2025

Formulary

(List of Covered Drugs)

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact ArchCare Senior Life (PACE) Member Services at 1-866-412-5435 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.ArchCareSeniorLife.org.

archcare Senior Life

ArchCare Senior Life (PACE)

2025 Formulary

List of Covered Drugs

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

Formulary ID: 00025166, Version Number: 12

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Catholic Managed Long Term Care, Inc. When it refers to "plan" or "our plan," it means ArchCare Senior Life (PACE).

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE). PACE is a community-based healthcare program created for people 55 and over who require nursing-home-level care, but prefer to receive it in their own familiar surroundings.

This document includes the Drug List (formulary) for our plan which is current as of May 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary and/or pharmacy network may change on January 1, 2025, and from time to time during the year.

What is the ArchCare Senior Life (PACE) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by ArchCare Senior Life (PACE) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. ArchCare Senior Life (PACE) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an ArchCare Senior Life (PACE) network pharmacy, and other plan rules are followed.

Can the formulary change?

Most changes in drug coverage happen on January 1, but ArchCare Senior Life (PACE) may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.ArchCareSeniorLife.org.

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the ArchCare Senior Life (PACE)'s Formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the ArchCare Senior Life (PACE)'s Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2025. To get updated information about the drugs covered by ArchCare Senior Life (PACE), please contact us. Our contact information appears on the front and back cover pages. Please visit our web site at www.ArchCareSeniorLife.org or call Member Services at 1-866-412-5435, 24 hours a day, 7 days a week. TTY/TDD users should call 711. We will notify you by mail in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition
The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 232. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

ArchCare Senior Life (PACE) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for

the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, 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 alternatives 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.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: ArchCare Senior Life (PACE) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ArchCare Senior Life (PACE) before you fill your prescriptions. If you don't get approval, ArchCare Senior Life (PACE) may not cover the drug.

Quantity Limits: For certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that ArchCare Senior Life (PACE) will cover. For example, ArchCare Senior Life (PACE) provides 30 tablets per prescription for Kerendia. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, ArchCare Senior Life (PACE) 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, ArchCare Senior Life (PACE) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ArchCare Senior Life (PACE) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ArchCare Senior Life (PACE) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the ArchCare Senior Life (PACE)'s formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that ArchCare Senior Life (PACE) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ArchCare Senior Life (PACE). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ArchCare Senior Life (PACE).

- You can ask ArchCare Senior Life (PACE) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the ArchCare Senior Life (PACE)'s Formulary?

You can ask ArchCare Senior Life (PACE) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, ArchCare Senior Life (PACE) will only approve your request for an exception if the alternative drugs included on the plan's formulary or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show

that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility. In these instances, we will provide an emergency supply of non-formulary medication (including Part D medications that are on our formulary but require prior authorization or step therapy under our utilization management rules). This emergency supply will be for one 31-day supply, or less if your prescription is written for fewer days. The emergency supply is to ensure that you receive your medications while an exception has been requested.

For more information

For more detailed information about your ArchCare Senior Life (PACE) prescription drug coverage, please review your plan materials.

If you have questions about ArchCare Senior Life (PACE), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

ArchCare Senior Life (PACE)'s Formulary

The formulary below provides coverage information about the drugs covered by ArchCare Senior Life (PACE). If you have trouble finding your drug in the list, turn to the Index that begins on page 232.

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

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

The information in the Requirements/Limits column tells you if ArchCare Senior Life (PACE) has any special requirements for coverage of your drug.

GUIDE TO ABBREVIATIONS

PA – Prior Authorization required. This means that you or your physician must get approval from us before you fill your prescriptions for certain drugs. If you do not get approval, we may not cover the drugs.

QL – Quantity limits apply. For certain drugs we limit the amount that the plan will cover.

B/D – The plan will determine whether this drug will be covered under Medicare Part B or Part D based on the reason this drug has been prescribed by your doctor.

NM – Not available at our mail-order pharmacies. Not all drugs are available at mail-order, please check with customer service if you have any questions.

ST – Step Therapy. This means that we may require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE).

You can ask for this information for free in other formats, such as Braille, large print, data CD, audio CD or qualified reader. Puede solicitar esta información de forma gratuita en otros formatos, tales como Braille, letra grande, en CD, CD de audio o un lector cualificado.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

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

ArchCare

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact **Sarah Strum @ (646) 633-4401, TTY 711**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Sarah Strum, (646) 633-4401, TTY 711**, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Sarah Strum (646) 633-4401, TTY 711** is available to help you.

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

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

Complaint forms are available on-line at http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-380-2589 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-380-2589 (TTY: 711).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-380-2589 (TTY: 711)。

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-380-2589 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-380-2589 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-380-2589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-380-2589 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- 855-380-2589 (711:YTT)رقم هاتف الصم والبكم

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-380-2589 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-380-2589 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-380-2589 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-380-2589 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-380-2589 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-380-2589 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。（ 1-855-380-2589 (TTY: 711).まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما .بگیرید تماس 1-855-380-2589 (TTY: 711).با. باشد می ف

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine CAPS .6mg	1	QL (60 caps / 30 days)
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
probenecid TABS 500mg	1	
MISCELLANEOUS		
a/f pain relief TABS 500mg	3	
acephen SUPP 120mg	3	
acetaminophen CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg	3	
acetaminophen junior stre TBDP 160mg	3	
added strength pain relie	3	
adprin b	3	
adult aspirin regimen TBEC 81mg	3	
af-aspirin childrens CHEW 81mg	3	
ALKA-SELTZER TAB 325MG	3	
ALKA-SELTZER TAB 500MG	3	
anacin TBEC 81mg	3	
ANACIN TAB 400-30MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANACIN TAB MAX STR	3	
APACET CHW 80MG CHEW 80mg	3	
arthritis pain reliever GEL 1%	3	
ASCRIPTIN TAB	3	
aspercreme arthritis pain GEL 1%	3	
aspir-low TBEC 81mg	3	
aspirin SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg	3	
ASPIRIN SUPP 300mg, 600mg; TBEC 650mg	3	
aspirin 81 TBEC 81mg	3	
aspirin adult low dose TBEC 81mg	3	
aspirin adult low strengt TBEC 81mg	3	
aspirin buffered tab 500 mg	3	
aspirin ec adult low dose TBEC 81mg	3	
aspirin ec low dose TBEC 81mg	3	
aspirin enteric coated ad TBEC 81mg	3	
aspirin low dose TBEC 81mg	3	
aspirin powder	3	
aspirin regimen TBEC 81mg	3	
aspirin-caffeine tab 400-32 mg	3	
BACK PAINOFF TAB	3	
bayer aspirin ec low dose TBEC 81mg	3	
bayer chewable low dose CHEW 81mg	3	

Drug Name	Drug Tier	Requirements/Limits
bayer low dose TBEC 81mg	3	
BAYER PLUS TAB 500MG	3	
BAYER WOMENS TAB 81-300MG	3	
BC FAST PAIN POW RELIEF	3	
BC FAST PAIN POW RLF ARTH	3	
bufferin extra strength	3	
BUFFERIN TAB 325MG	3	
BUFFERIN TAB 500MG	3	
childrens acetaminophen SUSP 160mg/5ml	3	
CHLD NON-ASA TAB 80MG	3	
CRAMP TAB	3	
cvs aspirin adult low str TBEC 81mg	3	
cvs aspirin ec TBEC 81mg	3	
cvs aspirin low dose TBEC 81mg	3	
cvs aspirin low strength TBEC 81mg	3	
cvs diclofenac sodium GEL 1%	3	
diclofenac sodium (topical) GEL 1%	3	
DOANS EXTRA STRENGH TABS 500mg	3	
ecotrin low strength TBEC 81mg	3	
ECOTRIN LOW TAB 81MG EC	3	
ECOTRIN MAXIMUM STRENGTH TBEC 500mg	3	
ECOTRIN REGULAR STRENGTH TBEC 325mg	3	

Drug Name	Drug Tier	Requirements/Limits
eq arthritis pain GEL 1%	3	
eq arthritis pain relieve GEL 1%	3	
eq aspirin adult low dose TBEC 81mg	3	
eql aspirin low dose TBEC 81mg	3	
EXCEDRIN TAB	3	
extra strength bayer arth TBEC 500mg	3	
FEVERALL JUNIOR STRENGTH SUPP 325mg	3	
FEVERALL SUP 80MG SUPP 80mg	3	
ft arthritis pain GEL 1%	3	
gnp arthritis pain GEL 1%	3	
gnp aspirin TBEC 81mg	3	
gnp aspirin low dose TBEC 81mg	3	
gnp diclofenac sodium GEL 1%	3	
goodsense arthritis pain GEL 1%	3	
goodsense aspirin TBEC 81mg	3	
goodsense aspirin low dos TBEC 81mg	3	
GOODYS POW EX ST	3	
h-e-b aspirin TBEC 81mg	3	
HISTAFLEX TAB 325-25MG	3	
hm aspirin ec low dose TBEC 81mg	3	
HM PAIN REL DRO 80/0.8ML	3	
JR NON-ASA TAB 160MG QM	3	
kls arthritis pain relief GEL 1%	3	

Drug Name	Drug Tier	Requirements/Limits
kls aspirin low dose TBEC 81mg	3	
kls diclofenac sodium GEL 1%	3	
kp aspirin TBEC 81mg	3	
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	1	B/D
magnesium salicylate TABS 500mg	3	
MEDI-TABS TAB 500MG	3	
miniprin low dose TBEC 81mg	3	
mm aspirin TBEC 81mg	3	
motrin arthritis pain GEL 1%	3	
nicotine polacrilex LOZG 2mg	3	
PAIN RELIEF TAB	3	
painaid	3	
px enteric aspirin TBEC 81mg	3	
qc aspirin low dose TBEC 81mg	3	
qc diclofenac sodium GEL 1%	3	
ra antacid pain relief	3	
ra aspirin ec TBEC 81mg	3	
ra aspirin ec adult low s TBEC 81mg	3	
sb aspirin TBEC 81mg	3	
sb aspirin adult low stre TBEC 81mg	3	
sb low dose asa ec TBEC 81mg	3	
sm 8 hour pain relief TBCR 650mg	3	
sm arthritis pain GEL 1%	3	

Drug Name	Drug Tier	Requirements/Limits
sm aspirin adult low stre TBEC 81mg	3	
sm aspirin ec low strengt TBEC 81mg	3	
sm aspirin low dose TBEC 81mg	3	
st joseph aspirin TBEC 81mg	3	
st joseph low dose aspiri TBEC 81mg	3	
TEMPRA 3 CHW 160MG CHEW 160mg	3	
tgt acetaminophen melts c TBDP 80mg	3	
TYLENOL CAP 500MG CAPS 500mg	3	
TYLENOL CAPLETS TABS 325mg	3	
TYLENOL CHILDRENS SUSP 160mg/5ml	3	
TYLENOL ER TAB 650MG TBCR 650mg	3	
TYLENOL EXTRA STRENGTH 1000mg/30ml LIQD	3	
VOLTAREN ARTHRITIS PAIN GEL 1%	3	
NSAIDS		
addaprin TABS 200mg	3	
advil junior strength CHEW 100mg; TABS 100mg	3	
ALEVE CAPS 220mg; TABS 220mg	3	
all day pain relief TABS 220mg	3	
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 40mg/ml	3	
childrens ibuprofen SUSP 40mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS MOTRIN JUNIOR S CHEW 100mg	3	
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diflunisal TABS 500mg	1	
eq ibuprofen CAPS 200mg	3	
eql naproxen sodium CAPS 220mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
flurbiprofen TABS 100mg	1	
HCA IBUPROFE CAP SOFTGEL	3	
HM IBUPROFEN SUS 100/5ML	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
MOTRIN MIGRA TAB 200MG	3	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen dr TBEC 500mg	1	QL (90 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS 10mg, 20mg	1	
sb childrens ibuprofen SUSP 100mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	2	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	2	
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	2	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	2	
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	2	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ANTIMINTH SUS 250/5ML SUSP 250mg/5ml	3	
ARIKAYCE SUSP 590mg/8.4ml	2	NM, PA
ascarel SUSP 250mg/5ml	3	
atovaquone SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	2	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	2	
daptomycin SOLR 350mg, 500mg	2	
EMVERM CHEW 100mg	2	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
IMPAVIDO CAPS 50mg	2	PA
ivermectin TABS 3mg	1	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	

Drug Name	Drug Tier	Requirements/Limits
linezolid SUSR 100mg/5ml	2	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	
meropenem SOLR 1gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	2	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	2	
nitrofurantoin monohyd macro CAPS 100mg	2	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	2	QL (90 tabs / 30 days), PA
REESES PINWORM MEDICINE TABS 180mg	3	
streptomycin sulfate SOLR 1gm	2	
sulfadiazine TABS 500mg	2	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	2	NM, PA
tobramycin NEBU 300mg/5ml	2	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	2	B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	2	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	

Drug Name	Drug Tier	Requirements/Limits
flucytosine CAPS 250mg, 500mg	2	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	PA
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	1	
nystatin TABS 500000unit	1	
posaconazole SUSP 40mg/ml	2	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	2	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	1	PA
voriconazole SUSR 40mg/ml	2	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	2	

Drug Name	Drug Tier	Requirements/Limits
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	2	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM
darunavir TABS 600mg	2	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	2	NM
efavirenz TABS 600mg	1	NM
emtricitabine CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	2	NM
etravirine TABS 100mg, 200mg	2	NM
fosamprenavir calcium TABS 700mg	2	NM
FUZEON SOLR 90mg	2	NM
INTELENCE TABS 25mg	2	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	2	NM
ISENTRESS HD TABS 600mg	2	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
maraviroc TABS 150mg, 300mg	2	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	2	NM
PIFELTRO TABS 100mg	2	NM
PREZISTA SUSP 100mg/ml	2	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	2	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	2	NM
ritonavir TABS 100mg	1	NM
RUKOBIA TB12 600mg	2	NM
SELZENTRY SOLN 20mg/ml	2	NM
SUNLENCA TBPK 300mg	2	NM
tenofovir disoproxil fumarate TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	2	NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	2	NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	2	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	2	NM
BIKTARVY TAB 50-200-25 MG	2	NM
CIMDUO TAB 300-300	2	NM
COMPLERA TAB	2	NM
DELSTRIGO TAB	2	NM
DESCOVY TAB 120-15MG	2	NM
DESCOVY TAB 200/25MG	2	NM
DOVATO TAB 50-300MG	2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	NM
EVOTAZ TAB 300-150	2	NM
GENVOYA TAB	2	NM
JULUCA TAB 50-25MG	2	NM

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM
lopinavir-ritonavir tab 200-50 mg	1	NM
ODEFSEY TAB	2	NM
PREZCOBIX TAB 800-150	2	NM
STRIBILD TAB	2	NM
SYMTUZA TAB	2	NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	2	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	2	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	2	NM, PA
TRECATOR TABS 250mg	2	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	2	NM, ST
entecavir TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	2	NM, PA
EPCLUSA PAK 200-50MG	2	NM, PA
EPCLUSA TAB 200-50MG	2	NM, PA
EPCLUSA TAB 400-100	2	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	2	NM, PA
HARVONI PAK 45-200MG	2	NM, PA
HARVONI TAB 45-200MG	2	NM, PA
HARVONI TAB 90-400MG	2	NM, PA
lamivudine (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg	2	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	2	NM, PA
MAVYRET TAB 100-40MG	2	NM, PA
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	2	NM, PA
PREVYMIS TABS 240mg, 480mg	2	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml	2	
valganciclovir hcl TABS 450mg	1	
VOSEVI TAB	2	NM, PA
XOFLUZA TBPK 40mg, 80mg	2	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	2	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	2	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	2	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	2	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
cefepime hcl SOLR 1gm, 2gm	1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium SOLR 1gm, 2gm	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	2	
e.e.s. 400 TABS 400mg	1	
ery-tab TBEC 250mg, 333mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	2	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate TABS 400mg	1	
erythromycin lactobionate SOLR 500mg	1	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	2	
dicloxacillin sodium CAPS 250mg, 500mg	1	
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	2	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	2	NM
NUZYRA TABS 150mg	2	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
tigecycline SOLR 50mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	2	B/D, NM
BENDEKA SOLN 100mg/4ml	2	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	2	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	2	B/D
cyclophosphamide SOLR 2gm	2	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	2	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	2	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	2	NM
LEUKERAN TABS 2mg	2	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
oxaliplatin SOLR 100mg	2	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	2	B/D, NM
cytarabine SOLN 20mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	2	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	2	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	2	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	2	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	2	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	2	B/D
PURIXAN SUSP 2000mg/100ml	2	NM
TABLOID TABS 40mg	2	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	2	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	2	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	2	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	2	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
ERLEADA TABS 60mg	2	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	2	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	2	
exemestane TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	2	NM, PA
fulvestrant SOSY 250mg/5ml	2	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	2	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	2	NM, PA
LYSODREN TABS 500mg	2	NM
megestrol acetate TABS 20mg, 40mg	2	
nilutamide TABS 150mg	2	
NUBEQA TABS 300mg	2	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	2	NM, PA
ORSERDU TABS 86mg	2	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	2	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10mg/5ml	2	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	PA
XTANDI CAPS 40mg	2	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	2	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	2	QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	2	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	2	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	2	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	2	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	2	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	2	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	2	QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	2	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	2	B/D
hydroxyurea CAPS 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	2	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	2	NM
tretinoin (chemotherapy) CAPS 10mg	2	
WELIREG TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	1	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel inj 100mg	2	B/D, NM
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	2	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	2	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	2	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	2	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	2	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	2	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	2	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	2	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	2	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	2	NM, PA
bortezomib SOLR 3.5mg	2	NM, PA
BOSULIF CAPS 50mg	2	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	2	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	2	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	2	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	2	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	2	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	2	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	2	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	2	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	2	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	2	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	2	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	2	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	2	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	2	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	2	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	2	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	2	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	2	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl TABS 25mg	2	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	2	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	2	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	2	QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	2	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	2	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	2	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	2	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	2	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	2	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	2	NM, PA
HERCEPTIN SOLR 150mg	2	NM, PA
HERZUMA SOLR 150mg, 420mg	2	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	2	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	2	QL (21 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	2	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	2	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	2	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	2	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	2	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	2	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	2	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	2	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	2	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	2	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	2	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	2	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	2	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	2	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	2	B/D, NM
KANJINTI SOLR 150mg, 420mg	2	NM, PA
KEYTRUDA SOLN 100mg/4ml	2	NM, PA
KISQALI 200 DOSE TBPK 200mg	2	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	2	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	2	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	2	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	2	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	2	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	2	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	2	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	2	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	2	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	2	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	2	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	2	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	2	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	2	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	2	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	2	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	2	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	2	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	2	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	2	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	2	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	2	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	2	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	2	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	2	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	2	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	2	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	2	QL (140 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR .05mg/ml	2	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	2	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	2	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	2	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	2	NM, PA
NERLYNX TABS 40mg	2	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	2	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	2	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	2	NM, PA
OGSIVEO TABS 50mg	2	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	2	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	2	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	2	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	2	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	2	NM, PA
pazopanib hcl TABS 200mg	2	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	2	QL (28 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
PHESGO SOL	2	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	2	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	2	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	2	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	2	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	2	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	2	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	2	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	2	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	2	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	2	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	2	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	2	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	2	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	2	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	2	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	2	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	2	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	2	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	2	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	2	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	2	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	2	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	2	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	2	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	2	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	2	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	2	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	2	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	2	QL (240 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	2	NM, PA
TECENTRIQ INJ HYBREZA	2	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	2	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	2	QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	2	NM, PA
TRUQAP TABS 160mg, 200mg	2	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	2	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	2	NM, PA
TUKYSA TABS 50mg, 150mg	2	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	2	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	2	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	2	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	2	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	2	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	2	QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25mg	2	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	2	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	2	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	2	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	2	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	2	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	2	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	2	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	2	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	2	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	2	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	2	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	2	QL (8 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	2	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	2	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	2	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	2	NM, PA
ZOLINZA CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	2	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	2	QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
mesna TABS 400mg	2	
MESNEX TABS 400mg	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	2	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	2	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	1	PA
prevalite PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	2	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	2	QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	2	PA; PA applies if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	2	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
ranolazine TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
alyq TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	2	QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	2	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	2	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam SOLN 4mg/ml, 20mg/10ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
NAMZARIC CAP PACK	2	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	2	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	2	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	2	QL (30 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	2	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	2	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	2	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	2	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	2	
paroxetine hcl SUSP 10mg/5ml	2	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
phenelzine sulfate TABS 15mg	1	
protriptyline hcl TABS 5mg, 10mg	2	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	2	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	2	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 5mg, 10mg, 20mg	2	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
vilazodone hcl TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	2	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	2	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone TABS 200mg	1	
INBRIJA CAPS 42mg	2	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	2	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	2	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	2	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	2	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	2	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	2	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	2	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	2	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	2	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	2	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 125-30MG	2	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	2	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (60 tabs / 30 days), PA
FANAPT PAK	2	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	2	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	2	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	2	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	2	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 15-10MG	2	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	2	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	2	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	2	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	2	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	2	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	2	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	2	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	2	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	2	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	2	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	2	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	2	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	2	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	2	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	2	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	2	QL (360 packets / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	2	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	2	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	2	QL (600 mL / 30 days), NM, PA
epitol TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA SOLN 2.2mg/ml	2	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	2	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	2	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	1	
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	1	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	2	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	2	QL (10 buccal films / 30 days)
methsuximide CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	2	QL (10 nasal units per 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
phenobarbital ELIX 20mg/5ml	2	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	2	PA; PA applies if 70 years and older
phenytek CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	1	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml	2	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	2	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	2	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	2	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	2	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	2	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	2	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	2	QL (10 blister packs per 30 days)

Drug Name	Drug Tier	Requirements/Limits
vigabatrin PACK 500mg	2	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	2	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	2	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	2	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	2	QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	2	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	2	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	2	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	2	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	2	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	2	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	2	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl (adhd) TB24 3mg	2	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
tasimelteon CAPS 20mg	2	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
zaleplon CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	2	
dihydroergotamine mesylate SOLN 4mg/ml	2	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	2	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	2	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	2	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	2	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	2	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	2	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	2	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	2	QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	2	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	1	
riluzole TABS 50mg	1	
tetrabenazine TABS 12.5mg	2	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	2	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	2	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	2	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	2	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
glatopa SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	2	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
methocarbamol TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	2	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
acetadryl	3	
ADVIL PM TAB 200-38MG	3	
BAYER PM TAB 38.3-500	3	
bl headache pm	3	
BUFFERIN AF TAB NITETIME	3	
buprenorphine hcl SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
COMMIT LOZG 2mg, 4mg	3	

Drug Name	Drug Tier	Requirements/Limits
compoz CAPS 50mg	3	
cvs nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	3	
cvs nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	3	
diphenhydramine hcl (sleep) TABS 25mg	3	
disulfiram TABS 250mg, 500mg	1	
doxylamine succinate (sleep) TABS 25mg	3	
eq sleep-aid nighttime CAPS 25mg	3	
eql ibuprofen pm	3	
eql sleep aid nighttime LIQD 50mg/30ml	3	
HCA NON-ASA TAB PM	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTINE SYS KIT TRANSDER	3	
NICOTROL INHALER INHA 10mg	2	
NICOTROL NS SOLN 10mg/ml	2	
UNISOM TABS 25mg	3	
UNISOM SLEEPGELS CAPS 50mg	3	
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	2	NM

Drug Name	Drug Tier	Requirements/Limits
ZZZQUIL CAPS 25mg; LIQD 50mg/30ml	3	
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
methyltestosterone CAPS 10mg	2	QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump GEL 1.62%	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	2	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	2	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	2	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	2	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	2	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2" X 2"	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
INSULIN PEN NEEDLES: BD-EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD-EMBECTA	2	PA
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	2	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	2	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	2	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	2	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	2	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	2	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	2	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	2	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	2	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	2	NM, PA
XGEVA SOLN 120mg/1.7ml	2	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
deferasirox TABS 90mg; TBSO 125mg	1	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 250mg, 500mg	2	NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine TABS 250mg	2	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	2	NM, PA
ESTROGENS		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	

Drug Name	Drug Tier	Requirements/Limits
jinteli	2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
mimvey	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	2	
GLUCOSE ELEVATING AGENTS		
BD GLUCOSE CHEW 5gm	3	
BL GLUCOSE CHEW 4gm	3	
cvs glucose GEL 40%	3	
CVS GLUCOSE CHW FRUIT	3	
DEX4 CHEW 1gm	3	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	3	
dextrose (diabetic use) CHEW 4gm, 5gm; LIQD 15gm/59ml	3	
diazoxide SUSP 50mg/ml	2	
GLUCOSE LIQD 15gm/60ml	3	
INSTA-GLUCOSE GEL 77.4%	3	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	3	
WALGREENS GLUCOSE CHEW 4gm	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
A1C NOW KIT	3	

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHECK TES COMFORT	3	
ACCU-CHEK KIT FASTCLIX	3	
actidose/sorbitol	3	
ADJ LANCING MIS DEVICE	3	
ALDURAZYME SOLN 2.9mg/5ml	2	NM, PA
ASCENSIA MIS AUTODISC	3	
AUTOLET PLAT MIS 1.8MM	3	
betaine powder for oral solution	2	NM
BILI-LABSTIX TES STRIPS	3	
cabergoline TABS .5mg	1	
carglumic acid TBSO 200mg	2	NM, PA
CERDELGA CAPS 84mg	2	NM, PA
CEREZYME SOLR 400unit	2	NM, PA
charcoal activated powder	3	
CHARCOAL POW	3	
CHEMSTRIP TES UGK	3	
CHEMSTRIP-UG TES	3	
1ST CHOICE MIS LANCETS	3	
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CLINI-TEK MIS	3	
CYSTAGON CAPS 50mg, 150mg	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate SOLN 4mcg/ml	2	
desmopressin acetate TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	2	NM, PA
GENOTROPIN CART 5mg, 12mg	2	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	2	NM, PA
INCRELEX SOLN 40mg/4ml	2	NM, PA
IOSAT TABS 130mg	3	
javygtor PACK 100mg, 500mg; TABS 100mg	2	NM, PA
lancets misc.*	3	
lancets*	3	
lanreotide acetate SOLN 120mg/0.5ml	2	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	2	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	2	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	2	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	2	NM, PA
mifepristone (hyperglycemia) TABS 300mg	2	NM, PA
multiple urine test strips*	3	

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN 1mg/ml	2	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	2	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	2	NM, PA
POTASSIUM IODIDE SOLN 65mg/ml	3	
raloxifene hcl TABS 60mg	1	
RELION ALL- MIS IN-ONE	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	2	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	2	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	2	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	2	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	2	NM, PA
SYNAREL SOLN 2mg/ml	2	PA
THYROSAFE TABS 65mg	3	
VEOZAH TABS 45mg	2	PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate (appetite) SUSP 625mg/5ml	2	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTACIDS		
acid gone	3	
ACID GONE	3	
acid relief	3	
alamag-plus	3	
aldroxicon i	3	
ALKA SELTZER TAB HEARTBRN	3	
ALKA-SELTZER CHW 750-80MG	3	
ALKA-SELTZER TAB GOLD	3	
alkets CHEW 500mg	3	
ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml	3	
aluminum hydroxide gel SUSP 320mg/5ml	3	
aluminum hydroxide gel su SUSP 600mg/5ml	3	
antacid	3	
ANTACID CHEW 1177mg	3	
antacid double strength	3	
antacid extra strength	3	
antacid ultra strength CHEW 1000mg	3	
BELL-ANS TAB 650MG TABS 650mg	3	
CALCIUM CARBONATE TABS 648mg, 650mg	3	

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) TABS 648mg, 650mg	3	
cvs antacid multi-symptom	3	
DEWEES CARMINATIVE SUSP 250mg/5ml	3	
eq antacid & anti-gas max	3	
FP FOMICON SUS	3	
GAVISCON CHW	3	
GAVISCON CHW EX-STR	3	
GAVISCON SUS	3	
GELUSIL CHW	3	
gnp calcium antacid child CHEW 400mg	3	
hm advanced antacid maxim	3	
hm magnesium TABS 250mg	3	
HYVEE ADVCD SUS ANTACID	3	
longs acid relief extra s CHEW 750mg	3	
MAALOX MAX CHW 1000-60	3	
MAALOX QUICK DISSOLVE MAX CHEW 1000mg	3	
MAG-AL LIQ	3	
mag-caps CAPS 140mg	3	
MAG-OX 400 TAB 400MG TABS 400mg	3	
magaldrate SUSP 540mg/5ml	3	
magaldrate w/ simethicone susp 1080-30 mg/5ml	3	
MAGNESIUM CAPS 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM OXIDE CAPS 400mg	3	
magnesium oxide TABS 400mg, 420mg	3	
maox TABS 420mg	3	
MI-ACID CHW	3	
MYLANTA CHW 400MG CHEW 400mg	3	
MYLANTA SUS	3	
MYLANTA SUS SUPREME	3	
RI-MAG SUSP 540mg/5ml	3	
RI-MAG PLUS SUS	3	
ROLAIDS CHW	3	
ROLAIDS CHW EX ST	3	
ROLAIDS MULT CHW SYMPTOM	3	
sodium bicarbonate (antacid) TABS 325mg, 650mg	3	
sodium bicarbonate powder*	3	
SODIUM POW BICARBON	3	
tgt antacid extra strengt	3	
TUMS CHEW 500mg	3	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	3	
tums gas relief	3	
URO MAG CAPS 140mg	3	
ANTI-DIARRHEAL		
ABATINEX CAPS 680mg	3	
ACIDOPHILUS WAFR 1mg	3	

Drug Name	Drug Tier	Requirements/Limits
ACIDOPHILUS CAP	3	
ACIDOPHILUS/ TAB CIT PECT	3	
anti-diarrheal CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg	3	
bismuth subsalicylate CHEW 262mg; SUSP 525mg/15ml	3	
CULTURELLE CAPS 10bcell	3	
CULTURELLE CAP	3	
CULTURELLE CHW DIGESTIV	3	
CULTURELLE CHW KIDS	3	
CULTURELLE KIDS PACK 5bcell	3	
cvs acidophilus probiotic	3	
cvs anti-diarrheal SUSP 262mg/15ml	3	
cvs bismuth TABS 262mg	3	
cvs digestive probiotic CAPS 250mg	3	
flora assist	3	
FLORAJEN CAP ACIDOPHI	3	
FLORASTOR CAPS 250mg; PACK 250mg	3	
hm probiotic digestive he CAPS 20bcell	3	
IMODIUM A-D SOLN 1mg/7.5ml; TABS 2mg	3	
IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml	3	
IMODIUM ADV TAB	3	
KAOLIN POW	3	

Drug Name	Drug Tier	Requirements/Limits
kaolin powder	3	
KAOPECTATE SUS 262/15ML	3	
KAOPECTATE SUS EX ST	3	
KAOPECTATE TAB	3	
LACTINEX CHW	3	
LACTINEX GRA	3	
LACTINEX TAB	3	
lactobacillus acidophilus-pectin cap*	3	
lactobacillus chew tab*	3	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	3	
PEPTO-BISMOL TO-GO CHEW 262mg	3	
qc anti-diarrheal advance	3	
RESTORE PAK	3	
4X PROBIOTIC TAB	3	
ANTIEMETICS		
ambizine TABS 25mg	3	
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BL MOTION SI TAB 25MG	3	
bonine CHEW 25mg	3	
compro SUPP 25mg	1	
dimenhydrinate TABS 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
HCA MOT SICK TAB 50MG	3	
meclizine hcl TABS 12.5mg	3	
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	2	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)
DIGESTIVE AGENTS		
CVS DAIRY RELIEF EXTRA ST TABS 4500unit	3	
cvs lactase TABS 3000unit	3	
dairy digestive ultra TABS 9000unit	3	
fast acting dairy aid TABS 9000unit	3	
FP DAIRY-REL TAB 3000UNIT	3	
GAS-X CAP PREVENT	3	
LACTAID FAST ACT CHEW 9000unit; TABS 9000unit	3	
sb lactase TABS 3000unit	3	
H2-RECEPTOR ANTAGONISTS		
acid controller TABS 10mg	3	
cimetidine tab 200 mg TABS 200mg	3	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
gnp acid control 75 TABS 75mg	3	
gnp acid control 150 maxi TABS 150mg	3	
kls acid controller maxim TABS 20mg	3	
nizatidine CAPS 150mg, 300mg	1	
PEPCID AC TABS 10mg	3	
ZANTAC TAB 75MG	3	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL (90 caps / 30 days), PA
budesonide TB24 9mg	2	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
alophen TBEC 5mg	3	
benefiber on the go	3	
BENEFIBER POW	3	
bisac-evac SUPP 10mg	3	
bl epsom salt	3	
bl laxative pills TABS 15mg, 25mg	3	
bl magnesium citrate	3	
bl mineral oil	3	
bl natural fiber POWD 48.57%	3	

Drug Name	Drug Tier	Requirements/Limits
calcium polycarbophil TABS 625mg	3	
CASTOR OIL OIL 100%	3	
castor oil stimulant laxa OIL 100%	3	
CELLOTHYL TAB 500MG TABS 500mg	3	
CEO-TWO SUP	3	
chocolated laxative CHEW 15mg	3	
CITRUCEL POW ORANGE	3	
clearlax	3	
COLACE CAPS 50mg	3	
colace 2-in-1	3	
colace adult SUPP 2.1gm	3	
COLACE CAP 100MG CAPS 100mg	3	
COLACE LIQ 150/15ML LIQD 150mg/15ml	3	
colace pediatric SUPP 1.2gm	3	
COLACE SYP 60/15ML SYRP 60mg/15ml	3	
constulose SOLN 10gm/15ml	1	
cvs enema disposable	3	
CVS EPSOM GRA SALT	3	
cvs fiber CAPS .52gm	3	
cvs fiber laxative POWD 30.9%	3	
cvs laxative dietary supp TABS 500mg	3	
cvs mineral oil	3	
cvs mini enema kids ENEM 100mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
cvs nat fiber laxative POWD 100%	3	
cvs natural daily fiber POWD 51.7%	3	
cvs natural fiber supplem PACK 58.6%	3	
cvs senna TABS 8.6mg	3	
dietary fiber laxative POWD 28.3%	3	
diocto LIQD 150mg/15ml	3	
doculase	3	
docusate calcium CAPS 240mg	3	
docusate sodium CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg	3	
docusol mini ENEM 283mg/5ml	3	
DULCOLAX TBEC 5mg	3	
dulcolax milk of magnesia SUSP 400mg/5ml	3	
eck soluble fiber POWD 2gm/19gm	3	
ENEMEEZ KIDS ENEM 100mg/5ml	3	
enemeez plus	3	
enulose SOLN 10gm/15ml	1	
EPSOM SALT GRA	3	
EPSOM SALT POW	3	
EQUALACTIN CHEW 625mg	3	
EVAC POW	3	
EX-LAX CHEW 15mg	3	
EX-LAX MILK SUS OF MAGNE	3	

Drug Name	Drug Tier	Requirements/Limits
FIBER LAX POW 95%	3	
fiber therapy POWD 25%	3	
FIBERCON TAB 625MG TABS 625mg	3	
FLEET BISACODYL ENEM 10mg/30ml	3	
FLEET ENE PED	3	
FLEET ENEMA	3	
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	3	
fp fiber laxative POWD 95%	3	
FV MINERAL OIL HEAVY	3	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
glycerin (laxative) SUPP 1gm, 2gm	3	
GLYCERIN ADULT SUPP 2gm	3	
glycerin adult SUPP 80.7%	3	
goodsense clearlax POWD 17gm/scoop	3	
goodsense fiber TABS 500mg	3	
HCA BISACODY SUP 10MG	3	
HCA LAX-X TAB 25MG	3	
hm fiber POWD 51.7%	3	
HYDROCIL INS POW 95% PACK 95%	3	

Drug Name	Drug Tier	Requirements/Limits
KAOPECTATE STOOL SOFTENER CAPS 240mg	3	
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	3	
KONSYL DAILY FIBER PACK 28.3%	3	
KONSYL POW 100%	3	
KONSYL-D POWD 52.3%	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
laxmar POWD 33%	3	
magnesium sulfate granules	3	
METAMUCIL CAPS .36gm	3	
metamucil 3-in-1 daily fi	3	
METAMUCIL 4-IN-1 FIBER PACK 51.7%	3	
METAMUCIL POW 28% CIT PACK 28%	3	
METAMUCIL POW 48.57%	3	
METAMUCIL POW 58.6 CIT PACK 58.6%	3	
METAMUCIL POW 58.6%	3	
METAMUCIL POW 63%	3	
METAMUCIL POW ORANGE POWD 33%	3	
METAMUCIL WAF	3	
milk of magnesia concentr SUSP 2400mg/10ml	3	
MINERAL OIL	3	

Drug Name	Drug Tier	Requirements/Limits
mineral oil (bulk)	3	
MINERAL OIL ENE	3	
MINERAL OIL LIGHT	3	
mineral oil light (bulk)	3	
MIRALAX PACK 17gm; POWD 17gm/scoop	3	
natural vegetable fiber POWD 63%	3	
osco natural fiber laxati PACK 28%	3	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm	3	
pediatric enema	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PHILLIPS TABS 500mg	3	
PLENVU SOL	2	
psyllium POWD 68%	3	
ra laxative extra strengt TABS 17.2mg	3	
senexon LIQD 8.8mg/5ml	3	
SENNA SYRP 176mg/5ml	3	
SENNA LEAVES MIS	3	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	3	
SENOKOT S TAB 8.6-50MG	3	
SENOKOT XTRA TABS 17.2mg	3	
sm fiber POWD 51.7%	3	

Drug Name	Drug Tier	Requirements/Limits
SM LAXATIVE TAB REGULAR	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
SORBITOL SOLN 70%	3	
vacuant mini-enema ENEM 283mg	3	
vacuant plus mini-enema	3	
MISCELLANEOUS		
alka-seltzer anti-gas CAPS 125mg	3	
alosetron hcl TABS 1mg	2	QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	1	QL (60 tabs / 30 days), PA
anti gas CAPS 166mg	3	
BICARSIM TABS 80mg	3	
BICARSIM FORTE TABS 125mg	3	
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
cvs gas relief drops extr LIQD 40mg/0.6ml	3	
cvs gas relief extra stre CHEW 125mg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
EMETROL SOL	3	
GAS RELIEF CAP 125MG	3	
GAS-X CHEW 80mg	3	
GAS-X EXTRA STRENGTH CHEW 125mg; STRP 62.5mg	3	
GATTEX KIT 5mg	2	NM, PA
hm anti-nausea	3	
kls acid controller compl	3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LITTLE TUMMY DRO 20/0.3ML	3	
loperamide hcl CAPS 2mg	1	
misoprostol TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
PEPCID CHW COMPLETE	3	
PHAZYME CAPS 180mg	3	
PHAZYME MAXIMUM STRENGTH CAPS 250mg	3	
PHAZYME MS CAP 166MG CAPS 166mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	2	QL (28 syringes / 28 days), PA
sb anti-gas CAPS 180mg	3	
simethicone CHEW 80mg; TABS 80mg	3	
simethicone susp 40 mg/0. SUSP 40mg/0.6ml	3	

Drug Name	Drug Tier	Requirements/Limits
sucralfate TABS 1gm	1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	2	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	2	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	2	PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
acid reducer CPDR 20.6mg	3	
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
heartburn treatment 24 ho CPDR 15mg	3	
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole TBEC 20mg	3	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC OTC TBEC 20mg	3	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
A + D PERSON MIS CARE WIP	3	
acetic acid SOLN .25%	1	
azo dine TABS 95mg	3	
azo dine maximum strength TABS 97.5mg	3	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
cvs disposable douche med SOLN .3%	3	
fq breathable adult brief	3	
GLYCINE POW	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
SUMMERS EVE SOL 0.3%	3	
URO-TRIN TAB 95MG TABS 95mg	3	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml	2	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	2	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
af-miconazole 7 CREA 2%	3	
bl miconazole 3	3	
clindamycin phosphate vaginal CREA 2%	1	
CLOTRIMAZOLE CRE 2%	3	
clotrimazole vaginal CREA 1%	3	
cvs miconazole 3	3	
GYNE-LOTRIMIN CREA 1%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 combination	3	
MICONAZOLE KIT 200MG/2%	3	
miconazole nitrate vaginal SUPP 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	3	
monistat 1-day OINT 6.5%	3	
MONISTAT 3 CREA 4%	3	
MONISTAT 3 KIT COMBINAT	3	
MONISTAT 7 CREA 2%; SUPP 100mg	3	
qc 3 day vaginal cream CREA 4%	3	
sm 3-day vaginal CREA 2%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
TIOCONAZOLE OIN -1	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml	1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
HEP SOD/NACL INJ 25000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban TABS 2.5mg	2	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	2	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	2	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	2	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	2	NM, PA
IRON		
abatron af	3	
ABATRON LIQ	3	
altorex CAPS 150mg	3	
BIFERA TAB 28MG	3	
bl iron	3	
cvs iron TABS 27mg	3	
eql carbonyl iron TABS 45mg	3	

Drug Name	Drug Tier	Requirements/Limits
EZFE 200 CAPS 200mg	3	
fe c	3	
fe c tab plus	3	
FE SULFATE POW	3	
fe tabs TBEC 325mg	3	
FEOSOL TABS 45mg, 200mg	3	
FER-IN-SOL SOLN 15mg/ml	3	
fer-iron SOLN 15mg/ml	3	
FERGON TABS 240mg	3	
FERGON TAB 320MG TABS 320mg	3	
FERRETTS TABS 325mg	3	
FERRETTS IPS SOLN 40mg/15ml	3	
FERRIMIN 150 TABS 150mg	3	
FERRO-SEQUEL TAB 65-25MG	3	
ferrocite TABS 324mg	3	
FERROUS FUMARATE TABS 29mg	3	
ferrous fumarate TABS 325mg	3	
ferrous gluconate TABS 320mg	3	
FERROUS GLUCONATE TABS 324mg	3	
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	3	
ferrous sulfate SOLN 300mg/5ml; SYRP 300mg/5ml; TABS 27mg; TBCR 50mg	3	
ferrous sulfate dried TBCR 160mg	3	

Drug Name	Drug Tier	Requirements/Limits
ferrous sulfate elixir 22 ELIX 220mg/5ml	3	
FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml	3	
ferrous sulfate iron TABS 200mg	3	
FOLITAB 500 TAB	3	
FUSION CAP	3	
gnp iron TBCR 45mg	3	
hematron	3	
HEMOCYTE TABS 324mg	3	
ICAR PEDIATRIC SUSP 15mg/1.25ml	3	
ICAR-C TAB	3	
INTEGRA CAP	3	
IRO-PLEX LIQ	3	
IRO-PLEX TAB 165-2MG	3	
IRON TABS 28mg, 90mg, 256mg	3	
IRON 21/7 MIS	3	
IRON CHEWS PEDIATRIC CHEW 15mg	3	
iron combination elixir	3	
iron slow release TBCR 45mg	3	
IRON UP LIQD 15mg/0.5ml	3	
kp ferrous gluconate TABS 324mg	3	
NOVAFERRUM 50 CAPS 50mg	3	
NOVAFERRUM LIQ 125	3	

Drug Name	Drug Tier	Requirements/Limits
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	3	
PERFECT IRON TABS 25mg	3	
PROFE CAPS 180mg	3	
PROFERRIN ES TAB 12 MG	3	
RA HIGH POTENCY IRON TABS 27mg	3	
ra slow release iron TBCR 47.5mg	3	
SLOW FE TBCR 45mg, 160mg	3	
SM SLOW RELEASE IRON TBCR 143mg	3	
TANDEM CAP	3	
VITRON-C TAB 65-125MG	3	
wee care SUSP 15mg/1.25ml	3	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	2	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	2	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	2	QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	2	NM, PA
HAEGARDA SOLR 2000unit	2	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	2	QL (20 vials / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
icatibant acetate SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	2	NM, PA
pentoxifylline TBCR 400mg	1	
sajazir SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	2	
TAVNEOS CAPS 10mg	2	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	2	PA; PA applies if 70 years and older
prasugrel hcl TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	2	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	2	NM, PA
COSENTYX SOSY 75mg/0.5ml	2	QL (16 syringes / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150mg/ml	2	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	2	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	2	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	2	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	2	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	2	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	2	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	2	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	2	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	2	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	2	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	2	QL (3 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	2	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	2	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	2	NM, PA
REMICADE SOLR 100mg	2	NM, PA
RENFLEXIS SOLR 100mg	2	NM, PA
RINVOQ TB24 15mg, 30mg	2	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	2	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	2	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	2	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	2	NM, PA
SKYRIZI SOSY 150mg/ml	2	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	2	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	2	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	2	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	2	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	2	QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	2	NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	2	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	2	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	2	NM, PA
TYENNE SOSY 162mg/0.9ml	2	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	2	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	2	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	2	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	2	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	2	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml	2	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	2	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	2	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	2	NM, PA
GAMASTAN INJ	2	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	2	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	2	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	2	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SOLR 220mg	2	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	2	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	2	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	2	NM, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	2	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	1	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	2	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	2	B/D, NM
PROGRAF PACK .2mg, 1mg	2	B/D, NM
REZUROCK TABS 200mg	2	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	2	B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
INJECTABLE		
ANTI-COAGULANT FOR IV		
heparin sodium (porcine) lock flush SOLN 1unit/ml, 10unit/ml, 100unit/ml	3	
STERILE INJECTABLE		
water for injection	3	
water for iv injection	3	
MISCELLANEOUS		
MISCELLANEOUS		
ACACIA POW	3	
acacia powder	3	
ACETAMIN POW	3	
ACETIC ACID SOLN 3%	3	
ALCOHOL SOL DENATURE	3	
ALLANTOIN POW	3	
almond oil (sweet)	3	
alum (ammonium) powder	3	
ALUM AMMONIU POW	3	

Drug Name	Drug Tier	Requirements/Limits
AMMONIUM GRA CHLORIDE	3	
ANISE FLAVOR OIL	3	
AQUABASE OIN	3	
ASCORBIC ACD POW	3	
BENZYL ALC LIQ	3	
BIOFLAVINOID POW LEMON	3	
BIOFLAVONOID POW CITRUS	3	
BISMUTH POW SUBNITRA	3	
BISMUTH SUBC POW	3	
bismuth subcarbonate powder	3	
bismuth subnitrate powder	3	
BL BORIC ACI POW	3	
BL GLYCERIN LIQ	3	
BL PETROLEUM OIN JELLY	3	
BLENDED SUSP SUS COMPOUND	3	
boric acid powder	3	
BUBBLE GUM SYP	3	
calcium hydroxide powder	3	
CALCIUM POW SACCHARA	3	
CARBOMER POW 1342	3	
castor oil	3	
CASTOR OIL OIL 100%	3	
CETYL ALCOHO GRA	3	

Drug Name	Drug Tier	Requirements/Limits
CHERRY CON	3	
cherry syrup	3	
CHLOROFORM SOL	3	
chloroform soln	3	
CITRIC ACID GRA	3	
citric acid granules	3	
citric acid powder	3	
clove oil	3	
CLOVE OIL	3	
cocoa butter	3	
COCOA BUTTER LOT	3	
coconut oil	3	
collodion flexible	3	
COLLODION LIQ FLEXIBLE	3	
COTTONSEED OIL	3	
CROTON OIL	3	
CRYSTAL LAKE LIQ WATER	3	
D-VITAMIN E POW SUCCINAT	3	
DELBASE OIN COMPOUND	3	
DL-MENTHOL CRY	3	
FATTYBLEND MIS	3	
FD&C BLUE #2 POW	3	
FD&C RED 40 POW	3	

Drug Name	Drug Tier	Requirements/Limits
FDC BLUE 1 POW AL LAKE	3	
FDC RED #40 POW AL LAKE	3	
FDC YELLOW 5 POW AL LAKE	3	
FERRIC POW SUBSULFA	3	
FLAVOR CONC LIQ GRAPE	3	
FULLERS POW EARTH	3	
glycerin liquid	3	
glycolic acid crystals	3	
GNP PETROLEU GEL JELLY	3	
GRAPE SEED OIL	3	
GREEN TEA EXTRACT LIQD 90%	3	
GRX WHITE OIN PETROLAT	3	
HYDROPHILIC OIN PETROLAT	3	
hydrophilic ointment	3	
INDOLE-3- POW CARBINOL	3	
INOSITOL POW HEXANICO	3	
IODINE CRY	3	
karaya gum	3	
KARAYA GUM	3	
LACTIC ACID SOL	3	
LACTOSE POW	3	
lactose powder	3	
LIP BALM OIN NATURAL	3	

Drug Name	Drug Tier	Requirements/Limits
LIPOIL OIL	3	
LIPOVAN BASE CRE	3	
LOLLIBASE POW	3	
LOZIBASE MIS	3	
MANNITOL POW	3	
menthol crystals	3	
METHYLCELLULOSE GEL 2%, 3%	3	
methylcellulose powder	3	
NICE PURE POW BAK SODA	3	
ORA-HESIVE PST BASE	3	
oral vehicles**	3	
OXALIC ACID CRY	3	
oxalic acid crystals	3	
PCCA MBK MIS FAT ACID	3	
PEG 1000 LIQ	3	
PERUVIAN LIQ BALSAM	3	
petrolatum ointment	3	
petrolatum, hydrophilic ointment	3	
PHOSPHATIDYL POW 20%	3	
PLURONIC GEL 20%, 30%	3	
POLYSORBATE SOL 20	3	
POT NITRATE GRA	3	
POT SORBATE CRY	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM HYDROXIDE SOLN 10%, 20%	3	
PROPYLENE GL SOL	3	
propylene glycol	3	
raspberry syrup	3	
RED YEAST POW RICE	3	
simple - syrup	3	
SOD BENZOATE POW	3	
SOD METABISU GRA	3	
SOD PERBORAT CRY	3	
SOD PROPION POW	3	
SOD SULFITE POW	3	
sodium benzoate powder	3	
SODIUM BORAT POW	3	
SODIUM CITRA GRA	3	
sorbitol SOLN 70%	3	
STEVIA EXTRACT POWD 90%	3	
SULFUR POW	3	
SUSPENDOL-S LIQ	3	
TALC POW	3	
talc powder	3	
THYMOL CRY	3	
TROCHIBASE S MIS	3	
turpentine liq	3	

Drug Name	Drug Tier	Requirements/Limits
UNIBASE CRE	3	
UREA BEA	3	
VEEGUM MIS LUMP	3	
white petrolatum gel	3	
white petrolatum ointment	3	
WITEPSOL MIS	3	
ZINC CHLORID GRA	3	
ZINC OXIDE POW	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

BABY DARLNG POW PED ELEC	3	
buffered salt	3	
CERALYTE 50 LIQ	3	
CERASPORT SOL	3	
hm potassium TABS 595mg	3	
hydralife	3	
MEDI-LYTE TAB	3	
oral electrolyte for soln**	3	
oral electrolyte solution**	3	
osco potassium gluconate TABS 550mg	3	
POT GLUCONAT TAB 500MG	3	
potassium TABS 99mg	3	
potassium gluconate TABS 2meq	3	
POTASSIUM GLUCONATE TABS 550mg	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM GLUCONATE ER TBCR 595mg	3	
POTASSIUM TAB CHELATED	3	
REPLACE TAB SR	3	
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	2	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ PH 7.4	2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/NACL INJ 0.3/0.9%	2	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	2	
multiple electrolytes ph 5.5	1	
multiple electrolytes ph 7.4	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	2	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	2	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D
CLINIMIX INJ 6/5	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 8/10	2	B/D
CLINIMIX INJ 8/14	2	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	2	B/D
COPPER SULF CRY	3	
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	2	B/D
NUTRILIPID EMUL 20gm/100ml	2	B/D
plenamine	1	B/D
PREMASOL SOL 10%	2	B/D
PROSOL INJ 20%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D
MINERALS		
BEELITH TAB	3	
bl calcium 500/d	3	
bl calcium 600 + d	3	
bl calcium citrate+d	3	
bl calcium/magnesium/zinc	3	
bl magnesium TABS 250mg	3	
BONE MEAL TAB	3	
bone meal w/ vitamin d tab**	3	

Drug Name	Drug Tier	Requirements/Limits
CA GLUCONATE TAB 50MG	3	
CA HI-CAL/D TAB 500MG	3	
CA PHOS DIHY POW DIBASIC	3	
CA/MG TAB	3	
CA/MG/ZN TAB	3	
CAL CIT MAL/ TAB VITAMIND	3	
CAL-CITRATE TAB PLUS D	3	
CAL-LAC CAPS 500mg	3	
CAL-MAG COMP TAB	3	
CAL-QUICK LIQ 500-400	3	
CAL/MAG TAB CHEW	3	
CAL/MAG/VITD TAB	3	
CALC CHEWABL CHW 600 PLUS	3	
CALC CIT+D3 TAB 250-200	3	
CALC/MAGNES TAB 333-167	3	
CALC/VIT D3 CHW 200-200	3	
CALC/VIT D3 CHW DISNEY	3	
calcarb 600 TABS 1500mg	3	
calcarb 600/vitamin d	3	
CALCET CHW BITES	3	
CALCET PETIT TAB 200-250	3	
calci-chew CHEW 1250mg	3	
CALCI-CHEW CHEW 1250mg	3	

Drug Name	Drug Tier	Requirements/Limits
CALCI-MIX CAPS 1250mg	3	
calcio del mar TABS 1250mg	3	
calcitrate TABS 950mg	3	
calcium TABS 600mg	3	
calcium 500+d high potenc	3	
calcium 500/d	3	
calcium 600 + d	3	
calcium 600 mg w/ vitamin d tab	3	
calcium 600 with vitamin	3	
calcium 600-d	3	
CALCIUM 1000 TAB + D	3	
calcium 1200+d3	3	
CALCIUM ACETATE TABS 668mg	3	
CALCIUM CARB POW	3	
CALCIUM CARB TAB 600MG	3	
calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)	3	
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	3	
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)	3	
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	3	
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit**	3	

Drug Name	Drug Tier	Requirements/Limits
calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit*	3	
CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm	3	
calcium carbonate (antacid) SUSP 1250mg/5ml	3	
calcium carbonate powder	3	
calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)	3	
**calcium carbonate-vit d*	3	
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	3	
calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)	3	
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	3	
CALCIUM CIT/ TAB VIT D	3	
CALCIUM CITR TAB + D	3	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg, 1040mg	3	
calcium citrate + d3	3	
calcium citrate-vitamin d tab 1500 mg-200 unit	3	
calcium gluconate TABS 500mg, 650mg	3	
CALCIUM GLUCONATE TABS 500mg, 650mg	3	
calcium gluconate powder	3	
calcium gummies	3	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	3	
calcium lactate TABS 650mg	3	
calcium liquid caps	3	
calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)	3	
CALCIUM PLUS CAP VIT D	3	
CALCIUM SOFT CHW CARAMEL	3	
CALCIUM TAB 600MG	3	
CALCIUM TAB FORMULA	3	
calcium w/ magnesium tab 333-167 mg	3	
calcium w/ magnesium tab 500-250 mg	3	
calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg	3	
calcium-carb 600 + d	3	
calcium-magnesium-zinc tab 333-133-8.3 mg	3	
calcium-magnesium-zinc tab 334-134-5 mg	3	
calcium-vitamin d tab 600 mg-5 mcg (200 unit)	3	
CALCIUM/C/D CHW 500MG	3	
CALCIUM/D3 CAP 600-2500	3	
CALCIUM/D TAB 600/200	3	
CALCIUM/MAGN TAB 250-155	3	
CALCIUM/VITD CAP 600-400	3	

Drug Name	Drug Tier	Requirements/Limits
CALTRATE 600 CHW 600-800	3	
CALTRATE 600 CHW +D PLUS	3	
CALTRATE + D TAB 300-800	3	
CALTRATE +D3 TAB 600-800	3	
CALTRATE+D TAB 600-800	3	
calvite p&d	3	
CHELATED CALCIUM TABS 200mg	3	
CHELATED MG TAB 100MG TABS 100mg	3	
CHELATED MUL TAB MINERAL	3	
CITRACAL CAL CHW GUMMIES	3	
CITRACAL CAL TAB +D SLOW	3	
CITRACAL TAB MAXIMUM	3	
CITRACAL TAB VIT D	3	
CITRACAL+D3 CHW 250-500	3	
CORAL CALCIU CAP	3	
CORAL CALCIU CAP 1000MG	3	
CORAL CAP CALCIUM	3	
cvs magnesium citrate CAPS 125mg	3	
cvs selenium TABS 200mcg	3	
cvs selenium natural TABS 100mcg	3	
cvs zinc LOZG 10mg	3	
600+d3 plus minerals	3	
DIASENSE MAGNESIUM TABS 241.3mg	3	

Drug Name	Drug Tier	Requirements/Limits
ECK HI-CAL TAB 500MG	3	
eq calcium 500+d	3	
eq calcium 600+d+minerals	3	
EQL CALCIUM CAP VIT D	3	
eql calcium gummies	3	
eql calcium soft chews	3	
gnp calcium 500 +d3	3	
GUMMY BITES CHW	3	
HCA ELEMENTA CAP MAGNESIU	3	
hca elemental magnesium CAPS 300mg	3	
HCA ZINC GLU TAB 50MG	3	
hm calcium 600 & vitamin	3	
iodine (kelp) TABS .15mg	3	
kp calcium 600+d3	3	
kp mag-oxide magnesium TABS 200mg	3	
LIQUID CALCI CAP WITH D3	3	
LOCALNESIUM TAB	3	
LOCALNESIUM TAB -C	3	
MAG64 TBEC 64mg	3	
MAG CARBONAT POW	3	
MAG GLYCINATE TABS 100mg	3	
MAG-200 TABS 200mg	3	
MAG-G TABS 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
MAG-SR PLUS TAB CALCIUM	3	
MAG-TAB SR TBCR 84mg	3	
magbee	3	
magdelay TBEC 64mg	3	
MAGDELAY TBEC 70mg	3	
MAGINEX TBEC 615mg	3	
MAGNEBIND TAB 200	3	
MAGNEBIND TAB 300	3	
magnesium TABS 30mg, 100mg	3	
MAGNESIUM TABS 200mg	3	
magnesium chloride TBEC 64mg	3	
MAGNESIUM CITRATE CAPS 125mg; TABS 100mg	3	
MAGNESIUM ELEMENTAL TABS 30mg	3	
magnesium gluconate TABS 27.5mg	3	
MAGNESIUM GLUCONATE TABS 250mg, 500mg, 550mg	3	
magnesium glycinate CAPS 100mg	3	
MAGNESIUM GLYCINATE CAPS 100mg	3	
magnesium lactate TBCR 7meq	3	
MAGNESIUM OXIDE CAPS 400mg; TABS 250mg	3	
magnesium oxide (mg supplement) CAPS 500mg; TABS 250mg, 400mg, 500mg	3	
MAGNESIUM SULFATE CAPS 70mg	3	

Drug Name	Drug Tier	Requirements/Limits
magnesium tab 200 mg	3	
magnesium tab 400 mg	3	
MAGONATE LIQ 1000/5ML	3	
mar-zinc TABS 220mg	3	
MONOCAL TAB 3-250	3	
multiple minerals tab*	3	
NU-MAG TAB 71.5-119	3	
ORAZINC TABS 110mg	3	
os-cal	3	
OS-CAL TABS 1250mg	3	
OS-CAL TAB 500 + D	3	
OS-CAL ULTRA TAB	3	
OSTEO-PORETI TAB	3	
oyster shell TABS 500mg	3	
OYSTER SHELL CALCIUM TABS 250mg	3	
PARVA-CAL TAB 250-100	3	
PARVA-CAL TAB 500MG	3	
PHOS-NAK POW CONCENTR	3	
POSTURE-D TAB 600MG	3	
POSTURE-D TAB CALC/MAG	3	
potassium & sodium phosphates powder pack 280-160-250 mg	3	
RA CA/BORON TAB	3	
ra calcium 600 TABS 600mg	3	

Drug Name	Drug Tier	Requirements/Limits
RA OYS SHL/D TAB 500MG	3	
ra potassium/magnesium as	3	
RISACAL-D TAB	3	
SE PLUS PROTEIN TABS 200mcg	3	
selenium TABS 50mcg	3	
SELENIUM TBCR 200mcg	3	
SELENIUM TAB 50MCG	3	
SLOW MAGNESIUM CHLORIDE/	3	
sm calcium plus/vitamin d	3	
SM CORAL CALCIUM TABS 1000mg	3	
SOD CHLORIDE GRA	3	
sodium chloride TABS 1gm	3	
SODIUM CHLORIDE TABS 1gm	3	
TR MAG COMPL CAP 400MG	3	
UPCAL D POW	3	
VIACTIV CHW CARAMEL	3	
ZINC LOZG 10mg	3	
zinc TABS 50mg	3	
ZINC 15 TABS 66mg	3	
zinc gluconate TABS 30mg, 50mg, 100mg	3	
ZINC SULFATE CAPS 50mg	3	
zinc sulfate CAPS 220mg; TABS 66mg	3	
ZINC SULFATE POW	3	

Drug Name	Drug Tier	Requirements/Limits
zinc sulfate powder	3	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	3	
ADVERA LIQ CHOCOLAT	3	
ALBA-LYBE NR LIQ	3	
ALP HIGH3 CAP 600MG	3	
alpha betic CAPS 200mg	3	
ALPHA LIPOIC ACID CAPS 50mg, 200mg, 300mg	3	
ALPHA-LIPOIC ACID TABS 100mg	3	
alpha-lipoic acid (thioctic acid) CAPS 100mg, 600mg; TABS 100mg	3	
arginine CAPS 500mg; TABS 500mg	3	
ARGININE PACK 500mg; TABS 500mg	3	
ARGININE2000 PACK 2000mg	3	
ARGININE CAP 500 MG CAPS 500mg	3	
arthx ds	3	
azo d-mannose CAPS 500mg	3	
BIO-FLAX CAPS 1000mg	3	
bioginkgo 24/6 TABS 60mg	3	
bl flax seed oil CAPS 1000mg	3	
CHEW Q CHEW 30mg	3	
CHEW Q CHW 100MG	3	
CHEW Q CHW 600MG	3	
cidaflex	3	

Drug Name	Drug Tier	Requirements/Limits
cidatrine TABS 500mg	3	
CO Q10 TABS 100mg	3	
CO Q-10 CAPS 300mg	3	
CO-ENZYME WAF Q10/E	3	
COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg	3	
coenzyme q10 (ubidecarenone) CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg; TABS 25mg, 60mg	3	
COENZYME Q-10 CAPS 75mg	3	
COQ10/VIT E CAP 100-10	3	
COQ10/VIT E CAP 200-200	3	
COQ-10 TR CPCR 100mg	3	
COROMEGA EMU OMEGA 3	3	
COROMEGA MIS	3	
CRANBERRY (VACCINIUM MACR CAPS 400mg	3	
cranberry (vaccinium macrocarpon) CAPS 200mg, 250mg, 425mg	3	
cvs glucose liquid shot	3	
cvs l-lysine TABS 500mg	3	
cvs natural fish oil	3	
cvs quality sleep CAPS 10mg	3	
cyto arg	3	
CYTO-Q LIQD 80mg/10ml	3	

Drug Name	Drug Tier	Requirements/Limits
CYTO-Q MAX LIQD 100mg/ml	3	
D-MANNOSE CAPS 500mg	3	
DEXTROSE GRA ANHYDROU	3	
DIABETISWEET POW	3	
DL-METHIONIN POW	3	
emulsified omega-3	3	
eql lutein CAPS 20mg	3	
EQL OMEGA 3 CAP 1400MG	3	
eql omega 3 fish oil	3	
ESTROVEN TAB ENERGY	3	
FATIGUE REL TAB COMPLEX	3	
fish oil adult gummies	3	
FISH OIL CAP 150MG	3	
FISH OIL CAP 180MG	3	
FISH OIL CAP 183.33MG	3	
FISH OIL CAP 900MG	3	
FISH OIL CAP 1360MG	3	
FISH OIL CHW 875MG	3	
fish oil maximum strength	3	
fish oil pearls	3	
FLAX SEED CAP 1300MG	3	
flaxseed (linseed) cap 1200 mg**	3	
flaxseed (linseed) oral oil**	3	

Drug Name	Drug Tier	Requirements/Limits
flaxseed (linseed) oral powder**	3	
FLAXSEED OIL CAPS 1030mg	3	
fp glucosamine	3	
GINKGO BILOB TAB PLUS	3	
GINKGO BILOBA CAPS 30mg, 50mg, 100mg, 200mg, 500mg; TABS 230mg	3	
ginkgo biloba CAPS 40mg, 60mg, 120mg; TABS 120mg	3	
GINKGO PHYTOSOME CAPS 80mg	3	
GLUCOSAMINE CAP CHONDROI	3	
**glucosamine-chondroitin-*	3	
GLUCOSE LIQ SHOT	3	
GLUTAMINE POW RAP RLS	3	
glutamine powder	3	
GNP FISH OIL CAP 840MG	3	
GOWEY TIN TINCTURE	3	
HM FISH OIL CAP 554MG	3	
kp glucosamine chondroiti	3	
kp melatonin TABS 3mg	3	
L-ARGININE TABS 1000mg	3	
L-ARGININE POW	3	
L-CARNITINE CAPS 250mg	3	
L-CYSTINE POW	3	
L-ISOLEUCINE POW	3	

Drug Name	Drug Tier	Requirements/Limits
L-TRYPTOPHAN TAB 500MG TABS 500mg	3	
L-TYROSINE POW	3	
L-VALINE POW	3	
LECITHIN GRA	3	
LIPOIC ACID CAPS 150mg	3	
LIQ-10 SYP	3	
LIQSORB LIQD 100mg/ml	3	
lutein CAPS 6mg	3	
melatonin CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 5mg	3	
MELATONIN LIQD 1mg/4ml; TABS 300mcg	3	
MELATONIN TAB 1-10MG	3	
MELATONIN TAB 3-10MG	3	
melatonin tr TBCR 10mg	3	
melatonin-pyridoxine tab 3-10 mg	3	
melatonin-pyridoxine tab 5-10 mg	3	
NAC CAPS 500mg	3	
nac CAPS 600mg	3	
NEOQ10 CAPS 125mg	3	
nutritional supplement liquid*	3	
odorless coated fish oil/	3	
OMEGA POWER CAP 1050MG	3	
OMEGA-3 CAP 350MG	3	

Drug Name	Drug Tier	Requirements/Limits
OMEGA-3 CAP FISH OIL	3	
omega-3 fatty acids CAPS 500mg	3	
omega-3 fatty acids cap 435 mg*	3	
OMEGA-3 IQ CHW 240MG	3	
OMEGAPURE CAP 780 EC	3	
prasterone (dhea) CAPS 25mg	3	
PRASTERONE (DHEA) CAP 25 CAPS 25mg	3	
PRO NUTRIENT CAP OMEGA3	3	
PROTO-CHOL CAP 1000MG CAPS 1000mg	3	
PURE L-CITRULLINE CAPS 600mg	3	
px fish oil	3	
Q-GEL CAPS 15mg	3	
q-up LIQD 30mg/5ml	3	
qunol coq10/ubiquinol/meg CAPS 100mg	3	
ra ginkgo biloba TABS 40mg	3	
ra l-arginine TABS 1000mg	3	
SALMON CAP 200MG	3	
saw palmetto (serenoa repens) CAPS 160mg, 450mg	3	
SAW PALMETTO CAP 450MG CAPS 450mg	3	
sm flax seed oil CAPS 1000mg	3	
sm ginkgo biloba TABS 60mg	3	
sodium saccharin powder	3	
SUPER TWIN CAP EPA/DHA	3	

Drug Name	Drug Tier	Requirements/Limits
sv d-mannose CAPS 500mg	3	
TRUEPLUS GEL GLUCOSE	3	
TRUEPLUS GLUCOSE CHEW 4gm	3	
tryptophan TABS 500mg	3	
ULTRA COQ10 CAPS 75mg	3	
valine powder	3	
VITALINE COQ10 TABS 60mg	3	
VITAMINS		
a thru z advantage	3	
a thru z select	3	
a-10000 CAPS 10000unit	3	
A/BETA CAROT TAB 25000UNT	3	
ABC COMPLETE TAB WOMEN	3	
abc-z -tr	3	
abdek	3	
ABDEK CAP	3	
abdek pediatric	3	
ACEROLA C-500 WAFR 500mg	3	
ACTIFLOVIT TAB EAR HEAL	3	
ACTITROM CAP	3	
ACTIVE 55 LIQ PLUS	3	
ACTIVESSENT PAK	3	
ADEKS PEDIAT DRO	3	
ADLT ONE DLY CHW GUMMIES	3	

Drug Name	Drug Tier	Requirements/Limits
ADRENAL TAB CALM	3	
50+ adult eye health	3	
ADVANCED CA/ TAB D/MAGNES	3	
AIRBORNE LOZ	3	
ALIVE MULTI CHW CHILDRNS	3	
ALLBEE-T TAB	3	
alph-e-mixed CAPS 200unit	3	
alph-e-mixed 1000 CAPS 1000unit	3	
AMINO-MIN-D CAP	3	
animal chewable multiple	3	
animal chews	3	
ANIMAL SHAPE CHW IRON	3	
animal shapes plus extra	3	
ANTIOXIDANT CAP	3	
ANTIOXIDANT CHW VITAMINS	3	
antioxidant pack	3	
APATATE LIQ	3	
APETEX ELX	3	
APETIGEN TAB PLUS	3	
APETIGEN-PLS SOL	3	
apetonic	3	
APPEAREX TABS 2.5mg	3	
AQUA-E LIQD 75unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
AQUASOL E SOLN 15unit/0.3ml	3	
AQUASOL E CAP 100IU CAPS 100iu	3	
AQUASOL E CAP 400IU CAPS 400iu	3	
aquavit-e SOLN 15unit/0.3ml	3	
ASCOCID POW	3	
ASCOCID-1000 TAB	3	
ascorbic acid CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg	3	
ascorbic acid oral crystals	3	
AVAIL TAB	3	
b complete	3	
B COMPLEX +C TAB TR	3	
b complex maxi	3	
B COMPLEX TAB FORM #1	3	
B COMPLEX/FO TAB	3	
B-1 TABS 500mg	3	
B-6 TABS 500mg	3	
B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg	3	
B-12 DOTS TBDP 500mcg	3	
B-12 DUAL SPECTRUM TBCR 5000mcg	3	
B-12 QUICK DISSOLVE TBDP 5000mcg	3	
B-12 SUB 1000MCG	3	

Drug Name	Drug Tier	Requirements/Limits
B-12 SUPER STRENGTH LIQD 5000mcg/ml	3	
b-12 tr TBCR 2000mcg	3	
b-100	3	
B-100 COMPLX TAB	3	
b-100 tr	3	
b-complex vitamin cap*	3	
b-complex vitamin elixir*	3	
b-complex vitamin sublingual liquid*	3	
b-complex w/ c & e + zn tab**	3	
b-complex w/ c cap*	3	
b-complex w/ c tab er*	3	
b-complex w/ c tab*	3	
b-complex w/ folic acid tab*	3	
**b-complex w/ minerals ta*	3	
B-NATAL LOZG 25mg; LPOP 25mg	3	
BABY DDROPS LIQD 400ut/0.028ml	3	
baby super daily d3 LIQD 400ut/0.028ml	3	
baby vitamin	3	
baby vitamin/iron	3	
BALANCE B-50 TAB	3	
BETA CAROTEN CAP 25000UNT	3	
beta carotene CAPS 25000unit	3	
BIO-D-MULSION LIQD 400unt/0.04ml	3	

Drug Name	Drug Tier	Requirements/Limits
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	3	
bioflavonoid products cap*	3	
bioflavonoid products chew tab*	3	
bioflavonoid products tab er*	3	
bioflavonoid products tab*	3	
BIOTIN CAPS 1mg	3	
biotin CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg	3	
BIOTIN FORTE TAB	3	
BIOTIN FORTE TAB /ZINC	3	
BIOVOL SYP	3	
bl brewers yeast	3	
bl niacin tr TBCR 250mg	3	
bl prenatal vitamins	3	
BPROTECT PED DRO TRI-VITE	3	
C-BUFF POW	3	
CAL-CITRATE CAPS 150mg	3	
CALCI-MAX CAP	3	
calcidol SOLN 200mcg/ml	3	
calcium ascorbate TABS 500mg	3	
calcium citrate plus	3	
calcium pantothenate TABS 500mg	3	
CARDIOTEK TAB	3	

Drug Name	Drug Tier	Requirements/Limits
CATEMINE TAB	3	
centrum kids complete	3	
CENTRUM SPEC PAK PRENATAL	3	
CHILDRENS CHW COMPLETE	3	
CHLORELLA CAP	3	
cholecalciferol CAPS 10000unit; CHEW 2000unit	3	
CHROMIUM PIC TAB 500MCG	3	
CL PRENATAL TAB 28-0.8MG	3	
cobalamin combination sl tab**	3	
cobalamin combination tab**	3	
COD LIVER OIL	3	
cod liver oil cap**	3	
cod liver oil**	3	
complex b-100	3	
CONCEPTIONXR MIS MOTILITY	3	
crush vitamin c drops LOZG 60mg	3	
CVS B12 CHEW 2500mcg	3	
cvs b-12 LIQD 1000mcg/15ml; TBDP 1500mcg	3	
cvs childrens vitamin d f CHEW 400unit	3	
cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit	3	
cvs e oil OIL 100unt/0.25ml	3	
cvs niacin TABS 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
cvs niacin flush free	3	
CVS PRENATAL TAB 27-0.8MG	3	
cyanocobalamin LOZG 500mcg; SOLN 1000mcg/ml; SUBL 1000mcg, 2500mcg, 3000mcg, 5000mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg	3	
CYTO B2 POWD 343mg/gm	3	
D3 DOTS TBDP 2000unit	3	
d3 maximum strength LIQD 5000unit/ml	3	
d3 vitamin LIQD 400unit/ml	3	
d3-50 CAPS 50000unit	3	
d 400 TABS 400unit	3	
d 1000 TABS 1000unit	3	
d 2000 TABS 2000unit	3	
D-BIOTIN CAP 10MG CAPS 10mg	3	
D-VI-SOL LIQD 400unit/ml	3	
DAILY MULTI TAB VIT/IRON	3	
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	3	
DECARA CAPS 25000unit	3	
DEKAS CAP ESSENTIA	3	
DEKAS LIQ ESSENTIA	3	
DEKAS PLUS LIQ	3	
dialyvite 800	3	
DIALYVITE WAF PLUS D	3	

Drug Name	Drug Tier	Requirements/Limits
DIALYVITE/ TAB ZINC	3	
DINO-LIFE CHW IRON-ZIN	3	
DRISDOL SOLN 8000unit/ml	3	
dry e-synthetic TABS 400unit	3	
E600 CAPS 600unit	3	
endur-acin TBCR 750mg	3	
endur-amide TBCR 500mg	3	
ENDUR-AMIDE TBCR 750mg	3	
ENDURACIN TAB 500MG SR TBCR 500mg	3	
ENFAMIL MIS EXPECTA	3	
eql air protector	3	
eql b complex	3	
eql gummies childrens	3	
eql niacin flush free CAPS 500mg	3	
ergocalciferol CAPS 50000unit	3	
ESTROFACTORS TAB	3	
EZFE FORTE CAP	3	
fa-8 CAPS .8mg; TABS 800mcg	3	
FLINTSTONES CHW COMPLETE	3	
FLINTSTONES CHW TODDLER	3	
FOLGARD TAB	3	
FOLIC + B12 TAB	3	
folic acid CAPS 5mg; TABS 1mg, 400mcg	3	

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID CAPS 20mg	3	
FOLIC ACID TAB 400MCG	3	
FOLTABS 800 TAB	3	
FRUIT C CHW 200MG	3	
FV VITAMIN E TAB 200IU TABS 200iu	3	
GERIATRIC LIQ VITAMIN	3	
GERITOL LIQ TONIC	3	
GEVRABON LIQ	3	
GNP DAILY MIS PRENATAL	3	
gnp niacin TABS 250mg	3	
gnp vitamin b1 TABS 100mg	3	
gnp vitamin d super stren TABS 5000unit	3	
HARD NAILS CAPS 2.5mg	3	
HCA NIACIN TAB 250MG TR	3	
HCA VIT B12 TAB 500MCG	3	
HCA VIT C CHW 250MG	3	
HCA VIT C CHW 500MG	3	
HONEY BEARS CHW	3	
hydroxocobalamin acetate SOLN 1000mcg/ml	3	
ICAPS LUTEIN TAB ZEAXANTH	3	
immune system booster	3	
iron w/ vitamin liq*	3	
k 100 TABS 100mcg	3	

Drug Name	Drug Tier	Requirements/Limits
KEY-E CHEW 400unit	3	
kp folic acid TABS 1mg	3	
kp niacin TABS 500mg	3	
kp vitamin e CAPS 100unit	3	
KPN PRENATAL TAB	3	
lexinal TABS 2.5mg	3	
LIQUI C LIQ 500/5ML LIQD 500mg/5ml	3	
liqui-e LIQD 400unit/15ml	3	
LIQUID C LIQ	3	
MEPHYTON TABS 5mg	3	
METHISCOL CAP	3	
methylcobalamin SUBL 1000mcg	3	
MIL-A-MULSIO EMU	3	
MTERYTI TAB	3	
MTERYTI TAB FOLIC 5	3	
multi-delyn	3	
MULTI-DELYN LIQ /IRON	3	
multiple vitamin cap*	3	
multiple vitamin tab*	3	
multiple vitamins w/ calcium tab*	3	
**multiple vitamins w/ min*	3	
multiple vitamins w/ minerals tab*	3	
MVW COMPLETE DRO PEDIATRI	3	

Drug Name	Drug Tier	Requirements/Limits
NANOVM POW 1-3 YRS	3	
NASCOBAL SOLN 500mcg/0.1ml	3	
nat-rul antioxidants c+e	3	
NEPHRO-VITE TAB RX	3	
NEPHRONEX LIQ 0.9/5ML	3	
nestrex TABS 25mg	3	
niacin CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg	3	
NIACIN FLUSH-FREE EXTRA S CAPS 750mg	3	
niacin tab cr 500 mg TBCR 500mg	3	
NIACIN TR TBCR 1000mg	3	
niacinamide TABS 500mg	3	
NIACINOL CAPS 500mg	3	
NICOBID CAP 125MG CR CPCR 125mg	3	
NICOBID CAP 250MG CR CPCR 250mg	3	
NICOBID CAP 500MG CR CPCR 500mg	3	
ONE A DAY CAP PRENATAL	3	
OPTIMAL D3 M CAPS 14000unit	3	
P D NATAL/FA TAB	3	
PALMITATE-A TABS 15000unit	3	
**pediatric multiple vitam*	3	
pediatric multiple vitamin w/ minerals & c chew tab 60 mg*	3	

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ iron chew tab 12 mg*	3	
pediatric multiple vitamins w/ iron chew tab*	3	
phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	3	
poly-c	3	
POLY-VI-SOL SOL 50MG/ML	3	
POLY-VI-SOL SOL IRON	3	
PRENAT MULTI CAP +DHA	3	
PRENATAL CAP FORMULA	3	
PRENATAL DHA PAK MULTI	3	
PRENATAL FRM TAB A-FREE	3	
PRENATAL GUM CHW 0.4-32.5	3	
PRENATAL TAB	3	
pyridoxine hcl TABS 50mg, 100mg, 250mg	3	
qc b-complex + vitamin c	3	
RA VITAMIN B-1 TABS 100mg	3	
RA VITAMIN B-12 LIQD 1000mcg/ml	3	
REPLESTA WAFR 50000unit	3	
REPLESTA CHILDRENS WAFR 14000unit	3	
riboflavin TABS 25mg, 50mg, 100mg	3	
RIBOFLAVIN TABS 400mg	3	
SCOOBY-DOO CHW	3	

Drug Name	Drug Tier	Requirements/Limits
SESAME ST CHW VITAMINS	3	
SLO-NIACIN TBCR 750mg	3	
SM B-COMPLEX TAB /VIT C	3	
sm biotin TABS 5000mcg	3	
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	3	
STRESS B CMP TAB /C TR	3	
STRESSCAPS CAP	3	
STUART ONE CAP	3	
SUPER DAILY D3 LIQD 1000unt/0.03ml	3	
SUPERIORSOURCE K1 TBDP 500mcg	3	
sv b12 SUBL 500mcg	3	
sv b12 fast dissolve TBDP 5000mcg	3	
th b complex/iron/vitamin	3	
THER B COMPL TAB W/C	3	
THERA MULTI LIQ	3	
THERA-D 4000 TABS 4000unit	3	
THERANATAL CAP ONE	3	
THERANATAL MIS COMPLETE	3	
THERANATAL PAK OVAVITE	3	
thiamine hcl SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg	3	
TRI-VI-SOL SOL A/C/D	3	
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	3	

Drug Name	Drug Tier	Requirements/Limits
VICKS VITAMIN C DROPS LOZG 60mg	3	
VIT C+ZINC TAB 15-60MG	3	
VITA-C CRY	3	
VITACRAVES CHW +OMEGA-3	3	
VITAMAX CHW	3	
vitamin a CAPS 8000iu; TABS 10000iu	3	
VITAMIN A CAP 8000UNIT	3	
VITAMIN B12 LIQD 3000mcg/ml	3	
VITAMIN B 12 LOZG 250mcg	3	
VITAMIN B-12 LOZG 50mcg	3	
VITAMIN B-12 SUB 1000MCG SUBL 1000mcg	3	
VITAMIN C SYRP 500mg/5ml; TABS 100mg	3	
VITAMIN C SOL	3	
VITAMIN D CAPS 400unit, 2000unit	3	
VITAMIN D2 TABS 400unit, 2000unit	3	
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit, 10000unit; TBDP 5000unit	3	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	3	
vitamin d3 ultra potency TABS 1250mcg	3	
vitamin e CAPS 400iu; TABS 200iu	3	
VITAMIN E TABS 100unit	3	
vitamin e-100 TABS 100unit	3	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN K TABS 100mcg	3	
VITAMIN K2 TABS 40mcg	3	
vitamin mixture tab*	3	
vitamins a & d cap**	3	
vitamins a & d tab**	3	
vitamins w/ lipotropics cap*	3	
ZINC & C LOZ 20-120MG	3	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL (12 mL / 30 days)
neo-polycin 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	2	NM, PA
ZIRGAN GEL .15%	2	
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) SOLN .07%, .075%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (ophth) SOLN .1%	1	
FLAREX SUSP .1%	2	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	2	
loteprednol etabonate SUSP .2%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
alaway SOLN .035%	3	
altazine moisture relief SOLN .05%	3	
azelastine hcl (ophth) SOLN .05%	1	
cromolyn sodium (ophth) SOLN 4%	1	
cvs olopatadine hydrochlo SOLN .2%	3	
eye allergy itch relief SOLN .2%	3	
eye allergy itch/redness SOLN .1%	3	
gnp olopatadine hydrochlo SOLN .1%, .2%	3	
hm eye allergy itch/redne SOLN .1%	3	
NAPHCON-A SOL OP	3	
olopatadine hcl SOLN .1%, .2%	3	
OPCON-A SOL OP	3	
PATADAY SOLN .1%, .2%	3	

Drug Name	Drug Tier	Requirements/Limits
PATADAY EXTRA STRENGTH SOLN .7%	3	
tgt eye allergy relief	3	
VISINE SOLN .05%	3	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate SOLN .15%, .2%	1	
brinzolamide SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	2	
MISCELLANEOUS		
adsorbonac SOLN 5%	3	

Drug Name	Drug Tier	Requirements/Limits
ak-rinse	3	
AKWA TEARS OIN OP	3	
ALCON SALINE SOL SEN EYES	3	
altalube	3	
20/20 artificial tears	3	
artificial tears SOLN 1.4%	3	
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
biolle gel tears GEL 1%	3	
biolle tears SOLN .5%	3	
BLINK TEARS LUBRICATING E SOLN .25%	3	
COLLYRIUM SOL OP	3	
cvs gentle lubricant eye SOLN .3%	3	
cvs lubricant eye drops SOLN .5%	3	
cvs lubricant gel drops GEL 1%	3	
CYSTADROPS SOLN .37%	2	NM, PA
CYSTARAN SOLN .44%	2	NM, PA
DAKRINA SOL 2.7-2%	3	
eq artificial tears	3	
eq lubricant eye drops hi	3	
EYE STREAM SOL OP	3	
EYSUVIS SUSP .25%	2	
GENTEAL GEL	3	

Drug Name	Drug Tier	Requirements/Limits
GENTEAL MILD TO MODERATE SOLN .3%	3	
GENTEAL SEVERE GEL .3%	3	
GENTEAL TEAR SOL MOD PF	3	
GONAK SOLN 2.5%	3	
gonioscopic prism SOLN 2.5%	3	
goodsense lubricant eye d	3	
HCA TEARS SOL PLUS	3	
ISOPTO TEARS SOLN .5%	3	
LIQUIFILM TEARS SOLN 1.4%	3	
lubricant eye drops SOLN .6%	3	
lubricant eye drops/dual-	3	
LUBRICNT GEL DRO 0.25-0.3	3	
MIEBO SOLN 1.338gm/ml	2	
MOISTURE EYE DRO	3	
moisturizing lubricant ey SOLN .25%	3	
MURO 128 OINT 5%; SOLN 2%, 5%	3	
optics mini drops	3	
proparacaine hcl SOLN .5%	1	
ra cleaning/disinfecting SOLN 3%	3	
REFRESH DRO OP	3	
REFRESH GEL OPTIVE	3	
REFRESH LIQUIGEL GEL 1%	3	
REFRESH OPTI DRO 0.5-0.9%	3	

Drug Name	Drug Tier	Requirements/Limits
REFRESH PLUS SOLN .5%	3	
REFRESH SOL OPTIVE	3	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
RETAINE HPMC SOLN .3%	3	
RETAINE MGD EMU 0.5-0.5%	3	
sodium chloride hypertonic OINT 5%	3	
STERILE LUBRICANT DROPS LIQD .7%	3	
SYSTANE BALANCE RESTORATI SOLN .6%	3	
SYSTANE FREE GEL	3	
SYSTANE PF SOL	3	
TEARS NATURA OIN PM	3	
THERATEARS GEL 1%; SOLN .25%	3	
VISINE PURE DRO TEARS	3	
VISINE TIRED EYE RELIEF SOLN 1%	3	
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
neomycin-polymyxin-hc otic soln 1%	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	2	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ANTIHISTAMINES		
AHIST TABS 25mg	3	
ALA-HIST IR TABS 2mg	3	

Drug Name	Drug Tier	Requirements/Limits
alavert TABS 10mg; TBDP 10mg	3	
ALAVERT SYP	3	
aler-cap CAPS 25mg; TABS 25mg	3	
all day allergy childrens CHEW 5mg, 10mg	3	
aller-chlor SYRP 2mg/5ml; TABS 4mg	3	
aller-ease TABS 60mg	3	
aller-ease childrens SUSP 30mg/5ml	3	
allergy TBCR 12mg	3	
allergy childrens SOLN 5mg/5ml	3	
allergy rapid melts child CHEW 12.5mg	3	
azelastine hcl SOLN .1%	1	
banophen CAPS 50mg	3	
BENADRYL ALLERGY CHEW 12.5mg	3	
BENADRYL CAP 25MG CAPS 25mg	3	
BENADRYL TAB 25MG TABS 25mg	3	
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg	3	
CHLOR-TRIMETON REPETABS TBCR 12mg	3	
CLARITIN CAPS 10mg	3	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml	3	
ED CHLORPED LIQD 2mg/ml	3	
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	3	
HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml	3	
HISTEX PD LIQD .938mg/ml	3	
HISTEX PDX LIQD 1.25mg/ml	3	
24hr allergy relief TABS 180mg	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	2	PA; PA applies if 70 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
KC ALLERGY LIQ RELIEF	3	
kp cetirizine hcl TABS 5mg	3	
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
loratadine CAPS 10mg	3	
m-hist pd LIQD .625mg/ml	3	
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	3	
ra allergy LIQD 12.5mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
sm allergy relief TABS 1.34mg	3	
TAVIST ALLERGY TABS 1.34mg	3	
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml	3	
VANACLEAR PD LIQD .313mg/ml	3	
VANAHIST PD LIQD .625mg/ml	3	
VANAMINE PD LIQD 6.25mg/ml	3	
ZYRTEC CHILDRENS ALLERGY SOLN 1mg/ml	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
COUGH AND COLD		
a.r.m.	3	
aceta-gesic	3	
acetadryl	3	
acta-tabs pe	3	
ACTICON SOL 1-30	3	
ACTICON TAB 2-60MG	3	
ACTIDOGESIC TAB 1-500MG	3	
actifed cold/sinus	3	
ACTINEL LIQ	3	
ACTINEL LIQ PEDIATRI	3	
ADULT DISPOS MIS MOUTHPIE	3	
ADVIL COLD/ TAB SINUS	3	
af-dibromm	3	
af-dibromm dm	3	
af-ibup sinus	3	
af-pseudoephedrine hcl TABS 30mg	3	
af-tussin dm	3	
AFRIN SPR 0.05% SOLN .05%	3	
AIRZONE PEAK MIS FLOW MTR	3	
ALA-HIST PE TAB 2-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
ALAHIST CF TAB 10-2-20	3	
ALAHIST DM LIQ 7.5-2-15	3	
alavert allergy/sinus	3	
ALEVE COLD & TAB SINUS	3	
alka-seltzer plus night c	3	
ALKA-SELTZER TAB PLS COLD	3	
all day allergy d-12	3	
all day pain relief sinus	3	
all-nite multi-symptom co	3	
allerest	3	
allergy multi-symptom	3	
allergy multi-symptom nig	3	
ALLERGY/SINU TAB HEADACHE	3	
ALLFEN TABS 400mg	3	
allfen dm	3	
ALOE VESTA LIQ WHIRLBTH	3	
altarussin SYRP 100mg/5ml	3	
altarussin dm	3	
ambi 10peh/400gfn	3	
ambi 10peh/400gfn/20dm	3	
ambi 12.5cpd/1dcpm/30pse	3	
ambi 40pse/400gfn	3	
AMBI 60PSE/ TAB 400GFN	3	

Drug Name	Drug Tier	Requirements/Limits
ambitussin ac	3	
ANTIHIST NAS TAB DECONGES	3	
ANTITUSS CG/ SYP CODEINE	3	
AP-HIST DM LIQ 7.5-4-15	3	
AQUANAZ TAB	3	
BENADRYL TAB ALL/COLD	3	
BENYLIN SYP 15MG/5ML SYRP 15mg/5ml	3	
BENYLIN-DME LIQ	3	
BENZEDREX INH	3	
benzonatate CAPS 100mg, 200mg	3	
bidex TABS 400mg	3	
bio t pres	3	
biofed LIQD 30mg/5ml	3	
BROHIST D TAB 4-10MG	3	
bromfed dm	3	
broncho saline AERS .9%	3	
BROTAPP DM LIQ 15-1-5/5	3	
camphor-eucalyptus-menthol - oint**	3	
CAPMIST DM TAB	3	
CAPRON DM LIQ	3	
CAPRON DMT TAB 30-30MG	3	
CARBAPHEN CH SUS	3	
chest congestion & pain r	3	

Drug Name	Drug Tier	Requirements/Limits
chest congestion relief d	3	
childrens plus multi-symp	3	
childrens pseuphedrin LIQD 15mg/5ml	3	
CHILDRENS SUS PLUS CLD	3	
childs allergy cold/cough	3	
CHLO HIST SOL	3	
CHLO TUSS LIQ	3	
CLEAN START TAB VAPORIZE	3	
CLEAR COUGH LIQ PM	3	
CLOFERA LIQ	3	
CNTC CLD/FLU TAB DAY/NGHT	3	
codar gf	3	
CODITUSSIN LIQ AC	3	
CODITUSSIN LIQ DAC	3	
666 cold	3	
cold & flu relief nightti	3	
cold head congestion day/	3	
cold head congestion dayt	3	
666 cold preparation	3	
cold relief plus	3	
COMTREX CLD/ PAK CGH D/NT	3	
COMTREX COLD TAB & COUGH	3	
comtrex severe cold & sin	3	

Drug Name	Drug Tier	Requirements/Limits
contac cold+flu maximum s	3	
contac-d TABS 10mg	3	
corfen-dm	3	
CORICIDN HBP TAB 2-325MG	3	
CORICIDN HBP TAB CGH&COLD	3	
cough & chest congestion	3	
cough & cold	3	
cough cold & sore throat	3	
cough suppressant long-ac SYRP 15mg/5ml	3	
coughtab TABS 200mg	3	
cvs allergy relief d	3	
CVS CHEST CONGESTION CHIL PACK 100mg	3	
cvs chest congestion plus	3	
cvs chest rub medicated	3	
cvs cold & cough children	3	
cvs cold & cough nighttim	3	
cvs cold & flu bp	3	
cvs cold & sinus multi-sy	3	
cvs flu & severe cold nig	3	
cvs nighttime cough	3	
cvs stuffy nose & cold ch	3	
DAY TIME CAP COLD/FLU	3	

Drug Name	Drug Tier	Requirements/Limits
daytime multi-symptom col	3	
DECONEX DMX TAB	3	
DECONEX IR TAB 10-385MG	3	
DELSYM SUER 30mg/5ml	3	
despec	3	
dexbrompheniramine-phenylephrine tab 2-10 mg	3	
dextromethorphan hbr SYRP 10mg/5ml	3	
dextromethorphan-guaifene	3	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	3	
DIABETIC TUS LIQ DM	3	
DIABETIC TUS LIQ EX	3	
DIABETIC TUS LIQ MAX STR	3	
DIMETAPP CLD ELX /ALLERGY	3	
DIMETAPP ELX 1-15/5ML	3	
DIMETAPP LIQ CHILD	3	
DOLOGEN TAB	3	
DORCOL LIQ DECONGES LIQD 15mg/5ml	3	
doxylamine-phenylephrine tab 7.5-10 mg	3	
DURAFLU TAB	3	
DURAVENT DM TAB	3	
ED A-HIST DM TAB 10-4-10	3	
ED A-HIST LIQ 4-10/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ED BRON GP LIQ	3	
ED CHLORPED DRO D	3	
eq cold & cough dm child	3	
eq tussin dm cough/chest	3	
eql flu & severe cold mul	3	
eql tussin dm cough/chest	3	
EXCEDRIN SIN TAB HEADACHE	3	
FLOWTUSS SOL 2.5-200	3	
FLU & SORE POW THROAT	3	
geri-tussin dm	3	
GLEN PE LIQ	3	
GLENAX PEB LIQ	3	
GLENTUSS LIQ	3	
GLUCOSSIN-DM LIQD 15mg/5ml	3	
gnp allergy & congestion	3	
gnp allergy plus sinus he	3	
gnp allergy sinus pe day	3	
goodsense cold & head con	3	
goodsense cough dm SUER 30mg/5ml	3	
goodsense day time cold &	3	
goodsense nighttime cold	3	
guaicon dms	3	
guaifenesin liquid 100 mg LIQD 100mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
GUAIFENESIN TAB 200 MG TABS 200mg	3	
HCA SUPHEDRI TAB PLUS	3	
HCA TUSSIN LIQ CF	3	
HISTAGESIC TAB	3	
HISTEX-AC SYP	3	
HISTEX-DM SYP	3	
HISTEX-PE SYP 2.5-10/5	3	
hm severe cold cough & fl	3	
hm severe cold/cough/flu	3	
12 hour cold TB12 120mg	3	
HUMIBID CS TAB 20-400MG	3	
HUMIBID MAXIMUM STRENGTH TB12 1200mg	3	
HYCOFENIX SOL	3	
HYDROC/GUAIF SOL 2.5-200	3	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	3	
hydromet	3	
LODRANE D CAP 4-60MG	3	
LOHIST-DM SYP 5-2-10MG	3	
lohist-peb	3	
LORTUSS DM LIQ	3	
LORTUSS EX LIQ	3	

Drug Name	Drug Tier	Requirements/Limits
LORTUSS LQ LIQ	3	
3M AIR WARM MIS MASK	3	
M-CLEAR WC LIQ 100-6.33	3	
M-END DMX LIQ	3	
M-END PE LIQ	3	
m-end wc	3	
MAPAP SINUS TAB PE	3	
MAR-COF BP LIQ 30-2-7.5	3	
MAR-COF CG LIQ 225-7.5	3	
MAXIPHEN DM TAB	3	
medi-tussin dm	3	
MEDICATED OIN RUB	3	
MEDIFIN PE TAB 10-400MG	3	
MICROSPACER MIS	3	
MS COLD MIS DAY/NITE	3	
MUCINEX TB12 600mg	3	
MUCINEX CAP DAY/NGHT	3	
MUCINEX CAP FAST-MAX	3	
MUCINEX CGH GRA 5-100MG	3	
MUCINEX CHLD LIQ MULTISYM	3	
MUCINEX COLD LIQ /KIDS	3	
MUCINEX COLD LIQ CHILD	3	
MUCINEX COLD LIQ SINUS	3	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX D TAB 60-600MG	3	
MUCINEX D/N PAK FAST/MAX	3	
MUCINEX FAST MIS DAY/NGHT	3	
MUCINEX FAST TAB 5-10-200	3	
mucinex fast-max day time	3	
mucinex sinus-max day/nig	3	
mucus congestion & cough	3	
mucus relief dm	3	
mucus relief dm maximum s	3	
NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml	3	
NASOPEN PE LIQ	3	
NEO-SYNEPHRINE SOLN 1%	3	
NEXAFED SINS TAB + PAIN	3	
NIGHT TIME CAP COLD/FLU	3	
nighttime cold & flu	3	
nighttime sinus & congest	3	
NINJACOF LIQ	3	
NINJACOF-A LIQ	3	
NINJACOF-XG LIQ 200-8/5	3	
NIVANEX DMX TAB	3	
non-asa severe allergy	3	
NYQUIL COUGH LIQ 6.25-15	3	
NYQUIL SINEX CAP NT RELF	3	

Drug Name	Drug Tier	Requirements/Limits
OBREDON SOL 2.5-200	3	
oxymetazoline hcl SOLN .05%	3	
PEDIACARE INFANT SOLN 7.5mg/0.8ml	3	
PEDIACARE LIQ CGH/COLD	3	
PEDIATRIC MIS MASK	3	
PERCOGESIC TAB 12.5-325	3	
PHANATUSS SYP	3	
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	3	
phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml	3	
phenylephrine w/ dm-gg tab 10-17.5-385 mg	3	
POLY HIST TAB 7.5-10MG	3	
POLY-HIST DM LIQ 5-25-10	3	
POLY-HIST PD LIQ	3	
POLY-TUSSIN LIQ 10-4-10	3	
POLY-VENT DM TAB	3	
POLY-VENT IR TAB 60-380MG	3	
PRO-RED AC SYP 5-1-9/5	3	
promethazine vc/codeine	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	3	
promethazine-dm syrup 6.25-15 mg/5ml	3	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	3	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3	
pseudoephedrine hcl SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg	3	
PYRILAMIN/PE TAB 25-10MG	3	
q-tussin dm	3	
ra day/night maximum stre	3	
ra severe cold/night time	3	
ra tussin cough dm sugar	3	
REFENESEN TAB CHST CNG	3	
relcof c	3	
RESCON TAB 2-60MG	3	
RESCON-DM SYP	3	
RESPAIRE-30 CAP	3	
robafen dm clear	3	
robafen dm cough clear	3	
ROBITUSSIN COUGHGELS CAPS 15mg	3	
ROBITUSSIN LIQ CGH/CLD	3	
ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml	3	
RYDEX LIQ	3	
RYMED TAB 2-10MG	3	
sb cough control CAPS 15mg	3	

Drug Name	Drug Tier	Requirements/Limits
sb cough control cf	3	
sb cough relief LIQD 15mg/5ml	3	
siltussin-dm	3	
SINUS RELIEF TAB DAY/NGHT	3	
sm tussin dm	3	
sm tussin dm cough/chest	3	
STAHIST AD LIQ	3	
STAHIST AD TAB 25-60MG	3	
SUDAFED PE MAXIMUM STRENG TABS 10mg	3	
SUDAFED PE PAK COLD	3	
SUDAFED SINUS CONGESTION TABS 30mg	3	
SUDAFED TAB 60MG TABS 60mg	3	
TESSALON PERLES CAPS 100mg	3	
tg 10peh/380gfn/15dm	3	
tgt cough formula dm max	3	
th cold & allergy	3	
THERAFLU PAK SEV COLD	3	
THERAFLU SEV POW COLD/CGH	3	
TRIAMINIC NT LIQ COLD/CGH	3	
TRIAMINIC SOL COLD/CGH	3	
TRIAMINIC SYP CLD/ALRG	3	
TRIAMINIC SYP COLD/CGH	3	

Drug Name	Drug Tier	Requirements/Limits
triprolidine & pseudoephedrine tab 2.5-60 mg	3	
trymine cg	3	
TUSNEL C SYP	3	
TUSNEL PED DRO 7.5-50	3	
TUSNEL TAB	3	
TUSNEL-DM DRO PEDIATRC	3	
tussin dm	3	
TYL ALLERGY TAB SINUS	3	
TYLENOL ALLE TAB MULTI-SY	3	
TYLENOL CHLD SUS COLD FLU	3	
TYLENOL COLD LIQ MAX	3	
TYLENOL COLD LIQ MULTI-S	3	
TYLENOL COLD LIQ MULTI-SY	3	
TYLENOL COLD TAB HEAD CON	3	
TYLENOL COLD TAB RELIEF	3	
TYLENOL SINU PAK CNG/PAIN	3	
TYLENOL TAB CLD/HD	3	
VANACOF AC LIQ 12.5-25	3	
VANACOF DM LIQ	3	
VANACOF LIQ	3	
VANACOF-8 LIQ 25-50/15	3	
VANATAB AC TAB 12.5-25	3	
VANATAB DM TAB 5-9-198	3	

Drug Name	Drug Tier	Requirements/Limits
vazotab	3	
vicks dayquil severe cold	3	
VICKS NYQUIL LIQ COLD/FLU	3	
VICKS OIN VAPORUB	3	
WAL-FLU COLD POW SORE THR	3	
wal-tussin cough & chest	3	
4-way fast acting SOLN 1%	3	
ZUTRIPRO LIQ 60-4-5MG	3	
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
afrin saline nasal mist	3	
ALYFTREK TAB 4-20-50	2	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	2	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	2	NM, PA
asthmanefrin refill NEBU 2.25%	3	
ayr nasal drops SOLN .65%	3	
AYR NASAL DROPS SOLN .65%	3	
AYR NASAL MIST ALLERGY & SOLN 2.65%	3	
AYR SALINE KIT NETI RNS	3	
ayr saline nasal	3	

Drug Name	Drug Tier	Requirements/Limits
bronchial mist AERS .22mg/act	3	
BRONCHITOL CAPS 40mg	2	QL (560 caps / 28 days), NM, PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
cromolyn sodium (nasal) AERS 4%	3	
CVS NASAL MIST AERS .9%, 3%	3	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPINEPHRINE AER MIST AERS .22mg/act	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	2	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	2	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	2	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	2	QL (60 tabs / 30 days), NM, PA
NASADROPS SALINE ON THE G SOLN .9%	3	
NASOGEL GEL	3	
OCEAN NASAL SPRAY SOLN .65%	3	
OFEV CAPS 100mg, 150mg	2	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	2	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	2	QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	2	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	2	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	2	QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	2	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	2	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	2	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	2	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	2	NM, PA
RHINARIS SOLN .2%	3	
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast TABS 500mcg	1	QL (30 tabs / 30 days)
S2 NEBU 2.25%	3	
SINUS WASH CRY SALT	3	
SYMDEKO TAB 50-75MG	2	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	2	QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	2	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	2	QL (56 packs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG	2	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	2	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	2	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	2	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	2	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	2	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	2	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	2	NM, PA
NASAL STEROIDS		
FLONASE SENSIMIST SUSP 27.5mcg/spray	3	
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
gnp 24 hour nasal allerg AERO 55mcg/act	3	
kls aller-flo SUSP 50mcg/act	3	
NASACORT ALR SPR 55MCG/AC	3	
XHANCE EXHU 93mcg/act	2	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	2	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160mcg/act	2	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	2	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
acne 10 GEL 10%	3	
acne foaming wash LIQD 10%	3	
ACNE MEDICATION LOTN 10%	3	
acne medication 5 GEL 5%	3	
ACNE MEDICATION 5 LOTN 5%	3	
ACNEFREE KIT SEVERE	3	
amnesteem CAPS 10mg, 20mg, 40mg	1	PA
benzoyl peroxide GEL 2.5%; LOTN 5%, 10%	3	
benzoyl peroxide cleanser LIQD 6%	3	
BENZOYL PEROXIDE CLEANSER LIQD 6%	3	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosphate (topical) GEL 1%	1	QL (75 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
cvs acne cleansing bar BAR 10%	3	
cvs advanced 3-in-1 exfol LIQD 5%	3	
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	QL (75 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
alba-3	3	
ANTIBIOTIC CRE	3	
BACIGUENT OINT 500unit/gm	3	
bacitracin (topical) OINT 500u/gm	3	
bacitracin zinc OINT 500unit/gm	3	
bacitracin-polymyxin b oint**	3	
eql antibiotic + pain rel	3	
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mp triple antibiotic plus	3	

Drug Name	Drug Tier	Requirements/Limits
mupirocin OINT 2%	1	QL (220 gm / 30 days)
MYCITRACIN OIN	3	
POLYSPORIN OIN	3	
ra antibiotic/pain relief	3	
silver sulfadiazine CREA 1%	1	
SPECTROCIN OIN PLUS	3	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	2	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
absorbine jr SOLN 1%	3	
AFTATE ATHLE POW FOOT 1% POWD 1%	3	
aftate athlete's foot AERO 1%	3	
ALEVAZOL OINT 1%	3	
ALOE VESTA 2-N-1 ANTIFUNG OINT 2%	3	
antifungal CREA 1%, 2%	3	
athletes foot powder spra AERP 2%	3	
AZOLEN TINCTURE SOLN 2%	3	
butenafine hcl CREA 1%	3	
castellani paint LIQD 1.5%	3	
ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
CLOVERINE OIN SALVE	3	
critic-aid clear af OINT 2%	3	
CRUEX CRE 1%	3	
cvs af spray powder AERP 1%	3	
DESENEX MAX CREA 1%	3	
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
eql antifungal CREA 1%	3	
FUNGOID TINCTURE KIT 2%	3	
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
LAMISIL ADVANCED GEL 1%	3	
MICATIN AERP 2%	3	
MICATIN CRE 2%	3	
MICATIN POW 2% POWD 2%	3	
NP-27 AERP 1%; CREA 1%	3	
NP-27 SOL 1% SOLN 1%	3	
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
original ointment	3	
ra antifungal foot care CREA 1%	3	
remedy phytoplex antifung POWD 2%	3	
selenium sulfide LOTN 2.5%	1	
TINACTIN AERO 1%	3	
tolnaftate POWD 1%	3	
DERMATOLOGY, ANTIHISTAMINES		
allergy cream CREA 2%	3	
allergy relief maximum st	3	
BENADRYL CRE 2% EX ST	3	
BENADRYL MAXIMUM STRENGTH SOLN 2%	3	
BENADRYL SPR 2-0.1%	3	
diphenhydramine hcl (topical) SOLN 2%	3	
diphenhydramine-zinc acetate cream 2-0.1%	3	
ITCH RELIEF CREA 2%	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	2	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	1	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (60 gm / 30 days)
CORTIZONE-10 CRE 1%	3	
cortizone-10 eczema LOTN 1%	3	
CORTIZONE-10 OIN 1%	3	
CORTIZONE-10 SOL SCALP 1% SOLN 1%	3	
eql anti-itch maximum str OINT 1%	3	

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HYDROCORT CRE 0.5%	3	
HYDROCORT CRE 1%	3	
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) CREA .5%; OINT .5%; SOLN 1%	3	
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 0.5%	3	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
tgt anti-itch/aloe maximu	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	1	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
A + D PERSON LOT	3	
a+d first aid	3	
ABREVA CREA 10%	3	
absorbine jr back patch PTCH 5%	3	
ACNE-AID BAR	3	
ACNO CLEANSE LIQ	3	
ACTIMARIS GEL WOUND	3	
advanced healing ointment OINT 41%	3	
AGREE SHA EX CLEAN	3	

Drug Name	Drug Tier	Requirements/Limits
ala seb	3	
ALCOHOL SOL /WG 70%	3	
alcohol, rubbing SOLN 70%	3	
ALLCLENZ LIQ	3	
aloe vesta 2-n-1 body was	3	
ALOE VESTA 2-N-1 SKIN CON LOTN 3%	3	
alphasoft	3	
ALUMINUM CHLORIDE CRYS 25%	3	
ameda triple zero lanolin	3	
americerin	3	
AMERIGEL LOT BARRIER	3	
ameriphor	3	
amlactin CREA 12%	3	
AMMENS MEDIC POW	3	
amplify relief mm	3	
analgesia CREA 10%	3	
ANALPRAM-HC LOT 2.5%	3	
anecream CREA 4%	3	
anecream5 CREA 5%	3	
anti-dandruff shampoo SHAM 1%	3	
ANTI-ITCH LOT 1% LOTN 1%	3	
anti-itch medication	3	
ANTIPHLOGIST CRE	3	

Drug Name	Drug Tier	Requirements/Limits
antiseptic SOLN 10%	3	
antiseptic skin cleanser SOLN 4%	3	
anusol-hc SUPP 25mg	3	
AQUA CARE CREA 10%	3	
aqua care CREA 10%; LOTN 10%	3	
aqua lube	3	
aqua net conditon norm	3	
AQUAPHILIC OIN	3	
AQUAPHOR 3 IN 1 DIAPER RA CREA 15%	3	
AQUASITE PAD 4"X4"	3	
ARCTIC RELIEF PAIN RELIEV	3	
arctic relief roll-on pai GEL 4%	3	
ARGLAES POW	3	
arthritis pain relieving CREA .075%	3	
ASPERCREME/ALOE CREA 10%	3	
AVEENO ANTI- LOT ITCH	3	
AVEENO BABY SOOTHING RELI CREA 13%	3	
AVEENO SKIN OIL RELIEF	3	
baby ease OINT 30%	3	
BABY EYELID PAD CLEANSER	3	
BABY MONKEY CRE 2-12%	3	
baby vitamin a & d	3	
BALMEX CREA 11.3%; STCK 11.3%	3	

Drug Name	Drug Tier	Requirements/Limits
BALMEX ADULT CARE CREA 11.3%	3	
BALMEX COMPLETE PROTECTIO CREA 11.3%	3	
BASIS FACIAL CRE MOIST	3	
BAZA CLEANSE & PROTECT LOTN 2%	3	
BENGAY CRE GREASLES	3	
bengay pain relief/massag GEL 2.5%	3	
BENZOIN CMPD TIN	3	
benzoin compound tincture	3	
BENZOIN TIN	3	
benzoin tincture	3	
BERRI-FREEZ PAIN RELIEVIN LIQD 10%	3	
BETADINE OINT 10%; SOLN 5%, 10%	3	
BETADINE PREPSTICK SWAB 10%	3	
BETADINE SCR SOL 7.5% SOLN 7.5%	3	
BETASAL SHA 3% SHAM 3%	3	
betasept surgical scrub LIQD 4%	3	
bexarotene (topical) GEL 1%	2	QL (60 gm / 30 days), NM, PA
biofreeze LIQD 10%	3	
biofreeze cool the pain AERO 10.5%	3	
bl cold & hot therapy bal	3	
BL ISOPROPYL ALCOHOL SOLN 91%, 99%	3	
bl isopropyl rubbing alco SOLN 70%	3	

Drug Name	Drug Tier	Requirements/Limits
BL ISOPROPYL RUBBING ALCO SOLN 70%	3	
BL MINERAL OIL LIGHT	3	
bl wart remover LIQD 17%	3	
BL WITCH HAZ LIQ 86%	3	
blue gel GEL 2%	3	
BLUE STAR OIN	3	
BORIC ACID GRA	3	
boric acid granules	3	
BOUDREAUXS BUTT PASTE OINT 16%	3	
BULL FROG SPR MOSQUITO	3	
BURN SPRAY AER	3	
CALAMINE LOT	3	
CALAMINE LOT PHENOLAT	3	
calamine lotion**	3	
calamine phenolated lotion**	3	
calamine plus	3	
CALAMINE POW	3	
calamine powder	3	
CALAZIME SKN PST PROTECT	3	
CAMPHOR CRY	3	
camphor crystals	3	
capsaicin CREA .025%, .075%	3	
CAPSAICIN POW	3	

Drug Name	Drug Tier	Requirements/Limits
CAPZASIN-HP CREA .1%	3	
CAPZASIN-P CRE 0.025% CREA .025%	3	
carb-o-philic/20 CREA 20%	3	
CARMOL 10 LOTN 10%	3	
CARMOL 20 CREA 20%	3	
cerave baby LOTN 1%	3	
CLORPACTIN WCS-90 POWD 2gm	3	
COATS ALOE CREME CREA .5%	3	
COATS ALOE GELLY GEL .5%	3	
COATS ALOE MOISTURIZING L LOTN .5%	3	
COLEMAN 100 MAX INSECT RE LIQD 98.11%	3	
COLEMAN INSECT REPELLENT/ AERO 25%	3	
COLEMN BOTAN LIQ INSECT	3	
COLEMN INSEC SPR SKINSMAR	3	
COMFEEL FILM MIS	3	
COMPOUND W LIQD 17%	3	
COMPOUND W MAXIMUM STRENG GEL 17%	3	
constant-clens	3	
corn fix SOLN 17%	3	
cottontails diaper rash c OINT 10%	3	
COZIMA CREA 24%	3	
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	3	

Drug Name	Drug Tier	Requirements/Limits
cvs alcohol SOLN 91%	3	
cvs anti-itch	3	
cvs anti-itch sensitive s LOTN 1%	3	
cvs hydrogen peroxide SOLN 3%	3	
cvs muscle rub	3	
cvs wart remover gel pen GEL 17%	3	
DAKINS SOLUTION FULL STRE SOLN .5%	3	
DAKINS SOLUTION HALF STRE SOLN .25%	3	
DAKINS SOLUTION QUARTER S SOLN .125%	3	
DERMAGRAN OIN	3	
dermamed	3	
dermatological products misc - aerosol*	3	
DERMAZINC SPRAY LIQD .25%	3	
desitin CREA 13%	3	
DESITIN OINT 40%	3	
DESITIN CREAMY OINT 10%	3	
DESITIN MAXIMUM STRENGTH PSTE 40%	3	
desitin rapid relief CREA 13%	3	
DHS TAR SHAM .5%	3	
DHS ZINC SHA 2% SHAM 2%	3	
diaper rash CREA 10%	3	
dibucaine (rectal) OINT 1%	3	

Drug Name	Drug Tier	Requirements/Limits
dickinsons witch hazel	3	
diclofenac sodium (topical) SOLN 1.5%	1	QL (300 mL / 28 days)
docosanol CREA 10%	3	
DR SMITHS ADULT BARRIER OINT 10%	3	
DR SMITHS ADULT BARRIER S AERO 10%	3	
DRS CHOICE KIT CLOSURE	3	
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	
e-oil OIL 400unit/ml	3	
eck a & d	3	
ECK IODINE TIN 2%	3	
EHA LOTION 4% LOTN 4%	3	
ELA-MAX CREA 4%	3	
ELA-MAX 5 CREA 5%	3	
ELTA SEAL MOISTURE BARRIE CREA 6%	3	
emollient - cream*	3	
ENEGEL GEL	3	
eq hygienic cleansing wip	3	
eql aloe after sun	3	
ETHY ALCOHOL SOL 70%	3	
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
FORAXA EMU	3	
formaldehyde SOLN 37%	3	

Drug Name	Drug Tier	Requirements/Limits
FORMALDEHYDE SOLN 37%	3	
formulation r	3	
FP ANTI-ITCH CRE MEDICATE	3	
FREEZE IT GEL 0.2-3.5%	3	
fv iodine tincture	3	
geri-hydrolac LOTN 5%	3	
glycerin topical liquid	3	
glycolic acid SOLN 70%	3	
gnp arthritis pain relief CREA .1%	3	
gnp isopropyl alcohol SOLN 99%	3	
GOLD BOND POW	3	
gold bond rapid relief	3	
GOLD DUST POW WOUND	3	
GOODSENSE CAPSAICIN ARTHR LIQD .15%	3	
goodsense hemorrhoidal	3	
goodsense hemorrhoidal oi	3	
grx dyne swab SWAB 10%	3	
grx wound	3	
h-chlor 12 SOLN .125%	3	
hca alcohol swabs	3	
HCA GLYCERIN LIQ	3	
HCA HEMORRHO OIN	3	
hemorrhoid	3	

Drug Name	Drug Tier	Requirements/Limits
hemorrhoidal	3	
hemorrhoidal cooling	3	
hemorrhoidal suppositorie	3	
HEMORROID SUP 3%	3	
HIBICLENS LIQ 4% LIQD 4%	3	
HIBICLENS SOL 4% SOLN 4%	3	
HUGGIES DIAPER RASH CREAM CREA 10%	3	
hydrocortisone (rectal) CREA 1%, 2.5%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
HYDROGEN PEROXIDE SOLN 3%	3	
hysept 25 SOLN .25%	3	
hysept 50 SOLN .5%	3	
ICY HOT PAIN RELIEVING GE GEL 2.5%	3	
imiquimod CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	3	
IODINE TIN 2% MILD	3	
IODINE TIN STRONG	3	
iodine tincture strong*	3	
IODOFLEX PADS .9%	3	
IODOSORB GEL .9%	3	
ionil-t SHAM 1%	3	
isopropyl alcohol 70%	3	

Drug Name	Drug Tier	Requirements/Limits
ISOPROPYL ALCOHOL WIPES MISC 70%	3	
JESSNERS SOL	3	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
LACTICARE LOT 5%	3	
lidocaine pain relief pat PTCH 4%	3	
liniments & rubs - cream*	3	
liniments & rubs - ointment*	3	
LMX 4 CREA 4%	3	
LUXAMEND CRE	3	
3M DURABLE CRE MOISTURI	3	
MEDERMA CRE SPF 30	3	
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
MOISTURE BARRIER CREA 5%	3	
moisturel therapeutic LOTN 3%	3	
moisturizing lotion LOTN 1.5%	3	
MUSCLE RUB CRE ULT STR	3	
MUSCLE RUB OIN	3	
4-N-1 CREA 1%	3	
NATRAPEL LIQD 20%	3	
NATRAPEL 12-HOUR TICK & I AERO 20%	3	
nitroglycerin (intra-anal) OINT .4%	1	QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
noble formula LIQD .25%	3	
NUPERCAINAL OINT 1%	3	
OCUSOFT LID AER ORIGINAL	3	
OPERAND CHLORHEXIDINE GLU LIQD 2%	3	
OXIPOR VHC LOT	3	
PANRETIN GEL .1%	2	QL (60 gm / 30 days), PA
PETROLATUM OIN	3	
PHARMABASE BARRIER OINT 9.38%	3	
PHENOL LIQ	3	
phenol liquid	3	
phenylephrine in hard fat	3	
pimecrolimus CREA 1%	1	QL (100 gm / 30 days), PA
podofilox SOLN .5%	1	QL (7 mL / 28 days)
POLAR FROST GEL 4%	3	
povidone-iodine OINT 10%; SOLN 5%, 7.5%	3	
POVIDONE-IODINE PREP PAD PADS 10%	3	
powders POWD .1%	3	
pramoxine hcl (rectal) FOAM 1%	3	
PREDATOR CREA 4%	3	
PREPARATIO H CRE TOTABLE	3	
PREPARATIO H GEL	3	
PREPARATION OIN H	3	

Drug Name	Drug Tier	Requirements/Limits
PROCORT CRE	3	
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOCORT SUPP 30mg	3	
PROCTOFOAM AER NS 1% FOAM 1%	3	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
psoriasin LIQD 3%	3	
PSORIASIS MEDICATED SKIN LIQD 3%	3	
pyrithione zinc SHAM 2%	3	
ra body powder medicated	3	
ra medicated first aid sp	3	
REMEDY CLEANSING BODY LOT LOTN 1.5%	3	
REMEDY PST CALAZIME	3	
REMEDY SKIN REPAIR CREA 1.5%	3	
REPEL SPORTSMEN MAX LOTN 40%	3	
RISAMINE OIN	3	
SARNA LOT	3	
scar treatment products - cream*	3	
scholls for her cracked s CREA 1.5%	3	
SCYTERA FOAM 2%	3	
SEBULEX SHA	3	
SECURA EXTRA PROTECTIVE CREA 30.6%	3	

Drug Name	Drug Tier	Requirements/Limits
SELSUN BLUE LOTN 1%	3	
2ND SKIN PAD MST BURN	3	
SKIN PROTECTANT MOISTURE CREA 12%	3	
**skin protectants misc* - PSTE 49.8%	3	
sm anti-dandruff coal tar SHAM .5%	3	
soap & cleansers - bar**	3	
SOOTH-IT PAD PADS 50%	3	
STIMULEN LOT	3	
STOPAIN LIQD 8%	3	
SWEEN CRE	3	
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days), PA
TANNIC ACID POW	3	
tannic acid powder	3	
tgt hemorrhoidal supposit	3	
THERAPLEX T SHAM 1%	3	
THERASEAL LOTN 1%	3	
TRIPLE PASTE OINT 12.8%	3	
VALCHLOR GEL .016%	2	QL (60 gm / 30 days), NM, PA
VITAMIN A&D OIN	3	
WART OFF SOL 17% SOLN 17%	3	
white petrolatum topical gel	3	
WOUN'DRES GEL	3	

Drug Name	Drug Tier	Requirements/Limits
wound dressings - pads**	3	
Z-BUM CREA 22%	3	
ZIKS ARTHRIT CRE RELIEF	3	
ZINC OXIDE PSTE 25%	3	
zinc oxide (topical) OINT 20%, 40%; PSTE 25%	3	
ZOSTRIX NATURAL PAIN RELI CREA .033%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
a-200 AERO .5%	3	
a-200 maximum strength	3	
bl permethrin LIQD 1%	3	
complete lice treatment k	3	
cvs permethrin LOTN 1%	3	
END LICE M/S LIQ	3	
hca lice shampoo	3	
malathion LOTN .5%	1	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	3	
NIX CREME LIQ RINSE 1% LIQD 1%	3	
permethrin CREA 5%	1	QL (60 gm / 30 days)
PERMETHRIN LOT 1%	3	
PRONTO SHA 0.33-4%	3	
pyrethrins-piperonyl butoxide liq 0.3-3%	3	
RID AERO .5%	3	
RID COMPLETE KIT LICE	3	

Drug Name	Drug Tier	Requirements/Limits
RID ESS LICE KIT 0.33-4%	3	
RID LIQ	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	2	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	2	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	3	
ACTISEP SPR	3	
allevacaine SOLN 20%	3	
ANBESOL GEL 10%; LIQD 10%	3	
anbesol cold sore therapy	3	
ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20%	3	
artificial saliva - solution**	3	
ASTRING-O-SO LIQ MTHWASH	3	
BABY ANBESOL GEL 7.5%	3	
baby oral pain GEL 7.5%	3	
baby teething GEL 7.5%	3	
baby teething pain medici GEL 7.5%	3	
benz-o-sthetic GEL 20%; LIQD 20%; SOLN 20%	3	
BENZ-O-STHETIC SWAB 20%	3	
benzodent CREA 20%	3	

Drug Name	Drug Tier	Requirements/Limits
BLISTEX OIN MEDICATE	3	
CAPHOSOL SOL	3	
cavarest GEL 1.1%	3	
CEPACOL LOZG 2mg	3	
CEPACOL DUAL SPR RELIEF	3	
CEPACOL FIZZLERS TBDP 6mg	3	
CEPACOL LOZ 15-2.3MG	3	
CEPACOL LOZ 15-20MG	3	
CEPACOL LOZ EXTRA ST	3	
CEPACOL LOZ INSTAMAX	3	
CEPACOL MAX LOZ NUMBING	3	
CEPACOL REGULAR STRENGTH LOZG 3mg	3	
CEPACOL SORE LOZ 10-2.1MG	3	
CEPACOL SORE LOZ 15-3.6MG	3	
CEPACOL SORE LOZ THRT MAX	3	
CEPACOL SORE SPR 0.1-33%	3	
CEPACOL SORE THROAT LOZG 5.4mg	3	
CEPACOL SORE THROAT/POST LOZG 5.4mg	3	
cevimeline hcl CAPS 30mg	1	
CHERACOL SORE THROAT LIQD 1.4%	3	
cherry cough drops	3	
chloraseptic gargle LIQD 1.4%	3	
CHLORASEPTIC LOZ 6-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
CHLORASEPTIC LOZ CHERRY	3	
CHLORASEPTIC LOZ CITRUS	3	
CHLORASEPTIC LOZ HONY LEM	3	
CHLORASEPTIC LOZ MAX	3	
CHLORASEPTIC LOZ MENTHOL	3	
CHLORASEPTIC MIS	3	
CHLORASEPTIC MIS KIDS	3	
chloraseptic warming sore LOZG 15mg	3	
CHLORASEPTIC WARMING SORE LOZG 15mg	3	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
CONTROL DENT CRE ADHESIVE	3	
COUGH DROPS LOZG 2.7mg, 3.1mg, 5mg, 10mg	3	
cough drops LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg, 7.6mg, 8mg, 8.4mg	3	
cough drops menthol	3	
cough drops sugar free LOZG 5.8mg, 7.6mg	3	
cvs baby teething oral pa GEL 7.5%	3	
cvs cherry menthol drops	3	
cvs cough drops sugar fre LOZG 5.8mg, 7.6mg	3	
cvs honey lemon drops	3	

Drug Name	Drug Tier	Requirements/Limits
cvs menthol drops	3	
cvs oral anesthetic maxim GEL 20%	3	
cvs oral pain reliever PSTE 20%	3	
cvs oral pain reliever ma CREA 20%; PSTE 20%	3	
cvs sore throat	3	
cvs sore throat maximum s	3	
CVS SORE THROAT RELIEF PO LPOP 20mg	3	
cvs throat relief pops ch LPOP 10mg	3	
DADS MENTHOL THROAT DROP LOZG 3.5mg	3	
dent-o-kain/20 LIQD 20%	3	
DENTIVA LOZ	3	
DENTS TOOTHACHE GUM GUM 20%	3	
denture care products - cream**	3	
DIABETIC TUSSIN COUGH DRO LOZG 6mg	3	
DUAL RELIEF LIQ	3	
EFFERDENT PAK PWR CLN	3	
EFFERDENT TAB PLUS	3	
eq cough drops sugar free LOZG 5.8mg	3	
eql cough drops LOZG 5.8mg, 7.5mg, 7.6mg	3	
EZO CUSHIONS MIS LOW REG	3	
FIRST-MOUTHW SUS BLM	3	
FRUIT FROSTERS LOZG 7mg	3	

Drug Name	Drug Tier	Requirements/Limits
G-BUCAL-C SOL 0.15-0.1	3	
GILTUSS SPR BUCALSEP	3	
gnp cough drops LOZG 6.5mg, 7mg	3	
GNP HERBAL LOZG 4.8mg	3	
gnp oral pain relief LIQD 20%	3	
gnp throat drops LOZG 2.8mg	3	
goodsense oral pain relie GEL 20%	3	
GUMSOL LIQ	3	
GUMSOL SPR	3	
HURRICAINE AERO 20%; SOLN 20%	3	
hurricaine GEL 20%	3	
HURRICAINE ONE SOLN 20%	3	
HURRICAINE SNAP-N-GO SWAB 20%	3	
HURRIPAK STARTER KIT KIT 20%	3	
instant oral pain relief GEL 20%	3	
intense toothache pain re GEL 20%	3	
kank-a mouth pain SOLN 20%	3	
kourzeq PSTE .1%	1	
larynex	3	
lidocaine hcl (mouth-throat) SOLN 2%	1	
LITTLE COLDS COLD RELIEF LPOP 19mg	3	
LITTLE COLDS SOOTHING THR STRP 19mg	3	
LITTLE TEETH GEL 7.5%	3	

Drug Name	Drug Tier	Requirements/Limits
lollicaine GEL 20%	3	
LUDENS DUAL LOZ RELIEF	3	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	3	
medikoff drops LOZG 7.6mg	3	
menthol cough drops LOZG 5mg	3	
mouthwashes - liquid*	3	
MUCINEX LIQ INSTASOO	3	
natural herb cough drops LOZG 3mg	3	
nycoff	3	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
ORA-FILM STRP 6%	3	
oral analgesic maximum st GEL 20%; LIQD 20%; PSTE 20%	3	
oral anesthetic maximum s PSTE 20%	3	
ORAMAGIC PLUS SUSR 10%	3	
ORASEP SPR	3	
orastat maximum strength GEL 20%	3	
periogard SOLN .12%	1	
PERMA-GRIP POW	3	
perox-a-mint SOLN 1.5%	3	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
POLIGRIP MIS COMFORT	3	
POLIGRIP SUP CRE STRNG FR	3	

Drug Name	Drug Tier	Requirements/Limits
qc cough drops LOZG 5.8mg	3	
qc sore throat	3	
ra cough drops LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg	3	
ra mouth pain anesthetic LIQD 20%	3	
RICOLA CHERRY HERB SUGAR LOZG 2.6mg	3	
RICOLA CHERRY HONEY HERB LOZG 2mg	3	
ricola honey lemon w/echi LOZG 3.5mg	3	
RICOLA HONEY-HERB LOZG 2mg	3	
RICOLA LEMON MINT LOZG 1.5mg	3	
RICOLA LEMON MINT HERB SU LOZG 1.1mg	3	
RICOLA LOZ	3	
ricola mountain herb suga LOZG 4.8mg	3	
ricola natural herb LOZG 4.8mg	3	
SALESE LOZ	3	
SEA BOND BRI GEL CLEANSER	3	
SEA BOND WAF	3	
sm cough drops LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg	3	
sm fruit coolers LOZG 7mg	3	
sm natural herb cough dro LOZG 4.8mg	3	
sore throat	3	
SORE THROAT LOLLIPOPS LPOP 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
sore throat lozenges	3	
SUCRETS SORE THROAT LOZG 2mg	3	
tgt cough drops LOZG 9.1mg	3	
throat discs	3	
throat lozenges - lozenges*	3	
TOOTHACHE GEL 20-0.26%	3	
triamcinolone acetonide (mouth) PSTE .1%	1	
ultra throat lozenges	3	
VICKS VAPODROPS LOZG 1.7mg, 3.3mg	3	
ZILACTIN BABY GEL 10%	3	
zilactin-b GEL 10%	3	
ZINC W/A&C LOZ	3	
OTIC		
antiseptic cleanser SOLN 10%	3	
auraphene-b SOLN 6.5%	3	
auro-dri LIQD 95%	3	
HCA EAR WAX SOL 6.5% OT	3	
SWIM EAR LIQD 95%	3	

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