

Medicare and Medicaid Working Together

Sentara Community Complete (HMO D-SNP) 2027 List of Covered Drugs (Drug List or Formulary)

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

Formulary ID: **27433**, Version: **8**

This formulary was updated on **09/01/2026**. 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*.

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Last formulary update 09/01/2026

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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 panggagamot. 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.



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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 quý vị cần thông dịch viên xin gọi 1-866-650-1274 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflicht. 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 대해 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 (TTY: 711) 1-866-650-1274. 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.



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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。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 می کند می تواند 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 निःशुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो निःशुल्क 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 ఏదైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్ప్రిటర్ ను 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.



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.

- 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.



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.

- 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**



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- 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.



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.

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 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.

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.



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.

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.



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.

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.



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.

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 181.

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.



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 09/01/2026

D. Index of Covered Drugs

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

If you have questions, please call 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 09/01/2026



Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	2	B/D PA
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	4	B/D PA
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	MO
CRESEMBA ORAL CAPSULE 186 MG	4	PA; QL (60 per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	4	PA; QL (120 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	PA; MO; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	MO
<i>itraconazole oral capsule 100 mg</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	2	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	2	MO
<i>nystatin oral tablet 500,000 unit</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	PA; MO; NEDS; QL (96 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	2	MO
<i>voriconazole intravenous recon soln 200 mg</i>	2	PA; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	PA; MO; NEDS; QL (400 per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA; 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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole-hpbc</i> intravenous recon soln 200 mg	4	PA; NEDS
ANTIVIRALS		
<i>abacavir oral solution</i> 20 mg/ml	2	MO
<i>abacavir oral tablet</i> 300 mg	2	MO
<i>abacavir-lamivudine oral tablet</i> 600-300 mg	2	MO
<i>acyclovir oral capsule</i> 200 mg	2	MO
<i>acyclovir oral suspension</i> 200 mg/5 ml	2	MO
<i>acyclovir oral tablet</i> 400 mg, 800 mg	2	MO
<i>acyclovir sodium intravenous solution</i> 50 mg/ml	2	B/D PA; MO
<i>adefovir oral tablet</i> 10 mg	2	MO
<i>amantadine hcl oral capsule</i> 100 mg	2	MO
<i>amantadine hcl oral solution</i> 50 mg/5 ml	2	MO
<i>amantadine hcl oral tablet</i> 100 mg	2	MO
APTIVUS ORAL CAPSULE 250 MG	4	MO; NEDS
<i>atazanavir oral capsule</i> 150 mg, 200 mg	2	MO; QL (60 per 30 days)
<i>atazanavir oral capsule</i> 300 mg	2	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	MO; NEDS; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	4	MO; NEDS; QL (30 per 30 days)
<i>darunavir oral tablet</i> 600 mg	2	MO; NEDS; QL (60 per 30 days)
<i>darunavir oral tablet</i> 800 mg	4	MO; NEDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	MO; NEDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	MO; NEDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	4	MO; NEDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	4	MO; NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	4	MO; NEDS
<i>efavirenz oral tablet</i> 600 mg	2	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet</i> 600-200-300 mg	2	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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	4	MO; NEDS
<i>emtricitabine oral capsule 200 mg</i>	2	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg</i>	2	MO; NEDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	4	MO; NEDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	MO; QL (30 per 30 days)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	4	MO; NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	3	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	4	MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	MO
<i>fosamprenavir oral tablet 700 mg</i>	4	MO; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	4	MO; NEDS
IDVYNZO ORAL TABLET 100-0.25 MG	4	MO; NEDS
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD ORAL TABLET 600 MG	4	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	4	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET 50-25 MG	4	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	MO
<i>lamivudine oral solution 10 mg/ml</i>	2	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; MO; NEDS; QL (28 per 28 days)
LIVTENCITY ORAL TABLET 200 MG	4	PA; LA; NEDS; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	MO; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	MO; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; MO; NEDS; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	4	PA; MO; NEDS; QL (84 per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	MO; QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	MO; QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	MO; NEDS; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	MO; QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	3	NEDS; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	NEDS; QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	4	MO; NEDS; QL (60 per 30 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	4	PA; MO; NEDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA; MO; NEDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	4	MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	MO; NEDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	MO; NEDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; NEDS; QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (300 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	MO; QL (120 per 365 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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	4	MO; NEDS; QL (240 per 30 days)
<i>ribavirin oral capsule 200 mg</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rilpivirine hcl oral tablet 25 mg</i>	4	MO; NEDS
<i>rimantadine oral tablet 100 mg</i>	2	MO
<i>ritonavir oral tablet 100 mg</i>	2	MO; QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	MO; NEDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	4	MO; NEDS; QL (1840 per 30 days)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	MO; NEDS; QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	4	NEDS; QL (5 per 180 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	MO; NEDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG	4	MO; NEDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	MO; NEDS; QL (180 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	MO; NEDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	MO; NEDS; QL (180 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	MO; NEDS; QL (1080 per 30 days)
<i>valganciclovir oral tablet 450 mg</i>	2	MO; QL (120 per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	PA; MO; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	MO; NEDS; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; NEDS; QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	MO; NEDS; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG	4	MO; NEDS; QL (30 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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 200 MG, 250 MG	3	MO; NEDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule 100 mg</i>	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	2	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	MO
<i>cefadroxil oral capsule 500 mg</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 100 gram, 300 gram</i>	2	
<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	MO
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>cefixime oral capsule 400 mg</i>	2	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>	4	NEDS
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet 250 mg</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	PA; NEDS; QL (136 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	MO
<i>fidaxomicin oral tablet 200 mg</i>	4	PA; NEDS; QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	2	MO; NEDS
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA; NEDS; QL (235.2 per 28 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	MO; QL (420 per 30 days)
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	MO
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; MO; LA; NEDS; QL (84 per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	MO
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	2	MO
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	MO
COARTEM ORAL TABLET 20-120 MG	3	MO; QL (24 per 30 days)
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	2	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	2	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem injection recon soln 1 gram</i>	2	MO; QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	MO
IMPAVIDO ORAL CAPSULE 50 MG	4	PA; MO; NEDS; QL (84 per 28 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	2	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	MO
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL (20 per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	2	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	MO; NEDS; QL (1800 per 30 days)
<i>linezolid oral tablet 600 mg</i>	2	MO; QL (60 per 30 days)
<i>mefloquine oral tablet 250 mg</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	2	QL (10 per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin oral tablet 500 mg</i>	2	MO
<i>nitazoxanide oral tablet 500 mg</i>	4	MO; NEDS
<i>pentamidine inhalation recon soln 300 mg</i>	2	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	2	
<i>pinaway oral suspension 50 mg/ml</i>	1	OTC
<i>pinworm treatment oral suspension 50 mg/ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel oral tablet 600 mg</i>	2	MO
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	3	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	MO
<i>pyrazinamide oral tablet 500 mg</i>	2	MO
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; MO; NEDS; QL (90 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	2	MO; QL (42 per 7 days)
<i>reese's pinworm medicine oral suspension 50 mg/ml</i>	1	MO; OTC
<i>rifabutin oral capsule 150 mg</i>	2	MO
<i>rifampin intravenous recon soln 600 mg</i>	2	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	MO; NEDS
<i>tigecycline intravenous recon soln 50 mg</i>	2	MO; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	MO; NEDS; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; MO; NEDS; QL (280 per 56 days)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	MO
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	2	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	2	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	2	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	MO
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; MO; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram</i>	2	MO
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(900K/300K)	3	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	4	NEDS
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	2	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	2	MO
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	2	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO
<i>levofloxacin oral tablet 750 mg</i>	2	MO
<i>moxifloxacin oral tablet 400 mg</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	MO
<i>doxy-100 intravenous recon soln 100 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	MO
<i>methenamine hippurate oral tablet 1 gram</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	MO
<i>trimethoprim oral tablet 100 mg</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MO
<i>mesna oral tablet 400 mg</i>	2	MO; NEDS
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
<i>abirtega oral tablet 250 mg</i>	2	PA; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; LA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA ORAL CAPSULE 150 MG	4	PA; MO; NEDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; NEDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; NEDS; QL (30 per 180 days)
<i>anastrozole oral tablet 1 mg</i>	2	MO; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	4	PA; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; NEDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA; NEDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; NEDS; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	4	PA; LA; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	4	PA; LA; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	4	PA; LA; NEDS; QL (28 per 28 days)
<i>bexarotene oral capsule 75 mg</i>	4	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	4	PA; MO; NEDS; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	MO; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; NEDS; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; MO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; NEDS; QL (30 per 30 days)
<i>bosutinib oral tablet 400 mg</i>	4	PA; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL TABLET 160 MG	4	PA; LA; NEDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; MO; LA; NEDS; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; NEDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; NEDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; NEDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; NEDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; NEDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	4	PA; MO; LA; NEDS; QL (63 per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D PA; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; NEDS; QL (120 per 30 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	4	PA; MO; NEDS; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG	4	PA; MO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; NEDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 100 MG	4	PA; LA; NEDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	4	PA; LA; NEDS; QL (30 per 30 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	3	PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	3	PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; MO; NEDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EULEXIN ORAL CAPSULE 125 MG	4	PA; NEDS; QL (180 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; MO; NEDS; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; MO; NEDS; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; MO; NEDS; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D PA; MO; NEDS
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; MO; NEDS
<i>exemestane oral tablet 25 mg</i>	2	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; NEDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; NEDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; NEDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; MO; NEDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	4	PA; NEDS; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; NEDS; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; NEDS; QL (168 per 28 days)
HERNEXEOS ORAL TABLET 60 MG	4	PA; MO; NEDS; QL (90 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	2	MO
HYRNUO ORAL TABLET 10 MG	4	PA; NEDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	4	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; MO; NEDS; QL (21 per 28 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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
IBTROZI ORAL CAPSULE 200 MG	4	PA; NEDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; MO; LA; NEDS; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; NEDS; QL (30 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; NEDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; NEDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; NEDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; MO; NEDS; QL (280 per 28 days)
INLURIYO ORAL TABLET 200 MG	4	PA; NEDS; QL (56 per 28 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; MO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA; MO; LA; NEDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	4	PA; MO; NEDS; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	4	PA; MO; NEDS; QL (28 per 28 days)
IWILFIN ORAL TABLET 192 MG	4	PA; LA; NEDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; MO; NEDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	4	PA; MO; NEDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA; NEDS; QL (30 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	3	B/D PA; MO; NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; NEDS; QL (21 per 28 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; NEDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	4	PA; NEDS; QL (90 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; NEDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	4	PA; NEDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	4	PA; NEDS; QL (360 per 30 days)
KRAZATI ORAL TABLET 200 MG	4	PA; NEDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	4	PA; MO; NEDS; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; NEDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; MO; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; MO; NEDS; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; NEDS; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; NEDS; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	2	MO
LEUKERAN ORAL TABLET 2 MG	4	PA; MO; NEDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; MO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	4	PA; LA; NEDS; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	4	PA; LA; NEDS; QL (27 per 28 days)
<i>lomustine oral capsule 10 mg, 40 mg</i>	2	NEDS
<i>lomustine oral capsule 100 mg</i>	4	NEDS

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	4	PA; MO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; MO; NEDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; MO; NEDS; QL (60 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; MO; NEDS; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	4	PA; NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; NEDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; NEDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; NEDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	4	PA; NEDS
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; MO; NEDS; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	4	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i>	4	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	2	MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	4	PA; NEDS; QL (20 per 28 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	B/D PA; MO
NERLYNX ORAL TABLET 40 MG	4	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	4	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; MO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	4	PA; MO; LA; NEDS; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO; NEDS
<i>octreotide, microspheres intramuscular suspension, extended rel recon 10 mg, 20 mg, 30 mg</i>	4	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	4	PA; MO; LA; NEDS; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; NEDS; QL (56 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; NEDS; QL (96 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; NEDS; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; NEDS; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; NEDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; MO; NEDS; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; NEDS; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; NEDS; QL (90 per 30 days)
<i>pazopanib oral tablet 200 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; NEDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	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)	4	PA; NEDS; QL (56 per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	4	PA; MO; NEDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; MO; NEDS; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA; MO
QINLOCK ORAL TABLET 50 MG	4	PA; LA; NEDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; MO; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	4	PA; MO; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	4	PA; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	4	PA; NEDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	4	PA; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; NEDS; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	4	PA; LA; NEDS; QL (30 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; NEDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; NEDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; MO; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; MO; LA; NEDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	4	PA; MO; NEDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	4	PA; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; NEDS; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	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)	4	PA; NEDS; QL (60 per 30 days)
<i>sirolimus oral solution 1 mg/ml</i>	2	B/D PA; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA; MO; NEDS
<i>sorafenib oral tablet 200 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; MO; NEDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG	4	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; MO; NEDS; QL (112 per 28 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; MO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; MO; NEDS; QL (840 per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	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	4	PA; MO; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; MO; NEDS; QL (90 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET 225 MG	4	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG	4	PA; MO; NEDS; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	4	PA; MO; NEDS; QL (56 per 28 days)
TIBSOVO ORAL TABLET 250 MG	4	PA; NEDS; QL (60 per 30 days)
<i>toremifene oral tablet 60 mg</i>	2	MO; NEDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	MO; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; NEDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; NEDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; NEDS; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; NEDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; NEDS; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; MO; LA; NEDS; QL (300 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	4	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	4	PA; NEDS; QL (30 per 30 days)
WELIREG ORAL TABLET 40 MG	4	PA; LA; NEDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; MO; NEDS; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	4	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; MO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
XERMELO ORAL TABLET 250 MG	4	PA; LA; NEDS; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG	4	PA; LA; NEDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	4	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	4	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	4	PA; LA; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; NEDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; NEDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	4	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; NEDS; QL (60 per 30 days)
ZEJULA ORAL TABLET 100 MG	4	PA; MO; LA; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; MO; LA; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; MO; NEDS; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; MO; NEDS; QL (120 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; MO; NEDS; QL (90 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

<i>brivaracetam oral solution 10 mg/ml</i>	2	PA; MO; QL (600 per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet 200 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LA; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; LA; NEDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	MO; QL (5 per 30 days)
DILANTIN 30 MG ORAL CAPSULE 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; MO; LA; NEDS
<i>eslicarbazepine oral tablet 200 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	2	PA; MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; NEDS; QL (360 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	MO
<i>methsuximide oral capsule 300 mg</i>	2	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	MO
<i>perampanel oral suspension 0.5 mg/ml</i>	4	PA; MO; NEDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	2	PA; MO; NEDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	2	PA; MO; NEDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	MO; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	QL (120 per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 30 mg</i>	2	QL (300 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA; MO; NEDS; QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	2	PA; MO; NEDS; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	3	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	PA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	PA; MO; NEDS; QL (1500 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; NEDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; NEDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	MO
<i>topiramate oral solution 25 mg/ml</i>	2	PA; MO; QL (480 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid oral capsule 250 mg</i>	2	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)	4	PA; MO; NEDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; LA; NEDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	4	PA; LA; NEDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; MO; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; MO; NEDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; MO; NEDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	3	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)	4	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA; MO; NEDS; QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	MO
<i>carbidopa oral tablet 25 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	MO
<i>entacapone oral tablet 200 mg</i>	2	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (30 per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MO
<i>selegiline hcl oral capsule 5 mg</i>	2	MO
<i>selegiline hcl oral tablet 5 mg</i>	2	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	4	PA; NEDS; QL (8 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; NEDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; NEDS; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; MO; NEDS; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	4	PA; MO; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; NEDS; QL (150 per 30 days)
AUSTEDO ORAL TABLET 9 MG	4	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	PA; MO; NEDS; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; MO; NEDS; QL (28 per 180 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	2	PA; MO; NEDS; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	PA; MO; NEDS; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; MO; NEDS; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; NEDS; QL (12 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA; MO; QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; MO; NEDS; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	MO; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	2	PA; MO; NEDS; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>baclofen oral tablet 5 mg</i>	2	MO; QL (90 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	MO; QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	MO
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; NEDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; NEDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; NEDS; QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	PA; MO; NEDS; QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	MO; QL (180 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; NEDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NEDS; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NEDS; QL (360 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	NEDS; QL (180 per 30 days)
<i>methadone intensol oral concentrate 10 mg/ml</i>	2	PA; NEDS; QL (90 per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	2	PA; NEDS; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; NEDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; NEDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; NEDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; NEDS; QL (240 per 30 days)
<i>methadose oral concentrate 10 mg/ml</i>	2	PA; NEDS; QL (120 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	NEDS; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	PA; NEDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; NEDS; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NEDS; QL (360 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	NEDS; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NEDS; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	NEDS; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	NEDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NEDS; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	MO; OTC
<i>8hr muscle aches-pain oral tablet extended release 650 mg</i>	1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	1	MO; OTC
<i>acetaminophen oral solution 325 mg/10.15 ml</i>	1	OTC
<i>acetaminophen oral suspension 160 mg/5 ml</i>	1	OTC
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	MO; OTC
<i>acetaminophen oral tablet extended release 650 mg</i>	1	OTC
<i>acetaminophen oral tablet,disintegrating 80 mg</i>	1	OTC
<i>acetaminophen rectal suppository 650 mg</i>	1	MO; OTC
<i>addaprin oral tablet 200 mg</i>	1	OTC
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	1	OTC
<i>advil junior strength oral tablet,chewable 100 mg</i>	1	MO; OTC
<i>alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>all day pain relief oral tablet 220 mg</i>	1	OTC
<i>all day relief oral tablet 220 mg</i>	1	MO; OTC
<i>aminofen oral tablet 325 mg</i>	1	OTC
<i>antacid and pain relief oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>arthritis pain (diclofenac) topical gel 1 %</i>	1	OTC
<i>arthritis pain relief (acetam) oral tablet extended release 650 mg</i>	1	OTC
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	OTC
<i>aspercreme arthritis pain topical gel 1 %</i>	1	MO; OTC
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1	OTC
<i>aspirin oral tablet 325 mg</i>	1	MO; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	1	MO; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; OTC
<i>aspirin rectal suppository 300 mg</i>	1	MO; OTC
<i>back and body pain reliever oral tablet 500-32.5 mg</i>	1	OTC
<i>backache relief extra strength oral tablet 580 (467) mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>bayer aspirin oral tablet 325 mg</i>	1	MO; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	MO; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>betatemp oral suspension 160 mg/5 ml</i>	1	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (480 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	MO; QL (240 per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	MO; QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (120 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO
<i>child pain rel-fever reducer rectal suppository 120 mg</i>	1	OTC
<i>children's acetaminophen oral liquid 160 mg/5 ml</i>	1	OTC
<i>children's acetaminophen oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>children's acetaminophen oral tablet, chewable 160 mg, 80 mg</i>	1	OTC
<i>children's advil oral suspension 100 mg/5 ml</i>	1	MO; OTC
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	OTC
<i>children's easy-melts oral tablet, disintegrating 80 mg</i>	1	OTC
<i>children's fever reducing rectal suppository 120 mg</i>	1	OTC
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	1	OTC
<i>children's mapap oral tablet, chewable 160 mg, 80 mg</i>	1	MO; OTC
<i>children's motrin jr strength oral tablet, chewable 100 mg</i>	1	MO; OTC
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	1	OTC
<i>children's pain relief oral suspension 160 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>children's pain relief oral tablet,chewable 160 mg</i>	1	OTC
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	1	OTC
<i>children's pain-fever relief oral liquid 160 mg/5 ml</i>	1	OTC
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>children's pain-fever relief oral tablet,chewable 160 mg</i>	1	OTC
<i>children's profen ib oral suspension 100 mg/5 ml</i>	1	OTC
<i>children's tylenol oral tablet,chewable 160 mg</i>	1	OTC
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	MO; QL (60 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	MO; QL (120 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	PA; MO; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; OTC
<i>diflunisal oral tablet 500 mg</i>	2	MO
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>ed-apap oral liquid 160 mg/5 ml</i>	1	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	MO
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	1	MO; OTC
<i>feverall rectal suppository 120 mg, 325 mg</i>	1	MO; OTC
<i>flanax (naproxen) oral tablet 220 mg</i>	1	OTC
<i>headache relief (asa-acet-caf) oral tablet 250-250-65 mg</i>	1	OTC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibu-200 oral tablet 200 mg</i>	1	OTC
<i>ibuprofen ib oral tablet,chewable 100 mg</i>	1	OTC
<i>ibuprofen jr strength oral tablet,chewable 100 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral capsule 200 mg</i>	1	MO; OTC
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	1	OTC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	MO
<i>ibuprofen oral tablet 200 mg</i>	1	MO; OTC
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen oral tablet,chewable 100 mg</i>	1	OTC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MO
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>infant's ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	1	MO; OTC
<i>infant's motrin oral drops,suspension 50 mg/1.25 ml</i>	1	MO; OTC
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	1	OTC
<i>infants' pain relief oral suspension 160 mg/5 ml</i>	1	OTC
<i>infants profenib oral drops,suspension 50 mg/1.25 ml</i>	1	OTC
<i>jr. strength pain reliever oral tablet,disintegrating 160 mg</i>	1	OTC
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>kindermid kids pain-fever oral suspension 160 mg/5 ml</i>	1	OTC
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	MO; QL (4 per 28 days)
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	1	OTC
<i>mapap (acetaminophen) oral capsule 500 mg</i>	1	MO; OTC
<i>maxrelief junior oral suspension 160 mg/5 ml</i>	1	OTC
<i>mediproxen oral tablet 220 mg</i>	1	OTC
<i>medi-seltzer oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>menstrual pain relief oral tablet 500-25-15 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>menstrual relief(pamabr-pyrid) oral tablet 500-25-15 mg</i>	1	OTC
<i>migraine formula oral tablet 250-250-65 mg</i>	1	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	1	OTC
<i>motrin arthritis pain topical gel 1 %</i>	1	MO; OTC
<i>motrin ib oral capsule 200 mg</i>	1	MO; OTC
<i>motrin ib oral tablet 200 mg</i>	1	MO; OTC
<i>m-pap oral liquid 160 mg/5 ml</i>	1	OTC
<i>nabumetone oral tablet 500 mg</i>	2	MO; QL (120 per 30 days)
<i>nabumetone oral tablet 750 mg</i>	2	MO; QL (60 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	MO; OTC
<i>naltrexone oral tablet 50 mg</i>	2	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	MO; QL (120 per 30 days)
<i>naproxen sodium oral capsule 220 mg</i>	1	MO; OTC
<i>naproxen sodium oral tablet 220 mg</i>	1	MO; OTC
<i>non-aspirin extra strength oral tablet 500 mg</i>	1	OTC
<i>non-aspirin oral tablet 325 mg</i>	1	OTC
<i>non-aspirin oral tablet,chewable 80 mg</i>	1	OTC
<i>non-aspirin pain relief oral tablet 500 mg</i>	1	OTC
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	1	OTC
<i>pain relief (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	OTC
<i>pain relief (acetaminophen) oral tablet extended release 650 mg</i>	1	OTC
<i>pain relief adult oral liquid 500 mg/15 ml</i>	1	OTC
<i>pain relief es (acetaminophen) oral tablet 500 mg</i>	1	OTC
<i>pain reliever (acetam-aspirin) oral tablet 250-250-65 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>pain reliever (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	OTC
<i>pain reliever (acetaminophen) rectal suppository 650 mg</i>	1	OTC
<i>pain reliever es(acetaminophn) oral tablet 500 mg</i>	1	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	1	MO; OTC
<i>pain-off oral tablet 250-250-65 mg</i>	1	OTC
<i>percogesic backache relief oral tablet 580 (467) mg</i>	1	OTC
<i>pharbetol oral tablet 325 mg, 500 mg</i>	1	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	MO; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	MO
TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC
<i>tramadol oral tablet 50 mg</i>	2	MO; NEDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MO; NEDS; QL (240 per 30 days)
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	OTC
<i>vanquish oral tablet 250-250-65 mg</i>	1	OTC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	MO; NEDS; QL (1 per 28 days)
<i>wal-profen oral capsule 200 mg</i>	1	OTC
<i>wal-profen oral tablet 200 mg</i>	1	OTC
<i>wal-proxen oral tablet 220 mg</i>	1	OTC
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; NEDS; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; NEDS; QL (3.2 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	MO; NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	MO; NEDS; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO
<i>aripiprazole oral solution 1 mg/ml</i>	2	MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	MO; NEDS; QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	MO; NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; NEDS; QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	PA; NEDS; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	2	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	PA; MO; NEDS; QL (30 per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>citalopram oral solution 10 mg/5 ml</i>	2	MO; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (150 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	2	QL (150 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	PA; MO; NEDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	PA; MO; NEDS; QL (56 per 180 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MO; QL (120 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>doxepin oral concentrate 10 mg/ml</i>	2	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; MO; NEDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	4	PA; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	4	PA; MO; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	4	PA; MO; NEDS; QL (64 per 365 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; MO; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	PA; MO; QL (8 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	PA; QL (12 per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	PA; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	MO; QL (600 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; NEDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; NEDS; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; NEDS; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; NEDS; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; NEDS; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 50 mg</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA; MO; NEDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	3	PA; MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	2	
<i>molindone oral tablet 5 mg</i>	2	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	MO
<i>nighttime sleep-aid (doxylamn) oral tablet 25 mg</i>	1	OTC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	MO
NUPLAZID ORAL CAPSULE 34 MG	4	PA; MO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; NEDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	4	PA; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	2	MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	MO
<i>phenelzine oral tablet 15 mg</i>	2	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	PA; MO; NEDS; QL (1800 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA; MO; NEDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i>	2	NEDS; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	4	MO; NEDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	PA; MO; NEDS; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	MO; QL (300 per 30 days)
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	1	MO; OTC
<i>sodium oxybate oral solution 500 mg/ml</i>	4	PA; MO; LA; NEDS; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>tranlycypromine oral tablet 10 mg</i>	2	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	2	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	PA; NEDS; QL (540 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; MO; NEDS; QL (30 per 30 days)
<i>wal-som (doxylamine) oral tablet 25 mg</i>	1	OTC
<i>zaleplon oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; MO; NEDS; QL (28 per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; MO; NEDS; QL (14 per 365 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	MO
MULTAQ ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
<i>pacерone oral tablet 100 mg, 200 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	MO
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	MO; QL (30 per 30 days)
<i>amiloride oral tablet 5 mg</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (60 per 30 days)
<i>amlodipine-benazepril oral capsule 10-40 mg, 5-40 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	2	MO; QL (30 per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	MO; QL (4 per 28 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	MO
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MO
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg</i>	2	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>metyrosine oral capsule 250 mg</i>	4	PA; MO; NEDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>nebivolol oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>nebivolol oral tablet 2.5 mg, 20 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	MO
<i>nimodipine oral capsule 30 mg</i>	2	MO
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>olmesartan oral tablet 5 mg</i>	1	MO; QL (60 per 30 days)
<i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	MO; QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	MO
<i>timolol maleate oral tablet 10 mg</i>	2	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	2	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	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	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; MO; LA; QL (200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	MO; QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	MO; QL (60 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO; QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	4	PA; MO; NEDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	2	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	MO; NEDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO; NEDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	MO; NEDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	MO
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; SUPP
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	2	MO; QL (60 per 30 days)
<i>ticagrelor oral tablet 60 mg</i>	2	MO; QL (60 per 30 days)
<i>ticagrelor oral tablet 90 mg</i>	2	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	MO
<i>cholestyramine light oral powder 4 gram</i>	2	MO
<i>cholestyramine light oral powder in packet 4 gram</i>	2	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	2	MO
<i>colesevelam oral tablet 625 mg</i>	2	MO
<i>colestipol oral granules 5 gram</i>	2	MO
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	MO
<i>endur-acin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	1	OTC
<i>ezetimibe oral tablet 10 mg</i>	2	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	MO
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 1 gram</i>	2	MO; QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
NEXLETOL ORAL TABLET 180 MG	3	PA; MO; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; MO; QL (30 per 30 days)
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	1	MO; OTC
<i>niacin oral capsule, extended release 250 mg</i>	1	MO; OTC
<i>niacin oral capsule, extended release 500 mg</i>	1	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	1	MO; OTC
NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG	1	MO; OTC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	2	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	2	MO; QL (30 per 30 days)
<i>niacin oral tablet extended release 250 mg, 500 mg</i>	1	MO; OTC
<i>niacinamide oral tablet 500 mg</i>	1	MO; OTC
<i>niavasc 750 oral tablet extended release 750 mg</i>	1	OTC
<i>niavasc oral tablet extended release 500 mg</i>	1	OTC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	MO; QL (120 per 30 days)
<i>omega-3 fatty acids oral capsule 1,000 mg</i>	1	OTC
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>prevalite oral powder in packet 4 gram</i>	2	MO
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
<i>slo-niacin oral tablet extended release 500 mg</i>	1	MO; OTC
<i>super omega-3 oral capsule 1,000 mg</i>	1	OTC
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO; QL (30 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; QL (30 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	MO; QL (60 per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	2	MO; QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	2	MO; QL (60 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
<i>nitro-bid transdermal ointment 2 %</i>	2	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA; MO
<i>calcipotriene scalp solution 0.005 %</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical cream 0.005 %</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; NEDS; QL (10 per 28 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; NEDS; QL (2 per 28 days)
<i>thera-gel topical shampoo 0.5 %</i>	1	MO; OTC
<i>therapeutic shampoo topical shampoo 0.5 %, 1 %</i>	1	OTC
<i>t-plus topical shampoo 0.5 %</i>	1	OTC
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; MO
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
KERATOLYTICS		
ACNE CONTROL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
<i>acne pads topical pads, medicated 2 %</i>	1	OTC
<i>callus removers topical adhesive patch, medicated 40 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CERAVE PSORIASIS TOPICAL CREAM 2 %	1	OTC
<i>compound w topical liquid 17 %</i>	1	MO; OTC
<i>corn remover topical adhesive patch,medicated 40 %</i>	1	OTC
<i>corn-callus remover topical liquid 17 %</i>	1	OTC
DAILY ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
<i>daily face wash topical cleanser 2 %</i>	1	OTC
<i>dermarest psoriasis medicated topical shampoo 3 %</i>	1	OTC
<i>dr scholl's clear away topical adhesive patch,medicated 40 %</i>	1	OTC
<i>duofilm topical liquid 17 %</i>	1	OTC
<i>duragel callus removers topical adhesive patch,medicated 40 %</i>	1	OTC
<i>liquid corn and callus remover topical liquid 17 %</i>	1	OTC
<i>mediplast corn-callus-wart topical adhesive patch,medicated 40 %</i>	1	MO; OTC
NEUTROGENA OIL-FREE ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
PANOXYL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
<i>plantar wart remover topical adhesive patch,medicated 40 %</i>	1	OTC
<i>psoriasis medicated topical shampoo 3 %</i>	1	OTC
<i>rapid clear treatment pads topical pads, medicated 2 %</i>	1	OTC
<i>sebex topical shampoo 2-2 %</i>	1	MO; OTC
<i>selsun blue (salicylic acid) topical shampoo 3 %</i>	1	MO; OTC
<i>selsun blue naturals topical shampoo 3 %</i>	1	MO; OTC
<i>therapeutic dandruff shampoo topical shampoo 3 %</i>	1	OTC
<i>wart remover topical adhesive patch,medicated 40 %</i>	1	OTC
<i>wart remover topical gel 17 %</i>	1	OTC
<i>wart remover topical liquid 17 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>a and d (lanolin-petrolatum) topical ointment</i>	1	MO; OTC
A AND D DIAPER RASH CREAM TOPICAL CREAM 1-10 %	1	MO; OTC
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; MO; NEDS; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; NEDS; QL (6 per 28 days)
<i>advanced healing (petrolatum) topical ointment 41 %</i>	1	OTC
<i>ammonium lactate topical cream 12 %</i>	2	MO
<i>ammonium lactate topical lotion 12 %</i>	2	MO
<i>analgesic balm (m.salic-menth) topical cream 15-10 %</i>	1	OTC
<i>analgesic creme topical cream 10 %</i>	1	OTC
<i>anecream topical cream 4 %</i>	1	MO; OTC
<i>anti-itch (menthol-camphor) topical lotion 0.5-0.5 %</i>	1	MO; OTC
<i>anti-itch vaginal (benz-resor) topical cream 5-2 %</i>	1	OTC
<i>aquasoothe topical ointment 41 %</i>	1	OTC
<i>arthricream topical cream 10 %</i>	1	OTC
ARTHRITIS PAIN RELIEF (HISTAM) TOPICAL CREAM 0.025 %	1	OTC
<i>arthritis pain relief(capsaic) topical cream 0.1 %</i>	1	OTC
<i>arthritis topical cream 10 %</i>	1	OTC
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>aspercreme topical cream 10 %</i>	1	MO; OTC
ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>asperflex (lidocaine) topical cream 4 %</i>	1	OTC
<i>asperflex(m.salicylat-menthol) topical cream 15-10 %</i>	1	OTC
AVEENO ECZEMA NIGHT ITCH RLF TOPICAL CREAM 1 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
AVEENO MOISTURIZING TOPICAL CREAM 1 %	1	MO; OTC
<i>baby skin protectant (pet) topical ointment 41 %</i>	1	OTC
<i>beta care topical cream</i>	1	MO; OTC
<i>biofreeze (menthol) topical adhesive patch,medicated 5 %</i>	1	OTC
<i>biofreeze overnight topical adhesive patch,medicated 5 %</i>	1	OTC
BOUDREAUXS BUTT PASTE TOPICAL OINTMENT 16 %, 40 %	1	MO; OTC
<i>burn relief with aloe topical aerosol,spray 0.5 %</i>	1	OTC
<i>calamine phenolated topical lotion</i>	1	OTC
<i>calamine-zinc oxide topical lotion 8-8 %</i>	1	MO; OTC
<i>calamine-zinc oxide-phenol topical suspension 8-8-1 %</i>	1	OTC
<i>calmoseptine topical ointment 0.44-20.6 %</i>	1	MO; OTC
<i>calprotect topical ointment 0.44-20.6 %</i>	1	OTC
<i>camphor topical spirit</i>	1	OTC
CAPSAICIN TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	1	MO; OTC
<i>capsaicin topical cream 0.075 %</i>	1	OTC
CAPSAICIN TOPICAL LIQUID 0.15 %	1	OTC
CAPZASIN TOPICAL LIQUID 0.15 %	1	OTC
<i>capzasin-hp topical cream 0.1 %</i>	1	MO; OTC
<i>capzix topical cream 0.1 %</i>	1	OTC
CERAMIDES 1,3,6-II TOPICAL CREAM	1	OTC
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
<i>cetaphil moisturizing topical cream</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
CETAPHIL MOISTURIZING TOPICAL LOTION	1	MO; OTC
CETAPHIL TOPICAL CLEANSER	1	OTC
CHEST RUB TOPICAL OINTMENT 4.8-1.2-2.6 %	1	OTC
<i>cold and hot (m.salic-menthol) topical cream 30-10 %</i>	1	OTC
<i>cold and hot (m.salic-menthol) topical ointment 29-7.6 %</i>	1	OTC
<i>cold and hot (menthol) topical adhesive patch,medicated 5 %</i>	1	MO; OTC
<i>cool and heat topical adhesive patch,medicated 5 %</i>	1	OTC
<i>cool heat (m-salicylate-menth) topical cream 30-10 %</i>	1	OTC
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>dermavantage topical lotion</i>	1	OTC
<i>diaper rash topical ointment 40 %</i>	1	OTC
<i>dibucaine topical ointment 1 %</i>	1	MO; OTC
<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO; QL (100 per 28 days)
DIMETHICONE TOPICAL CREAM 2 %	1	OTC
<i>dry skin therapy(with lanolin) topical lotion</i>	1	OTC
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM	1	OTC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; NEDS; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; NEDS; QL (8 per 28 days)
<i>dynarub topical cream 15-10 %</i>	1	OTC
ECZEMA CARE TOPICAL CREAM 1 %	1	OTC
ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
<i>eucalyptus oil oil</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
EUCERIN BABY ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
EUCERIN ECZEMA RELIEF TOPICAL CREAM 1 %	1	MO; OTC
<i>eucerin original topical lotion</i>	1	MO; OTC
EUCERIN TOPICAL CREAM	1	MO; OTC
EUCRISA TOPICAL OINTMENT 2 %	3	PA; MO; QL (100 per 28 days)
<i>excel-gel topical gel</i>	1	OTC
EXIGENCE TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
FEMININE ANTI-ITCH TOPICAL CREAM 20-3 %	1	OTC
FIRST AID (LIDOCAINE-BENZALK) TOPICAL SPRAY,NON-AEROSOL 2.5-0.13 %	1	OTC
FLANDERS BUTTOCKS TOPICAL OINTMENT	1	OTC
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution 2 %, 5 %</i>	2	MO
GLYCERIN TOPICAL SOLUTION 99.5 %	1	MO; OTC
GOLD BOND MEDICATED FOOT TOPICAL POWDER 1 %	1	OTC
<i>gordons-vite e topical cream</i>	1	OTC
<i>hemorrhoidal-analgesic topical ointment 1 %</i>	1	OTC
HOT AND COLD PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
<i>hydrolatum topical ointment</i>	1	OTC
<i>hydroseptine topical ointment 0.44-20.6 %</i>	1	OTC
<i>ice blue gel topical gel 2 %</i>	1	OTC
<i>icy hot (menthol) topical adhesive patch,medicated 5 %</i>	1	MO; OTC
ICY HOT PATCH (LIDO-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	MO; OTC
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>johnson's baby oil topical oil</i>	1	MO; OTC
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	2	MO
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical cream 4 %</i>	1	MO; OTC
<i>lidocaine topical ointment 5 %</i>	2	MO; QL (36 per 30 days)
LIDOCAINE-MENTHOL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC
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
<i>lubrisilk topical lotion</i>	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
<i>menthol topical adhesive patch,medicated 5 %</i>	1	OTC
<i>menthol-zinc oxide topical ointment 0.44-20.6 %</i>	1	OTC
<i>minerin creme topical cream</i>	1	MO; OTC
<i>minerin topical lotion</i>	1	MO; OTC
<i>mobisyl topical cream 10 %</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>moisture barrier ointment topical ointment 0.44-20.6 %</i>	1	OTC
MOISTURIZING CREAM TOPICAL CREAM	1	OTC
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION	1	OTC
<i>moiturizing lotion topical lotion</i>	1	OTC
<i>muscle rub topical cream 15-10 %</i>	1	MO; OTC
<i>muscle rub ultra-strength topical cream 4-30-10 %</i>	1	OTC
<i>no sting barrier film topical swab</i>	1	MO; OTC
<i>olive oil oil</i>	1	OTC
<i>pain relieving (benzocaine) topical ointment 20 %</i>	1	OTC
<i>pain relieving (menthol) topical adhesive patch,medicated 5 %</i>	1	OTC
<i>pain relieving cream topical cream 4-30-10 %</i>	1	OTC
<i>pain relieving(cam-m.sal-ment) topical adhesive patch,medicated</i>	1	OTC
PANRETIN TOPICAL GEL 0.1 %	4	PA; MO; NEDS
PERIANAL CLEANSING TOPICAL CLEANSER	1	OTC
PERIFRESH TOPICAL CLEANSER	1	OTC
<i>petroleum jelly topical gel</i>	1	OTC
PETROLEUM JELLY, WHITE TOPICAL GEL	1	OTC
<i>pimecrolimus topical cream 1 %</i>	2	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	MO; QL (7 per 30 days)
<i>protective ointment topical ointment</i>	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	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	2	MO
<i>skin protectant a-d (pet, lan) topical ointment</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>skin treatment topical lotion 12 %</i>	1	OTC
<i>sorbidon hydrate topical cream</i>	1	OTC
<i>ssd topical cream 1 %</i>	2	MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	PA; MO; QL (100 per 30 days)
<i>thera-derm topical lotion</i>	1	MO; OTC
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	1	OTC
<i>therapeutic moisturizing topical cream</i>	1	OTC
<i>tiger balm topical adhesive patch,medicated 230-70 mg</i>	1	MO; OTC
<i>tiger balm topical ointment , 11-11 %</i>	1	MO; OTC
VAGICAINE TOPICAL CREAM 20-3 %	1	OTC
VALCHLOR TOPICAL GEL 0.016 %	4	PA; MO; NEDS; QL (60 per 28 days)
<i>vanicream topical cream</i>	1	MO; OTC
VIT E-WHEAT GERM-ALOE VERA TOPICAL OINTMENT	1	OTC
<i>vitamin a and d diaper rash topical ointment</i>	1	OTC
<i>vitamin a and d topical ointment</i>	1	OTC
<i>vits a and d-white pet-lanolin topical ointment</i>	1	MO; OTC
<i>walgreens dry skin treatment topical ointment 41 %</i>	1	OTC
WHITE PETROLATUM TOPICAL GEL	1	MO; OTC
<i>white petrolatum topical ointment</i>	1	OTC
<i>white petrolatum topical ointment in packet</i>	1	OTC
<i>white petroleum jelly topical gel</i>	1	OTC
XERAC AC TOPICAL SOLUTION 6.25 %	1	MO; OTC
ZINC OXIDE DIAPER CREAM TOPICAL CREAM 1-10 %	1	OTC
<i>zinc oxide topical cream 22 %</i>	1	OTC
<i>zinc oxide topical ointment , 25 %, 40 %</i>	1	OTC
<i>zinc oxide topical ointment 20 %</i>	1	MO; OTC
<i>zostrix-hp topical cream 0.1 %</i>	1	OTC
ZYLOTROL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>acne cleansing bar topical bar 10 %</i>	1	OTC
<i>acne control(benzoyl peroxide) topical cleanser 10 %</i>	1	OTC
<i>acne foaming wash topical cleanser 10 %</i>	1	OTC
<i>acne medication topical gel 10 %</i>	1	OTC
ACNE MEDICATION TOPICAL GEL 5 %	1	OTC
<i>acne treatment (benzoyl perox) topical cream 10 %</i>	1	OTC
<i>acne treatment (benzoyl perox) topical gel 10 %</i>	1	OTC
<i>acne-clear topical gel 10 %</i>	1	OTC
<i>advanced exfoliating cleanser topical cleanser 5 %</i>	1	OTC
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>azelaic acid topical gel 15 %</i>	2	MO; QL (50 per 30 days)
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	1	MO; OTC
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	1	MO; OTC
<i>bp wash topical cleanser 10 %, 5 %</i>	1	MO; OTC
CERAVE ACNE TOPICAL CLEANSER 4 %	1	OTC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clearasil daily clear(benzoyl) topical cream 10 %</i>	1	MO; OTC
<i>clindacin etz topical swab 1 %</i>	2	MO
<i>clindacin p topical swab 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	MO
<i>creamy acne face topical cleanser 4 %</i>	1	OTC
<i>ery pads topical swab 2 %</i>	2	MO
<i>erythromycin with ethanol topical solution 2 %</i>	2	MO
<i>foaming acne face wash topical cleanser 10 %</i>	1	OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical cream 0.75 %</i>	2	MO
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	MO
<i>metronidazole topical gel with pump 1 %</i>	2	MO
<i>metronidazole topical lotion 0.75 %</i>	2	MO
<i>panoxyl topical cleanser 10 %, 4 %</i>	1	MO; OTC
<i>targeted acne spot treatment topical cream 2.5 %</i>	1	OTC
<i>tazarotene topical cream 0.1 %</i>	2	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; MO; QL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO; QL (45 per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
TOPICAL ANTIBACTERIALS		
<i>antibiotic (bacitracin zinc) topical ointment 500 unit/gram</i>	1	OTC
<i>antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	1	OTC
<i>antibiotic plus (pramoxine) topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	1	OTC
<i>antibiotic plus pain rel(pram) topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	1	OTC
<i>antibiotic-pain relief (bacit) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	OTC
<i>bacitracin topical ointment 500 unit/gram</i>	1	MO; OTC
<i>bacitracin topical packet 500 unit/gram</i>	1	MO; OTC
<i>bacitracin zinc topical ointment 500 unit/gram</i>	1	MO; OTC
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	1	OTC
<i>bacitraycin plus topical ointment 500 unit/gram</i>	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
<i>first aid antibiotic-pain rlf topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	OTC
<i>gentamicin topical cream 0.1 %</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	MO; QL (60 per 30 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>multi antibiotic plus topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	1	OTC
<i>mupirocin topical ointment 2 %</i>	2	MO; QL (44 per 30 days)
<i>neosporin plus burn relief topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	OTC
NEOSPORIN PLUS PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	MO; OTC
<i>neosporin plus painrelief(bac) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	MO; OTC
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	OTC
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	MO
<i>triple antibiotic plus topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	MO; OTC
<i>triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram</i>	1	MO; OTC
<i>triple antibiotic topical ointment in packet 3.5-400-5,000 mg-unit-unit</i>	1	OTC
<i>triple antibiotic-pain relief topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	OTC
<i>wal-sporin topical ointment 500-10,000 unit/gram</i>	1	OTC
TOPICAL ANTIFUNGALS		
ALEVAZOL TOPICAL OINTMENT 1 %	1	MO; OTC
<i>antifungal (clotrimazole) topical cream 1 %</i>	1	OTC
<i>antifungal (tolnaftate) topical aerosol,spray 1 %</i>	1	OTC
<i>antifungal (tolnaftate) topical cream 1 %</i>	1	OTC
<i>antifungal extra thick topical cream 2 %</i>	1	OTC
<i>antifungal spray topical aerosol powder 1 %</i>	1	OTC
<i>antifungal topical cream 2 %</i>	1	OTC
<i>antifungal topical powder 2 %</i>	1	OTC
ATHLETE'S FOOT (BUTENAFINE) TOPICAL CREAM 1 %	1	OTC
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	1	OTC
<i>athlete's foot (clotrimazole) topical solution 1 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	1	OTC
<i>athlete's foot (tolnaftate) topical aerosol powder 1 %</i>	1	OTC
<i>athlete's foot (tolnaftate) topical aerosol,spray 1 %</i>	1	OTC
<i>athlete's foot (tolnaftate) topical cream 1 %</i>	1	OTC
<i>athlete's foot topical aerosol powder 2 %</i>	1	OTC
<i>athlete's foot topical powder 2 %</i>	1	OTC
<i>athletic foot cream topical cream 1 %</i>	1	OTC
<i>baza antifungal topical cream 2 %</i>	1	MO; OTC
<i>blis-to-sol (tolnaftate) topical solution 1 %</i>	1	OTC
<i>butenafine topical cream 1 %</i>	1	MO; OTC
<i>ciclopirox topical cream 0.77 %</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution 8 %</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream 1 %</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	MO; QL (60 per 28 days)
<i>desenex topical cream 2 %</i>	1	OTC
<i>desenex topical powder 2 %</i>	1	MO; OTC
<i>econazole nitrate topical cream 1 %</i>	2	MO; QL (85 per 28 days)
<i>foot and sneaker topical aerosol powder 1 %</i>	1	OTC
<i>formula 3 topical solution 1 %</i>	1	OTC
<i>fungi-nail (tolnaftate) topical solution 1 %</i>	1	OTC
<i>gentian violet topical solution 1 %, 2 %</i>	1	MO; OTC
<i>inzo antifungal topical cream 2 %</i>	1	OTC
<i>itch relief (clotrimazole) topical cream 1 %</i>	1	OTC
<i>jock itch (clotrimazole) topical cream 1 %</i>	1	OTC
<i>jock itch (terbinafine) topical cream 1 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>jock itch topical aerosol powder 1 %</i>	1	OTC
<i>ketoconazole topical cream 2 %</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	2	MO; QL (120 per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	2	MO; QL (180 per 30 days)
LAMISIL AT TOPICAL CREAM 1 %	1	MO; OTC
<i>lotrimin af powder topical aerosol powder 2 %</i>	1	MO; OTC
LOTRIMIN AF TOPICAL AEROSOL,SPRAY 2 %	1	OTC
<i>lotrimin ultra topical cream 1 %</i>	1	MO; OTC
<i>micomitin topical solution 1 %</i>	1	OTC
<i>miconazole nitrate topical aerosol powder 2 %</i>	1	OTC
<i>miconazole nitrate topical cream 2 %</i>	1	MO; OTC
<i>miconazorb af topical powder 2 %</i>	1	OTC
<i>micotrin ac topical cream 1 %</i>	1	OTC
<i>micotrin al topical solution 1 %</i>	1	OTC
<i>micotrin ap topical powder 2 %</i>	1	OTC
<i>micro-guard topical powder 2 %</i>	1	MO; OTC
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	2	MO; QL (180 per 30 days)
<i>odor control foot-sneaker topical aerosol powder 1 %</i>	1	OTC
<i>odor-x athlete's foot topical aerosol powder 1 %</i>	1	OTC
<i>remedy phytoplex antifungal topical powder 2 %</i>	1	OTC
<i>ringworm topical cream 1 %</i>	1	OTC
<i>terbinafine hcl topical cream 1 %</i>	1	MO; OTC
<i>tinactin topical aerosol powder 1 %</i>	1	MO; OTC
<i>toe area treatment antifungal topical solution 1 %</i>	1	OTC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cortisone (hydrocortisone) topical cream 1 %</i>	1	OTC
<i>cortisone cooling topical gel 1 %</i>	1	OTC
<i>cortisone with aloe topical cream 1 %</i>	1	OTC
<i>cortizone-10 topical cream 1 %</i>	1	MO; OTC
<i>cortizone-10 topical gel 1 %</i>	1	OTC
<i>cortizone-10 topical ointment 1 %</i>	1	OTC
<i>cortizone-10 with aloe topical cream 1 %</i>	1	MO; OTC
<i>dermarest eczema (hydrocort) topical lotion 1 %</i>	1	MO; OTC
<i>desonide topical cream 0.05 %</i>	2	MO; QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	MO; QL (118.28 per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	2	MO; QL (118.28 per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	2	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	2	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	2	MO; QL (50 per 30 days)
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	1	OTC
<i>hydrocortisone acetate topical ointment 1 %</i>	1	OTC
<i>hydrocortisone plus topical cream 1 %</i>	1	OTC
<i>hydrocortisone topical cream 0.5 %</i>	1	MO; OTC
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 1 %</i>	1	OTC
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 0.5 %</i>	1	OTC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	MO; QL (180 per 30 days)
<i>hydrocortisone-aloe vera topical cream 0.5 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-aloe vera topical cream 1 %</i>	1	MO; OTC
<i>hydrocream topical cream 1 %</i>	1	OTC
<i>itch relief (hc) topical ointment 1 %</i>	1	OTC
<i>itch relief (hc) with aloe topical cream 1 %</i>	1	OTC
<i>mometasone topical cream 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>mometasone topical ointment 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>mometasone topical solution 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %</i>	2	MO; QL (160 per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	MO; QL (120 per 30 days)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	2	MO; QL (120 per 30 days)
<i>triderm topical cream 0.5 %</i>	2	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>complete lice treatment topical kit 4-0.33-0.5 %</i>	1	OTC
<i>ivermectin topical lotion 0.5 %</i>	1	OTC
<i>lice bedding spray aerosol,spray 0.5 %</i>	1	OTC
<i>lice killing (permethrin) topical liquid 1 %</i>	1	OTC
<i>lice killing topical shampoo 0.33-4 %</i>	1	MO; OTC
<i>lice solution topical kit 4-0.33-0.5 %</i>	1	OTC
<i>lice treatment (permethrin) topical liquid 1 %</i>	1	OTC
<i>lice treatment topical liquid 1 %</i>	1	OTC
<i>malathion topical lotion 0.5 %</i>	2	MO
<i>permethrin topical cream 5 %</i>	2	MO
<i>rid complete lice elim kit topical kit 4-0.33-0.5 %</i>	1	OTC
<i>rid lice killing topical shampoo 0.33-4 %</i>	1	MO; OTC
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine oral tablet 50 mg</i>	1	SUPP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; MO; NEDS
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML	1	MO; OTC
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	2	PA; MO; NEDS
<i>deferasirox oral tablet 90 mg</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA; MO; NEDS
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO; NEDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>diethylpropion oral tablet 25 mg</i>	1	MO; SUPP
<i>diethylpropion oral tablet extended release 75 mg</i>	1	MO; SUPP
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	2	PA; MO; NEDS; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; MO; NEDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	4	PA; MO; NEDS; QL (180 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	1	SUPP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA; NEDS
JOINT HEALTH ORAL TABLET 40-10-5-3.3 MG	1	OTC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet 330 mg</i>	2	MO
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	1	PA; SUPP
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	MO; QL (30 per 30 days)
LOMAIRA ORAL TABLET 8 MG	1	MO; SUPP
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
MELATONIN ORAL LIQUID 2.5 MG/10 ML	1	OTC
<i>melatonin oral liquid 5 mg/15 ml</i>	1	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	1	MO; OTC
<i>melatonin oral tablet 10 mg</i>	1	OTC
<i>melatonin oral tablet extended release 1 mg</i>	1	MO; OTC
MELATONIN ORAL TABLET EXTENDED RELEASE 10 MG	1	OTC
<i>melatonin oral tablet extended release 3 mg</i>	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
<i>melatonin oral tablet,disintegrating 3 mg</i>	1	MO; OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; MO; NEDS
ORLISTAT ORAL CAPSULE 120 MG	3	MO; SUPP
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	MO; SUPP
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	MO; SUPP
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	MO; SUPP
<i>phentermine oral tablet 37.5 mg</i>	1	MO; SUPP
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	1	SUPP
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA; MO; LA; NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; LA; NEDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	1	SUPP
<i>sevelamer carbonate oral tablet 800 mg</i>	2	PA; MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution 0.9 %</i>	2	MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; MO; NEDS
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	MO
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	MO
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine oral capsule 250 mg</i>	4	PA; MO; NEDS; QL (240 per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; SUPP; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; SUPP; QL (3 per 28 days)
WHITE WAX (BEESWAX) WAX 100 %	1	OTC
XENICAL ORAL CAPSULE 120 MG	3	MO; SUPP
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
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg</i>	1	OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	1	OTC
MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET, IR AND ER, BIPHASIC 10-10 MG	1	MO; OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 5-10 mg</i>	1	MO; OTC
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	MO; QL (60 per 30 days)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	MO; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	MO; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	MO; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	MO; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	MO; QL (360 per 365 days)
<i>quit 2 buccal gum 2 mg</i>	1	OTC
<i>quit 2 buccal lozenge 2 mg</i>	1	OTC
<i>quit 4 buccal gum 4 mg</i>	1	OTC
<i>quit 4 buccal lozenge 4 mg</i>	1	OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	OTC
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (56 per 28 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	QL (56 per 28 days)

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>altamist nasal aerosol, spray 0.65 %</i>	1	OTC
<i>ayr saline nasal aerosol, spray 0.65 %</i>	1	MO; OTC
<i>ayr saline nasal drops 0.65 %</i>	1	MO; OTC
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>baby ayr saline nasal drops 0.65 %</i>	1	MO; OTC
BIOTENE MOISTURIZING MOUTH MUCOUS MEMBRANE SPRAY, NON-AEROSOL	1	MO; OTC
<i>children's saline nasal spray nasal aerosol, spray 0.65 %</i>	1	OTC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
<i>cough drops mucous membrane lozenge 10 mg</i>	1	OTC
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5 MG, 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG	1	OTC
<i>deep sea nasal nasal aerosol, spray 0.65 %</i>	1	MO; OTC
<i>denta 5000 plus dental cream 1.1 %</i>	2	MO
<i>dentagel dental gel 1.1 %</i>	2	MO
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental paste 1.1 %</i>	2	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	MO; QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	MO
<i>little remedies nasal aerosol,spray 0.65 %</i>	1	MO; OTC
LITTLE REMEDIES SALINE MIST NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC
<i>little remedies saline nasal aerosol,spray 0.65 %</i>	1	OTC
MEDIKOFF (MENTHOL) MUCOUS MEMBRANE LOZENGE 5.8 MG	1	OTC
NASAL MIST NASAL AEROSOL,SPRAY 0.9 %	1	OTC
<i>nasal moisturizing nasal aerosol,spray 0.65 %</i>	1	OTC
<i>nasal spray (sodium chloride) nasal aerosol,spray 0.65 %</i>	1	OTC
<i>neilmed pediat sinus rinse ref sinus irrigation packet</i>	1	MO; OTC
<i>neilmed sinus rinse refill sinus irrigation packet</i>	1	MO; OTC
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
<i>saline mist nasal aerosol,spray 0.65 %</i>	1	MO; OTC
<i>saline nasal mist nasal aerosol,spray 0.65 %</i>	1	OTC
<i>saline nasal nasal aerosol,spray 0.65 %</i>	1	MO; OTC
SIMPLY SALINE NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC
<i>sinus rinse sinus irrigation packet</i>	1	OTC
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	2	MO
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	2	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	MO
<i>clearcanal earwax softener otic (ear) drops 6.5 %</i>	1	MO; OTC
<i>ear drops (carbamide peroxide) otic (ear) drops 6.5 %</i>	1	OTC
<i>ear wax removal drops otic (ear) drops 6.5 %</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ear wax removal kit otic (ear) drops 6.5 %</i>	1	OTC
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	MO
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	2	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	MO
<i>prednisone oral solution 5 mg/5 ml</i>	2	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablets,dose pack 10 mg</i>	2	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack)</i>	2	
<i>prednisone oral tablets,dose pack 5 mg</i>	1	MO
<i>prednisone oral tablets,dose pack 5 mg (48 pack)</i>	1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	4	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	MO
DAPAGLIFLOZIN ORAL TABLET 10 MG, 5 MG	3	MO; QL (30 per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	4	MO
FARXIGA ORAL TABLET 10 MG, 5 MG	3	MO; QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO; QL (30 per 30 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (9 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	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	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	MO
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (30 per 180 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
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)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	2	MO; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	MO
TRADJENTA ORAL TABLET 5 MG	3	MO; QL (30 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	3	PA; QL (2 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	2	MO
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	MO; QL (3.7 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	MO
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	2	MO; NEDS; QL (120 per 30 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; MO; NEDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	MO
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; MO; NEDS
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	4	PA; MO; NEDS; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 25 MG, 30 MG	4	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; MO
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; MO; QL (180 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	4	PA; MO; NEDS; QL (240 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	4	PA; MO; NEDS; QL (120 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	4	PA; MO; NEDS; QL (56 per 28 days)
<i>tolvaptan oral tablet 15 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
<i>zelvysia oral powder in packet 100 mg</i>	4	PA
<i>zelvysia oral powder in packet 500 mg</i>	4	PA; NEDS
THYROID HORMONES		
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>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</i>	1	MO
<i>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</i>	2	MO
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	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	3	MO
<i>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</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL	1	OTC
<i>anti-diarrheal (loper)-anti-gas oral tablet 2-125 mg</i>	1	OTC
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	OTC
<i>anti-diarrheal (loperamide) oral liquid 1 mg/7.5 ml</i>	1	OTC
<i>anti-diarrheal (loperamide) oral tablet 2 mg</i>	1	MO; OTC
<i>anti-diarrheal oral suspension 262 mg/15 ml</i>	1	OTC
<i>bismuth oral tablet, chewable 262 mg</i>	1	OTC
<i>bismuth subsalicylate oral tablet, chewable 262 mg</i>	1	MO; OTC
<i>daily probiotic (s. boulardii) oral capsule 250 mg</i>	1	OTC
<i>diamode oral tablet 2 mg</i>	1	OTC
<i>diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml</i>	1	OTC
<i>dicyclomine oral capsule 10 mg</i>	2	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO
<i>digest probiotic (s.boulardii) oral capsule 250 mg</i>	1	OTC

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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
<i>digestive relief oral tablet 262 mg</i>	1	OTC
<i>diotame oral tablet,chewable 262 mg</i>	1	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	MO
<i>florastor oral capsule 250 mg</i>	1	MO; OTC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	1	MO; OTC
<i>kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml</i>	1	MO; OTC
<i>kaopectate (bismuth subsalicy) oral tablet,chewable 262 mg</i>	1	OTC
<i>k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml</i>	1	OTC
<i>loperamide oral capsule 2 mg</i>	2	MO
<i>loperamide oral liquid 1 mg/7.5 ml</i>	1	MO; OTC
<i>loperamide oral tablet 2 mg</i>	1	OTC
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	OTC
MOOD SUPPORT PROBIOTIC ORAL CAPSULE 3 BILLION CELL- 57 MG	1	OTC
<i>pepto-bismol oral tablet,chewable 262 mg</i>	1	MO; OTC
<i>pepto-bismol to-go oral tablet,chewable 262 mg</i>	1	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15 ml</i>	1	OTC
<i>pink bismuth oral suspension 525 mg/15 ml</i>	1	OTC
<i>pink bismuth oral tablet 262 mg</i>	1	OTC
<i>pink bismuth oral tablet,chewable 262 mg</i>	1	OTC

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
<i>probiotic (s.boulardii) oral capsule 250 mg</i>	1	MO; OTC
<i>probiotic colon support oral capsule 1.5 billion cell</i>	1	OTC
PROBIOTIC ORAL CAPSULE 100 BILLION CELL	1	OTC
<i>probiotic oral capsule 20 billion cell, 3 billion cell</i>	1	OTC
<i>probiotic oral capsule, sprinkle 20 billion cell</i>	1	OTC
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL	1	OTC
<i>saccharomyces boulardii oral capsule 250 mg</i>	1	MO; OTC
<i>senior probiotic oral capsule 15 billion cell</i>	1	OTC
<i>soothe (bismuth subsalicylate) oral tablet 262 mg</i>	1	OTC
<i>soothe (bismuth subsalicylate) oral tablet,chewable 262 mg</i>	1	OTC
<i>soothe regular strength oral suspension 262 mg/15 ml</i>	1	OTC
<i>stomach relief max strength oral suspension 525 mg/15 ml</i>	1	OTC
<i>stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	MO; OTC
<i>stomach relief oral tablet 262 mg</i>	1	OTC
<i>stomach relief oral tablet,chewable 262 mg</i>	1	OTC
<i>stomach relief original oral suspension 262 mg/15 ml</i>	1	OTC
<i>super probiotic oral capsule 20 billion cell</i>	1	OTC
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>acid gone antacid e.strength oral tablet,chewable 160-105 mg</i>	1	MO; OTC
<i>acid gone antacid oral suspension 95-358 mg/15 ml</i>	1	MO; OTC
<i>advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>almacone-2 oral suspension 400-400-40 mg/5 ml</i>	1	MO; OTC
<i>alose tron oral tablet 0.5 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>alose tron oral tablet 1 mg</i>	2	PA; MO; NEDS; QL (60 per 30 days)
<i>antacid (calcium carb-mag hyd) oral tablet,chewable 550-110 mg</i>	1	OTC
<i>antacid anti-gas oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>antacid exst (mag carb-al hyd) oral tablet,chewable 160-105 mg</i>	1	OTC
<i>antacid liquid oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid m oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	OTC
ANTACID MULTI-SYMP TOM ORAL TABLET,CHEWABLE 675-135-60 MG	1	OTC
<i>antacid oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid ultra strength oral tablet,chewable 470 mg calcium (1,177 mg)</i>	1	OTC
<i>antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	1	MO; OTC
<i>antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>anti-gas ultra strength oral capsule 180 mg</i>	1	OTC
ANTI-ITCH (PRAMOXINE) TOPICAL LOTION 1 %	1	OTC
<i>anti-nausea oral solution</i>	1	MO; OTC
<i>aprepitant oral capsule 125 mg, 40 mg</i>	2	B/D PA; MO; QL (2 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	B/D PA; MO; QL (4 per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	B/D PA; MO; QL (6 per 28 days)
<i>balsalazide oral capsule 750 mg</i>	2	MO
<i>betaine oral powder 1 gram/scoop</i>	4	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	MO; OTC
<i>bisacodyl rectal suppository 10 mg</i>	1	OTC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	MO
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	4	PA; MO; NEDS; QL (30 per 30 days)
<i>chocolate laxative oral tablet, chewable 15 mg</i>	1	OTC
<i>citroma oral solution</i>	1	OTC
<i>citrucel oral tablet 500 mg</i>	1	MO; OTC
<i>clearlax oral powder 17 gram/dose</i>	1	MO; OTC
<i>clearlax oral powder in packet 17 gram</i>	1	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	1	MO; OTC
<i>comfort gel extra strength oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>comfort gel oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>compro rectal suppository 25 mg</i>	2	MO
<i>constulose oral solution 10 gram/15 ml</i>	2	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	3	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	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
<i>daily fiber oral capsule 0.52 gram</i>	1	OTC
<i>dimenhydrinate oral tablet 50 mg</i>	1	OTC
<i>docusate calcium oral capsule 240 mg</i>	1	OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	1	MO; OTC
<i>docusate sodium oral liquid 50 mg/5 ml</i>	1	MO; OTC
<i>docusate sodium oral tablet 100 mg</i>	1	OTC
<i>docuzen oral tablet 8.6-50 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>dok oral tablet 100 mg</i>	1	MO; OTC
<i>driminate oral tablet 50 mg</i>	1	MO; OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	MO; OTC
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	1	MO; OTC
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM	1	OTC
<i>enema disposable rectal enema 19-7 gram/118 ml</i>	1	OTC
<i>enema rectal enema 19-7 gram/118 ml</i>	1	OTC
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; MO; QL (1.36 per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	2	MO
<i>fiber (calcium polycarbophil) oral tablet 625 mg</i>	1	MO; OTC
<i>fiber (dextrin) oral powder 3 gram/3.5 gram</i>	1	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	OTC
<i>fiber (psyllium husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram</i>	1	OTC
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	1	OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
<i>fiber (with aspartame) oral powder 3.4 gram/5.8 gram</i>	1	OTC
<i>fiber laxative (ca polycarbo) oral tablet 625 mg</i>	1	OTC
<i>fiber laxative (psyllium husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber supplement (inulin) oral tablet, chewable 2 gram</i>	1	OTC
<i>fiber therapy (ca polycarboph) oral tablet 625 mg</i>	1	OTC
<i>fiber therapy (m-cell/sugar) oral powder 2 gram/19 gram</i>	1	MO; OTC
<i>fiber therapy (m-cellulose) oral tablet 500 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	OTC
<i>fiber therapy laxative (husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber-lax oral tablet 625 mg</i>	1	MO; OTC
<i>fiber-tabs oral tablet 625 mg</i>	1	OTC
<i>fleet bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC
<i>fleet docusate oral capsule 100 mg</i>	1	OTC
<i>fleet enema rectal enema 19-7 gram/118 ml</i>	1	MO; OTC
<i>fleet glycerin (adult) rectal suppository</i>	1	MO; OTC
<i>foaming antacid oral suspension 95-358 mg/15 ml</i>	1	OTC
<i>gas relief (simethicone) oral capsule 125 mg</i>	1	OTC
<i>gas relief (simethicone) oral capsule 180 mg</i>	1	MO; OTC
<i>gas relief (simethicone) oral tablet, chewable 125 mg, 80 mg</i>	1	OTC
<i>gas relief 80 (simethicone) oral tablet, chewable 80 mg</i>	1	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	1	MO; OTC
<i>gas relief extra strength oral tablet, chewable 125 mg</i>	1	MO; OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	1	OTC
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG	1	MO; OTC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; MO; NEDS
<i>gavilax oral powder 17 gram/dose</i>	1	MO; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	MO
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>gavilyte-n oral recon soln 420 gram</i>	2	MO
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>generlac oral solution 10 gram/15 ml</i>	2	MO
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>gentle laxative (bisacodyl) rectal suppository 10 mg</i>	1	MO; OTC
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	OTC
<i>geri-kot oral tablet 8.6 mg</i>	1	MO; OTC
<i>geri-lanta oral suspension 200-200-20 mg/5 ml</i>	1	MO; OTC
<i>geri-lanta oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	1	MO; OTC
<i>geri-mox antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>glycerin (adult) rectal suppository</i>	1	MO; OTC
<i>glycerin (child) rectal suppository</i>	1	OTC
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D PA; MO
<i>healthylax oral powder in packet 17 gram</i>	1	MO; OTC
<i>heartburn antacid oral tablet,chewable 160-105 mg</i>	1	OTC
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	1	OTC
<i>heartburn relief oral tablet,chewable 160-105 mg</i>	1	OTC
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>infants gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>infants' mylicon oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>infants simethicone oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>instalax oral powder 17 gram/dose</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>laxacin oral tablet 8.6-50 mg</i>	1	OTC
<i>laxaclear oral powder 17 gram/dose</i>	1	OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>laxative (bisacodyl) rectal suppository 10 mg</i>	1	OTC
<i>laxative (sennosides) oral tablet 15 mg, 25 mg</i>	1	OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	OTC
<i>laxative pills oral tablet 25 mg</i>	1	OTC
<i>laxative pills regular oral tablet 15 mg</i>	1	OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 per 30 days)
<i>liquid antacid oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>little remedies gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	OTC
<i>little tummys gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	MO; QL (60 per 30 days)
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG	1	OTC
<i>magnesium citrate oral solution</i>	1	MO; OTC
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	1	MO; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>meclizine oral tablet,chewable 25 mg</i>	1	MO; OTC
<i>medi-meclizine oral tablet 25 mg</i>	1	OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	MO
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	MO
<i>mesalamine rectal suppository 1,000 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	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
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	MO; OTC
<i>mineral oil heavy oral oil</i>	1	OTC
<i>mineral oil oral oil</i>	1	MO; OTC
<i>mineral oil rectal enema</i>	1	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	MO; OTC
<i>mintox plus oral tablet,chewable 200-200-25 mg</i>	1	MO; OTC
<i>miralax oral powder in packet 17 gram</i>	1	MO; OTC
<i>mix-in laxative oral powder in packet 17 gram</i>	1	OTC
<i>motion sickness (meclizine) oral tablet 25 mg</i>	1	OTC
<i>motion sickness oral tablet 50 mg</i>	1	OTC
<i>motion sickness relief oral tablet 50 mg</i>	1	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	1	OTC
<i>motion sickness relief(mecliz) oral tablet,chewable 25 mg</i>	1	OTC
<i>motion-time oral tablet,chewable 25 mg</i>	1	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mylanta maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	OTC
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
<i>natural fiber laxative (sugar) oral powder</i>	1	OTC
<i>natural fiber laxative oral capsule 0.52 gram</i>	1	OTC
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM	1	OTC
<i>natural veg laxative(sennosid) oral tablet 8.6 mg</i>	1	OTC
<i>nausea relief oral solution</i>	1	OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	MO; QL (30 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>onelax bisacodyl rectal suppository 10 mg</i>	1	OTC
<i>onelax magnesium citrate oral solution</i>	1	MO; OTC
<i>onelax senna oral syrup 8.8 mg/5 ml</i>	1	OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte oral recon soln 420 gram</i>	2	MO
PHAZYME ORAL CAPSULE 180 MG	1	MO; OTC
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	MO; OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	MO; OTC
<i>powderlax oral powder 17 gram/dose</i>	1	OTC
PRAMOXINE TOPICAL LOTION 1 %	1	OTC
PRAX TOPICAL LOTION 1 %	1	MO; OTC
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	2	MO
<i>prochlorperazine rectal suppository 25 mg</i>	2	MO
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	MO
<i>proctozone-gmax rectal suppository</i>	1	MO; OTC
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
PSYLLIUM HUSK ORAL CAPSULE 0.4 GRAM	1	MO; OTC
<i>psyllium husk oral capsule 0.52 gram</i>	1	OTC
<i>pure and gentle (saline) rectal enema 19-7 gram/118 ml</i>	1	OTC
<i>purelax oral powder 17 gram/dose</i>	1	OTC
<i>purelax oral powder in packet 17 gram</i>	1	OTC
<i>ready-to-use enema rectal enema 19-7 gram/118 ml</i>	1	MO; OTC
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	MO; OTC
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM, 3 GRAM/5.8 GRAM	1	OTC
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	MO; OTC
ROLAIDS EXTRA STRENGTH ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
SARNA SENSITIVE TOPICAL LOTION 1 %	1	MO; OTC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	MO; QL (10 per 30 days)
<i>senexon-s oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna lax oral tablet 8.6 mg</i>	1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	1	OTC
<i>senna oral syrup 8.8 mg/5 ml</i>	1	OTC
<i>senna oral tablet 8.6 mg</i>	1	MO; OTC
<i>senna plus oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna-s oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	1	OTC

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 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sennosides oral syrup 8.8 mg/5 ml</i>	1	MO; OTC
<i>sennosides oral tablet 8.6 mg</i>	1	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	1	OTC
<i>simethicone oral capsule 125 mg</i>	1	OTC
<i>simethicone oral capsule 180 mg</i>	1	MO; OTC
<i>simethicone oral tablet, chewable 125 mg</i>	1	OTC
<i>simethicone oral tablet, chewable 80 mg</i>	1	MO; OTC
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; NEDS; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; NEDS; QL (2.4 per 56 days)
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM	1	OTC
<i>smoothlax oral powder 17 gram/dose</i>	1	OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	OTC
<i>sodium bicarbonate oral tablet 650 mg</i>	1	MO; OTC
<i>stimulant laxative plus oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>stool softener (docusate cal) oral capsule 240 mg</i>	1	OTC
<i>stool softener oral capsule 100 mg, 250 mg</i>	1	OTC
STOOL SOFTENER ORAL CAPSULE 50 MG	1	OTC
<i>stool softener oral liquid 50 mg/5 ml</i>	1	OTC
<i>stool softener oral tablet 100 mg</i>	1	OTC
<i>stool softener-laxative oral tablet 8.6-50 mg</i>	1	OTC
<i>stool softener-stimulant laxat oral tablet 8.6-50 mg</i>	1	OTC
<i>sulfasalazine oral tablet 500 mg</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>surfak oral capsule 240 mg</i>	1	OTC
<i>teeny tummy infant gas relief oral drops, suspension 40 mg/0.6 ml</i>	1	OTC
<i>the magic bullet rectal suppository 10 mg</i>	1	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	1	OTC
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>vegetable laxative oral tablet 8.6 mg</i>	1	OTC
<i>vegetable lax-stool softener oral tablet 8.6-50 mg</i>	1	OTC
VELSIPITY ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	PA; NEDS
<i>wal-dram 2 oral tablet 25 mg</i>	1	OTC
<i>wal-dram oral tablet 50 mg</i>	1	OTC
<i>wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram</i>	1	OTC
<i>wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram</i>	1	OTC
<i>wal-mucil fiber oral capsule 0.52 gram</i>	1	OTC
<i>wal-mucil natural fiber lax oral powder 3.4 gram/12 gram</i>	1	OTC
<i>wal-mucil with calcium oral capsule 1-60 gram-mg</i>	1	OTC
<i>woman's laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	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	3	MO
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	PA; MO; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>acid controller complete oral tablet,chewable 10-800-165 mg</i>	1	OTC
<i>acid controller oral tablet 10 mg, 20 mg</i>	1	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	1	OTC

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>acid reducer (esomeprazole) oral capsule, delayed release(dr/ec) 20 mg</i>	1	OTC
<i>acid reducer (famotidine) oral tablet 10 mg, 20 mg</i>	1	OTC
<i>acid reducer (lansoprazole) oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; OTC
<i>acid reducer (omeprazole) oral capsule, delayed release(dr/ec) 20 mg</i>	1	OTC
<i>acid reducer complete (famot) oral tablet, chewable 10-800-165 mg</i>	1	OTC
<i>acid-pep oral tablet 20 mg</i>	1	OTC
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	2	MO; QL (120 per 180 days)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	MO
<i>complete oral tablet, chewable 10-800-165 mg</i>	1	OTC
<i>dual action complete oral tablet, chewable 10-800-165 mg</i>	1	OTC
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>famotidine oral tablet 10 mg</i>	1	MO; OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn prevention oral tablet 20 mg</i>	1	OTC
<i>heartburn relief (famotidine) oral tablet 10 mg, 20 mg</i>	1	MO; OTC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	2	MO; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole magnesium oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>	1	OTC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pepcid ac oral tablet 20 mg</i>	1	MO; OTC
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	MO; QL (60 per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
<i>sucralfate oral suspension 100 mg/ml</i>	2	MO
<i>sucralfate oral tablet 1 gram</i>	2	MO
<i>tagamet hb oral tablet 200 mg</i>	1	MO; OTC
<i>tums dual action (famotidine) oral tablet, chewable 10-800-165 mg</i>	1	OTC
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA; MO; QL (112 per 180 days)
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	1	MO; OTC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA; NEDS; QL (2 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; MO; NEDS; QL (14 per 28 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; MO
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	MO; NEDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	MO; NEDS; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; NEDS; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	4	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSCO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V; QL (1 per 365 days)
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
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
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	4	PA; MO; QL (4 per 84 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; MO; QL (2 per 84 days)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	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
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	

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Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	B/D PA; 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	B/D PA; 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
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
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	B/D PA; 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	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 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
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 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

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Drug Name	Drug Tier	Requirements/Limits
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 (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	MO; V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	3	PA; MO
INSULIN PEN NEEDLE	3	PA; MO; SUPP
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	PA; MO; SUPP
NEEDLES, INSULIN DISP.,SAFETY	3	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	2	MO; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	MO
<i>probenecid oral tablet 500 mg</i>	2	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	4	PA; MO; NEDS; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; MO; NEDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; MO; NEDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; MO; NEDS; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; MO; NEDS; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; MO; NEDS; QL (4.8 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; MO; NEDS; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; NEDS; QL (2.4 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	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)	4	PA; MO; NEDS; QL (55 per 180 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; MO; NEDS; QL (30 per 30 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; MO; NEDS; QL (30 per 30 days)
<i>penicillamine oral tablet 250 mg</i>	4	PA; MO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; MO; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; NEDS; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; NEDS; QL (168 per 365 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; NEDS; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; NEDS; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; MO; NEDS; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; NEDS; QL (4 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; MO; NEDS; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; MO; NEDS; QL (3.6 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale lo oral tablet 0.5-0.1 mg</i>	2	MO
<i>abigale oral tablet 1-0.5 mg</i>	2	MO
<i>camila oral tablet 0.35 mg</i>	2	MO
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	2	MO
<i>deblitane oral tablet 0.35 mg</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	MO; QL (0.65 per 90 days)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	2	QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.1 mg/24 hr</i>	2	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	MO; QL (30 per 30 days)
<i>errin oral tablet 0.35 mg</i>	2	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.1 mg/24 hr</i>	2	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	MO
<i>estradiol vaginal tablet 10 mcg</i>	2	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>heather oral tablet 0.35 mg</i>	2	MO
<i>incassia oral tablet 0.35 mg</i>	2	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	MO
<i>lyleq oral tablet 0.35 mg</i>	2	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	2	QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.1 mg/24 hr</i>	2	MO; QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal cream 2 %</i>	1	OTC
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	1	OTC
<i>miconazole nitrate vaginal kit 200 mg- 2 % (9 gram)</i>	1	OTC
MICONAZOLE-3 PREFIL, CREAM, WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	1	OTC
<i>miconazole-3 vaginal comb pack, prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	1	OTC
<i>miconazole-3 vaginal cream 200 mg/5 gram (4 %)</i>	1	OTC
<i>miconazole-3 vaginal kit 200 mg- 2 % (9 gram)</i>	1	MO; OTC
<i>miconazole-7 vaginal cream 2 %</i>	1	MO; OTC
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	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	3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	2	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	MO
<i>terconazole vaginal suppository 80 mg</i>	2	MO
<i>tranexamic acid oral tablet 650 mg</i>	2	MO
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	MO; QL (3 per 28 days)
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>apri oral tablet 0.15-0.03 mg</i>	2	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	MO
<i>estarylla oral tablet 0.25-0.035 mg</i>	2	MO
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	MO
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	MO
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	MO
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	MO
<i>juleber oral tablet 0.15-0.03 mg</i>	2	MO
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	MO
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	MO
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>luizza oral tablet 1-20 mg-mcg</i>	2	MO
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>mili oral tablet 0.25-0.035 mg</i>	2	MO
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>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</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	MO
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	MO
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	MO
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	MO
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	2	MO
<i>syeda oral tablet 3-0.03 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	MO
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	MO
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	MO

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	MO
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	MO; QL (3.5 per 14 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	MO; QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>advanced eye relief ophthalmic (eye) drops 1-0.3 %</i>	1	MO; OTC
<i>alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	MO; OTC
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>artificial eye lubricant ophthalmic (eye) ointment 83-15 %</i>	1	OTC
<i>artificial tears (pf) ophthalmic (eye) dropperette , 0.1-0.3 %</i>	1	OTC
<i>artificial tears (polyvin alc) ophthalmic (eye) drops 1.4 %</i>	1	OTC
<i>artificial tears(dext70-hypro) ophthalmic (eye) drops , 0.1-0.3 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>artificial tears(glycerin-peg) ophthalmic (eye) drops 1-0.3 %</i>	1	OTC
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	MO; OTC
<i>artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %</i>	1	OTC
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	MO
BION TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	1	OTC
<i>carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %</i>	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	OTC
<i>children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED	1	OTC
<i>cleansing eyelid topical pads, medicated</i>	1	OTC
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED	1	OTC
<i>clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %</i>	1	MO; OTC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	MO
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; NEDS; QL (60 per 28 days)
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	OTC
<i>eye allergy itch relief ophthalmic (eye) drops 0.2 %</i>	1	OTC
<i>eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %</i>	1	OTC
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE	1	OTC
<i>eyes alive ophthalmic (eye) dropperette 0.5 %</i>	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
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>lubricant (p-glycol-glycerin) ophthalmic (eye) drops 1-0.3 %</i>	1	OTC
<i>lubricant eye (pg-peg 400) ophthalmic (eye) drops 0.4-0.3 %</i>	1	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
<i>lubricant eye drops ophthalmic (eye) dropperette 0.5 %</i>	1	MO; OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 %	1	OTC
<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i>	1	OTC
<i>lubricant eye ophthalmic (eye) ointment 57.3-42.5 %</i>	1	OTC
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 %	1	OTC
<i>lubricating plus ophthalmic (eye) dropperette 0.5 %</i>	1	OTC
<i>lubrifresh pm ophthalmic (eye) ointment 83-15 %</i>	1	MO; OTC
<i>moisture drops ophthalmic (eye) drops 1-0.3 %</i>	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

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Drug Name	Drug Tier	Requirements/Limits
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	MO; OTC
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 %	1	OTC
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	1	MO; OTC
<i>pure and gentle eye ophthalmic (eye) drops 0.3 %</i>	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
<i>retaine cmc ophthalmic (eye) dropperette 0.5 %</i>	1	OTC
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	1	MO; OTC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	MO
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 ULTRA OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	1	MO; OTC
<i>ultra fresh ophthalmic (eye) drops 0.5 %</i>	1	OTC

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ultra lubricant eye ophthalmic (eye) drops 0.4-0.3 %</i>	1	OTC
<i>wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
XDEMYV OPTHALMIC (EYE) DROPS 0.25 %	4	PA; NEDS; QL (10 per 42 days)
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	MO; QL (10 per 30 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.01 %</i>	2	MO
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	MO
STERIOD-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	2	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>altazine ophthalmic (eye) drops 0.05 %</i>	1	OTC
CLEAR EYES REDNESS RELIEF OPTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
CLEAR EYES TRIPLE ACTION OPTHALMIC (EYE) DROPS 0.05-0.5-0.6 %	1	OTC
<i>eye drops (tetrahydrozoline) ophthalmic (eye) drops 0.05 %</i>	1	OTC
<i>eye drops (with povidone) ophthalmic (eye) drops 0.05-0.1-1-1 %</i>	1	OTC
<i>eye drops advanced relief ophthalmic (eye) drops 0.05-0.1-1-1 %</i>	1	OTC
<i>eye drops irritation relief ophthalmic (eye) drops 0.05-0.25 %</i>	1	OTC
<i>eye drops relief ophthalmic (eye) drops 0.05-0.25 %</i>	1	OTC
<i>eye drops(tetrahydrozolin-peg) ophthalmic (eye) drops 0.05-1 %</i>	1	OTC
<i>eye drops(tetrahydroz-zn sulf) ophthalmic (eye) drops 0.05-0.25 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>lubricant redness reliever ophthalmic (eye) drops 0.05-1 %</i>	1	OTC
<i>redness relief ophthalmic (eye) drops 0.012-0.2 %</i>	1	OTC
REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
<i>redness reliever eye drops ophthalmic (eye) drops 0.05 %</i>	1	OTC
<i>redness reliever lubricant ophthalmic (eye) drops 0.012-0.2 %</i>	1	OTC
<i>sterile eye drops ophthalmic (eye) drops 0.05 %</i>	1	OTC
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>12 hour decongestant oral tablet extended release 120 mg</i>	1	OTC
<i>12 hour nasal decongest (pse) oral tablet extended release 120 mg</i>	1	OTC
12-HOUR COUGH RELIEF ORAL SUSPENSION, EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>24hour allergy oral tablet 10 mg</i>	1	OTC
<i>24hr allergy relief oral tablet 5 mg</i>	1	OTC
<i>actidom dmx oral liquid 10-30-200 mg/5 ml</i>	1	OTC
<i>adult tussin cf oral liquid 5-10-100 mg/5 ml</i>	1	MO; OTC
<i>adult tussin chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>adult wal-tussin dm max oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>adult wal-tussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>alavert oral tablet, disintegrating 10 mg</i>	1	MO; OTC
<i>aler-cap oral capsule 25 mg</i>	1	OTC
<i>all day allergy (cetirizine) oral capsule 10 mg</i>	1	OTC
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	1	MO; OTC
<i>all day allergy-d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>aller-chlor oral tablet 4 mg</i>	1	MO; OTC
<i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allerclear oral tablet 10 mg</i>	1	OTC
<i>aller-ease oral tablet 180 mg</i>	1	OTC
<i>aller-fex oral tablet 180 mg</i>	1	OTC
<i>aller-g-time oral tablet 25 mg</i>	1	OTC
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	1	OTC
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	1	OTC
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	1	OTC
<i>allergy and congestion relief oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy and congestion relief oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allergy d-12 oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy medicine oral tablet 25 mg</i>	1	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	OTC
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i>	1	OTC
<i>allergy relief (fexofenadine) oral tablet 180 mg, 60 mg</i>	1	OTC
<i>allergy relief (levocetirizin) oral tablet 5 mg</i>	1	OTC
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	1	OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	OTC
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	1	OTC
<i>allergy relief d12 oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief d-24hr oral tablet extended release 24 hr 10-240 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief(chlorpheniramin) oral tablet 4 mg</i>	1	OTC
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	1	OTC
<i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy relief(diphenhydramin) oral tablet 25 mg</i>	1	OTC
<i>allergy relief,nasal decongest oral tablet extended release 24 hr 10-240 mg</i>	1	MO; OTC
<i>allergy relief-d (cetirizine) oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief-d (loratadine) oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>allergy relief-d(fexofenadine) oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>allergy-congest relief-d(fexo) oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>allergy-congestion relief-d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allergy-time oral tablet 4 mg</i>	1	OTC
<i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>aller-tec oral tablet 10 mg</i>	1	OTC
<i>aprodine oral tablet 2.5-60 mg</i>	1	MO; OTC
<i>banophen oral tablet 25 mg</i>	1	MO; OTC
<i>benadryl allergy oral tablet 25 mg</i>	1	MO; OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	MO; SUPP; QL (3 per 1 day)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; QL (300 per 30 days)
<i>cetirizine oral tablet 10 mg</i>	1	MO; OTC
CETIRIZINE ORAL TABLET 5 MG	1	MO; OTC
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>cherry cough drops mucous membrane lozenge</i>	1	OTC
<i>chest congestion relief dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>chest congestion relief dm oral tablet 20-400 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML	1	MO; OTC
<i>chest congestion relief oral tablet 400 mg</i>	1	MO; OTC
<i>chest congestion-cough hbp oral capsule 10-200 mg</i>	1	OTC
<i>chest congestion-cough relief oral tablet 20-400 mg</i>	1	OTC
<i>child allergy relf(cetirizine) oral solution 1 mg/ml</i>	1	MO; OTC
<i>child allergy relief (diphen) oral tablet,disintegrating 12.5 mg</i>	1	OTC
<i>child mucus relief expectorant oral liquid 100 mg/5 ml</i>	1	OTC
<i>child wal-tap cold-allergy oral solution 1-2.5 mg/5 ml</i>	1	OTC
<i>children's allegra allergy oral suspension 30 mg/5 ml</i>	1	MO; OTC
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>children's allergy (diphenhyd) oral tablet,chewable 12.5 mg</i>	1	OTC
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	1	OTC
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>children's aller-tec oral solution 1 mg/ml</i>	1	OTC
<i>children's benadryl allergy oral tablet,chewable 12.5 mg</i>	1	OTC
<i>children's cetirizine oral solution 1 mg/ml</i>	1	OTC
<i>children's chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>children's cold and cough (pe) oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>children's cold-allergy (pe) oral solution 1-2.5 mg/5 ml</i>	1	OTC
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>children's dibromm cold-allerg oral solution 1-2.5 mg/5 ml</i>	1	OTC
<i>children's dibromm dm cold-cou oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
CHILDREN'S MUCINEX MULTI-SYMP ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
CHILDREN'S MULTI-SYMP TOM COLD ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml</i>	1	OTC
<i>children's wal-dryl allergy oral tablet,disintegrating 12.5 mg</i>	1	OTC
<i>children's wal-fex oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's wal-zyr oral solution 1 mg/ml</i>	1	OTC
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	1	OTC
<i>childs triacting cold-cough oral liquid 6.25-2.5 mg/5 ml</i>	1	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	1	OTC
<i>chlortabs oral tablet 4 mg</i>	1	OTC
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	MO; SUPP; QL (120 per 23 days)
<i>cold and cough elixir oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>complete allergy oral tablet 25 mg</i>	1	OTC
<i>cough dm er oral suspension,extended rel 12 hr 30 mg/5 ml</i>	1	MO; OTC
COUGH DROPS (WITH EUCALYPTUS) MUCOUS MEMBRANE LOZENGE 3.1 MG	1	OTC
<i>cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg</i>	1	OTC
<i>cough relief oral liquid 15 mg/5 ml</i>	1	OTC
<i>cyproheptadine oral tablet 4 mg</i>	2	MO
<i>dayhist allergy oral tablet 1.34 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>day-time cough oral syrup 5 mg/5 ml</i>	1	OTC
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	MO; OTC
<i>dextromethorphan hbr oral capsule 15 mg</i>	1	MO; OTC
<i>dextromethorphan polistirex oral suspension,extended rel 12 hr 30 mg/5 ml</i>	1	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	1	MO; OTC
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	1	OTC
<i>diabetic tussin dm oral liquid 10-200 mg/5 ml</i>	1	MO; OTC
<i>dimetapp dm cold-cough (pe) oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>diphen oral tablet 25 mg</i>	1	OTC
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	MO; OTC
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	MO; OTC
<i>dometuss-dmx oral liquid 10-30-200 mg/5 ml</i>	1	OTC
<i>ed a-hist oral tablet 4-10 mg</i>	1	MO; OTC
<i>ed chlorped jr oral syrup 2 mg/5 ml</i>	1	MO; OTC
<i>endacof - dm oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO; QL (2 per 30 days)
<i>expectorant oral liquid 100 mg/5 ml</i>	1	OTC
<i>fenesin ir oral tablet 400 mg</i>	1	OTC
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	MO; OTC
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	SUPP; QL (120 per 23 days)
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>geri-dryl oral tablet 25 mg</i>	1	OTC
<i>geri-tussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>giltuss honey dm cough oral liquid 15 mg/5 ml</i>	1	OTC
<i>guaifed (guaifenesin) oral liquid 100 mg/5 ml</i>	1	OTC
<i>guaifenesin oral liquid 100 mg/5 ml</i>	1	MO; OTC
<i>guaifenesin oral tablet 200 mg</i>	1	MO; OTC
<i>guaifenesin oral tablet 400 mg</i>	1	OTC
GUAIFENESIN ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	OTC
<i>guaifenesin oral tablet extended release 12hr 600 mg</i>	1	MO; OTC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>lohist-dm oral liquid 2-5-10 mg/5 ml</i>	1	MO; OTC
<i>loratadine oral solution 5 mg/5 ml</i>	1	MO; OTC
<i>loratadine oral tablet 10 mg</i>	1	MO; OTC
<i>loratadine oral tablet,disintegrating 10 mg</i>	1	MO; OTC
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>loratadine-d oral tablet extended release 24 hr 10-240 mg</i>	1	MO; OTC
<i>maxallergy kids oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	SUPP; QL (120 per 23 days)
<i>maxi-tuss gmx oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>maxi-tuss tr oral syrup 1.25-30 mg/5 ml</i>	1	OTC
<i>maxtussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	1	MO; OTC
<i>medikoff drops mucous membrane lozenge 7.6 mg</i>	1	OTC
<i>mucinex dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO; OTC
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	MO; OTC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>pharbechlor oral tablet 4 mg</i>	1	OTC
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	1	OTC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	SUPP
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	1	MO; SUPP
<i>pseudoephedrine hcl oral tablet 30 mg</i>	1	MO; OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	1	OTC
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	1	MO; OTC
<i>refenesen dm oral tablet 20-400 mg</i>	1	OTC
<i>refenesen oral tablet 400 mg</i>	1	OTC
<i>rest simply nighttime sleep oral tablet 25 mg</i>	1	OTC
<i>robafen cf (phenylephrine) oral liquid 5-10-100 mg/5 ml</i>	1	MO; OTC
<i>robafen dm oral liquid 5-50 mg/5 ml</i>	1	MO; OTC
<i>robitussin cough-chest cong dm oral capsule 10-200 mg</i>	1	MO; OTC
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>rynex dm oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC
<i>rynex pe oral solution 1-2.5 mg/5 ml</i>	1	MO; OTC
SEVERE COUGH-CONGESTION ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>simply sleep oral tablet 25 mg</i>	1	OTC
<i>sinus 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>sinus and allergy pe oral tablet 4-10 mg</i>	1	OTC
<i>sinus decongestant (pe) oral tablet 10 mg</i>	1	OTC
<i>sinus pe decongestant oral tablet 10 mg</i>	1	OTC
<i>sinus-congestion oral tablet 30 mg</i>	1	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	1	OTC
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	OTC

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	1	OTC
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	1	OTC
<i>sleep ii oral tablet 25 mg</i>	1	OTC
SLEEP TIME ORAL LIQUID 50 MG/30 ML	1	OTC
<i>sleep-tabs oral tablet 25 mg</i>	1	OTC
<i>sominex oral tablet 25 mg</i>	1	MO; OTC
<i>sudogest 12-hour oral tablet extended release 120 mg</i>	1	MO; OTC
<i>sudogest oral tablet 30 mg, 60 mg</i>	1	MO; OTC
<i>suphedrine 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>suphedrine pe sinus and allergy oral tablet 4-10 mg</i>	1	OTC
<i>tussin cf (pe-dm-guaif) oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>tussin cf cough-cold oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>tussin chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin cough (dm only) oral capsule 15 mg</i>	1	OTC
<i>tussin cough (dm only) oral liquid 15 mg/5 ml</i>	1	OTC
<i>tussin dm cough and chest oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm max oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>tussin dm oral liquid 5-50 mg/5 ml</i>	1	OTC
<i>tussin dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm oral tablet 20-400 mg</i>	1	OTC
<i>tussin long-acting oral liquid 15 mg/5 ml</i>	1	OTC
<i>tussin mucus-chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin oral tablet 400 mg</i>	1	OTC
<i>unisom sleepgels oral capsule 50 mg</i>	1	MO; OTC
<i>vicks dayquil cough oral syrup 5 mg/5 ml</i>	1	OTC
<i>vicks vaposteam liquid</i>	1	OTC
<i>wal-act d cold and allergy oral tablet 2.5-60 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-dryl allergy oral capsule 25 mg</i>	1	OTC
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>wal-dryl allergy oral tablet 25 mg</i>	1	OTC
<i>wal-dryl-d allergy and sinus oral tablet 25-10 mg</i>	1	OTC
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	1	OTC
<i>wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>wal-finate oral tablet 4 mg</i>	1	OTC
<i>wal-finate-d oral tablet 4-60 mg</i>	1	OTC
<i>wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>wal-itin d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>wal-itin oral solution 5 mg/5 ml</i>	1	OTC
<i>wal-itin oral tablet 10 mg</i>	1	OTC
<i>wal-phed 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>wal-phed d oral tablet extended release 120 mg</i>	1	OTC
<i>wal-phed oral tablet 30 mg, 4-60 mg</i>	1	OTC
<i>wal-phed pe oral tablet 10 mg</i>	1	OTC
<i>wal-phed pe sinus and allergy oral tablet 4-10 mg</i>	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
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	1	OTC
<i>wal-tap dm oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>wal-tussin cough and cold cf oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>wal-tussin cough oral capsule 15 mg</i>	1	OTC
<i>wal-tussin cough oral liquid 15 mg/5 ml</i>	1	OTC
<i>wal-tussin dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>wal-zyr (cetirizine) oral capsule 10 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	1	OTC
<i>wal-zyr d oral tablet extended release 12 hr 5-120 mg</i>	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		
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>24 hour nasal allergy nasal aerosol,spray 55 mcg</i>	1	OTC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>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</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MO
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; MO; LA; NEDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	MO; QL (26 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; MO; LA; NEDS; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>breynta inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	MO; OTC
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; MO; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; NEDS; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; MO; NEDS; QL (1 per 28 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	B/D PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; MO; NEDS; QL (24 per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; MO; NEDS; QL (27 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	MO
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>	2	MO; QL (25.8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; MO; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	4	PA; MO; NEDS; QL (60 per 30 days)
<i>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</i>	2	B/D PA; MO
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
NASACORT NASAL AEROSOL,SPRAY 55 MCG	1	MO; OTC
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	1	OTC
<i>nintedanib oral capsule 100 mg, 150 mg</i>	4	PA; MO; NEDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; MO; LA; NEDS; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; MO; NEDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; MO; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; MO; NEDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; MO; NEDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; NEDS; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; MO; NEDS; QL (150 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; MO; NEDS; QL (27 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; NEDS; QL (60 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	2	MO
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	MO; QL (60 per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	1	MO; OTC
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; MO; NEDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; MO; QL (1 per 21 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	B/D PA; MO; NEDS; QL (90 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	MO; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	MO; QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QL (30 per 30 days)
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	MO; QL (60 per 30 days)
<i>trospium oral tablet 20 mg</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	MO
<i>dutasteride oral capsule 0.5 mg</i>	2	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule 0.4 mg</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; LA
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	OTC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	MO
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	MO; OTC
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	MO; OTC
<i>tadalafil oral tablet 5 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	MO; OTC
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>alcalak oral tablet, chewable 168 mg calcium (420 mg)</i>	1	OTC
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg)</i>	1	OTC
<i>antacid ext str (calcium carb) oral tablet, chewable 300 mg (750 mg)</i>	1	OTC
<i>antacid extra-strength oral tablet, chewable 168 mg calcium (420 mg)</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>antacid ultra strength oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	OTC
<i>calcium 500 + d oral tablet 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium 500 + d oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium 500 with d oral tablet 500 mg-10 mcg (400 unit)</i>	1	MO; OTC
<i>calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium 600 oral tablet 600 mg calcium (1,500 mg)</i>	1	OTC
<i>calcium 600 with vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit)</i>	1	MO; OTC
CALCIUM ACETATE ORAL TABLET 667 MG, 668 MG (169 MG CALCIUM)	1	OTC
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	PA; MO
<i>calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)</i>	1	MO; OTC
<i>calcium antacid oral tablet,chewable 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	1	OTC
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	1	MO; OTC
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i>	1	OTC
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i>	1	MO; OTC
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i>	1	OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	1	MO; OTC
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium citrate + d oral tablet 315 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	1	MO; OTC
<i>calcium with vitamin d oral tablet 600 mg-10 mcg (400 unit)</i>	1	OTC
<i>cal-gest antacid oral tablet,chewable 200 mg calcium (500 mg)</i>	1	MO; OTC
<i>flavor chews antacid oral tablet,chewable 300 mg (750 mg)</i>	1	OTC
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	MO
<i>klor-con oral packet 20 meq</i>	2	MO
<i>k-phos-neutral oral tablet 250 mg</i>	1	MO; OTC
<i>magnesium oral tablet 200 mg</i>	1	MO; OTC
<i>magnesium oxide oral capsule 500 mg</i>	1	MO; OTC
<i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg (241.3 mg magnesium), 420 mg</i>	1	MO; OTC
<i>magnesium oxide oral tablet 400 mg magnesium</i>	1	OTC
MAGNESIUM OXIDE ORAL TABLET 500 MG MAGNESIUM	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET,CHEWABLE 200 MG MAGNESIUM	1	OTC
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
<i>mgo oral tablet 400 mg (241.3 mg magnesium)</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>onevite calcium-d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	1	OTC
<i>oysco 500/d oral tablet 500 mg-5 mcg (200 unit)</i>	1	MO; OTC
<i>oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)</i>	1	OTC
<i>oyster shell calcium 500 oral tablet 500 mg calcium (1,250 mg)</i>	1	MO; OTC
<i>oyster shell calcium oral tablet 500 mg calcium (1,250 mg)</i>	1	OTC
<i>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)</i>	1	MO; OTC
<i>phospha 250 neutral oral tablet 250 mg</i>	1	OTC
<i>phosphorous oral tablet 250 mg</i>	1	MO; OTC
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	MO; OTC
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml</i>	2	
<i>potassium chloride in water intravenous piggyback 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	MO
<i>potassium chloride oral packet 20 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	MO

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>smooth antacid oral tablet,chewable 300 mg (750 mg)</i>	1	OTC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	2	MO
<i>thermotabs oral tablet 287-180-15 mg</i>	1	MO; OTC
TRIPLE MAGNESIUM COMPLEX ORAL CAPSULE 400 MG MAGNESIUM	1	OTC
<i>tum-ease oral tablet,chewable 200 mg calcium (500 mg)</i>	1	OTC
<i>tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	MO; OTC
<i>ultra strength antacid oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	OTC
<i>wes-phos 250 neutral oral tablet 250 mg</i>	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 %	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
<i>fish oil extra strength oral capsule 435-880 mg</i>	1	OTC
FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 300-500 MG, 60-90-500 MG, 900 MG-360 MG- 455 MG-1,000 MG	1	OTC
<i>fish oil oral capsule 120-180 mg</i>	1	OTC
<i>fish oil oral capsule 300-1,000 mg</i>	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, 900-1,400 MG	1	OTC
<i>fish oil oral capsule,delayed release(dr/ec) 300- 1,000 mg</i>	1	OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 360-1,200 MG	1	MO; OTC
<i>floranex oral granules in packet 100 million cell</i>	1	MO; OTC
<i>inositol oral tablet 650 mg</i>	1	OTC
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	1	MO; OTC
LACTOBACILLUS ACIDOPH-L.BULGAR ORAL GRANULES IN PACKET 100 MILLION CELL	1	OTC
MELATONIN (WITH B6) ORAL TABLET 5-1 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MELATONIN-PYRIDOXINE (VIT B6) ORAL TABLET 5-1 MG	1	MO; OTC
MENOPAUSE SUPPORT ORAL TABLET 30-400-80 UNIT-MCG-MG	1	OTC
<i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>	1	OTC
<i>niacin flush free oral capsule 400 mg niacin (500 mg)</i>	1	MO; OTC
<i>omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg</i>	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
<i>omega 3-dha-epa-fish oil oral capsule 300-1,000 mg</i>	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 60-90-500 MG	1	MO; OTC
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg</i>	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
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 360-1,200 mg</i>	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
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 980-253-647 MG	1	OTC
<i>omega-3s-dha-epa-fish oil-d3 oral capsule 360 mg-1,200 mg -1,000 unit</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	2	B/D PA
<i>probiotic oral capsule 10 billion cell</i>	1	OTC
SALMON OIL-OMEGA-3 FATTY ACIDS ORAL CAPSULE 1,000-210 MG	1	OTC
<i>smart heart omega-3 oral capsule, delayed release(dr/ec) 115-172-1,000 mg</i>	1	OTC
<i>travasol 10 % intravenous parenteral solution 10 %</i>	2	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
<i>ultra omega-3 oral capsule 200-300-1,000 mg</i>	1	OTC
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH ORAL CAPSULE 250-5-1 MG	1	OTC
<i>a thru z advanced formula oral tablet 18-400 mg-mcg</i>	1	OTC
<i>a thru z high potency oral tablet</i>	1	OTC
A THRU Z MEN'S ULTIMATE ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
<i>a thru z oral tablet 18-500-300-250 mg-mcg-mcg-mcg</i>	1	OTC
<i>a thru z select 50plus formula oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>a thru z select oral tablet , 500-300-250 mcg</i>	1	OTC
<i>a thru z select women's oral tablet</i>	1	OTC
ABC COMPLETE ADULT ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
ABC COMPLETE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
<i>abc complete senior 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>abc complete women's oral tablet 18-400 mg-mcg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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
<i>adults 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	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	MO; OTC
<i>animal chews oral tablet,chewable</i>	1	OTC
ANTIOXIDANT A/C/E/SELENIUM ORAL CAPSULE	1	OTC
<i>ascorbate calcium (vitamin c) oral tablet 500 mg</i>	1	OTC
<i>ascorbic acid (vitamin c) oral capsule, extended release 500 mg</i>	1	MO; OTC
<i>ascorbic acid (vitamin c) oral syrup 500 mg/5 ml</i>	1	OTC
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg</i>	1	MO; OTC
<i>ascorbic acid (vitamin c) oral tablet 500 mg</i>	1	OTC
<i>ascorbic acid (vitamin c) oral tablet,chewable 250 mg</i>	1	MO; OTC
<i>ascorbic acid (vitamin c) oral tablet,chewable 500 mg</i>	1	OTC
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg</i>	1	OTC
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	1	MO; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	MO; OTC
<i>b-100 complex oral tablet extended release 100 mg</i>	1	OTC
<i>b-12 dots oral tablet 500 mcg</i>	1	OTC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium for women oral tablet,chewable 500 mg-100 unit -40 mcg</i>	1	OTC
CALCIUM PHOSPHATE-VITAMIN D3 ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	OTC
<i>calcium-vitamin d3-vitamin k oral tablet,chewable 500 mg-200 unit -40 mcg</i>	1	OTC
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	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
<i>centrum oral tablet 18-400 mg-mcg</i>	1	MO; OTC
<i>centrum women oral tablet 18-400 mg-mcg</i>	1	MO; OTC
CENTURY ADULT FORMULA ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
<i>century adults 50 plus oral tablet 0.4 mg-300 mcg-250 mcg</i>	1	OTC
<i>century mature oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>century men oral tablet 8 mg iron-200 mcg-60 mcg</i>	1	OTC
<i>century oral tablet 18-400 mg-mcg</i>	1	OTC
<i>century women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg</i>	1	OTC
<i>century women oral tablet 18 mg iron-400 mcg-50 mcg</i>	1	OTC
<i>cerovite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	MO; OTC
<i>certavite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	MO; OTC
<i>certavite-antioxidant oral tablet 18-400 mg-mcg</i>	1	MO; OTC
CHILD COMPLETE MULTIVITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
<i>children's chew multivitamin oral tablet,chewable</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>children's chewable multivitamin oral tablet, chewable 300 mcg</i>	1	OTC
<i>children's chewables extra c oral tablet, chewable 300 mcg</i>	1	OTC
<i>children's chewables oral tablet, chewable 300 mcg</i>	1	OTC
CHILDREN'S MULTI-VIT GUMMIES ORAL TABLET, CHEWABLE 200 MCG	1	OTC
<i>children's multivitamin oral tablet, chewable</i>	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
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	1	MO; OTC
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	1	MO; OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	MO; OTC
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>cod liver oil oral capsule</i>	1	MO; OTC
<i>cod liver oil oral oil</i>	1	MO; OTC
<i>complete multivitamin-mineral oral tablet 18-400 mg-mcg</i>	1	OTC
<i>complete mv adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET, CHEWABLE 2.5 BILLION CELL, 5 BILLION CELL	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	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
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 2,500 MCG	1	OTC
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	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	OTC
<i>cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml</i>	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg</i>	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 3,000 MCG	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg</i>	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 3,000 MCG, 5,000 MCG	1	OTC
CYANOCOBALAMIN-COBAMAMIDE SUBLINGUAL TABLET 5,000-100 MCG	1	OTC
<i>d3-2000 oral capsule 50 mcg (2,000 unit)</i>	1	OTC
<i>d3-5000 oral capsule 125 mcg (5,000 unit)</i>	1	OTC
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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
<i>daily multi-vitamin oral tablet</i>	1	OTC
<i>daily multivitamin with iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>daily value oral tablet</i>	1	OTC
<i>daily vitamin formula oral tablet</i>	1	OTC
<i>daily vitamin formula-iron oral tablet 18-400 mg- mcg</i>	1	OTC
<i>daily vitamin formula-minerals oral tablet</i>	1	OTC
<i>daily vitamin with iron oral tablet</i>	1	OTC
<i>daily vites/iron oral tablet</i>	1	OTC
<i>daily-vite (with folic acid) oral tablet 400 mcg</i>	1	MO; OTC
<i>daily-vite oral tablet</i>	1	OTC
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; OTC
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-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
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	MO; OTC
<i>dialyvite oral tablet 100-1 mg</i>	1	OTC
<i>dialyvite oral tablet 1-100-300-50 mg-mg-mcg-mg</i>	1	MO; OTC
<i>dialyvite vitamin d oral capsule 125 mcg (5,000 unit)</i>	1	OTC
<i>d-vi-sol oral drops 10 mcg/ml (400 unit/ml)</i>	1	MO; OTC
<i>e-400 c-500 and beta carotene oral tablet</i>	1	OTC
<i>elfolate oral tablet 15 mg, 7.5 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
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
<i>endur-c with rose hips oral tablet extended release 1,000 mg, 500 mg</i>	1	OTC
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; SUPP; QL (8 per 21 days)
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	MO; OTC
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>essentia oral tablet 18-400 mg-mcg</i>	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
<i>ezfe 200 oral capsule 200 mg iron</i>	1	MO; OTC
<i>fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	OTC
<i>ferate oral tablet 240 mg (27 mg iron)</i>	1	MO; OTC
<i>ferosul oral tablet 325 mg (65 mg iron)</i>	1	MO; OTC
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>ferrex 150 oral capsule 150 mg iron</i>	1	MO; OTC
<i>ferric x-150 oral capsule 150 mg iron</i>	1	OTC
<i>ferrocite oral tablet 324 mg (106 mg iron)</i>	1	MO; OTC
<i>ferro-time oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	1	OTC
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 324 mg (37.5 mg iron)</i>	1	OTC
<i>ferrous gluconate oral tablet 324 mg (38 mg iron)</i>	1	MO; OTC
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	1	MO; OTC
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	1	MO; OTC
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	1	OTC
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	1	MO; OTC

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	1	MO; OTC
<i>fe-vite oral drops 15 mg iron (75 mg)/ml</i>	1	OTC
<i>fish oil-dha-epa oral capsule 1,200-144-216 mg</i>	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
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	1	OTC
FLORIVA PLUS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML	1	OTC
<i>flotrex oral tablet, chewable 0.5 mg, 1 mg</i>	1	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	MO; OTC
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	MO; OTC
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>folbee oral tablet 2.5-25-1 mg</i>	1	MO; OTC
<i>folbic oral tablet 2.5-25-2 mg</i>	1	MO; OTC
FOLIC ACID ORAL CAPSULE 20 MG	1	OTC
FOLIC ACID ORAL CAPSULE 5 MG	1	MO; OTC
<i>folic acid oral tablet 1 mg</i>	1	MO; SUPP; QL (1 per 1 day)

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	MO; OTC
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	MO; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	MO; OTC
<i>fruit c-500 oral tablet,chewable 500 mg</i>	1	OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	MO; OTC
<i>gummi bear multivitamin oral tablet,chewable</i>	1	OTC
GUMMY DINOS ORAL TABLET,CHEWABLE	1	OTC
<i>hair,skin and nails oral tablet</i>	1	OTC
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
<i>healthy eyes oral tablet 300 mcg-200 mg-27 mg-2 mg</i>	1	OTC
HEALTHY EYES SUPERVIEW 2 ORAL CAPSULE 250-90-10-1 MG	1	OTC
<i>healthy eyes supervision oral capsule 4,296 mcg- 226 mg-90 mg</i>	1	OTC
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG	1	MO; OTC
<i>hematinic plus vit/minerals oral tablet 106 mg iron- 1 mg</i>	1	MO; OTC
<i>hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg</i>	1	MO; OTC
<i>high potency multivit (w-iron) oral tablet 18-400 mg-mcg</i>	1	OTC
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>iferex 150 oral capsule 150 mg iron</i>	1	MO; OTC
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	1	OTC
<i>iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>iron 100 plus oral tablet 100-250-25-1 mg-mg- mcg-mg</i>	1	MO; OTC
<i>iron chews oral tablet,chewable 15 mg</i>	1	MO; OTC
<i>iron oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>iron oral tablet extended release 159 mg (45 mg iron)</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	1	MO; OTC
KIDS' GUMMY ORAL TABLET,CHEWABLE	1	OTC
K-PAX IMMUNE SUPPORT ORAL TABLET 2.25 MG IRON- 100 MCG	1	OTC
<i>levomefolate calcium oral tablet 15 mg, 7.5 mg</i>	1	MO; OTC
<i>liquid b-12 oral liquid 1,000 mcg/15 ml</i>	1	OTC
<i>little animals oral tablet,chewable</i>	1	OTC
<i>ludent fluoride oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	OTC
<i>lutein oral capsule 20 mg</i>	1	MO; OTC
LUTEIN ORAL TABLET 10 MG	1	MO; OTC
MACULAR HEALTH FORMULA ORAL CAPSULE 5-1-7.5 MG	1	OTC
<i>mega multi for women oral tablet 13.5-200-250 mg-mcg-mcg</i>	1	OTC
<i>mega multiple/chelated mineral oral tablet</i>	1	MO; OTC
<i>mega multivitamin for men oral tablet 200-175- 250 mcg</i>	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 MULTIVITAMIN ORAL TABLET 8 MG IRON- 200 MCG-600 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
<i>milltrium senior oral tablet</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>multi complete with iron oral tablet 18-400 mg-mcg</i>	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
<i>multi for her oral tablet 18 mg iron-600 mcg-80 mcg</i>	1	MO; OTC
<i>multigen folic oral tablet 70-150-10-1-2 mg-mg-mcg-mg-mg</i>	1	MO; OTC
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i>	1	OTC
<i>multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg</i>	1	MO; OTC
<i>multiple vitamin-minerals oral tablet</i>	1	OTC
<i>multiple vitamins oral tablet</i>	1	OTC
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	MO; OTC
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	1	OTC
MULTIVIT,CALC,MIN-FA-K1-LYCOP ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
<i>multivitamin 50 plus oral tablet</i>	1	OTC
<i>multi-vitamin hp/minerals oral capsule</i>	1	MO; OTC
<i>multivitamin oral tablet</i>	1	MO; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	MO; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; OTC
<i>multivitamin with iron oral tablet</i>	1	OTC
<i>multivitamin women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i>	1	MO; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	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
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
<i>my-vitalife oral capsule</i>	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
<i>nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	1	MO; OTC
NEPHRO VITAMINS ORAL TABLET 0.8 MG	1	MO; OTC
<i>nephronex oral liquid 900 mcg/5 ml</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
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 HEALTH WITH VIT D3 ORAL CAPSULE 250 MG (90 MG-160 MG)	1	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
<i>one daily essential oral tablet , 400 mcg</i>	1	OTC
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	1	OTC
<i>one daily for men 50 plus adv oral tablet 400-600-120 mcg-mcg-mg</i>	1	OTC
<i>one daily for men oral tablet 0.4-600 mg-mcg</i>	1	MO; OTC
<i>one daily for women oral tablet 18-0.4 mg</i>	1	OTC
ONE DAILY MAXIMUM ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
<i>one daily maximum oral tablet 18-0.4 mg</i>	1	OTC
<i>one daily men's 50 plus memory oral tablet 400-600-120 mcg-mcg-mg</i>	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
<i>one daily multi-vit w-mineral oral tablet 4.5 mg iron</i>	1	MO; OTC
<i>one daily multivitamin oral tablet , 400 mcg</i>	1	OTC
<i>one daily multivitamin women oral tablet 18-400 mg-mcg</i>	1	OTC
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON	1	MO; OTC
<i>one daily multivit-iron(folic) oral tablet 18-400 mg-mcg</i>	1	OTC
<i>one daily oral tablet 0.4-600 mg-mcg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>one daily plus iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>one daily women 50 plus oral tablet 400-120 mcg-mg</i>	1	MO; OTC
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
<i>one daily womens 50 plus oral tablet 0.4 mg</i>	1	OTC
<i>one daily women's health oral tablet 18 mg iron-400 mcg-450 mg ca</i>	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
<i>one-a-day essential oral tablet</i>	1	OTC
ONE-A-DAY KID'S ORAL TABLET,CHEWABLE	1	OTC
<i>one-a-day maximum formula oral tablet</i>	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
<i>one-a-day teen advantage oral tablet 18-400 mg-mcg, 9 mg iron-400 mcg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>one-a-day women's 50 plus oral tablet 0.4 mg</i>	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
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	1	OTC
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>pedia d-vite oral drops 10 mcg/ml (400 unit/ml)</i>	1	OTC
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>	1	OTC
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	1	OTC
<i>pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)</i>	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
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>poly-iron oral capsule 150 mg iron</i>	1	MO; OTC
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	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

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Drug Name	Drug Tier	Requirements/Limits
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	1	MO; OTC
<i>prenatal dha oral capsule 200 mg</i>	1	MO; OTC
<i>prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg</i>	2	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
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
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	OTC
<i>purevita folic acid oral tablet 400 mcg</i>	1	OTC
<i>purevita vitamin d3 oral tablet 25 mcg (1,000 unit)</i>	1	OTC
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg</i>	1	MO; OTC
<i>pyridoxine (vitamin b6) oral tablet 25 mg</i>	1	OTC
<i>pyridoxine (vitamin b6) oral tablet extended release 200 mg</i>	1	MO; OTC
QUINTABS ORAL TABLET 400 MCG	1	OTC
<i>quintabs-m iron free oral tablet 0.4 mg</i>	1	OTC
<i>renal caps oral capsule 1 mg</i>	1	MO; OTC
RENAL VITAMIN ORAL TABLET 0.8 MG	1	MO; OTC
RENAL-VITE ORAL TABLET 0.8 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
RENAPLEX ORAL TABLET 800 MCG- 12.5 MG	1	OTC
RENAPLEX-D ORAL TABLET 800 MCG-12.5 MG -2,000 UNIT	1	OTC
<i>rena-vite oral tablet 0.8 mg</i>	1	MO; OTC
<i>rena-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	MO; OTC
<i>reno caps oral capsule 1 mg</i>	1	MO; OTC
SCOOBY-DOO ONE A DAY KIDS ORAL TABLET,CHEWABLE	1	OTC
<i>senior tabs oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	MO; OTC
<i>sentry oral tablet 18-400 mg-mcg</i>	1	OTC
<i>sentry senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>sentry senior oral tablet 500-300-250 mcg</i>	1	MO; OTC
<i>slow release iron oral tablet extended release 142 mg (45 mg iron), 160 mg (50 mg iron)</i>	1	MO; OTC
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON)	1	OTC
<i>slow release iron oral tablet extended release 250 mg (50 mg iron)</i>	1	OTC
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	OTC
<i>spectravite adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
SPECTRAVITE ADULT 50 PLUS(LUT) ORAL TABLET,CHEWABLE 500-250 MCG	1	OTC
<i>spectravite adult oral tablet 18-400 mg-mcg</i>	1	OTC
<i>spectravite advanced formula oral tablet 18-400 mg-mcg</i>	1	OTC
<i>spectravite men's oral tablet 8 mg iron- 200 mcg- 600 mcg</i>	1	OTC
<i>spectravite women 50 plus oral tablet 8 mg iron- 400 mcg-50 mcg</i>	1	OTC
<i>spectravite women oral tablet 18-400 mg-mcg</i>	1	OTC
<i>stress formula oral tablet</i>	1	MO; OTC
<i>stress formula with zinc oral tablet</i>	1	MO; OTC
<i>super b/c oral capsule</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>super b-50 complex oral capsule 400 mcg-20 mg-50 mg</i>	1	OTC
<i>super quints b-50 oral tablet</i>	1	OTC
<i>super quints oral tablet 0.4 mg</i>	1	OTC
<i>super thera vite m oral tablet</i>	1	MO; OTC
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	1	MO; OTC
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG	1	OTC
<i>tab-a-vite oral tablet 400 mcg</i>	1	MO; OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET 400-250-375 MCG	1	OTC
<i>theralogix companion oral tablet 0.4 mg</i>	1	OTC
<i>thera-m (with vitamin k) oral tablet 9 mg iron- 400 mcg-28 mcg</i>	1	OTC
<i>thera-m oral tablet 27-0.4 mg</i>	1	OTC
THERAMILL FORTE ORAL CAPSULE 67 MCG-12.5 MG -12.5 MG-17 MG	1	OTC
<i>therapeutic-m oral tablet 9 mg iron-400 mcg</i>	1	MO; OTC
<i>thera-tabs oral tablet</i>	1	MO; OTC
<i>theratrum complete 50 plus/lut oral tablet</i>	1	MO; OTC
<i>theratrum complete 50 plus-lyc oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>theratrum complete with lutein oral tablet</i>	1	MO; OTC
<i>therems multivitamin oral tablet 400 mcg</i>	1	MO; OTC
<i>triphrocaps oral capsule 1 mg</i>	1	MO; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	OTC
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<i>vita-c oral crystals</i>	1	OTC
VITAJOY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>vitajoy daily d oral tablet,chewable 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>vitalee oral tablet 0.4 mg</i>	1	OTC
<i>vitalets oral tablet,chewable , 10 mg iron</i>	1	OTC
<i>vitamin a oral capsule 2,400 mcg, 3,000 mcg (10,000 unit)</i>	1	MO; OTC
<i>vitamin b complex oral capsule</i>	1	MO; OTC
<i>vitamin b complex oral tablet</i>	1	MO; OTC
VITAMIN B-12 ORAL LOZENGE 500 MCG	1	OTC
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 50 mcg, 500 mcg</i>	1	OTC
<i>vitamin b-12 oral tablet extended release 1,000 mcg</i>	1	MO; OTC
<i>vitamin b-12 oral tablet extended release 2,000 mcg</i>	1	OTC
<i>vitamin b-12 sublingual tablet 2,500 mcg, 5,000 mcg</i>	1	MO; OTC
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	1	OTC
<i>vitamin b-6 oral tablet 25 mg, 250 mg</i>	1	MO; OTC
<i>vitamin c drops oral lozenge 60 mg</i>	1	OTC
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
<i>vitamin c oral powder</i>	1	OTC
<i>vitamin c oral tablet 1,000 mg, 100 mg, 250 mg</i>	1	OTC
<i>vitamin c oral tablet 500 mg</i>	1	MO; OTC
<i>vitamin c oral tablet extended release 1,000 mg, 500 mg</i>	1	OTC
<i>vitamin c oral tablet,chewable 250 mg</i>	1	OTC
<i>vitamin c oral tablet,chewable 500 mg</i>	1	MO; OTC
<i>vitamin c with rose hips oral tablet 1,000 mg, 500 mg</i>	1	MO; OTC
<i>vitamin c with rose hips oral tablet extended release 1,000 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>vitamin c with rose hips oral tablet,chewable 500 mg</i>	1	MO; OTC
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	1	SUPP; QL (8 per 21 days)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>vitamin d3 oral capsule 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	MO; OTC
<i>vitamin d3 oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>vitamins b complex oral tablet</i>	1	OTC
<i>vitamins for hair oral capsule 400-400 mcg</i>	1	MO; OTC
VITEYES AREDS-2 ORAL CAPSULE 250-90-40-1 MG	1	OTC
<i>wee care oral suspension 15 mg/1.25 ml</i>	1	MO; OTC
<i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>wescaps oral capsule 1 mg</i>	1	MO; OTC
<i>westab max oral tablet 2.5-25-2 mg</i>	1	MO; OTC
<i>westab one oral tablet 2.5-25-1 mg</i>	1	MO; 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
<i>women's daily multivitamin oral tablet 18-400 mg-mcg</i>	1	OTC
WOMEN'S DAILY PACK ORAL TABLET 400 MCG-800 MG -10 MCG	1	OTC

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

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TIVICAY PD	<i>tri-legest fe</i>	<i>ultra omega-3</i>
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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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*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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-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 quý vị cần thông dịch viên xin gọi 1-866-650-1274 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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。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 می کند می تواند 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 निःशुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो निःशुल्क 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.

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

This formulary was updated on **09/01/2026**. 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.

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 09/01/2026