PO Box 66189
Virginia Beach, VA 23466

Medicare and Medicaid Working Together

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Sentara Community Complete (HMO D-SNP)
2026 List of Covered Drugs (Drug List or Formulary)

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

Formulary ID: **26026**, Version: **28**

This formulary was updated on **10/20/2026**. 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*.

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

Last formulary update 10/20/2026

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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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-650-1274. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section D are the drugs covered by Sentara Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Sentara Medicare will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - Sentara Medicare agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Sentara Medicare network pharmacy.

- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs or call Member Services at 1-866-650-1274 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and Sentara Medicare must follow Medicare and Cardinal Care rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

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

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

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

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

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

- You can always check Sentara Medicare's up-to-date *Drug List* online at sentarahealthplans.com/plans/medicare/prescription-drugs. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

B3. What happens when there is a change to the *Drug List*?

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug may appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

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

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
  - Tell you at least 30 days before we make the change to the *Drug List* **or**
  - Let you know and give you a 30-day supply of the drug after you ask for a refill.

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

- if there is a similar drug on the *Drug List* you can take instead **or**

- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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

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

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

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

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

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

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

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index of Covered Drugs in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find section C1 labeled "List of Drugs by Medical Condition." The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in CARDIOVASCULAR AGENTS. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the *Drug List*, call Member Services at the numbers listed in the footer of this document and ask about it. If you learn that Sentara Medicare will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask Sentara Medicare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

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

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

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

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

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

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

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

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

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

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

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

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

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

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9** section 7.4 of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

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

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

B13. What are generic drugs?

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

Sentara Medicare covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

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

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

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

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

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

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

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

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

B18. Can I get prescriptions delivered to my home from my local pharmacy?

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

B19. What is my copayment?

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

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

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

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

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

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

C. Overview of the *List of Covered Drugs*

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

C1. List of Drugs by Medical Condition

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

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

List of Abbreviations

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

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

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

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

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

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

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

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

V: Vaccines

Sentara Community Complete Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **177**.

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

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

D. Index of Covered Drugs

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln 50 mg	1	B/D PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	B/D PA
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	MO
CRESEMBA ORAL CAPSULE 186 MG	1	PA; QL (60 per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	1	PA; QL (120 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	MO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	MO
flucytosine oral capsule 250 mg, 500 mg	1	PA; MO; NEDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	MO
griseofulvin microsize oral tablet 500 mg	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule 100 mg	1	MO; QL (120 per 30 days)
ketoconazole oral tablet 200 mg	1	MO
micafungin intravenous recon soln 100 mg, 50 mg	1	MO
nystatin oral suspension 100,000 unit/ml	1	MO
nystatin oral tablet 500,000 unit	1	MO
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	PA; MO; NEDS; QL (96 per 30 days)
terbinafine hcl oral tablet 250 mg	1	MO
voriconazole intravenous recon soln 200 mg	1	PA; NEDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; MO; NEDS
voriconazole oral tablet 200 mg, 50 mg	1	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 10/20/2026

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
emtricitabine oral capsule 200 mg	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	MO; NEDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	MO; QL (30 per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	MO; NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
entecavir oral tablet 0.5 mg, 1 mg	1	MO
etravirine oral tablet 100 mg, 200 mg	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	MO
fosamprenavir oral tablet 700 mg	1	MO; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
IDVYNSO ORAL TABLET 100-0.25 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	MO
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 per 180 days)
lamivudine oral solution 10 mg/ml	1	MO
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	MO
lamivudine-zidovudine oral tablet 150-300 mg	1	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; NEDS; QL (28 per 28 days)
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	MO
maraviroc oral tablet 150 mg, 300 mg	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; NEDS; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; NEDS; QL (84 per 28 days)
nevirapine oral suspension 50 mg/5 ml	1	MO
nevirapine oral tablet 200 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	MO
oseltamivir oral suspension for reconstitution 6 mg/ml	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	1	NEDS; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	NEDS; QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; MO; NEDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; NEDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	1	MO
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG	1	MO; NEDS
PREZISTA ORAL TABLET 75 MG	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS
ribavirin oral capsule 200 mg	1	MO
ribavirin oral tablet 200 mg	1	MO
rilpivirine hcl oral tablet 25 mg	1	MO; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
rimantadine oral tablet 100 mg	1	MO
ritonavir oral tablet 100 mg	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO; NEDS
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln 50 mg/ml	1	MO; NEDS; QL (1080 per 30 days)
valganciclovir oral tablet 450 mg	1	MO; QL (120 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
zidovudine oral capsule 100 mg	1	MO
zidovudine oral syrup 10 mg/ml	1	MO
zidovudine oral tablet 300 mg	1	MO
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
cefaclor oral tablet extended release 12 hr 500 mg	1	MO
cefadroxil oral capsule 500 mg	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 100 gram, 300 gram	1	
cefazolin intravenous recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	MO
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	MO
cefixime oral capsule 400 mg	1	MO
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	MO
cefpodoxime oral tablet 100 mg, 200 mg	1	MO
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefprozil oral tablet 250 mg, 500 mg	1	MO
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	1	NEDS
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln 2 gram	1	MO
cefuroxime axetil oral tablet 250 mg, 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
clarithromycin oral tablet 250 mg, 500 mg	1	MO
clarithromycin oral tablet extended release 24 hr 500 mg	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; NEDS; QL (136 per 10 days)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
erythromycin oral tablet 250 mg, 500 mg	1	MO
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	MO
fidaxomicin oral tablet 200 mg	1	PA; NEDS; QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	MO; NEDS
amikacin injection solution 500 mg/2 ml	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
atovaquone oral suspension 750 mg/5 ml	1	MO
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	MO
aztreonam injection recon soln 1 gram, 2 gram	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	1	MO
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	MO
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
colistin (colistimethate na) injection recon soln 150 mg	1	MO; QL (30 per 10 days)
dapsone oral tablet 100 mg, 25 mg	1	MO
daptomycin intravenous recon soln 500 mg	1	MO; NEDS
ertapenem injection recon soln 1 gram	1	MO; QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	MO
gentamicin injection solution 40 mg/ml	1	MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NEDS; QL (84 per 28 days)
isoniazid oral solution 50 mg/5 ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
ivermectin oral tablet 3 mg	1	PA; QL (20 per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	MO
linezolid oral suspension for reconstitution 100 mg/5 ml	1	MO; NEDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	MO; QL (60 per 30 days)
mefloquine oral tablet 250 mg	1	MO
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 2 gram	1	
meropenem intravenous recon soln 500 mg	1	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin oral tablet 500 mg	1	MO
nitazoxanide oral tablet 500 mg	1	MO; NEDS
pentamidine inhalation recon soln 300 mg	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	1	
pinaway oral suspension 50 mg/ml	1	OTC
pinworm treatment oral suspension 50 mg/ml	1	OTC
praziquantel oral tablet 600 mg	1	MO
PRETOMANID ORAL TABLET 200 MG	1	PA; 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 10/20/2026

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral tablet 500 mg, 875 mg	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram	1	MO
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	1	NEDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram	1	

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Drug Name	Drug Tier	Requirements/Limits
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	MO
penicillin g sodium injection recon soln 5 million unit	1	MO
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	MO
penicillin v potassium oral tablet 250 mg, 500 mg	1	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin oral solution 250 mg/10 ml	1	MO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	MO
moxifloxacin oral tablet 400 mg	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	1	MO
doxy-100 intravenous recon soln 100 mg	1	MO
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	MO
doxycycline monohydrate oral tablet 100 mg, 75 mg	1	MO
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	MO
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	MO
tetracycline oral capsule 250 mg, 500 mg	1	MO
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1	MO
methenamine hippurate oral tablet 1 gram	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	MO
trimethoprim oral tablet 100 mg	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
mesna oral tablet 400 mg	1	MO; NEDS
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; MO
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; NEDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; NEDS; QL (60 per 30 days)
abirtega oral tablet 250 mg	1	PA; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; NEDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; NEDS; QL (30 per 180 days)
anastrozole oral tablet 1 mg	1	MO
AUGTYRO ORAL CAPSULE 160 MG	1	PA; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; NEDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA; NEDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
azathioprine oral tablet 50 mg	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA; LA; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (28 per 28 days)
bexarotene oral capsule 75 mg	1	PA; MO; NEDS
bexarotene topical gel 1 %	1	PA; MO; NEDS; QL (60 per 30 days)
bicalutamide oral tablet 50 mg	1	MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
bosutinib oral tablet 400 mg	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL TABLET 160 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; NEDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; NEDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; NEDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; NEDS; QL (63 per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	B/D PA; MO
cyclosporine modified oral solution 100 mg/ml	1	B/D PA; MO
cyclosporine oral capsule 100 mg, 25 mg	1	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; NEDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg, 70 mg	1	PA; MO; NEDS; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA; MO; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA; MO; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA; MO; QL (1 per 168 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA; MO; QL (1 per 28 days)
ENSACOVE ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA; LA; NEDS; QL (30 per 30 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	PA; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; NEDS; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; NEDS; QL (60 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (180 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; NEDS; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; NEDS; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; NEDS; QL (180 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NEDS
exemestane oral tablet 25 mg	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; NEDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; NEDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	1	PA; MO; NEDS; QL (30 per 30 days)
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA; NEDS; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; NEDS; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA; NEDS; QL (168 per 28 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	MO
HYRNUO ORAL TABLET 10 MG	1	PA; NEDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; NEDS; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; NEDS; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; NEDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA; NEDS; QL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; NEDS; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; MO; NEDS; QL (280 per 28 days)
INLURIYO ORAL TABLET 200 MG	1	PA; NEDS; QL (56 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; NEDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (28 per 28 days)
IWILFIN ORAL TABLET 192 MG	1	PA; LA; NEDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	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	1	PA; MO; NEDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; NEDS; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 100 MG	1	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	1	PA; QL (90 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; NEDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; NEDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	1	PA; NEDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	1	PA; NEDS; QL (360 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NEDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	1	PA; MO; NEDS; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; NEDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; MO; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	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 X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)	1	PA; MO; NEDS; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS
leuprolide subcutaneous kit 1 mg/0.2 ml	1	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)	1	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)	1	PA; LA; NEDS; QL (27 per 28 days)
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (60 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	PA; NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; NEDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; NEDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	1	PA; NEDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet 20 mg, 40 mg	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; NEDS; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	1	PA; MO; NEDS
mercaptopurine oral tablet 50 mg	1	MO
methotrexate sodium (pf) injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium oral tablet 2.5 mg	1	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
mycophenolate mofetil oral capsule 250 mg	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	B/D PA; MO; NEDS
mycophenolate mofetil oral tablet 500 mg	1	B/D PA; MO
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	B/D PA; MO
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; MO; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	1	PA; MO; QL (120 per 30 days)
nilutamide oral tablet 150 mg	1	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO; NEDS
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	1	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; NEDS; QL (56 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; NEDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; NEDS; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; NEDS; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; NEDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; NEDS; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; NEDS; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; NEDS; QL (90 per 30 days)
pazopanib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	1	PA; MO; NEDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; NEDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; NEDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA; MO; NEDS; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
QINLOCK ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; NEDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; NEDS; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (30 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; NEDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NEDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	1	PA; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; NEDS; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; NEDS; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
sirolimus oral solution 1 mg/ml	1	B/D PA; MO; NEDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	PA; MO; NEDS
sorafenib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG	1	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; NEDS; QL (840 per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	MO
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (56 per 28 days)
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS; QL (60 per 30 days)
toremifene oral tablet 60 mg	1	MO; NEDS
tretinoin (antineoplastic) oral capsule 10 mg	1	MO; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; NEDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NEDS; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; NEDS; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; NEDS; QL (300 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; NEDS; QL (30 per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS; 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)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	1	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	1	PA; LA; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; NEDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA; MO; QL (21 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam oral solution 10 mg/ml	1	PA; MO; QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	PA; MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet 200 mg	1	MO
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension 2.5 mg/ml	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
divalproex oral capsule, delayed rel sprinkle 125 mg	1	MO
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
eslicarbazepine oral tablet 200 mg	1	PA; MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	PA; MO; QL (90 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	PA; MO; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	MO
ethosuximide oral solution 250 mg/5 ml	1	MO
felbamate oral suspension 600 mg/5 ml	1	PA; MO
felbamate oral tablet 400 mg, 600 mg	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; NEDS; QL (360 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	MO
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	MO
levetiracetam oral solution 100 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	MO
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	MO
methsuximide oral capsule 300 mg	1	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	MO
perampanel oral suspension 0.5 mg/ml	1	PA; MO; NEDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	PA; MO; NEDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	PA; MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	PA; MO; NEDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension 40 mg/ml	1	PA; MO; NEDS; QL (2400 per 30 days)
rufinamide oral tablet 200 mg	1	PA; MO; NEDS; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
rufinamide oral tablet 400 mg	1	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	PA; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	PA; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	PA; MO; NEDS; QL (1500 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	MO
topiramate oral solution 25 mg/ml	1	PA; MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid oral capsule 250 mg	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; NEDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	PA; MO; NEDS; QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
bromocriptine oral capsule 5 mg	1	MO
bromocriptine oral tablet 2.5 mg	1	MO
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
entacapone oral tablet 200 mg	1	MO
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
rasagiline oral tablet 0.5 mg, 1 mg	1	MO
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	MO
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl oral elixir 0.4 mg/ml	1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	PA; NEDS; QL (8 per 23 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NEDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; NEDS; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; NEDS; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; NEDS; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 9 MG	1	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	1	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	1	PA; MO; NEDS; QL (28 per 180 days)
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; MO; QL (60 per 30 days)
dextromethorphan-quinidine oral capsule 20-10 mg	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; NEDS; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; NEDS; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; NEDS; QL (60 per 30 days)
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (30 per 30 days)
fingolimod oral capsule 0.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	MO; QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	MO; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	MO; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; NEDS; QL (1.2 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	PA; MO; QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	PA; MO; QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	MO; QL (30 per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; NEDS; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; NEDS; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; NEDS; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	1	MO
baclofen oral tablet 5 mg	1	MO; QL (90 per 30 days)
chlorzoxazone oral tablet 500 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
tizanidine oral tablet 2 mg, 4 mg	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; NEDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; NEDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; NEDS; QL (180 per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA; MO; NEDS; QL (4 per 28 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; NEDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	NEDS; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	NEDS; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
hydromorphone oral liquid 1 mg/ml	1	NEDS; QL (2400 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	NEDS; QL (180 per 30 days)
methadone intensol oral concentrate 10 mg/ml	1	PA; NEDS; QL (90 per 30 days)
methadone oral concentrate 10 mg/ml	1	PA; NEDS; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; NEDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; NEDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; NEDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; NEDS; QL (240 per 30 days)
methadose oral concentrate 10 mg/ml	1	PA; NEDS; QL (120 per 30 days)
morphine oral tablet 15 mg, 30 mg	1	NEDS; QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	PA; NEDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; NEDS; QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	NEDS; QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	NEDS; QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	NEDS; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	NEDS; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
8 hour pain reliever oral tablet extended release 650 mg	1	MO; OTC
8hr muscle aches-pain oral tablet extended release 650 mg	1	OTC
acetaminophen extra strength oral tablet 500 mg	1	OTC
acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml	1	MO; OTC
acetaminophen oral solution 325 mg/10.15 ml	1	OTC
acetaminophen oral suspension 160 mg/5 ml	1	OTC
acetaminophen oral tablet 325 mg, 500 mg	1	MO; OTC
acetaminophen oral tablet extended release 650 mg	1	OTC
acetaminophen oral tablet,disintegrating 80 mg	1	OTC
acetaminophen rectal suppository 650 mg	1	MO; OTC
addaprin oral tablet 200 mg	1	OTC
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	1	OTC
advil junior strength oral tablet,chewable 100 mg	1	MO; OTC
alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
all day pain relief oral tablet 220 mg	1	OTC
all day relief oral tablet 220 mg	1	MO; OTC
aminofen oral tablet 325 mg	1	OTC
antacid and pain relief oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
arthritis pain (diclofenac) topical gel 1 %	1	OTC
arthritis pain relief (acetam) oral tablet extended release 650 mg	1	OTC
arthritis pain reliever oral tablet extended release 650 mg	1	OTC
aspercreme arthritis pain topical gel 1 %	1	MO; OTC
aspirin childrens oral tablet,chewable 81 mg	1	OTC
aspirin oral tablet 325 mg	1	MO; OTC
aspirin oral tablet,chewable 81 mg	1	MO; OTC

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1	MO; OTC
aspirin rectal suppository 300 mg	1	MO; OTC
back and body pain reliever oral tablet 500-32.5 mg	1	OTC
backache relief extra strength oral tablet 580 (467) mg	1	OTC
bayer aspirin oral tablet 325 mg	1	MO; OTC
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	1	MO; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	1	MO; OTC
betatemp oral suspension 160 mg/5 ml	1	OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	MO
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	MO
butorphanol nasal spray,non-aerosol 10 mg/ml	1	MO; NEDS; QL (10 per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	MO
child pain rel-fever reducer rectal suppository 120 mg	1	OTC
children's acetaminophen oral liquid 160 mg/5 ml	1	OTC
children's acetaminophen oral suspension 160 mg/5 ml	1	MO; OTC
children's acetaminophen oral tablet,chewable 160 mg, 80 mg	1	OTC
children's advil oral suspension 100 mg/5 ml	1	MO; OTC
children's aspirin oral tablet,chewable 81 mg	1	OTC
children's easy-melts oral tablet,disintegrating 80 mg	1	OTC
children's fever reducing rectal suppository 120 mg	1	OTC
children's ibuprofen oral suspension 100 mg/5 ml	1	OTC
children's mapap oral tablet,chewable 160 mg, 80 mg	1	MO; OTC

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

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg	1	MO
headache relief (asa-acet-caf) oral tablet 250-250-65 mg	1	OTC
ibu oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibu-200 oral tablet 200 mg	1	OTC
ibuprofen ib oral tablet,chewable 100 mg	1	OTC
ibuprofen jr strength oral tablet,chewable 100 mg	1	OTC
ibuprofen oral capsule 200 mg	1	MO; OTC
ibuprofen oral drops,suspension 50 mg/1.25 ml	1	OTC
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 200 mg	1	MO; OTC
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
ibuprofen oral tablet,chewable 100 mg	1	OTC
indomethacin oral capsule 25 mg, 50 mg	1	MO
infant's acetaminophen oral suspension 160 mg/5 ml	1	MO; OTC
infant's ibuprofen oral drops,suspension 50 mg/1.25 ml	1	MO; OTC
infant's motrin oral drops,suspension 50 mg/1.25 ml	1	MO; OTC
infants' pain and fever oral suspension 160 mg/5 ml	1	OTC
infants' pain relief oral suspension 160 mg/5 ml	1	OTC
infants profenib oral drops,suspension 50 mg/1.25 ml	1	OTC
jr. strength pain reliever oral tablet,disintegrating 160 mg	1	OTC
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
kindermed kids pain-fever oral suspension 160 mg/5 ml	1	OTC
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	MO; QL (4 per 28 days)
little remedies fever and pain oral liquid 160 mg/5 ml	1	OTC
mapap (acetaminophen) oral capsule 500 mg	1	MO; OTC

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
maxrelief junior oral suspension 160 mg/5 ml	1	OTC
mediproxen oral tablet 220 mg	1	OTC
medi-seltzer oral tablet, effervescent 325-1,916-1,000 mg	1	OTC
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
menstrual pain relief oral tablet 500-25-15 mg	1	OTC
menstrual relief(pamabr-pyril) oral tablet 500-25-15 mg	1	OTC
migraine formula oral tablet 250-250-65 mg	1	OTC
migraine relief oral tablet 250-250-65 mg	1	OTC
motrin arthritis pain topical gel 1 %	1	MO; OTC
motrin ib oral capsule 200 mg	1	MO; OTC
motrin ib oral tablet 200 mg	1	MO; OTC
m-pap oral liquid 160 mg/5 ml	1	OTC
nabumetone oral tablet 500 mg, 750 mg	1	MO
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	1	
naloxone nasal spray,non-aerosol 4 mg/actuation	1	MO; OTC
naltrexone oral tablet 50 mg	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen sodium oral capsule 220 mg	1	MO; OTC
naproxen sodium oral tablet 220 mg	1	MO; OTC
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
non-aspirin extra strength oral tablet 500 mg	1	OTC
non-aspirin oral tablet 325 mg	1	OTC
non-aspirin oral tablet,chewable 80 mg	1	OTC
non-aspirin pain relief oral tablet 500 mg	1	OTC
oxaprozin oral tablet 600 mg	1	MO
pain relief (acetaminophen) oral liquid 160 mg/5 ml	1	OTC

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
pain relief (acetaminophen) oral tablet 325 mg, 500 mg	1	OTC
pain relief (acetaminophen) oral tablet extended release 650 mg	1	OTC
pain relief adult oral liquid 500 mg/15 ml	1	OTC
pain relief es (acetaminophen) oral tablet 500 mg	1	OTC
pain reliever (acetam-aspirin) oral tablet 250-250-65 mg	1	OTC
pain reliever (acetaminophen) oral tablet 325 mg, 500 mg	1	OTC
pain reliever (acetaminophen) rectal suppository 650 mg	1	OTC
pain reliever es(acetaminophn) oral tablet 500 mg	1	OTC
pain reliever plus oral tablet 250-250-65 mg	1	MO; OTC
pain-off oral tablet 250-250-65 mg	1	OTC
percogesic backache relief oral tablet 580 (467) mg	1	OTC
pharbetol oral tablet 325 mg, 500 mg	1	OTC
piroxicam oral capsule 10 mg, 20 mg	1	MO
st joseph aspirin oral tablet,chewable 81 mg	1	MO; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	1	MO; OTC
sulindac oral tablet 150 mg, 200 mg	1	MO
TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC
tramadol oral tablet 50 mg	1	MO; NEDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MO; NEDS; QL (240 per 30 days)
tri-buffered aspirin oral tablet 325 mg	1	OTC
vanquish oral tablet 250-250-65 mg	1	OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	MO; NEDS
wal-profen oral capsule 200 mg	1	OTC
wal-profen oral tablet 200 mg	1	OTC
wal-proxen oral tablet 220 mg	1	OTC
PSYCHOTHERAPEUTIC DRUGS		

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	MO; QL (150 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	MO
aripiprazole oral solution 1 mg/ml	1	MO; QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	MO; NEDS; QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 28 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; MO; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; NEDS; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; NEDS; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	MO
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
citalopram oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	MO
clorazepate dipotassium oral tablet 15 mg	1	MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; QL (360 per 30 days)
clozapine oral tablet 100 mg, 25 mg	1	QL (90 per 30 days)
clozapine oral tablet 200 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; NEDS; QL (60 per 30 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; NEDS; QL (56 per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	1	MO; QL (60 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	1	QL (240 per 30 days)
diazepam oral concentrate 5 mg/ml	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	MO; QL (120 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin oral concentrate 10 mg/ml	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	PA; MO; NEDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	MO; QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	1	PA; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	1	PA; MO; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	1	PA; MO; NEDS; QL (32 per 365 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	PA; QL (12 per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	PA; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	MO; QL (600 per 30 days)
fluoxetine oral tablet 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	MO
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; NEDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; NEDS; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; NEDS; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; NEDS; QL (1.75 per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; NEDS; QL (2.63 per 90 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	1	MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	MO; QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	PA; MO; QL (180 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	1	MO; QL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	1	MO; QL (1800 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO; QL (90 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
nighttime sleep-aid (doxylamn) oral tablet 25 mg	1	OTC
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	MO
nortriptyline oral solution 10 mg/5 ml	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	PA; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	1	PA; MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	MO; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	MO
phenelzine oral tablet 15 mg	1	MO
pimozide oral tablet 1 mg, 2 mg	1	MO
protriptyline oral tablet 10 mg, 5 mg	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (1800 per 30 days)
ramelteon oral tablet 8 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 50 mg/2 ml	1	NEDS; QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml	1	MO; NEDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	PA; MO; NEDS; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
sleep aid (doxylamine) oral tablet 25 mg	1	MO; OTC
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; MO; LA; NEDS; QL (540 per 30 days)
tasimelteon oral capsule 20 mg	1	PA; MO; NEDS; QL (30 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	MO; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
tranylcypromine oral tablet 10 mg	1	MO
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	PA; NEDS
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	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	1	PA; MO; NEDS; QL (30 per 30 days)
wal-som (doxylamine) oral tablet 25 mg	1	OTC
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
zolpidem oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; NEDS; QL (28 per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; NEDS; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
pacerone oral tablet 100 mg, 200 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	MO
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	MO
quinidine sulfate oral tablet 200 mg, 300 mg	1	MO
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	MO
aliskiren oral tablet 150 mg, 300 mg	1	MO
amiloride oral tablet 5 mg	1	MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	MO
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	MO
betaxolol oral tablet 10 mg, 20 mg	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MO
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	MO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	MO; QL (4 per 28 days)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl oral capsule,extended release 12 hr 120 mg	1	MO; QL (90 per 30 days)
diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg	1	MO; QL (180 per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	MO
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	MO
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MO
guanfacine oral tablet 1 mg, 2 mg	1	MO
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
hydrochlorothiazide oral capsule 12.5 mg	1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	1	MO
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	MO
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MO
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MO
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
methyldopa oral tablet 250 mg	1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
metyrosine oral capsule 250 mg	1	PA; MO; NEDS
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
moexipril oral tablet 15 mg, 7.5 mg	1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
nicardipine oral capsule 20 mg, 30 mg	1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	MO
nimodipine oral capsule 30 mg	1	MO
nisoldipine oral tablet extended release 24 hr 17 mg	1	MO
nisoldipine oral tablet extended release 24 hr 34 mg, 8.5 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	MO
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	MO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	MO
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
pindolol oral tablet 10 mg, 5 mg	1	MO
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
timolol maleate oral tablet 10 mg	1	
timolol maleate oral tablet 20 mg, 5 mg	1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	1	PA; MO
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MO
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	MO
COAGULATION THERAPY		

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Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	MO
BRILINTA ORAL TABLET 90 MG	1	MO
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	MO; QL (60 per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3)	1	MO; QL (120 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	MO; QL (60 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	1	QL (120 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	1	PA; MO; NEDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 75 mg	1	PA; MO; NEDS; QL (60 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	MO; NEDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	MO; NEDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	MO; NEDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	MO
phytonadione (vitamin k1) oral tablet 5 mg	1	MO; OTC
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
rivaroxaban oral tablet 2.5 mg	1	MO; QL (60 per 30 days)
ticagrelor oral tablet 60 mg	1	MO; QL (60 per 30 days)
ticagrelor oral tablet 90 mg	1	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
cholestyramine (with sugar) oral powder 4 gram	1	MO
cholestyramine (with sugar) oral powder in packet 4 gram	1	MO
cholestyramine light oral powder 4 gram	1	MO
cholestyramine light oral powder in packet 4 gram	1	MO
colesevelam oral powder in packet 3.75 gram	1	MO
colesevelam oral tablet 625 mg	1	MO
colestipol oral granules 5 gram	1	MO
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	MO
endur-acin oral tablet extended release 250 mg, 500 mg, 750 mg	1	OTC
ezetimibe oral tablet 10 mg	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	MO
gemfibrozil oral tablet 600 mg	1	MO
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	MO
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO; QL (30 per 30 days)
niacin (inositol niacinate) oral capsule 500 mg	1	MO; OTC
niacin oral capsule, extended release 250 mg	1	MO; OTC
niacin oral capsule, extended release 500 mg	1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	1	MO; OTC
NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG	1	MO; OTC
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	MO
niacin oral tablet extended release 250 mg, 500 mg	1	MO; OTC
niacinamide oral tablet 500 mg	1	MO; OTC
niavasc 750 oral tablet extended release 750 mg	1	OTC
niavasc oral tablet extended release 500 mg	1	OTC
omega-3 acid ethyl esters oral capsule 1 gram	1	MO
omega-3 fatty acids oral capsule 1,000 mg	1	OTC
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
prevalite oral powder in packet 4 gram	1	MO
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO
slo-niacin oral tablet extended release 500 mg	1	MO; OTC
super omega-3 oral capsule 1,000 mg	1	OTC
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	MO
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	1	PA; MO; QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	MO; QL (60 per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 per 30 days)
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	MO
nitro-bid transdermal ointment 2 %	1	MO
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
calcipotriene scalp solution 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	MO; QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (10 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	1	MO
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
selenium sulfide topical lotion 2.5 %	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	1	PA; MO; QL (2.22 per 365 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
thera-gel topical shampoo 0.5 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
therapeutic shampoo topical shampoo 0.5 %, 1 %	1	OTC
t-plus topical shampoo 0.5 %	1	OTC
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	1	MO
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
KERATOLYTICS		
ACNE CONTROL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
acne pads topical pads, medicated 2 %	1	OTC
callus removers topical adhesive patch,medicated 40 %	1	OTC
CERAVE PSORIASIS TOPICAL CREAM 2 %	1	OTC
compound w topical liquid 17 %	1	MO; OTC
corn remover topical adhesive patch,medicated 40 %	1	OTC
DAILY ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
daily face wash topical cleanser 2 %	1	OTC
dermarest psoriasis medicated topical shampoo 3 %	1	OTC
dr scholl's clear away topical adhesive patch,medicated 40 %	1	OTC
duofilm topical liquid 17 %	1	OTC
duragel callus removers topical adhesive patch,medicated 40 %	1	OTC
liquid corn and callus remover topical liquid 17 %	1	OTC

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
mediplast corn-callus-wart topical adhesive patch,medicated 40 %	1	MO; OTC
NEUTROGENA OIL-FREE ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
PANOXYL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
plantar wart remover topical adhesive patch,medicated 40 %	1	OTC
psoriasis medicated topical shampoo 3 %	1	OTC
rapid clear treatment pads topical pads, medicated 2 %	1	OTC
sebex topical shampoo 2-2 %	1	MO; OTC
selsun blue (salicylic acid) topical shampoo 3 %	1	MO; OTC
selsun blue naturals topical shampoo 3 %	1	MO; OTC
therapeutic dandruff shampoo topical shampoo 3 %	1	OTC
wart remover topical adhesive patch,medicated 40 %	1	OTC
wart remover topical gel 17 %	1	OTC
wart remover topical liquid 17 %	1	OTC
MISCELLANEOUS DERMATOLOGICALS		
a and d (lanolin-petrolatum) topical ointment	1	MO; OTC
A AND D DIAPER RASH CREAM TOPICAL CREAM 1-10 %	1	MO; OTC
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (6 per 28 days)
advanced healing (petrolatum) topical ointment 41 %	1	OTC
ammonium lactate topical cream 12 %	1	MO
ammonium lactate topical lotion 12 %	1	MO
analgesic balm (m.salic-menth) topical cream 15-10 %	1	OTC
analgesic creme topical cream 10 %	1	OTC
anecream topical cream 4 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
anti-itch (menthol-camphor) topical lotion 0.5-0.5 %	1	MO; OTC
anti-itch vaginal (benz-resor) topical cream 5-2 %	1	OTC
aquasoothe topical ointment 41 %	1	OTC
arthricream topical cream 10 %	1	OTC
ARTHRITIS PAIN RELIEF (HISTAM) TOPICAL CREAM 0.025 %	1	OTC
arthritis pain relief(capsaic) topical cream 0.1 %	1	OTC
arthritis topical cream 10 %	1	OTC
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
aspercreme topical cream 10 %	1	MO; OTC
ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
asperflex (lidocaine) topical cream 4 %	1	OTC
asperflex(m.salicylat-menthol) topical cream 15-10 %	1	OTC
AVEENO ECZEMA NIGHT ITCH RLF TOPICAL CREAM 1 %	1	OTC
AVEENO MOISTURIZING TOPICAL CREAM 1 %	1	MO; OTC
baby skin protectant (pet) topical ointment 41 %	1	OTC
beta care topical cream	1	MO; OTC
biofreeze (menthol) topical adhesive patch,medicated 5 %	1	OTC
biofreeze overnight topical adhesive patch,medicated 5 %	1	OTC
BOUDREAUXS BUTT PASTE TOPICAL OINTMENT 16 %, 40 %	1	MO; OTC
burn relief with aloe topical aerosol,spray 0.5 %	1	OTC
calamine phenolated topical lotion	1	OTC
calamine-zinc oxide topical lotion 8-8 %	1	MO; OTC
calamine-zinc oxide-phenol topical suspension 8-8-1 %	1	OTC
calmoseptine topical ointment 0.44-20.6 %	1	MO; OTC
calprotect topical ointment 0.44-20.6 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
camphor topical spirit	1	OTC
CAPSAICIN TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
capsaicin topical cream 0.025 %, 0.1 %	1	MO; OTC
capsaicin topical cream 0.075 %	1	OTC
CAPSAICIN TOPICAL LIQUID 0.15 %	1	OTC
CAPZASIN TOPICAL LIQUID 0.15 %	1	OTC
capzasin-hp topical cream 0.1 %	1	MO; OTC
capzix topical cream 0.1 %	1	OTC
CERAMIDES 1,3,6-II TOPICAL CREAM	1	OTC
CERAVE DAILY MOISTURIZING TOPICAL LOTION	1	MO; OTC
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE	1	MO; OTC
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM	1	OTC
CERAVE TOPICAL CREAM	1	MO; OTC
cetaphil moisturizing topical cream	1	MO; OTC
CETAPHIL MOISTURIZING TOPICAL LOTION	1	MO; OTC
CETAPHIL TOPICAL CLEANSER	1	OTC
CHEST RUB TOPICAL OINTMENT 4.8-1.2-2.6 %	1	OTC
cold and hot (m.salic-menthol) topical cream 30-10 %	1	OTC
cold and hot (m.salic-menthol) topical ointment 29-7.6 %	1	OTC
cold and hot (menthol) topical adhesive patch,medicated 5 %	1	MO; OTC
cool and heat topical adhesive patch,medicated 5 %	1	OTC
cool heat (m-salicylate-menth) topical cream 30-10 %	1	OTC
dermacinrx lidocan topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
dermavantage topical lotion	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
diaper rash topical ointment 40 %	1	OTC
dibucaine topical ointment 1 %	1	MO; OTC
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DIMETHICONE TOPICAL CREAM 2 %	1	OTC
dry skin therapy(with lanolin) topical lotion	1	OTC
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM	1	OTC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
dynarub topical cream 15-10 %	1	OTC
ECZEMA CARE TOPICAL CREAM 1 %	1	OTC
ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
eucalyptus oil oil	1	OTC
EUCERIN BABY ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
EUCERIN ECZEMA RELIEF TOPICAL CREAM 1 %	1	MO; OTC
eucerin original topical lotion	1	MO; OTC
EUCERIN TOPICAL CREAM	1	MO; OTC
EUCRISA TOPICAL OINTMENT 2 %	1	PA; MO; QL (100 per 28 days)
excel-gel topical gel	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
fluorouracil topical cream 5 %	1	MO

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
fluorouracil topical solution 2 %, 5 %	1	MO
GLYCERIN TOPICAL SOLUTION 99.5 %	1	MO; OTC
GOLD BOND MEDICATED FOOT TOPICAL POWDER 1 %	1	OTC
gordons-vite e topical cream	1	OTC
hemorrhoidal-analgesic topical ointment 1 %	1	OTC
HOT AND COLD PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
hydrolatum topical ointment	1	OTC
hydroseptine topical ointment 0.44-20.6 %	1	OTC
ice blue gel topical gel 2 %	1	OTC
icy hot (menthol) topical adhesive patch,medicated 5 %	1	MO; OTC
ICY HOT PATCH (LIDO-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	MO; OTC
imiquimod topical cream in packet 5 %	1	MO
johnson's baby oil topical oil	1	MO; OTC
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	1	MO
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical cream 4 %	1	MO; OTC
lidocaine topical ointment 5 %	1	MO; QL (36 per 30 days)
LIDOCAINE-MENTHOL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
lidocaine-prilocaine topical cream 2.5-2.5 %	1	MO; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
lubrisilk topical lotion	1	OTC
MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
MEDICATED RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 3.1-10-6 %	1	OTC
menthol topical adhesive patch,medicated 5 %	1	OTC
menthol-zinc oxide topical ointment 0.44-20.6 %	1	OTC
minerin creme topical cream	1	MO; OTC
minerin topical lotion	1	MO; OTC
mobisyl topical cream 10 %	1	MO; OTC
moisture barrier ointment topical ointment 0.44-20.6 %	1	OTC
MOISTURIZING CREAM TOPICAL CREAM	1	OTC
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION	1	OTC
moiturizing lotion topical lotion	1	OTC
muscle rub topical cream 15-10 %	1	MO; OTC
muscle rub ultra-strength topical cream 4-30-10 %	1	OTC
no sting barrier film topical swab	1	MO; OTC
olive oil oil	1	OTC
pain relieving (benzocaine) topical ointment 20 %	1	OTC
pain relieving (menthol) topical adhesive patch,medicated 5 %	1	OTC
pain relieving cream topical cream 4-30-10 %	1	OTC
pain relieving(cam-m.sal-ment) topical adhesive patch,medicated	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
PERIANAL CLEANSING TOPICAL CLEANSER	1	OTC
PERIFRESH TOPICAL CLEANSER	1	OTC
petroleum jelly topical gel	1	OTC
petroleum jelly, white topical gel	1	OTC
pimecrolimus topical cream 1 %	1	PA; MO; QL (100 per 30 days)
podofilox topical solution 0.5 %	1	MO
protective ointment topical ointment	1	OTC
RE-LIEVED LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
SALONPAS TOPICAL ADHESIVE PATCH,MEDICATED 3.1 %-10 %-6 % (LARGE), 3.1-10-6 %	1	MO; OTC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
silver sulfadiazine topical cream 1 %	1	MO
skin protectant a-d (pet, lan) topical ointment	1	OTC
skin treatment topical lotion 12 %	1	OTC
sorbidon hydrate topical cream	1	OTC
ssd topical cream 1 %	1	MO
tacrolimus topical ointment 0.03 %, 0.1 %	1	PA; MO; QL (100 per 30 days)
thera-derm topical lotion	1	MO; OTC
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	1	OTC
therapeutic moisturizing topical cream	1	OTC
tiger balm topical adhesive patch,medicated 230-70 mg	1	MO; OTC
tiger balm topical ointment , 11-11 %	1	MO; OTC
VAGICAINE TOPICAL CREAM 20-3 %	1	OTC
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
vanicream topical cream	1	MO; OTC

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

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Drug Name	Drug Tier	Requirements/Limits
azelaic acid topical gel 15 %	1	MO
benzoyl peroxide topical cleanser 10 %, 5 %	1	MO; OTC
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	1	MO; OTC
bp wash topical cleanser 10 %, 5 %	1	MO; OTC
CERAVE ACNE TOPICAL CLEANSER 4 %	1	OTC
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clearasil daily clear(benzoyl) topical cream 10 %	1	MO; OTC
clindacin etz topical swab 1 %	1	MO
clindacin p topical swab 1 %	1	
clindamycin phosphate topical gel 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	1	MO
creamy acne face topical cleanser 4 %	1	OTC
ery pads topical swab 2 %	1	MO
erythromycin with ethanol topical solution 2 %	1	MO
foaming acne face wash topical cleanser 10 %	1	OTC
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	MO
metronidazole topical gel 0.75 %, 1 %	1	MO
metronidazole topical gel with pump 1 %	1	MO
metronidazole topical lotion 0.75 %	1	MO
panoxyl topical cleanser 10 %, 4 %	1	MO; OTC
targeted acne spot treatment topical cream 2.5 %	1	OTC
tazarotene topical cream 0.1 %	1	PA; MO
tazarotene topical gel 0.05 %, 0.1 %	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANTIBACTERIALS		
antibiotic (bacitracin zinc) topical ointment 500 unit/gram	1	OTC

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram	1	OTC
antibiotic plus (pramoxine) topical cream 3.5-10,000-10 mg-unit-mg/gram	1	OTC
antibiotic plus pain rel(pram) topical cream 3.5-10,000-10 mg-unit-mg/gram	1	OTC
antibiotic-pain relief (bacit) topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
bacitracin topical ointment 500 unit/gram	1	MO; OTC
bacitracin topical packet 500 unit/gram	1	MO; OTC
bacitracin zinc topical ointment 500 unit/gram	1	MO; OTC
bacitracin zinc topical ointment in packet 500 unit/gram	1	OTC
bacitraycin plus topical ointment 500 unit/gram	1	OTC
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	MO; OTC
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	1	OTC
first aid antibiotic-pain rlf topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
gentamicin topical cream 0.1 %	1	MO; QL (60 per 30 days)
gentamicin topical ointment 0.1 %	1	MO; QL (60 per 30 days)
multi antibiotic plus topical cream 3.5-10,000-10 mg-unit-mg/gram	1	OTC
mupirocin topical ointment 2 %	1	MO; QL (44 per 30 days)
neosporin plus burn relief topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
NEOSPORIN PLUS PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	MO; OTC
neosporin plus painrelief(bac) topical ointment 3.5-500-10,000 mg-unit-unit/g	1	MO; OTC
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	OTC
sulfacetamide sodium (acne) topical suspension 10 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
triple antibiotic plus topical ointment 3.5-500-10,000 mg-unit-unit/g	1	MO; OTC
triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram	1	MO; OTC
triple antibiotic topical ointment in packet 3.5-400-5,000 mg-unit-unit	1	OTC
triple antibiotic-pain relief topical ointment 3.5-500-10,000 mg-unit-unit/g	1	OTC
wal-sporin topical ointment 500-10,000 unit/gram	1	OTC
TOPICAL ANTIFUNGALS		
ALEVAZOL TOPICAL OINTMENT 1 %	1	MO; OTC
antifungal (clotrimazole) topical cream 1 %	1	OTC
antifungal (tolnaftate) topical aerosol,spray 1 %	1	OTC
antifungal (tolnaftate) topical cream 1 %	1	OTC
antifungal (tolnaftate) topical solution 1 %	1	OTC
antifungal extra thick topical cream 2 %	1	OTC
antifungal spray topical aerosol powder 1 %	1	OTC
antifungal topical cream 2 %	1	OTC
antifungal topical powder 2 %	1	OTC
ATHLETE'S FOOT (BUTENAFINE) TOPICAL CREAM 1 %	1	OTC
athlete's foot (clotrimazole) topical cream 1 %	1	OTC
athlete's foot (clotrimazole) topical solution 1 %	1	OTC
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	1	OTC
athlete's foot (tolnaftate) topical aerosol powder 1 %	1	OTC
athlete's foot (tolnaftate) topical aerosol,spray 1 %	1	OTC
athlete's foot (tolnaftate) topical cream 1 %	1	OTC
athlete's foot topical aerosol powder 2 %	1	OTC
athlete's foot topical powder 2 %	1	OTC
athletic foot cream topical cream 1 %	1	OTC
baza antifungal topical cream 2 %	1	MO; OTC
blis-to-sol (tolnaftate) topical solution 1 %	1	OTC
butenafine topical cream 1 %	1	MO; OTC

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

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Drug Name	Drug Tier	Requirements/Limits
miconazorb af topical powder 2 %	1	OTC
micotrin ac topical cream 1 %	1	OTC
micotrin al topical solution 1 %	1	OTC
micotrin ap topical powder 2 %	1	OTC
micro-guard topical powder 2 %	1	MO; OTC
nyamyc topical powder 100,000 unit/gram	1	QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	MO; QL (60 per 28 days)
nystop topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
odor control foot-sneaker topical aerosol powder 1 %	1	OTC
odor-x athlete's foot topical aerosol powder 1 %	1	OTC
remedy phytoplex antifungal topical powder 2 %	1	OTC
ringworm topical cream 1 %	1	OTC
terbinafine hcl topical cream 1 %	1	MO; OTC
tinactin topical aerosol powder 1 %	1	MO; OTC
toe area treatment antifungal topical solution 1 %	1	OTC
tolnaftate topical aerosol powder 1 %	1	OTC
tolnaftate topical cream 1 %	1	MO; OTC
tolnaftate topical powder 1 %	1	OTC
zeasorb af topical powder 2 %	1	MO; OTC
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	MO; QL (30 per 30 days)
docosanol topical cream 10 %	1	MO; OTC
penciclovir topical cream 1 %	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone topical cream 0.05 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
alclometasone topical ointment 0.05 %	1	MO
anti-itch (hc) topical cream 1 %	1	OTC
anti-itch (hc) topical ointment 1 %	1	OTC
aquaphor itch relief topical ointment 1 %	1	MO; OTC
beta-hc topical lotion 1 %	1	MO; OTC
betamethasone dipropionate topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone dipropionate topical ointment 0.05 %	1	MO; QL (180 per 30 days)
betamethasone valerate topical cream 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical ointment 0.1 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical ointment 0.05 %	1	MO; QL (180 per 30 days)
clobetasol scalp solution 0.05 %	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical ointment 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
clodan topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
cortisone (hydrocortisone) topical cream 1 %	1	OTC
cortisone cooling topical gel 1 %	1	OTC
cortisone with aloe topical cream 1 %	1	OTC
cortizone-10 topical cream 1 %	1	MO; OTC
cortizone-10 topical gel 1 %	1	OTC
cortizone-10 topical ointment 1 %	1	OTC
cortizone-10 with aloe topical cream 1 %	1	MO; OTC
dermarest eczema (hydrocort) topical lotion 1 %	1	MO; OTC
desonide topical cream 0.05 %	1	MO; QL (60 per 30 days)
desonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1	MO; QL (118.28 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone topical cream 0.01 %, 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical ointment 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical solution 0.01 %	1	MO; QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical solution 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	1	MO; QL (120 per 30 days)
halobetasol propionate topical cream 0.05 %	1	MO; QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	MO; QL (50 per 30 days)
hydrocortisone acetate topical cream 0.5 %, 1 %	1	OTC
hydrocortisone acetate topical ointment 1 %	1	OTC
hydrocortisone plus topical cream 1 %	1	OTC
hydrocortisone topical cream 0.5 %	1	OTC
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 1 %	1	OTC
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 0.5 %	1	OTC
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate topical cream 0.2 %	1	MO; QL (180 per 30 days)
hydrocortisone-aloe vera topical cream 0.5 %	1	OTC
hydrocortisone-aloe vera topical cream 1 %	1	MO; OTC
hydrocream topical cream 1 %	1	OTC
itch relief (hc) topical ointment 1 %	1	OTC
itch relief (hc) with aloe topical cream 1 %	1	OTC
mometasone topical cream 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical solution 0.1 %	1	MO; QL (180 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	MO; QL (454 per 30 days)
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
complete lice treatment topical kit 4-0.33-0.5 %	1	OTC
ivermectin topical lotion 0.5 %	1	OTC
lice bedding spray aerosol,spray 0.5 %	1	OTC
lice killing (permethrin) topical liquid 1 %	1	OTC
lice killing topical shampoo 0.33-4 %	1	MO; OTC
lice solution topical kit 4-0.33-0.5 %	1	OTC
lice treatment (permethrin) topical liquid 1 %	1	OTC
lice treatment topical liquid 1 %	1	OTC
malathion topical lotion 0.5 %	1	MO
permethrin topical cream 5 %	1	MO
rid complete lice elim kit topical kit 4-0.33-0.5 %	1	OTC
rid lice killing topical shampoo 0.33-4 %	1	MO; OTC
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	MO
anagrelide oral capsule 0.5 mg, 1 mg	1	MO
benzphetamine oral tablet 50 mg	1	MO; OTC
carglumic acid oral tablet, dispersible 200 mg	1	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 %	1	B/D PA
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	MO
deferasirox oral tablet 180 mg, 360 mg	1	PA; MO; NEDS
deferasirox oral tablet 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1	PA; MO; NEDS
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
diethylpropion oral tablet 25 mg	1	MO; OTC
diethylpropion oral tablet extended release 75 mg	1	MO; OTC
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; MO; NEDS
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	1	OTC
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; MO; NEDS; QL (180 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	1	OTC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOINT HEALTH ORAL TABLET 40-10-5-3.3 MG	1	OTC
levocarnitine (with sugar) oral solution 100 mg/ml	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet 330 mg	1	MO
liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO; QL (30 per 30 days)
LOMAIRA ORAL TABLET 8 MG	1	MO; OTC
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
melatonin oral liquid 5 mg/15 ml	1	OTC
melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg	1	MO; OTC
melatonin oral tablet extended release 1 mg	1	MO; OTC
MELATONIN ORAL TABLET EXTENDED RELEASE 10 MG	1	OTC
melatonin oral tablet extended release 3 mg	1	OTC
MELATONIN ORAL TABLET, IR AND ER, BIPHASIC 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,CHEWABLE 2.5 MG, 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,DISINTEGRATING 12 MG, 5 MG	1	MO; OTC
melatonin oral tablet,disintegrating 3 mg	1	MO; OTC
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg	1	MO; OTC
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; MO; NEDS
ORLISTAT ORAL CAPSULE 120 MG	1	MO; SUPP
phendimetrazine tartrate oral capsule, extended release 105 mg	1	MO; OTC
phendimetrazine tartrate oral tablet 35 mg	1	MO; OTC
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	MO; OTC
phentermine oral tablet 37.5 mg	1	MO; OTC
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	OTC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
riluzole oral tablet 50 mg	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	1	OTC
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation solution 0.9 %	1	MO
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA; NEDS
sodium phenylbutyrate oral tablet 500 mg	1	PA; MO; NEDS
sodium polystyrene sulfonate oral powder 15 gram	1	MO
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	MO
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
trientine oral capsule 250 mg	1	PA; MO; NEDS; QL (240 per 30 days)
WHITE WAX (BEESWAX) WAX 100 %	1	OTC
XENICAL ORAL CAPSULE 120 MG	1	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
melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg	1	OTC
melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg	1	OTC
MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET, IR AND ER, BIPHASIC 10-10 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 5-10 mg	1	MO; OTC
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	MO
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	MO; OTC
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	MO; OTC
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	MO; OTC
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	MO; OTC
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	MO; OTC
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	MO
quit 2 buccal gum 2 mg	1	OTC
quit 2 buccal lozenge 2 mg	1	OTC
quit 4 buccal gum 4 mg	1	OTC
quit 4 buccal lozenge 4 mg	1	OTC
stop smoking aid buccal lozenge 2 mg, 4 mg	1	OTC
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
altamist nasal aerosol,spray 0.65 %	1	OTC
ayr saline nasal aerosol,spray 0.65 %	1	MO; OTC
ayr saline nasal drops 0.65 %	1	MO; OTC
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
baby ayr saline nasal drops 0.65 %	1	MO; OTC
BIOTENE MOISTURIZING MOUTH MUCOUS MEMBRANE SPRAY,NON-AEROSOL	1	MO; OTC
children's saline nasal spray nasal aerosol,spray 0.65 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	MO
cough drops mucous membrane lozenge 10 mg	1	OTC
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5 MG, 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG	1	OTC
deep sea nasal nasal aerosol,spray 0.65 %	1	MO; OTC
denta 5000 plus dental cream 1.1 %	1	MO
dentagel dental gel 1.1 %	1	MO
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	1	MO; OTC
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	MO; QL (30 per 30 days)
kourzeq dental paste 0.1 %	1	MO
little remedies nasal aerosol,spray 0.65 %	1	MO; OTC
LITTLE REMEDIES SALINE MIST NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC
little remedies saline nasal aerosol,spray 0.65 %	1	OTC
MEDIKOFF (MENTHOL) MUCOUS MEMBRANE LOZENGE 5.8 MG	1	OTC
NASAL MIST NASAL AEROSOL,SPRAY 0.9 %	1	OTC
nasal moisturizing nasal aerosol,spray 0.65 %	1	OTC
nasal spray (sodium chloride) nasal aerosol,spray 0.65 %	1	OTC
neilmed pediat sinus rinse ref sinus irrigation packet	1	MO; OTC
neilmed sinus rinse refill sinus irrigation packet	1	MO; OTC
olopatadine nasal spray,non-aerosol 0.6 %	1	MO
periogard mucous membrane mouthwash 0.12 %	1	MO
saline mist nasal aerosol,spray 0.65 %	1	MO; OTC
saline nasal mist nasal aerosol,spray 0.65 %	1	OTC
saline nasal nasal aerosol,spray 0.65 %	1	MO; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
sf 5000 plus dental cream 1.1 %	1	MO
sf dental gel 1.1 %	1	MO
SIMPLY SALINE NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC
sinus rinse sinus irrigation packet	1	OTC
sodium fluoride 5000 dry mouth dental paste 1.1 %	1	MO
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	MO
triamcinolone acetonide dental paste 0.1 %	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	MO
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	MO
clearcanal earwax softener otic (ear) drops 6.5 %	1	MO; OTC
ear drops (carbamide peroxide) otic (ear) drops 6.5 %	1	OTC
ear wax removal drops otic (ear) drops 6.5 %	1	MO; OTC
ear wax removal kit otic (ear) drops 6.5 %	1	OTC
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	MO
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	MO
ofloxacin otic (ear) drops 0.3 %	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	MO
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone oral elixir 0.5 mg/5 ml	1	MO
dexamethasone oral solution 0.5 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
fludrocortisone oral tablet 0.1 mg	1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	MO
hydrocortisone sod succinate injection recon soln 100 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	B/D PA; MO
methylprednisolone oral tablets,dose pack 4 mg	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisone intensol oral concentrate 5 mg/ml	1	MO
prednisone oral solution 5 mg/5 ml	1	MO
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet 50 mg	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads topical pads, medicated	1	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	MO
dapagliflozin oral tablet 10 mg	1	MO; QL (30 per 30 days)
dapagliflozin oral tablet 5 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	MO; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	MO; QL (60 per 30 days)
diazoxide oral suspension 50 mg/ml	1	MO
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (9 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
OZEMPIC ORAL TABLET 1.5 MG	1	PA; QL (30 per 180 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	1	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)	1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	MO; QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	MO; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	MO; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	MO
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	MO; QL (3.7 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	MO
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg, 60 mg	1	MO; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	1	MO; NEDS; QL (120 per 30 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA; MO; NEDS
danazol oral capsule 100 mg, 200 mg, 50 mg	1	MO
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	MO
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
mifepristone oral tablet 300 mg	1	PA; MO; NEDS; QL (120 per 30 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	MO
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; MO; NEDS
sapropterin oral tablet,soluble 100 mg	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; MO; QL (180 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg	1	PA; MO; NEDS; QL (240 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 30 mg	1	PA; MO; NEDS; QL (120 per 30 days)
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)	1	PA; MO; NEDS; QL (56 per 28 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; MO; NEDS
zelvysia oral powder in packet 100 mg	1	
zelvysia oral powder in packet 500 mg	1	PA; NEDS
THYROID HORMONES		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL	1	OTC
anti-diarrheal (lope)-anti-gas oral tablet 2-125 mg	1	OTC
anti-diarrheal (loperamide) oral capsule 2 mg	1	OTC
anti-diarrheal (loperamide) oral liquid 1 mg/7.5 ml	1	OTC
anti-diarrheal (loperamide) oral tablet 2 mg	1	MO; OTC
anti-diarrheal oral suspension 262 mg/15 ml	1	OTC
bismuth subsalicylate oral tablet,chewable 262 mg	1	MO; OTC
daily probiotic (s. boulardii) oral capsule 250 mg	1	OTC
diamode oral tablet 2 mg	1	OTC
diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml	1	OTC
dicyclomine oral capsule 10 mg	1	MO
dicyclomine oral solution 10 mg/5 ml	1	MO
dicyclomine oral tablet 20 mg	1	MO
digest probiotic (s.boulardii) oral capsule 250 mg	1	OTC
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE PROB GUMMY ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL	1	OTC
digestive relief oral tablet 262 mg	1	OTC
diotame oral tablet,chewable 262 mg	1	OTC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
florastor oral capsule 250 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	1	MO; OTC
kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml	1	MO; OTC
kaopectate (bismuth subsalicy) oral tablet,chewable 262 mg	1	OTC
k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml	1	OTC
loperamide oral capsule 2 mg	1	MO
loperamide oral liquid 1 mg/7.5 ml	1	MO; OTC
loperamide oral tablet 2 mg	1	OTC
loperamide-simethicone oral tablet 2-125 mg	1	OTC
MOOD SUPPORT PROBIOTIC ORAL CAPSULE 3 BILLION CELL- 57 MG	1	OTC
pepto-bismol oral tablet,chewable 262 mg	1	MO; OTC
pepto-bismol to-go oral tablet,chewable 262 mg	1	OTC
pink bismuth maximum strength oral suspension 525 mg/15 ml	1	OTC
pink bismuth oral suspension 525 mg/15 ml	1	OTC
pink bismuth oral tablet 262 mg	1	OTC
pink bismuth oral tablet,chewable 262 mg	1	OTC
PROBIOTIC (B. COAGULANS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL	1	OTC
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
probiotic (s.boulardii) oral capsule 250 mg	1	MO; OTC
probiotic colon support oral capsule 1.5 billion cell	1	OTC
PROBIOTIC ORAL CAPSULE 100 BILLION CELL	1	OTC
probiotic oral capsule 20 billion cell, 3 billion cell	1	OTC
probiotic oral capsule, sprinkle 20 billion cell	1	OTC
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL	1	OTC
saccharomyces boulardii oral capsule 250 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
senior probiotic oral capsule 15 billion cell	1	OTC
soothe (bismuth subsalicylate) oral tablet 262 mg	1	OTC
soothe (bismuth subsalicylate) oral tablet,chewable 262 mg	1	OTC
soothe regular strength oral suspension 262 mg/15 ml	1	OTC
stomach relief max strength oral suspension 525 mg/15 ml	1	OTC
stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml	1	MO; OTC
stomach relief oral tablet 262 mg	1	OTC
stomach relief oral tablet,chewable 262 mg	1	OTC
stomach relief original oral suspension 262 mg/15 ml	1	OTC
super probiotic oral capsule 20 billion cell	1	OTC
MISCELLANEOUS GASTROINTESTINAL AGENTS		
acid gone antacid e.strength oral tablet,chewable 160-105 mg	1	MO; OTC
acid gone antacid oral suspension 95-358 mg/15 ml	1	MO; OTC
advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml	1	OTC
almacone-2 oral suspension 400-400-40 mg/5 ml	1	MO; OTC
alosetron oral tablet 0.5 mg	1	PA; MO; QL (60 per 30 days)
alosetron oral tablet 1 mg	1	PA; MO; NEDS; QL (60 per 30 days)
antacid (calcium carb-mag hyd) oral tablet,chewable 550-110 mg	1	OTC
antacid anti-gas oral suspension 400-400-40 mg/5 ml	1	OTC
antacid exst (mag carb-al hyd) oral tablet,chewable 160-105 mg	1	OTC
antacid m oral suspension 200-200-20 mg/5 ml	1	OTC
ANTACID MULTI-SYMPTOM ORAL TABLET,CHEWABLE 675-135-60 MG	1	OTC
antacid oral suspension 200-200-20 mg/5 ml	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml	1	OTC
antacid regular strength oral suspension 200-200-20 mg/5 ml	1	OTC
antacid ultra strength oral tablet,chewable 470 mg calcium (1,177 mg)	1	OTC
antacid-antigas oral suspension 200-200-20 mg/5 ml	1	MO; OTC
antacid-antigas oral suspension 400-400-40 mg/5 ml	1	OTC
anti-gas ultra strength oral capsule 180 mg	1	OTC
ANTI-ITCH (PRAMOXINE) TOPICAL LOTION 1 %	1	OTC
anti-nausea oral solution	1	MO; OTC
aprepitant oral capsule 125 mg, 40 mg	1	B/D PA; MO; QL (2 per 28 days)
aprepitant oral capsule 80 mg	1	B/D PA; MO; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	B/D PA; MO; QL (6 per 28 days)
balsalazide oral capsule 750 mg	1	MO
betaine oral powder 1 gram/scoop	1	MO; NEDS
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	MO; OTC
bisacodyl rectal suppository 10 mg	1	OTC
budesonide oral capsule,delayed,extend.release 3 mg	1	MO
budesonide oral tablet,delayed and ext.release 9 mg	1	PA; MO; NEDS
chocolate laxative oral tablet,chewable 15 mg	1	OTC
citroma oral solution	1	OTC
citrucel oral tablet 500 mg	1	MO; OTC
clearlax oral powder 17 gram/dose	1	MO; OTC
clearlax oral powder in packet 17 gram	1	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	1	MO; OTC
comfort gel extra strength oral suspension 400-400-40 mg/5 ml	1	OTC
comfort gel oral suspension 200-200-20 mg/5 ml	1	OTC
compro rectal suppository 25 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
constulose oral solution 10 gram/15 ml	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
cromolyn oral concentrate 100 mg/5 ml	1	MO
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM	1	OTC
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/7 GRAM	1	OTC
DAILY FIBER ORAL CAPSULE 0.4 GRAM	1	OTC
daily fiber oral capsule 0.52 gram	1	OTC
dimenhydrinate oral tablet 50 mg	1	OTC
docusate calcium oral capsule 240 mg	1	OTC
docusate sodium oral capsule 100 mg, 250 mg	1	MO; OTC
docusate sodium oral liquid 50 mg/5 ml	1	MO; OTC
docusate sodium oral tablet 100 mg	1	OTC
docuzen oral tablet 8.6-50 mg	1	OTC
dok oral tablet 100 mg	1	MO; OTC
driminate oral tablet 50 mg	1	MO; OTC
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	B/D PA; MO
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	1	MO; OTC
dulcolax stool softener (dss) oral capsule 100 mg	1	MO; OTC
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM	1	OTC
enema disposable rectal enema 19-7 gram/118 ml	1	OTC
enema rectal enema 19-7 gram/118 ml	1	OTC
enulose oral solution 10 gram/15 ml	1	MO
fiber (calcium polycarbophil) oral tablet 625 mg	1	MO; OTC
fiber (dextrin) oral powder 3 gram/3.5 gram	1	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	OTC
fiber (psyllium husk) oral capsule 0.52 gram	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram	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
fiber (with aspartame) oral powder 3.4 gram/5.8 gram	1	OTC
fiber laxative (ca polycarbo) oral tablet 625 mg	1	OTC
fiber laxative (psyllium husk) oral capsule 0.52 gram	1	OTC
fiber supplement (inulin) oral tablet,chewable 2 gram	1	OTC
fiber therapy (ca polycarboph) oral tablet 625 mg	1	OTC
fiber therapy (m-cell/sugar) oral powder 2 gram/19 gram	1	MO; OTC
fiber therapy (m-cellulose) oral tablet 500 mg	1	OTC
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	OTC
fiber therapy laxative (husk) oral capsule 0.52 gram	1	OTC
fiber-lax oral tablet 625 mg	1	MO; OTC
fiber-tabs oral tablet 625 mg	1	OTC
fleet bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	OTC
fleet docusate oral capsule 100 mg	1	OTC
fleet enema rectal enema 19-7 gram/118 ml	1	MO; OTC
fleet glycerin (adult) rectal suppository	1	MO; OTC
foaming antacid oral suspension 95-358 mg/15 ml	1	OTC
gas relief (simethicone) oral capsule 125 mg	1	OTC
gas relief (simethicone) oral capsule 180 mg	1	MO; OTC
gas relief (simethicone) oral tablet,chewable 125 mg, 80 mg	1	OTC
gas relief 80 (simethicone) oral tablet,chewable 80 mg	1	OTC
gas relief extra strength oral capsule 125 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
gas relief extra strength oral tablet,chewable 125 mg	1	MO; OTC
gas relief ultra strength oral capsule 180 mg	1	OTC
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG	1	MO; OTC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
gavilax oral powder 17 gram/dose	1	MO; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	MO
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
gavilyte-n oral recon soln 420 gram	1	MO
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	1	MO; OTC
generlac oral solution 10 gram/15 ml	1	MO
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
gentle laxative (bisacodyl) rectal suppository 10 mg	1	MO; OTC
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	1	OTC
gentlelax oral powder 17 gram/dose	1	OTC
geri-kot oral tablet 8.6 mg	1	MO; OTC
geri-lanta oral suspension 200-200-20 mg/5 ml	1	MO; OTC
geri-lanta oral suspension 400-400-40 mg/5 ml	1	OTC
geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml	1	MO; OTC
geri-mox antacid-antigas oral suspension 400-400-40 mg/5 ml	1	OTC
glycerin (adult) rectal suppository	1	MO; OTC
glycerin (child) rectal suppository	1	OTC
granisetron hcl oral tablet 1 mg	1	B/D PA; MO
healthylax oral powder in packet 17 gram	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
heartburn antacid oral tablet,chewable 160-105 mg	1	OTC
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	1	OTC
heartburn relief oral tablet,chewable 160-105 mg	1	OTC
hydrocortisone rectal enema 100 mg/60 ml	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
infants gas relief oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
infants' mylicon oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
infants simethicone oral drops,suspension 40 mg/0.6 ml	1	MO; OTC
instalax oral powder 17 gram/dose	1	OTC
lactulose oral solution 10 gram/15 ml	1	MO
laxacin oral tablet 8.6-50 mg	1	OTC
laxaclear oral powder 17 gram/dose	1	OTC
laxative (bisacodyl) oral tablet 5 mg	1	OTC
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
laxative (bisacodyl) rectal suppository 10 mg	1	OTC
laxative (sennosides) oral tablet 15 mg, 25 mg, 8.6 mg	1	OTC
laxative peg 3350 oral powder 17 gram/dose	1	OTC
laxative pills oral tablet 25 mg	1	OTC
laxative pills regular oral tablet 15 mg	1	OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
liquid antacid oral suspension 400-400-40 mg/5 ml	1	OTC
little remedies gas relief oral drops,suspension 40 mg/0.6 ml	1	OTC
little tummys gas relief oral drops,suspension 40 mg/0.6 ml	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
lubiprostone oral capsule 24 mcg, 8 mcg	1	MO; QL (60 per 30 days)
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG	1	OTC
magnesium citrate oral solution	1	MO; OTC
magnesium hydroxide oral suspension 400 mg/5 ml	1	MO; OTC
meclizine oral tablet 12.5 mg, 25 mg	1	MO
meclizine oral tablet,chewable 25 mg	1	MO; OTC
medi-meclizine oral tablet 25 mg	1	OTC
mesalamine oral capsule (with del rel tablets) 400 mg	1	MO
mesalamine oral capsule,extended release 24hr 0.375 gram	1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	MO
mesalamine rectal enema 4 gram/60 ml	1	MO
mesalamine rectal suppository 1,000 mg	1	MO
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	MO
META APPETITE CTRL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/12 GRAM	1	MO; OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	1	OTC
METAMUCIL FIBER (ASPARTAME) ORAL POWDER IN PACKET 3.4 GRAM	1	MO; OTC
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
METAMUCIL ORAL CAPSULE 0.4 GRAM	1	MO; OTC
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM	1	MO; OTC
metoclopramide hcl oral solution 5 mg/5 ml	1	MO
metoclopramide hcl oral tablet 10 mg, 5 mg	1	MO
milk of magnesia oral suspension 400 mg/5 ml	1	MO; OTC
mineral oil heavy oral oil	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
mineral oil oral oil	1	MO; OTC
mineral oil rectal enema	1	OTC
mintox maximum strength oral suspension 400-400-40 mg/5 ml	1	MO; OTC
mintox plus oral tablet,chewable 200-200-25 mg	1	MO; OTC
miralax oral powder in packet 17 gram	1	MO; OTC
mix-in laxative oral powder in packet 17 gram	1	OTC
motion sickness (meclizine) oral tablet 25 mg	1	OTC
motion sickness oral tablet 50 mg	1	OTC
motion sickness relief oral tablet 50 mg	1	OTC
motion sickness relief(mecliz) oral tablet 25 mg	1	OTC
motion sickness relief(mecliz) oral tablet,chewable 25 mg	1	OTC
motion-time oral tablet,chewable 25 mg	1	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
mylanta maximum strength oral suspension 400-400-40 mg/5 ml	1	OTC
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
natural fiber laxative (sugar) oral powder	1	OTC
natural fiber laxative oral capsule 0.52 gram	1	OTC
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM	1	OTC
natural veg laxative(sennosid) oral tablet 8.6 mg	1	OTC
nausea relief oral solution	1	OTC
nitroglycerin rectal ointment 0.4 % (w/w)	1	MO; QL (30 per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
onelax bisacodyl rectal suppository 10 mg	1	OTC
onelax magnesium citrate oral solution	1	MO; OTC
onelax senna oral syrup 8.8 mg/5 ml	1	OTC
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln 420 gram	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PHAZYME ORAL CAPSULE 180 MG	1	MO; OTC
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	1	OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	MO; OTC
polyethylene glycol 3350 oral powder in packet 17 gram	1	MO; OTC
powderlax oral powder 17 gram/dose	1	OTC
PRAMOXINE TOPICAL LOTION 1 %	1	OTC
PRAX TOPICAL LOTION 1 %	1	MO; OTC
prochlorperazine maleate oral oral tablet 10 mg, 5 mg	1	MO
prochlorperazine rectal suppository 25 mg	1	MO
procto-med hc topical cream with perineal applicator 2.5 %	1	MO
proctosol hc topical cream with perineal applicator 2.5 %	1	MO
proctozone-gmax rectal suppository	1	MO; OTC
proctozone-hc topical cream with perineal applicator 2.5 %	1	
PSYLLIUM HUSK ORAL CAPSULE 0.4 GRAM	1	MO; OTC
psyllium husk oral capsule 0.52 gram	1	OTC
pure and gentle (saline) rectal enema 19-7 gram/118 ml	1	OTC
purelax oral powder 17 gram/dose	1	OTC
purelax oral powder in packet 17 gram	1	OTC
ready-to-use enema rectal enema 19-7 gram/118 ml	1	MO; OTC
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
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

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Drug Name	Drug Tier	Requirements/Limits
ROLAIDS EXTRA STRENGTH ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
SARNA SENSITIVE TOPICAL LOTION 1 %	1	MO; OTC
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	MO; QL (10 per 30 days)
senaklear oral tablet 8.6 mg	1	OTC
senexon-s oral tablet 8.6-50 mg	1	MO; OTC
senna lax oral tablet 8.6 mg	1	OTC
senna laxative oral tablet 8.6 mg	1	OTC
senna oral syrup 8.8 mg/5 ml	1	OTC
senna oral tablet 8.6 mg	1	MO; OTC
senna plus oral tablet 8.6-50 mg	1	MO; OTC
senna-s oral tablet 8.6-50 mg	1	MO; OTC
senna-time s oral tablet 8.6-50 mg	1	OTC
sennosides oral syrup 8.8 mg/5 ml	1	MO; OTC
sennosides oral tablet 8.6 mg	1	OTC
sennosides-docusate sodium oral tablet 8.6-50 mg	1	OTC
simethicone oral capsule 125 mg	1	OTC
simethicone oral capsule 180 mg	1	MO; OTC
simethicone oral tablet,chewable 125 mg	1	OTC
simethicone oral tablet,chewable 80 mg	1	MO; OTC
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; NEDS; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; NEDS; QL (2.4 per 56 days)
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM	1	OTC
smoothlax oral powder 17 gram/dose	1	OTC
smoothlax oral powder in packet 17 gram	1	OTC
sodium bicarbonate oral tablet 650 mg	1	MO; OTC
stimulant laxative plus oral tablet 8.6-50 mg	1	MO; OTC
stool softener (docusate cal) oral capsule 240 mg	1	OTC
stool softener oral capsule 100 mg, 250 mg	1	OTC
STOOL SOFTENER ORAL CAPSULE 50 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
stool softener oral liquid 50 mg/5 ml	1	OTC
stool softener oral tablet 100 mg	1	OTC
stool softener-laxative oral tablet 8.6-50 mg	1	OTC
stool softener-stimulant laxat oral tablet 8.6-50 mg	1	OTC
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
sulfasalazine oral tablet 500 mg	1	MO
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	MO
surfak oral capsule 240 mg	1	OTC
teeny tummy infant gas relief oral drops,suspension 40 mg/0.6 ml	1	OTC
the magic bullet rectal suppository 10 mg	1	OTC
travel-ease (meclizine) oral tablet 25 mg	1	OTC
travel-ease (meclizine) oral tablet,chewable 25 mg	1	OTC
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet 250 mg, 500 mg	1	MO
vegetable laxative oral tablet 8.6 mg	1	OTC
vegetable lax-stool softener oral tablet 8.6-50 mg	1	OTC
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	1	PA; NEDS
wal-dram 2 oral tablet 25 mg	1	OTC
wal-dram oral tablet 50 mg	1	OTC
wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram	1	OTC
wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram	1	OTC
wal-mucil fiber oral capsule 0.52 gram	1	OTC
wal-mucil natural fiber lax oral powder 3.4 gram/12 gram	1	OTC
wal-mucil with calcium oral capsule 1-60 gram-mg	1	OTC
woman's laxative (bisacodyl) oral tablet 5 mg	1	OTC
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	1	OTC
women's laxative (bisacodyl) oral tablet 5 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	1	MO
ULCER THERAPY		
acid controller complete oral tablet,chewable 10-800-165 mg	1	OTC
acid controller oral tablet 10 mg, 20 mg	1	OTC
acid reducer (cimetidine) oral tablet 200 mg	1	OTC
acid reducer (esomeprazole) oral capsule,delayed release(dr/ec) 20 mg	1	OTC
acid reducer (famotidine) oral tablet 10 mg, 20 mg	1	OTC
acid reducer (lansoprazole) oral capsule,delayed release(dr/ec) 15 mg	1	MO; OTC
acid reducer (omeprazole) oral capsule,delayed release(dr/ec) 20 mg	1	OTC
acid reducer complete (famot) oral tablet,chewable 10-800-165 mg	1	OTC
acid-pep oral tablet 20 mg	1	OTC
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	MO
complete oral tablet,chewable 10-800-165 mg	1	OTC
dual action complete oral tablet,chewable 10-800-165 mg	1	OTC
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	MO; QL (30 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	MO
famotidine oral tablet 10 mg	1	MO; OTC
famotidine oral tablet 20 mg, 40 mg	1	MO
heartburn prevention oral tablet 20 mg	1	OTC
heartburn relief (famotidine) oral tablet 10 mg, 20 mg	1	MO; OTC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; OTC
omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg	1	MO; OTC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; OTC
omeprazole oral tablet,disintegrat, delay rel 20 mg	1	OTC
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
pepcid ac oral tablet 20 mg	1	MO; OTC
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (60 per 30 days)
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral suspension 100 mg/ml	1	MO
sucralfate oral tablet 1 gram	1	MO
tagamet hb oral tablet 200 mg	1	MO; OTC
tums dual action (famotidine) oral tablet,chewable 10-800-165 mg	1	OTC
zantac-360 (famotidine) oral tablet 20 mg	1	MO; OTC
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)

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This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	1	PA; LA; QL (2 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; NEDS; QL (14 per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; NEDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; NEDS; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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
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	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO; OTC
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO; OTC
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
colchicine oral tablet 0.6 mg	1	MO
febuxostat oral tablet 40 mg, 80 mg	1	MO
probenecid oral tablet 500 mg	1	MO
probenecid-colchicine oral tablet 500-0.5 mg	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
raloxifene oral tablet 60 mg	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	1	PA; MO; NEDS; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4.8 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; NEDS; QL (55 per 180 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; MO; NEDS; QL (30 per 30 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; MO; NEDS; QL (30 per 30 days)
penicillamine oral tablet 250 mg	1	PA; MO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; NEDS; QL (168 per 365 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
tofacitinib oral solution 1 mg/ml	1	PA; MO; NEDS; QL (300 per 30 days)
tofacitinib oral tablet 10 mg, 5 mg	1	PA; MO; NEDS; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	MO
abigale oral tablet 1-0.5 mg	1	MO
camila oral tablet 0.35 mg	1	MO
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	MO
deblitane oral tablet 0.35 mg	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
dotti transdermal patch semiweekly 0.0375 mg/24 hr	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
errin oral tablet 0.35 mg	1	MO
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr	1	QL (4 per 28 days)
estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	MO
estradiol vaginal tablet 10 mcg	1	MO
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
heather oral tablet 0.35 mg	1	MO
incassia oral tablet 0.35 mg	1	MO
jinteli oral tablet 1-5 mg-mcg	1	MO
lyleq oral tablet 0.35 mg	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr	1	QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
lyza oral tablet 0.35 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	MO
medroxyprogesterone intramuscular syringe 150 mg/ml	1	MO
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
meleya oral tablet 0.35 mg	1	MO
mimvey oral tablet 1-0.5 mg	1	MO
nora-be oral tablet 0.35 mg	1	MO
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone acetate oral tablet 5 mg	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
orquidea oral tablet 0.35 mg	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
progesterone micronized oral capsule 100 mg, 200 mg	1	MO
sharobel oral tablet 0.35 mg	1	MO
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
3-day vaginal vaginal cream 2 %	1	MO; OTC
clindamycin phosphate vaginal cream 2 %	1	MO
clotrimazole 3 day vaginal cream 2 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole vaginal cream 1 %	1	MO; OTC
clotrimazole-3 vaginal cream 2 %	1	OTC
clotrimazole-7 vaginal cream 1 %	1	OTC
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	MO
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)	1	OTC
miconazole nitrate vaginal cream 2 %	1	OTC
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	1	OTC
miconazole nitrate vaginal kit 200 mg- 2 % (9 gram)	1	OTC
MICONAZOLE-3 PREFIL,CREAM,WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	1	OTC
miconazole-3 vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)	1	OTC
miconazole-3 vaginal cream 200 mg/5 gram (4 %)	1	OTC
miconazole-3 vaginal kit 200 mg- 2 % (9 gram)	1	MO; OTC
miconazole-7 vaginal cream 2 %	1	MO; OTC
miconazole-skin clnsr17 vaginal kit 4 % (200 mg)-2 % (9 gram)	1	OTC
MONISTAT 1 (TIOCONAZOLE) VAGINAL OINTMENT 6.5 %	1	OTC
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	1	MO; OTC
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	MO
terconazole vaginal cream 0.4 %, 0.8 %	1	MO
terconazole vaginal suppository 80 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
tranexamic acid oral tablet 650 mg	1	MO
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	1	MO
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
apri oral tablet 0.15-0.03 mg	1	MO
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	MO
aubra eq oral tablet 0.1-20 mg-mcg	1	MO
aviane oral tablet 0.1-20 mg-mcg	1	MO
cryselle (28) oral tablet 0.3-30 mg-mcg	1	MO
cyred eq oral tablet 0.15-0.03 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
enskyce oral tablet 0.15-0.03 mg	1	MO
estarylla oral tablet 0.25-0.035 mg	1	MO
falmina (28) oral tablet 0.1-20 mg-mcg	1	MO
feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
isibloom oral tablet 0.15-0.03 mg	1	MO
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
jasmiel (28) oral tablet 3-0.02 mg	1	MO
juleber oral tablet 0.15-0.03 mg	1	MO
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
kurvelo (28) oral tablet 0.15-0.03 mg	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
lessina oral tablet 0.1-20 mg-mcg	1	MO
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	MO
loryna (28) oral tablet 3-0.02 mg	1	MO
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
luizza oral tablet 1-20 mg-mcg	1	MO
lutera (28) oral tablet 0.1-20 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	MO
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
mili oral tablet 0.25-0.035 mg	1	MO
nikki (28) oral tablet 3-0.02 mg	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
portia 28 oral tablet 0.15-0.03 mg	1	MO
reclipsen (28) oral tablet 0.15-0.03 mg	1	MO
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
sprintec (28) oral tablet 0.25-0.035 mg	1	MO
syeda oral tablet 3-0.03 mg	1	MO
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
turqoz (28) oral tablet 0.3-30 mg-mcg	1	MO
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	MO
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	MO
vestura (28) oral tablet 3-0.02 mg	1	MO
vienva oral tablet 0.1-20 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	MO
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	MO
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	MO
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	MO; QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	MO
gentamicin ophthalmic (eye) drops 0.3 %	1	MO; QL (70 per 30 days)
moxifloxacin ophthalmic (eye) drops 0.5 %	1	MO
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	MO
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	MO
ofloxacin ophthalmic (eye) drops 0.3 %	1	MO
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	MO
tobramycin ophthalmic (eye) drops 0.3 %	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
carteolol ophthalmic (eye) drops 1 %	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
advanced eye relief ophthalmic (eye) drops 1-0.3 %	1	MO; OTC
alaway ophthalmic (eye) drops 0.025 % (0.035 %)	1	MO; OTC
allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC
artificial eye lubricant ophthalmic (eye) ointment 83-15 %	1	OTC
artificial tears (pf) ophthalmic (eye) dropperette , 0.1-0.3 %	1	OTC
artificial tears(dext70-hypro) ophthalmic (eye) drops , 0.1-0.3 %	1	OTC
artificial tears(glycerin-peg) ophthalmic (eye) drops 1-0.3 %	1	OTC
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	MO; OTC
artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %	1	OTC
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye) drops 0.05 %	1	MO
BION TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %	1	OTC
carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	OTC
children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC

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

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

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride ophthalmic (eye) ointment 5 %	1	MO; OTC
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	MO
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	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
ultra fresh ophthalmic (eye) drops 0.5 %	1	OTC
ultra lubricant eye ophthalmic (eye) drops 0.4-0.3 %	1	OTC
wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)	1	OTC
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NEDS; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %	1	MO
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	MO
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	MO
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	MO
acetazolamide oral tablet 125 mg, 250 mg	1	MO
methazolamide oral tablet 25 mg, 50 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.01 %	1	MO
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	MO
dorzolamide ophthalmic (eye) drops 2 %	1	MO
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	MO
latanoprost ophthalmic (eye) drops 0.005 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
travoprost ophthalmic (eye) drops 0.004 %	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	MO
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	MO
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	MO
difluprednate ophthalmic (eye) drops 0.05 %	1	MO
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	MO
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
apraclonidine ophthalmic (eye) drops 0.5 %	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	MO
VASOCONSTRICTOR DECONGESTANTS		
altazine ophthalmic (eye) drops 0.05 %	1	OTC
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
CLEAR EYES TRIPLE ACTION OPHTHALMIC (EYE) DROPS 0.05-0.5-0.6 %	1	OTC
eye drops (tetrahydrozoline) ophthalmic (eye) drops 0.05 %	1	OTC
eye drops (with povidone) ophthalmic (eye) drops 0.05-0.1-1-1 %	1	OTC
eye drops advanced relief ophthalmic (eye) drops 0.05-0.1-1-1 %	1	OTC
eye drops irritation relief ophthalmic (eye) drops 0.05-0.25 %	1	OTC
eye drops relief ophthalmic (eye) drops 0.05-0.25 %	1	OTC
eye drops(tetrahydrozolin-peg) ophthalmic (eye) drops 0.05-1 %	1	OTC
eye drops(tetrahydroz-zn sulf) ophthalmic (eye) drops 0.05-0.25 %	1	OTC
lubricant redness reliever ophthalmic (eye) drops 0.05-1 %	1	OTC
redness relief ophthalmic (eye) drops 0.012-0.2 %	1	OTC
REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
redness reliever eye drops ophthalmic (eye) drops 0.05 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
redness reliever lubricant ophthalmic (eye) drops 0.012-0.2 %	1	OTC
sterile eye drops ophthalmic (eye) drops 0.05 %	1	OTC
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
12 hour decongestant oral tablet extended release 120 mg	1	OTC
12 hour nasal decongest (pse) oral tablet extended release 120 mg	1	OTC
12-HOUR COUGH RELIEF ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
24hour allergy oral tablet 10 mg	1	OTC
24hr allergy relief oral tablet 5 mg	1	OTC
actidom dmx oral liquid 10-30-200 mg/5 ml	1	OTC
adult tussin cf oral liquid 5-10-100 mg/5 ml	1	MO; OTC
adult tussin chest congestion oral liquid 100 mg/5 ml	1	OTC
adult wal-tussin dm max oral liquid 10-200 mg/5 ml	1	OTC
adult wal-tussin oral liquid 100 mg/5 ml	1	OTC
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg	1	MO; OTC
alavert oral tablet,disintegrating 10 mg	1	MO; OTC
aler-cap oral capsule 25 mg	1	OTC
all day allergy (cetirizine) oral capsule 10 mg	1	OTC
all day allergy (cetirizine) oral tablet 10 mg	1	MO; OTC
all day allergy-d oral tablet extended release 12 hr 5-120 mg	1	OTC
aller-chlor oral tablet 4 mg	1	MO; OTC
allerclear d-12hr oral tablet extended release 12 hr 5-120 mg	1	OTC
allerclear d-24hr oral tablet extended release 24 hr 10-240 mg	1	OTC
allerclear oral tablet 10 mg	1	OTC
aller-ease oral tablet 180 mg	1	OTC

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

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Drug Name	Drug Tier	Requirements/Limits
allergy relief-d (cetirizine) oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy relief-d (loratadine) oral tablet extended release 12 hr 5-120 mg	1	OTC
allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg	1	OTC
allergy relief-d(fexofenadine) oral tablet extended release 24 hr 180-240 mg	1	OTC
allergy-congest relief-d(fexo) oral tablet extended release 12 hr 60-120 mg	1	OTC
allergy-congestion relief-d oral tablet extended release 24 hr 10-240 mg	1	OTC
allergy-time oral tablet 4 mg	1	OTC
aller-tec d oral tablet extended release 12 hr 5-120 mg	1	OTC
aller-tec oral tablet 10 mg	1	OTC
aprodine oral tablet 2.5-60 mg	1	MO; OTC
banophen oral tablet 25 mg	1	MO; OTC
benadryl allergy oral tablet 25 mg	1	MO; OTC
benzonatate oral capsule 100 mg, 200 mg	1	MO; OTC; QL (3 per 1 day)
cetirizine oral solution 1 mg/ml	1	MO
cetirizine oral tablet 10 mg	1	MO; OTC
CETIRIZINE ORAL TABLET 5 MG	1	MO; OTC
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	1	MO; OTC
cherry cough drops mucous membrane lozenge	1	OTC
chest congestion relief dm oral syrup 10-100 mg/5 ml	1	OTC
chest congestion relief dm oral tablet 20-400 mg	1	MO; OTC
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML	1	MO; OTC
chest congestion relief oral tablet 400 mg	1	MO; OTC
chest congestion-cough hbp oral capsule 10-200 mg	1	OTC
chest congestion-cough relief oral tablet 20-400 mg	1	OTC

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

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

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Drug Name	Drug Tier	Requirements/Limits
mucinex oral tablet extended release 12hr 600 mg	1	MO; OTC
mucosa dm oral tablet 20-400 mg	1	OTC
mucosa oral tablet 400 mg	1	OTC
mucus dm max er oral tablet extended release 12 hr 60-1,200 mg	1	MO; OTC
mucus dm oral tablet extended release 12 hr 30-600 mg	1	MO; OTC
MUCUS RELIEF CONGESTION-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
mucus relief dm cough oral tablet 20-400 mg	1	OTC
mucus relief dm oral tablet 20-400 mg	1	OTC
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	MO; OTC
mucus relief er oral tablet extended release 12hr 600 mg	1	MO; OTC
mucus relief oral tablet 400 mg	1	MO; OTC
MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	1	OTC
NARAMIN ORAL LIQUID IN PACKET 12.5 MG/5 ML	1	OTC
nasal decongestant (pe) oral tablet 10 mg	1	MO; OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL CAPSULE (ABUSE-RESISTANT) 30 MG	1	OTC
nasal decongestant (pseudoeph) oral tablet 30 mg	1	OTC
nasal decongestant (pseudoeph) oral tablet extended release 120 mg	1	OTC
nighttime allergy relief oral tablet 25 mg	1	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	1	OTC
nighttime sleep aid (diphen) oral capsule 50 mg	1	OTC
nighttime sleep aid (diphen) oral tablet 25 mg	1	OTC
nytol oral tablet 25 mg	1	OTC
pharbechlor oral tablet 4 mg	1	OTC
pharbedryl oral capsule 25 mg, 50 mg	1	OTC
promethazine oral syrup 6.25 mg/5 ml	1	MO
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
sleep-tabs oral tablet 25 mg	1	MO; OTC
sominex oral tablet 25 mg	1	OTC
sudogest 12-hour oral tablet extended release 120 mg	1	OTC
sudogest oral tablet 30 mg, 60 mg	1	MO; OTC
suphedrine 12 hour oral tablet extended release 120 mg	1	OTC
suphedrine pe sinus andallergy oral tablet 4-10 mg	1	OTC
tussin cf (pe-dm-guaif) oral liquid 5-10-100 mg/5 ml	1	OTC
tussin cf cough-cold oral liquid 5-10-100 mg/5 ml	1	OTC
tussin chest congestion oral liquid 100 mg/5 ml	1	OTC
tussin cough (dm only) oral capsule 15 mg	1	OTC
tussin cough (dm only) oral liquid 15 mg/5 ml	1	OTC
tussin dm cough and chest oral syrup 10-100 mg/5 ml	1	OTC
tussin dm max oral liquid 10-200 mg/5 ml	1	OTC
tussin dm oral liquid 5-50 mg/5 ml	1	OTC
tussin dm oral syrup 10-100 mg/5 ml	1	OTC
tussin dm oral tablet 20-400 mg	1	OTC
tussin long-acting oral liquid 15 mg/5 ml	1	OTC
tussin mucus-chest congestion oral liquid 100 mg/5 ml	1	OTC
tussin oral liquid 100 mg/5 ml	1	OTC
tussin oral tablet 400 mg	1	OTC
unisom sleepgels oral capsule 50 mg	1	MO; OTC
vicks dayquil cough oral syrup 5 mg/5 ml	1	OTC
vicks vaposteam liquid	1	OTC
wal-act d cold and allergy oral tablet 2.5-60 mg	1	OTC
wal-dryl allergy oral capsule 25 mg	1	OTC
wal-dryl allergy oral liquid 12.5 mg/5 ml	1	OTC
wal-dryl allergy oral tablet 25 mg	1	OTC
wal-dryl-d allergy and sinus oral tablet 25-10 mg	1	OTC
wal-fex allergy oral tablet 180 mg, 60 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg	1	OTC
wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg	1	OTC
wal-finate oral tablet 4 mg	1	OTC
wal-finate-d oral tablet 4-60 mg	1	OTC
wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg	1	OTC
wal-itin d oral tablet extended release 24 hr 10-240 mg	1	OTC
wal-itin oral solution 5 mg/5 ml	1	OTC
wal-itin oral tablet 10 mg	1	OTC
wal-phed 12 hour oral tablet extended release 120 mg	1	OTC
wal-phed d oral tablet extended release 120 mg	1	OTC
wal-phed oral tablet 30 mg, 4-60 mg	1	OTC
wal-phed pe oral tablet 10 mg	1	OTC
wal-phed pe sinus and allergy oral tablet 4-10 mg	1	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	1	OTC
WAL-SLEEP Z ORAL LIQUID 50 MG/30 ML	1	OTC
WAL-SLEEP Z ORAL TABLET,DISINTEGRATING 25 MG	1	OTC
wal-som (diphenhydramine) oral capsule 50 mg	1	OTC
wal-tap dm oral solution 1-2.5-5 mg/5 ml	1	OTC
wal-tussin cough and cold cf oral liquid 5-10-100 mg/5 ml	1	OTC
wal-tussin cough oral capsule 15 mg	1	OTC
wal-tussin cough oral liquid 15 mg/5 ml	1	OTC
wal-tussin dm oral syrup 10-100 mg/5 ml	1	OTC
wal-zyr (cetirizine) oral capsule 10 mg	1	OTC
wal-zyr (cetirizine) oral solution 1 mg/ml	1	OTC
wal-zyr (cetirizine) oral tablet 10 mg	1	OTC
wal-zyr d oral tablet extended release 12 hr 5-120 mg	1	OTC
ZYNCOF ORAL LIQUID 20-400 MG/5 ML	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ZZZQUIL ORAL CAPSULE 25 MG	1	OTC
ZZZQUIL ORAL LIQUID 50 MG/30 ML	1	MO; OTC
PULMONARY AGENTS		
24 hour allergy relief nasal spray,suspension 50 mcg/actuation	1	OTC
24 hour nasal allergy nasal aerosol,spray 55 mcg	1	OTC
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate oral syrup 2 mg/5 ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
aller-flo nasal spray,suspension 50 mcg/actuation	1	OTC
allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation	1	OTC
ambrisentan oral tablet 10 mg, 5 mg	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; MO; LA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide nasal spray,non-aerosol 32 mcg/actuation	1	MO; OTC
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	MO; QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	B/D PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; MO; NEDS; QL (24 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1	MO; QL (25.8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	B/D PA; MO
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	B/D PA; MO
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	MO; QL (34 per 30 days)
montelukast oral granules in packet 4 mg	1	MO
montelukast oral tablet 10 mg	1	MO
montelukast oral tablet,chewable 4 mg, 5 mg	1	MO
NASACORT NASAL AEROSOL,SPRAY 55 MCG	1	MO; OTC
nasal allergy nasal aerosol,spray 55 mcg	1	OTC
nintedanib oral capsule 100 mg, 150 mg	1	PA; MO; NEDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; NEDS; QL (0.4 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; NEDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 801 mg	1	PA; MO; NEDS; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA; MO; NEDS
roflumilast oral tablet 250 mcg, 500 mcg	1	PA; MO; QL (30 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; NEDS; QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	MO
theophylline oral elixir 80 mg/15 ml	1	MO
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
triamcinolone acetonide nasal aerosol,spray 55 mcg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; NEDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; MO; QL (1 per 21 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; NEDS; QL (90 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron oral suspension,extended rel recon 8 mg/ml	1	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	MO; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO; QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	1	MO; QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	1	MO; QL (60 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	MO; QL (30 per 30 days)
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	1	MO; OTC
solifenacin oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tolterodine oral tablet 1 mg, 2 mg	1	MO; QL (60 per 30 days)
trospium oral tablet 20 mg	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	MO
dutasteride oral capsule 0.5 mg	1	MO; QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	MO; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	MO
tamsulosin oral capsule 0.4 mg	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml	1	OTC
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	MO
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	1	MO; OTC
sodium citrate-citric acid oral solution 500-334 mg/5 ml	1	MO; OTC
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
tricitrates oral solution 550-500-334 mg/5 ml	1	MO; OTC
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
alcalak oral tablet,chewable 168 mg calcium (420 mg)	1	OTC
antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)	1	OTC
antacid ext str (calcium carb) oral tablet,chewable 300 mg (750 mg)	1	OTC
antacid extra-strength oral tablet,chewable 168 mg calcium (420 mg)	1	OTC
antacid ultra strength oral tablet,chewable 400 mg calcium (1,000 mg)	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
calcium 500 + d oral tablet 500 mg-5 mcg (200 unit)	1	OTC
calcium 500 + d oral tablet,chewable 500 mg-10 mcg (400 unit)	1	OTC
calcium 500 with d oral tablet 500 mg-10 mcg (400 unit)	1	MO; OTC
calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit)	1	OTC
calcium 600 oral tablet 600 mg calcium (1,500 mg)	1	OTC
calcium 600 with vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit)	1	MO; OTC
CALCIUM ACETATE ORAL TABLET 667 MG, 668 MG (169 MG CALCIUM)	1	OTC
calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)	1	MO; OTC
calcium antacid oral tablet,chewable 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)	1	OTC
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)	1	MO; OTC
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	1	OTC
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	1	MO; OTC
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)	1	OTC
calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit)	1	OTC
calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)	1	MO; OTC
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)	1	MO; OTC
calcium citrate + d oral tablet 315 mg-5 mcg (200 unit)	1	OTC
calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
cal-gest antacid oral tablet,chewable 200 mg calcium (500 mg)	1	MO; OTC
effer-k oral tablet, effervescent 25 meq	1	MO
flavor chews antacid oral tablet,chewable 300 mg (750 mg)	1	OTC
klor-con 10 oral tablet extended release 10 meq	1	MO
klor-con 8 oral tablet extended release 8 meq	1	MO
klor-con m10 oral tablet,er particles/crystals 10 meq	1	MO
klor-con m15 oral tablet,er particles/crystals 15 meq	1	MO
klor-con m20 oral tablet,er particles/crystals 20 meq	1	MO
klor-con oral packet 20 meq	1	MO
k-phos-neutral oral tablet 250 mg	1	MO; OTC
magnesium chloride injection solution 200 mg/ml (20 %)	1	
magnesium oral tablet 200 mg	1	MO; OTC
magnesium oxide oral capsule 500 mg	1	MO; OTC
magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg (241.3 mg magnesium), 420 mg	1	MO; OTC
magnesium oxide oral tablet 400 mg magnesium	1	OTC
MAGNESIUM OXIDE ORAL TABLET 500 MG MAGNESIUM	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET,CHEWABLE 200 MG MAGNESIUM	1	OTC
magnesium sulfate injection solution 500 mg/ml (50 %)	1	
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
mgo oral tablet 400 mg (241.3 mg magnesium)	1	OTC
onevite calcium oral tablet 600 mg calcium (1,500 mg)	1	OTC
onevite calcium-d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)	1	OTC
oysco 500/d oral tablet 500 mg-5 mcg (200 unit)	1	MO; OTC

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

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
smooth antacid oral tablet,chewable 300 mg (750 mg)	1	OTC
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	MO
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	MO
thermotabs oral tablet 287-180-15 mg	1	MO; OTC
TRIPLE MAGNESIUM COMPLEX ORAL CAPSULE 400 MG MAGNESIUM	1	OTC
tum-ease oral tablet,chewable 200 mg calcium (500 mg)	1	OTC
tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)	1	MO; OTC
ultra strength antacid oral tablet,chewable 400 mg calcium (1,000 mg)	1	OTC
wes-phos 250 neutral oral tablet 250 mg	1	MO; OTC
MISCELLANEOUS NUTRITION PRODUCTS		
AIRBORNE (LYSINE HCL) ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
AIRSHIELD IMMUNE ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
fish oil extra strength oral capsule 435-880 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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
fish oil oral capsule 120-180 mg	1	OTC
fish oil oral capsule 300-1,000 mg	1	MO; OTC
FISH OIL ORAL CAPSULE 360-1,200 MG	1	MO; OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG-1,200 MG, 900-1,400 MG	1	OTC
fish oil oral capsule,delayed release(dr/ec) 300-1,000 mg	1	OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 360-1,200 MG	1	MO; OTC
floramyra oral capsule 10 billion cell	1	OTC
floranex oral granules in packet 100 million cell	1	MO; OTC
inositol oral tablet 650 mg	1	OTC
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)	1	MO; OTC
LACTOBACILLUS ACIDOPH-L.BULGAR ORAL GRANULES IN PACKET 100 MILLION CELL	1	OTC
MELATONIN (WITH B6) ORAL TABLET 5-1 MG	1	OTC
MELATONIN-PYRIDOXINE (VIT B6) ORAL TABLET 5-1 MG	1	MO; OTC
MENOPAUSE SUPPORT ORAL TABLET 30-400-80 UNIT-MCG-MG	1	OTC
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
niacin flush free oral capsule 400 mg niacin (500 mg)	1	MO; OTC
omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg	1	MO; OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 200-300-1,000 MG, 300 MG (120 MG- 180MG)-1,000 MG	1	OTC
omega 3-dha-epa-fish oil oral capsule 300-1,000 mg	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 60-90-500 MG	1	MO; OTC
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 600 MG-216 MG- 324 MG-1,200 MG	1	OTC
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 360-1,200 mg	1	MO; OTC
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	1	OTC
OMEGA-3 FISH OIL ORAL CAPSULE 910-1,400 MG	1	MO; OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE 300-250-1,000 MG, 600-1,200 MG	1	OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1,000-1,400 MG, 300-1,000 MG, 720-1,200 MG	1	MO; OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 980-253-647 MG	1	OTC
omega-3s-dha-epa-fish oil-d3 oral capsule 360 mg-1,200 mg -1,000 unit	1	OTC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
premasol 10 % intravenous parenteral solution 10 %	1	B/D PA

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

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Drug Name	Drug Tier	Requirements/Limits
adults 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-8.875 MG	1	OTC
AIRSHIELD ORAL TABLET,CHEWABLE 250-87.5 MG	1	OTC
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON- 240 MCG-120 MCG	1	MO; OTC
animal chews oral tablet,chewable	1	OTC
ANTIOXIDANT A/C/E/SELENIUM ORAL CAPSULE	1	OTC
ascorbate calcium (vitamin c) oral tablet 500 mg	1	OTC
ascorbic acid (vitamin c) oral capsule, extended release 500 mg	1	MO; OTC
ascorbic acid (vitamin c) oral syrup 500 mg/5 ml	1	OTC
ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg	1	MO; OTC
ascorbic acid (vitamin c) oral tablet 500 mg	1	OTC
ascorbic acid (vitamin c) oral tablet,chewable 500 mg	1	OTC
ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg	1	OTC
b complex 1 (with folic acid) oral tablet 0.4 mg	1	MO; OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	MO; OTC
b-100 complex oral tablet extended release 100 mg	1	OTC
b-12 dots oral tablet 500 mcg	1	OTC
B-12 PLUS SUBLINGUAL TABLET 5,000-100 MCG	1	MO; OTC
B12 SUBLINGUAL LOZENGE 5,000-100 MCG	1	OTC
balance b-50 (with folic acid) oral tablet 0.4 mg	1	OTC
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	1	OTC
b-complex with vitamin c oral capsule	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
b-complex with vitamin c oral tablet , 400-500 mcg-mg	1	OTC
BIO-35, GLUTEN FREE ORAL CAPSULE 3-133-33-33 MG-MCG-MCG-MCG	1	OTC
BIOCAL ORAL CAPSULE 500 MG-100 UNIT -45 MG-800 MCG	1	OTC
biotin oral capsule 5 mg	1	MO; OTC
BODY, HAIR, SKIN AND NAILS ORAL CAPSULE 3-133 MG-MCG	1	OTC
c complex oral tablet extended release 1,000 mg	1	OTC
c-1000 oral tablet 1,000 mg	1	OTC
c-1000 oral tablet extended release 1,000 mg	1	MO; OTC
c-1000 with rose hips oral tablet 1,000 mg	1	OTC
c-500 oral tablet 500 mg	1	OTC
c-500 oral tablet extended release 500 mg	1	OTC
c-500 oral tablet,chewable 500 mg	1	OTC
ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg	1	OTC
CA-D3-MAG OX-ZINC-COP-MANG-BOR ORAL TABLET,CHEWABLE 600 MG CALCIUM- 800 UNIT-40 MG	1	OTC
ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg-400 unit -40 mg-7.5 mg	1	OTC
CALC-D3-MAGNES-B6-ZN-CU-MANGAN ORAL TABLET 250 MG-400 UNIT -40 MG-5 MG	1	OTC
calcidol oral drops 200 mcg/ml (8,000 unit/ml)	1	MO; OTC
calcium 600-d3 plus (mag-zinc) oral tablet 600 mg calcium- 20 mcg-50 mg	1	OTC
calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)	1	OTC
calcium for women oral tablet,chewable 500 mg-100 unit -40 mcg	1	OTC
CALCIUM PHOSPHATE-VITAMIN D3 ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
calcium-vitamin d3-vitamin k oral tablet,chewable 500 mg-200 unit -40 mcg	1	OTC
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	MO; OTC
CENTRUM MEN ORAL TABLET 8 MG IRON-200 MCG-600 MCG	1	MO; OTC
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
centrum oral tablet 18-400 mg-mcg	1	MO; OTC
centrum women oral tablet 18-400 mg-mcg	1	MO; OTC
CENTURY ADULT FORMULA ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
century adults 50 plus oral tablet 0.4 mg-300 mcg-250 mcg	1	OTC
century mature oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
century men oral tablet 8 mg iron-200 mcg-60 mcg	1	OTC
century oral tablet 18-400 mg-mcg	1	OTC
century women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	MO; OTC
century women oral tablet 18 mg iron-400 mcg-50 mcg	1	OTC
cerovite senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC
certavite senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC
certavite-antioxidant oral tablet 18-400 mg-mcg	1	MO; OTC
CHILD COMPLETE MULTIVITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
children's chew multivitamin oral tablet,chewable	1	OTC
children's chewable multivitmn oral tablet,chewable 300 mcg	1	OTC
children's chewables extra c oral tablet,chewable 300 mcg	1	OTC
children's chewables oral tablet,chewable 300 mcg	1	OTC
CHILDREN'S MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
children's multivitamin oral tablet,chewable	1	MO; OTC
CHILD'S OMEGA-3 DHA MULTIVITAM ORAL TABLET,CHEWABLE 250-3-50 UNIT,MG,UNIT	1	OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	MO; OTC
cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)	1	OTC
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)	1	MO; OTC
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	1	MO; OTC
cholecalciferol (vitamin d3) oral drops 125 mcg/ml (5,000 unit/ml)	1	OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	1	OTC
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)	1	OTC
cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	1	MO; OTC
cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	1	MO; OTC
cod liver oil oral capsule	1	MO; OTC
cod liver oil oral oil	1	MO; OTC
complete multivitamin-mineral oral tablet 18-400 mg-mcg	1	OTC
complete mv adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 2.5 BILLION CELL, 5 BILLION CELL	1	OTC
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	MO; OTC
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

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Drug Name	Drug Tier	Requirements/Limits
CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 500 MCG	1	OTC
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 250 mcg, 500 mcg	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 2,500 MCG	1	OTC
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,CHEWABLE 2,500 MCG	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,DISINTEGRATING 5,000 MCG	1	OTC
cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 3,000 MCG	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	1	MO; OTC
cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 3,000 MCG, 5,000 MCG	1	OTC
CYANOCOBALAMIN-COBAMAMIDE SUBLINGUAL TABLET 5,000-100 MCG	1	OTC
d3-2000 oral capsule 50 mcg (2,000 unit)	1	OTC
d3-5000 oral capsule 125 mcg (5,000 unit)	1	OTC
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC
DAILY MULTIVITAMIN ORAL CAPSULE 200-100-500 MCG	1	OTC
daily multi-vitamin oral tablet	1	OTC
daily multivitamin with iron oral tablet 18-400 mg-mcg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
daily value oral tablet	1	OTC
daily vitamin formula oral tablet	1	OTC
daily vitamin formula-iron oral tablet 18-400 mg-mcg	1	OTC
daily vitamin formula-minerals oral tablet	1	OTC
daily vitamin with iron oral tablet	1	OTC
daily vites/iron oral tablet	1	OTC
daily-vite (with folic acid) oral tablet 400 mcg	1	MO; OTC
daily-vite oral tablet	1	OTC
decara oral capsule 1,250 mcg (50,000 unit)	1	MO; OTC
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-MG	1	OTC
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	1	MO; OTC
delta d3 oral tablet 10 mcg (400 unit)	1	OTC
dialyvite 800 oral tablet 0.8 mg	1	MO; OTC
dialyvite oral tablet 100-1 mg	1	OTC
dialyvite oral tablet 1-100-300-50 mg-mg-mcg-mg	1	MO; OTC
dialyvite vitamin d oral capsule 125 mcg (5,000 unit)	1	OTC
d-vi-sol oral drops 10 mcg/ml (400 unit/ml)	1	MO; OTC
e-400 c-500 and beta carotene oral tablet	1	OTC
elfolate oral tablet 15 mg, 7.5 mg	1	MO; OTC
EMERGEN-C IMMUNE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
EMERGEN-C ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	MO; OTC
endur-c with rose hips oral tablet extended release 1,000 mg, 500 mg	1	OTC
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	MO; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	1	MO; OTC
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	1	OTC
essentia oral tablet 18-400 mg-mcg	1	OTC
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	OTC
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	1	MO; OTC
ezfe 200 oral capsule 200 mg iron	1	MO; OTC
fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg	1	OTC
ferate oral tablet 240 mg (27 mg iron)	1	MO; OTC
ferosul oral tablet 325 mg (65 mg iron)	1	MO; OTC
ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
ferrex 150 oral capsule 150 mg iron	1	OTC
ferric x-150 oral capsule 150 mg iron	1	OTC
ferrocite oral tablet 324 mg (106 mg iron)	1	MO; OTC
ferro-time oral tablet 325 mg (65 mg iron)	1	OTC
ferrous fumarate oral tablet 324 mg (106 mg iron)	1	OTC
ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 324 mg (37.5 mg iron)	1	OTC
ferrous gluconate oral tablet 324 mg (38 mg iron)	1	MO; OTC
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	1	MO; OTC
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	1	MO; OTC
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	1	OTC
ferrous sulfate oral tablet 325 mg (65 mg iron)	1	MO; OTC
ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)	1	MO; OTC
fe-vite oral drops 15 mg iron (75 mg)/ml	1	OTC
fish oil-dha-epa oral capsule 1,200-144-216 mg	1	OTC
FLINTSTONES COMPLETE ORAL TABLET,CHEWABLE	1	MO; OTC
FLINTSTONES GUMMIES OMEGA-3 ORAL TABLET,CHEWABLE 16 MG	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements/Limits
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
flotrex oral tablet,chewable 0.5 mg, 1 mg	1	OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	MO; OTC
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	MO
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1	MO; OTC
folbee oral tablet 2.5-25-1 mg	1	MO; OTC
folbic oral tablet 2.5-25-2 mg	1	MO; OTC
FOLIC ACID ORAL CAPSULE 20 MG	1	OTC
FOLIC ACID ORAL CAPSULE 5 MG	1	MO; OTC
folic acid oral tablet 1 mg	1	MO; OTC; QL (1 per 1 day)
folic acid oral tablet 400 mcg, 800 mcg	1	MO; OTC
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	MO; OTC
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	MO; OTC
fruit c-500 oral tablet,chewable 500 mg	1	OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	MO; OTC
GERI-VITE LIQUID ORAL LIQUID 9 MG IRON/15 ML	1	OTC
gummi bear multivitamin oral tablet,chewable	1	OTC
GUMMY DINOS ORAL TABLET,CHEWABLE	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
hair,skin and nails oral tablet	1	OTC
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
healthy eyes oral tablet 300 mcg-200 mg-27 mg-2 mg	1	OTC
HEALTHY EYES SUPERVIEW 2 ORAL CAPSULE 250-90-10-1 MG	1	OTC
healthy eyes supervision oral capsule 4,296 mcg-226 mg-90 mg	1	OTC
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG	1	MO; OTC
hematinic plus vit/minerals oral tablet 106 mg iron- 1 mg	1	MO; OTC
hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg	1	MO; OTC
high potency multivit (w-iron) oral tablet 18-400 mg-mcg	1	OTC
iferex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
iferex 150 oral capsule 150 mg iron	1	OTC
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	1	OTC
iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)	1	OTC
iron 100 plus oral tablet 100-250-25-1 mg-mg-mcg-mg	1	MO; OTC
iron chews oral tablet,chewable 15 mg	1	MO; OTC
iron oral tablet 325 mg (65 mg iron)	1	OTC
iron oral tablet extended release 159 mg (45 mg iron)	1	OTC
iron,carbonyl-vitamin c oral tablet 100-250 mg	1	MO; OTC
KIDS' GUMMY ORAL TABLET,CHEWABLE	1	OTC
K-PAX IMMUNE SUPPORT ORAL TABLET 2.25 MG IRON- 100 MCG	1	OTC
levomefolate calcium oral tablet 15 mg, 7.5 mg	1	MO; OTC
liquid b-12 oral liquid 1,000 mcg/15 ml	1	OTC
little animals oral tablet,chewable	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
ludent fluoride oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)	1	OTC
lutein oral capsule 20 mg	1	MO; OTC
LUTEIN ORAL TABLET 10 MG	1	MO; OTC
MACULAR HEALTH FORMULA ORAL CAPSULE 5-1-7.5 MG	1	OTC
mega multi for women oral tablet 13.5-200-250 mg-mcg-mcg	1	OTC
mega multiple/chelated mineral oral tablet	1	MO; OTC
mega multivitamin for men oral tablet 200-175-250 mcg	1	OTC
MEN 50 PLUS ADVANCED ONE DAILY ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S DAILY MULTIVITAMIN ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG	1	OTC
MEN'S PACK ORAL COMBO PACK 0.4-250 MG-MCG	1	OTC
milltrium senior oral tablet	1	MO; OTC
multi complete with iron oral tablet 18-400 mg-mcg	1	MO; OTC
MULTI FOR HER 50 PLUS ORAL CAPSULE 400-80 MCG	1	OTC
MULTI FOR HER ORAL CAPSULE 18 MG IRON-600 MCG-40 MCG	1	OTC
multi for her oral tablet 18 mg iron-600 mcg-80 mcg	1	MO; OTC
multigen folic oral tablet 70-150-10-1-2 mg-mg-mcg-mg-mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg	1	OTC
multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg	1	MO; OTC
multiple vitamin-minerals oral tablet	1	OTC
multiple vitamins oral tablet	1	OTC
multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml	1	MO; OTC
multivit with min-folic acid oral tablet 0.4 mg	1	OTC
MULTIVIT,CALC,MIN-FA-K1-LYCOP ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
multivitamin 50 plus oral tablet	1	OTC
multi-vitamin hp/minerals oral capsule	1	MO; OTC
multivitamin oral tablet	1	MO; OTC
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	MO; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	MO; OTC
multivitamin with iron oral tablet	1	OTC
multivitamin women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	OTC
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG	1	MO; OTC
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
MULTIVIT-MIN-FERROUS FUMARATE ORAL TABLET 15 MG IRON	1	MO; OTC
MULTIVIT-MIN-FERROUS GLUCONATE ORAL LIQUID 9 MG IRON/15 ML	1	OTC
MULTIVIT-MIN-FOLIC ACID-LUTEIN ORAL TABLET,CHEWABLE 200-137.5 MCG	1	OTC
multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg	1	MO; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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
my-vitalife oral capsule	1	OTC
NANO VM 1-3 ORAL POWDER 3.5-75 MG-MCG	1	MO; OTC
NANO VM 4-8 ORAL POWDER 5-100 MG-MCG	1	MO; OTC
NANOVM 9-18 ORAL POWDER 2 MG IRON/ 2.6 GRAM	1	OTC
NANOVM T-F FEEDING TUBE POWDER 2.75 MG IRON/ 5.4 GRAM	1	OTC
nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg	1	MO; OTC
nephro vitamins oral tablet 0.8 mg	1	MO; OTC
nephronex oral liquid 900 mcg/5 ml	1	MO; OTC
NEPHRO-VITE ORAL TABLET 0.8 MG	1	MO; OTC
OCUVITE ADULT 50 PLUS ORAL CAPSULE 250 MG (90 MG-160 MG)	1	MO; OTC
OCUVITE EYE 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

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Drug Name	Drug Tier	Requirements/Limits
OCUVITE LUTEIN AND ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
OCUVITE WITH LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	MO; OTC
one daily essential oral tablet , 400 mcg	1	OTC
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	1	OTC
one daily for men 50 plus adv oral tablet 400-600-120 mcg-mcg-mg	1	OTC
one daily for men oral tablet 0.4-600 mg-mcg	1	MO; OTC
one daily for women oral tablet 18-0.4 mg	1	OTC
ONE DAILY MAXIMUM ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
one daily maximum oral tablet 18-0.4 mg	1	OTC
one daily men's 50 plus memory oral tablet 400-600-120 mcg-mcg-mg	1	OTC
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG	1	OTC
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
one daily multi-vit w-mineral oral tablet 4.5 mg iron	1	MO; OTC
one daily multivitamin oral tablet , 400 mcg	1	OTC
one daily multivitamin women oral tablet 18-400 mg-mcg	1	OTC
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON	1	MO; OTC
one daily multivit-iron(folic) oral tablet 18-400 mg-mcg	1	OTC
one daily oral tablet 0.4-600 mg-mcg	1	OTC
one daily plus iron oral tablet 18-400 mg-mcg	1	OTC
one daily women 50 plus oral tablet 400-120 mcg-mg	1	MO; OTC
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
one daily womens 50 plus oral tablet 0.4 mg	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
one daily women's health oral tablet 18 mg iron-400 mcg-450 mg ca	1	OTC
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
ONE-A-DAY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	1	OTC
one-a-day essential oral tablet	1	OTC
ONE-A-DAY KID'S ORAL TABLET,CHEWABLE	1	OTC
one-a-day maximum formula oral tablet	1	OTC
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	MO; OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET 400-60 MCG-MG	1	MO; OTC
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	MO; OTC
ONE-A-DAY MEN'S MULTIVITAMIN ORAL TABLET 400-20-300 MCG	1	OTC
ONE-A-DAY PROACTIVE 65 PLUS ORAL TABLET 200 MCG	1	MO; OTC
one-a-day teen advantage oral tablet 18-400 mg-mcg	1	OTC
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY VITACRAVES OMEGA-3 ORAL TABLET,CHEWABLE 200-16 MCG-MG	1	OTC
ONE-A-DAY VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY WEIGHTSMART ORAL TABLET 200-18-0.4 MG	1	OTC
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
one-a-day women's 50 plus oral tablet 0.4 mg	1	MO; OTC
ONE-A-DAY WOMEN'S ACTIVE ORAL TABLET 18 MG IRON- 400 MCG-180 MG	1	OTC
ONE-A-DAY WOMENS FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
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
onevite ferrous sulfate oral tablet 325 mg (65 mg iron)	1	OTC
optimal d3 oral capsule 1,250 mcg (50,000 unit)	1	OTC
pedia d-vite oral drops 10 mcg/ml (400 unit/ml)	1	OTC
pedia iron oral drops 15 mg iron (75 mg)/ml	1	OTC
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	1	OTC
pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)	1	MO; OTC
PEDIATRIC MULTIVITAMIN NO.171 ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	MO; OTC
poly-iron oral capsule 150 mg iron	1	MO; OTC
polysaccharide iron complex oral capsule 150 mg iron	1	MO; OTC
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG-10 MCG/ML	1	MO; OTC
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	1	MO; OTC
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	1	MO; OTC
prenatal dha oral capsule 200 mg	1	MO; OTC
prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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
purevit dualfe plus oral capsule 162-115.2-1 mg	1	OTC
purevita folic acid oral tablet 400 mcg	1	OTC
purevita vitamin d3 oral tablet 25 mcg (1,000 unit)	1	OTC
pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg	1	MO; OTC
pyridoxine (vitamin b6) oral tablet 25 mg	1	OTC
pyridoxine (vitamin b6) oral tablet extended release 200 mg	1	MO; OTC
QUINTABS ORAL TABLET 400 MCG	1	OTC
quintabs-m iron free oral tablet 0.4 mg	1	OTC
renal caps oral capsule 1 mg	1	MO; OTC
renal vitamin oral tablet 0.8 mg	1	MO; OTC
renal-vite oral tablet 0.8 mg	1	OTC
RENAPLEX ORAL TABLET 800 MCG- 12.5 MG	1	OTC
RENAPLEX-D ORAL TABLET 800 MCG-12.5 MG -2,000 UNIT	1	OTC
rena-vite oral tablet 0.8 mg	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
rena-vite rx oral tablet 1-60-300 mg-mg-mcg	1	MO; OTC
reno caps oral capsule 1 mg	1	MO; OTC
SCOOBY-DOO ONE A DAY KIDS ORAL TABLET,CHEWABLE	1	OTC
senior tabs oral tablet 0.4 mg-300 mcg- 250 mcg	1	MO; OTC
sentry oral tablet 18-400 mg-mcg	1	OTC
sentry senior oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
sentry senior oral tablet 500-300-250 mcg	1	MO; OTC
slow release iron oral tablet extended release 142 mg (45 mg iron)	1	MO; OTC
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON)	1	OTC
slow release iron oral tablet extended release 160 mg (50 mg iron), 250 mg (50 mg iron)	1	OTC
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	OTC
spectravite adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
SPECTRAVITE ADULT 50 PLUS(LUT) ORAL TABLET,CHEWABLE 500-250 MCG	1	OTC
spectravite adult oral tablet 18-400 mg-mcg	1	OTC
spectravite advanced formula oral tablet 18-400 mg-mcg	1	OTC
spectravite men's oral tablet 8 mg iron- 200 mcg-600 mcg	1	OTC
spectravite women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg	1	OTC
spectravite women oral tablet 18-400 mg-mcg	1	OTC
stress formula oral tablet	1	MO; OTC
stress formula with zinc oral tablet	1	OTC
super b/c oral capsule	1	MO; OTC
super b-50 complex oral capsule 400 mcg-20 mg-50 mg	1	OTC
super quints b-50 oral tablet	1	OTC
super quints oral tablet 0.4 mg	1	OTC
super thera vite m oral tablet	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
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
tab-a-vite oral tablet 400 mcg	1	MO; OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET 400-250-375 MCG	1	OTC
theralogix companion oral tablet 0.4 mg	1	OTC
thera-m (with vitamin k) oral tablet 9 mg iron- 400 mcg-28 mcg	1	OTC
thera-m oral tablet 27-0.4 mg	1	OTC
THERAMILL FORTE ORAL CAPSULE 67 MCG-12.5 MG -12.5 MG-17 MG	1	OTC
therapeutic-m oral tablet 9 mg iron-400 mcg	1	MO; OTC
thera-tabs oral tablet	1	MO; OTC
theratrum complete 50 plus/lut oral tablet	1	OTC
theratrum complete 50 plus-lyc oral tablet 0.4 mg-300 mcg- 250 mcg	1	OTC
theratrum complete with lutein oral tablet	1	MO; OTC
therems multivitamin oral tablet 400 mcg	1	MO; OTC
triphrocaps oral capsule 1 mg	1	MO; OTC
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	OTC
tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	MO; OTC
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG	1	OTC
VIT A PALMITATE-VIT C-VIT D3 ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
VITABEX PLUS ORAL CAPSULE 500-25-10 MCG-MG-MG	1	OTC
vita-c oral crystals	1	OTC
VITAJOY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG	1	OTC
vitajoy daily d oral tablet,chewable 25 mcg (1,000 unit)	1	MO; OTC
vitalee oral tablet 0.4 mg	1	OTC

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

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Drug Name	Drug Tier	Requirements/Limits
vitamin d3 oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	1	OTC
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	1	MO; OTC
vitamins b complex oral tablet	1	OTC
vitamins for hair oral capsule 400-400 mcg	1	MO; OTC
VITEYES AREDS-2 ORAL CAPSULE 250-90-40-1 MG	1	OTC
wee care oral suspension 15 mg/1.25 ml	1	MO; OTC
weekly-d oral capsule 1,250 mcg (50,000 unit)	1	OTC
wescaps oral capsule 1 mg	1	MO; OTC
westab max oral tablet 2.5-25-2 mg	1	MO; OTC
westab one oral tablet 2.5-25-1 mg	1	MO; OTC
WOMEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	MO; OTC
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
women's daily multivitamin oral tablet 18-400 mg-mcg	1	OTC
WOMEN'S DAILY PACK ORAL TABLET 400 MCG-800 MG -10 MCG	1	OTC
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
WOMEN'S MULTIVITAMIN ORAL TABLET 18 MG-400 MCG- 500 MG-50 MCG	1	OTC
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT)	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
zinc with vitamins a and c oral lozenge 15 mg	1	OTC

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Sentara Health Plans | CardinalCare Virginia's Medicaid Program

Medicare and Medicaid Working Together

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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This formulary was updated on **10/20/2026**. 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.