	OTC
non-aspirin oral tablet 325 mg	1	OTC
non-aspirin oral tablet,chewable 80 mg	1	OTC
non-aspirin pain relief oral tablet 500 mg	1	OTC
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	1	MO

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Drug Name	Drug Tier	Requirements/Limits
oxaprozin oral tablet 600 mg	1	MO
pain relief (acetaminophen) oral liquid 160 mg/5 ml	1	OTC
pain relief (acetaminophen) oral tablet 325 mg, 500 mg	1	OTC
pain relief (acetaminophen) oral tablet extended release 650 mg	1	OTC
pain relief (ibuprofen) oral tablet 200 mg	1	OTC
pain relief adult oral liquid 500 mg/15 ml	1	OTC
pain relief es (acetaminophen) oral tablet 500 mg	1	OTC
pain reliever (acetam-aspirin) oral tablet 250-250-65 mg	1	OTC
pain reliever (acetaminophen) oral tablet 325 mg, 500 mg	1	OTC
pain reliever (acetaminophen) rectal suppository 650 mg	1	OTC
pain reliever es(acetaminophn) oral tablet 500 mg	1	OTC
pain reliever plus oral tablet 250-250-65 mg	1	MO; OTC
pain-off oral tablet 250-250-65 mg	1	OTC
percogesic backache relief oral tablet 580 (467) mg	1	OTC
pharbetol oral tablet 325 mg, 500 mg	1	OTC
piroxicam oral capsule 10 mg, 20 mg	1	MO
st joseph aspirin oral tablet,chewable 81 mg	1	MO; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	1	MO; OTC
sulindac oral tablet 150 mg, 200 mg	1	MO
TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC
tramadol oral tablet 50 mg	1	MO; NEDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MO; NEDS; QL (240 per 30 days)
tri-buffered aspirin oral tablet 325 mg	1	MO; OTC
vanquish oral tablet 250-250-65 mg	1	OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
wal-profen oral capsule 200 mg	1	OTC
wal-profen oral tablet 200 mg	1	OTC
wal-proxen oral tablet 220 mg	1	OTC
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	MO; QL (150 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	MO
aripiprazole oral solution 1 mg/ml	1	MO; QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	MO; NEDS; QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; NEDS; QL (3.9 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; MO; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; NEDS; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 5 mg	1	MO
buspirone oral tablet 30 mg, 7.5 mg	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; NEDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	MO
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	MO
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
citalopram oral solution 10 mg/5 ml	1	MO
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium oral tablet 15 mg	1	MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; QL (360 per 30 days)
clozapine oral tablet 100 mg, 25 mg	1	
clozapine oral tablet 200 mg	1	
clozapine oral tablet 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; NEDS; QL (56 per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	MO
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	MO
diazepam injection solution 5 mg/ml	1	
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	MO; QL (240 per 30 days)
diazepam oral concentrate 5 mg/ml	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	MO; QL (120 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin oral concentrate 10 mg/ml	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; NEDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	PA; NEDS
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	PA; NEDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
flumazenil intravenous solution 0.1 mg/ml	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	MO
fluphenazine hcl oral concentrate 5 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	PA; MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection solution 5 mg/ml	1	MO
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; NEDS; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; NEDS; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; NEDS; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; NEDS; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; NEDS; QL (2.63 per 90 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	MO
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	1	MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	MO; QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	MO
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	MO
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	MO
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
mirtazapine oral tablet 7.5 mg	1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	MO
nighttime sleep-aid (doxylamn) oral tablet 25 mg	1	OTC
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	MO
nortriptyline oral solution 10 mg/5 ml	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	MO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	MO; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	MO
phenelzine oral tablet 15 mg	1	MO
pimozide oral tablet 1 mg, 2 mg	1	MO
protriptyline oral tablet 10 mg, 5 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 150 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (1800 per 30 days)
ramelteon oral tablet 8 mg	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; NEDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; NEDS; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
sleep aid (doxylamine) oral tablet 25 mg	1	MO; OTC
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; NEDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)
tasimelteon oral capsule 20 mg	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
temazepam oral capsule 15 mg, 30 mg	1	MO; QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
tranylcypromine oral tablet 10 mg	1	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone oral tablet 300 mg	1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; NEDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; NEDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; NEDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; NEDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; NEDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; NEDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; NEDS; QL (0.21 per 28 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NEDS
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; NEDS; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
wal-som (doxylamine) oral tablet 25 mg	1	OTC
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; LA; NEDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	MO
zolpidem oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS; QL (28 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	MO
amiodarone oral tablet 200 mg	1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	MO
pacerone oral tablet 100 mg, 400 mg	1	MO
pacerone oral tablet 200 mg	1	MO
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	MO
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	MO
quinidine sulfate oral tablet 200 mg, 300 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	MO
aliskiren oral tablet 150 mg, 300 mg	1	MO
amiloride oral tablet 5 mg	1	MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MO
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	MO
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	MO
betaxolol oral tablet 10 mg, 20 mg	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MO
bumetanide injection solution 0.25 mg/ml	1	MO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	MO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
chlorothiazide sodium intravenous recon soln 500 mg	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	MO; QL (4 per 28 days)
diltiazem hcl intravenous recon soln 100 mg	1	
diltiazem hcl intravenous solution 5 mg/ml	1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg	1	MO; QL (90 per 30 days)
diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg	1	MO; QL (180 per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	

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Drug Name	Drug Tier	Requirements/Limits
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	MO
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	MO
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	MO
furosemide injection solution 10 mg/ml	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MO
guanfacine oral tablet 1 mg, 2 mg	1	MO
hydralazine injection solution 20 mg/ml	1	MO
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
hydrochlorothiazide oral capsule 12.5 mg	1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	1	MO
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	MO
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MO
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MO
mannitol 20 % intravenous parenteral solution 20 %	1	
mannitol 25 % intravenous solution 25 %	1	MO
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methyldopa oral tablet 250 mg	1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	MO
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
metyrosine oral capsule 250 mg	1	PA; MO; NEDS
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
moexipril oral tablet 15 mg, 7.5 mg	1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
nicardipine oral capsule 20 mg, 30 mg	1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	MO
nimodipine oral capsule 30 mg	1	MO
nisoldipine oral tablet extended release 24 hr 17 mg	1	
nisoldipine oral tablet extended release 24 hr 25.5 mg, 34 mg, 8.5 mg	1	MO
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	MO
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	MO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	1	PA; MO; NEDS; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; NEDS; QL (336 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; NEDS; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg	1	PA; MO; NEDS
osmitrol 20 % intravenous parenteral solution 20 %	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
phentolamine injection recon soln 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	MO
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	MO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	MO
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	1	MO; NEDS
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NEDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	MO
verapamil intravenous solution 2.5 mg/ml	1	
verapamil intravenous syringe 2.5 mg/ml	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	1	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MO
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; NEDS; QL (60 per 30 days)
aminocaproic acid oral solution 250 mg/ml (25 %)	1	MO; NEDS
aminocaproic acid oral tablet 1,000 mg	1	MO; NEDS
aminocaproic acid oral tablet 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	1	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	1	PA; MO
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	MO; QL (60 per 30 days)
dipyridamole intravenous solution 5 mg/ml	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	1	PA; MO; NEDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 75 mg	1	PA; MO; NEDS; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	1	MO; QL (30 per 28 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	MO; NEDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	MO; NEDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	MO; NEDS; QL (18 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML	1	MO
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
pentoxifylline oral tablet extended release 400 mg	1	MO
phytonadione (vitamin k1) oral tablet 5 mg	1	MO; SUPP
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
protamine intravenous solution 10 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
rivaroxaban oral tablet 2.5 mg	1	MO; QL (60 per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	1	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	MO; QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
cholestyramine (with sugar) oral powder 4 gram	1	MO
cholestyramine (with sugar) oral powder in packet 4 gram	1	MO
cholestyramine light oral powder 4 gram	1	MO
cholestyramine light oral powder in packet 4 gram	1	MO
colesevelam oral powder in packet 3.75 gram	1	MO
colesevelam oral tablet 625 mg	1	MO
colestipol oral granules 5 gram	1	MO
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	MO
endur-acin oral tablet extended release 250 mg, 500 mg, 750 mg	1	OTC
ezetimibe oral tablet 10 mg	1	MO
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	MO
fenofibric acid oral tablet 35 mg	1	
gemfibrozil oral tablet 600 mg	1	MO
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NEDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
niacin (inositol niacinate) oral capsule 500 mg	1	MO; OTC
niacin oral capsule, extended release 250 mg	1	MO; OTC
niacin oral capsule, extended release 500 mg	1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	1	MO; OTC
NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG	1	MO; OTC
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	MO
niacin oral tablet extended release 250 mg, 500 mg	1	MO; OTC
niacinamide oral tablet 500 mg	1	MO; OTC
niavasc 750 oral tablet extended release 750 mg	1	OTC
niavasc oral tablet extended release 500 mg	1	OTC
omega-3 acid ethyl esters oral capsule 1 gram	1	MO
omega-3 fatty acids oral capsule 1,000 mg	1	OTC
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	ST; MO; QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
prevalite oral powder 4 gram	1	MO
prevalite oral powder in packet 4 gram	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (1 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO
slo-niacin oral tablet extended release 500 mg	1	MO; OTC
super omega-3 oral capsule 1,000 mg	1	OTC
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	1	PA; NEDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
digoxin oral tablet 62.5 mcg (0.0625 mg)	1	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	1	
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; NEDS; QL (30 per 30 days)
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)
LODOCO ORAL TABLET 0.5 MG	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	1	
milrinone intravenous solution 1 mg/ml	1	
norepinephrine bitartrate intravenous solution 1 mg/ml	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	MO
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
sodium nitroprusside intravenous solution 25 mg/ml	1	
VECAMYL ORAL TABLET 2.5 MG	1	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; NEDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	MO
nitro-bid transdermal ointment 2 %	1	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
calcipotriene scalp solution 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	MO; QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (10 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
selenium sulfide topical lotion 2.5 %	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; NEDS; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
thera-gel topical shampoo 0.5 %	1	MO; OTC
therapeutic shampoo topical shampoo 0.5 %, 1 %	1	OTC
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (12 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; NEDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
KERATOLYTICS		
ACNE CONTROL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
acne pads topical pads, medicated 2 %	1	OTC
callus removers topical adhesive patch,medicated 40 %	1	OTC
CERAVE PSORIASIS TOPICAL CREAM 2 %	1	OTC
compound w topical liquid 17 %	1	MO; OTC
corn remover topical adhesive patch,medicated 40 %	1	OTC
DAILY ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
daily face wash topical cleanser 2 %	1	OTC
dermarest psoriasis medicated topical shampoo 3 %	1	OTC
dr scholl's clear away topical adhesive patch,medicated 40 %	1	OTC
duofilm topical liquid 17 %	1	OTC
duragel callus removers topical adhesive patch,medicated 40 %	1	OTC
liquid corn and callus remover topical liquid 17 %	1	OTC
mediplast corn-callus-wart topical adhesive patch,medicated 40 %	1	MO; OTC
NEUTROGENA OIL-FREE ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
plantar wart remover topical adhesive patch,medicated 40 %	1	OTC
psoriasis medicated topical shampoo 3 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
rapid clear treatment pads topical pads, medicated 2 %	1	OTC
sebex topical shampoo 2-2 %	1	MO; OTC
selsun blue (salicylic acid) topical shampoo 3 %	1	MO; OTC
selsun blue naturals topical shampoo 3 %	1	MO; OTC
therapeutic dandruff shampoo topical shampoo 3 %	1	OTC
wart remover topical adhesive patch,medicated 40 %	1	OTC
wart remover topical gel 17 %	1	OTC
wart remover topical liquid 17 %	1	OTC
MISCELLANEOUS DERMATOLOGICALS		
a and d (lanolin-petrolatum) topical ointment	1	MO; OTC
A AND D DIAPER RASH CREAM TOPICAL CREAM 1-10 %	1	MO; OTC
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (6 per 28 days)
advanced healing (petrolatum) topical ointment 41 %	1	OTC
ammonium lactate topical cream 12 %	1	MO
ammonium lactate topical lotion 12 %	1	MO
analgesic balm (m.salic-menth) topical cream 15-10 %	1	OTC
analgesic creme topical cream 10 %	1	OTC
anecream topical cream 4 %	1	MO; OTC
anti-itch (menthol-camphor) topical lotion 0.5-0.5 %	1	MO; OTC
anti-itch vaginal (benz-resor) topical cream 5-2 %	1	OTC
aquagard topical ointment 41 %	1	OTC
arthricream topical cream 10 %	1	OTC
ARTHRITIS PAIN RELIEF (HISTAM) TOPICAL CREAM 0.025 %	1	OTC
arthritis pain relief(capsaic) topical cream 0.1 %	1	OTC
arthritis topical cream 10 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
aspercreme topical cream 10 %	1	MO; OTC
asperflex (lidocaine) topical cream 4 %	1	OTC
asperflex(m.salicylat-menthol) topical cream 15-10 %	1	OTC
AVEENO ECZEMA NIGHT ITCH RLF TOPICAL CREAM 1 %	1	OTC
AVEENO MOISTURIZING TOPICAL CREAM 1 %	1	MO; OTC
baby skin protectant (pet) topical ointment 41 %	1	OTC
beta care topical cream	1	MO; OTC
biofreeze (menthol) topical adhesive patch,medicated 5 %	1	OTC
biofreeze overnight topical adhesive patch,medicated 5 %	1	OTC
BOUDREAUXS BUTT PASTE TOPICAL OINTMENT 16 %, 40 %	1	MO; OTC
burn relief with aloe topical aerosol,spray 0.5 %	1	OTC
calamine phenolated topical lotion	1	OTC
calamine-zinc oxide topical lotion 8-8 %	1	MO; OTC
calamine-zinc oxide-phenol topical suspension 8-8-1 %	1	OTC
CALMOSEPTINE TOPICAL OINTMENT 0.44-20.6 %	1	MO; OTC
calprotect topical ointment 0.44-20.6 %	1	OTC
camphor topical spirit	1	OTC
CAPSAICIN TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
capsaicin topical cream 0.025 %, 0.1 %	1	MO; OTC
CAPSAICIN TOPICAL LIQUID 0.15 %	1	OTC
CAPZASIN TOPICAL LIQUID 0.15 %	1	OTC
capzasin-hp topical cream 0.1 %	1	MO; OTC
capzix topical cream 0.1 %	1	OTC
CERAMIDES 1,3,6-II TOPICAL CREAM	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CERAVE DAILY MOISTURIZING TOPICAL LOTION	1	MO; OTC
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE	1	MO; OTC
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM	1	OTC
CERAVE TOPICAL CREAM	1	MO; OTC
CETAPHIL MOISTURIZING TOPICAL CREAM	1	MO; OTC
CETAPHIL MOISTURIZING TOPICAL LOTION	1	MO; OTC
CETAPHIL TOPICAL CLEANSER	1	OTC
CHEST RUB TOPICAL OINTMENT 4.8-1.2-2.6 %	1	OTC
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	1	
cold and hot (m.salic-menthol) topical cream 30-10 %	1	OTC
cold and hot (m.salic-menthol) topical ointment 29-7.6 %	1	OTC
cold and hot (menthol) topical adhesive patch,medicated 5 %	1	MO; OTC
cool and heat topical adhesive patch,medicated 5 %	1	OTC
cool heat (m-salicylate-menth) topical cream 30-10 %	1	OTC
dermabase topical cream	1	MO; OTC
dermacinrx lidocan topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
dermavantage topical lotion	1	OTC
diaper rash topical ointment 40 %	1	OTC
dibucaine topical ointment 1 %	1	MO; OTC
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DIMETHICONE TOPICAL CREAM 2 %	1	OTC
dry skin therapy(with lanolin) topical lotion	1	OTC
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
dynarub topical cream 15-10 %	1	OTC
ECZEMA CARE TOPICAL CREAM 1 %	1	OTC
ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
eucalyptus oil oil	1	OTC
EUCERIN BABY ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
EUCERIN ECZEMA RELIEF TOPICAL CREAM 1 %	1	MO; OTC
eucerin original topical lotion	1	MO; OTC
EUCERIN TOPICAL CREAM	1	MO; OTC
excel-gel topical gel	1	OTC
EXIGENCE TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
FEMININE ANTI-ITCH TOPICAL CREAM 20-3 %	1	OTC
finger cream topical cream	1	OTC
FIRST AID (LIDOCAINE-BENZALK) TOPICAL SPRAY,NON-AEROSOL 2.5-0.13 %	1	OTC
FLANDERS BUTTOCKS TOPICAL OINTMENT	1	OTC
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution 2 %	1	MO
fluorouracil topical solution 5 %	1	MO
GLYCERIN TOPICAL SOLUTION 99.5 %	1	MO; OTC
glydo mucous membrane jelly in applicator 2 %	1	MO; QL (60 per 30 days)
GOLD BOND MEDICATED FOOT TOPICAL POWDER 1 %	1	OTC
gordons-vite e topical cream	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
hemorrhoidal-analgesic topical ointment 1 %	1	OTC
HOT AND COLD PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
hydrolatum topical ointment	1	OTC
hydroseptine topical ointment 0.44-20.6 %	1	OTC
ice blue gel topical gel 2 %	1	OTC
icy hot (menthol) topical adhesive patch,medicated 5 %	1	MO; OTC
ICY HOT PATCH (LIDO-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	MO; OTC
imiquimod topical cream in packet 5 %	1	MO
johnson's baby oil topical oil	1	MO; OTC
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
LIDOCAINE TOPICAL CREAM 4 %	1	MO; OTC
lidocaine topical ointment 5 %	1	MO; QL (36 per 30 days)
lidocaine viscous mucous membrane solution 2 %	1	
LIDOCAINE-MENTHOL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
lidocaine-prilocaine topical cream 2.5-2.5 %	1	MO; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
LIDOPRO (LIDOCAINE-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
LIDOZALL TOPICAL CREAM 4 %	1	OTC
LIDOZENPATCH TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
LMX 4 TOPICAL CREAM 4 %	1	MO; OTC
lubrisilk topical lotion	1	OTC
MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
MEDICATED RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 3.1-10-6 %	1	OTC
menthol topical adhesive patch,medicated 5 %	1	OTC
menthol-zinc oxide topical ointment 0.44-20.6 %	1	MO; OTC
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	MO; NEDS
MINERIN CREME TOPICAL CREAM	1	MO; OTC
minerin topical lotion	1	MO; OTC
mobisyl topical cream 10 %	1	MO; OTC
moisture barrier ointment topical ointment 0.44-20.6 %	1	OTC
MOISTURIZING CREAM TOPICAL CREAM	1	OTC
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION	1	OTC
moiturizing lotion topical lotion	1	OTC
muscle rub topical cream 15-10 %	1	MO; OTC
muscle rub ultra-strength topical cream 4-30-10 %	1	OTC
no sting barrier film topical swab	1	MO; OTC
NULIDO PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
olive oil oil	1	OTC
pain relief (trolamine salicy) topical cream 10 %	1	OTC
pain relieving (benzocaine) topical ointment 20 %	1	OTC
pain relieving (menthol) topical adhesive patch,medicated 5 %	1	OTC
pain relieving cream topical cream 4-30-10 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
pain relieving(cam-m.sal-ment) topical adhesive patch,medicated	1	OTC
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
PERIANAL CLEANSING TOPICAL CLEANSER	1	OTC
PERIFRESH TOPICAL CLEANSER	1	OTC
petroleum jelly topical gel	1	OTC
petroleum jelly, white topical gel	1	OTC
pimecrolimus topical cream 1 %	1	PA; MO; QL (100 per 30 days)
podofilox topical solution 0.5 %	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	1	
protective ointment topical ointment	1	OTC
RE-LIEVED LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
SALONPAS TOPICAL ADHESIVE PATCH,MEDICATED 3.1 %-10 %-6 % (LARGE), 3.1-10-6 %	1	MO; OTC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
silver sulfadiazine topical cream 1 %	1	MO
skin protectant a-d (pet, lan) topical ointment	1	OTC
skin treatment topical lotion 12 %	1	OTC
sorbidon hydrate topical cream	1	OTC
ssd topical cream 1 %	1	MO
tacrolimus topical ointment 0.03 %, 0.1 %	1	PA; MO; QL (100 per 30 days)
thera-derm topical lotion	1	MO; OTC
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	1	OTC
therapeutic moisturizing topical cream	1	OTC
tiger balm topical adhesive patch,medicated 230-70 mg	1	MO; OTC
tiger balm topical ointment , 11-11 %	1	MO; OTC

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
tridacaine ii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
VAGICAINE TOPICAL CREAM 20-3 %	1	OTC
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
vanicream topical cream	1	MO; OTC
VIT E-WHEAT GERM-ALOE VERA TOPICAL OINTMENT	1	OTC
vitamin a and d diaper rash topical ointment	1	OTC
vitamin a and d topical ointment	1	OTC
vits a and d-white pet-lanolin topical ointment	1	MO; OTC
walgreens dry skin treatment topical ointment 41 %	1	OTC
WHITE PETROLATUM TOPICAL GEL	1	MO; OTC
white petrolatum topical ointment	1	OTC
white petrolatum topical ointment in packet	1	OTC
white petroleum jelly topical gel	1	OTC
XERAC AC TOPICAL SOLUTION 6.25 %	1	MO; OTC
ZINC OXIDE DIAPER CREAM TOPICAL CREAM 1-10 %	1	OTC
zinc oxide topical cream 22 %	1	OTC
zinc oxide topical ointment , 25 %, 40 %	1	OTC
zinc oxide topical ointment 20 %	1	MO; OTC
zostrix-hp topical cream 0.1 %	1	OTC
ZYLOTROL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acne cleansing bar topical bar 10 %	1	OTC
acne control(benzoyl peroxide) topical cleanser 10 %	1	OTC
acne foaming wash topical cleanser 10 %	1	OTC
acne medication topical gel 10 %	1	OTC
ACNE MEDICATION TOPICAL GEL 5 %	1	OTC
acne treatment (benzoyl perox) topical cream 10 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
acne treatment (benzoyl perox) topical gel 10 %	1	OTC
acne-clear topical gel 10 %	1	OTC
advanced exfoliating cleanser topical cleanser 5 %	1	OTC
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
azelaic acid topical gel 15 %	1	MO
benzoyl peroxide topical cleanser 10 %, 5 %	1	MO; OTC
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	1	MO; OTC
bp wash topical cleanser 10 %, 5 %	1	MO; OTC
CERAVE ACNE TOPICAL CLEANSER 4 %	1	OTC
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clearasil daily clear(benzoyl) topical cream 10 %	1	MO; OTC
clindacin etz topical swab 1 %	1	MO
clindacin p topical swab 1 %	1	
clindamycin phosphate topical gel 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	1	MO
creamy acne face topical cleanser 4 %	1	OTC
ery pads topical swab 2 %	1	MO
erythromycin with ethanol topical solution 2 %	1	MO
foaming acne face wash topical cleanser 10 %	1	OTC
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	MO
metronidazole topical gel 0.75 %	1	MO
metronidazole topical gel 1 %	1	MO
metronidazole topical gel with pump 1 %	1	MO
metronidazole topical lotion 0.75 %	1	MO
panoxyl topical cleanser 10 %, 4 %	1	MO; OTC
targeted acne spot treatment topical cream 2.5 %	1	OTC
tazarotene topical cream 0.1 %	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
tazarotene topical gel 0.05 %, 0.1 %	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANTIBACTERIALS		
antibiotic (bacitracin zinc) topical ointment 500 unit/gram	1	OTC
antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram	1	OTC
antibiotic plus (pramoxine) topical cream 3.5-10,000-10 mg-unit-mg/gram	1	OTC
ANTIBIOTIC PLUS PAIN REL(PRAM) TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	OTC
antibiotic-pain relief (bacit) topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
bacitracin topical ointment 500 unit/gram	1	MO; OTC
bacitracin topical packet 500 unit/gram	1	MO; OTC
bacitracin zinc topical ointment 500 unit/gram	1	MO; OTC
bacitracin zinc topical ointment in packet 500 unit/gram	1	OTC
bacitraycin plus topical ointment 500 unit/gram	1	OTC
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	MO; OTC
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	1	OTC
first aid antibiotic-pain rlf topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
gentamicin topical cream 0.1 %	1	MO; QL (60 per 30 days)
gentamicin topical ointment 0.1 %	1	MO; QL (60 per 30 days)
multi antibiotic plus topical cream 3.5-10,000-10 mg-unit-mg/gram	1	OTC
mupirocin topical ointment 2 %	1	MO; QL (44 per 30 days)
neosporin plus burn relief topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
NEOSPORIN PLUS PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	MO; OTC
neosporin plus painrelief(bac) topical ointment 3.5-500-10,000 mg-unit-unit/g	1	MO; OTC
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	OTC
sulfacetamide sodium (acne) topical suspension 10 %	1	MO
triple antibiotic plus topical ointment 3.5-500-10,000 mg-unit-unit/g	1	MO; OTC
triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram	1	MO; OTC
triple antibiotic topical ointment in packet 3.5-400-5,000 mg-unit-unit	1	OTC
triple antibiotic-pain relief topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
wal-sporin topical ointment 500-10,000 unit/gram	1	OTC
TOPICAL ANTIFUNGALS		
ALEVAZOL TOPICAL OINTMENT 1 %	1	MO; OTC
antifungal (clotrimazole) topical cream 1 %	1	OTC
antifungal (tolnaftate) topical aerosol,spray 1 %	1	OTC
antifungal (tolnaftate) topical cream 1 %	1	OTC
antifungal (tolnaftate) topical solution 1 %	1	OTC
antifungal spray topical aerosol powder 1 %	1	OTC
antifungal topical cream 2 %	1	OTC
antifungal topical powder 2 %	1	OTC
athlete's foot (clotrimazole) topical cream 1 %	1	OTC
athlete's foot (clotrimazole) topical solution 1 %	1	OTC
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	1	OTC
athlete's foot (tolnaftate) topical aerosol powder 1 %	1	OTC
athlete's foot (tolnaftate) topical aerosol,spray 1 %	1	OTC
athlete's foot (tolnaftate) topical cream 1 %	1	OTC
athlete's foot topical aerosol powder 2 %	1	OTC
athlete's foot topical powder 2 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
athletic foot cream topical cream 1 %	1	OTC
baza antifungal topical cream 2 %	1	MO; OTC
blis-to-sol (tolnaftate) topical solution 1 %	1	OTC
BUTENAFINE TOPICAL CREAM 1 %	1	MO; OTC
ciclopirox topical cream 0.77 %	1	MO; QL (90 per 28 days)
ciclopirox topical gel 0.77 %	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo 1 %	1	MO; QL (120 per 28 days)
ciclopirox topical solution 8 %	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension 0.77 %	1	MO; QL (60 per 28 days)
clotrimazole topical cream 1 %	1	MO; QL (45 per 28 days)
clotrimazole topical solution 1 %	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	MO; QL (60 per 28 days)
desenex topical cream 2 %	1	OTC
desenex topical powder 2 %	1	MO; OTC
econazole nitrate topical cream 1 %	1	MO; QL (85 per 28 days)
foot and sneaker topical aerosol powder 1 %	1	OTC
formula 3 topical solution 1 %	1	OTC
fungi-nail (tolnaftate) topical solution 1 %	1	OTC
gentian violet topical solution 1 %, 2 %	1	MO; OTC
inzo antifungal topical cream 2 %	1	OTC
itch relief (clotrimazole) topical cream 1 %	1	OTC
jock itch (clotrimazole) topical cream 1 %	1	OTC
jock itch (terbinafine) topical cream 1 %	1	OTC
jock itch topical aerosol powder 1 %	1	OTC
ketoconazole topical cream 2 %	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo 2 %	1	MO; QL (120 per 28 days)
klayesta topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
lamisil af topical aerosol powder 1 %	1	MO; OTC
LAMISIL AT TOPICAL CREAM 1 %	1	MO; OTC
lotrimin af powder topical aerosol powder 2 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
LOTRIMIN AF TOPICAL AEROSOL,SPRAY 2 %	1	OTC
LOTRIMIN ULTRA TOPICAL CREAM 1 %	1	MO; OTC
micomitin topical solution 1 %	1	OTC
miconazole nitrate topical aerosol powder 2 %	1	OTC
miconazole nitrate topical cream 2 %	1	MO; OTC
miconazole nitrate topical powder 2 %	1	OTC
miconazorb af topical powder 2 %	1	OTC
micotrin ac topical cream 1 %	1	OTC
micotrin al topical solution 1 %	1	OTC
micotrin ap topical powder 2 %	1	OTC
micro-guard topical powder 2 %	1	MO; OTC
naftifine topical cream 1 %, 2 %	1	MO; QL (60 per 28 days)
nyamyc topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	MO; QL (60 per 28 days)
nystop topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
odor control foot-sneaker topical aerosol powder 1 %	1	OTC
odor-x athlete's foot topical aerosol powder 1 %	1	OTC
remedy phytoplex antifungal topical powder 2 %	1	OTC
ringworm topical cream 1 %	1	OTC
TERBINAFINE HCL TOPICAL CREAM 1 %	1	MO; OTC
tinactin topical aerosol powder 1 %	1	MO; OTC
toe area treatment antifungal topical solution 1 %	1	OTC
tolnafi-al topical solution 1 %	1	OTC
tolnaftate topical aerosol powder 1 %	1	OTC
tolnaftate topical cream 1 %	1	MO; OTC
tolnaftate topical powder 1 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
zeasorb af topical powder 2 %	1	MO; OTC
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	MO; QL (30 per 30 days)
docosanol topical cream 10 %	1	MO; OTC
penciclovir topical cream 1 %	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone topical cream 0.05 %	1	MO
alclometasone topical ointment 0.05 %	1	MO
anti-itch (hc) topical cream 1 %	1	OTC
anti-itch (hc) topical ointment 1 %	1	OTC
anti-itch(hydrocortisone)-aloe topical cream 1 %	1	OTC
aquaphor itch relief topical ointment 1 %	1	MO; OTC
beta-hc topical lotion 1 %	1	MO; OTC
betamethasone dipropionate topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone dipropionate topical ointment 0.05 %	1	MO; QL (180 per 30 days)
betamethasone valerate topical cream 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical ointment 0.1 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical ointment 0.05 %	1	MO; QL (180 per 30 days)
clobetasol scalp solution 0.05 %	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical ointment 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
clodan topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
cortisone (hydrocortisone) topical cream 1 %	1	OTC
cortisone cooling topical gel 1 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
cortisone with aloe topical cream 1 %	1	OTC
cortizone-10 feminine itch topical cream 1 %	1	OTC
cortizone-10 topical cream 1 %	1	MO; OTC
cortizone-10 topical gel 1 %	1	OTC
cortizone-10 topical ointment 1 %	1	OTC
cortizone-10 with aloe topical cream 1 %	1	MO; OTC
dermarest eczema (hydrocort) topical lotion 1 %	1	MO; OTC
desonide topical cream 0.05 %	1	MO; QL (60 per 30 days)
desonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical ointment 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical solution 0.01 %	1	MO; QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical solution 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	1	MO; QL (120 per 30 days)
halobetasol propionate topical cream 0.05 %	1	MO; QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	MO; QL (50 per 30 days)
hydrocortisone acetate topical cream 0.5 %, 1 %	1	OTC
hydrocortisone acetate topical ointment 1 %	1	OTC
hydrocortisone plus topical cream 1 %	1	OTC
hydrocortisone topical cream 0.5 %	1	MO; OTC
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 1 %	1	OTC
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 0.5 %	1	OTC
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate topical cream 0.2 %	1	MO; QL (180 per 30 days)
hydrocortisone-aloe vera topical cream 0.5 %	1	OTC
hydrocortisone-aloe vera topical cream 1 %	1	MO; OTC
hydrocream topical cream 1 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
itch relief (hc) topical ointment 1 %	1	OTC
itch relief (hc) with aloe topical cream 1 %	1	OTC
mometasone topical cream 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical solution 0.1 %	1	MO; QL (180 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	MO; QL (454 per 30 days)
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
complete lice treatment topical kit 4-0.33-0.5 %	1	OTC
CROTAN TOPICAL LOTION 10 %	1	MO
ivermectin topical lotion 0.5 %	1	MO; OTC
lice bedding spray aerosol,spray 0.5 %	1	OTC
lice killing (permethrin) topical liquid 1 %	1	OTC
lice killing topical shampoo 0.33-4 %	1	MO; OTC
lice solution topical kit 4-0.33-0.5 %	1	OTC
lice treatment (permethrin) topical liquid 1 %	1	OTC
lice treatment topical liquid 1 %	1	OTC
malathion topical lotion 0.5 %	1	MO
permethrin topical cream 5 %	1	MO
rid complete lice elim kit topical kit 4-0.33-0.5 %	1	OTC
rid lice killing topical shampoo 0.33-4 %	1	MO; OTC
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous solution 200 mg/ml (20 %)	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
acetic acid irrigation solution 0.25 %	1	MO
anagrelide oral capsule 0.5 mg, 1 mg	1	MO
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	MO
carglumic acid oral tablet, dispersible 200 mg	1	PA; MO; NEDS
cevimeline oral capsule 30 mg	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML	1	MO; OTC
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (300 per 30 days)
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	MO
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	MO
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; MO; NEDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NEDS
deferiprone oral tablet 500 mg	1	PA; MO; NEDS
deferoxamine injection recon soln 2 gram, 500 mg	1	MO
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 25 % in water (d25w) intravenous syringe	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	MO
dextrose 5 %-lactated ringers intravenous parenteral solution	1	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	1	PA; NEDS; QL (60 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; MO; NEDS; QL (900 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	1	PA; LA; NEDS; QL (60 per 30 days)
JOINT HEALTH ORAL TABLET 40-10-5-3.3 MG	1	OTC
levocarnitine (with sugar) oral solution 100 mg/ml	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet 330 mg	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	1	MO; OTC
MELATONIN ORAL CAPSULE 10 MG, 5 MG	1	MO; OTC
MELATONIN ORAL CAPSULE 3 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MELATONIN ORAL LIQUID 2.5 MG/10 ML	1	OTC
melatonin oral liquid 5 mg/15 ml	1	OTC
melatonin oral tablet 1 mg, 3 mg, 5 mg	1	MO; OTC
melatonin oral tablet 10 mg	1	OTC
melatonin oral tablet extended release 1 mg	1	MO; OTC
MELATONIN ORAL TABLET EXTENDED RELEASE 10 MG	1	OTC
melatonin oral tablet extended release 3 mg	1	OTC
MELATONIN ORAL TABLET, IR AND ER, BIPHASIC 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,CHEWABLE 2.5 MG, 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,DISINTEGRATING 12 MG, 5 MG	1	MO; OTC
melatonin oral tablet,disintegrating 3 mg	1	MO; OTC
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg	1	MO; OTC
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	1	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NEDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
riluzole oral tablet 50 mg	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sodium benzoate-sod phenylacet intravenous solution 10-10 %	1	NEDS
sodium chloride 0.9 % intravenous parenteral solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation solution 0.9 %	1	MO
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA; MO; NEDS
sodium phenylbutyrate oral tablet 500 mg	1	PA; MO; NEDS
sodium polystyrene sulfonate oral powder 15 gram	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	1	PA; LA; NEDS; QL (60 per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; LA; NEDS; QL (30 per 30 days)
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	MO
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
TAVNEOS ORAL CAPSULE 10 MG	1	PA; LA; NEDS; QL (180 per 30 days)
trientine oral capsule 250 mg	1	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
WHITE WAX (BEESWAX) WAX 100 %	1	OTC
XIAFLEX INJECTION RECON SOLN 0.9 MG	1	PA; NEDS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
benzphetamine oral tablet 50 mg	1	MO; SUPP
diethylpropion oral tablet 25 mg	1	MO; SUPP
diethylpropion oral tablet extended release 75 mg	1	MO; SUPP
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	1	SUPP
LOMAIRA ORAL TABLET 8 MG	1	MO; SUPP
ORLISTAT ORAL CAPSULE 120 MG	1	PA; MO; SUPP
phendimetrazine tartrate oral capsule, extended release 105 mg	1	MO; SUPP
phendimetrazine tartrate oral tablet 35 mg	1	MO; SUPP
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	MO; SUPP
phentermine oral tablet 37.5 mg	1	MO; SUPP

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Drug Name	Drug Tier	Requirements/Limits
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	SUPP
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	1	SUPP
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; NEDS; QL (3 per 28 days)
XENICAL ORAL CAPSULE 120 MG	1	PA; MO; SUPP
MISCELLANEOUS NEUROLOGICAL THERAPY		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)
NEUTRACEUTICALS		
CHILDREN'S COUGH-MUCUS ORAL SYRUP 6 GRAM-38 MG- 38 MG/5 ML	1	OTC
CHILD'S COUGH ORAL SYRUP 6 GRAM-38 MG-9 MG-1.7 MG/5 ML	1	OTC
MELATONIN-LEMON BALM LEAF EXTR ORAL TABLET 10-1 MG, 5-500 MG-MCG	1	OTC
melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg	1	OTC
melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg	1	OTC
MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET, IR AND ER, BIPHASIC 10-10 MG	1	MO; OTC
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 5-10 mg	1	MO; OTC
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	MO
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	MO; OTC; QL (720 per 30 days)
nicotine (polacrilex) buccal lozenge 2 mg	1	MO; OTC
nicotine (polacrilex) buccal lozenge 4 mg	1	MO; OTC; QL (20 per 1 day)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	MO; OTC; QL (30 per 30 days)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	MO; OTC; QL (1 per 1 day)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	MO
quit 2 buccal gum 2 mg	1	OTC; QL (24 per 1 day)
quit 2 buccal lozenge 2 mg	1	OTC
quit 4 buccal gum 4 mg	1	OTC; QL (24 per 1 day)
quit 4 buccal lozenge 4 mg	1	OTC
stop smoking aid buccal lozenge 2 mg, 4 mg	1	OTC; QL (20 per 1 day)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
altamist nasal aerosol,spray 0.65 %	1	OTC
ayr saline nasal aerosol,spray 0.65 %	1	MO; OTC
ayr saline nasal drops 0.65 %	1	MO; OTC
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
baby ayr saline nasal drops 0.65 %	1	MO; OTC
BIOTENE MOISTURIZING MOUTH MUCOUS MEMBRANE SPRAY,NON-AEROSOL	1	MO; OTC
children's saline nasal spray nasal aerosol,spray 0.65 %	1	OTC
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	MO
cough drops mucous membrane lozenge 10 mg	1	OTC
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5 MG, 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG	1	OTC
deep sea nasal nasal aerosol,spray 0.65 %	1	MO; OTC
denta 5000 plus dental cream 1.1 %	1	MO
dentagel dental gel 1.1 %	1	MO
fluoride (sodium) dental cream 1.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	1	MO; OTC
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	MO; QL (30 per 30 days)
kourzeq dental paste 0.1 %	1	
little remedies nasal aerosol,spray 0.65 %	1	MO; OTC
little remedies saline nasal aerosol,spray 0.65 %	1	OTC
MEDIKOFF (MENTHOL) MUCOUS MEMBRANE LOZENGE 5.8 MG	1	OTC
NASAL MIST NASAL AEROSOL,SPRAY 0.9 %	1	OTC
nasal moisturizing nasal aerosol,spray 0.65 %	1	OTC
nasal spray (sodium chloride) nasal aerosol,spray 0.65 %	1	OTC
neilmed pediat sinus rinse ref sinus irrigation packet	1	MO; OTC
neilmed sinus rinse refill sinus irrigation packet	1	MO; OTC
olopatadine nasal spray,non-aerosol 0.6 %	1	MO
periogard mucous membrane mouthwash 0.12 %	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	1	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	1	MO
saline mist nasal aerosol,spray 0.65 %	1	MO; OTC
saline nasal mist nasal aerosol,spray 0.65 %	1	OTC
saline nasal nasal aerosol,spray 0.65 %	1	MO; OTC
sf 5000 plus dental cream 1.1 %	1	MO
sf dental gel 1.1 %	1	MO
SIMPLY SALINE NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC
sinus rinse sinus irrigation packet	1	MO; OTC
sodium fluoride 5000 dry mouth dental paste 1.1 %	1	MO
sodium fluoride 5000 plus dental cream 1.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	MO
triamcinolone acetonide dental paste 0.1 %	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	MO
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	MO
clearcanal earwax softener otic (ear) drops 6.5 %	1	MO; OTC
ear drops (carbamide peroxide) otic (ear) drops 6.5 %	1	OTC
ear wax drops otic (ear) drops 6.5 %	1	OTC
ear wax removal drops otic (ear) drops 6.5 %	1	MO; OTC
ear wax removal kit otic (ear) drops 6.5 %	1	OTC
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	MO
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	MO
murine ear wax removal system otic (ear) drops 6.5 %	1	MO; OTC
ofloxacin otic (ear) drops 0.3 %	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	MO
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortrophin gel injection gel 80 unit/ml	1	PA; MO; NEDS; QL (35 per 28 days)
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	MO
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	MO
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	MO
fludrocortisone oral tablet 0.1 mg	1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	MO
hydrocortisone sod succinate injection recon soln 100 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml	1	MO
methylprednisolone acetate injection suspension 80 mg/ml	1	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	B/D PA; MO
methylprednisolone oral tablets,dose pack 4 mg	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	1	MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)	1	MO
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisone intensol oral concentrate 5 mg/ml	1	MO
prednisone oral solution 5 mg/5 ml	1	MO
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets,dose pack 10 mg	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack)	1	
prednisone oral tablets,dose pack 5 mg	1	MO
prednisone oral tablets,dose pack 5 mg (48 pack)	1	
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet 50 mg	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads topical pads, medicated	1	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	MO
diazoxide oral suspension 50 mg/ml	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NEDS; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NEDS; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; MO; NEDS
cabergoline oral tablet 0.5 mg	1	MO
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	MO; QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	MO
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg, 60 mg	1	MO; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	1	MO; NEDS; QL (120 per 30 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
danazol oral capsule 100 mg, 200 mg, 50 mg	1	MO
desmopressin injection solution 4 mcg/ml	1	MO
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	MO
doxercalciferol intravenous solution 4 mcg/2 ml	1	MO
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; MO; NEDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; MO; NEDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; LA; NEDS
ISTURISA ORAL TABLET 1 MG	1	PA; LA; NEDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (360 per 30 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; MO; NEDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
mifepristone oral tablet 300 mg	1	PA; MO; NEDS; QL (120 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; MO; NEDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (730 per 730 days)
ORILISSA ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (360 per 180 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	MO
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; MO; NEDS
sapropterin oral tablet,soluble 100 mg	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA; MO
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; MO; NEDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; MO; NEDS
THYROID HORMONES		
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	1	

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Drug Name	Drug Tier	Requirements/Limits
levothyroxine 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	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL	1	OTC
anti-diarrheal (lope)-anti-gas oral tablet 2-125 mg	1	OTC
anti-diarrheal (loperamide) oral capsule 2 mg	1	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML	1	OTC
anti-diarrheal (loperamide) oral tablet 2 mg	1	MO; OTC
anti-diarrheal oral suspension 262 mg/15 ml	1	OTC
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
bismuth subsalicylate oral tablet,chewable 262 mg	1	MO; OTC
daily probiotic (s. boulardii) oral capsule 250 mg	1	OTC
diamode oral tablet 2 mg	1	OTC
diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml	1	OTC
dicyclomine oral capsule 10 mg	1	MO
dicyclomine oral solution 10 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
dicyclomine oral tablet 20 mg	1	MO
digest probiotic (s.boulardii) oral capsule 250 mg	1	OTC
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE PROB GUMMY ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL	1	OTC
digestive relief oral tablet 262 mg	1	OTC
diotame oral tablet,chewable 262 mg	1	OTC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
florastor oral capsule 250 mg	1	MO; OTC
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection solution 0.2 mg/ml	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	1	MO; OTC
kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml	1	OTC
k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml	1	OTC
loperamide oral capsule 2 mg	1	MO
LOPERAMIDE ORAL LIQUID 1 MG/7.5 ML	1	MO; OTC
loperamide oral tablet 2 mg	1	OTC
loperamide-simethicone oral tablet 2-125 mg	1	OTC
MOOD SUPPORT PROBIOTIC ORAL CAPSULE 3 BILLION CELL- 57 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMUL PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 BILLION CELL -15 MG	1	MO; OTC
opium tincture oral tincture 10 mg/ml (morphine)	1	MO
pepto-bismol oral tablet,chewable 262 mg	1	MO; OTC
pepto-bismol to-go oral tablet,chewable 262 mg	1	OTC
pink bismuth maximum strength oral suspension 525 mg/15 ml	1	OTC
pink bismuth oral suspension 525 mg/15 ml	1	OTC
pink bismuth oral tablet 262 mg	1	OTC
pink bismuth oral tablet,chewable 262 mg	1	OTC
PROBIOTIC (B. COAGULANS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL	1	OTC
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
probiotic (s.boulardii) oral capsule 250 mg	1	MO; OTC
probiotic colon support oral capsule 1.5 billion cell	1	OTC
PROBIOTIC ORAL CAPSULE 100 BILLION CELL	1	OTC
probiotic oral capsule 20 billion cell, 3 billion cell	1	OTC
probiotic oral capsule, sprinkle 20 billion cell	1	OTC
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL	1	OTC
saccharomyces boulardii oral capsule 250 mg	1	MO; OTC
senior probiotic oral capsule 15 billion cell	1	OTC
soothe (bismuth subsalicylate) oral tablet 262 mg	1	OTC
soothe (bismuth subsalicylate) oral tablet,chewable 262 mg	1	OTC
soothe regular strength oral suspension 262 mg/15 ml	1	OTC
stomach relief max strength oral suspension 525 mg/15 ml	1	OTC
stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml	1	MO; OTC
stomach relief oral tablet 262 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
stomach relief oral tablet,chewable 262 mg	1	OTC
stomach relief original oral suspension 262 mg/15 ml	1	OTC
super probiotic oral capsule 20 billion cell	1	OTC
MISCELLANEOUS GASTROINTESTINAL AGENTS		
acid gone antacid e.strength oral tablet,chewable 160-105 mg	1	MO; OTC
acid gone antacid oral suspension 95-358 mg/15 ml	1	MO; OTC
advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml	1	OTC
almacone-2 oral suspension 400-400-40 mg/5 ml	1	MO; OTC
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO; NEDS
alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml	1	OTC
antacid (calcium carb-mag hyd) oral tablet,chewable 550-110 mg	1	OTC
antacid anti-gas oral suspension 400-400-40 mg/5 ml	1	OTC
ANTACID EXST (CA CARB-MAG HYD) ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
antacid exst (mag carb-al hyd) oral tablet,chewable 160-105 mg	1	OTC
antacid m oral suspension 200-200-20 mg/5 ml	1	OTC
antacid maximum strength oral suspension 400-400-40 mg/5 ml	1	OTC
ANTACID MULTI-SYMPTOM ORAL TABLET,CHEWABLE 675-135-60 MG	1	OTC
antacid oral suspension 200-200-20 mg/5 ml	1	OTC
antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml	1	OTC
antacid regular strength oral suspension 200-200-20 mg/5 ml	1	OTC
antacid ultra strength oral tablet,chewable 470 mg calcium (1,177 mg)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML	1	MO; OTC
antacid-antigas oral suspension 400-400-40 mg/5 ml	1	OTC
ANTI-GAS ULTRA STRENGTH ORAL CAPSULE 180 MG	1	OTC
ANTI-ITCH (PRAMOXINE) TOPICAL LOTION 1 %	1	OTC
anti-nausea oral solution	1	MO; OTC
aprepitant oral capsule 125 mg, 40 mg	1	B/D PA; MO; QL (2 per 28 days)
aprepitant oral capsule 80 mg	1	B/D PA; MO; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	B/D PA; MO; QL (6 per 28 days)
balsalazide oral capsule 750 mg	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NEDS
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	MO; OTC
bisacodyl rectal suppository 10 mg	1	MO; OTC
budesonide oral capsule,delayed,extend.release 3 mg	1	MO
budesonide oral tablet,delayed and ext.release 9 mg	1	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	1	PA; MO; LA; NEDS; QL (450 per 30 days)
BYLVAY ORAL PELLET 200 MCG	1	PA; MO; LA; NEDS; QL (240 per 30 days)
BYLVAY ORAL PELLET 600 MCG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
chocolate laxative oral tablet,chewable 15 mg	1	OTC
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; NEDS; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; NEDS; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; NEDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; NEDS; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	1	MO
citroma oral solution	1	OTC
citrucel oral tablet 500 mg	1	MO; OTC
clearlax oral powder 17 gram/dose	1	MO; OTC
clearlax oral powder in packet 17 gram	1	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	1	MO; OTC
comfort gel extra strength oral suspension 400-400-40 mg/5 ml	1	OTC
comfort gel oral suspension 200-200-20 mg/5 ml	1	OTC
compro rectal suppository 25 mg	1	MO
constulose oral solution 10 gram/15 ml	1	MO
CORTIFOAM RECTAL FOAM 10 % (80 MG)	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
cromolyn oral concentrate 100 mg/5 ml	1	MO
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM	1	OTC
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/7 GRAM	1	OTC
DAILY FIBER ORAL CAPSULE 0.4 GRAM	1	OTC
daily fiber oral capsule 0.52 gram	1	OTC
dimenhydrinate oral tablet 50 mg	1	OTC
docusate calcium oral capsule 240 mg	1	OTC
docusate sodium oral capsule 100 mg, 250 mg	1	MO; OTC
docusate sodium oral liquid 50 mg/5 ml	1	MO; OTC
docusate sodium oral tablet 100 mg	1	OTC
docuzen oral tablet 8.6-50 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
dok oral tablet 100 mg	1	MO; OTC
driminate oral tablet 50 mg	1	MO; OTC
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	B/D PA
droperidol injection solution 2.5 mg/ml	1	MO
dss oral capsule 250 mg	1	OTC
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	1	MO; OTC
dulcolax stool softener (dss) oral capsule 100 mg	1	MO; OTC
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM	1	OTC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
enema disposable rectal enema 19-7 gram/118 ml	1	OTC
enema rectal enema 19-7 gram/118 ml	1	OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA; MO; NEDS; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	MO
evac-u-gen (sennosides) oral tablet 8.6 mg	1	OTC
fiber (calcium polycarbophil) oral tablet 625 mg	1	MO; OTC
fiber (dextrin) oral powder 3 gram/3.5 gram	1	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	OTC
fiber (psyllium husk) oral capsule 0.52 gram	1	OTC
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	1	OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
fiber laxative (ca polycarbo) oral tablet 625 mg	1	OTC
fiber laxative (psyllium husk) oral capsule 0.52 gram	1	OTC
fiber laxative(methylcellulos) oral tablet 500 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
fiber supplement (inulin) oral tablet,chewable 2 gram	1	OTC
fiber therapy (ca polycarboph) oral tablet 625 mg	1	OTC
fiber therapy (m-cell/sugar) oral powder 2 gram/19 gram	1	MO; OTC
fiber therapy (m-cellulose) oral tablet 500 mg	1	OTC
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	OTC
fiber therapy laxative (husk) oral capsule 0.52 gram	1	OTC
fiber-caps (psyllium husk) oral capsule 0.52 gram	1	OTC
fiber-lax oral tablet 625 mg	1	MO; OTC
fiber-tabs oral tablet 625 mg	1	OTC
fleet bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	OTC
fleet docusate oral capsule 100 mg	1	OTC
fleet enema rectal enema 19-7 gram/118 ml	1	MO; OTC
fleet glycerin (adult) rectal suppository	1	MO; OTC
foaming antacid oral suspension 95-358 mg/15 ml	1	OTC
gas relief (simethicone) oral capsule 125 mg	1	OTC
gas relief (simethicone) oral capsule 180 mg	1	MO; OTC
gas relief (simethicone) oral tablet,chewable 125 mg, 80 mg	1	OTC
gas relief 80 (simethicone) oral tablet,chewable 80 mg	1	OTC
gas relief extra strength oral capsule 125 mg	1	MO; OTC
gas relief extra strength oral tablet,chewable 125 mg	1	MO; OTC
gas relief ultra strength oral capsule 180 mg	1	OTC
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG	1	MO; OTC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
gavilax oral powder 17 gram/dose	1	MO; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	MO
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
gavilyte-n oral recon soln 420 gram	1	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	1	MO; OTC
generlac oral solution 10 gram/15 ml	1	MO
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
gentle laxative (bisacodyl) rectal suppository 10 mg	1	MO; OTC
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	1	OTC
gentlelax oral powder 17 gram/dose	1	OTC
geri-kot oral tablet 8.6 mg	1	MO; OTC
geri-lanta oral suspension 200-200-20 mg/5 ml	1	MO; OTC
geri-lanta oral suspension 400-400-40 mg/5 ml	1	OTC
geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml	1	MO; OTC
geri-mox antacid-antigas oral suspension 400-400-40 mg/5 ml	1	OTC
glycerin (adult) rectal suppository	1	MO; OTC
glycerin (child) rectal suppository	1	MO; OTC
granisetron hcl oral tablet 1 mg	1	B/D PA; MO
healthylax oral powder in packet 17 gram	1	MO; OTC
heartburn antacid oral tablet,chewable 160-105 mg	1	OTC
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	1	OTC
heartburn relief oral tablet,chewable 160-105 mg	1	OTC
hydrocortisone rectal enema 100 mg/60 ml	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream with perineal applicator 2.5 %	1	
infants gas relief oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
infants' mylicon oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
infants simethicone oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
lactulose oral solution 10 gram/15 ml	1	MO
laxacin oral tablet 8.6-50 mg	1	OTC
laxaclear oral powder 17 gram/dose	1	OTC
laxative (bisacodyl) oral tablet 5 mg	1	OTC
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
laxative (bisacodyl) rectal suppository 10 mg	1	OTC
laxative (sennosides) oral tablet 15 mg, 25 mg	1	OTC
laxative peg 3350 oral powder 17 gram/dose	1	OTC
laxative pills oral tablet 25 mg	1	OTC
laxative pills regular oral tablet 15 mg	1	OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
liquid antacid oral suspension 400-400-40 mg/5 ml	1	OTC
little remedies gas relief oral drops,suspension 40 mg/0.6 ml	1	OTC
little tummys gas relief oral drops,suspension 40 mg/0.6 ml	1	OTC
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; LA; NEDS; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; LA; NEDS; QL (90 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	PA; LA; NEDS; QL (60 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	MO; QL (60 per 30 days)
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG	1	OTC
magnesium citrate oral solution	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
magnesium hydroxide oral suspension 400 mg/5 ml	1	OTC
meclizine oral tablet 12.5 mg, 25 mg	1	MO
meclizine oral tablet,chewable 25 mg	1	MO; OTC
medi-meclizine oral tablet 25 mg	1	OTC
mesalamine oral capsule (with del rel tablets) 400 mg	1	MO
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	MO
mesalamine rectal enema 4 gram/60 ml	1	MO
mesalamine rectal suppository 1,000 mg	1	MO
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	MO
META APPETITE CTRL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/12 GRAM	1	MO; OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	1	OTC
METAMUCIL FIBER (ASPARTAME) ORAL POWDER IN PACKET 3.4 GRAM	1	MO; OTC
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
METAMUCIL ORAL CAPSULE 0.4 GRAM	1	MO; OTC
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM	1	MO; OTC
metoclopramide hcl injection solution 5 mg/ml	1	MO
metoclopramide hcl injection syringe 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	MO
metoclopramide hcl oral tablet 10 mg, 5 mg	1	MO
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	1	OTC
milk of magnesia oral suspension 400 mg/5 ml	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
mineral oil heavy oral oil	1	OTC
mineral oil oral oil	1	MO; OTC
mineral oil rectal enema	1	OTC
mintox maximum strength oral suspension 400-400-40 mg/5 ml	1	MO; OTC
mintox plus oral tablet,chewable 200-200-25 mg	1	MO; OTC
miralax oral powder in packet 17 gram	1	MO; OTC
mix-in laxative oral powder in packet 17 gram	1	OTC
motion sickness (meclizine) oral tablet 25 mg	1	OTC
motion sickness oral tablet 50 mg	1	OTC
motion sickness relief oral tablet 50 mg	1	OTC
motion sickness relief(mecliz) oral tablet 25 mg	1	OTC
motion sickness relief(mecliz) oral tablet,chewable 25 mg	1	OTC
motion-time oral tablet,chewable 25 mg	1	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
mylanta maximum strength oral suspension 400-400-40 mg/5 ml	1	OTC
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
natural fiber laxative (sugar) oral powder	1	OTC
natural fiber laxative oral capsule 0.52 gram	1	OTC
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM	1	OTC
natural veg laxative(sennosid) oral tablet 8.6 mg	1	OTC
natura-lax oral powder 17 gram/dose	1	OTC
nausea relief oral solution	1	OTC
nitroglycerin rectal ointment 0.4 % (w/w)	1	MO
ondansetron hcl (pf) injection syringe 4 mg/2 ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
onelax bisacodyl rectal suppository 10 mg	1	MO; OTC
onelax magnesium citrate oral solution	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
onelax senna oral syrup 8.8 mg/5 ml	1	OTC
palonosetron intravenous syringe 0.25 mg/5 ml	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln 420 gram	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
PHAZYME ORAL CAPSULE 180 MG	1	MO; OTC
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	1	OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	MO; OTC
polyethylene glycol 3350 oral powder in packet 17 gram	1	MO; OTC
powderlax oral powder 17 gram/dose	1	OTC
PRAX TOPICAL LOTION 1 %	1	MO; OTC
prochlorperazine maleate oral oral tablet 10 mg, 5 mg	1	MO
prochlorperazine rectal suppository 25 mg	1	MO
procto-med hc topical cream with perineal applicator 2.5 %	1	MO
proctosol hc topical cream with perineal applicator 2.5 %	1	MO
proctozone-hc topical cream with perineal applicator 2.5 %	1	MO
promolaxin oral tablet 100 mg	1	OTC
PSYLLIUM HUSK ORAL CAPSULE 0.4 GRAM	1	MO; OTC
psyllium husk oral capsule 0.52 gram	1	OTC
pure and gentle (saline) rectal enema 19-7 gram/118 ml	1	OTC
purelax oral powder 17 gram/dose	1	OTC
purelax oral powder in packet 17 gram	1	OTC
ready-to-use enema rectal enema 19-7 gram/118 ml	1	MO; OTC
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	MO; OTC
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM	1	OTC
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	MO; OTC
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; MO; NEDS; QL (20 per 28 days)
ROLAIDS EXTRA STRENGTH ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
SARNA SENSITIVE TOPICAL LOTION 1 %	1	MO; OTC
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	MO; QL (10 per 30 days)
senexon-s oral tablet 8.6-50 mg	1	MO; OTC
senna lax oral tablet 8.6 mg	1	OTC
senna laxative oral tablet 8.6 mg	1	OTC
senna oral syrup 8.8 mg/5 ml	1	OTC
senna oral tablet 8.6 mg	1	MO; OTC
senna plus oral tablet 8.6-50 mg	1	MO; OTC
senna with docusate sodium oral tablet 8.6-50 mg	1	OTC
senna-s oral tablet 8.6-50 mg	1	MO; OTC
senna-time s oral tablet 8.6-50 mg	1	OTC
sennosides oral syrup 8.8 mg/5 ml	1	MO; OTC
sennosides oral tablet 8.6 mg	1	OTC
sennosides-docusate sodium oral tablet 8.6-50 mg	1	OTC
simethicone oral capsule 125 mg	1	OTC
simethicone oral capsule 180 mg	1	MO; OTC
simethicone oral tablet,chewable 125 mg	1	OTC
simethicone oral tablet,chewable 80 mg	1	MO; OTC
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; NEDS; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; NEDS; QL (2.4 per 56 days)
smoothlax oral powder 17 gram/dose	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
smoothlax oral powder in packet 17 gram	1	OTC
sodium bicarbonate oral tablet 650 mg	1	MO; OTC
stimulant laxative plus oral tablet 8.6-50 mg	1	MO; OTC
stool softener (docusate cal) oral capsule 240 mg	1	OTC
stool softener oral capsule 100 mg, 250 mg	1	OTC
STOOL SOFTENER ORAL CAPSULE 50 MG	1	OTC
stool softener oral liquid 50 mg/5 ml	1	OTC
stool softener oral tablet 100 mg	1	OTC
stool softener-laxative oral tablet 8.6-50 mg	1	OTC
stool softener-stimulant laxat oral tablet 8.6-50 mg	1	OTC
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
sulfasalazine oral tablet 500 mg	1	MO
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	MO
surfak oral capsule 240 mg	1	OTC
teeny tummy infant gas relief oral drops,suspension 40 mg/0.6 ml	1	OTC
the magic bullet rectal suppository 10 mg	1	OTC
travel-ease (meclizine) oral tablet 25 mg	1	OTC
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet 250 mg, 500 mg	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
vegetable laxative oral tablet 8.6 mg	1	OTC
vegetable lax-stool softener oral tablet 8.6-50 mg	1	OTC
VIBERZI ORAL TABLET 100 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT	1	
VIOKACE ORAL TABLET 20,880-78,300-78,300 UNIT	1	MO
VOWST ORAL CAPSULE	1	PA; NEDS
wal-dram 2 oral tablet 25 mg	1	OTC
wal-dram oral tablet 50 mg	1	OTC
wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram	1	OTC
wal-mucil fiber oral capsule 0.52 gram	1	OTC
wal-mucil natural fiber lax oral powder 3.4 gram/12 gram	1	OTC
wal-mucil with calcium oral capsule 1-60 gram-mg	1	OTC
woman's laxative (bisacodyl) oral tablet 5 mg	1	OTC
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
women's laxative (bisacodyl) oral tablet 5 mg	1	OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	1	MO
ULCER THERAPY		
acid controller complete oral tablet,chewable 10-800-165 mg	1	OTC
acid controller oral tablet 10 mg, 20 mg	1	OTC
acid reducer (cimetidine) oral tablet 200 mg	1	OTC
acid reducer (esomeprazole) oral capsule,delayed release(dr/ec) 20 mg	1	OTC
acid reducer (famotidine) oral tablet 10 mg, 20 mg	1	OTC
acid reducer (lansoprazole) oral capsule,delayed release(dr/ec) 15 mg	1	MO; OTC
acid reducer (omeprazole) oral capsule,delayed release(dr/ec) 20 mg	1	OTC
acid reducer complete (famot) oral tablet,chewable 10-800-165 mg	1	OTC
acid-pep oral tablet 20 mg	1	OTC
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	MO
complete oral tablet,chewable 10-800-165 mg	1	OTC
dual action complete oral tablet,chewable 10-800-165 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg	1	OTC
famotidine (pf) intravenous solution 20 mg/2 ml	1	MO
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	1	MO
famotidine intravenous solution 10 mg/ml	1	MO
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	MO
famotidine oral tablet 10 mg	1	MO; OTC
famotidine oral tablet 20 mg, 40 mg	1	MO
heartburn prevention oral tablet 10 mg, 20 mg	1	OTC
heartburn relief (famotidine) oral tablet 10 mg, 20 mg	1	MO; OTC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
nizatidine oral capsule 150 mg, 300 mg	1	MO
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; OTC
omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg	1	MO; OTC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; OTC
omeprazole oral tablet,disintegrat, delay rel 20 mg	1	OTC
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
pepcid ac oral tablet 20 mg	1	MO; OTC
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension 100 mg/ml	1	MO
sucralfate oral tablet 1 gram	1	MO
tagamet hb oral tablet 200 mg	1	MO; OTC
tums dual action (famotidine) oral tablet,chewable 10-800-165 mg	1	OTC
zantac-360 (famotidine) oral tablet 20 mg	1	MO; OTC
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; NEDS; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; NEDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; NEDS; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
fomepizole intravenous solution 1 gram/ml	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	MO; NEDS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	MO; NEDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	MO; NEDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; MO; NEDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	MO; V

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
colchicine oral tablet 0.6 mg	1	MO
febuxostat oral tablet 40 mg, 80 mg	1	MO
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	MO; NEDS
probenecid oral tablet 500 mg	1	MO
probenecid-colchicine oral tablet 500-0.5 mg	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
raloxifene oral tablet 60 mg	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	1	PA; MO; NEDS; QL (2.48 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; MO; NEDS; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; NEDS; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; MO; NEDS; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; NEDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; NEDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; NEDS; QL (55 per 180 days)
penicillamine oral tablet 250 mg	1	PA; MO
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; NEDS; QL (168 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; NEDS; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	MO
abigale oral tablet 1-0.5 mg	1	MO
camila oral tablet 0.35 mg	1	MO
deblitane oral tablet 0.35 mg	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
errin oral tablet 0.35 mg	1	MO
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	MO
estradiol vaginal tablet 10 mcg	1	MO
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
heather oral tablet 0.35 mg	1	MO
incassia oral tablet 0.35 mg	1	MO
jinteli oral tablet 1-5 mg-mcg	1	MO
lyleq oral tablet 0.35 mg	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.05 mg/24 hr	1	QL (8 per 28 days)
lyza oral tablet 0.35 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	MO
medroxyprogesterone intramuscular syringe 150 mg/ml	1	MO
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
meleya oral tablet 0.35 mg	1	MO
MENEST ORAL TABLET 0.3 MG	1	
MENEST ORAL TABLET 0.625 MG, 1.25 MG, 2.5 MG	1	MO
mimvey oral tablet 1-0.5 mg	1	MO
nora-be oral tablet 0.35 mg	1	MO
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone acetate oral tablet 5 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
orquidea oral tablet 0.35 mg	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
progesterone intramuscular oil 50 mg/ml	1	MO
progesterone micronized oral capsule 100 mg, 200 mg	1	MO
sharobel oral tablet 0.35 mg	1	MO
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
3-day vaginal vaginal cream 2 %	1	MO; OTC
clindamycin phosphate vaginal cream 2 %	1	MO
clotrimazole 3 day vaginal cream 2 %	1	OTC
clotrimazole vaginal cream 1 %	1	MO; OTC
clotrimazole-3 vaginal cream 2 %	1	OTC
clotrimazole-7 vaginal cream 1 %	1	OTC
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	MO
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)	1	OTC
miconazole nitrate vaginal cream 2 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	1	OTC
miconazole nitrate vaginal kit 200 mg- 2 % (9 gram)	1	OTC
MICONAZOLE-3 PREFIL,CREAM,WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	1	OTC
miconazole-3 vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)	1	OTC
miconazole-3 vaginal cream 200 mg/5 gram (4 %)	1	OTC
miconazole-3 vaginal kit 200 mg- 2 % (9 gram)	1	MO; OTC
miconazole-7 vaginal cream 2 %	1	MO; OTC
miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)	1	OTC
MONISTAT 1 (TIOCONAZOLE) VAGINAL OINTMENT 6.5 %	1	OTC
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	1	MO; OTC
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	MO
terconazole vaginal suppository 80 mg	1	MO
tioconazole vaginal ointment 6.5 %	1	OTC
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	1	OTC
tranexamic acid oral tablet 650 mg	1	MO
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	1	MO
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amethyst (28) oral tablet 90-20 mcg (28)	1	MO
apri oral tablet 0.15-0.03 mg	1	MO
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	MO
aubra eq oral tablet 0.1-20 mg-mcg	1	MO
aviane oral tablet 0.1-20 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	MO
cyred eq oral tablet 0.15-0.03 mg	1	MO
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest oral tablet 0.3-30 mg-mcg	1	MO
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	MO
estarylla oral tablet 0.25-0.035 mg	1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	
falmina (28) oral tablet 0.1-20 mg-mcg	1	MO
feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
isibloom oral tablet 0.15-0.03 mg	1	MO
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
jasmiel (28) oral tablet 3-0.02 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
juleber oral tablet 0.15-0.03 mg	1	MO
kalliga oral tablet 0.15-0.03 mg	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
kurvelo (28) oral tablet 0.15-0.03 mg	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
lessina oral tablet 0.1-20 mg-mcg	1	MO
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levora-28 oral tablet 0.15-0.03 mg	1	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	MO
loryna (28) oral tablet 3-0.02 mg	1	MO
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	1	MO
lutera (28) oral tablet 0.1-20 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	MO
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
mili oral tablet 0.25-0.035 mg	1	MO
mono-linyah oral tablet 0.25-0.035 mg	1	MO
nikki (28) oral tablet 3-0.02 mg	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
philith oral tablet 0.4-35 mg-mcg	1	MO
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
portia 28 oral tablet 0.15-0.03 mg	1	MO
reclipsen (28) oral tablet 0.15-0.03 mg	1	MO
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
sprintec (28) oral tablet 0.25-0.035 mg	1	MO
sronyx oral tablet 0.1-20 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	MO
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
turqoz (28) oral tablet 0.3-30 mg-mcg	1	MO
valtya oral tablet 1-50 mg-mcg	1	MO
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	MO
vestura (28) oral tablet 3-0.02 mg	1	MO
vienva oral tablet 0.1-20 mg-mcg	1	MO
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
wera (28) oral tablet 0.5-35 mg-mcg	1	MO
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	MO
zumandimine (28) oral tablet 3-0.03 mg	1	MO
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	MO
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	MO; QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	MO
gentamicin ophthalmic (eye) drops 0.3 %	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	MO
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	MO
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	MO
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	MO
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	MO
tobramycin ophthalmic (eye) drops 0.3 %	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	MO
carteolol ophthalmic (eye) drops 1 %	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		

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Drug Name	Drug Tier	Requirements/Limits
advanced eye relief ophthalmic (eye) drops 1-0.3 %	1	MO; OTC
alaway ophthalmic (eye) drops 0.025 % (0.035 %)	1	MO; OTC
allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC
artificial eye lubricant ophthalmic (eye) ointment 83-15 %	1	OTC
artificial tears (pf) ophthalmic (eye) dropperette	1	OTC
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	OTC
artificial tears (polyvin alc) ophthalmic (eye) drops 1.4 %	1	OTC
artificial tears(dext70-hypro) ophthalmic (eye) drops , 0.1-0.3 %	1	OTC
artificial tears(glycerin-peg) ophthalmic (eye) drops 1-0.3 %	1	OTC
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	MO; OTC
artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %	1	OTC
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye) drops 0.05 %	1	MO
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	MO
BION TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS 0.5 %	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	OTC
children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED	1	OTC
cleansing eyelid topical pads, medicated	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED	1	OTC
clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %	1	MO; OTC
cromolyn ophthalmic (eye) drops 4 %	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	OTC
epinastine ophthalmic (eye) drops 0.05 %	1	MO
eye allergy itch relief ophthalmic (eye) drops 0.2 %	1	OTC
eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %	1	OTC
eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)	1	MO; OTC
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE	1	OTC
eyes alive ophthalmic (eye) dropperette 0.5 %	1	OTC
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %	1	MO; OTC
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	1	MO; OTC
lubricant (p-glycol-glycerin) ophthalmic (eye) drops 1-0.3 %	1	OTC
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	OTC
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
lubricant eye drops ophthalmic (eye) dropperette 0.5 %	1	MO; OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	1	OTC
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	OTC
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 %	1	OTC
lubricating plus ophthalmic (eye) dropperette 0.5 %	1	OTC
lubrifresh pm ophthalmic (eye) ointment 83-15 %	1	MO; OTC
moisture drops ophthalmic (eye) drops 1-0.3 %	1	MO; OTC
MOISTURIZING LUBRICANT OPHTHALMIC (EYE) DROPS 0.25 %	1	OTC
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 %	1	MO; OTC
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	OTC
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	OTC
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	MO; OTC
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 %	1	OTC
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO; NEDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
polyvinyl alcohol ophthalmic (eye) drops 1.4 %	1	MO; OTC
pure and gentle eye ophthalmic (eye) drops 0.3 %	1	OTC
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 %	1	MO; OTC
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	MO; OTC
REFRESH P.M. OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	MO; OTC
REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
retaine cmc ophthalmic (eye) dropperette 0.5 %	1	OTC
sodium chloride ophthalmic (eye) ointment 5 %	1	MO; OTC
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	MO
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	MO
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE (PROPYLENE GLYCOL) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
SYSTANE BALANCE OPHTHALMIC (EYE) DROPS 0.6 %	1	MO; OTC
SYSTANE COMPLETE OPHTHALMIC (EYE) DROPS 0.6 %	1	MO; OTC
SYSTANE HYDRATION (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %	1	MO; OTC
SYSTANE ULTRA (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE ULTRA OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	1	MO; OTC
ultra fresh ophthalmic (eye) drops 0.5 %	1	OTC
ultra lubricant eye ophthalmic (eye) drops 0.4-0.3 %	1	OTC
wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NEDS; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
bromfenac ophthalmic (eye) drops 0.09 %	1	MO
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	MO
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	MO
ketorolac ophthalmic (eye) drops 0.4 %	1	MO
ketorolac ophthalmic (eye) drops 0.5 %	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	MO
acetazolamide oral tablet 125 mg, 250 mg	1	MO
methazolamide oral tablet 25 mg, 50 mg	1	MO
OTHER GLAUCOMA DRUGS		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	MO
dorzolamide ophthalmic (eye) drops 2 %	1	MO
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	MO
latanoprost ophthalmic (eye) drops 0.005 %	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
travoprost ophthalmic (eye) drops 0.004 %	1	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	MO
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	MO
difluprednate ophthalmic (eye) drops 0.05 %	1	MO
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	MO
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	MO
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
apraclonidine ophthalmic (eye) drops 0.5 %	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
VASOCONSTRICTOR DECONGESTANTS		
altazine ophthalmic (eye) drops 0.05 %	1	OTC
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CLEAR EYES TRIPLE ACTION OPHTHALMIC (EYE) DROPS 0.05-0.5-0.6 %	1	OTC
eye drops (tetrahydrozoline) ophthalmic (eye) drops 0.05 %	1	OTC
eye drops (with povidone) ophthalmic (eye) drops 0.05-0.1-1-1 %	1	OTC
eye drops advanced relief ophthalmic (eye) drops 0.05-0.1-1-1 %	1	OTC
eye drops irritation relief ophthalmic (eye) drops 0.05-0.25 %	1	OTC
eye drops relief ophthalmic (eye) drops 0.05-0.25 %	1	OTC
eye drops(tetrahydrozolin-peg) ophthalmic (eye) drops 0.05-1 %	1	OTC
eye drops(tetrahydroz-zn sulf) ophthalmic (eye) drops 0.05-0.25 %	1	OTC
lubricant redness reliever ophthalmic (eye) drops 0.05-1 %	1	OTC
redness relief ophthalmic (eye) drops 0.012-0.2 %	1	OTC
REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
redness reliever eye drops ophthalmic (eye) drops 0.05 %	1	OTC
redness reliever lubricant ophthalmic (eye) drops 0.012-0.2 %	1	OTC
sterile eye drops ophthalmic (eye) drops 0.05 %	1	OTC
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
12 hour decongestant oral tablet extended release 120 mg	1	OTC
12 hour nasal decongest (pse) oral tablet extended release 120 mg	1	OTC
12-HOUR COUGH RELIEF ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
24hour allergy oral tablet 10 mg	1	OTC
24hr allergy relief oral tablet 5 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
24hr allergy-congestion relief oral tablet extended release 24 hr 180-240 mg	1	OTC
actidom dmx oral liquid 10-30-200 mg/5 ml	1	OTC
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
adult tussin cf oral liquid 5-10-100 mg/5 ml	1	MO; OTC
adult tussin chest congestion oral liquid 100 mg/5 ml	1	OTC
adult wal-tussin dm max oral liquid 10-200 mg/5 ml	1	OTC
adult wal-tussin oral liquid 100 mg/5 ml	1	OTC
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1	MO; OTC
alavert oral tablet,disintegrating 10 mg	1	MO; OTC
aler-cap oral capsule 25 mg	1	OTC
all day allergy (cetirizine) oral capsule 10 mg	1	OTC
all day allergy (cetirizine) oral tablet 10 mg	1	MO; OTC
all day allergy-d oral tablet extended release 12 hr 5-120 mg	1	OTC
allegra-d 12 hour oral tablet extended release 12 hr 60-120 mg	1	MO; OTC
aller-chlor oral tablet 4 mg	1	MO; OTC
allerclear d-12hr oral tablet extended release 12 hr 5-120 mg	1	OTC
allerclear d-24hr oral tablet extended release 24 hr 10-240 mg	1	OTC
allerclear oral tablet 10 mg	1	OTC
aller-ease oral tablet 180 mg	1	OTC
aller-fex oral tablet 180 mg	1	OTC
aller-g-time oral tablet 25 mg	1	OTC
allergy (chlorpheniramine) oral tablet 4 mg	1	OTC
allergy (diphenhydramine) oral capsule 25 mg	1	OTC
allergy (diphenhydramine) oral liquid 12.5 mg/5 ml	1	OTC
allergy (diphenhydramine) oral tablet 25 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
allergy and congestion relief oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy and congestion relief oral tablet extended release 24 hr 10-240 mg	1	OTC
allergy d-12 oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy medicine oral tablet 25 mg	1	OTC
allergy oral liquid 12.5 mg/5 ml	1	OTC
allergy relief (cetirizine) oral capsule 10 mg	1	OTC
allergy relief (cetirizine) oral solution 1 mg/ml	1	OTC
allergy relief (cetirizine) oral tablet 10 mg, 5 mg	1	OTC
allergy relief (fexofenadine) oral tablet 180 mg, 60 mg	1	OTC
allergy relief (levocetirizin) oral tablet 5 mg	1	OTC
allergy relief (loratadine) oral solution 5 mg/5 ml	1	OTC
allergy relief (loratadine) oral tablet 10 mg	1	OTC
allergy relief (loratadine) oral tablet,disintegrating 10 mg	1	OTC
allergy relief d12 oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy relief d-24hr oral tablet extended release 24 hr 10-240 mg	1	OTC
allergy relief(chlorpheniramn) oral tablet 4 mg	1	OTC
allergy relief(diphenhydramin) oral capsule 25 mg	1	OTC
allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml	1	OTC
allergy relief(diphenhydramin) oral tablet 25 mg	1	OTC
allergy relief,nasal decongest oral tablet extended release 24 hr 10-240 mg	1	MO; OTC
allergy relief-d (cetirizine) oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy relief-d (loratadine) oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg	1	OTC
allergy relief-d(fexofenadine) oral tablet extended release 24 hr 180-240 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
allergy-congest relief-d(fexo) oral tablet extended release 12 hr 60-120 mg	1	OTC
allergy-congestion relief-d oral tablet extended release 24 hr 10-240 mg	1	OTC
allergy-time oral tablet 4 mg	1	OTC
aller-tec d oral tablet extended release 12 hr 5-120 mg	1	OTC
aller-tec oral tablet 10 mg	1	OTC
aprodine oral tablet 2.5-60 mg	1	MO; OTC
banophen oral capsule 50 mg	1	MO; OTC
banophen oral tablet 25 mg	1	MO; OTC
benadryl allergy oral tablet 25 mg	1	MO; OTC
benzonatate oral capsule 100 mg, 200 mg	1	MO; SUPP
cetirizine oral solution 1 mg/ml	1	MO
cetirizine oral tablet 10 mg	1	MO; OTC
CETIRIZINE ORAL TABLET 5 MG	1	MO; OTC
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	1	MO; OTC
cherry cough drops mucous membrane lozenge	1	OTC
chest congestion relief dm oral syrup 10-100 mg/5 ml	1	OTC
chest congestion relief dm oral tablet 20-400 mg	1	MO; OTC
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML	1	MO; OTC
chest congestion relief oral tablet 400 mg	1	MO; OTC
chest congestion-cough hbp oral capsule 10-200 mg	1	OTC
chest congestion-cough relief oral tablet 20-400 mg	1	OTC
child allergy relf(cetirizine) oral solution 1 mg/ml	1	MO; OTC
child allergy relief (diphen) oral tablet,disintegrating 12.5 mg	1	OTC
child mucus relief expectorant oral liquid 100 mg/5 ml	1	OTC
child wal-tap cold-allergy oral solution 1-2.5 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
children's allegra allergy oral suspension 30 mg/5 ml	1	MO; OTC
children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml	1	OTC
children's allergy (diphenhyd) oral tablet,chewable 12.5 mg	1	OTC
children's allergy relief(fex) oral suspension 30 mg/5 ml	1	MO; OTC
children's allergy relief(lor) oral solution 5 mg/5 ml	1	OTC
children's allergy(cetirizine) oral solution 1 mg/ml	1	OTC
children's aller-tec oral solution 1 mg/ml	1	OTC
children's benadryl allergy oral tablet,chewable 12.5 mg	1	OTC
children's cetirizine oral solution 1 mg/ml	1	OTC
children's chest congestion oral liquid 100 mg/5 ml	1	OTC
children's cold and cough (pe) oral solution 1-2.5-5 mg/5 ml	1	OTC
children's cold-allergy (pe) oral solution 1-2.5 mg/5 ml	1	OTC
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
children's dibromm cold-allerg oral solution 1-2.5 mg/5 ml	1	OTC
children's dibromm dm cold-cou oral solution 1-2.5-5 mg/5 ml	1	OTC
CHILDREN'S MUCINEX MULTI-SYMP ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
CHILDREN'S MULTI-SYMPTOM COLD ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
children's wal-dryl allergy oral liquid 12.5 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml	1	OTC
children's wal-dryl allergy oral tablet,disintegrating 12.5 mg	1	OTC
children's wal-fex oral suspension 30 mg/5 ml	1	OTC
children's wal-zyr oral solution 1 mg/ml	1	OTC
child's all day allergy(cetir) oral solution 1 mg/ml	1	OTC
childs triacting cold-cough oral liquid 6.25-2.5 mg/5 ml	1	OTC
chlorhist oral tablet 4 mg	1	OTC
chlorpheniramine maleate oral tablet 4 mg	1	OTC
chlortabs oral tablet 4 mg	1	OTC
cold and cough elixir oral solution 1-2.5-5 mg/5 ml	1	OTC
complete allergy oral capsule 25 mg	1	OTC
complete allergy oral tablet 25 mg	1	OTC
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	MO; OTC
COUGH DROPS (WITH EUCALYPTUS) MUCOUS MEMBRANE LOZENGE 3.1 MG	1	OTC
cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg	1	OTC
cough relief oral liquid 15 mg/5 ml	1	OTC
cyproheptadine oral tablet 4 mg	1	MO
dayhist allergy oral tablet 1.34 mg	1	OTC
day-time cough oral syrup 5 mg/5 ml	1	OTC
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	MO; OTC
DEXBROMPHENIRAMINE-PHENYLEP-DM ORAL LIQUID 2-7.5-15 MG/5 ML	1	OTC
dextromethorphan hbr oral capsule 15 mg	1	MO; OTC
DEXTROMETHORPHAN POLISTIREX ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-guaifenesin oral liquid 10-200 mg/5 ml	1	OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml	1	MO; OTC
dextromethorphan-guaifenesin oral tablet 20-400 mg	1	OTC
diabetic tussin dm oral liquid 10-200 mg/5 ml	1	MO; OTC
dimetapp dm cold-cough (pe) oral solution 1-2.5-5 mg/5 ml	1	OTC
diphedryl oral liquid 12.5 mg/5 ml	1	OTC
diphen oral tablet 25 mg	1	OTC
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe 50 mg/ml	1	MO
diphenhydramine hcl oral capsule 25 mg	1	MO; OTC
diphenhydramine hcl oral capsule 50 mg	1	OTC
diphenhydramine hcl oral liquid 12.5 mg/5 ml	1	OTC
diphenhydramine hcl oral tablet 25 mg	1	MO; OTC
dometuss-dmx oral liquid 10-30-200 mg/5 ml	1	OTC
ed a-hist oral tablet 4-10 mg	1	MO; OTC
ed chlorped jr oral syrup 2 mg/5 ml	1	MO; OTC
endacof - dm oral solution 1-2.5-5 mg/5 ml	1	MO; OTC
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	MO; QL (2 per 30 days)
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
expectorant oral liquid 100 mg/5 ml	1	OTC
fenesin ir oral tablet 400 mg	1	OTC
fexofenadine oral tablet 180 mg, 60 mg	1	MO; OTC
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	1	OTC
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	1	OTC
geri-dryl oral liquid 12.5 mg/5 ml	1	OTC
geri-dryl oral tablet 25 mg	1	OTC
geri-tussin oral liquid 100 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
giltuss honey dm cough oral liquid 15 mg/5 ml	1	OTC
guaifed (guaifenesin) oral liquid 100 mg/5 ml	1	OTC
guaifenesin oral liquid 100 mg/5 ml	1	MO; OTC
guaifenesin oral tablet 200 mg, 400 mg	1	MO; OTC
GUAIFENESIN ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	MO; OTC
guaifenesin oral tablet extended release 12hr 600 mg	1	MO; OTC
hydroxyzine hcl oral solution 10 mg/5 ml	1	MO
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	MO
levocetirizine oral solution 2.5 mg/5 ml	1	MO
levocetirizine oral tablet 5 mg	1	MO; QL (30 per 30 days)
lohist-dm oral liquid 2-5-10 mg/5 ml	1	MO; OTC
loradamed oral tablet 10 mg	1	OTC
loratadine oral solution 5 mg/5 ml	1	MO; OTC
loratadine oral tablet 10 mg	1	MO; OTC
loratadine oral tablet,disintegrating 10 mg	1	MO; OTC
loratadine-d oral tablet extended release 12 hr 5-120 mg	1	MO; OTC
loratadine-d oral tablet extended release 24 hr 10-240 mg	1	MO; OTC
maxallergy kids oral liquid 12.5 mg/5 ml	1	OTC
maxi-tuss gmx oral liquid 10-200 mg/5 ml	1	OTC
maxi-tuss tr oral syrup 1.25-30 mg/5 ml	1	OTC
maxtussin oral liquid 100 mg/5 ml	1	OTC
m-dryl oral liquid 12.5 mg/5 ml	1	MO; OTC
medikoff drops mucous membrane lozenge 7.6 mg	1	OTC
mucinex dm oral tablet extended release 12 hr 30-600 mg	1	MO; OTC
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	MO; OTC
mucinex fast-max sv cong-cough oral capsule 10-200 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	MO; OTC
mucinex oral tablet extended release 12hr 600 mg	1	MO; OTC
mucosa dm oral tablet 20-400 mg	1	OTC
mucosa oral tablet 400 mg	1	OTC
mucus dm max er oral tablet extended release 12 hr 60-1,200 mg	1	MO; OTC
mucus dm oral tablet extended release 12 hr 30-600 mg	1	MO; OTC
MUCUS RELIEF CONGESTION-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
mucus relief dm cough oral tablet 20-400 mg	1	OTC
mucus relief dm oral tablet 20-400 mg	1	OTC
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	OTC
mucus relief er oral tablet extended release 12hr 600 mg	1	MO; OTC
mucus relief oral tablet 400 mg	1	MO; OTC
MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	1	OTC
NARAMIN ORAL LIQUID IN PACKET 12.5 MG/5 ML	1	OTC
nasal decongestant (pe) oral tablet 10 mg	1	MO; OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL CAPSULE (ABUSE-RESISTANT) 30 MG	1	OTC
nasal decongestant (pseudoeph) oral tablet 30 mg	1	OTC
nasal decongestant (pseudoeph) oral tablet extended release 120 mg	1	OTC
nighttime allergy relief oral tablet 25 mg	1	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	1	OTC
nighttime sleep aid (diphen) oral capsule 50 mg	1	OTC
nighttime sleep aid (diphen) oral tablet 25 mg	1	OTC
nytol oral tablet 25 mg	1	OTC
pharbechlor oral tablet 4 mg	1	OTC
pharbedryl oral capsule 25 mg, 50 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
promethazine injection solution 25 mg/ml, 50 mg/ml	1	MO
promethazine oral syrup 6.25 mg/5 ml	1	MO
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	MO; SUPP
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	MO; SUPP
pseudoephedrine hcl oral tablet 30 mg	1	MO; OTC
pseudoephedrine hcl oral tablet 60 mg	1	OTC
pseudoephedrine hcl oral tablet extended release 120 mg	1	MO; OTC
refenesen dm oral tablet 20-400 mg	1	OTC
refenesen oral tablet 400 mg	1	OTC
rest simply nighttime sleep oral tablet 25 mg	1	OTC
robafen cf (phenylephrine) oral liquid 5-10-100 mg/5 ml	1	MO; OTC
robafen dm cough-chest congest oral syrup 10-100 mg/5 ml	1	OTC
robafen dm oral liquid 5-50 mg/5 ml	1	MO; OTC
robitussin cough-chest cong dm oral capsule 10-200 mg	1	MO; OTC
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
rynex dm oral solution 1-2.5-5 mg/5 ml	1	MO; OTC
rynex pe oral solution 1-2.5 mg/5 ml	1	MO; OTC
SEVERE COUGH-CONGESTION ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
siladryl sa oral liquid 12.5 mg/5 ml	1	OTC
simply sleep oral tablet 25 mg	1	OTC
sinus and allergy pe oral tablet 4-10 mg	1	OTC
sinus decongestant (pe) oral tablet 10 mg	1	OTC
sinus pe decongestant oral tablet 10 mg	1	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	1	OTC
sleep aid (diphenhydramine) oral capsule 50 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	1	OTC
sleep aid (diphenhydramine) oral tablet 25 mg	1	OTC
sleep ii oral tablet 25 mg	1	OTC
SLEEP TIME ORAL LIQUID 50 MG/30 ML	1	OTC
sleep-tabs oral tablet 25 mg	1	OTC
sominex oral tablet 25 mg	1	MO; OTC
sudogest 12-hour oral tablet extended release 120 mg	1	MO; OTC
sudogest oral tablet 30 mg, 60 mg	1	MO; OTC
suphedrin oral tablet 30 mg	1	OTC
suphedrine 12 hour oral tablet extended release 120 mg	1	OTC
suphedrine pe sinus andallergy oral tablet 4-10 mg	1	OTC
total allergy medicine oral tablet 25 mg	1	OTC
tussin cf (pe-dm-guaif) oral liquid 5-10-100 mg/5 ml	1	OTC
tussin cf cough-cold oral liquid 5-10-100 mg/5 ml	1	OTC
tussin chest congestion oral liquid 100 mg/5 ml	1	OTC
tussin cough (dm only) oral capsule 15 mg	1	OTC
tussin cough (dm only) oral liquid 15 mg/5 ml	1	OTC
tussin dm cough and chest oral syrup 10-100 mg/5 ml	1	OTC
tussin dm max oral liquid 10-200 mg/5 ml	1	OTC
tussin dm oral liquid 5-50 mg/5 ml	1	OTC
tussin dm oral syrup 10-100 mg/5 ml	1	OTC
tussin dm oral tablet 20-400 mg	1	OTC
tussin long-acting oral liquid 15 mg/5 ml	1	OTC
tussin mucus-chest congestion oral liquid 100 mg/5 ml	1	OTC
tussin oral liquid 100 mg/5 ml	1	OTC
tussin oral tablet 400 mg	1	OTC
unisom sleepgels oral capsule 50 mg	1	MO; OTC
vicks dayquil cough oral syrup 5 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
vicks vaposteam liquid	1	OTC
wal-act d cold and allergy oral tablet 2.5-60 mg	1	OTC
wal-dryl allergy oral capsule 25 mg	1	OTC
wal-dryl allergy oral liquid 12.5 mg/5 ml	1	OTC
wal-dryl allergy oral tablet 25 mg	1	OTC
wal-dryl-d allergy and sinus oral tablet 25-10 mg	1	OTC
wal-fex allergy oral tablet 180 mg, 60 mg	1	OTC
wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg	1	OTC
wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg	1	OTC
wal-finate oral tablet 4 mg	1	OTC
wal-finate-d oral tablet 4-60 mg	1	OTC
wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg	1	OTC
wal-itin d oral tablet extended release 24 hr 10-240 mg	1	OTC
wal-itin oral solution 5 mg/5 ml	1	OTC
wal-itin oral tablet 10 mg	1	OTC
wal-phed 12 hour oral tablet extended release 120 mg	1	OTC
wal-phed d oral tablet extended release 120 mg	1	OTC
wal-phed oral tablet 30 mg, 4-60 mg	1	OTC
wal-phed pe oral tablet 10 mg	1	OTC
wal-phed pe sinus and allergy oral tablet 4-10 mg	1	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	1	OTC
WAL-SLEEP Z ORAL LIQUID 50 MG/30 ML	1	OTC
WAL-SLEEP Z ORAL TABLET,DISINTEGRATING 25 MG	1	OTC
wal-som (diphenhydramine) oral capsule 50 mg	1	OTC
wal-tap dm oral solution 1-2.5-5 mg/5 ml	1	OTC
wal-tussin cough and cold cf oral liquid 5-10-100 mg/5 ml	1	OTC
wal-tussin cough oral capsule 15 mg	1	OTC
wal-tussin cough oral liquid 15 mg/5 ml	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
wal-tussin dm oral syrup 10-100 mg/5 ml	1	OTC
wal-zyr (cetirizine) oral capsule 10 mg	1	OTC
wal-zyr (cetirizine) oral solution 1 mg/ml	1	OTC
wal-zyr (cetirizine) oral tablet 10 mg	1	OTC
wal-zyr d oral tablet extended release 12 hr 5-120 mg	1	OTC
ZYNCOF ORAL LIQUID 20-400 MG/5 ML	1	OTC
ZZZQUIL ORAL CAPSULE 25 MG	1	OTC
ZZZQUIL ORAL LIQUID 50 MG/30 ML	1	MO; OTC
PULMONARY AGENTS		
24 hour allergy relief nasal spray,suspension 50 mcg/actuation	1	OTC
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	1	OTC
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup 2 mg/5 ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
aller-cort nasal aerosol,spray 55 mcg	1	OTC
aller-flo nasal spray,suspension 50 mcg/actuation	1	OTC
allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
alyq oral tablet 20 mg	1	PA; MO; NEDS; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	B/D PA; MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide nasal spray,non-aerosol 32 mcg/actuation	1	MO; OTC
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	MO; QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	B/D PA; MO
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
ipratropium bromide inhalation solution 0.02 %	1	B/D PA; MO
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	B/D PA; MO
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	MO; QL (34 per 30 days)
montelukast oral granules in packet 4 mg	1	MO
montelukast oral tablet 10 mg	1	MO
montelukast oral tablet,chewable 4 mg, 5 mg	1	MO
NASACORT NASAL AEROSOL,SPRAY 55 MCG	1	MO; OTC
nasal allergy nasal aerosol,spray 55 mcg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NEDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; NEDS; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NEDS
pirfenidone oral capsule 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; NEDS; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NEDS
roflumilast oral tablet 250 mcg, 500 mcg	1	PA; MO; QL (30 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA; NEDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; NEDS; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; NEDS; QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	MO
theophylline oral elixir 80 mg/15 ml	1	MO
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIAMCINOLONE ACETONIDE NASAL AEROSOL,SPRAY 55 MCG	1	MO; OTC
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; NEDS; QL (84 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; NEDS; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; NEDS; QL (504 per 365 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; MO; NEDS; QL (1 per 21 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; NEDS; QL (90 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
oxybutynin chloride oral syrup 5 mg/5 ml	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	MO
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	1	MO; OTC
solifenacin oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	1	MO
trospium oral capsule,extended release 24hr 60 mg	1	MO
trospium oral tablet 20 mg	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	MO
dutasteride oral capsule 0.5 mg	1	MO; QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin oral capsule 0.4 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	1	MO
pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml	1	OTC
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	MO
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	1	MO; OTC
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
sodium citrate-citric acid oral solution 500-334 mg/5 ml	1	MO; OTC
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
tricitrates oral solution 550-500-334 mg/5 ml	1	MO; OTC
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 % intravenous parenteral solution 25 %	1	
alburx (human) 25 % intravenous parenteral solution 25 %	1	
alburx (human) 5 % intravenous parenteral solution 5 %	1	
albutein 25 % intravenous parenteral solution 25 %	1	
albutein 5 % intravenous parenteral solution 5 %	1	
ELECTROLYTES		
alcalak oral tablet,chewable 168 mg calcium (420 mg)	1	OTC
antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
antacid ext str (calcium carb) oral tablet,chewable 300 mg (750 mg)	1	OTC
antacid extra-strength oral tablet,chewable 168 mg calcium (420 mg), 300 mg (750 mg)	1	OTC
antacid ultra strength oral tablet,chewable 400 mg calcium (1,000 mg)	1	OTC
calcium 500 + d oral tablet 500 mg-5 mcg (200 unit)	1	OTC
calcium 500 + d oral tablet,chewable 500 mg-10 mcg (400 unit)	1	OTC
calcium 500 with d oral tablet 500 mg-10 mcg (400 unit)	1	MO; OTC
calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit)	1	OTC
calcium 600 oral tablet 600 mg calcium (1,500 mg)	1	OTC
calcium 600 with vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit)	1	MO; OTC
CALCIUM ACETATE ORAL TABLET 667 MG, 668 MG (169 MG CALCIUM)	1	OTC
calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)	1	MO; OTC
calcium antacid oral tablet,chewable 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)	1	OTC
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)	1	MO; OTC
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	1	OTC
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	1	MO; OTC
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)	1	OTC
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit)	1	OTC
calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit)	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 600 MG-5 MCG (200 UNIT)	1	MO; OTC
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)	1	MO; OTC
calcium chloride intravenous solution 100 mg/ml (10 %)	1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	1	
calcium citrate + d oral tablet 315 mg-5 mcg (200 unit)	1	OTC
calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit)	1	MO; OTC
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 315 MG-6.25 MCG (250 UNIT)	1	MO; OTC
calcium gluconate intravenous solution 100 mg/ml (10%)	1	
cal-gest antacid oral tablet,chewable 200 mg calcium (500 mg)	1	MO; OTC
effer-k oral tablet, effervescent 25 meq	1	MO
flavor chews antacid oral tablet,chewable 300 mg (750 mg)	1	OTC
klor-con 10 oral tablet extended release 10 meq	1	MO
klor-con 8 oral tablet extended release 8 meq	1	MO
klor-con m10 oral tablet,er particles/crystals 10 meq	1	MO
klor-con m15 oral tablet,er particles/crystals 15 meq	1	MO
klor-con m20 oral tablet,er particles/crystals 20 meq	1	MO
klor-con oral packet 20 meq	1	MO
klor-con/ef oral tablet, effervescent 25 meq	1	MO
k-phos-neutral oral tablet 250 mg	1	MO; OTC
lactated ringers intravenous parenteral solution	1	MO
magnesium chloride injection solution 200 mg/ml (20 %)	1	
magnesium oral tablet 200 mg	1	MO; OTC
magnesium oxide oral capsule 500 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
magnesium oxide oral tablet 200 mg magnesium, 400 mg magnesium	1	OTC
magnesium oxide oral tablet 250 mg magnesium, 400 mg (241.3 mg magnesium), 420 mg	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET 500 MG MAGNESIUM	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET,CHEWABLE 200 MG MAGNESIUM	1	OTC
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	1	MO
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
mgo oral tablet 400 mg (241.3 mg magnesium)	1	OTC
onevite calcium-d3 oral tablet 500 mg-5 mcg (200 unit)	1	OTC
oysco 500/d oral tablet 500 mg-5 mcg (200 unit)	1	MO; OTC
oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)	1	OTC
oyster shell calcium 500 oral tablet 500 mg calcium (1,250 mg)	1	MO; OTC
oyster shell calcium oral tablet 500 mg calcium (1,250 mg)	1	OTC
oyster shell calcium-vit d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)	1	MO; OTC
phospha 250 neutral oral tablet 250 mg	1	MO; OTC
phosphorous oral tablet 250 mg	1	MO; OTC
phospho-trin 250 neutral oral tablet 250 mg	1	MO; OTC
potassium acetate intravenous solution 2 meq/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	MO
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	MO
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous parenteral solution	1	
smooth antacid oral tablet,chewable 300 mg (750 mg)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	MO
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	MO
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	1	
sodium phosphate intravenous solution 3 mmol/ml	1	MO
thermotabs oral tablet 287-180-15 mg	1	MO; OTC
TRIPLE MAGNESIUM COMPLEX ORAL CAPSULE 400 MG MAGNESIUM	1	OTC
tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)	1	MO; OTC
ultra strength antacid oral tablet,chewable 400 mg calcium (1,000 mg)	1	OTC
wes-phos 250 neutral oral tablet 250 mg	1	MO; OTC
MISCELLANEOUS NUTRITION PRODUCTS		
AIRBORNE (LYSINE HCL) ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
AIRSHIELD IMMUNE ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	B/D PA
electrolyte-48 in d5w intravenous parenteral solution	1	
fish oil extra strength oral capsule 435-880 mg	1	OTC
FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200 (144-216) MG, 300-500 MG, 60-90-500 MG, 900 MG-360 MG- 455 MG-1,000 MG	1	OTC
fish oil oral capsule 120-180 mg	1	OTC
fish oil oral capsule 300-1,000 mg	1	MO; OTC
FISH OIL ORAL CAPSULE 360-1,200 MG	1	MO; OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG-1,200 MG, 300-1,000 MG, 900-1,400 MG	1	OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 360-1,200 MG	1	MO; OTC
FLORANEX ORAL GRANULES IN PACKET 100 MILLION CELL	1	MO; OTC
inositol oral tablet 650 mg	1	OTC
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)	1	MO; OTC
LACTOBACILLUS ACIDOPH-L.BULGAR ORAL GRANULES IN PACKET 100 MILLION CELL	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MELATONIN (WITH B6) ORAL TABLET 5-1 MG	1	OTC
MELATONIN-PYRIDOXINE (VIT B6) ORAL TABLET 5-1 MG	1	MO; OTC
MENOPAUSE SUPPORT ORAL TABLET 30-400-80 UNIT-MCG-MG	1	OTC
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	1	OTC
niacin flush free oral capsule 400 mg niacin (500 mg)	1	MO; OTC
omega 3-6-9 complex oral capsule 400-400-400 mg	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 60-90-500 MG	1	MO; OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 200-300-1,000 MG, 300 MG (120 MG- 180MG)-1,000 MG	1	OTC
omega 3-dha-epa-fish oil oral capsule 300-1,000 mg	1	OTC
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 600 MG-216 MG- 324 MG-1,200 MG	1	OTC
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	1	MO; OTC
OMEGA-3 FATTY ACIDS-FISH OIL ORAL CAPSULE 360-1,200 MG	1	MO; OTC
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	1	OTC
OMEGA-3 FISH OIL ORAL CAPSULE 910-1,400 MG	1	MO; OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE 300-250-1,000 MG, 600-1,200 MG	1	OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1,000-1,400 MG, 300-1,000 MG, 720-1,200 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 980-253-647 MG	1	OTC
omega-3s-dha-epa-fish oil-d3 oral capsule 360 mg-1,200 mg -1,000 unit	1	OTC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
premasol 10 % intravenous parenteral solution 10 %	1	B/D PA
probiotic oral capsule 10 billion cell	1	OTC
SALMON OIL-OMEGA-3 FATTY ACIDS ORAL CAPSULE 1,000-210 MG	1	OTC
smart heart omega-3 oral capsule,delayed release(dr/ec) 115-172-1,000 mg	1	OTC
travasol 10 % intravenous parenteral solution 10 %	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
ultra omega-3 oral capsule 200-300-1,000 mg	1	OTC
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH ORAL CAPSULE 250-5-1 MG	1	OTC
a thru z advanced formula oral tablet 18-400 mg-mcg	1	OTC
a thru z high potency oral tablet	1	OTC
A THRU Z MEN'S ULTIMATE ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
a thru z oral tablet 18-500-300-250 mg-mcg-mcg-mcg	1	OTC
a thru z select 50plus formula oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
a thru z select oral tablet , 500-300-250 mcg	1	OTC
a thru z select women's oral tablet	1	OTC
ABC COMPLETE ADULT ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ABC COMPLETE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
abc complete senior 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
abc complete women's oral tablet 18-400 mg-mcg	1	OTC
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG	1	OTC
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	MO; OTC
ADULT ONE DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
adults 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-8.875 MG	1	OTC
AIRSHIELD ORAL TABLET,CHEWABLE 250-87.5 MG	1	OTC
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON- 240 MCG-120 MCG	1	OTC
animal chews oral tablet,chewable	1	OTC
ANTIOXIDANT A/C/E/SELENIUM ORAL CAPSULE	1	OTC
ascorbate calcium (vitamin c) oral tablet 500 mg	1	OTC
ascorbic acid (vitamin c) oral capsule, extended release 500 mg	1	MO; OTC
ascorbic acid (vitamin c) oral syrup 500 mg/5 ml	1	OTC
ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg	1	MO; OTC
ascorbic acid (vitamin c) oral tablet 500 mg	1	OTC
ascorbic acid (vitamin c) oral tablet,chewable 500 mg	1	OTC
ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg	1	OTC
b complex 1 (with folic acid) oral tablet 0.4 mg	1	MO; OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
b-100 complex oral tablet extended release 100 mg	1	OTC
b-12 dots oral tablet 500 mcg	1	OTC
B-12 PLUS SUBLINGUAL TABLET 5,000-100 MCG	1	MO; OTC
B12 SUBLINGUAL LOZENGE 5,000-100 MCG	1	OTC
balance b-50 (with folic acid) oral tablet 0.4 mg	1	OTC
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	1	OTC
b-complex with vitamin c oral capsule	1	OTC
b-complex with vitamin c oral tablet , 400-500 mcg-mg	1	OTC
BIO-35, GLUTEN FREE ORAL CAPSULE 3-133-33-33 MG-MCG-MCG-MCG	1	OTC
BIOCAL ORAL CAPSULE 500 MG-100 UNIT -45 MG-800 MCG	1	OTC
biotin oral capsule 5 mg	1	MO; OTC
BODY, HAIR, SKIN AND NAILS ORAL CAPSULE 3-133 MG-MCG	1	OTC
c complex oral tablet extended release 1,000 mg	1	OTC
c-1000 oral tablet 1,000 mg	1	OTC
c-1000 oral tablet extended release 1,000 mg	1	MO; OTC
c-1000 with rose hips oral tablet 1,000 mg	1	MO; OTC
c-500 oral tablet 500 mg	1	OTC
c-500 oral tablet extended release 500 mg	1	OTC
c-500 oral tablet,chewable 500 mg	1	OTC
ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg	1	OTC
CA-D3-MAG OX-ZINC-COP-MANG-BOR ORAL TABLET,CHEWABLE 600 MG CALCIUM- 800 UNIT-40 MG	1	OTC
ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg-400 unit -40 mg-7.5 mg	1	OTC
CALC-D3-MAGNES-B6-ZN-CU-MANGAN ORAL TABLET 250 MG-400 UNIT -40 MG-5 MG	1	OTC
calcidol oral drops 200 mcg/ml (8,000 unit/ml)	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
calcium 600-d3 plus (mag-zinc) oral tablet 600 mg calcium- 20 mcg-50 mg	1	OTC
calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)	1	OTC
calcium for women oral tablet,chewable 500 mg-100 unit -40 mcg	1	OTC
CALCIUM PHOSPHATE-VITAMIN D3 ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	OTC
calcium-vitamin d3-vitamin k oral tablet,chewable 500 mg-200 unit -40 mcg	1	OTC
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	MO; OTC
centratex oral capsule 106 mg iron- 1 mg	1	MO; OTC
centravites 50 plus oral tablet 0.4 mg-300 mcg-250 mcg	1	OTC
CENTRAVITES ADULTS ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG	1	OTC
CENTRUM KIDS (VIT D3, VIT K) ORAL TABLET,CHEWABLE 8 MG IRON- 10 MCG	1	MO; OTC
CENTRUM MEN ORAL TABLET 8 MG IRON-200 MCG-600 MCG	1	MO; OTC
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
centrum oral tablet 18-400 mg-mcg	1	MO; OTC
CENTRUM ULTRA MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
centrum women oral tablet 18-400 mg-mcg	1	MO; OTC
CENTURY ADULT FORMULA ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
century adults 50 plus oral tablet 0.4 mg-300 mcg-250 mcg	1	OTC
century mature oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
century men oral tablet 8 mg iron- 200 mcg-600 mcg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
century oral tablet 18-400 mg-mcg	1	OTC
century women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	OTC
century women oral tablet 18-400 mg-mcg	1	OTC
cerovite senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC
certavite senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	1	MO; OTC
CHILD COMPLETE MULTIVITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
children's chew multivitamin oral tablet,chewable	1	OTC
children's chewable multivitmn oral tablet,chewable 300 mcg	1	OTC
CHILDREN'S CHEWABLE VITAMIN ORAL TABLET,CHEWABLE	1	OTC
children's chewables extra c oral tablet,chewable 300 mcg	1	OTC
children's chewables oral tablet,chewable 300 mcg	1	OTC
CHILDREN'S MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE	1	MO; OTC
CHILD'S OMEGA-3 DHA MULTIVITAM ORAL TABLET,CHEWABLE 250-3-50 UNIT,MG,UNIT	1	OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	MO; OTC
cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)	1	OTC
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)	1	MO; OTC
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)	1	MO; OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)	1	OTC
cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	1	MO; OTC
cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	1	MO; OTC
cod liver oil oral capsule	1	MO; OTC
cod liver oil oral oil	1	MO; OTC
complete multivitamin-mineral oral tablet 18-400 mg-mcg	1	OTC
complete mv adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 2.5 BILLION CELL, 5 BILLION CELL	1	OTC
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	MO; SUPP
CYANOCOBALAMIN (VITAMIN B-12) ORAL CAPSULE 1,000 MCG, 3,000 MCG, 5,000 MCG	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL LIQUID 1,000 MCG/15 ML	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 500 MCG	1	OTC
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 250 mcg, 500 mcg	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 2,500 MCG	1	OTC
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,CHEWABLE 2,500 MCG	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,DISINTEGRATING 5,000 MCG	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 3,000 MCG	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 3,000 MCG, 5,000 MCG, 500 MCG	1	OTC
CYANOCOBALAMIN-COBAMAMIDE SUBLINGUAL TABLET 5,000-100 MCG	1	OTC
d3-2000 oral capsule 50 mcg (2,000 unit)	1	OTC
d3-5000 oral capsule 125 mcg (5,000 unit)	1	OTC
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC
DAILY MULTIVITAMIN ORAL CAPSULE 200-100-500 MCG	1	OTC
daily multi-vitamin oral tablet	1	OTC
daily multivitamin with iron oral tablet 18-400 mg-mcg	1	OTC
daily value oral tablet	1	OTC
daily vitamin formula oral tablet	1	OTC
daily vitamin formula-iron oral tablet 18-400 mg-mcg	1	OTC
daily vitamin formula-minerals oral tablet	1	OTC
daily vitamin with iron oral tablet	1	OTC
daily vites/iron oral tablet	1	OTC
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG	1	MO; OTC
daily-vite oral tablet	1	OTC
decara oral capsule 1,250 mcg (50,000 unit)	1	MO; OTC
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
DEKAS BARIATRIC ORAL TABLET,CHEWABLE 22.5 MG-400 MCG -500 MCG-10 MG	1	OTC
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	1	MO; OTC
delta d3 oral tablet 10 mcg (400 unit)	1	OTC
dialyvite 800 oral tablet 0.8 mg	1	MO; OTC
dialyvite oral tablet 100-1 mg	1	OTC
dialyvite oral tablet 1-100-300-50 mg-mg-mcg-mg	1	MO; OTC
dialyvite vitamin d oral capsule 125 mcg (5,000 unit)	1	OTC
d-vi-sol oral drops 10 mcg/ml (400 unit/ml)	1	MO; OTC
e-400 c-500 and beta carotene oral tablet	1	OTC
elfolate oral tablet 15 mg, 7.5 mg	1	MO; OTC
EMERGEN-C IMMUNE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
EMERGEN-C ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	MO; OTC
endur-c with rose hips oral tablet extended release 1,000 mg, 500 mg	1	OTC
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	MO; SUPP
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	1	MO; OTC
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	1	OTC
essentia oral tablet 18-400 mg-mcg	1	OTC
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	OTC
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	1	MO; OTC
ezfe 200 oral capsule 200 mg iron	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg	1	OTC
ferate oral tablet 240 mg (27 mg iron)	1	MO; OTC
ferosul oral tablet 325 mg (65 mg iron)	1	MO; OTC
ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
ferrex 150 oral capsule 150 mg iron	1	MO; OTC
ferric x-150 oral capsule 150 mg iron	1	OTC
ferrocite oral tablet 324 mg (106 mg iron)	1	MO; OTC
ferro-time oral tablet 325 mg (65 mg iron)	1	OTC
ferrous fumarate oral tablet 324 mg (106 mg iron)	1	OTC
ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 324 mg (37.5 mg iron)	1	OTC
ferrous gluconate oral tablet 324 mg (38 mg iron)	1	MO; OTC
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	1	MO; OTC
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	1	MO; OTC
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	1	OTC
ferrous sulfate oral tablet 325 mg (65 mg iron)	1	OTC
ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)	1	MO; OTC
fe-vite oral drops 15 mg iron (75 mg)/ml	1	OTC
fish oil-dha-epa oral capsule 1,200-144-216 mg	1	OTC
FLINTSTONES COMPLETE ORAL TABLET,CHEWABLE	1	MO; OTC
FLINTSTONES GUMMIES OMEGA-3 ORAL TABLET,CHEWABLE 16 MG	1	OTC
FLINTSTONES GUMMIES ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 100 MCG, 200 MCG	1	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES TAB CHEW ORAL TABLET,CHEWABLE 100 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES WITH IRON ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	1	OTC
FLORIVA PLUS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML	1	MO; OTC
flotrex oral tablet,chewable 0.5 mg, 1 mg	1	OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	MO; OTC
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	MO
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	MO; OTC
folbee oral tablet 2.5-25-1 mg	1	MO; OTC
folbic oral tablet 2.5-25-2 mg	1	MO; OTC
FOLIC ACID ORAL CAPSULE 20 MG	1	OTC
folic acid oral tablet 1 mg	1	MO; SUPP
folic acid oral tablet 400 mcg, 800 mcg	1	MO; OTC
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	MO; OTC
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	MO; OTC
fruit c-500 oral tablet,chewable 500 mg	1	OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	MO; OTC
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	OTC
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	OTC
gummi bear multivitamin oral tablet,chewable	1	OTC
GUMMY DINOS ORAL TABLET,CHEWABLE	1	OTC
hair,skin and nails oral tablet	1	OTC
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
HEALTHY EYES ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	OTC
HEALTHY EYES SUPERVIEW 2 ORAL CAPSULE 250-90-10-1 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
healthy eyes supervision oral capsule 4,296 mcg-226 mg-90 mg	1	OTC
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG	1	MO; OTC
hematinic plus vit/minerals oral tablet 106 mg iron- 1 mg	1	MO; OTC
hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg	1	MO; OTC
high potency multivit (w-iron) oral tablet 18-400 mg-mcg	1	OTC
iferex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
iferex 150 oral capsule 150 mg iron	1	MO; OTC
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	1	OTC
iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)	1	OTC
iron 100 plus oral tablet 100-250-25-1 mg-mg-mcg-mg	1	MO; OTC
iron chews oral tablet,chewable 15 mg	1	MO; OTC
iron oral tablet 325 mg (65 mg iron)	1	OTC
iron oral tablet extended release 159 mg (45 mg iron)	1	OTC
iron,carbonyl-vitamin c oral tablet 100-250 mg	1	MO; OTC
KIDS' GUMMY ORAL TABLET,CHEWABLE	1	OTC
K-PAX IMMUNE SUPPORT ORAL TABLET 2.25 MG IRON- 100 MCG	1	OTC
levomefolate calcium oral tablet 15 mg, 7.5 mg	1	MO; OTC
LIQUID B-12 ORAL LIQUID 1,000 MCG/15 ML	1	OTC
liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)	1	OTC
little animals oral tablet,chewable	1	OTC
ludent fluoride oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)	1	OTC
lutein oral capsule 20 mg	1	MO; OTC
LUTEIN ORAL TABLET 10 MG	1	MO; OTC
MACULAR HEALTH FORMULA ORAL CAPSULE 5-1-7.5 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
mega multi for women oral tablet 13.5-200-250 mg-mcg-mcg	1	OTC
mega multiple/chelated mineral oral tablet	1	MO; OTC
mega multivitamin for men oral tablet 200-175-250 mcg	1	OTC
MEN 50 PLUS ADVANCED ONE DAILY ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S DAILY ORAL CAPSULE 0.4-600 MG-MCG	1	OTC
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG	1	OTC
MEN'S PACK ORAL COMBO PACK 0.4-250 MG-MCG	1	OTC
milltrium senior oral tablet	1	MO; OTC
multi complete with iron oral tablet 18-400 mg-mcg	1	MO; OTC
MULTI FOR HER 50 PLUS ORAL CAPSULE 400-80 MCG	1	OTC
MULTI FOR HER ORAL CAPSULE 18 MG IRON-600 MCG-40 MCG	1	OTC
multi for her oral tablet 18 mg iron-600 mcg-80 mcg	1	OTC
multigen folic oral tablet 70-150-10-1-2 mg-mg-mcg-mg-mg	1	MO; OTC
multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg	1	MO; OTC
multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg	1	MO; OTC
multiple vitamin-minerals oral tablet	1	MO; OTC
multiple vitamins oral tablet	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml	1	MO; OTC
multivit with min-folic acid oral tablet 0.4 mg	1	OTC
MULTIVIT,CALC,MIN-FA-K1-LYCOP ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
multivitamin 50 plus oral tablet	1	OTC
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
multi-vitamin hp/minerals oral capsule	1	MO; OTC
multivitamin oral tablet	1	MO; OTC
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	MO; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	MO; OTC
multivitamin with folic acid oral tablet 400 mcg	1	OTC
multivitamin with iron oral tablet	1	OTC
multivitamin women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	OTC
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG	1	MO; OTC
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
MULTIVIT-MIN-FERROUS FUMARATE ORAL TABLET 15 MG IRON	1	MO; OTC
MULTIVIT-MIN-FERROUS GLUCONATE ORAL LIQUID 9 MG IRON/15 ML	1	OTC
MULTIVIT-MIN-FOLIC ACID-LUTEIN ORAL TABLET,CHEWABLE 200-137.5 MCG	1	OTC
multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg	1	MO; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	OTC
MVW COMPLETE FORMUL MULTIVIT ORAL CAPSULE 1,500-800 UNIT-MCG, 750-500 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMUL MULTIVIT ORAL TABLET,CHEWABLE 1,500-1,000 UNIT-MCG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMUL PEDIATRIC ORAL DROPS 750-500 UNIT-MCG/0.5 ML	1	MO; OTC
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE 3,000-800 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET,CHEWABLE 3,000-1,000 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE 5,000-800 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET,CHEWABLE 5,000 UNIT-1,000 MCG	1	MO; OTC
my-vitalife oral capsule	1	OTC
NANO VM 1-3 ORAL POWDER 3.5-75 MG-MCG	1	MO; OTC
NANO VM 4-8 ORAL POWDER 5-100 MG-MCG	1	MO; OTC
NANOVM 9-18 ORAL POWDER 2 MG IRON/ 2.6 GRAM	1	OTC
NANOVM T-F FEEDING TUBE POWDER 2.75 MG IRON/ 5.4 GRAM	1	OTC
nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg	1	MO; OTC
NEPHRO VITAMINS ORAL TABLET 0.8 MG	1	OTC
nephronex oral liquid 900 mcg/5 ml	1	MO; OTC
NEPHRO-VITE ORAL TABLET 0.8 MG	1	MO; OTC
OCUVITE ADULT 50 PLUS ORAL CAPSULE 250 MG (90 MG-160 MG)	1	MO; OTC
OCUVITE EYE PLUS MULTI ORAL TABLET 200-15-150 MCG	1	OTC
OCUVITE LUTEIN AND ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
OCUVITE WITH LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	MO; OTC
one daily calcium/iron oral tablet	1	OTC
one daily complete oral tablet , 18-0.4 mg	1	OTC
one daily essential oral tablet , 400 mcg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	1	OTC
one daily for men 50 plus adv oral tablet 400-600-120 mcg-mcg-mg	1	OTC
one daily for men oral tablet 0.4-600 mg-mcg	1	MO; OTC
one daily for women oral tablet 18-0.4 mg	1	OTC
one daily maximum oral tablet 18-0.4 mg	1	OTC
one daily men's 50 plus memory oral tablet 400-600-120 mcg-mcg-mg	1	OTC
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG	1	OTC
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
one daily multi-vit w-mineral oral tablet 4.5 mg iron	1	MO; OTC
one daily multivitamin oral tablet	1	OTC
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	1	OTC
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON	1	MO; OTC
one daily multivit-iron(folic) oral tablet 18-400 mg-mcg	1	OTC
one daily oral tablet 0.4-600 mg-mcg	1	OTC
one daily plus iron oral tablet 18-400 mg-mcg	1	OTC
one daily women 50 plus oral tablet 400-120 mcg-mg	1	MO; OTC
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
one daily womens 50 plus oral tablet 0.4 mg	1	OTC
one daily women's health oral tablet 18 mg iron-400 mcg-450 mg ca	1	OTC
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
ONE-A-DAY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	1	OTC
one-a-day essential oral tablet	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY KID'S ORAL TABLET,CHEWABLE	1	OTC
one-a-day maximum formula oral tablet	1	OTC
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	MO; OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET 400-60 MCG-MG	1	MO; OTC
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	MO; OTC
ONE-A-DAY MEN'S MULTIVITAMIN ORAL TABLET 400-20-300 MCG	1	OTC
ONE-A-DAY PROACTIVE 65 PLUS ORAL TABLET 200 MCG	1	MO; OTC
one-a-day teen advantage oral tablet 18-400 mg-mcg, 9 mg iron-400 mcg	1	OTC
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY VITACRAVES OMEGA-3 ORAL TABLET,CHEWABLE 200-16 MCG-MG	1	OTC
ONE-A-DAY VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY WEIGHTSMART ORAL TABLET 200-18-0.4 MG	1	OTC
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
one-a-day women's 50 plus oral tablet 0.4 mg	1	MO; OTC
ONE-A-DAY WOMEN'S ACTIVE ORAL TABLET 18 MG IRON- 400 MCG-180 MG	1	OTC
ONE-A-DAY WOMENS FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA	1	OTC
ONE-A-DAY WOMEN'S HEALTHY SKIN ORAL TABLET 18 MG IRON-400 MCG-6 MG	1	OTC
ONE-A-DAY WOMEN'S PETITES ORAL TABLET 9 MG IRON-200 MCG	1	MO; OTC
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	1	OTC
optimal d3 oral capsule 1,250 mcg (50,000 unit)	1	OTC
pedia d-vite oral drops 10 mcg/ml (400 unit/ml)	1	OTC
pedia iron oral drops 15 mg iron (75 mg)/ml	1	OTC
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	1	OTC
pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)	1	MO; OTC
PEDIATRIC MULTIVITAMIN NO.171 ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
poly-iron oral capsule 150 mg iron	1	MO; OTC
polysaccharide iron complex oral capsule 150 mg iron	1	MO; OTC
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG-10 MCG/ML	1	MO; OTC
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	1	MO; OTC
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	1	MO; OTC
prenatal dha oral capsule 200 mg	1	MO; OTC
prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg	1	MO
PRESERVISION AREDS ORAL CAPSULE 4,296 MCG-226 MG-90 MG	1	MO; OTC
PRESERVISION AREDS ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	1	OTC
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG	1	MO; OTC
PRESERVISION LUTEIN ORAL CAPSULE 226-90-0.8-5 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
PRO-CAL ORAL TABLET 187.5-40-7.5 MG	1	OTC
PROCERV HP ORAL TABLET 9 MG IRON-300 MCG-50 MCG	1	OTC
PRORENAL ORAL TABLET 8 MG IRON-800 MCG-1,000 UNIT	1	MO; OTC
PRORENAL QD ORAL CAPSULE 400-500 MCG-UNIT	1	MO; OTC
PROTECT CARDIO AF ORAL CAPSULE 0.5-30-60-90 MG	1	OTC
PROTECT PLUS SO ORAL CAPSULE 0.5-15 MG	1	OTC
purevit dualfe plus oral capsule 162-115.2-1 mg	1	OTC
purevita folic acid oral tablet 400 mcg	1	OTC
purevita vitamin d3 oral tablet 25 mcg (1,000 unit)	1	OTC
pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg	1	MO; OTC
pyridoxine (vitamin b6) oral tablet 25 mg	1	OTC
pyridoxine (vitamin b6) oral tablet extended release 200 mg	1	MO; OTC
QUFLORA PEDIATRIC DROPS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	1	OTC
QUINTABS ORAL TABLET 400 MCG	1	OTC
quintabs-m iron free oral tablet 0.4 mg	1	OTC
renal caps oral capsule 1 mg	1	MO; OTC
RENAL VITAMIN ORAL TABLET 0.8 MG	1	MO; OTC
RENAL-VITE ORAL TABLET 0.8 MG	1	OTC
RENAPLEX ORAL TABLET 800 MCG- 12.5 MG	1	OTC
RENAPLEX-D ORAL TABLET 800 MCG-12.5 MG -2,000 UNIT	1	OTC
rena-vite oral tablet 0.8 mg	1	MO; OTC
rena-vite rx oral tablet 1-60-300 mg-mg-mcg	1	MO; OTC
reno caps oral capsule 1 mg	1	MO; OTC
SCOOBY-DOO ONE A DAY KIDS ORAL TABLET,CHEWABLE	1	OTC
senior tabs oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
sentry oral tablet 18-400 mg-mcg	1	OTC
sentry senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
sentry senior oral tablet 500-300-250 mcg	1	MO; OTC
se-tan plus oral capsule 162-115.2-1 mg	1	MO; OTC
slow release iron oral tablet extended release 142 mg (45 mg iron), 160 mg (50 mg iron)	1	MO; OTC
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON)	1	OTC
slow release iron oral tablet extended release 250 mg (50 mg iron)	1	OTC
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	OTC
soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	MO; OTC
spectravite adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
SPECTRAVITE ADULT 50 PLUS(LUT) ORAL TABLET,CHEWABLE 500-250 MCG	1	OTC
spectravite adult oral tablet 18-400 mg-mcg	1	OTC
spectravite advanced formula oral tablet 18-400 mg-mcg	1	OTC
spectravite men's oral tablet 8 mg iron- 200 mcg-600 mcg	1	OTC
spectravite women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	OTC
spectravite women oral tablet 18-400 mg-mcg	1	OTC
stress formula oral tablet	1	MO; OTC
stress formula with zinc oral tablet	1	MO; OTC
super b/c oral capsule	1	MO; OTC
super b-50 complex oral capsule 400 mcg-20 mg-50 mg	1	OTC
super quints b-50 oral tablet	1	OTC
super quints oral tablet 0.4 mg	1	OTC
super thera vite m oral tablet	1	MO; OTC
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG	1	OTC
tab-a-vite oral tablet 400 mcg	1	MO; OTC
thera oral tablet 400 mcg	1	OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET 400-250-375 MCG	1	OTC
theralogix companion oral tablet 0.4 mg	1	OTC
thera-m oral tablet 27-0.4 mg, 9 mg iron-400 mcg	1	OTC
THERAMILL FORTE ORAL CAPSULE 67 MCG-12.5 MG -12.5 MG-17 MG	1	OTC
therapeutic-m oral tablet 9 mg iron-400 mcg	1	MO; OTC
thera-tabs oral tablet	1	MO; OTC
theratrum complete 50 plus/lut oral tablet	1	MO; OTC
theratrum complete 50 plus-lyc oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
theratrum complete with lutein oral tablet	1	MO; OTC
thera-vite max-m oral tablet 9 mg iron-400 mcg	1	OTC
therems multivitamin oral tablet 400 mcg	1	MO; OTC
triphrocaps oral capsule 1 mg	1	MO; OTC
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	OTC
tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	MO; OTC
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG	1	OTC
VIT A PALMITATE-VIT C-VIT D3 ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
VITABEX PLUS ORAL CAPSULE 500-25-10 MCG-MG-MG	1	OTC
vita-c oral crystals	1	OTC
VITAJOY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG	1	OTC
vitajoy daily d oral tablet,chewable 25 mcg (1,000 unit)	1	MO; OTC
vitalee oral tablet 0.4 mg	1	OTC
vitalets oral tablet,chewable , 10 mg iron	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
vitamin a oral capsule 2,400 mcg, 3,000 mcg (10,000 unit)	1	MO; OTC
vitamin b complex oral capsule	1	MO; OTC
vitamin b complex oral tablet	1	MO; OTC
vitamin b complex-folic acid oral tablet 0.4 mg	1	OTC
VITAMIN B-12 ORAL LOZENGE 500 MCG	1	OTC
vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 50 mcg, 500 mcg	1	OTC
vitamin b-12 oral tablet extended release 1,000 mcg	1	MO; OTC
vitamin b-12 oral tablet extended release 2,000 mcg	1	OTC
vitamin b-12 sublingual tablet 2,500 mcg	1	MO; OTC
VITAMIN B-12 SUBLINGUAL TABLET 5,000 MCG	1	MO; OTC
vitamin b-6 oral tablet 100 mg, 50 mg	1	OTC
vitamin b-6 oral tablet 25 mg, 250 mg	1	MO; OTC
vitamin c drops oral lozenge 60 mg	1	OTC
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
vitamin c oral powder	1	OTC
vitamin c oral tablet 1,000 mg, 100 mg, 250 mg	1	OTC
vitamin c oral tablet 500 mg	1	MO; OTC
vitamin c oral tablet extended release 1,000 mg, 500 mg	1	OTC
vitamin c oral tablet,chewable 250 mg	1	OTC
vitamin c oral tablet,chewable 500 mg	1	MO; OTC
vitamin c with rose hips oral tablet 1,000 mg, 500 mg	1	MO; OTC
vitamin c with rose hips oral tablet extended release 1,000 mg	1	OTC
vitamin c with rose hips oral tablet,chewable 500 mg	1	MO; OTC
vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)	1	MO; OTC
vitamin d3 oral capsule 50 mcg (2,000 unit)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
vitamin d3 oral tablet 10 mcg (400 unit)	1	MO; OTC
vitamin d3 oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	1	OTC
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	1	MO; OTC
vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml	1	MO; OTC
vitamins b complex oral capsule	1	OTC
vitamins b complex oral tablet	1	OTC
vitamins for hair oral capsule 400-400 mcg	1	MO; OTC
wee care oral suspension 15 mg/1.25 ml	1	MO; OTC
weekly-d oral capsule 1,250 mcg (50,000 unit)	1	MO; OTC
wescaps oral capsule 1 mg	1	MO; OTC
westab max oral tablet 2.5-25-2 mg	1	MO; OTC
westab one oral tablet 2.5-25-1 mg	1	MO; OTC
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG	1	OTC
WOMEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	MO; OTC
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
WOMEN'S DAILY PACK ORAL TABLET 400 MCG-800 MG -10 MCG	1	OTC
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
WOMEN'S MULTIVITAMIN ORAL TABLET 18 MG-400 MCG- 500 MG-50 MCG	1	OTC
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT)	1	OTC
zinc with vitamins a and c oral lozenge 15 mg	1	OTC

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Notice Informing Individuals About Nondiscrimination and Accessibility Requirements
Discrimination is Against the Law

Sentara Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sentara Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sentara Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact:
  Sentara Medicare Member Services
  PO Box 66189, Virginia Beach, VA 23466
  757-552-7401 or toll free 1-877-552-7401
  TTY Relay 1-800-828-1140 or 711

If you believe that Sentara Medicare has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Sentara Medicare
1557 Coordinator/Compliance
PO Box 66189
Virginia Beach, VA
23466 757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.

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Form Approved
OMB# 0938-1421

Sentara Health Plans | CardinalCare Virginia's Medicaid Program

Medicare and Medicaid Working Together

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-650-1274 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-650-1274 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-650-1274 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-650-1274 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-650-1274 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-650-1274 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-650-1274 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-650-1274 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-650-1274 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-650-1274 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-650-1274 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-650-1274 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-650-1274 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-650-1274 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-650-1274 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-650-1274 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-650-1274 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Bengali: আপনার স্বাস্থ্য বা ওষুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासे हुनुहुन्छ। दोभासे प्राप्त गर्नका लाग, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్‌ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్‌ప్రిటర్‌ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

PO Box 66189
Virginia Beach, VA 23466

Sentara Medicare
P.O. Box 66189
Virginia Beach, VA 23466
sentarahealthplans.com

This formulary was updated on **10/17/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-866-650-1274 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit: sentarahealthplans.com/plans/medicare/prescription-drugs.