oklahoma complete health

Preferred Drug List

The Oklahoma Complete Health Preferred Drug List (PDL) includes a list of medications covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest PDL on our website: https://www.oklahomacompletehealth.com/providers/pharmacy.html or call **1-833-750-3660 (TTY/TDD 711)**.

Preferred Drug Locator Instructions:

1. Within the PDF, click on the Edit menu, then click Find.
2. In the Find box, type the name of the medication you want to locate.
3. Click the Next button until you find the drug(s).

What is the Oklahoma Complete Health Preferred Drug List (PDL)?

The preferred drug list (which is also called a "formulary") is a list showing the drugs that can be covered by your Oklahoma Complete Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at an in network pharmacy
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Oklahoma Complete Health Plan Member Services at **1-833-752-1664** (TTY/TDD **711**).

Will the Preferred Drug List change?

Yes, it will change weekly, especially if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

Does the plan cover over–the–counter (OTC) drugs?

Yes, Oklahoma Complete Health covers certain OTC drugs. https://oklahoma.gov/ohca/providers/types/pharmacy/covered-otc.html All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered. If the OTC drug you need is not on the PDL; please refer to our OTC value add benefit on our website https://www.oklahomacompletehealth.com/providers/pharmacy.html

How will I know what I will pay?

Children will not have a copay but most adults will have a $4 copay. There are a few exceptions to the $4 copay for adults.

How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

What are brand & generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less. BRAND named drugs are typically newer and a generic is not available yet. However, there are some BRAND name drugs which are preferred over generic and that list is maintained here: https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/drug-lists/2024-lists/02.26.2024%20-%20Brand%20Required%20List.pdf

Are there any limits on my drug coverage?

AGE LIMIT (AL):
Some medications are limited to patients of a certain age.

PRIOR AUTHORIZATION (PA):
Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-833-752-1664** (TTY/ TDD **711**) and a representative will explain the process to you.

STEP THERAPY (ST):
Certain drugs are noted as being in different tiers. This usually means you must try similar medications in the same class in lower tiers before a higher tiered medication is approved. If you would like to request a step therapy exception, please speak to your provider and have your provider's office submit the step therapy exception form found on our website: https://www.oklahomacompletehealth.com/providers/pharmacy.html

QUANTITY LIMITS (QL):
For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in **Additional Information** column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-833-752-1664** (TTY/TDD **711**) and ask how you or your provider can submit a quantity limit exception request.
- There are also quantity limits for controlled substances. These are outlined here: https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list/analgesics-narcotic.html

SPECIALTY PHARMACY (SP) DRUGS: Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs often need a prior authorization before a prescription may be filled. Some pharmacies can not access specialty medications. If you are having difficulty finding a pharmacy to fill your specialty medication or have other questions regarding specialty medications, please contact Member Services at **1-833-752-1664** (TTY/TDD **711**).

MAINTENANCE DRUGS (MP):
Certain medications are eligible for 90 day supplies. If you are an adult, please ensure your pharmacy is running these medications for 90 day supplies so your monthly six fill limit is extended. The full list of MP's are kept here: https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list.html

What if my drug(s) is not on the Preferred Drug List?

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact OKCH Member Services at **1-833-752-1664** (TTY/TDD **711**) for further assistance.

Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss or weight gain
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by calling Member Services at **1-833-752-1664** (TTY/TDD **711**) or emailing OKCompleteHealth_Appeals@Centene.com.

Providers: In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by calling:
Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling:
Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

Abbreviations:

- **PDL**: Preferred Drug List
- **AL:** Age Limit
- **PA:** Prior Authorization
- **ST:** Step Therapy
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 PO *(amphetamine-dextroamphetamine)*	1	QL(1 EA daily); AL(At least 5 yrs old)
ADDERALL TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG *(amphetamine-dextroamphetamine)*	1	QL(3 EA daily); AL(At least 5 yrs old)
ADDERALL TABS PO 30 MG *(amphetamine-dextroamphetamine)*	1	QL(2 EA daily); AL(At least 5 yrs old)
ADZENYS XR-ODT TBED	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
amphetamine sulfate TABS PO	1	QL(3 EA daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 PO 37.5 MG	1	QL(1 EA daily)
amphetamine-dextroamphetamine CP24 PO 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	QL(1 EA daily); AL(At least 13 yrs old)
amphetamine-dextroamphetamine TABS PO 30 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
DESOXYN PO *(methamphetamine hcl)*	9	QL(1 EA daily)
DEXEDRINE CP24 PO 15 MG *(dextroamphetamine sulfate)*	9	QL(4 EA daily)
DEXEDRINE CP24 PO 10 MG *(dextroamphetamine sulfate)*	2	QL(1 EA daily); AL(At least 5 yrs old)
dextroamphetamine sulfate CP24 PO 5 MG, 10 MG	2	QL(1 EA daily); AL(At least 5 yrs old)
dextroamphetamine sulfate CP24 PO 15 MG	2	QL(4 EA daily); AL(At least 5 yrs old)
dextroamphetamine sulfate SOLN PO	1	AL(At least 5 yrs old - Up to 9 yrs old)
dextroamphetamine sulfate TABS PO 30 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
dextroamphetamine sulfate TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
dextroamphetamine sulfate TABS PO 30 MG	1	QL(2 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old); PA
DYANAVEL XR SUER	3	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
DYANAVEL XR TBCR	2	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
EVEKEO ODT TBDP	1	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 yrs old)
EVEKEO TABS PO *(amphetamine sulfate)*	1	QL(3 EA daily); AL(At least 5 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
EVEKEO TABS PO *(amphetamine sulfate)*	1	QL(3 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS PO	1	QL(1 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS PO	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily); AL(At least 5 yrs old); PA
methamphetamine hcl PO	1	QL(1 EA daily); AL(At least 5 yrs old); PA
MYDAYIS CP24 PO *(amphetamine-dextroamphetamine)*	1	QL(1 EA daily); AL(At least 13 yrs old)
VYVANSE CAPS PO	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old)
VYVANSE CHEW	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old)
XELSTRYM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(caffeine citrate)*	9	
CAFCIT SOLN IV 60 MG/3ML *(caffeine citrate)*	1	
caffeine & sodium benzoate	1	
caffeine citrate SOLN PO	1	
CAFFEINE CITRATE SOLN IV *(caffeine citrate)*	1	
CAFFEINE CITRATE SOLN IV *(caffeine citrate)*	9	
Anti-Obesity Agents		
IMCIVREE	1	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail); AL(At least 6 yrs old); PA
WEGOVY	1	AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
atomoxetine hcl PO 80 MG, 100 MG	1	QL(1 EA daily); AL(At least 5 yrs old); MP
clonidine hcl (adhd) TB12 PO	2	QL(4 EA daily); AL(At least 5 yrs old); PA
guanfacine hcl (adhd) PO	1	QL(1 EA daily); AL(At least 5 yrs old); MP
INTUNIV PO *(guanfacine hcl (adhd))*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
KAPVAY TB12 PO *(clonidine hcl (adhd))*	9	QL(4 EA daily)
ONYDA XR SUER PO	1	AL(At least 5 yrs old); PA
QELBREE 200 MG	1	QL(3 EA daily); AL(At least 6 yrs old)
QELBREE 100 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
QELBREE 150 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
STRATTERA PO 80 MG, 100 MG *(atomoxetine hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP

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STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG, 60 MG *(atomoxetine hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI PO	1	QL(1 EA daily); PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	1	QL(2 EA daily); PA
Stimulants - Misc.		
ADHANSIA XR CP24 PO 35 MG, 45 MG	3	AL(At least 5 yrs old); PA
APTENSIO XR CP24 PO *(methylphenidate hcl)*	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA
armodafinil PO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
AZSTARYS	3	QL(1 EA daily); AL(At least 5 yrs old); PA
CONCERTA TBCR PO 36 MG *(methylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
CONCERTA TBCR PO 18 MG, 27 MG, 54 MG *(methylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old)
COTEMPLA XR-ODT TBED	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR *(methylphenidate)*	9	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
DAYTRANA PTCH *(methylphenidate)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
dexmethylphenidate hcl CP24 PO	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
dexmethylphenidate hcl TABS PO	1	QL(2 EA daily); AL(At least 5 yrs old)
FOCALIN XR CP24 PO 20 MG, 40 MG *(dexmethylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); PA
FOCALIN XR CP24 PO 15 MG *(dexmethylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old)
FOCALIN XR CP24 PO *(dexmethylphenidate hcl)*	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old)
FOCALIN TABS PO *(dexmethylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
JORNAY PM CP24 PO	3	QL(1 EA daily); AL(At least 5 yrs old); PA
METADATE CD CPCR PO *(methylphenidate hcl)*	9	QL(1 EA daily)
METHYLIN SOLN PO *(methylphenidate hcl)*	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
methylphenidate hcl CHEW PO	1	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl CP24 PO	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA
methylphenidate hcl CP24 PO 30 MG	2	QL(2 EA daily); AL(At least 5 yrs old); PA
methylphenidate hcl CP24 PO 10 MG, 20 MG, 40 MG, 60 MG	2	QL(1 EA daily); AL(At least 5 yrs old); PA
methylphenidate hcl CPCR PO	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl SOLN PO	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
methylphenidate hcl TABS PO	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TB24 PO 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR PO 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR PO 10 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR PO 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
methylphenidate PTCH	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
modafinil PO	1	QL(1 EA daily); AL(At least 5 yrs old); PA
NUVIGIL PO *(armodafinil)*	1	QL(1 EA daily); AL(At least 18 yrs old); PA
PROVIGIL PO *(modafinil)*	1	QL(1 EA daily); AL(At least 5 yrs old); PA
QUILLICHEW ER CHER PO	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old)
QUILLIVANT XR SRER PO	2	150 mL bottle; QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER PO	2	180 mL bottle; QL(540 ML per 30 day(s) retail; 540 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER PO	2	60 mL bottle; QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
QUILLIVANT XR SRER PO	2	120 mL bottle; QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
RELEXXII TBCR PO 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
RELEXXII TBCR PO	1	QL(1 EA daily); AL(At least 5 yrs old)
RELEXXII TBCR PO 18 MG, 27 MG, 54 MG	1	QL(1 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR PO 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR PO 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG *(methylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old)
RITALIN LA CP24 PO 10 MG, 20 MG, 40 MG *(methylphenidate hcl)*	2	QL(1 EA daily); AL(At least 5 yrs old); PA
RITALIN LA CP24 PO 30 MG *(methylphenidate hcl)*	2	QL(2 EA daily); AL(At least 5 yrs old); PA
RITALIN TABS PO *(methylphenidate hcl)*	1	QL(3 EA daily); AL(At least 5 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
ODACTRA SUBL	1	QL(1 EA daily); AL(At least 12 yrs old - Up to 65 yrs old); PA
ORALAIR SUBL	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (12 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (120 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (160 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (20 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (200 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (240 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (3 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (300 MG MAINTENANCE) PACK	1	PA
PALFORZIA (300 MG TITRATION) PACK	1	PA
PALFORZIA (40 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (6 MG DAILY DOSE) CSPK	1	PA
PALFORZIA (80 MG DAILY DOSE) CSPK	1	PA
PALFORZIA INITIAL ESCALATION CSPK	1	PA
RAGWITEK SUBL	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
AMEBICIDES		
Amebicides		
SOLOSEC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE	1	QL(235.2 ML per 28 day(s) retail; 235 ML per 28 days mail); PA
BETHKIS NEBU *(tobramycin)*	9	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail)
BETHKIS NEBU *(tobramycin)*	1	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	1	
gentamicin sulfate IJ	1	
KITABIS PAK NEBU *(tobramycin)*	1	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail)
neomycin sulfate TABS PO	1	
paromomycin sulfate PO	1	
streptomycin sulfate SOLR	1	
TOBI PODHALER CAPS	1	QL(224 EA per 55 day(s) retail; 224 EA per 55 days mail); PA
TOBI NEBU *(tobramycin)*	9	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail)
TOBI NEBU *(tobramycin)*	1	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail)
TOBRAMYCIN SULFATE POWD	1	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	1	
tobramycin sulfate SOLR	1	
tobramycin NEBU	1	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail)
tobramycin NEBU	1	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA
ZEMDRI	1	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT 1 MG, 2 MG	1	QL(1 EA daily); PA
RINVOQ LQ SOLN	1	AL(At least 2 yrs old - Up to 10 yrs old); PA
RINVOQ TB24 PO 15 MG, 30 MG	1	QL(1 EA daily); PA
RINVOQ TB24 PO 45 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
XELJANZ XR TB24 PO	1	QL(1 EA daily); PA
XELJANZ SOLN	1	QL(480 ML per 48 day(s) retail; 480 ML per 48 days mail); AL(At least 2 yrs old - Up to 10 yrs old); PA
XELJANZ TABS	1	QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 7.5 MG/0.15ML	1	QL(0.6 ML per 28 day(s) retail; 1 ML per 28 days mail); PA

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RASUVO SOAJ 12.5 MG/0.25ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 30 MG/0.6ML	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 17.5 MG/0.35ML	1	QL(1.4 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 22.5 MG/0.45ML	1	QL(1.8 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 20 MG/0.4ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 15 MG/0.3ML	1	QL(1.2 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 25 MG/0.5ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 10 MG/0.2ML	1	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	4	PA
ABRILADA (2 PEN) AJKT	4	PA
ABRILADA (2 SYRINGE) PSKT	4	PA
ADALIMUMAB-AACF (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	1	PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	1	PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML	4	PA
ADALIMUMAB-ADAZ SOAJ	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ADALIMUMAB-ADAZ SOSY	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	PA
ADALIMUMAB-FKJP (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-RYVK (2 PEN) AJKT	4	PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	QL(0.4 ML per 28 day(s) retail); PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	PA
AMJEVITA SOAJ 40 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
AMJEVITA SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
AMJEVITA SOAJ 80 MG/0.8ML	4	PA
AMJEVITA SOSY	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
AMJEVITA SOSY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
CYLTEZO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
CYLTEZO (2 PEN) AJKT	4	PA
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML	4	PA
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SOSY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HADLIMA SOSY	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HULIO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail)
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HUMIRA-PED>/=40KG UC STARTER AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOAJ 80 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ SOSY 20 MG/0.2ML	4	QL(0.4 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 10 MG/0.1 ML	4	QL(0.2 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
IDACIO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
IDACIO (2 SYRINGE) PSKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
IDACIO-CROHNS/UC STARTER AJKT	4	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
IDACIO-PSORIASIS STARTER AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
SIMLANDI (1 PEN) AJKT	4	PA
SIMLANDI (2 PEN) AJKT	4	PA
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	1	PA
SIMPONI ARIA SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SIMPONI SOAJ 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOSY 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOSY 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	4	PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	PA
YUSIMRY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
Gold Compounds		
RIDAURA PO	1	
Interleukin-1 Blockers		
ARCALYST	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	2	QL(18.76 ML per 28 day(s) retail; 19 ML per 28 days mail)
Interleukin-1beta Blockers		
ILARIS SOLN	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	1	PA
ACTEMRA SOLN	1	PA
ACTEMRA SOSY	1	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
KEVZARA SOAJ	1	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
KEVZARA SOSY	1	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TOFIDENCE	1	PA
TYENNE SOAJ	1	PA
TYENNE SOLN	1	PA
TYENNE SOSY	1	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS PO *(naproxen sodium)*	9	ST

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Drug Name	Drug Tier	Requirements/ Limits
ARTHROTEC TBEC PO *(diclofenac w/ misoprostol)*	2	ST
CALDOLOR SOLN	1	PA
CELEBREX PO 50 MG, 100 MG, 200 MG *(celecoxib)*	1	
CELEBREX PO 400 MG *(celecoxib)*	1	PA
CELEBREX PO *(celecoxib)*	9	
celecoxib PO 50 MG, 100 MG, 200 MG	1	
celecoxib PO 400 MG	1	PA
CHILDRENS ADVIL SUSP PO 100 MG/5ML *(ibuprofen)*	9	QL(120 ML per fill retail); RX/OTC
CHILDRENS MOTRIN SUSP PO 100 MG/5ML *(ibuprofen)*	9	QL(120 ML per fill retail); RX/OTC
COMBOGESIC SOLN	1	PA
DAYPRO TABS PO *(oxaprozin)*	2	ST
diclofenac potassium CAPS PO	1	PA
diclofenac potassium TABS PO 50 MG	2	ST
diclofenac potassium TABS PO 25 MG	1	PA
diclofenac sodium TB24 PO	2	
diclofenac sodium TBEC PO 25 MG	2	QL(2 EA daily); ST
diclofenac sodium TBEC PO 50 MG, 75 MG	1	
diclofenac w/ misoprostol TBEC PO	2	ST
DUEXIS *(ibuprofen-famotidine)*	1	PA
EC-NAPROSYN TBEC PO *(naproxen)*	9	
etodolac CAPS PO	2	ST
etodolac TABS PO	1	
etodolac TB24 PO	2	ST
FELDENE CAPS PO *(piroxicam)*	9	ST
fenoprofen calcium CAPS PO 400 MG	1	PA
fenoprofen calcium TABS PO	1	PA
flurbiprofen TABS PO 100 MG	1	
ibuprofen lysine	1	
ibuprofen-famotidine	1	PA
IBUPROFEN POWD	1	
ibuprofen SUSP PO 100 MG/5ML	4	Requires EPSDT PA Review; QL(120 ML per fill retail); AL(Up to 20 yrs old); PA; RX/OTC
ibuprofen TABS PO 400 MG, 600 MG, 800 MG	1	
INDOCIN SUSP PO *(indomethacin)*	4	Requires EPSDT PA Review; PA
INDOMETHACIN SODIUM	1	PA
indomethacin CAPS PO 25 MG, 50 MG	1	QL(8 EA daily)
indomethacin CPCR PO	1	PA
indomethacin SUPP PR	1	
indomethacin SUPP PR	1	PA
indomethacin SUSP PO	1	AL(Up to 10 yrs old); PA
ketoprofen CAPS PO 25 MG	1	PA
ketoprofen CP24 PO	1	PA
ketorolac tromethamine SOLN IM 60 MG/2ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine TABS PO	1	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail)
LODINE TABS PO *(etodolac)*	9	
meclofenamate sodium CAPS PO	1	PA
mefenamic acid CAPS PO	1	PA
meloxicam CAPS PO	1	QL(1 EA daily); PA
meloxicam TABS PO	1	
nabumetone PO	1	
NALFON CAPS PO *(fenoprofen calcium)*	1	PA
NALFON TABS PO *(fenoprofen calcium)*	1	PA
NAPRELAN TB24 PO 500 MG *(naproxen sodium)*	9	
NAPRELAN TB24 PO *(naproxen sodium)*	1	PA
NAPROSYN SUSP PO *(naproxen)*	1	
NAPROSYN TABS PO 500 MG *(naproxen)*	9	
naproxen sodium TABS PO 275 MG, 550 MG	2	ST
naproxen sodium TB24 PO	1	PA
naproxen-esomeprazole magnesium PO	1	PA
naproxen SUSP PO	1	
naproxen TABS PO	1	
naproxen TBEC PO	1	
NEOPROFEN *(ibuprofen lysine)*	1	
oxaprozin TABS PO	2	ST
piroxicam CAPS PO	2	ST
RELAFEN DS PO	1	QL(1 EA daily); PA
sulindac TABS PO	1	
TOLECTIN 600 TABS PO	2	ST
tolmetin sodium CAPS PO	2	ST
tolmetin sodium TABS PO 600 MG	2	ST
VIMOVO PO 500 MG-20 MG *(naproxen-esomeprazole magnesium)*	1	PA
VIMOVO PO 375 MG-20 MG *(naproxen-esomeprazole magnesium)*	9	
ZIPSOR CAPS PO *(diclofenac potassium)*	9	
ZYNRELEF	1	Medical Benefit Only
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS PO 30 MG	2	QL(2 EA daily)
OTEZLA TABS PO 20 MG	2	
OTEZLA TBPK PO	2	
OTEZLA TBPK PO	2	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail)
Pyrimidine Synthesis Inhibitors		
ARAVA PO *(leflunomide)*	1	QL(1 EA daily)
leflunomide PO	1	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ORENCIA SOLR	1	PA
ORENCIA SOSY 87.5 MG/0.7ML	1	QL(2.8 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
ORENCIA SOSY 50 MG/0.4ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SOSY 125 MG/ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ENBREL SURECLICK SOAJ	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ENBREL SOLN	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ENBREL SOSY 25 MG/0.5ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ENBREL SOSY 50 MG/ML	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
butalbital-acetaminophen CAPS PO 50 MG-300 MG	1	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen TABS PO 50 MG-300 MG	1	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen TABS PO 50 MG-325 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
butalbital-aspirin-caffeine CAPS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
ESGIC TABS PO *(butalbital-acetaminophen-caffeine)*	1	QL(4 EA daily); AL(At least 10 yrs old)
FIORICET CAPS PO *(butalbital-acetaminophen-caffeine)*	1	QL(4 EA daily); AL(At least 10 yrs old); PA
Analgesics Other		
acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML	1	Medical Benefit Only
acetaminophen SOLN PO 160 MG/5ML	1	
acetaminophen SUSP PO 160 MG/5ML	1	
clonidine hcl (analgesia) EP	1	
DURACLON EP 100 MCG/ML *(clonidine hcl (analgesia))*	1	
TYLENOL CHILDRENS PAIN + FEVER SUSP PO *(acetaminophen)*	9	
TYLENOL CHILDRENS SUSP PO *(acetaminophen)*	9	
TYLENOL FOR CHILDREN + ADULTS SUSP PO *(acetaminophen)*	9	
TYLENOL INFANTS PAIN+FEVER SUSP PO *(acetaminophen)*	9	
Salicylates		
aspirin CHEW PO	1	QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP
aspirin TBEC PO 81 MG	1	QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP

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diflunisal TABS PO	1	
DOLOBID TABS PO	1	PA
salsalate PO	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG *(fentanyl citrate)*	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old)
ACTIQ LPOP *(fentanyl citrate)*	9	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)
CODEINE PHOSPHATE POWD	1	
codeine sulfate TABS PO 30 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS PO	1	QL(4 EA daily); AL(At least 12 yrs old)
CONZIP CP24 PO *(tramadol hcl)*	1	QL(1 EA daily); AL(At least 12 yrs old); PA
DEMEROL SOLN IJ *(meperidine hcl)*	1	
DEMEROL SOLN IJ	1	
DEMEROL SOLN IJ *(meperidine hcl)*	9	
DILAUDID LIQD PO *(hydromorphone hcl)*	1	AL(Up to 12 yrs old)
DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)*	9	
DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)*	1	
DILAUDID TABS PO *(hydromorphone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
DSUVIA SUBL	1	Medical Benefit Only
FENTANYL CITRATE (PF) SOLN IJ *(fentanyl citrate)*	9	
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(fentanyl citrate)*	1	
FENTANYL CITRATE PF SOSY IJ *(fentanyl citrate)*	9	
FENTANYL CITRATE PF SOSY IJ *(fentanyl citrate)*	1	
FENTANYL CITRATE PF SOSY IJ	1	
fentanyl citrate LPOP	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old)
FENTANYL CITRATE POWD	1	Medical Benefit Only
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	1	
fentanyl citrate SOSY IJ	1	
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	1	QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail); AL(At least 10 yrs old)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); AL(At least 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
fentanyl PT72 100 MCG/HR	1	QL(20 EA per 30 day(s) retail; 20 EA per 30 days mail); AL(At least 10 yrs old); PA
FENTORA TABS *(fentanyl citrate)*	1	QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail); AL(At least 10 yrs old)
FENTORA TABS *(fentanyl citrate)*	9	QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail)
hydrocodone bitartrate CP12 PO	1	QL(2 EA daily); AL(At least 10 yrs old); PA
hydrocodone bitartrate T24A	1	QL(1 EA daily); AL(At least 10 yrs old); PA
HYDROMORPHONE HCL PF SOLN IJ	1	
HYDROMORPHONE HCL PF SOLN IJ *(hydromorphone hcl)*	9	
HYDROMORPHONE HCL PF SOLN IJ *(hydromorphone hcl)*	1	
hydromorphone hcl LIQD PO	1	AL(Up to 12 yrs old)
HYDROMORPHONE HCL POWD	1	
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	
HYDROMORPHONE HCL SUPP PR	1	
hydromorphone hcl TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
hydromorphone hcl TB24 PO 8 MG, 16 MG, 32 MG	1	QL(1 EA daily); AL(At least 10 yrs old); PA
hydromorphone hcl TB24 PO 12 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
HYSINGLA ER T24A	1	QL(1 EA daily); AL(At least 10 yrs old); PA
INFUMORPH 200 *(morphine sulfate for continuous microinfusion)*	1	
INFUMORPH 500 *(morphine sulfate for continuous microinfusion)*	1	
levorphanol tartrate TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1	
meperidine hcl SOLN PO 50 MG/5ML	1	AL(Up to 12 yrs old)
meperidine hcl TABS PO 50 MG	1	QL(64 EA per 8 day(s) retail; 64 EA per 8 days mail); AL(At least 10 yrs old)
methadone hcl CONC PO	1	QL(4 ML daily); PA
methadone hcl SOLN PO 10 MG/5ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(Up to 1 yrs old)
methadone hcl SOLN PO 5 MG/5ML	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(Up to 1 yrs old)
METHADONE HCL SOLN IJ	1	
methadone hcl TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
methadone hcl TBSO PO	1	Medical Benefit Only; AL(At least 10 yrs old)
METHADOSE SUGAR-FREE CONC PO *(methadone hcl)*	1	QL(4 ML daily); PA
METHADOSE CONC PO *(methadone hcl)*	1	QL(4 ML daily); PA
MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML	1	
morphine sulfate beads PO	1	QL(1 EA daily); AL(At least 10 yrs old); PA
morphine sulfate for continuous microinfusion	1	
morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily); AL(At least 10 yrs old); PA
MORPHINE SULFATE POWD	1	Medical Benefit Only
morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	1	
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	AL(Up to 12 yrs old)
MORPHINE SULFATE SOLN IV 50 MG/ML	1	
morphine sulfate SUPP PR	1	
morphine sulfate TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
morphine sulfate TBCR PO 15 MG, 30 MG, 60 MG, 100 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
morphine sulfate TBCR PO 200 MG	1	AL(At least 10 yrs old); PA
MS CONTIN TBCR PO 15 MG, 30 MG, 60 MG, 100 MG *(morphine sulfate)*	1	QL(3 EA daily); AL(At least 10 yrs old); PA
MS CONTIN TBCR PO 200 MG *(morphine sulfate)*	1	AL(At least 10 yrs old); PA
NUCYNTA ER TB12 PO 50 MG	1	QL(2 EA daily); AL(At least 10 yrs old)
NUCYNTA ER TB12 PO 100 MG, 150 MG, 200 MG, 250 MG	1	QL(2 EA daily); AL(At least 10 yrs old); PA
NUCYNTA TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
OLINVYK	1	Medical Benefit Only
oxycodone hcl CAPS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
oxycodone hcl CONC PO 100 MG/5ML	1	QL(4 ML daily); AL(Up to 12 yrs old)
OXYCODONE HCL POWD	1	
oxycodone hcl SOLN PO	1	AL(Up to 12 yrs old)
oxycodone hcl T12A PO 80 MG	1	Brand Required; AL(At least 10 yrs old); PA
oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG	1	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 10 yrs old); PA
oxycodone hcl TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN T12A PO 30 MG, 40 MG, 60 MG	1	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 10 yrs old); PA
OXYCONTIN T12A PO 80 MG	1	Brand Required; AL(At least 10 yrs old); PA
OXYCONTIN T12A PO 10 MG, 15 MG, 20 MG	1	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 10 yrs old)
oxymorphone hcl TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
oxymorphone hcl TB12 PO 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1	QL(2 EA daily); AL(At least 10 yrs old); PA
oxymorphone hcl TB12 PO 40 MG	1	QL(4 EA daily); AL(At least 10 yrs old); PA
QDOLO SOLN *(tramadol hcl)*	9	
remifentanil hcl	1	
ROXICODONE TABS PO 15 MG, 30 MG *(oxycodone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
ROXYBOND TABA PO 10 MG	1	AL(At least 10 yrs old); PA
ROXYBOND TABA PO 5 MG, 15 MG, 30 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
sufentanil citrate SOLN IV 50 MCG/ML	1	
SUFENTANIL CITRATE SOLN IV *(sufentanil citrate)*	9	
tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG	1	QL(1 EA daily); AL(At least 12 yrs old); PA
tramadol hcl SOLN	1	AL(At least 12 yrs old)
TRAMADOL HCL SOLN *(tramadol hcl)*	1	AL(At least 12 yrs old)
TRAMADOL HCL SOLN *(tramadol hcl)*	9	
tramadol hcl TABS PO 50 MG	1	QL(8 EA daily); AL(At least 12 yrs old)
tramadol hcl TABS PO 25 MG, 100 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
tramadol hcl TABS PO 75 MG	1	AL(At least 12 yrs old); PA
tramadol hcl TB24 PO	1	QL(1 EA daily); AL(At least 12 yrs old); PA
ULTIVA *(remifentanil hcl)*	9	
ULTIVA *(remifentanil hcl)*	1	
XTAMPZA ER	1	QL(2 EA daily); AL(At least 10 yrs old); PA
Opioid Combinations		
acetaminophen w/ codeine SOLN PO	1	QL(4050 ML per 30 day(s) retail; 4050 ML per 30 days mail)
acetaminophen w/ codeine SOLN PO	1	QL(4050 ML per 30 day(s) retail; 4050 ML per 30 days mail); PA
acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod CAPS PO 30 MG-320.5 MG-16 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine PO	1	QL(4 EA daily); AL(At least 12 yrs old)

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butalbital-aspirin-caffeine w/cod PO	1	QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	1	QL(4 EA daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(4560 ML per 30 day(s) retail; 4560 ML per 30 days mail)
hydrocodone-acetaminophen SOLN PO 325 MG/15ML-10 MG/15ML	1	PA
hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
hydrocodone-ibuprofen PO 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
NALOCET TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
oxycodone w/ acetaminophen SOLN PO	1	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail); AL(Up to 12 yrs old)
oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
PERCOCET TABS PO 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	1	QL(4 EA daily); AL(At least 10 yrs old)
PROLATE SOLN PO	1	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail); AL(Up to 12 yrs old)
PROLATE TABS PO	1	QL(4 EA daily); AL(At least 10 yrs old)
SEGLENTIS	1	QL(28 EA per fill retail); AL(At least 12 yrs old)
tramadol-acetaminophen PO	1	QL(6 EA daily); AL(At least 12 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	1	QL(1.92 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	1	QL(2.56 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	1	QL(0.64 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	1	QL(1.28 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
BRIXADI SOSY 96 MG/0.27ML	1	QL(0.27 ML per 28 day(s) retail); PA
BRIXADI SOSY 128 MG/0.36ML	1	QL(0.36 ML per 28 day(s) retail); PA
BRIXADI SOSY 64 MG/0.18ML	1	QL(0.18 ML per 28 day(s) retail); PA
BUPRENEX SOLN *(buprenorphine hcl)*	9	

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Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	1	QL(3 EA daily); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl SOLN	1	
buprenorphine hcl SUBL	1	QL(3 EA daily); AL(At least 16 yrs old - Up to 50 yrs old)
buprenorphine PTWK	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1	
butorphanol tartrate NA 10 MG/ML	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
BUTRANS PTWK *(buprenorphine)*	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
nalbuphine hcl	1	
pentazocine w/ naloxone hcl PO	1	QL(8 EA daily); AL(At least 10 yrs old)
SUBLOCADE SOSY 300 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
SUBLOCADE SOSY 100 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 16 yrs old); PA
SUBOXONE FILM SL 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	1	QL(3 EA daily); AL(At least 16 yrs old); PA
SUBOXONE FILM SL 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	9	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	9	QL(2 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	1	QL(2 EA daily); AL(At least 16 yrs old); PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	9	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
ZUBSOLV SUBL 2.1 MG-8.6 MG	1	QL(2 EA daily); AL(At least 16 yrs old); PA
ZUBSOLV SUBL 2.9 MG-11.4 MG	1	QL(1 EA daily); AL(At least 16 yrs old); PA
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	1	QL(3 EA daily); AL(At least 16 yrs old); PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
oxandrolone PO 2.5 MG	1	PA
Androgens		

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Drug Name	Drug Tier	Requirements/ Limits
ANDROGEL PUMP GEL TD *(testosterone)*	1	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
ANDROGEL PUMP GEL TD *(testosterone)*	9	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail)
ANDROGEL GEL TD 25 MG/2.5GM *(testosterone)*	9	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail)
AVEED SOLN	1	PA
AZMIRO SOSY	1	PA
danazol CAPS PO	1	
FORTESTA GEL TD *(testosterone)*	9	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
JATENZO CAPS 158 MG, 198 MG	1	QL(4 EA daily); AL(At least 18 yrs old); PA
JATENZO CAPS 237 MG	1	QL(2 EA daily); AL(At least 18 yrs old); PA
methyltestosterone CAPS PO	1	PA
METHYLTESTOSTERONE POWD	1	PA
methyltestosterone TABS	1	PA
NATESTO GEL NA	1	AL(At least 18 yrs old); PA
TESTIM GEL TD *(testosterone)*	1	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
TESTOPEL PLLT	1	Medical Benefit Only
testosterone cypionate SOLN IM	1	PA
testosterone enanthate SOLN IM	1	PA
testosterone GEL TD 1 %, 50 MG/5GM	1	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	1	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
testosterone GEL TD 20.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); PA
testosterone GEL TD 10 MG/ACT	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
testosterone SOLN	1	QL(180 ML per 30 day(s) retail; 180 ML per 30 days mail); AL(At least 18 yrs old); PA
TLANDO CAPS	1	QL(4 EA daily); AL(At least 18 yrs old); PA
UNDECATREX CAPS	1	AL(At least 18 yrs old); PA
VOGELXO PUMP GEL TD *(testosterone)*	1	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
VOGELXO PUMP GEL TD *(testosterone)*	9	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail)
VOGELXO GEL TD *(testosterone)*	1	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
VOGELXO GEL TD *(testosterone)*	9	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail)
XYOSTED SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits
budesonide (intrarectal)	1	QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA
CORTENEMA PR *(hydrocortisone (intrarectal))*	1	
CORTIFOAM EX 10 %	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
hydrocortisone (intrarectal) PR	1	
UCERIS *(budesonide (intrarectal))*	1	QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA
UCERIS *(budesonide (intrarectal))*	9	QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail)
Rectal Combinations		
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	
PROCTOFOAM HC FOAM EX	1	
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
hydrocortisone (rectal) EX 2.5 %	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
hydrocortisone (rectal) EX 1 %	1	RX/OTC
Vasodilating Agents		
nitroglycerin (intra-anal) PR	1	
RECTIV PR *(nitroglycerin (intra-anal))*	1	
ANTACIDS		
Antacids - Calcium Salts		
calcium carbonate (antacid) SUSP	4	Requires EPSDT PA Review; PA
CALCIUM CARBONATE ANTACID SUSP	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
CALCIUM CARBONATE ANTACID SUSP	1	AL(Up to 20 yrs old); PA
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole PO	1	QL(2 EA daily)
BENZNIDAZOLE	1	AL(At least 2 yrs old - Up to 12 yrs old); PA
BILTRICIDE PO *(praziquantel)*	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
EMVERM CHEW PO	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ivermectin PO	1	PA
praziquantel PO	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
STROMECTOL PO *(ivermectin)*	1	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
RANEXA TB12 PO 1000 MG *(ranolazine)*	9	QL(2 EA daily); MP
RANEXA TB12 PO 500 MG *(ranolazine)*	9	QL(3 EA daily); MP
ranolazine TB12 PO 500 MG	1	QL(3 EA daily); MP
ranolazine TB12 PO 1000 MG	1	QL(2 EA daily); MP
Nitrates		
ISORDIL TITRADOSE TABS PO 5 MG *(isosorbide dinitrate)*	1	QL(3 EA daily); MP
ISORDIL TITRADOSE TABS PO 40 MG *(isosorbide dinitrate)*	1	
isosorbide dinitrate TABS PO 10 MG	1	QL(5 EA daily); MP
isosorbide dinitrate TABS PO 5 MG, 30 MG	1	QL(3 EA daily); MP
isosorbide dinitrate TABS PO 20 MG	1	QL(6 EA daily); MP
isosorbide dinitrate TABS PO 40 MG	1	
isosorbide mononitrate TABS PO	1	
isosorbide mononitrate TB24 PO 120 MG	1	QL(2 EA daily); MP
isosorbide mononitrate TB24 PO 30 MG	1	QL(6 EA daily); MP
isosorbide mononitrate TB24 PO 60 MG	1	QL(3 EA daily); MP
NITRO-BID OINT	1	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR *(nitroglycerin)*	1	QL(1 EA daily); MP
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR *(nitroglycerin)*	1	
NITRO-DUR PT24	1	
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR *(nitroglycerin)*	9	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR *(nitroglycerin)*	9	QL(1 EA daily); MP
nitroglycerin in d5w	1	
nitroglycerin PT24 0.6 MG/HR	1	
nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR	1	QL(1 EA daily); MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
NITROGLYCERIN SOLN IV	1	
nitroglycerin SUBL 0.6 MG	1	
nitroglycerin SUBL 0.3 MG, 0.4 MG	1	QL(4.45 EA daily); MP
NITROLINGUAL SOLN TL *(nitroglycerin)*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
NITROSTAT SUBL 0.4 MG *(nitroglycerin)*	9	QL(4.45 EA daily); MP
NITROSTAT SUBL 0.6 MG *(nitroglycerin)*	1	
NITROSTAT SUBL 0.3 MG, 0.4 MG *(nitroglycerin)*	1	QL(4.45 EA daily); MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl PO 7.5 MG, 30 MG	1	QL(2 EA daily); MP
buspirone hcl PO 5 MG, 10 MG, 15 MG	1	QL(3 EA daily); MP
droperidol SOLN 2.5 MG/ML	1	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	
hydroxyzine hcl SYRP PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine hcl TABS PO	1	
hydroxyzine pamoate CAPS PO 100 MG	1	
hydroxyzine pamoate CAPS PO 25 MG, 50 MG	1	QL(4 EA daily); MP
meprobamate PO	1	
VISTARIL CAPS PO 50 MG *(hydroxyzine pamoate)*	9	QL(4 EA daily); MP
VISTARIL CAPS PO 25 MG *(hydroxyzine pamoate)*	1	QL(4 EA daily); MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	1	QL(1 ML daily); AL(At least 19 yrs old)
alprazolam TABS PO 2 MG	1	QL(2 EA daily); AL(At least 19 yrs old)
alprazolam TABS PO 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily); AL(At least 19 yrs old)
alprazolam TB24 PO 0.5 MG, 1 MG, 3 MG	1	QL(1 EA daily); AL(At least 19 yrs old)
alprazolam TB24 PO 2 MG	1	QL(2 EA daily); AL(At least 19 yrs old)
alprazolam TBDP PO 2 MG	1	QL(2 EA daily); AL(At least 19 yrs old); PA
alprazolam TBDP PO 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily); AL(At least 19 yrs old); PA
ATIVAN SOLN *(lorazepam)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old)
ATIVAN SOLN *(lorazepam)*	9	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
ATIVAN TABS PO *(lorazepam)*	1	QL(3 EA daily); AL(At least 19 yrs old)
chlordiazepoxide hcl CAPS PO	1	QL(3 EA daily); AL(At least 19 yrs old)
clorazepate dipotassium TABS PO	1	QL(3 EA daily); AL(At least 19 yrs old)
diazepam CONC	1	QL(1 ML daily); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	AL(At least 19 yrs old)
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	
diazepam TABS PO	1	QL(3 EA daily); AL(At least 19 yrs old)
lorazepam CONC PO	1	QL(1 ML daily); AL(At least 19 yrs old)
lorazepam SOLN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old)
lorazepam TABS PO	1	QL(3 EA daily); AL(At least 19 yrs old)
LOREEV XR CS24	1	QL(1 EA daily); AL(At least 19 yrs old); PA
oxazepam CAPS PO	1	QL(3 EA daily); AL(At least 19 yrs old)
TRANXENE-T TABS PO *(clorazepate dipotassium)*	9	QL(3 EA daily)
VALIUM TABS PO *(diazepam)*	9	QL(3 EA daily)
XANAX XR TB24 PO 0.5 MG, 1 MG, 3 MG *(alprazolam)*	1	QL(1 EA daily); AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
XANAX XR TB24 PO 2 MG *(alprazolam)*	1	QL(2 EA daily); AL(At least 19 yrs old)
XANAX TABS PO 0.25 MG, 0.5 MG, 1 MG *(alprazolam)*	1	QL(3 EA daily); AL(At least 19 yrs old)
XANAX TABS PO 2 MG *(alprazolam)*	1	QL(2 EA daily); AL(At least 19 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	1	
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS PO	1	
NORPACE CR CP12 PO	1	
NORPACE CAPS PO *(disopyramide phosphate)*	1	
procainamide hcl SOLN 100 MG/ML	1	
quinidine gluconate TBCR PO	1	
quinidine sulfate TABS PO	1	
Antiarrhythmics Type I-B		
LIDOCAINE HCL (CARDIAC) PF SOLN	1	
lidocaine hcl (cardiac) SOSY	1	
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	1	
mexiletine hcl PO	1	
Antiarrhythmics Type I-C		
flecainide acetate PO	1	
propafenone hcl CP12 PO	1	
propafenone hcl TABS PO	1	
RYTHMOL SR CP12 PO *(propafenone hcl)*	1	

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	1	
amiodarone hcl TABS PO	1	
CORVERT *(ibutilide fumarate)*	1	
dofetilide PO	1	
ibutilide fumarate	1	
MULTAQ PO	1	
NEXTERONE	1	Medical Benefit Only
TIKOSYN PO *(dofetilide)*	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	1	Medical Benefit Only
FASENRA PEN SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old); PA
FASENRA SOSY 30 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old); PA
FASENRA SOSY 10 MG/0.5ML	1	AL(At least 6 yrs old); PA
NUCALA SOAJ	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA
NUCALA SOLR	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 6 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOSY 40 MG/0.4ML	1	QL(0.4 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 11 yrs old); PA
NUCALA SOSY 100 MG/ML	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA
TEZSPIRE SOAJ	1	QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
TEZSPIRE SOSY	1	QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
XOLAIR SOAJ	1	AL(At least 6 yrs old); PA
XOLAIR SOLR	1	AL(At least 6 yrs old - Up to 75 yrs old); PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	1	AL(At least 6 yrs old - Up to 75 yrs old); PA
XOLAIR SOSY 300 MG/2ML	1	AL(At least 6 yrs old); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail)
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(25.8 GM per 30 day(s) retail; 26 GM per 30 days mail)
INCRUSE ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
ipratropium bromide SOLN 0.02 %	1	QL(450 ML per 30 day(s) retail; 450 ML per 30 days mail)
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	1	Brand Required; MP
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	1	Brand Required; QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 12 yrs old)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	1	Brand Required; QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 6 yrs old)
tiotropium bromide monohydrate CAPS	1	Brand Required; MP; PA
TUDORZA PRESSAIR	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 18 yrs old)
YUPELRI	1	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 18 yrs old); PA
Leukotriene Modulators		
ACCOLATE PO *(zafirlukast)*	9	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE PO *(zafirlukast)*	1	QL(2 EA daily)
montelukast sodium CHEW PO	1	QL(1 EA daily)
montelukast sodium PACK PO	1	QL(1 EA daily); AL(Up to 2 yrs old); PA
montelukast sodium TABS PO	1	QL(1 EA daily)
SINGULAIR CHEW PO *(montelukast sodium)*	1	QL(1 EA daily)
SINGULAIR PACK PO *(montelukast sodium)*	1	QL(1 EA daily); AL(Up to 2 yrs old); PA
SINGULAIR TABS PO *(montelukast sodium)*	1	QL(1 EA daily)
zafirlukast PO	1	QL(2 EA daily)
zileuton TB12 PO	1	AL(At least 12 yrs old); PA
ZYFLO TABS PO	1	AL(At least 12 yrs old); PA
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	1	AL(At least 18 yrs old); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP PO 250 MCG *(roflumilast)*	1	QL(2 EA daily); PA
DALIRESP PO 500 MCG *(roflumilast)*	1	QL(1 EA daily); PA
roflumilast PO 250 MCG	1	QL(2 EA daily); PA
roflumilast PO 500 MCG	1	QL(1 EA daily); PA
Steroid Inhalants		
ALVESCO	2	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail)
ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 12 yrs old); PA
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 5 yrs old)
ARNUITY ELLIPTA 50 MCG/ACT	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 5 yrs old - Up to 11 yrs old)
ASMANEX (120 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (14 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old - Up to 11 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (60 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX HFA AERO 50 MCG/ACT	1	QL(13 GM per 30 day(s) retail; 13 GM per 30 days mail); AL(Up to 11 yrs old)
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(Up to 8 yrs old)
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	1	QL(8 ML daily); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB *(fluticasone propionate (inhalation))*	1	12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP
FLOVENT HFA *(fluticasone propionate hfa)*	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
fluticasone propionate (inhalation) AEPB	1	12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP
fluticasone propionate hfa	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
PULMICORT FLEXHALER AEPB	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(Up to 8 yrs old)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	1	QL(8 ML daily); AL(Up to 8 yrs old)
QVAR REDIHALER 40 MCG/ACT	1	QL(21.2 GM per 30 day(s) retail; 21 GM per 30 days mail); AL(At least 4 yrs old); PA
QVAR REDIHALER 80 MCG/ACT	1	QL(21.2 GM per 30 day(s) retail; 21 GM per 30 days mail); PA
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	9	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP

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Drug Name	Drug Tier	Requirements/ Limits
ADVAIR HFA AERO *(fluticasone-salmeterol)*	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ADVAIR HFA AERO 230 MCG/ACT-21 MCG/ACT *(fluticasone-salmeterol)*	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP
AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 12 yrs old); PA
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AIRSUPRA	1	QL(32.1 GM per 30 day(s) retail; 32 GM per 30 days mail); AL(At least 18 yrs old); PA
albuterol sulfate AERS	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
albuterol sulfate AERS	1	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
albuterol sulfate NEBU	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
albuterol sulfate NEBU	1	
albuterol sulfate SYRP PO	1	
albuterol sulfate TABS PO	1	
ANORO ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
arformoterol tartrate	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
BEVESPI AEROSPHERE	1	QL(10.7 GM per 30 day(s) retail; 11 GM per 30 days mail); AL(At least 18 yrs old); PA
BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT *(fluticasone furoate-vilanterol)*	9	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	1	Brand Required; QL(2 EA daily); PA
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 18 yrs old); PA
BROVANA *(arformoterol tartrate)*	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
BROVANA *(arformoterol tartrate)*	9	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
budesonide-formoterol fumarate dihydrate	2	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
budesonide-formoterol fumarate dihydrate	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
COMBIVENT RESPIMAT AERS	1	QL(12 GM per 30 day(s) retail; 12 GM per 30 days mail)
DUAKLIR PRESSAIR	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(26 GM per 30 day(s) retail; 26 GM per 30 days mail); AL(At least 5 yrs old - Up to 11 yrs old); PA
fluticasone furoate-vilanterol	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP; PA
fluticasone-salmeterol AERO 115 MCG/ACT-21 MCG/ACT, 45 MCG/ACT-21 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
fluticasone-salmeterol AERO 230 MCG/ACT-21 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP
formoterol fumarate NEBU	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ipratropium-albuterol SOLN	1	QL(1620 ML per 90 day(s) retail; 1620 ML per 90 days mail); MP
isoproterenol hcl	1	
levalbuterol hcl	1	QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail)
levalbuterol tartrate	1	Brand Required; QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
PERFOROMIST NEBU *(formoterol fumarate)*	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
PROAIR DIGIHALER	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old); PA
PROAIR HFA AERS *(albuterol sulfate)*	9	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
PROAIR RESPICLICK AEPB	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old)
PROVENTIL HFA AERS *(albuterol sulfate)*	9	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
S2 (RACEPINEPHRINE) *(racepinephrine hcl)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
SEREVENT DISKUS	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP
STIOLTO RESPIMAT	1	QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); PA
STRIVERDI RESPIMAT	1	QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 18 yrs old); PA
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	9	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
terbutaline sulfate SOLN	1	
terbutaline sulfate TABS PO	1	QL(6 EA daily)
TRELEGY ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS *(albuterol sulfate)*	1	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
XOPENEX 0.31 MG/3ML *(levalbuterol hcl)*	9	
XOPENEX 0.63 MG/3ML, 1.25 MG/3ML *(levalbuterol hcl)*	9	QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail)
XOPENEX CONCENTRATE *(levalbuterol hcl)*	9	QL(288 EA per 30 day(s) retail; 288 EA per 30 days mail)
XOPENEX HFA *(levalbuterol tartrate)*	1	Brand Required; QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
Xanthines		
aminophylline SOLN	1	
THEO-24 CP24 PO	1	
theophylline ELIX PO	1	
theophylline SOLN PO	1	
theophylline TB12 PO	1	
theophylline TB24 PO	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS PO	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail)
ELIQUIS TABS 5 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ELIQUIS TABS 2.5 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS 5 MG	1	QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail)
SAVAYSA PO	1	QL(1 EA daily); PA
XARELTO STARTER PACK TBPK	1	QL(51 EA per 30 day(s) retail; 51 EA per 30 days mail)
XARELTO SUSR	1	QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
XARELTO TABS 15 MG	1	QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail)
XARELTO TABS 2.5 MG	1	QL(2 EA daily)
XARELTO TABS 20 MG	1	QL(1 EA daily)
XARELTO TABS 10 MG	1	QL(39 EA per 39 day(s) retail; 39 EA per 39 days mail)
Heparins And Heparinoid-Like Agents		
ARIXTRA 7.5 MG/0.6ML *(fondaparinux sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
ARIXTRA 7.5 MG/0.6ML *(fondaparinux sodium)*	9	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
ARIXTRA 10 MG/0.8ML *(fondaparinux sodium)*	9	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ARIXTRA 10 MG/0.8ML *(fondaparinux sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	9	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ARIXTRA 5 MG/0.4ML *(fondaparinux sodium)*	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
ARIXTRA 5 MG/0.4ML *(fondaparinux sodium)*	9	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
enoxaparin sodium SOLN IJ 300 MG/3ML	1	
enoxaparin sodium SOSY 40 MG/0.4ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
enoxaparin sodium SOSY 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail)
fondaparinux sodium 5 MG/0.4ML	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
fondaparinux sodium 2.5 MG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
fondaparinux sodium 10 MG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
fondaparinux sodium 7.5 MG/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ML per 30 day(s) retail; 23 ML per 30 days mail)
FRAGMIN SOLN 10000 UNIT/4ML	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail)
FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ML per 30 day(s) retail; 22 ML per 30 days mail)
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
FRAGMIN SOSY 15000 UNIT/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
FRAGMIN SOSY 12500 UNIT/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
FRAGMIN SOSY 7500 UNIT/0.3ML	1	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail)
FRAGMIN SOSY 10000 UNIT/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	
HEPARIN SOD (PORCINE) IN D5W	1	
HEPARIN SODIUM (PORCINE) PF SOLN IJ	1	

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Drug Name	Drug Tier	Requirements/ Limits
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
HEPARIN SODIUM (PORCINE) SOSY IJ	1	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	1	
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	9	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail)
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	9	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	9	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	1	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail)
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	9	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	9	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
In Vitro/Lock Anticoagulants		
DEFENCATH	1	AL(At least 18 yrs old); PA
Thrombin Inhibitors		
ANGIOMAX SOLR *(bivalirudin trifluoroacetate)*	9	
argatroban	1	
ARGATROBAN	1	
ARGATROBAN *(argatroban)*	1	
ARGATROBAN IN SODIUM CHLORIDE	1	
BIVALIRUDIN RTU SOLN *(bivalirudin trifluoroacetate)*	1	
BIVALIRUDIN RTU SOLN *(bivalirudin trifluoroacetate)*	9	
bivalirudin trifluoroacetate SOLN	1	
bivalirudin trifluoroacetate SOLR	1	
dabigatran etexilate mesylate CAPS PO	1	QL(2 EA daily); PA
PRADAXA CAPS PO *(dabigatran etexilate mesylate)*	1	Brand Required; QL(2 EA daily); PA
PRADAXA CAPS PO 75 MG *(dabigatran etexilate mesylate)*	9	Brand Required; QL(2 EA daily)
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	1	Brand Required; QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 7 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
PRADAXA PACK 20 MG, 150 MG	1	Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(Up to 7 yrs old); PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	1	QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail)
FYCOMPA TABS	1	QL(1 EA daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail)
clobazam TABS PO	1	QL(2 EA daily)
clonazepam TABS PO 2 MG	1	QL(2 EA daily)
clonazepam TABS PO 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP PO 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP PO 2 MG	1	QL(2 EA daily)
DIASTAT ACUDIAL GEL PR *(diazepam (anticonvulsant))*	9	
DIASTAT PEDIATRIC GEL PR *(diazepam (anticonvulsant))*	9	
diazepam (anticonvulsant) GEL PR	1	
KLONOPIN TABS PO 2 MG *(clonazepam)*	1	QL(2 EA daily)
KLONOPIN TABS PO 1 MG *(clonazepam)*	9	QL(3 EA daily)
KLONOPIN TABS PO 0.5 MG, 1 MG *(clonazepam)*	1	QL(3 EA daily)
LIBERVANT FILM	1	AL(At least 2 yrs old - Up to 5 yrs old)
NAYZILAM	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONFI SUSP *(clobazam)*	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail)
ONFI TABS PO *(clobazam)*	1	QL(2 EA daily)
SYMPAZAN FILM	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 2 yrs old - Up to 6 yrs old); PA
VALTOCO 10 MG DOSE LIQD	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 15 MG DOSE LQPK	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 20 MG DOSE LQPK	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 5 MG DOSE LIQD	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Anticonvulsants - Misc.		
APTIOM 600 MG, 800 MG	1	QL(2 EA daily); PA
APTIOM 200 MG, 400 MG	1	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
BANZEL SUSP *(rufinamide)*	1	Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
BANZEL TABS PO *(rufinamide)*	1	Brand Required; QL(8 EA daily); PA
BRIVIACT SOLN IV 50 MG/5ML	1	PA
BRIVIACT SOLN PO 10 MG/ML	1	AL(Up to 12 yrs old); PA
BRIVIACT TABS	1	QL(2 EA daily); PA
carbamazepine CHEW PO 100 MG	1	QL(8 EA daily); MP
carbamazepine CHEW PO 200 MG	1	PA
carbamazepine CP12 PO	1	QL(5 EA daily); MP
carbamazepine SUSP PO	1	MP
carbamazepine TABS PO	1	QL(8 EA daily); MP
carbamazepine TB12 PO 400 MG	1	QL(4 EA daily); MP
carbamazepine TB12 PO 100 MG, 200 MG	1	QL(3 EA daily); MP
CARBATROL CP12 PO *(carbamazepine)*	1	QL(5 EA daily); MP
DIACOMIT CAPS	1	PA
DIACOMIT PACK	1	PA
ELEPSIA XR TB24 PO	1	QL(2 EA daily); AL(At least 12 yrs old); PA
EPIDIOLEX	1	AL(At least 2 yrs old)
EPRONTIA SOLN	1	QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA
FINTEPLA	1	QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail); AL(At least 2 yrs old); PA
gabapentin CAPS PO 400 MG	1	QL(3 EA daily); MP
gabapentin CAPS PO 100 MG	1	QL(5 EA daily); MP
gabapentin CAPS PO 300 MG	1	QL(10 EA daily); MP
gabapentin SOLN PO	1	QL(75 ML daily); MP
gabapentin TABS PO 600 MG, 800 MG	1	QL(6 EA daily); MP
KEPPRA XR TB24 PO 750 MG *(levetiracetam)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); MP
KEPPRA XR TB24 PO 500 MG *(levetiracetam)*	1	QL(2 EA daily); MP
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	1	MP
KEPPRA TABS PO 500 MG, 750 MG *(levetiracetam)*	1	QL(4 EA daily); MP
KEPPRA TABS PO 250 MG *(levetiracetam)*	1	QL(2 EA daily); MP
KEPPRA TABS PO 1000 MG *(levetiracetam)*	1	QL(3 EA daily); MP
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
lacosamide SOLN IV 200 MG/20ML	1	
lacosamide TABS PO	1	QL(2 EA daily)
LAMICTAL ODT KIT PO *(lamotrigine)*	1	PA
LAMICTAL ODT TBDP PO 50 MG *(lamotrigine)*	1	QL(2 EA daily); AL(Up to 11 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT TBDP PO 25 MG, 100 MG, 200 MG *(lamotrigine)*	1	QL(3 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL STARTER KIT PO 25 MG *(lamotrigine)*	1	PA
LAMICTAL XR KIT PO	1	PA
LAMICTAL XR TB24 PO 25 MG, 50 MG, 100 MG *(lamotrigine)*	1	QL(1 EA daily); MP; PA
LAMICTAL XR TB24 PO 200 MG, 250 MG *(lamotrigine)*	1	QL(2 EA daily); MP; PA
LAMICTAL XR TB24 PO 300 MG *(lamotrigine)*	1	QL(3 EA daily); MP; PA
LAMICTAL CHEW PO 25 MG *(lamotrigine)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL CHEW PO 5 MG *(lamotrigine)*	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL TABS PO 200 MG *(lamotrigine)*	1	QL(9 EA daily); MP
LAMICTAL TABS PO 100 MG *(lamotrigine)*	1	QL(2 EA daily); MP
LAMICTAL TABS PO 150 MG *(lamotrigine)*	1	QL(4 EA daily); MP
LAMICTAL TABS PO 25 MG *(lamotrigine)*	1	QL(6 EA daily); MP
lamotrigine CHEW PO 5 MG	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
lamotrigine CHEW PO 25 MG	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
lamotrigine KIT PO 25 MG	1	PA
lamotrigine TABS PO 100 MG	1	QL(2 EA daily); MP
lamotrigine TABS PO 150 MG	1	QL(4 EA daily); MP
lamotrigine TABS PO 200 MG	1	QL(9 EA daily); MP
lamotrigine TABS PO 25 MG	1	QL(6 EA daily); MP
lamotrigine TB24 PO 300 MG	1	QL(3 EA daily); MP; PA
lamotrigine TB24 PO 200 MG, 250 MG	1	QL(2 EA daily); MP; PA
lamotrigine TB24 PO 25 MG, 50 MG, 100 MG	1	QL(1 EA daily); MP; PA
lamotrigine TBDP PO 50 MG	1	QL(2 EA daily); AL(Up to 11 yrs old); MP
lamotrigine TBDP PO 25 MG, 100 MG, 200 MG	1	QL(3 EA daily); AL(Up to 11 yrs old); MP
LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)*	1	
LEVETIRACETAM IN NACL	1	
LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)*	9	
levetiracetam in sodium chloride	1	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	MP
levetiracetam TABS PO 500 MG, 750 MG	1	QL(4 EA daily); MP
levetiracetam TABS PO 1000 MG	1	QL(3 EA daily); MP
levetiracetam TABS PO 250 MG	1	QL(2 EA daily); MP
levetiracetam TB24 PO 500 MG	1	QL(2 EA daily); MP
levetiracetam TB24 PO 750 MG	1	QL(150 EA per 30 day(s) retail; 450 EA per 90 days mail); MP
LYRICA CAPS PO 50 MG, 75 MG, 100 MG, 150 MG *(pregabalin)*	9	QL(3 EA daily); MP
LYRICA CAPS PO 225 MG *(pregabalin)*	1	QL(2 EA daily); MP
LYRICA CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG *(pregabalin)*	1	QL(3 EA daily); MP

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LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail); MP
LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); MP
MOTPOLY XR CP24 150 MG, 200 MG	1	QL(2 EA daily); PA
MOTPOLY XR CP24 100 MG	1	QL(1 EA daily); PA
MYSOLINE PO 50 MG *(primidone)*	1	QL(4 EA daily)
MYSOLINE PO 250 MG *(primidone)*	1	
NEURONTIN CAPS PO 400 MG *(gabapentin)*	1	QL(3 EA daily); MP
NEURONTIN CAPS PO 100 MG *(gabapentin)*	1	QL(5 EA daily); MP
NEURONTIN CAPS PO 300 MG *(gabapentin)*	1	QL(10 EA daily); MP
NEURONTIN SOLN PO *(gabapentin)*	1	QL(75 ML daily); MP
NEURONTIN SOLN PO *(gabapentin)*	9	QL(75 ML daily); MP
NEURONTIN TABS PO *(gabapentin)*	1	QL(6 EA daily); MP
oxcarbazepine SUSP PO	1	QL(40 ML daily); MP
oxcarbazepine TABS PO 150 MG, 300 MG	1	QL(3 EA daily); MP
oxcarbazepine TABS PO 600 MG	1	QL(6 EA daily); MP
oxcarbazepine TB24 600 MG	1	QL(4 EA daily); PA
oxcarbazepine TB24 150 MG, 300 MG	1	QL(1 EA daily); PA
OXTELLAR XR TB24 600 MG *(oxcarbazepine)*	1	QL(4 EA daily); PA
OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)*	1	QL(1 EA daily); PA
pregabalin CAPS PO 225 MG	1	QL(2 EA daily); MP
pregabalin CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG	1	QL(3 EA daily); MP
pregabalin SOLN	1	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP
primidone PO 250 MG	1	
primidone PO 125 MG	1	QL(100 EA per 33 day(s) retail; 100 EA per 33 days mail); PA
primidone PO 50 MG	1	QL(4 EA daily)
QUDEXY XR CS24 PO 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(1 EA daily); PA
QUDEXY XR CS24 PO 150 MG, 200 MG *(topiramate)*	1	QL(2 EA daily); PA
rufinamide SUSP	1	QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
rufinamide TABS PO	1	Brand Required; QL(8 EA daily); PA
SPRITAM TB3D	1	QL(2 EA daily); PA
TEGRETOL SUSP PO *(carbamazepine)*	1	MP
TEGRETOL TABS PO *(carbamazepine)*	1	QL(8 EA daily); MP
TEGRETOL-XR TB12 PO 400 MG *(carbamazepine)*	1	QL(4 EA daily); MP
TEGRETOL-XR TB12 PO 100 MG, 200 MG *(carbamazepine)*	1	QL(3 EA daily); MP
TOPAMAX SPRINKLE CPSP PO *(topiramate)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
TOPAMAX TABS PO 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(3 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS PO 200 MG *(topiramate)*	1	QL(9 EA daily); MP
topiramate CP24 PO 25 MG, 50 MG, 100 MG	1	QL(1 EA daily); PA
topiramate CP24 PO 200 MG	1	QL(2 EA daily); PA
topiramate CPSP PO	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
topiramate CS24 PO 25 MG, 50 MG, 100 MG	1	QL(1 EA daily); PA
topiramate CS24 PO 150 MG, 200 MG	1	QL(2 EA daily); PA
topiramate TABS PO 200 MG	1	QL(9 EA daily); MP
topiramate TABS PO 25 MG, 50 MG, 100 MG	1	QL(3 EA daily); MP
TRILEPTAL SUSP PO *(oxcarbazepine)*	1	QL(40 ML daily); MP
TRILEPTAL TABS PO 600 MG *(oxcarbazepine)*	9	QL(6 EA daily); MP
TRILEPTAL TABS PO 150 MG, 300 MG *(oxcarbazepine)*	1	QL(3 EA daily); MP
TRILEPTAL TABS PO 150 MG, 300 MG *(oxcarbazepine)*	9	QL(3 EA daily); MP
TRILEPTAL TABS PO 600 MG *(oxcarbazepine)*	1	QL(6 EA daily); MP
TROKENDI XR CP24 PO 200 MG *(topiramate)*	1	QL(2 EA daily); PA
TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(1 EA daily); PA
TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG *(topiramate)*	9	QL(1 EA daily)
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
VIMPAT SOLN IV 200 MG/20ML *(lacosamide)*	1	
VIMPAT TABS PO *(lacosamide)*	1	QL(2 EA daily)
ZONEGRAN CAPS PO 25 MG *(zonisamide)*	9	QL(3 EA daily); MP
ZONEGRAN CAPS PO 100 MG *(zonisamide)*	4	Requires EPSDT PA Review; QL(8 EA daily); AL(Up to 20 yrs old); MP; PA
ZONISADE SUSP	1	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); PA
zonisamide CAPS PO 25 MG, 50 MG	1	QL(3 EA daily); MP
zonisamide CAPS PO 100 MG	1	QL(8 EA daily); MP
ZTALMY	1	QL(1100 ML per 30 day(s) retail; 1100 ML per 30 days mail); AL(At least 2 yrs old); PA
Carbamates		
felbamate SUSP	1	PA
felbamate TABS PO 400 MG	1	QL(8 EA daily); PA
felbamate TABS PO 600 MG	1	PA
FELBATOL SUSP *(felbamate)*	1	PA
FELBATOL TABS PO 600 MG *(felbamate)*	1	PA
FELBATOL TABS PO 400 MG *(felbamate)*	1	QL(8 EA daily); PA
XCOPRI (250 MG DAILY DOSE) TBPK	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
XCOPRI (350 MG DAILY DOSE) TBPK	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA

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XCOPRI TABS 25 MG	1	PA
XCOPRI TABS 150 MG, 200 MG	1	QL(2 EA daily); PA
XCOPRI TABS 50 MG, 100 MG	1	QL(1 EA daily); PA
XCOPRI TBPK	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
GABA Modulators		
GABITRIL PO *(tiagabine hcl)*	9	
SABRIL PACK *(vigabatrin)*	1	Brand Required; PA
SABRIL TABS *(vigabatrin)*	1	Brand Required; PA
tiagabine hcl PO	1	
vigabatrin PACK	1	Brand Required; PA
vigabatrin TABS	1	Brand Required; PA
VIGAFYDE SOLN	1	AL(Up to 2 yrs old); PA
Hydantoins		
CEREBYX *(fosphenytoin sodium)*	1	
CEREBYX *(fosphenytoin sodium)*	9	
DILANTIN PO *(phenytoin sodium extended)*	9	
DILANTIN PO 30 MG	1	
DILANTIN PO *(phenytoin sodium extended)*	1	QL(6 EA daily); MP
DILANTIN INFATABS CHEW PO *(phenytoin)*	1	QL(6 EA daily); MP
DILANTIN-125 SUSP PO *(phenytoin)*	1	QL(12 ML daily); MP
DILANTIN SUSP PO *(phenytoin)*	1	QL(12 ML daily); MP
fosphenytoin sodium	1	
phenytoin sodium extended PO 200 MG	1	QL(3 EA daily); MP
phenytoin sodium extended PO 100 MG	1	QL(6 EA daily); MP
phenytoin sodium extended PO 300 MG	1	QL(2 EA daily); MP
phenytoin sodium SOLN	1	
phenytoin CHEW PO	1	QL(6 EA daily); MP
phenytoin SUSP PO 125 MG/5ML	1	QL(12 ML daily); MP
Succinimides		
CELONTIN *(methsuximide)*	1	
ethosuximide CAPS PO	1	QL(6 EA daily)
ethosuximide SOLN PO	1	
methsuximide	1	
ZARONTIN CAPS PO *(ethosuximide)*	1	QL(6 EA daily)
ZARONTIN SOLN PO *(ethosuximide)*	1	
Valproic Acid		
DEPAKOTE ER TB24 PO 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP
DEPAKOTE ER TB24 PO 250 MG *(divalproex sodium)*	9	QL(3 EA daily); MP
DEPAKOTE ER TB24 PO 500 MG *(divalproex sodium)*	9	QL(5 EA daily); MP
DEPAKOTE ER TB24 PO 500 MG *(divalproex sodium)*	1	QL(5 EA daily); MP
DEPAKOTE SPRINKLES CSDR PO *(divalproex sodium)*	1	QL(12 EA daily); AL(Up to 11 yrs old); MP
DEPAKOTE TBEC PO 125 MG, 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP
DEPAKOTE TBEC PO 500 MG *(divalproex sodium)*	1	QL(9 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium CSDR PO	1	QL(12 EA daily); AL(Up to 11 yrs old); MP
divalproex sodium TB24 PO 250 MG	1	QL(3 EA daily); MP
divalproex sodium TB24 PO 500 MG	1	QL(5 EA daily); MP
divalproex sodium TBEC PO 125 MG, 250 MG	1	QL(3 EA daily); MP
divalproex sodium TBEC PO 500 MG	1	QL(9 EA daily); MP
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	1	QL(1350 ML per 30 day(s) retail; 1350 ML per 30 days mail)
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	QL(34 ML daily); MP
valproic acid CAPS PO	1	QL(7 EA daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS PO	1	QL(1 EA daily); MP
mirtazapine TBDP PO	1	QL(1 EA daily); MP
REMERON SOLTAB TBDP PO *(mirtazapine)*	1	QL(1 EA daily); MP
REMERON SOLTAB TBDP PO *(mirtazapine)*	9	QL(1 EA daily); MP
REMERON TABS PO 15 MG, 30 MG *(mirtazapine)*	1	QL(1 EA daily); MP
Antidepressant Combinations		
AUVELITY	1	QL(2 EA daily); PA
Antidepressants - Misc.		
APLENZIN PO	1	QL(1 EA daily); PA
bupropion hcl TABS PO	1	QL(3 EA daily)
bupropion hcl TB12 PO	1	QL(2 EA daily); MP
bupropion hcl TB24 PO 150 MG, 300 MG	1	QL(1 EA daily); MP
bupropion hcl TB24 PO 450 MG	1	QL(1 EA daily); PA
FORFIVO XL TB24 PO *(bupropion hcl)*	1	QL(1 EA daily); PA
WELLBUTRIN SR TB12 PO *(bupropion hcl)*	1	QL(2 EA daily); MP
WELLBUTRIN XL TB24 PO *(bupropion hcl)*	1	QL(1 EA daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	1	Medical Benefit Only
ZURZUVAE 30 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
ZURZUVAE 25 MG	1	QL(2 EA daily); AL(At least 18 yrs old); PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
MARPLAN PO	1	PA
NARDIL PO *(phenelzine sulfate)*	3	ST
PARNATE PO *(tranylcypromine sulfate)*	9	ST
phenelzine sulfate PO	3	ST
tranylcypromine sulfate PO	3	ST
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA

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SPRAVATO (84 MG DOSE)	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(At least 18 yrs old); PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS PO 10 MG, 20 MG *(citalopram hydrobromide)*	1	QL(1.5 EA daily); MP
CELEXA TABS PO 40 MG *(citalopram hydrobromide)*	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
CITALOPRAM HYDROBROMIDE CAPS	1	QL(1 EA daily); AL(Up to 59 yrs old); PA
citalopram hydrobromide SOLN PO	1	
citalopram hydrobromide TABS PO 40 MG	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
citalopram hydrobromide TABS PO 10 MG, 20 MG	1	QL(1.5 EA daily); MP
escitalopram oxalate SOLN PO	1	
escitalopram oxalate TABS PO 5 MG, 20 MG	1	QL(2 EA daily); MP
escitalopram oxalate TABS PO 10 MG	1	QL(1.5 EA daily); MP
fluoxetine hcl CAPS PO 40 MG	1	QL(2 EA daily); MP
fluoxetine hcl CAPS PO 20 MG	1	QL(4 EA daily); MP
fluoxetine hcl CAPS PO 10 MG	1	QL(3 EA daily); MP
fluoxetine hcl CPDR PO	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
fluoxetine hcl SOLN PO	1	
fluoxetine hcl TABS PO 60 MG	1	QL(1 EA daily); PA
fluoxetine hcl TABS PO 10 MG, 20 MG	1	QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA
FLUOXETINE HCL TABS PO *(fluoxetine hcl)*	1	QL(1 EA daily); PA
fluvoxamine maleate CP24 PO	1	QL(2 EA daily); PA
fluvoxamine maleate TABS PO 25 MG	1	QL(1 EA daily); MP
fluvoxamine maleate TABS PO 50 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail)
fluvoxamine maleate TABS PO 100 MG	1	QL(3 EA daily)
LEXAPRO TABS PO 5 MG, 20 MG *(escitalopram oxalate)*	1	QL(2 EA daily); MP
LEXAPRO TABS PO 10 MG *(escitalopram oxalate)*	1	QL(1.5 EA daily); MP
paroxetine hcl SUSP PO	1	
paroxetine hcl TABS PO 30 MG	1	QL(2 EA daily); MP
paroxetine hcl TABS PO 10 MG, 40 MG	1	QL(1.5 EA daily); MP
paroxetine hcl TABS PO 20 MG	1	QL(1 EA daily); MP
paroxetine hcl TB24 PO 25 MG	1	QL(2 EA daily); PA
paroxetine hcl TB24 PO 12.5 MG, 37.5 MG	1	QL(1 EA daily); PA
PAXIL CR TB24 PO 25 MG *(paroxetine hcl)*	1	QL(2 EA daily); PA
PAXIL CR TB24 PO 12.5 MG, 37.5 MG *(paroxetine hcl)*	1	QL(1 EA daily); PA
PAXIL SUSP PO *(paroxetine hcl)*	1	
PAXIL TABS PO 10 MG, 40 MG *(paroxetine hcl)*	1	QL(1.5 EA daily); MP
PAXIL TABS PO 30 MG *(paroxetine hcl)*	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS PO 20 MG *(paroxetine hcl)*	1	QL(1 EA daily); MP
PROZAC CAPS PO 10 MG *(fluoxetine hcl)*	1	QL(3 EA daily); MP
PROZAC CAPS PO 20 MG *(fluoxetine hcl)*	1	QL(4 EA daily); MP
PROZAC CAPS PO 40 MG *(fluoxetine hcl)*	1	QL(2 EA daily); MP
SERTRALINE HCL CAPS	1	QL(1 EA daily); PA
sertraline hcl CONC PO	1	QL(10 ML daily)
sertraline hcl TABS PO	1	QL(3 EA daily); MP
ZOLOFT CONC PO *(sertraline hcl)*	1	QL(10 ML daily)
ZOLOFT TABS PO *(sertraline hcl)*	1	QL(3 EA daily); MP
Serotonin Modulators		
nefazodone hcl PO	3	ST
trazodone hcl TABS PO 300 MG	1	PA
trazodone hcl TABS PO 50 MG, 100 MG, 150 MG	1	
TRINTELLIX PO	3	QL(1 EA daily); ST
VIIBRYD TABS *(vilazodone hcl)*	3	QL(1 EA daily); ST
vilazodone hcl TABS	3	QL(1 EA daily); ST
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP PO *(duloxetine hcl)*	1	QL(2 EA daily); MP
DESVENLAFAXINE ER PO	3	QL(1 EA daily)
desvenlafaxine succinate PO	2	QL(1 EA daily); ST; MP
DRIZALMA SPRINKLE CSDR	1	QL(1 EA daily); AL(Up to 10 yrs old); PA
duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG	1	QL(2 EA daily); MP
duloxetine hcl CPEP PO 40 MG	1	QL(1 EA daily); PA
EFFEXOR XR CP24 PO 37.5 MG, 75 MG *(venlafaxine hcl)*	1	QL(1 EA daily)
EFFEXOR XR CP24 PO 150 MG *(venlafaxine hcl)*	1	QL(2 EA daily); MP
EFFEXOR XR CP24 PO 150 MG *(venlafaxine hcl)*	9	QL(2 EA daily); MP
EFFEXOR XR CP24 PO 37.5 MG *(venlafaxine hcl)*	9	QL(1 EA daily)
FETZIMA TITRATION C4PK	3	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); ST
FETZIMA CP24	3	QL(1 EA daily); ST
PRISTIQ PO *(desvenlafaxine succinate)*	2	QL(1 EA daily); ST; MP
PRISTIQ PO 50 MG *(desvenlafaxine succinate)*	9	QL(1 EA daily); ST; MP
VENLAFAXINE BESYLATE ER	1	QL(1 EA daily); PA
venlafaxine hcl CP24 PO 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl CP24 PO 37.5 MG, 75 MG	1	QL(1 EA daily)
venlafaxine hcl TABS PO	1	QL(3 EA daily)
venlafaxine hcl TB24 PO 150 MG	1	QL(2 EA daily)
venlafaxine hcl TB24 PO 225 MG	1	QL(1 EA daily); PA
venlafaxine hcl TB24 PO 37.5 MG, 75 MG	1	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS PO	1	
amoxapine PO	1	
ANAFRANIL PO *(clomipramine hcl)*	1	
clomipramine hcl PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
desipramine hcl TABS PO	1	
doxepin hcl CAPS PO	1	
doxepin hcl CONC PO	1	
imipramine hcl TABS PO	1	
imipramine pamoate PO	1	
NORPRAMIN TABS PO 10 MG, 25 MG *(desipramine hcl)*	9	
nortriptyline hcl CAPS PO	1	
nortriptyline hcl SOLN PO	1	AL(Up to 20 yrs old); PA
nortriptyline hcl SOLN PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
PAMELOR CAPS PO *(nortriptyline hcl)*	1	
protriptyline hcl PO	1	
trimipramine maleate CAPS PO	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose PO 25 MG, 100 MG	1	QL(6 EA daily); MP
acarbose PO 50 MG	1	QL(3 EA daily); MP
miglitol PO	3	ST
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	1	QL(10.8 ML per 30 day(s) retail; 11 ML per 30 days mail); AL(At least 15 yrs old); PA
SYMLINPEN 60 SOPN	1	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); AL(At least 15 yrs old); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS PO 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	3	ST
ACTOPLUS MET TABS PO 500 MG-15 MG *(pioglitazone hcl-metformin hcl)*	9	ST
alogliptin-metformin hcl	3	ST
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	3	ST
dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG	2	Brand Required; QL(2 EA daily); ST; MP; PA
dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG	2	Brand Required; QL(1 EA daily); ST; MP; PA
DUETACT *(pioglitazone hcl-glimepiride)*	3	ST
glipizide-metformin hcl PO 250 MG-2.5 MG	1	QL(8 EA daily); MP
glipizide-metformin hcl PO 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily); MP
glyburide-metformin PO 250 MG-1.25 MG	1	QL(8 EA daily); MP
glyburide-metformin PO 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily); MP
GLYXAMBI PO	1	QL(1 EA daily)
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	2	QL(2 EA daily)
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG	2	QL(1 EA daily)
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	2	QL(2 EA daily); ST; MP

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Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	2	QL(1 EA daily); ST; MP
JANUMET XR TB24 PO 1000 MG-50 MG	2	QL(2 EA daily); ST; MP
JANUMET XR TB24 PO 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 EA daily); ST; MP
JANUMET TABS PO	2	QL(2 EA daily); ST; MP
JENTADUETO XR TB24	2	QL(1 EA daily); ST; MP
JENTADUETO TABS	2	QL(2 EA daily); ST; MP
KAZANO *(alogliptin-metformin hcl)*	3	ST
KOMBIGLYZE XR PO 1000 MG-5 MG, 500 MG-5 MG *(saxagliptin-metformin hcl)*	1	QL(1 EA daily); ST; MP; PA
KOMBIGLYZE XR PO 1000 MG-2.5 MG *(saxagliptin-metformin hcl)*	1	QL(2 EA daily); ST; MP; PA
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	3	ST
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG *(alogliptin-pioglitazone)*	9	
pioglitazone hcl-glimepiride	3	ST
pioglitazone hcl-metformin hcl TABS PO	3	ST
QTERN	1	QL(1 EA daily); PA
saxagliptin-metformin hcl PO 1000 MG-2.5 MG	1	QL(2 EA daily); ST; MP; PA
saxagliptin-metformin hcl PO 1000 MG-5 MG, 500 MG-5 MG	1	QL(1 EA daily); ST; MP; PA
SEGLUROMET	1	QL(2 EA daily); PA
SITAGLIPTIN BASE-METFORMIN HCL TABS	1	PA
SOLIQUA	3	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
STEGLUJAN	1	QL(1 EA daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily); ST; MP
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily); ST; MP
SYNJARDY TABS	2	QL(2 EA daily); ST; MP
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1	QL(1 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1	QL(2 EA daily)
XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG	2	Brand Required; QL(2 EA daily); ST; MP
XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	Brand Required; QL(1 EA daily); ST; MP
XIGDUO XR PO *(dapagliflozin propanediol-metformin hcl)*	2	Brand Required; QL(1 EA daily); ST; MP
XIGDUO XR PO *(dapagliflozin propanediol-metformin hcl)*	2	Brand Required; QL(2 EA daily); ST; MP
XULTOPHY	3	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ZITUVIMET XR TB24	1	PA
ZITUVIMET TABS	1	PA
Antidiabetic-Antibodies		
TZIELD	1	AL(At least 8 yrs old); PA
Biguanides		

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Drug Name	Drug Tier	Requirements/ Limits
GLUMETZA TB24 PO *(metformin hcl)*	1	QL(4 EA daily); PA
metformin hcl SOLN PO	1	PA
metformin hcl TABS PO 500 MG	1	QL(5 EA daily); MP
metformin hcl TABS PO 850 MG, 1000 MG	1	QL(3 EA daily); MP
metformin hcl TABS PO 625 MG	1	QL(4 EA daily); PA
metformin hcl TB24 PO 750 MG	1	QL(3 EA daily); MP
metformin hcl TB24 PO 500 MG, 1000 MG	1	QL(4 EA daily); PA
metformin hcl TB24 PO 500 MG	1	QL(4 EA daily); MP
RIOMET SOLN PO *(metformin hcl)*	9	
Diabetic Other		
BAQSIMI ONE PACK POWD	1	
BAQSIMI TWO PACK POWD	1	
diazoxide	1	
GLUCAGEN HYPOKIT	1	
glucagon (rdna)	1	
GLUCAGON EMERGENCY *(glucagon (rdna))*	9	
GLUCAGON EMERGENCY	1	
GVOKE HYPOPEN 2-PACK SOAJ	1	
GVOKE KIT SOLN	1	
GVOKE PFS SOSY 1 MG/0.2ML	1	
KORLYM *(mifepristone (hyperglycemia))*	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
mifepristone (hyperglycemia)	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PROGLYCEM *(diazoxide)*	1	
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	3	ST
JANUVIA PO 50 MG, 100 MG	2	QL(2 EA daily); ST; MP
JANUVIA PO 25 MG	2	QL(4 EA daily); ST; MP
NESINA *(alogliptin benzoate)*	3	ST
ONGLYZA PO 2.5 MG *(saxagliptin hcl)*	1	QL(2 EA daily); ST; MP; PA
ONGLYZA PO 5 MG *(saxagliptin hcl)*	1	QL(1 EA daily); ST; MP; PA
saxagliptin hcl PO 5 MG	1	QL(1 EA daily); ST; MP; PA
saxagliptin hcl PO 2.5 MG	1	QL(2 EA daily); ST; MP; PA
SITAGLIPTIN	1	QL(1 EA daily); PA
TRADJENTA	2	QL(1 EA daily); ST; MP
ZITUVIO	1	QL(1 EA daily); PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	QL(6 EA daily); ST
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	3	QL(3.4 ML per 28 day(s) retail; 10 ML per 84 days mail); ST; MP; PA
BYETTA 10 MCG PEN SOPN	2	QL(7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); ST; MP

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Drug Name	Drug Tier	Requirements/ Limits
BYETTA 5 MCG PEN SOPN	2	QL(3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); ST; MP
liraglutide	2	Brand Required; ST; MP; PA
MOUNJARO	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); ST; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
OZEMPIC (2 MG/DOSE) SOPN	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
RYBELSUS TABS PO	3	QL(1 EA daily); ST; PA
TRULICITY 0.75 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	QL(6 ML per 84 day(s) retail; 6 ML per 84 days mail); ST; MP
TRULICITY 1.5 MG/0.5ML	2	ST; MP
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.3 ML daily); ST; MP
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.2 ML daily); ST; MP
Insulin		

Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR SOPN	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
ADMELOG SOLN IJ	1	Brand Required; QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	1	AL(At least 18 yrs old); PA
APIDRA SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
APIDRA SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
BASAGLAR KWIKPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
FIASP FLEXTOUCH SOPN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
FIASP PENFILL SOCT	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
FIASP PUMPCART SOCT	1	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
FIASP SOLN	1	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SOPN	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMALOG TEMPO PEN SOPN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
HUMALOG SOCT	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG SOLN IJ	1	Brand Required; QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN 70/30 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN N KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN N SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
HUMULIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART PENFILL SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART PROT & ASPART SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN ASPART SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	1	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA

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INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	1	Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
INSULIN DEGLUDEC SOLN	1	Brand Required; QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
INSULIN GLARGINE MAX SOLOSTAR SOPN	1	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	1	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN GLARGINE SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
INSULIN GLARGINE-YFGN SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN GLARGINE-YFGN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	Brand Required; QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO PROT & LISPRO SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO SOLN IJ	1	Brand Required; QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
LANTUS SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
LANTUS SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
LEVEMIR FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
LEVEMIR FLEXTOUCH SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
LEVEMIR SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
LYUMJEV KWIKPEN SOPN 200 UNIT/ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
LYUMJEV KWIKPEN SOPN 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
LYUMJEV TEMPO PEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); PA
MYXREDLIN	1	Medical Benefit Only
NOVOLIN 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R FLEXPEN SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN RELION SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG MIX 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG PENFILL SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
REZVOGLAR KWIKPEN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
SEMGLEE (YFGN) SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
TOUJEO MAX SOLOSTAR SOPN	1	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TOUJEO SOLOSTAR SOPN	1	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	1	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	1	Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
TRESIBA SOLN	1	Brand Required; QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
Insulin Sensitizing Agents		
ACTOS PO 15 MG *(pioglitazone hcl)*	1	QL(3 EA daily); MP
ACTOS PO 30 MG, 45 MG *(pioglitazone hcl)*	1	QL(1 EA daily); MP
pioglitazone hcl PO 15 MG	1	QL(3 EA daily); MP
pioglitazone hcl PO 30 MG, 45 MG	1	QL(1 EA daily); MP
Meglitinide Analogues		
nateglinide PO	2	QL(3 EA daily); ST; MP
repaglinide PO	1	QL(8 EA daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol PO	1	Brand Required; QL(1 EA daily); MP; PA
FARXIGA PO *(dapagliflozin propanediol)*	1	Brand Required; QL(1 EA daily); MP
INVOKANA 300 MG	2	QL(2 EA daily); ST; MP
INVOKANA 100 MG	2	QL(1 EA daily); ST; MP
JARDIANCE PO 25 MG	1	QL(1 EA daily); MP
JARDIANCE PO 10 MG	1	QL(2 EA daily); MP
STEGLATRO	1	QL(1 EA daily); PA
Sulfonylureas		
AMARYL PO 4 MG *(glimepiride)*	9	QL(2 EA daily); MP
AMARYL PO 1 MG *(glimepiride)*	9	QL(8 EA daily); MP
AMARYL PO 2 MG *(glimepiride)*	9	QL(4 EA daily); MP
glimepiride PO 1 MG	1	QL(8 EA daily); MP
glimepiride PO 3 MG	1	PA
glimepiride PO 2 MG	1	QL(4 EA daily); MP
glimepiride PO 4 MG	1	QL(2 EA daily); MP
glipizide TABS PO 2.5 MG	1	QL(1 EA daily); PA
glipizide TABS PO 5 MG	1	QL(8 EA daily); MP
glipizide TABS PO 10 MG	1	QL(4 EA daily); MP
glipizide TB24 PO 5 MG	1	QL(4 EA daily); MP
glipizide TB24 PO 10 MG	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
glipizide TB24 PO 2.5 MG	1	QL(8 EA daily); MP
GLUCOTROL XL TB24 PO 5 MG *(glipizide)*	1	QL(4 EA daily); MP
GLUCOTROL XL TB24 PO 10 MG *(glipizide)*	1	QL(2 EA daily); MP
GLUCOTROL XL TB24 PO 2.5 MG *(glipizide)*	9	QL(8 EA daily); MP
glyburide micronized PO 3 MG	1	QL(4 EA daily); MP
glyburide micronized PO 1.5 MG	1	QL(8 EA daily); MP
glyburide micronized PO 6 MG	1	QL(2 EA daily); MP
glyburide TABS PO 5 MG	1	QL(4 EA daily); MP
glyburide TABS PO 1.25 MG, 2.5 MG	1	QL(8 EA daily); MP
GLYNASE PO 6 MG *(glyburide micronized)*	9	QL(2 EA daily); MP
GLYNASE PO 1.5 MG *(glyburide micronized)*	9	QL(8 EA daily); MP
GLYNASE PO 3 MG *(glyburide micronized)*	9	QL(4 EA daily); MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI PO	1	PA
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD PO	1	QL(400 ML per 12 day(s) retail; 400 ML per 12 days mail)
diphenoxylate w/ atropine TABS PO	1	QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail)
IMODIUM A-D CAPS PO *(loperamide hcl)*	9	QL(8 EA daily); RX/OTC
LOMOTIL TABS PO *(diphenoxylate w/ atropine)*	1	QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail)
loperamide hcl CAPS PO	1	QL(8 EA daily); RX/OTC
MOTOFEN PO	1	QL(16 EA per fill retail); AL(At least 3 yrs old); PA
opium tincture PO	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	1	Medical Benefit Only
Antidotes - Chelating Agents		
CHEMET PO	1	
deferasirox PACK	1	PA
deferasirox TABS PO	1	AL(At least 3 yrs old); PA
deferasirox TBSO	1	AL(At least 3 yrs old)
deferiprone TABS	1	PA
EXJADE TBSO *(deferasirox)*	1	AL(At least 3 yrs old)
FERRIPROX TWICE-A-DAY TABS	1	PA
FERRIPROX SOLN	1	PA
FERRIPROX TABS *(deferiprone)*	1	PA
JADENU SPRINKLE PACK *(deferasirox)*	1	PA
JADENU SPRINKLE PACK *(deferasirox)*	9	
JADENU TABS PO *(deferasirox)*	1	AL(At least 3 yrs old); PA
Antidotes and Specific Antagonists		
ACETADOTE SOLN *(acetylcysteine (antidote))*	1	
acetylcysteine (antidote) SOLN	1	
ANDEXXA 200 MG	1	Medical Benefit Only
BRIDION SOLN	1	
deferoxamine mesylate	1	

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Drug Name	Drug Tier	Requirements/ Limits
DESFERAL 500 MG *(deferoxamine mesylate)*	1	
DESFERAL 500 MG *(deferoxamine mesylate)*	9	
EDETATE CALCIUM DISODIUM SOLN	1	Medical Benefit Only
fomepizole 1.5 GM/1.5ML	1	
methylene blue (antidote) SOLN IV 50 MG/10ML	1	Medical Benefit Only
PRAXBIND	1	Medical Benefit Only
PROVAYBLUE SOLN IV *(methylene blue (antidote))*	9	
PROVAYBLUE SOLN IV *(methylene blue (antidote))*	1	Medical Benefit Only
Benzodiazepine Antagonists		
flumazenil	1	
Opioid Antagonists		
KLOXXADO LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
NALMEFENE HCL IJ	1	Medical Benefit Only
naloxone hcl LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
naloxone hcl SOCT	1	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	
naloxone hcl SOSY 2 MG/2ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
naloxone hcl SOSY 0.4 MG/ML	1	
naltrexone hcl PO	1	
NARCAN LIQD *(naloxone hcl)*	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
OPVEE NA	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); AL(At least 12 yrs old)
REXTOVY LIQD	1	
VIVITROL	1	
ZIMHI SOSY	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS PO 50 MG	1	QL(10 EA per fill retail); PA
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	1	PA
granisetron hcl TABS PO	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA
ondansetron hcl SOLN IJ	1	
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(50 ML per 10 day(s) retail; 50 ML per 10 days mail)
ondansetron hcl SOSY	1	
ondansetron hcl TABS PO 4 MG, 8 MG	1	QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail)
ondansetron TBDP PO 4 MG, 8 MG	1	QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail)
ondansetron TBDP PO 16 MG	1	PA
palonosetron hcl SOLN	1	
PALONOSETRON HCL SOLN	1	
palonosetron hcl SOSY	1	PA
POSFREA SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
SANCUSO PTCH	1	QL(1 EA per 20 day(s) retail; 1 EA per 20 days mail); PA
SUSTOL PRSY	1	PA
Antiemetics - Anticholinergic		
DIMENHYDRINATE SOLN	1	
meclizine hcl TABS PO 12.5 MG, 25 MG	1	RX/OTC
scopolamine	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TIGAN SOLN	1	
TRANSDERM-SCOP *(scopolamine)*	9	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TRANSDERM-SCOP *(scopolamine)*	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
trimethobenzamide hcl CAPS PO	1	
Antiemetics - Antidopaminergic		
BARHEMSYS	1	Medical Benefit Only
Antiemetics - Miscellaneous		
AKYNZEO PO	1	QL(1 EA per 7 day(s) retail; 1 EA per 7 days mail); PA
AKYNZEO (READY-TO-USE) SOLN	1	PA
AKYNZEO (TO-BE-DILUTED) SOLN	1	PA
BONJESTA TBCR	1	QL(2 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
DICLEGIS TBEC PO *(doxylamine-pyridoxine)*	1	Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old)
doxylamine-pyridoxine TBEC PO	1	Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
dronabinol CAPS PO	1	QL(2 EA daily); PA
MARINOL CAPS PO 2.5 MG *(dronabinol)*	1	QL(2 EA daily); PA
MARINOL CAPS PO 5 MG, 10 MG *(dronabinol)*	9	QL(2 EA daily)
SYNDROS SOLN	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	1	QL(4.4 ML per fill retail); PA
aprepitant CAPS PO	1	QL(1 EA daily); PA
aprepitant MISC PO	1	QL(1 EA daily); PA
CINVANTI EMUL	1	QL(18 ML per fill retail); PA
EMEND TRI-PACK CAPS PO *(aprepitant)*	1	QL(1 EA daily); PA
EMEND CAPS PO 80 MG *(aprepitant)*	1	QL(1 EA daily); PA
EMEND SOLR *(fosaprepitant dimeglumine)*	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
EMEND SOLR *(fosaprepitant dimeglumine)*	9	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
EMEND SUSR	1	QL(1 EA daily); AL(Up to 6 yrs old); PA
FOCINVEZ SOLN	1	PA
fosaprepitant dimeglumine SOLR	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	1	QL(4 EA per fill retail); AL(At least 10 yrs old); PA
CANCIDAS *(caspofungin acetate)*	1	
caspofungin acetate	1	
CASPOFUNGIN ACETATE	1	
ERAXIS	1	
micafungin sodium	1	
MICAFUNGIN SODIUM	1	
MICAFUNGIN SODIUM-NACL	1	
MYCAMINE *(micafungin sodium)*	1	
REZZAYO	1	AL(At least 18 yrs old); PA
Antifungals		
ABELCET	1	
AMBISOME *(amphotericin b liposome)*	1	
amphotericin b IV	1	
amphotericin b liposome	1	
ANCOBON PO *(flucytosine)*	1	PA
flucytosine PO	1	PA
griseofulvin microsize SUSP PO	1	
griseofulvin microsize TABS PO	1	
griseofulvin ultramicrosize PO	1	
nystatin TABS PO	1	
terbinafine hcl TABS PO	1	
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	1	QL(68 EA per 30 day(s) retail; 68 EA per 30 days mail); AL(At least 18 yrs old); PA
CRESEMBA CAPS 74.5 MG	1	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA
CRESEMBA SOLR	1	AL(At least 18 yrs old)
DIFLUCAN SUSR PO 40 MG/ML *(fluconazole)*	1	
DIFLUCAN SUSR PO 10 MG/ML *(fluconazole)*	9	
DIFLUCAN TABS PO 150 MG *(fluconazole)*	9	QL(7 EA per fill retail)
DIFLUCAN TABS PO 50 MG *(fluconazole)*	9	
DIFLUCAN TABS PO 100 MG, 200 MG *(fluconazole)*	1	
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	
fluconazole SUSR PO	1	
fluconazole TABS PO 150 MG	1	QL(7 EA per fill retail)
fluconazole TABS PO 50 MG, 100 MG, 200 MG	1	
itraconazole CAPS PO	1	
itraconazole SOLN	1	
ketoconazole PO	1	AL(At least 3 yrs old); PA
MICONAZOLE	1	
NOXAFIL PACK	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL SOLN *(posaconazole)*	1	
NOXAFIL SUSP *(posaconazole)*	1	PA
NOXAFIL TBEC *(posaconazole)*	1	
posaconazole SOLN	1	
posaconazole SUSP	1	PA
posaconazole TBEC	1	
SPORANOX CAPS PO *(itraconazole)*	1	
SPORANOX SOLN *(itraconazole)*	1	
TOLSURA CAPS PO	1	QL(4 EA daily); PA
VFEND IV SOLR *(voriconazole)*	1	Medical Benefit Only
VFEND IV SOLR *(voriconazole)*	9	
VFEND SUSR PO *(voriconazole)*	1	
VFEND TABS PO *(voriconazole)*	1	
VIVJOA	1	QL(18 EA per 84 day(s) retail; 18 EA per 84 days mail); AL(At least 18 yrs old); PA
voriconazole SOLR	1	Medical Benefit Only
VORICONAZOLE SOLR 200 MG	1	Medical Benefit Only
voriconazole SUSR PO	1	
voriconazole TABS PO	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN PO	1	
carbinoxamine maleate TABS PO 4 MG	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
clemastine fumarate SYRP PO	1	PA
clemastine fumarate TABS PO 2.68 MG	1	PA
diphenhydramine hcl SOLN 50 MG/ML	1	
Antihistamines - Non-Sedating		
cetirizine hcl SOLN PO	1	AL(Up to 20 yrs old); RX/OTC
cetirizine hcl TABS PO	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
CLARINEX TABS PO *(desloratadine)*	9	QL(1 EA daily)
CLARINEX TABS PO *(desloratadine)*	1	QL(1 EA daily); PA
CLARITIN ALLERGY CHILDRENS SOLN PO *(loratadine)*	9	
CLARITIN REDITABS JUNIORS TBDP PO *(loratadine)*	9	QL(1 EA daily); MP
CLARITIN REDITABS TBDP PO 5 MG *(loratadine)*	9	
CLARITIN REDITABS TBDP PO 10 MG *(loratadine)*	9	QL(1 EA daily); MP
CLARITIN SOLN PO *(loratadine)*	9	
CLARITIN TABS PO *(loratadine)*	9	QL(1 EA daily); MP
desloratadine TABS PO	1	QL(1 EA daily); PA
desloratadine TBDP PO	1	QL(1 EA daily); AL(At least 6 yrs old - Up to 11 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride SOLN PO	2	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); AL(Up to 6 yrs old); ST; RX/OTC
levocetirizine dihydrochloride TABS PO	2	QL(1 EA daily); AL(Up to 20 yrs old); ST; RX/OTC
loratadine SOLN PO	1	AL(Up to 20 yrs old)
loratadine TABS PO	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
loratadine TBDP PO 10 MG	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
XYZAL ALLERGY 24HR CHILDRENS SOLN PO *(levocetirizine dihydrochloride)*	9	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); ST; RX/OTC
XYZAL ALLERGY 24HR TABS PO *(levocetirizine dihydrochloride)*	9	QL(1 EA daily); ST; RX/OTC
ZYRTEC ALLERGY TABS PO *(cetirizine hcl)*	9	QL(1 EA daily); MP
ZYRTEC CHILDRENS ALLERGY SOLN PO *(cetirizine hcl)*	9	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ *(promethazine hcl)*	1	
PHENERGAN SOLN IJ *(promethazine hcl)*	9	
promethazine hcl SOLN PO 6.25 MG/5ML	1	
promethazine hcl SUPP PR	1	QL(4 EA daily)
promethazine hcl TABS PO	1	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP PO	1	
cyproheptadine hcl TABS PO	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	1	QL(1 EA daily); PA
Angiopoietin-like Protein Inhibitors		
EVKEEZA	1	AL(At least 5 yrs old); PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin PO	1	QL(1 EA daily); MP; PA
NEXLIZET	1	QL(1 EA daily); PA
VYTORIN PO *(ezetimibe-simvastatin)*	1	QL(1 EA daily); MP; PA
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	1	QL(4 EA daily); PA
icosapent ethyl 0.5 GM	1	QL(8 EA daily); PA
LOVAZA PO *(omega-3-acid ethyl esters)*	1	QL(4 EA daily); MP
omega-3-acid ethyl esters PO	1	QL(4 EA daily); MP
VASCEPA 0.5 GM *(icosapent ethyl)*	9	QL(8 EA daily)
VASCEPA 1 GM *(icosapent ethyl)*	9	QL(4 EA daily)
Bile Acid Sequestrants		
cholestyramine light PACK PO	1	QL(2 EA daily)
cholestyramine light POWD PO	1	
cholestyramine PACK PO	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
cholestyramine POWD PO	1	
colesevelam hcl PACK	1	PA
colesevelam hcl TABS PO	1	
COLESTID FLAVORED GRAN PO *(colestipol hcl)*	9	
COLESTID FLAVORED PACK PO *(colestipol hcl)*	9	
COLESTID GRAN PO *(colestipol hcl)*	1	
COLESTID PACK PO *(colestipol hcl)*	1	
COLESTID PACK PO *(colestipol hcl)*	9	
COLESTID TABS PO *(colestipol hcl)*	1	
colestipol hcl GRAN PO	1	
colestipol hcl PACK PO	1	
colestipol hcl TABS PO	1	
QUESTRAN LIGHT POWD PO *(cholestyramine light)*	1	
QUESTRAN PACK PO *(cholestyramine)*	9	QL(2 EA daily)
QUESTRAN PACK PO *(cholestyramine)*	1	QL(2 EA daily)
QUESTRAN POWD PO *(cholestyramine)*	1	
WELCHOL PACK *(colesevelam hcl)*	1	PA
WELCHOL TABS PO *(colesevelam hcl)*	1	
Fibric Acid Derivatives		
ANTARA PO 30 MG, 90 MG *(fenofibrate micronized)*	9	ST
choline fenofibrate PO 135 MG	2	ST
choline fenofibrate PO 45 MG	1	QL(2 EA daily)
fenofibrate micronized PO 43 MG, 130 MG, 200 MG	2	ST
fenofibrate micronized PO 67 MG, 134 MG	1	
fenofibrate CAPS PO	2	ST
fenofibrate TABS PO 48 MG, 54 MG, 145 MG, 160 MG	1	
fenofibrate TABS PO 40 MG, 120 MG	2	ST
FENOGLIDE TABS PO *(fenofibrate)*	2	ST
gemfibrozil TABS PO	1	QL(2 EA daily); MP
LIPOFEN CAPS PO 50 MG *(fenofibrate)*	9	ST
LIPOFEN CAPS PO *(fenofibrate)*	2	ST
LOPID TABS PO *(gemfibrozil)*	1	QL(2 EA daily); MP
TRICOR TABS PO *(fenofibrate)*	1	
TRILIPIX PO 135 MG *(choline fenofibrate)*	2	ST
TRILIPIX PO 45 MG *(choline fenofibrate)*	1	QL(2 EA daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 PO 20 MG, 40 MG, 60 MG	1	PA
ATORVALIQ SUSP	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
atorvastatin calcium TABS PO 10 MG, 20 MG, 40 MG	1	QL(2 EA daily); MP
atorvastatin calcium TABS PO 80 MG	1	QL(1 EA daily); MP
CRESTOR TABS PO *(rosuvastatin calcium)*	9	QL(1 EA daily); MP
EZALLOR SPRINKLE CPSP	1	QL(1 EA daily); PA
FLOLIPID SUSP PO	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
fluvastatin sodium CAPS PO	1	PA
fluvastatin sodium TB24 PO	1	PA
LESCOL XL TB24 PO *(fluvastatin sodium)*	1	PA
LIPITOR TABS PO 80 MG *(atorvastatin calcium)*	1	QL(1 EA daily); MP
LIPITOR TABS PO 10 MG, 20 MG, 40 MG *(atorvastatin calcium)*	1	QL(2 EA daily); MP
LIPITOR TABS PO 10 MG, 20 MG, 40 MG *(atorvastatin calcium)*	9	QL(2 EA daily); MP
LIPITOR TABS PO 80 MG *(atorvastatin calcium)*	9	QL(1 EA daily); MP
LIVALO PO *(pitavastatin calcium)*	1	PA
lovastatin TABS PO	1	QL(2 EA daily); MP
pitavastatin calcium PO	1	PA
pravastatin sodium PO 20 MG, 40 MG	1	QL(2 EA daily); MP
pravastatin sodium PO 10 MG	1	QL(3 EA daily); MP
pravastatin sodium PO 80 MG	1	QL(1 EA daily); MP
rosuvastatin calcium TABS PO	1	QL(1 EA daily); MP
simvastatin TABS PO 10 MG, 20 MG	1	QL(2 EA daily); MP
simvastatin TABS PO 5 MG, 80 MG	1	
simvastatin TABS PO 40 MG	1	QL(1 EA daily); MP
ZOCOR TABS PO 40 MG *(simvastatin)*	1	QL(1 EA daily); MP
ZOCOR TABS PO 10 MG, 20 MG *(simvastatin)*	1	QL(2 EA daily); MP
ZYPITAMAG PO 2 MG, 4 MG	1	QL(1 EA daily); PA
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe PO	1	QL(1 EA daily)
ZETIA PO *(ezetimibe)*	1	QL(1 EA daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR PO 500 MG	1	QL(3 EA daily); MP
niacin (antihyperlipidemic) TBCR PO 750 MG, 1000 MG	1	QL(2 EA daily); MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	1	QL(1.5 ML per 180 day(s) retail; 2 ML per 180 days mail); AL(At least 18 yrs old); PA
PRALUENT SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
REPATHA SURECLICK SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA SOSY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL PO *(quinapril hcl)*	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
ALTACE CAPS PO 1.25 MG, 2.5 MG *(ramipril)*	1	QL(3 EA daily); MP
ALTACE CAPS PO 5 MG, 10 MG *(ramipril)*	1	QL(2 EA daily); MP
benazepril hcl PO 20 MG, 40 MG	1	QL(2 EA daily); MP
benazepril hcl PO 10 MG	1	QL(3 EA daily); MP
benazepril hcl PO 5 MG	1	QL(6 EA daily); MP
captopril PO	2	ST
enalapril maleate SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old)
enalapril maleate TABS PO 2.5 MG, 5 MG	1	QL(3 EA daily); MP
enalapril maleate TABS PO 10 MG, 20 MG	1	QL(2 EA daily); MP
enalaprilat SOLN	1	
EPANED SOLN *(enalapril maleate)*	1	QL(5 ML daily); AL(Up to 6 yrs old)
fosinopril sodium PO	1	MP
lisinopril TABS PO 20 MG	1	QL(4 EA daily); MP
lisinopril TABS PO 30 MG, 40 MG	1	QL(2 EA daily); MP
lisinopril TABS PO 10 MG	1	QL(8 EA daily); MP
lisinopril TABS PO 2.5 MG, 5 MG	1	QL(6 EA daily); MP
LOTENSIN PO 20 MG, 40 MG *(benazepril hcl)*	1	QL(2 EA daily); MP
LOTENSIN PO 10 MG *(benazepril hcl)*	1	QL(3 EA daily); MP
moexipril hcl PO	1	QL(4 EA daily); MP
perindopril erbumine PO	1	MP
QBRELIS SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old)
quinapril hcl PO	1	QL(2 EA daily); MP
ramipril CAPS PO 5 MG, 10 MG	1	QL(2 EA daily); MP
ramipril CAPS PO 1.25 MG, 2.5 MG	1	QL(3 EA daily); MP
trandolapril PO	1	MP
VASOTEC TABS PO 2.5 MG, 5 MG *(enalapril maleate)*	1	QL(3 EA daily); MP
VASOTEC TABS PO 10 MG, 20 MG *(enalapril maleate)*	1	QL(2 EA daily); MP
ZESTRIL TABS PO 30 MG, 40 MG *(lisinopril)*	1	QL(2 EA daily); MP
ZESTRIL TABS PO 2.5 MG, 5 MG *(lisinopril)*	1	QL(6 EA daily); MP
ZESTRIL TABS PO 10 MG *(lisinopril)*	1	QL(8 EA daily); MP
ZESTRIL TABS PO 20 MG *(lisinopril)*	1	QL(4 EA daily); MP
Agents for Pheochromocytoma		
DEMSER PO *(metyrosine)*	1	
DIBENZYLINE PO *(phenoxybenzamine hcl)*	9	
metyrosine PO	1	
phenoxybenzamine hcl PO	1	
phentolamine mesylate SOLR	1	
Angiotensin II Receptor Antagonists		
ATACAND PO 32 MG *(candesartan cilexetil)*	2	ST
ATACAND PO 4 MG, 8 MG, 16 MG *(candesartan cilexetil)*	1	
AVAPRO PO *(irbesartan)*	1	MP
BENICAR PO 20 MG *(olmesartan medoxomil)*	1	QL(3 EA daily); MP
BENICAR PO 40 MG *(olmesartan medoxomil)*	1	QL(2 EA daily); MP
BENICAR PO 5 MG *(olmesartan medoxomil)*	1	QL(6 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil PO 32 MG	2	ST
candesartan cilexetil PO 4 MG, 8 MG, 16 MG	1	
COZAAR PO 50 MG, 100 MG *(losartan potassium)*	1	QL(3 EA daily); MP
COZAAR PO 25 MG *(losartan potassium)*	1	QL(4 EA daily); MP
DIOVAN TABS PO *(valsartan)*	1	MP
EDARBI PO	3	ST
irbesartan PO	1	MP
losartan potassium PO 50 MG, 100 MG	1	QL(3 EA daily); MP
losartan potassium PO 25 MG	1	QL(4 EA daily); MP
MICARDIS PO 20 MG *(telmisartan)*	1	QL(5 EA daily); MP
MICARDIS PO 40 MG *(telmisartan)*	1	QL(3 EA daily); MP
MICARDIS PO 80 MG *(telmisartan)*	1	QL(2 EA daily); MP
olmesartan medoxomil PO 5 MG	1	QL(6 EA daily); MP
olmesartan medoxomil PO 20 MG	1	QL(3 EA daily); MP
olmesartan medoxomil PO 40 MG	1	QL(2 EA daily); MP
telmisartan PO 20 MG	1	QL(5 EA daily); MP
telmisartan PO 40 MG	1	QL(3 EA daily); MP
telmisartan PO 80 MG	1	QL(2 EA daily); MP
valsartan SOLN	1	AL(At least 6 yrs old - Up to 10 yrs old); PA
valsartan TABS PO	1	MP
Antiadrenergic Antihypertensives		
CARDURA PO 8 MG *(doxazosin mesylate)*	1	QL(2 EA daily); MP
CARDURA PO 8 MG *(doxazosin mesylate)*	9	QL(2 EA daily); MP
CARDURA PO 1 MG, 2 MG *(doxazosin mesylate)*	1	QL(7 EA daily); MP
CARDURA PO 4 MG *(doxazosin mesylate)*	1	QL(4 EA daily); MP
CARDURA PO 1 MG, 2 MG *(doxazosin mesylate)*	9	QL(7 EA daily); MP
CARDURA PO 4 MG *(doxazosin mesylate)*	9	QL(4 EA daily); MP
CATAPRES-TTS-1 PTWK *(clonidine)*	9	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
CATAPRES-TTS-2 PTWK *(clonidine)*	9	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
CATAPRES-TTS-3 PTWK *(clonidine)*	9	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
CLONIDINE HCL POWD	1	Medical Benefit Only
clonidine hcl TABS PO	1	QL(8 EA daily); MP
clonidine PTWK 0.2 MG/24HR, 0.3 MG/24HR	1	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
clonidine PTWK 0.1 MG/24HR	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
clonidine TB24	1	PA
doxazosin mesylate PO 4 MG	1	QL(4 EA daily); MP
doxazosin mesylate PO 8 MG	1	QL(2 EA daily); MP
doxazosin mesylate PO 1 MG, 2 MG	1	QL(7 EA daily); MP
guanfacine hcl PO	1	QL(4 EA daily)
methyldopa TABS PO	1	
MINIPRESS CAPS PO 1 MG *(prazosin hcl)*	9	QL(6 EA daily); MP
MINIPRESS CAPS PO 2 MG *(prazosin hcl)*	1	QL(5 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
MINIPRESS CAPS PO 5 MG *(prazosin hcl)*	1	QL(8 EA daily); MP
NEXICLON XR TB24 *(clonidine)*	1	PA
prazosin hcl CAPS PO 1 MG	1	QL(6 EA daily); MP
prazosin hcl CAPS PO 5 MG	1	QL(8 EA daily); MP
prazosin hcl CAPS PO 2 MG	1	QL(5 EA daily); MP
terazosin hcl PO 1 MG	1	QL(19 EA daily); MP
terazosin hcl PO 10 MG	1	QL(18 EA daily); MP
terazosin hcl PO 2 MG	1	QL(4 EA daily); MP
terazosin hcl PO 5 MG	1	QL(3 EA daily); MP
Antihypertensive Combinations		
ACCURETIC PO *(quinapril-hydrochlorothiazide)*	1	QL(2 EA daily); MP
amlodipine besylate-benazepril hcl PO 10 MG-2.5 MG	1	QL(4 EA daily); MP
amlodipine besylate-benazepril hcl PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	1	QL(2 EA daily); MP
amlodipine besylate-benazepril hcl PO 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily); MP
amlodipine besylate-olmesartan medoxomil PO	1	
amlodipine besylate-valsartan PO	1	QL(1 EA daily); MP
amlodipine-valsartan-hydrochlorothiazide PO	1	QL(1 EA daily); MP
ATACAND HCT PO *(candesartan cilexetil-hydrochlorothiazide)*	3	ST
atenolol & chlorthalidone PO	1	QL(1 EA daily); MP
AVALIDE PO *(irbesartan-hydrochlorothiazide)*	1	MP
AZOR PO *(amlodipine besylate-olmesartan medoxomil)*	1	
benazepril & hydrochlorothiazide PO	1	QL(2 EA daily); MP
BENICAR HCT PO *(olmesartan medoxomil-hydrochlorothiazide)*	1	QL(2 EA daily); MP
bisoprolol & hydrochlorothiazide PO	1	QL(2 EA daily); MP
candesartan cilexetil-hydrochlorothiazide PO	3	ST
captopril & hydrochlorothiazide PO	2	
DIOVAN HCT PO *(valsartan-hydrochlorothiazide)*	1	MP
EDARBYCLOR PO	3	ST
enalapril maleate & hydrochlorothiazide PO	1	QL(2 EA daily); MP
EXFORGE PO *(amlodipine besylate-valsartan)*	1	QL(1 EA daily); MP
EXFORGE HCT PO 25 MG-5 MG-160 MG *(amlodipine-valsartan-hydrochlorothiazide)*	9	QL(1 EA daily); MP
EXFORGE HCT PO 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG-10 MG-160 MG, 25 MG-10 MG-320 MG *(amlodipine-valsartan-hydrochlorothiazide)*	1	QL(1 EA daily); MP
fosinopril sodium & hydrochlorothiazide PO	1	MP; PA
HYZAAR PO *(losartan potassium & hydrochlorothiazide)*	1	QL(2 EA daily); MP
irbesartan-hydrochlorothiazide PO	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
lisinopril & hydrochlorothiazide PO	1	QL(4 EA daily); MP
losartan potassium & hydrochlorothiazide PO	1	QL(2 EA daily); MP
LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	1	QL(2 EA daily); MP
LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG *(amlodipine besylate-benazepril hcl)*	1	QL(2 EA daily); MP
LOTREL PO 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	1	QL(1 EA daily); MP
metoprolol & hydrochlorothiazide TABS PO 25 MG-50 MG, 50 MG-100 MG	1	QL(2 EA daily); MP
metoprolol & hydrochlorothiazide TABS PO 25 MG-100 MG	1	QL(1 EA daily); MP
MICARDIS HCT PO *(telmisartan-hydrochlorothiazide)*	2	ST
olmesartan medoxomil-amlodipine-hydrochlorothiazide PO	2	ST
olmesartan medoxomil-hydrochlorothiazide PO	1	QL(2 EA daily); MP
quinapril-hydrochlorothiazide PO	1	QL(2 EA daily); MP
telmisartan-amlodipine PO	3	ST
telmisartan-hydrochlorothiazide PO	2	ST
TENORETIC 100 PO *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP
TENORETIC 50 PO *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP
trandolapril-verapamil hcl PO	2	ST
TRIBENZOR PO *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	ST
valsartan-hydrochlorothiazide PO	1	MP
VASERETIC PO 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	1	QL(2 EA daily); MP
ZESTORETIC PO *(lisinopril & hydrochlorothiazide)*	1	QL(4 EA daily); MP
ZIAC PO *(bisoprolol & hydrochlorothiazide)*	1	QL(2 EA daily); MP
Direct Renin Inhibitors		
aliskiren fumarate PO	3	
TEKTURNA PO *(aliskiren fumarate)*	3	
Endothelin Receptor Antagonists		
TRYVIO	1	PA
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone PO	1	
INSPRA PO *(eplerenone)*	9	
INSPRA PO *(eplerenone)*	1	
Vasodilators		
hydralazine hcl SOLN	1	
hydralazine hcl TABS PO 100 MG	1	QL(3 EA daily); MP
hydralazine hcl TABS PO 25 MG	1	QL(11 EA daily); MP
hydralazine hcl TABS PO 10 MG	1	QL(30 EA daily); MP
hydralazine hcl TABS PO 50 MG	1	QL(5 EA daily); MP
minoxidil PO 10 MG	1	QL(10 EA daily); MP
minoxidil PO 2.5 MG	1	QL(4 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
NIPRIDE RTU *(nitroprusside sodium-sodium chloride)*	1	Medical Benefit Only
nitroprusside sodium	1	
nitroprusside sodium-sodium chloride	1	Medical Benefit Only
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO PO	1	QL(4 EA daily); PA
bacitracin	1	
FLAGYL CAPS PO *(metronidazole)*	1	
IMPAVIDO	4	Requires EPSDT PA Review; PA
LIKMEZ SUSP	1	QL(20 ML daily); AL(Up to 10 yrs old)
metronidazole CAPS PO	1	
metronidazole SOLN	1	
METRONIDAZOLE SOLN *(metronidazole)*	1	
metronidazole TABS PO	1	
NEBUPENT IN *(pentamidine isethionate)*	1	
PENTAM IJ *(pentamidine isethionate)*	1	
pentamidine isethionate IJ	1	
tinidazole PO	1	
trimethoprim TABS PO	1	
XIFAXAN PO 200 MG	1	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN PO 550 MG	1	QL(2 EA daily); AL(At least 18 yrs old); PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS PO *(sulfamethoxazole-trimethoprim)*	1	
BACTRIM TABS PO *(sulfamethoxazole-trimethoprim)*	1	
sulfamethoxazole-trimethoprim SOLN	1	
sulfamethoxazole-trimethoprim SUSP PO	1	
sulfamethoxazole-trimethoprim TABS PO	1	
Antiprotozoal Agents		
ALINIA SUSR PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
ALINIA TABS PO *(nitazoxanide)*	9	QL(2 EA daily)
atovaquone PO	1	
LAMPIT 120 MG	1	QL(225 EA per 30 day(s) retail; 225 EA per 30 days mail); AL(Up to 17 yrs old); PA
LAMPIT 30 MG	1	QL(9 EA daily); AL(Up to 17 yrs old); PA
MEPRON PO *(atovaquone)*	1	
nitazoxanide TABS PO	1	QL(2 EA daily); PA
Carbapenems		
ertapenem sodium IJ	1	
imipenem-cilastatin IV	1	
INVANZ IJ *(ertapenem sodium)*	9	
meropenem	1	
MEROPENEM	1	PA
MEROPENEM-SODIUM CHLORIDE	1	
PRIMAXIN IV IV 500 MG-500 MG *(imipenem-cilastatin)*	9	

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Drug Name	Drug Tier	Requirements/ Limits
RECARBRIO	1	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
VABOMERE	1	QL(84 EA per 14 day(s) retail; 84 EA per 14 days mail); AL(At least 18 yrs old); PA
Chloramphenicols		
chloramphenicol sodium succinate	1	
Cyclic Lipopeptides		
CUBICIN RF *(daptomycin)*	9	
daptomycin	1	
DAPTOMYCIN	1	
DAPTOMYCIN *(daptomycin)*	1	
DAPTOMYCIN *(daptomycin)*	9	
DAPTOMYCIN-SODIUM CHLORIDE	1	
Glycopeptides		
DALVANCE	1	QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA
FIRVANQ SOLR PO *(vancomycin hcl)*	1	
KIMYRSA	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
ORBACTIV	1	QL(3 EA per 30 day(s) retail; 3 EA per 30 days mail)
VANCOCIN CAPS PO *(vancomycin hcl)*	1	
VANCOMYCIN HCL IN DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	1	
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	1	
vancomycin hcl CAPS PO	1	
VANCOMYCIN HCL SOLN IV	1	
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG	1	
VANCOMYCIN HCL SOLR IV	1	
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	1	
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	9	
VIBATIV 750 MG	1	
Leprostatics		
dapsone PO	1	
Lincosamides		
CLEOCIN PO *(clindamycin palmitate hydrochloride)*	1	
CLEOCIN PO *(clindamycin hcl)*	1	
CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)*	1	
CLEOCIN PHOSPHATE SOLN IJ	1	
CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)*	9	
clindamycin hcl PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin palmitate hydrochloride PO	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	1	
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	1	
LINCOCIN *(lincomycin hcl)*	1	
LINCOCIN *(lincomycin hcl)*	9	
lincomycin hcl	1	
Monobactams		
AZACTAM *(aztreonam)*	1	
aztreonam	1	
CAYSTON	1	QL(84 ML per 55 day(s) retail; 84 ML per 55 days mail)
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	1	
linezolid SOLN	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
linezolid SUSR	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
linezolid TABS PO	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
SIVEXTRO SOLR	1	QL(6 EA per fill retail); PA
SIVEXTRO TABS	1	QL(6 EA per fill retail); PA
ZYVOX SOLN *(linezolid)*	9	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
ZYVOX SOLN	1	QL(2800 ML per 14 day(s) retail; 2800 ML per 14 days mail)
ZYVOX SOLN *(linezolid)*	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
ZYVOX SUSR *(linezolid)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
ZYVOX TABS PO *(linezolid)*	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
Polymyxins		
colistimethate sodium	1	
COLY-MYCIN M *(colistimethate sodium)*	1	
polymyxin b sulfate SOLR	1	
Urinary Anti-infectives		
fosfomycin tromethamine	1	
HIPREX PO *(methenamine hippurate)*	9	
MACROBID PO *(nitrofurantoin monohyd macro)*	1	
MACRODANTIN PO *(nitrofurantoin macrocrystal)*	9	
methenamine hippurate PO	1	
methenamine mandelate	1	
MONUROL *(fosfomycin tromethamine)*	9	
nitrofurantoin PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin PO 25 MG/5ML	4	Requires EPSDT PA Review; PA
NITROFURANTOIN PO	1	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); AL(Up to 10 yrs old); PA
nitrofurantoin macrocrystal PO	1	
nitrofurantoin monohyd macro PO	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl PO	1	
COARTEM	1	
MALARONE PO *(atovaquone-proguanil hcl)*	1	
Antimalarials		
ARTESUNATE	1	Medical Benefit Only
chloroquine phosphate TABS PO	1	
DARAPRIM PO *(pyrimethamine)*	9	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail)
hydroxychloroquine sulfate PO	1	
KRINTAFEL	1	QL(2 EA per fill retail); AL(At least 16 yrs old)
mefloquine hcl PO	1	
PLAQUENIL PO *(hydroxychloroquine sulfate)*	9	
primaquine phosphate TABS PO	1	
PRIMAQUINE PHOSPHATE TABS PO *(primaquine phosphate)*	1	
pyrimethamine PO	1	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
QUALAQUIN CAPS PO *(quinine sulfate)*	1	PA
QUALAQUIN CAPS PO *(quinine sulfate)*	9	
quinine sulfate CAPS PO 324 MG	1	PA
SOVUNA PO	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV *(neostigmine methylsulfate)*	9	
BLOXIVERZ SOLN IV 10 MG/10ML *(neostigmine methylsulfate)*	1	
BLOXIVERZ SOSY	1	
FIRDAPSE	1	QL(8 EA daily); PA
MESTINON SOLN PO *(pyridostigmine bromide)*	1	
MESTINON TABS PO *(pyridostigmine bromide)*	1	
MESTINON TBCR PO *(pyridostigmine bromide)*	1	
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	
neostigmine methylsulfate SOSY	1	

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NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)*	1	
NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)*	9	
pyridostigmine bromide SOLN PO	1	
pyridostigmine bromide TABS PO 30 MG	1	PA
pyridostigmine bromide TABS PO 60 MG	1	
pyridostigmine bromide TBCR PO	1	
REGONOL SOLN IV	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine PO	1	
ethambutol hcl TABS PO	1	
isoniazid SOLN	1	
isoniazid SYRP PO	1	
isoniazid TABS PO	1	
MYAMBUTOL TABS PO 400 MG *(ethambutol hcl)*	9	
MYCOBUTIN PO *(rifabutin)*	1	
PRIFTIN PO	1	
pyrazinamide PO	1	
rifabutin PO	1	
RIFADIN SOLR *(rifampin)*	1	
rifampin CAPS PO	1	
rifampin SOLR	1	
SIRTURO 20 MG	1	AL(At least 5 yrs old)
SIRTURO 100 MG	1	QL(188 EA per 168 day(s) retail; 188 EA per 168 days mail); AL(At least 5 yrs old)
TRECATOR PO	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN IV *(melphalan hcl)*	9	
BELRAPZO SOLN	1	
BENDAMUSTINE HCL SOLN	1	
bendamustine hcl SOLR	1	
BENDEKA SOLN	1	
BICNU *(carmustine)*	9	
BICNU *(carmustine)*	1	
busulfan SOLN	1	
BUSULFEX SOLN *(busulfan)*	9	
BUSULFEX SOLN *(busulfan)*	1	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	1	
carmustine	1	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	
CISPLATIN SOLR	1	
cyclophosphamide CAPS	1	
CYCLOPHOSPHAMIDE SOLN *(cyclophosphamide)*	1	
CYCLOPHOSPHAMIDE SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
cyclophosphamide SOLR IJ	1	
CYCLOPHOSPHAMIDE TABS PO 50 MG	1	
EVOMELA IV	1	
GLEOSTINE PO 10 MG, 40 MG, 100 MG	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
GLIADEL WAFER	1	
IFEX SOLR	1	
IFEX SOLR *(ifosfamide)*	1	
ifosfamide SOLN	1	
ifosfamide SOLR	1	
IFOSFAMIDE SOLR	1	
KEMOPLAT SOLN	1	
LEUKERAN PO	1	
melphalan hcl IV	1	
MYLERAN TABS PO	1	
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	1	
TEMODAR CAPS PO 250 MG *(temozolomide)*	9	
TEMODAR SOLR	1	
temozolomide CAPS PO	1	
TEPADINA *(thiotepa)*	1	
thiotepa	1	
TREANDA SOLR *(bendamustine hcl)*	1	
VIVIMUSTA SOLN	1	
YONDELIS	1	Medical Benefit Only
ZANOSAR	1	
ZEPZELCA	1	PA
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	1	
ARRANON *(nelarabine)*	9	
ARRANON *(nelarabine)*	1	
azacitidine SUSR	1	
capecitabine PO	1	
cladribine 10 MG/10ML	1	
clofarabine	1	
CLOLAR *(clofarabine)*	9	
cytarabine SOLN	1	
decitabine	1	
fludarabine phosphate SOLN	1	
fludarabine phosphate SOLR	1	
fluorouracil	1	
FOLOTYN	1	PA
gemcitabine hcl SOLN	1	
GEMCITABINE HCL SOLN	1	
GEMCITABINE HCL SOLN *(gemcitabine hcl)*	1	
GEMCITABINE HCL SOLN	1	
gemcitabine hcl SOLR	1	
JYLAMVO SOLN	1	AL(At least 18 yrs old); PA
mercaptopurine TABS PO	1	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
METHOTREXATE SODIUM SOLN 50 MG/2ML	1	
methotrexate sodium SOLR	1	
methotrexate sodium TABS PO 2.5 MG	1	
nelarabine	1	
ONUREG TABS	1	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
PEMETREXED	1	
PEMETREXED DISODIUM SOLN	1	
PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML	1	PA
pemetrexed disodium SOLR	1	
PEMETREXED DITROMETHAMINE	1	
PEMFEXY	1	PA
PEMRYDI RTU SOLN	1	PA
pralatrexate	1	PA
PURIXAN SUSP	1	AL(Up to 10 yrs old)
TABLOID PO	4	Requires EPSDT PA Review; AL(Up to 18 yrs old); PA
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	1	
VIDAZA SUSR *(azacitidine)*	1	
XATMEP SOLN	1	AL(Up to 10 yrs old)
XELODA PO *(capecitabine)*	1	
Antineoplastic - Angiogenesis Inhibitors		
ALYMSYS	1	
AVASTIN	1	
CYRAMZA	1	PA
FRUZAQLA 1 MG	1	QL(3 EA daily); PA
FRUZAQLA 5 MG	1	PA
INLYTA	1	
LENVIMA (10 MG DAILY DOSE)	1	QL(1 EA daily); PA
LENVIMA (12 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	1	QL(2 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	1	QL(2 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	1	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	1	QL(3 EA daily); PA
MVASI	1	
VEGZELMA	1	
ZALTRAP	1	
ZIRABEV	1	
Antineoplastic - Antibodies		
ADCETRIS	1	Medical Benefit Only
ARZERRA	1	Medical Benefit Only
BAVENCIO	1	Medical Benefit Only
BESPONSA	1	Medical Benefit Only
BLINCYTO	1	PA
COLUMVI	1	Medical Benefit Only
DANYELZA	1	Medical Benefit Only
DARZALEX	1	Medical Benefit Only
ELAHERE	1	PA
ELREXFIO	1	Medical Benefit Only
EMPLICITI	1	Medical Benefit Only
ENHERTU	1	PA
EPKINLY	1	Medical Benefit Only
GAZYVA	1	Medical Benefit Only
IMDELLTRA	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
IMFINZI	1	Medical Benefit Only
IMJUDO	1	Medical Benefit Only
JEMPERLI	1	PA
KADCYLA	1	Medical Benefit Only
KEYTRUDA	1	Medical Benefit Only
KIMMTRAK	1	Medical Benefit Only
LIBTAYO	1	PA
LOQTORZI	1	PA
LUNSUMIO	1	Medical Benefit Only
MONJUVI	1	Medical Benefit Only
OPDIVO	1	Medical Benefit Only
PADCEV	1	PA
POLIVY	1	Medical Benefit Only
POTELIGEO	1	Medical Benefit Only
RIABNI	1	Medical Benefit Only
RITUXAN	1	Medical Benefit Only
RUXIENCE	1	Medical Benefit Only
RYBREVANT	1	Medical Benefit Only
SARCLISA	1	PA
TALVEY	1	Medical Benefit Only
TECENTRIQ	1	Medical Benefit Only
TECVAYLI	1	Medical Benefit Only
TEVIMBRA	1	PA
TIVDAK	1	PA
TRUXIMA	1	Medical Benefit Only
UNITUXIN	1	QL(5 ML daily)
VYLOY	1	Medical Benefit Only
YERVOY	1	Medical Benefit Only
ZEVALIN Y-90	1	Medical Benefit Only
ZYNLONTA	1	PA
ZYNYZ	1	Medical Benefit Only
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	1	PA
HERZUMA	1	PA
KANJINTI	1	PA
MARGENZA	1	PA
OGIVRI	1	PA
ONTRUZANT	1	PA
PERJETA	1	Medical Benefit Only
TRAZIMERA	1	PA
TUKYSA 50 MG	1	QL(2 EA daily); PA
TUKYSA 150 MG	1	QL(4 EA daily); PA
ZIIHERA SOLR IV 300 MG	1	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	1	QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA
VENCLEXTA TABS 10 MG	1	QL(14 EA per fill retail); PA
VENCLEXTA TABS 100 MG	1	QL(4 EA daily); PA
VENCLEXTA TABS 50 MG	1	QL(7 EA per fill retail); PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	1	Medical Benefit Only
BREYANZI	1	Medical Benefit Only
CARVYKTI	1	Medical Benefit Only
KYMRIAH	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
OMISIRGE	1	Medical Benefit Only
PROVENGE	1	Medical Benefit Only
TECARTUS	1	Medical Benefit Only
TECELRA	1	Medical Benefit Only
YESCARTA	1	Medical Benefit Only
Antineoplastic - EGFR Inhibitors		
ERBITUX	1	
erlotinib hcl	1	QL(1 EA daily); PA
EXKIVITY	1	QL(4 EA daily); PA
gefitinib	1	QL(1 EA daily)
GILOTRIF	1	QL(1 EA daily); PA
IRESSA *(gefitinib)*	1	QL(1 EA daily)
LAZCLUZE	1	PA
PORTRAZZA	1	
TAGRISSO	1	QL(1 EA daily); PA
TARCEVA 100 MG *(erlotinib hcl)*	1	QL(1 EA daily); PA
TARCEVA 25 MG, 150 MG *(erlotinib hcl)*	9	QL(1 EA daily)
VECTIBIX 100 MG/5ML, 400 MG/20ML	1	
VIZIMPRO	1	QL(1 EA daily); PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	1	AL(At least 18 yrs old); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ERIVEDGE	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ODOMZO PO	1	QL(1 EA daily); PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 250 MG	1	QL(4 EA daily); PA
abiraterone acetate 500 MG	1	QL(2 EA daily); PA
AKEEGA	1	QL(2 EA daily); PA
anastrozole PO	1	
ARIMIDEX PO *(anastrozole)*	1	
AROMASIN PO *(exemestane)*	1	
bicalutamide PO	1	
CAMCEVI	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX PO *(bicalutamide)*	1	
ELIGARD SC	1	AL(At least 2 yrs old)
ERLEADA 60 MG	1	QL(4 EA daily); PA
ERLEADA 240 MG	1	QL(1 EA daily); PA
exemestane PO	1	
FARESTON PO *(toremifene citrate)*	1	
FASLODEX SOSY *(fulvestrant)*	1	
FEMARA PO *(letrozole)*	1	
FIRMAGON 80 MG	1	
FIRMAGON (240 MG DOSE)	1	
flutamide PO	1	
fulvestrant SOSY	1	
letrozole PO	1	
LEUPROLIDE ACETATE (3 MONTH) INJ	1	

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Drug Name	Drug Tier	Requirements/ Limits
leuprolide acetate KIT IJ 1 MG/0.2ML	1	
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG	1	QL(1 EA per 84 day(s) retail; 1 EA per 84 days mail); PA
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	1	QL(1 EA per 84 day(s) retail; 1 EA per 84 days mail); AL(At least 2 yrs old)
LUPRON DEPOT (4-MONTH) IM	1	QL(1 EA per 112 day(s) retail; 1 EA per 112 days mail); AL(At least 2 yrs old)
LUPRON DEPOT (6-MONTH) IM	1	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); AL(At least 2 yrs old)
LYSODREN PO	1	
megestrol acetate SUSP PO	1	
megestrol acetate TABS PO	1	
NILANDRON PO *(nilutamide)*	9	
nilutamide PO	1	
NUBEQA	1	QL(4 EA daily); PA
ORGOVYX	1	QL(1 EA daily); PA
ORSERDU 345 MG	1	QL(1 EA daily); PA
ORSERDU 86 MG	1	QL(3 EA daily); PA
SOLTAMOX SOLN PO	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail)
tamoxifen citrate TABS PO	1	
toremifene citrate PO	1	
TRELSTAR MIXJECT	1	
XTANDI CAPS	1	QL(4 EA daily); PA
XTANDI TABS 80 MG	1	QL(2 EA daily); PA
XTANDI TABS 40 MG	1	QL(4 EA daily); PA
YONSA	1	QL(4 EA daily); PA
ZYTIGA 500 MG *(abiraterone acetate)*	1	QL(2 EA daily); PA
ZYTIGA 250 MG *(abiraterone acetate)*	1	QL(4 EA daily); PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	1	QL(3 EA daily); PA
Antineoplastic - Immunomodulators		
POMALYST	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	1	QL(1 EA daily); PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (60 MG TWICE WEEKLY) PO	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); PA
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (80 MG TWICE WEEKLY) PO	1	QL(32 EA per 28 day(s) retail; 32 EA per 28 days mail); PA
Antineoplastic Antibiotics		
bleomycin sulfate	1	
COSMEGEN *(dactinomycin)*	9	
dactinomycin	1	
daunorubicin hcl SOLN	1	
DAUNORUBICIN HCL SOLN 20 MG/4ML *(daunorubicin hcl)*	9	
DAUNORUBICIN HCL SOLN *(daunorubicin hcl)*	1	
DOXIL SUSP *(doxorubicin hcl liposomal)*	1	
doxorubicin hcl liposomal SUSP	1	
doxorubicin hcl SOLN	1	
DOXORUBICIN HCL SOLN *(doxorubicin hcl)*	1	
doxorubicin hcl SOLR 10 MG, 50 MG	1	
ELLENCE SOLN	1	
IDAMYCIN PFS *(idarubicin hcl)*	1	
idarubicin hcl	1	

Drug Name	Drug Tier	Requirements/ Limits
JELMYTO SOLR UL	1	Medical Benefit Only
mitomycin SOLR IV	1	
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	1	
valrubicin	1	
VALSTAR *(valrubicin)*	1	
Antineoplastic Combinations		
DARZALEX FASPRO	1	Medical Benefit Only
HERCEPTIN HYLECTA	1	PA
INQOVI	1	QL(5 EA per 28 day(s) retail; 5 EA per 28 days mail); AL(At least 18 yrs old); PA
KISQALI FEMARA (200 MG DOSE)	1	QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA
KISQALI FEMARA (400 MG DOSE)	1	QL(70 EA per 28 day(s) retail; 70 EA per 28 days mail); PA
KISQALI FEMARA (600 MG DOSE)	1	QL(91 EA per 28 day(s) retail; 91 EA per 28 days mail); PA
LONSURF	1	PA
OPDUALAG	1	Medical Benefit Only
PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML	1	QL(10 ML per 21 day(s) retail; 10 ML per 21 days mail); PA
PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML	1	QL(15 ML per 42 day(s) retail; 15 ML per 42 days mail); PA
RITUXAN HYCELA	1	Medical Benefit Only
TECENTRIQ HYBREZA	1	Medical Benefit Only
VYXEOS	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	9	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
AFINITOR DISPERZ TBSO *(everolimus)*	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
AFINITOR TABS *(everolimus)*	9	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
AFINITOR TABS *(everolimus)*	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ALECENSA	1	QL(8 EA daily); PA
ALIQOPA	1	PA
ALUNBRIG TABS PO 180 MG	1	QL(1 EA daily); PA
ALUNBRIG TABS PO 30 MG, 90 MG	1	QL(2 EA daily); PA
ALUNBRIG TBPK	1	QL(1 EA daily); PA
AUGTYRO PO 160 MG	1	PA
AUGTYRO PO 40 MG	1	QL(8 EA daily); PA
BALVERSA 5 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
BALVERSA 3 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
BALVERSA 4 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
BELEODAQ	1	PA
BORTEZOMIB SOLN	1	
bortezomib SOLR IJ	1	
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1	
BORUZU SOLN 3.5 MG/1.4ML	1	PA
BOSULIF CAPS 50 MG	1	QL(1 EA daily); PA
BOSULIF CAPS 100 MG	1	QL(5 EA daily); PA
BOSULIF TABS	1	QL(1 EA daily); PA
BRAFTOVI PO 75 MG	1	QL(6 EA daily); PA
BRUKINSA	1	QL(4 EA daily); PA
CABOMETYX TABS PO	1	QL(1 EA daily); PA
CALQUENCE	1	QL(2 EA daily); PA
CALQUENCE	1	QL(2 EA daily); PA
CAPRELSA PO	1	
COMETRIQ (100 MG DAILY DOSE) KIT	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail)
COMETRIQ (140 MG DAILY DOSE) KIT	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail)
COMETRIQ (60 MG DAILY DOSE) KIT	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail)
COPIKTRA PO	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
COTELLIC	1	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
DANZITEN TABS PO 71 MG, 95 MG	1	PA
dasatinib 70 MG, 80 MG, 100 MG, 140 MG	1	QL(1 EA daily); PA
dasatinib 20 MG, 50 MG	1	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
everolimus TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
everolimus TBSO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
FOTIVDA	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
FYARRO	1	AL(At least 18 yrs old); PA
GAVRETO	1	QL(4 EA daily); AL(At least 18 yrs old); PA
GAVRETO	1	QL(4 EA daily); AL(At least 18 yrs old); PA
GLEEVEC PO 100 MG *(imatinib mesylate)*	1	QL(3 EA daily)
GLEEVEC PO 400 MG *(imatinib mesylate)*	1	QL(2 EA daily)
IBRANCE CAPS	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
IBRANCE TABS	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
ICLUSIG PO 10 MG, 30 MG, 45 MG	1	QL(1 EA daily); PA
ICLUSIG PO 15 MG	1	QL(2 EA daily); PA
IDHIFA	1	QL(1 EA daily); PA
imatinib mesylate PO 400 MG	1	QL(2 EA daily)
imatinib mesylate PO 100 MG	1	QL(3 EA daily)
IMBRUVICA CAPS 70 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
IMBRUVICA CAPS 140 MG	1	QL(4 EA daily); PA
IMBRUVICA SUSP	1	QL(216 ML per 35 day(s) retail; 216 ML per 35 days mail); AL(Up to 10 yrs old); PA
IMBRUVICA TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
INREBIC	1	QL(4 EA daily); PA
ISTODAX SOLR *(romidepsin)*	1	PA
ITOVEBI	1	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	1	QL(2 EA daily); PA
JAKAFI 5 MG	1	QL(2 EA daily)
JAYPIRCA 100 MG	1	QL(2 EA daily); PA
JAYPIRCA 50 MG	1	QL(1 EA daily); PA
KISQALI (200 MG DOSE)	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
KISQALI (400 MG DOSE)	1	QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail); PA
KISQALI (600 MG DOSE)	1	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
KOSELUGO 10 MG	1	QL(10 EA daily); AL(At least 2 yrs old); PA
KOSELUGO 25 MG	1	QL(4 EA daily); AL(At least 2 yrs old); PA
KRAZATI	1	QL(6 EA daily); PA
KYPROLIS	1	
lapatinib ditosylate	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
LORBRENA 100 MG	1	QL(1 EA daily); PA
LORBRENA 25 MG	1	QL(3 EA daily); PA
LUMAKRAS 120 MG	1	QL(8 EA daily); PA
LUMAKRAS 240 MG	1	PA
LUMAKRAS 320 MG	1	QL(3 EA daily); PA
LYNPARZA TABS PO	1	QL(4 EA daily); PA
LYTGOBI (12 MG DAILY DOSE)	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 18 yrs old); PA
LYTGOBI (16 MG DAILY DOSE)	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 18 yrs old); PA
LYTGOBI (20 MG DAILY DOSE)	1	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA
MEKINIST SOLR	1	QL(1170 ML per 29 day(s) retail; 1170 ML per 29 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA
MEKINIST TABS PO	1	QL(1 EA daily); PA
MEKTOVI	1	QL(6 EA daily); PA
NERLYNX	1	QL(6 EA daily); PA
NEXAVAR PO *(sorafenib tosylate)*	1	QL(4 EA daily)
NINLARO	1	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA
OGSIVEO 50 MG	1	QL(6 EA daily); PA
OGSIVEO 100 MG, 150 MG	1	PA
OJEMDA SUSR	1	AL(Up to 10 yrs old); PA
OJEMDA TABS	1	AL(Up to 25 yrs old); PA
OJJAARA	1	QL(1 EA daily); PA
pazopanib hcl	1	
PEMAZYRE	1	QL(14 EA per 20 day(s) retail; 14 EA per 20 days mail); PA
PIQRAY (200 MG DAILY DOSE)	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PIQRAY (250 MG DAILY DOSE)	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PIQRAY (300 MG DAILY DOSE)	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
QINLOCK	1	QL(3 EA daily); PA
RETEVMO CAPS 80 MG	1	QL(4 EA daily); AL(At least 12 yrs old); PA
RETEVMO CAPS 40 MG	1	QL(2 EA daily); AL(At least 12 yrs old); PA
RETEVMO TABS	1	PA
REZLIDHIA	1	QL(2 EA daily); PA
ROMIDEPSIN SOLN	1	PA
romidepsin SOLR	1	PA
ROZLYTREK CAPS 200 MG	1	QL(3 EA daily); PA
ROZLYTREK CAPS 100 MG	1	QL(1 EA daily); PA
ROZLYTREK PACK	1	QL(12 EA daily); AL(Up to 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
RUBRACA	1	QL(4 EA daily); PA
RYDAPT	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail)
RYTELO	1	Medical Benefit Only
SCEMBLIX 20 MG	1	QL(2 EA daily); PA
SCEMBLIX 100 MG	1	PA
SCEMBLIX 40 MG	1	QL(10 EA daily); PA
sorafenib tosylate PO	1	QL(4 EA daily)
SPRYCEL 20 MG, 50 MG *(dasatinib)*	1	QL(2 EA daily); PA
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG *(dasatinib)*	1	QL(1 EA daily); PA
STIVARGA	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
sunitinib malate PO	1	
SUTENT PO *(sunitinib malate)*	1	
TABRECTA	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
TAFINLAR CAPS PO	1	QL(4 EA daily); PA
TAFINLAR TBSO	1	QL(840 EA per 28 day(s) retail; 840 EA per 28 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	QL(1 EA daily); PA
TALZENNA 0.25 MG	1	QL(3 EA daily); PA
TASIGNA	1	QL(4 EA daily); PA
TAZVERIK	1	QL(8 EA daily); PA
temsirolimus	1	
TEPMETKO	1	QL(2 EA daily); AL(At least 18 yrs old); PA
TIBSOVO	1	QL(2 EA daily); PA
TORISEL *(temsirolimus)*	1	
TRUQAP TABS	1	PA
TRUQAP TBPK PO	1	PA
TURALIO PO 125 MG	1	QL(4 EA daily); PA
TYKERB *(lapatinib ditosylate)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA
VANFLYTA	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VELCADE SOLR IJ *(bortezomib)*	1	
VERZENIO 50 MG, 150 MG, 200 MG	1	QL(2 EA daily); PA
VERZENIO 100 MG	1	QL(4 EA daily); PA
VITRAKVI CAPS PO	1	PA
VITRAKVI SOLN	1	PA
VONJO	1	QL(4 EA daily); PA
VORANIGO	1	PA
VOTRIENT *(pazopanib hcl)*	1	
XALKORI CAPS	1	QL(2 EA daily); PA
XALKORI CPSP 20 MG, 50 MG	1	QL(4 EA daily); PA
XALKORI CPSP 150 MG	1	QL(6 EA daily); PA
XOSPATA	1	QL(3 EA daily); PA
ZEJULA TABS	1	QL(1 EA daily); PA
ZELBORAF PO	1	QL(8 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
ZOLINZA	1	QL(4 EA daily); PA
ZYDELIG	1	QL(2 EA daily); PA
ZYKADIA TABS	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
Antineoplastic Enzymes		
ASPARLAS	1	AL(Up to 21 yrs old); PA
ONCASPAR	1	PA
RYLAZE	1	PA
Antineoplastic Radiopharmaceuticals		
PLUVICTO	1	Medical Benefit Only
STRONTIUM CHLORIDE SR-89	1	Medical Benefit Only
XOFIGO	1	Medical Benefit Only
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	1	
ANKTIVA	1	Medical Benefit Only
arsenic trioxide	1	
BESREMI	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
bexarotene PO	1	
dacarbazine SOLR 200 MG	1	
ELZONRIS	1	Medical Benefit Only
HYDREA PO *(hydroxyurea)*	1	
hydroxyurea PO	1	
MATULANE PO	1	
NIPENT	1	
TARGRETIN PO *(bexarotene)*	1	
TICE BCG	1	
tretinoin (chemotherapy) PO	1	QL(3 EA daily)
TRISENOX *(arsenic trioxide)*	1	
TRISENOX *(arsenic trioxide)*	9	
Chemotherapy Adjuncts		
ELITEK	1	
KEPIVANCE 5.16 MG	1	PA
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	1	Medical Benefit Only
dexrazoxane hcl	1	
IWILFIN	1	QL(8 EA daily); PA
KHAPZORY 175 MG	1	PA
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	1	
leucovorin calcium SOLR	1	
leucovorin calcium TABS PO	1	
levoleucovorin calcium SOLN	1	
levoleucovorin calcium SOLR	1	
mesna SOLN	1	
MESNEX SOLN *(mesna)*	1	
MESNEX TABS PO	1	
PEDMARK	1	AL(Up to 18 yrs old); PA
Mitotic Inhibitors		
ABRAXANE	1	
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML *(docetaxel)*	1	
docetaxel SOLN	1	
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	1	
DOCETAXEL SOLN *(docetaxel)*	1	
DOCIVYX SOLN 20 MG/2ML, 160 MG/16ML	1	
eribulin mesylate	1	Medical Benefit Only
ETOPOPHOS	1	
etoposide CAPS PO	1	
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	1	
HALAVEN *(eribulin mesylate)*	1	Medical Benefit Only
IXEMPRA KIT	1	Medical Benefit Only
JEVTANA	1	Medical Benefit Only
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML	1	
PACLITAXEL PROTEIN-BOUND PART	1	
paclitaxel protein-bound particles	1	
vinblastine sulfate SOLN	1	
vincristine sulfate	1	
vinorelbine tartrate	1	
Oncolytic Viral Agents		
IMLYGIC	1	Medical Benefit Only
Topoisomerase I Inhibitors		
CAMPTOSAR *(irinotecan hcl)*	1	
HYCAMTIN CAPS PO	1	
HYCAMTIN SOLR *(topotecan hcl)*	9	
irinotecan hcl	1	
ONIVYDE	1	Medical Benefit Only
topotecan hcl SOLN	1	
TOPOTECAN HCL SOLN *(topotecan hcl)*	1	
topotecan hcl SOLR	1	
TRODELVY	1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa PO	1	
LODOSYN PO *(carbidopa)*	1	
NOURIANZ PO	1	QL(1 EA daily); PA
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1	
benztropine mesylate TABS PO	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS PO	1	
Antiparkinson COMT Inhibitors		
COMTAN PO *(entacapone)*	9	
entacapone PO	1	
ONGENTYS	1	QL(1 EA daily); AL(At least 18 yrs old); PA
TASMAR PO *(tolcapone)*	1	
tolcapone PO	1	
Antiparkinson Dopaminergics		

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Drug Name	Drug Tier	Requirements/ Limits
amantadine hcl CAPS PO	1	QL(4 EA daily)
amantadine hcl SOLN	1	QL(33.34 ML daily); MP
amantadine hcl TABS PO	1	QL(4 EA daily)
APOKYN SOCT	1	
apomorphine hydrochloride SOCT	1	
bromocriptine mesylate CAPS PO	1	
bromocriptine mesylate TABS PO 2.5 MG	1	
carbidopa-levodopa-entacapone PO 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	1	
carbidopa-levodopa-entacapone PO 100 MG-25 MG-200 MG	1	QL(4 EA daily)
carbidopa-levodopa-entacapone PO 200 MG-50 MG-200 MG	1	QL(2 EA daily); MP
carbidopa-levodopa TABS PO	1	QL(11 EA daily); MP
carbidopa-levodopa TBCR PO	1	QL(4 EA daily); MP
carbidopa-levodopa TBDP PO	1	
CREXONT CPCR PO	1	PA
DHIVY TABS PO	1	QL(11 EA daily); MP
DUOPA SUSP	1	QL(2800 ML per 28 day(s) retail; 2800 ML per 28 days mail); PA
GOCOVRI CP24	1	QL(2 EA daily); PA
INBRIJA CAPS	1	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX ER TB24 PO *(pramipexole dihydrochloride)*	9	QL(1 EA daily)
NEUPRO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
OSMOLEX ER TB24 129 MG	1	QL(1 EA daily); PA
PARLODEL CAPS PO *(bromocriptine mesylate)*	9	
PARLODEL TABS PO *(bromocriptine mesylate)*	9	
pramipexole dihydrochloride TABS PO 1 MG	1	QL(4.67 EA daily); MP
pramipexole dihydrochloride TABS PO 0.25 MG	1	QL(10 EA daily); MP
pramipexole dihydrochloride TABS PO 1.5 MG	1	
pramipexole dihydrochloride TABS PO 0.125 MG	1	QL(20 EA daily); MP
pramipexole dihydrochloride TABS PO 0.75 MG	1	QL(8 EA daily); MP
pramipexole dihydrochloride TABS PO 0.5 MG	1	QL(9 EA daily); MP
pramipexole dihydrochloride TB24 PO	1	QL(1 EA daily); PA
ropinirole hydrochloride TABS PO 4 MG, 5 MG	1	QL(3 EA daily); MP
ropinirole hydrochloride TABS PO 0.25 MG, 1 MG, 2 MG	1	
ropinirole hydrochloride TABS PO 0.5 MG	1	QL(7 EA daily); MP
ropinirole hydrochloride TABS PO 3 MG	1	QL(6 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
ropinirole hydrochloride TB24 PO	1	PA
RYTARY CPCR PO	1	QL(3 EA daily); PA
SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	1	QL(11 EA daily); MP
STALEVO 100 PO *(carbidopa-levodopa-entacapone)*	1	QL(4 EA daily)
STALEVO 125 PO *(carbidopa-levodopa-entacapone)*	1	
STALEVO 150 PO *(carbidopa-levodopa-entacapone)*	9	
STALEVO 200 PO *(carbidopa-levodopa-entacapone)*	9	QL(2 EA daily); MP
STALEVO 50 PO *(carbidopa-levodopa-entacapone)*	1	
STALEVO 75 PO *(carbidopa-levodopa-entacapone)*	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT PO *(rasagiline mesylate)*	1	QL(1 EA daily)
rasagiline mesylate PO	1	QL(1 EA daily)
selegiline hcl CAPS PO	1	
selegiline hcl TABS PO	1	
XADAGO	1	QL(1 EA daily); PA
ZELAPAR TBDP	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium PO	1	
lithium carbonate CAPS PO	1	
lithium carbonate TABS PO	1	
lithium carbonate TBCR PO	1	
LITHOBID TBCR PO *(lithium carbonate)*	1	
Antipsychotics - Misc.		
CAPLYTA	3	QL(1 EA daily); ST
EQUETRO PO 100 MG	1	QL(3 EA daily)
EQUETRO PO 200 MG, 300 MG	1	QL(4 EA daily)
GEODON *(ziprasidone mesylate)*	9	
GEODON PO *(ziprasidone hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
GEODON PO *(ziprasidone hcl)*	9	QL(2 EA daily); MP
GEODON *(ziprasidone mesylate)*	1	
LATUDA PO 80 MG *(lurasidone hcl)*	9	QL(2 EA daily); ST; MP
LATUDA PO 40 MG *(lurasidone hcl)*	9	QL(1 EA daily); ST; MP
LATUDA PO 20 MG, 40 MG, 60 MG, 120 MG *(lurasidone hcl)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
LATUDA PO 80 MG *(lurasidone hcl)*	2	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl PO 80 MG	2	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl PO 20 MG, 40 MG, 60 MG, 120 MG	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
NUPLAZID CAPS	1	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID TABS PO 10 MG	1	QL(1 EA daily); PA
VRAYLAR CAPS	3	QL(1 EA daily); AL(At least 5 yrs old); ST
ziprasidone hcl PO	1	QL(2 EA daily); AL(At least 5 yrs old); MP
ziprasidone mesylate	1	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail); PA
ERZOFRI 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
ERZOFRI 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ERZOFRI 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ERZOFRI 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ERZOFRI 351 MG/2.25ML	3	PA
FANAPT PO	2	QL(2 EA daily); AL(At least 5 yrs old); ST
FANAPT TITRATION PACK PO	2	QL(2 EA daily); AL(At least 5 yrs old)
INVEGA PO 3 MG, 9 MG *(paliperidone)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
INVEGA PO 6 MG *(paliperidone)*	2	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old); ST
INVEGA PO 1.5 MG *(paliperidone)*	9	QL(1 EA daily); ST; MP
INVEGA HAFYERA 1092 MG/3.5ML	1	QL(3.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ML per 180 day(s) retail; 5 ML per 180 days mail)
INVEGA SUSTENNA 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA SUSTENNA 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA SUSTENNA 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
INVEGA SUSTENNA 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail)
INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
INVEGA TRINZA 546 MG/1.75ML	1	QL(1.75 ML per 84 day(s) retail; 2 ML per 84 days mail)
INVEGA TRINZA 819 MG/2.63ML	1	QL(2.63 ML per 84 day(s) retail; 3 ML per 84 days mail)
INVEGA TRINZA 273 MG/0.88ML, 410 MG/1.32ML	1	
paliperidone PO 1.5 MG, 3 MG, 9 MG	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
paliperidone PO 6 MG	2	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old); ST

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Drug Name	Drug Tier	Requirements/ Limits
PERSERIS PRSY	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
RISPERDAL CONSTA *(risperidone microspheres)*	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
RISPERDAL CONSTA *(risperidone microspheres)*	9	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
RISPERDAL SOLN PO *(risperidone)*	1	QL(8 ML daily); AL(At least 5 yrs old); MP
RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
risperidone microspheres	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
risperidone SOLN PO	1	QL(8 ML daily); AL(At least 5 yrs old); MP
risperidone TABS PO	1	QL(2 EA daily); AL(At least 5 yrs old); MP
risperidone TBDP PO 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	QL(2 EA daily); AL(At least 5 yrs old); MP
risperidone TBDP PO 3 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old)
RYKINDO SRER	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
UZEDY SUSY 75 MG/0.21ML	1	QL(0.21 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 50 MG/0.14ML	1	QL(0.14 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 150 MG/0.42ML	1	QL(0.42 ML per 55 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 200 MG/0.56ML	1	QL(0.56 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 5 yrs old)
UZEDY SUSY 125 MG/0.35ML	1	QL(0.35 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 250 MG/0.7ML	1	QL(0.7 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 5 yrs old)
UZEDY SUSY 100 MG/0.28ML	1	QL(0.28 ML per 28 day(s) retail); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE *(haloperidol decanoate)*	1	
haloperidol decanoate	1	
haloperidol lactate CONC PO	1	
haloperidol lactate SOLN	1	
haloperidol TABS PO	1	
Dibenzapines		
ADASUVE	1	Medical Benefit Only
asenapine maleate	2	QL(2 EA daily); AL(At least 5 yrs old); ST
clozapine TABS PO	1	AL(At least 5 yrs old)
clozapine TBDP PO	1	AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
CLOZARIL TABS PO 25 MG, 100 MG *(clozapine)*	1	AL(At least 5 yrs old)
CLOZARIL TABS PO 50 MG, 200 MG *(clozapine)*	9	
loxapine succinate PO	1	
olanzapine SOLR	1	
olanzapine TABS PO	1	QL(1 EA daily); AL(At least 5 yrs old); MP
olanzapine TBDP PO	1	QL(1 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	QL(3 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TABS PO 150 MG	3	QL(2 EA daily); AL(At least 5 yrs old)
quetiapine fumarate TB24 PO 50 MG, 300 MG, 400 MG	1	QL(2 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TB24 PO 150 MG, 200 MG	1	QL(1 EA daily); AL(At least 5 yrs old); MP
SAPHRIS *(asenapine maleate)*	2	QL(2 EA daily); AL(At least 5 yrs old); ST
SAPHRIS *(asenapine maleate)*	9	QL(2 EA daily); ST
SECUADO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
SEROQUEL XR TB24 PO 150 MG, 200 MG *(quetiapine fumarate)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
SEROQUEL XR TB24 PO 50 MG, 300 MG, 400 MG *(quetiapine fumarate)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
SEROQUEL TABS PO *(quetiapine fumarate)*	1	QL(3 EA daily); AL(At least 5 yrs old); MP
VERSACLOZ SUSP PO	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old); PA
ZYPREXA RELPREVV	1	
ZYPREXA ZYDIS TBDP PO *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
ZYPREXA ZYDIS TBDP PO *(olanzapine)*	9	QL(1 EA daily); MP
ZYPREXA SOLR *(olanzapine)*	1	
ZYPREXA TABS PO *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
Dihydroindolones		
molindone hcl PO 5 MG, 25 MG	1	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	3	AL(At least 5 yrs old)
COBENFY CAPS	3	AL(At least 5 yrs old)
Phenothiazines		
chlorpromazine hcl CONC PO	1	AL(Up to 10 yrs old)
chlorpromazine hcl SOLN	1	
chlorpromazine hcl TABS PO	1	
fluphenazine decanoate	1	
fluphenazine hcl CONC PO	1	
fluphenazine hcl ELIX PO	1	
fluphenazine hcl SOLN	1	
fluphenazine hcl TABS PO	1	
perphenazine TABS PO	1	
prochlorperazine PR	1	
prochlorperazine edisylate 10 MG/2ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
PROCHLORPERAZINE MALEATE POWD	1	
prochlorperazine maleate TABS PO	1	
thioridazine hcl PO	1	
trifluoperazine hcl TABS PO	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ML per 55 day(s) retail; 2 ML per 55 days mail); AL(At least 5 yrs old)
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	QL(3.2 ML per 55 day(s) retail; 3 ML per 55 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA PRSY	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA SRER	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	1	QL(1 EA daily); AL(At least 5 yrs old); PA
ABILIFY MYCITE STARTER KIT	1	QL(1 EA daily); AL(At least 5 yrs old); PA
ABILIFY TABS PO *(aripiprazole)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
aripiprazole SOLN PO	1	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
aripiprazole TABS PO	1	QL(1 EA daily); AL(At least 5 yrs old); MP
aripiprazole TBDP PO	1	QL(1 EA daily); AL(At least 5 yrs old); PA
ARISTADA 662 MG/2.4ML	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA 1064 MG/3.9ML	1	QL(3.9 ML per 55 day(s) retail; 4 ML per 55 days mail); AL(At least 5 yrs old)
ARISTADA 441 MG/1.6ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA 882 MG/3.2ML	1	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA INITIO	1	QL(2.4 ML per fill retail)
OPIPZA FILM	1	AL(At least 5 yrs old); PA
REXULTI	3	QL(1 EA daily); AL(At least 5 yrs old); ST
Thioxanthenes		
thiothixene PO	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine PO	1	
abacavir sulfate SOLN PO	1	
abacavir sulfate TABS PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 12 yrs old)
APTIVUS CAPS	1	
atazanavir sulfate CAPS PO	1	
ATRIPLA PO *(efavirenz-emtricitabine-tenofovir disoproxil fumarate)*	1	
BIKTARVY	1	QL(1 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	1	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); AL(At least 12 yrs old)
CABENUVA 600 MG/2ML-400 MG/2ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); AL(At least 12 yrs old)
CIMDUO	1	QL(1 EA daily)
COMBIVIR PO *(lamivudine-zidovudine)*	1	
COMPLERA	1	
darunavir TABS 600 MG	1	QL(2 EA daily)
darunavir TABS 800 MG	1	QL(1 EA daily)
DELSTRIGO	1	QL(1 EA daily)
DESCOVY	1	QL(1 EA daily)
DOVATO	1	QL(1 EA daily)
EDURANT	1	
efavirenz CAPS PO	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate PO	1	
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz TABS PO	1	
emtricitabine CAPS PO	1	
emtricitabine-tenofovir disoproxil fumarate PO	1	QL(1 EA daily)
EMTRIVA CAPS PO *(emtricitabine)*	1	
EMTRIVA SOLN	1	
EPIVIR SOLN PO *(lamivudine)*	1	
EPIVIR TABS PO *(lamivudine)*	1	
EPZICOM PO *(abacavir sulfate-lamivudine)*	1	
etravirine PO	1	
EVOTAZ	1	QL(1 EA daily)
fosamprenavir calcium TABS PO	1	QL(2.95 EA daily)
FUZEON SOLR	1	QL(300 EA per 102 day(s) retail; 300 EA per 102 days mail)
GENVOYA	1	QL(1 EA daily)
INTELENCE PO *(etravirine)*	1	
INTELENCE PO 25 MG	1	QL(2.95 EA daily)
ISENTRESS HD TABS PO	1	QL(2 EA daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old)
ISENTRESS PACK PO	1	AL(At least 2 yrs old - Up to 11 yrs old)
ISENTRESS TABS PO	1	
JULUCA	1	QL(1 EA daily)
KALETRA SOLN PO *(lopinavir-ritonavir)*	1	
KALETRA TABS PO *(lopinavir-ritonavir)*	1	
lamivudine SOLN PO	1	
lamivudine TABS PO	1	
lamivudine-zidovudine PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
LEXIVA TABS PO *(fosamprenavir calcium)*	1	QL(2.95 EA daily)
lopinavir-ritonavir SOLN PO	1	
lopinavir-ritonavir TABS PO	1	
maraviroc TABS PO 300 MG	1	QL(4 EA daily)
maraviroc TABS PO 150 MG	1	QL(2 EA daily)
nevirapine SUSP PO	1	
nevirapine TABS PO	1	
nevirapine TB24 PO 400 MG	1	
NORVIR PACK	1	QL(12 EA daily); AL(Up to 6 yrs old)
NORVIR TABS PO *(ritonavir)*	9	
NORVIR TABS PO *(ritonavir)*	1	
ODEFSEY	1	QL(1 EA daily)
PIFELTRO	1	QL(1 EA daily)
PREZCOBIX	1	QL(1 EA daily)
PREZISTA SUSP	1	
PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 EA daily)
PREZISTA TABS 600 MG *(darunavir)*	1	QL(2 EA daily)
PREZISTA TABS 800 MG *(darunavir)*	1	QL(1 EA daily)
RETROVIR CAPS PO *(zidovudine)*	1	
RETROVIR SOLN	1	
RETROVIR SYRP PO *(zidovudine)*	1	
REYATAZ CAPS PO 200 MG, 300 MG *(atazanavir sulfate)*	1	
REYATAZ PACK	1	AL(Up to 10 yrs old)
ritonavir TABS PO	1	

Drug Name	Drug Tier	Requirements/ Limits
RUKOBIA	1	QL(2 EA daily)
SELZENTRY SOLN	1	QL(60 ML daily)
SELZENTRY TABS PO 25 MG, 75 MG, 300 MG	1	QL(4 EA daily)
SELZENTRY TABS PO 150 MG *(maraviroc)*	1	QL(2 EA daily)
SELZENTRY TABS PO *(maraviroc)*	1	QL(4 EA daily)
STRIBILD	1	QL(1 EA daily)
SUNLENCA SOLN	1	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
SUNLENCA TBPK 300 MG	1	QL(5 EA per 8 day(s) retail; 5 EA per 8 days mail)
SUNLENCA TBPK 300 MG	1	QL(4 EA per fill retail)
SUSTIVA CAPS PO *(efavirenz)*	9	
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
SYMTUZA	1	QL(1 EA daily)
tenofovir disoproxil fumarate TABS PO	1	QL(1 EA daily)
TIVICAY PD TBSO	1	QL(6 EA daily)
TIVICAY TABS	1	
TRIUMEQ PD TBSO	1	QL(6 EA daily)
TRIUMEQ TABS	1	QL(1 EA daily)
TROGARZO	1	
TRUVADA PO *(emtricitabine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
TYBOST	1	QL(1 EA daily)
VIRACEPT TABS PO	1	
VIREAD POWD	1	

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Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS PO	1	QL(1 EA daily)
VIREAD TABS PO *(tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
ZIAGEN SOLN PO *(abacavir sulfate)*	1	
ZIAGEN TABS PO *(abacavir sulfate)*	9	
zidovudine CAPS PO	1	
zidovudine SYRP PO	1	
zidovudine TABS PO	1	
Antiviral Combinations		
PAXLOVID (150/100)	1	QL(20 EA per fill retail); AL(At least 12 yrs old)
PAXLOVID (300/100)	1	QL(30 EA per fill retail); AL(At least 12 yrs old)
CMV Agents		
cidofovir	1	
foscarnet sodium 6000 MG/250ML	1	
FOSCAVIR 6000 MG/250ML *(foscarnet sodium)*	9	
GANCICLOVIR SODIUM SOLN	1	
ganciclovir sodium SOLR	1	
LIVTENCITY	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 12 yrs old); PA
PREVYMIS SOLN 480 MG/24ML	1	QL(672 ML per 28 day(s) retail; 672 ML per 28 days mail); PA
PREVYMIS SOLN 240 MG/12ML	1	QL(336 ML per 28 day(s) retail; 336 ML per 28 days mail); PA
PREVYMIS TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
VALCYTE SOLR *(valganciclovir hcl)*	1	
VALCYTE TABS PO *(valganciclovir hcl)*	1	
valganciclovir hcl SOLR	1	
valganciclovir hcl TABS PO	1	
Hepatitis Agents		
adefovir dipivoxil PO	1	
BARACLUDE SOLN	1	
BARACLUDE TABS PO *(entecavir)*	1	
entecavir TABS PO	1	
EPCLUSA PACK 37.5 MG-150 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA PACK 50 MG-200 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA TABS 50 MG-200 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
EPCLUSA TABS 100 MG-400 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
EPIVIR HBV TABS PO *(lamivudine (hbv))*	1	

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Drug Name	Drug Tier	Requirements/ Limits
HARVONI PACK 33.75 MG-150 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI PACK 45 MG-200 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
HARVONI TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
lamivudine (hbv) TABS PO	1	
LEDIPASVIR-SOFOSBUVIR TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
MAVYRET PACK	1	QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail)
MAVYRET TABS PO	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail)
MAVYRET TABS PO	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
PEGASYS SOLN	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
PEGASYS SOSY	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
ribavirin (hepatitis c) CAPS PO	1	
ribavirin (hepatitis c) TABS PO 200 MG	1	
SOFOSBUVIR-VELPATASVIR TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
SOVALDI PACK 200 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
SOVALDI PACK 150 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
SOVALDI TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
VEMLIDY	1	QL(1 EA daily)
VOSEVI	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ZEPATIER	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
Herpes Agents		
acyclovir sodium SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
acyclovir CAPS PO	1	
acyclovir SUSP PO	1	QL(473 ML per fill retail); AL(Up to 7 yrs old)
acyclovir TABS PO	1	
famciclovir PO	1	
valacyclovir hcl PO	1	
VALTREX PO *(valacyclovir hcl)*	1	
ZOVIRAX SUSP PO *(acyclovir)*	9	QL(473 ML per fill retail)
Influenza Agents		
oseltamivir phosphate CAPS PO 75 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
oseltamivir phosphate CAPS PO 30 MG, 45 MG	1	
oseltamivir phosphate SUSR PO	1	
RAPIVAB	1	Medical Benefit Only
RELENZA DISKHALER	1	QL(20 EA per fill retail)
rimantadine hydrochloride TABS PO	1	
TAMIFLU CAPS PO 30 MG, 45 MG *(oseltamivir phosphate)*	1	
TAMIFLU CAPS PO 75 MG *(oseltamivir phosphate)*	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
TAMIFLU SUSR PO *(oseltamivir phosphate)*	1	
XOFLUZA (40 MG DOSE) PO 40 MG	1	QL(2 EA per fill retail); AL(At least 5 yrs old)
XOFLUZA (80 MG DOSE) PO 80 MG	1	QL(1 EA per fill retail); AL(At least 5 yrs old)
Misc. Antivirals		
VEKLURY SOLR	1	Medical Benefit Only
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	
VIRAZOLE *(ribavirin)*	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol PO 12.5 MG, 25 MG	1	QL(4 EA daily); MP
carvedilol PO 3.125 MG, 6.25 MG	1	QL(8 EA daily); MP
carvedilol phosphate PO	1	
COREG PO 12.5 MG, 25 MG *(carvedilol)*	9	QL(4 EA daily); MP
COREG PO 3.125 MG, 6.25 MG *(carvedilol)*	9	QL(8 EA daily); MP
COREG PO 12.5 MG, 25 MG *(carvedilol)*	1	QL(4 EA daily); MP
COREG PO 3.125 MG, 6.25 MG *(carvedilol)*	1	QL(8 EA daily); MP
COREG CR PO *(carvedilol phosphate)*	1	
COREG CR PO *(carvedilol phosphate)*	9	
labetalol hcl SOLN	1	
LABETALOL HCL SOSY 10 MG/2ML	1	
labetalol hcl TABS PO 300 MG	1	QL(8 EA daily); MP
labetalol hcl TABS PO 100 MG	1	QL(24 EA daily); MP
labetalol hcl TABS PO 200 MG	1	QL(12 EA daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS PO 200 MG	1	QL(6 EA daily); MP
acebutolol hcl CAPS PO 400 MG	1	QL(4 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
atenolol TABS PO 25 MG	1	QL(8 EA daily); MP
atenolol TABS PO 100 MG	1	QL(2 EA daily); MP
atenolol TABS PO 50 MG	1	QL(4 EA daily); MP
betaxolol hcl PO	1	
bisoprolol fumarate PO 10 MG	1	QL(2 EA daily); MP
bisoprolol fumarate PO 5 MG	1	QL(4 EA daily); MP
BREVIBLOC IN NACL *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC PREMIXED *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC PREMIXED DS *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC SOLN 100 MG/10ML *(esmolol hcl)*	9	
BREVIBLOC SOLN 100 MG/10ML *(esmolol hcl)*	1	
BYSTOLIC PO *(nebivolol hcl)*	9	
BYSTOLIC PO *(nebivolol hcl)*	1	
esmolol hcl-sodium chloride	1	
esmolol hcl SOLN 100 MG/10ML	1	
ESMOLOL HCL SOLN	1	
KAPSPARGO SPRINKLE CS24	1	QL(1 EA daily); PA
LOPRESSOR TABS PO 100 MG *(metoprolol tartrate)*	1	QL(5 EA daily); MP
LOPRESSOR TABS PO 50 MG *(metoprolol tartrate)*	1	QL(6 EA daily); MP
metoprolol succinate TB24 PO 25 MG, 50 MG	1	QL(3 EA daily); MP
metoprolol succinate TB24 PO 100 MG, 200 MG	1	QL(2 EA daily); MP
metoprolol tartrate SOLN IV 5 MG/5ML	1	
metoprolol tartrate TABS PO 37.5 MG, 75 MG, 100 MG	1	QL(5 EA daily); MP
metoprolol tartrate TABS PO 25 MG, 50 MG	1	QL(6 EA daily); MP
nebivolol hcl PO	1	
TENORMIN TABS PO 100 MG *(atenolol)*	1	QL(2 EA daily); MP
TENORMIN TABS PO 50 MG *(atenolol)*	1	QL(4 EA daily); MP
TENORMIN TABS PO 25 MG *(atenolol)*	1	QL(8 EA daily); MP
TOPROL XL TB24 PO 100 MG, 200 MG *(metoprolol succinate)*	1	QL(2 EA daily); MP
TOPROL XL TB24 PO 100 MG, 200 MG *(metoprolol succinate)*	9	QL(2 EA daily); MP
TOPROL XL TB24 PO 25 MG, 50 MG *(metoprolol succinate)*	1	QL(3 EA daily); MP
TOPROL XL TB24 PO 25 MG, 50 MG *(metoprolol succinate)*	9	QL(3 EA daily); MP
Beta Blockers Non-Selective		
BETAPACE AF PO 160 MG *(sotalol hcl (afib/afl))*	1	QL(4 EA daily); MP
BETAPACE AF PO 80 MG *(sotalol hcl (afib/afl))*	1	QL(8 EA daily); MP
BETAPACE AF PO 120 MG *(sotalol hcl (afib/afl))*	1	QL(6.67 EA daily); MP
BETAPACE TABS PO 160 MG *(sotalol hcl)*	1	QL(4 EA daily); MP
BETAPACE TABS PO 80 MG *(sotalol hcl)*	1	QL(8 EA daily); MP
BETAPACE TABS PO 120 MG *(sotalol hcl)*	1	QL(6.67 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
CORGARD TABS PO 20 MG *(nadolol)*	9	
CORGARD TABS PO 40 MG, 80 MG *(nadolol)*	9	QL(4 EA daily); MP
HEMANGEOL SOLN PO	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
INDERAL LA CP24 PO 60 MG, 80 MG, 160 MG *(propranolol hcl)*	1	QL(2 EA daily); MP
INDERAL LA CP24 PO 120 MG *(propranolol hcl)*	1	QL(3 EA daily); MP
INDERAL XL PO	1	
INNOPRAN XL PO	1	
nadolol TABS PO 40 MG, 80 MG	1	QL(4 EA daily); MP
nadolol TABS PO 20 MG	1	
pindolol TABS PO	1	
propranolol hcl CP24 PO 60 MG, 80 MG, 160 MG	1	QL(2 EA daily); MP
propranolol hcl CP24 PO 120 MG	1	QL(3 EA daily); MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS PO 60 MG, 80 MG	1	QL(4 EA daily); MP
propranolol hcl TABS PO 10 MG, 20 MG	1	QL(8 EA daily); MP
propranolol hcl TABS PO 40 MG	1	QL(6 EA daily); MP
sotalol hcl (afib/afl) PO 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl (afib/afl) PO 160 MG	1	QL(4 EA daily); MP
sotalol hcl (afib/afl) PO 80 MG	1	QL(8 EA daily); MP
sotalol hcl TABS PO 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl TABS PO 160 MG	1	QL(4 EA daily); MP
sotalol hcl TABS PO 240 MG	1	QL(2 EA daily); MP
sotalol hcl TABS PO 80 MG	1	QL(8 EA daily); MP
SOTYLIZE SOLN PO	1	QL(1920 ML per 30 day(s) retail; 1920 ML per 30 days mail); PA
timolol maleate TABS PO	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS PO 10 MG	1	QL(2 EA daily); MP
amlodipine besylate TABS PO 2.5 MG	1	QL(6 EA daily); MP
amlodipine besylate TABS PO 5 MG	1	QL(4 EA daily); MP
CALAN SR TBCR PO 240 MG *(verapamil hcl)*	9	
CALAN SR TBCR PO 120 MG, 180 MG *(verapamil hcl)*	9	QL(2 EA daily); MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	1	
CARDIZEM CD CP24 PO 360 MG *(diltiazem hcl coated beads)*	1	PA
CARDIZEM CD CP24 PO 240 MG *(diltiazem hcl coated beads)*	1	QL(2 EA daily); MP
CARDIZEM CD CP24 PO 120 MG *(diltiazem hcl coated beads)*	1	QL(4 EA daily); MP
CARDIZEM CD CP24 PO 180 MG *(diltiazem hcl coated beads)*	1	QL(3 EA daily); MP
CARDIZEM CD CP24 PO 300 MG *(diltiazem hcl coated beads)*	1	QL(1 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM LA TB24 *(diltiazem hcl)*	2	ST
CARDIZEM TABS PO 120 MG *(diltiazem hcl)*	1	QL(8 EA daily); MP
CARDIZEM TABS PO 30 MG, 60 MG *(diltiazem hcl)*	1	QL(6 EA daily); MP
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1	
CONJUPRI *(levamlodipine maleate)*	9	QL(1 EA daily)
diltiazem hcl coated beads CP24 PO 120 MG	1	QL(4 EA daily); MP
diltiazem hcl coated beads CP24 PO 180 MG	1	QL(3 EA daily); MP
diltiazem hcl coated beads CP24 PO 360 MG	1	PA
diltiazem hcl coated beads CP24 PO 240 MG	1	QL(2 EA daily); MP
diltiazem hcl coated beads CP24 PO 300 MG	1	QL(1 EA daily); MP
diltiazem hcl extended release beads PO 180 MG	1	QL(3 EA daily); MP
diltiazem hcl extended release beads PO 120 MG	1	QL(4 EA daily); MP
diltiazem hcl extended release beads PO 300 MG, 360 MG, 420 MG	1	QL(1 EA daily); MP
diltiazem hcl extended release beads PO 240 MG	1	QL(2 EA daily); MP
diltiazem hcl CP12 PO	2	ST
diltiazem hcl CP24 PO 180 MG	1	QL(3 EA daily); MP
diltiazem hcl CP24 PO 120 MG	1	QL(4 EA daily); MP
diltiazem hcl CP24 PO 240 MG	1	QL(2 EA daily); MP
diltiazem hcl SOLN	1	
DILTIAZEM HCL SOLR	1	
diltiazem hcl TABS PO 120 MG	1	QL(8 EA daily); MP
diltiazem hcl TABS PO 30 MG, 60 MG	1	QL(6 EA daily); MP
diltiazem hcl TABS PO 90 MG	1	QL(3 EA daily); MP
diltiazem hcl TB24	2	ST
felodipine PO	1	QL(1 EA daily); MP
isradipine CAPS PO	2	ST
KATERZIA	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
levamlodipine maleate	1	QL(1 EA daily); PA
NICARDIPINE HCL IN NACL SOLN *(nicardipine hcl in sodium chloride)*	1	
NICARDIPINE HCL IN NACL SOLN *(nicardipine hcl in sodium chloride)*	9	
nicardipine hcl in sodium chloride SOLN	1	
nicardipine hcl CAPS PO	2	ST; MP
nicardipine hcl SOLN	1	
NICARDIPINE HCL SOLN *(nicardipine hcl)*	9	
NICARDIPINE HCL SOLN *(nicardipine hcl)*	1	
nifedipine CAPS PO	1	MP
nifedipine TB24 PO	1	MP
nimodipine CAPS PO	1	QL(252 EA per 20 day(s) retail; 252 EA per 20 days mail)
nisoldipine PO	2	ST
NORLIQVA SOLN	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
NORVASC TABS PO 5 MG *(amlodipine besylate)*	1	QL(4 EA daily); MP
NORVASC TABS PO 2.5 MG *(amlodipine besylate)*	1	QL(6 EA daily); MP
NORVASC TABS PO 10 MG *(amlodipine besylate)*	1	QL(2 EA daily); MP
NORVASC TABS PO 5 MG *(amlodipine besylate)*	9	QL(4 EA daily); MP
NORVASC TABS PO 10 MG *(amlodipine besylate)*	9	QL(2 EA daily); MP
NYMALIZE SOLN PO 6 MG/ML	1	
PROCARDIA XL TB24 PO *(nifedipine)*	1	MP
SULAR PO 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	ST
TIAZAC PO 180 MG *(diltiazem hcl extended release beads)*	1	QL(3 EA daily); MP
TIAZAC PO 300 MG, 360 MG, 420 MG *(diltiazem hcl extended release beads)*	1	QL(1 EA daily); MP
TIAZAC PO 120 MG *(diltiazem hcl extended release beads)*	1	QL(4 EA daily); MP
TIAZAC PO 240 MG *(diltiazem hcl extended release beads)*	1	QL(2 EA daily); MP
VERAPAMIL HCL ER CP24 PO *(verapamil hcl)*	2	ST
verapamil hcl CP24 PO	2	ST
verapamil hcl SOLN 2.5 MG/ML	1	
verapamil hcl TABS PO 80 MG, 120 MG	1	QL(4 EA daily); MP
verapamil hcl TABS PO 40 MG	1	QL(3 EA daily); MP
verapamil hcl TBCR PO 240 MG	1	
verapamil hcl TBCR PO 120 MG, 180 MG	1	QL(2 EA daily); MP
VERELAN PM CP24 PO *(verapamil hcl)*	2	ST
VERELAN CP24 PO *(verapamil hcl)*	9	ST
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN IJ 0.25 MG/ML	1	
digoxin SOLN PO 0.05 MG/ML	1	QL(900 ML per 90 day(s) retail; 900 ML per 90 days mail); MP
digoxin TABS PO 62.5 MCG	1	
digoxin TABS PO 125 MCG	1	QL(3.34 EA daily); MP
digoxin TABS PO 250 MCG	1	QL(2.22 EA daily); MP
LANOXIN PEDIATRIC SOLN IJ	1	
LANOXIN SOLN IJ *(digoxin)*	1	
LANOXIN TABS PO 62.5 MCG *(digoxin)*	9	
LANOXIN TABS PO 250 MCG *(digoxin)*	9	QL(2.22 EA daily); MP
LANOXIN TABS PO 125 MCG *(digoxin)*	9	QL(3.34 EA daily); MP
Inotropes		
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	1	
DOBUTAMINE-DEXTROSE	1	
dopamine hcl 40 MG/ML	1	
DOPAMINE HCL *(dopamine hcl)*	9	
DOPAMINE HCL *(dopamine hcl)*	1	
DOPAMINE-DEXTROSE	1	
milrinone lactate	1	

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Drug Name	Drug Tier	Requirements/ Limits
milrinone lactate in dextrose	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Cardioplegic Solutions		
cardioplegic soln	1	
PLEGISOL *(cardioplegic soln)*	1	
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium PO	2	ST
BIDIL PO *(isosorbide dinitrate-hydralazine hcl)*	1	
CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	2	ST
CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	9	ST
ENTRESTO CPSP	1	AL(At least 1 yrs old - Up to 10 yrs old)
ENTRESTO TABS PO	1	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl PO	1	
OPSYNVI	1	PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Impotence Agents		
CIALIS PO 5 MG *(tadalafil)*	1	QL(1 EA daily); PA
CIALIS PO 2.5 MG, 10 MG, 20 MG *(tadalafil)*	9	
tadalafil PO 5 MG	1	QL(1 EA daily); PA
Peripheral Vasodilators		
papaverine hcl SOLN	1	
Prostaglandin Vasodilators		
epoprostenol sodium	1	
FLOLAN *(epoprostenol sodium)*	1	
ORENITRAM MONTH 1 TEPK	1	QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail); PA
ORENITRAM MONTH 2 TEPK	1	QL(336 EA per 28 day(s) retail; 336 EA per 28 days mail); PA
ORENITRAM MONTH 3 TEPK	1	QL(252 EA per 28 day(s) retail; 252 EA per 28 days mail); PA
ORENITRAM TBCR	1	QL(6 EA daily); PA
REMODULIN SOLN IJ	1	
treprostinil SOLN IJ	1	
TYVASO DPI INSTITUTIONAL KIT POWD	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
TYVASO DPI MAINTENANCE KIT POWD	1	QL(224 EA per 35 day(s) retail; 224 EA per 35 days mail); PA
TYVASO DPI MAINTENANCE KIT POWD	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI TITRATION KIT POWD	1	QL(252 EA per 35 day(s) retail; 252 EA per 35 days mail); PA
TYVASO REFILL KIT SOLN IN	1	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO STARTER KIT SOLN IN	1	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO SOLN IN	1	QL(11.6 ML per 7 day(s) retail; 12 ML per 7 days mail)
VELETRI *(epoprostenol sodium)*	1	
VENTAVIS IN	1	
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	1	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan PO	1	
bosentan TABS	1	
LETAIRIS PO *(ambrisentan)*	1	
OPSUMIT	1	QL(1 EA daily); PA
TRACLEER TABS *(bosentan)*	1	
TRACLEER TBSO	1	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS PO *(tadalafil (pulmonary hypertension))*	1	QL(2 EA daily); PA
LIQREV SUSP	1	AL(At least 18 yrs old); PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	1	
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	1	QL(224 ML per 30 day(s) retail; 224 ML per 30 days mail); AL(Up to 6 yrs old); PA
REVATIO TABS PO *(sildenafil citrate (pulmonary hypertension))*	1	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SOLN	1	
sildenafil citrate (pulmonary hypertension) SUSR	1	QL(224 ML per 30 day(s) retail; 224 ML per 30 days mail); AL(Up to 6 yrs old); PA
sildenafil citrate (pulmonary hypertension) TABS PO	1	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS PO	1	QL(2 EA daily); PA
TADLIQ SUSP	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(Up to 10 yrs old); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI SOLR	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS	1	QL(2 EA daily); AL(At least 18 yrs old); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS PO	1	QL(3 EA daily); PA
Septal Agents		
ABLYSINOL	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Sinus Node Inhibitors		
CORLANOR SOLN	1	QL(560 ML per 28 day(s) retail; 560 ML per 28 days mail); PA
CORLANOR TABS PO *(ivabradine hcl)*	1	QL(2 EA daily); PA
ivabradine hcl TABS PO	1	QL(2 EA daily); PA
Transthyretin Stabilizers		
VYNDAMAX	1	QL(1 EA daily); PA
VYNDAQEL	1	QL(4 EA daily); PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	1	QL(42 EA per 14 day(s) retail; 42 EA per 14 days mail); AL(At least 18 yrs old); PA
ZERBAXA	1	QL(84 EA per 14 day(s) retail; 84 EA per 14 days mail); AL(At least 18 yrs old); PA
Cephalosporins - 1st Generation		
cefadroxil CAPS PO	1	
cefadroxil SUSR PO	1	
cefadroxil TABS PO	1	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	1	
CEFAZOLIN SODIUM-DEXTROSE SOLR	1	
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	1	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	1	
cephalexin CAPS PO 750 MG	1	PA
cephalexin CAPS PO 250 MG, 500 MG	1	
cephalexin SUSR PO	1	
cephalexin TABS PO	1	PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12 PO	1	
cefaclor CAPS PO	1	
cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML	1	
CEFOTAN IJ *(cefotetan disodium)*	9	
CEFOTAN IJ *(cefotetan disodium)*	1	
cefotetan disodium IJ 1 GM, 2 GM	1	
cefoxitin sodium IV	1	

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Drug Name	Drug Tier	Requirements/ Limits
CEFOXITIN SODIUM-DEXTROSE	1	
cefprozil SUSR PO	1	
cefprozil TABS PO	1	
cefuroxime axetil TABS PO	1	
cefuroxime sodium IJ 750 MG	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS PO	1	
cefdinir SUSR PO	1	
cefixime CAPS PO	1	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); PA
cefixime SUSR PO	1	QL(100 ML per 10 day(s) retail; 100 ML per 10 days mail); AL(Up to 12 yrs old); PA
cefpodoxime proxetil SUSR PO	1	
cefpodoxime proxetil TABS PO	1	
ceftazidime IJ 1 GM, 6 GM	1	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
ceftriaxone sodium in dextrose	1	
CEFTRIAXONE SODIUM-DEXTROSE	1	
SUPRAX CAPS PO *(cefixime)*	9	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail)
SUPRAX SUSR PO 200 MG/5ML *(cefixime)*	9	QL(100 ML per 10 day(s) retail; 100 ML per 10 days mail)
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	
cefepime hcl SOLR IJ 1 GM	1	
CEFEPIME-DEXTROSE	1	
Cephalosporins - 5th Generation		
TEFLARO	1	
Cephalosporins - Siderophores		
FETROJA	1	AL(At least 18 yrs old); PA
CHEMICALS		
Bulk Chemicals - A's		
ACYCLOVIR	1	
ALBENDAZOLE	1	
AMLODIPINE BESYLATE	1	
Bulk Chemicals - B's		
BENZOCAINE	1	RX/OTC
BETHANECHOL CHLORIDE	1	
Bulk Chemicals - C's		
CHLORPROMAZINE HCL	1	
CHOLESTEROL FLAK	4	Requires EPSDT PA Review; PA
CHOLESTYRAMINE	1	
CLINDAMYCIN PHOSPHATE POWD	1	
Bulk Chemicals - D's		
DEXAMETHASONE	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DIAZEPAM	1	
Bulk Chemicals - E's		
ENALAPRIL MALEATE	1	
ESTRADIOL MICRONIZED	1	
ESTRADIOL POWD	1	
ESTRIOL	1	

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Drug Name	Drug Tier	Requirements/ Limits
ESTRIOL MICRONIZED	1	
Bulk Chemicals - G's		
GLYCOPYRROLATE	1	
Bulk Chemicals - H's		
HYDROCODONE BITARTRATE CRYS	1	
HYDROCODONE BITARTRATE POWD	1	
HYDROCORTISONE	1	
HYDROCORTISONE ACETATE	1	
HYDROCORTISONE MICRONIZED	1	
HYDROXYUREA	1	
HYDROXYZINE HCL	1	
Bulk Chemicals - K's		
KETAMINE HCL	1	Medical Benefit Only
Bulk Chemicals - L's		
LANSOPRAZOLE	1	RX/OTC
LIDOCAINE HCL	1	
LIDOCAINE HCL MONOHYDRATE	1	
LIDOCAINE CRYS	1	
LIDOCAINE POWD	1	
LORAZEPAM	1	
Bulk Chemicals - M's		
METFORMIN HCL	1	
METRONIDAZOLE	1	
METRONIDAZOLE BENZOATE	1	
MUPIROCIN	1	
Bulk Chemicals - N's		
NALTREXONE HCL	1	
NALTREXONE HCL ANHYDROUS	1	
NIFEDIPINE	1	

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - O's		
OMEPRAZOLE	1	
Bulk Chemicals - P's		
PHYTONADIONE LIQD	1	RX/OTC
PROGESTERONE MICRONIZED	1	
PROGESTERONE MILLED POWD	1	
PROGESTERONE WETTABLE (SOY) POWD	1	
PROGESTERONE WETTABLE POWD	1	
PROGESTERONE POWD	1	
PROMETHAZINE HCL POWD	1	
Bulk Chemicals - T's		
TESTOSTERONE MICRONIZED CRYS	1	PA
TESTOSTERONE MICRONIZED POWD	1	PA
TESTOSTERONE PROPIONATE	1	PA
TESTOSTERONE POWD	1	PA
TOPIRAMATE	1	
TRIAMCINOLONE	1	
TRICHLOROACETIC ACID CRYS	1	RX/OTC
Bulk Chemicals - U's		
URSODIOL	1	
Solids		
KETOCONAZOLE	1	
PILOCARPINE HCL POWD	1	
PREGNENOLONE	1	
PREGNENOLONE MICRONIZED	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

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Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Oral		
BALCOLTRA PO *(levonorgestrel-ethinyl estradiol-iron)*	9	QL(1 EA daily)
BALCOLTRA PO *(levonorgestrel-ethinyl estradiol-iron)*	1	QL(1 EA daily)
BEYAZ PO *(drospirenone-ethinyl estradiol-levomefolate calcium)*	9	
BEYAZ PO *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	
desogestrel & ethinyl estradiol PO	1	
desogestrel-ethinyl estradiol (biphasic) PO	1	
desogestrel-ethinyl estradiol (triphasic) PO	1	
drospirenone-ethinyl estradiol PO	1	
drospirenone-ethinyl estradiol-levomefolate calcium PO	1	
ethynodiol diacet & eth estrad PO	1	
FEMLYV TBDP	1	PA
GENERESS FE PO *(norethindrone & ethinyl estradiol-fe)*	9	
levonorgestrel & eth estradiol TABS PO	1	
levonorgestrel-eth estradiol (triphasic) PO	1	
levonorgestrel-ethinyl estradiol (91-day) PO	1	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG	1	
levonorgestrel-ethinyl estradiol (continuous) PO	1	
levonorgestrel-ethinyl estradiol-iron PO	1	QL(1 EA daily)
LO LOESTRIN FE TABS	1	
LOSEASONIQUE PO *(levonorgestrel-ethinyl estradiol (91-day))*	9	
MINASTRIN 24 FE CHEW PO *(norethin acet & estrad-fe)*	9	
MIRCETTE PO *(desogestrel-ethinyl estradiol (biphasic))*	9	
NATAZIA	1	
NEXTSTELLIS	1	QL(1 EA daily); PA
norethin acet & estrad-fe CAPS	1	QL(1 EA daily); PA
norethin acet & estrad-fe CHEW PO	1	
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	
norethindrone & eth estradiol PO	1	
norethindrone & ethinyl estradiol-fe PO	1	
norethindrone acet & eth estra TABS PO	1	
norethindrone acetate-ethinyl estradiol-fe PO	1	
norethindrone-eth estradiol (triphasic) PO	1	
norgestimate-ethinyl estradiol PO	1	
norgestimate-ethinyl estradiol (triphasic) PO	1	
norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG	1	
QUARTETTE PO *(levonorgestrel-ethinyl estradiol (91-day))*	9	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
QUARTETTE PO *(levonorgestrel-ethinyl estradiol (91-day))*	1	QL(1 EA daily)
SAFYRAL PO *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	
SAFYRAL PO *(drospirenone-ethinyl estradiol-levomefolate calcium)*	9	
SEASONIQUE PO *(levonorgestrel-ethinyl estradiol (91-day))*	9	
TAYTULLA CAPS *(norethin acet & estrad-fe)*	9	QL(1 EA daily)
TAYTULLA CAPS *(norethin acet & estrad-fe)*	1	QL(1 EA daily); PA
TYBLUME CHEW	1	
YASMIN 28 PO *(drospirenone-ethinyl estradiol)*	1	
YASMIN 28 PO *(drospirenone-ethinyl estradiol)*	9	
YAZ PO *(drospirenone-ethinyl estradiol)*	1	
YAZ PO *(drospirenone-ethinyl estradiol)*	9	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	QL(9 EA per 84 day(s) retail; 9 EA per 84 days mail)
TWIRLA	1	
Combination Contraceptives - Vaginal		
ANNOVERA	1	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail
etonogestrel-ethinyl estradiol	1	
NUVARING *(etonogestrel-ethinyl estradiol)*	9	
NUVARING *(etonogestrel-ethinyl estradiol)*	1	
Emergency Contraceptives		
ELLA PO	1	
levonorgestrel (emergency oc) PO 1.5 MG	1	
PLAN B ONE-STEP PO *(levonorgestrel (emergency oc))*	9	
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(medroxyprogesterone acetate (contraceptive))*	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
DEPO-PROVERA SUSY IM *(medroxyprogesterone acetate (contraceptive))*	1	
DEPO-SUBQ PROVERA 104 SUSY SC	1	
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
medroxyprogesterone acetate (contraceptive) SUSY IM	1	
Progestin Contraceptives - Oral		
norethindrone (contraceptive) PO	1	
OPILL PO	1	
SLYND PO	1	QL(1 EA daily); PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	1	AL(At least 2 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ALKINDI SPRINKLE CPSP	1	AL(Up to 6 yrs old); PA
betamethasone sod phosphate & acetate SUSP	1	
budesonide CPEP PO	1	
budesonide TB24 PO	1	QL(1 EA daily); PA
CELESTONE SOLUSPAN SUSP *(betamethasone sod phosphate & acetate)*	1	
CORTEF TABS PO *(hydrocortisone)*	1	
CORTISONE ACETATE TABS PO	1	
deflazacort SUSP PO	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 5 yrs old); PA
deflazacort TABS PO	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
DEPO-MEDROL SUSP	1	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	1	
DEPO-MEDROL SUSP 80 MG/ML *(methylprednisolone acetate)*	9	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate SOLN IJ	1	
dexamethasone sodium phosphate SOSY IJ	1	
dexamethasone ELIX PO	1	
dexamethasone SOLN PO	1	
dexamethasone TABS PO	1	
dexamethasone TBPK PO	1	PA
dexamethasone TBPK PO	1	
dexamethasone TBPK PO	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
EMFLAZA SUSP PO *(deflazacort)*	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 5 yrs old); PA
EMFLAZA TABS PO *(deflazacort)*	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
EOHILIA SUSP PO	1	AL(At least 11 yrs old); PA
HEMADY TABS PO	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(At least 18 yrs old); PA
hydrocortisone sod succinate 100 MG	1	
hydrocortisone TABS PO	1	
KENALOG-10 SUSP	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
KENALOG-40 SUSP *(triamcinolone acetonide)*	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
KENALOG-80 SUSP	1	
MEDROL TABS PO *(methylprednisolone)*	1	
MEDROL TABS PO	1	
MEDROL TBPK PO *(methylprednisolone)*	1	

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Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone acetate SUSP	1	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	
methylprednisolone TABS PO	1	
methylprednisolone TBPK PO	1	
ORAPRED ODT TBDP PO *(prednisolone sodium phosphate)*	9	QL(10 EA per fill retail)
PEDIAPRED SOLN PO *(prednisolone sodium phosphate)*	1	
PREDNISOLONE SODIUM PHOSPHATE POWD	1	
prednisolone sodium phosphate SOLN PO	1	
prednisolone sodium phosphate SOLN PO 10 MG/5ML, 20 MG/5ML	1	PA
prednisolone sodium phosphate TBDP PO	1	QL(10 EA per fill retail); AL(Up to 10 yrs old)
prednisolone SOLN	1	
prednisolone TABS PO	1	PA
PREDNISONE INTENSOL CONC	1	
PREDNISONE POWD	1	
prednisone SOLN PO	1	
prednisone TABS PO	1	
prednisone TBPK PO	1	
RAYOS TBEC	1	
SOLU-CORTEF	1	
SOLU-MEDROL	1	
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)*	1	
SOLU-MEDROL (PF)	1	
TARPEYO CPDR	1	QL(4 EA daily); AL(At least 18 yrs old); PA
triamcinolone acetonide SUSP 40 MG/ML	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
UCERIS TB24 PO *(budesonide)*	1	QL(1 EA daily); PA
ZILRETTA SRER	1	Medical Benefit Only
Mineralocorticoids		
fludrocortisone acetate TABS PO	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Expectorants		
SSKI SOLN PO *(potassium iodide (expectorant))*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU *(sodium chloride (inhalant))*	9	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1	
sodium chloride (inhalant) NEBU 7 %	4	Requires EPSDT PA Review; AL(Up to 21 yrs old); PA
Mucolytics		
ACETYLCYSTEINE POWD	1	
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

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Drug Name	Drug Tier	Requirements/ Limits
ABSORICA PO *(isotretinoin)*	1	QL(2 EA daily); AL(Up to 20 yrs old)
ABSORICA PO *(isotretinoin)*	9	QL(2 EA daily)
ABSORICA LD	1	AL(At least 12 yrs old - Up to 20 yrs old); PA
ACZONE *(dapsone (topical))*	9	
adapalene GEL 0.3 %	1	
AVAR LS CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	9	
AVAR-E LS CREA *(sulfacetamide sodium w/ sulfur)*	9	
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	1	AL(Up to 20 yrs old)
CLINDACIN ETZ	1	AL(Up to 20 yrs old); PA
CLINDAGEL GEL *(clindamycin phosphate (topical))*	1	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) FOAM	1	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) LOTN	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old)
dapsone (topical) 5 %	1	AL(Up to 20 yrs old); PA
dapsone (topical) 7.5 %	1	AL(At least 9 yrs old - Up to 20 yrs old); PA
ERYGEL GEL *(erythromycin (acne aid))*	1	AL(Up to 20 yrs old); PA
erythromycin (acne aid) GEL	1	AL(Up to 20 yrs old); PA
erythromycin (acne aid) PADS	1	AL(Up to 20 yrs old); PA
erythromycin (acne aid) SOLN	1	AL(Up to 20 yrs old)
EVOCLIN FOAM *(clindamycin phosphate (topical))*	9	
isotretinoin PO	1	QL(2 EA daily); AL(Up to 20 yrs old)
KLARON *(sulfacetamide sodium (acne))*	1	AL(Up to 20 yrs old)
sulfacetamide sodium (acne)	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	1	AL(Up to 20 yrs old)
SUMADAN	1	AL(Up to 20 yrs old); PA
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	1	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %, 0.05 %	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
WINLEVI	1	AL(At least 12 yrs old - Up to 20 yrs old); PA
Agents for External Genital and Perianal Warts		
VEREGEN	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
Antibiotics - Topical		
CENTANY AT KIT	2	
CENTANY OINT	1	

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Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin calcium (topical)	2	
mupirocin OINT	1	
NEO-SYNALAR	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
TETRACYCLINE HCL	1	
XEPI	2	
Antifungals - Topical		
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	2	
ciclopirox SHAM	2	
ciclopirox SOLN	1	QL(6.6 ML per 30 day(s) retail; 7 ML per 30 days mail); PA
clotrimazole (topical) CREA	1	AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) SOLN	2	RX/OTC
clotrimazole w/ betamethasone CREA	1	
clotrimazole w/ betamethasone LOTN	2	
econazole nitrate CREA	1	
ERTACZO	2	
EXTINA FOAM *(ketoconazole (topical))*	9	
JUBLIA	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
KERYDIN *(tavaborole)*	9	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ketoconazole (topical) CREA	1	
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	9	
LAMISIL AT CREA *(terbinafine hcl (topical))*	9	
LOPROX CREA *(ciclopirox olamine)*	1	
LOPROX SHAM *(ciclopirox)*	9	
LOPROX SUSP *(ciclopirox olamine)*	1	
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	9	RX/OTC
LOTRIMIN AF CREA *(clotrimazole (topical))*	9	RX/OTC
luliconazole	2	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
LUZU *(luliconazole)*	2	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
miconazole-zinc oxide-white petrolatum	2	
naftifine hcl CREA	2	
naftifine hcl GEL 2 %	2	
NAFTIN GEL *(naftifine hcl)*	2	
NAFTIN GEL	2	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	

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Drug Name	Drug Tier	Requirements/ Limits
nystatin (topical) POWD EX	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
nystatin-triamcinolone CREA	2	
nystatin-triamcinolone OINT	2	
oxiconazole nitrate CREA	2	
OXISTAT CREA *(oxiconazole nitrate)*	9	
OXISTAT LOTN	2	
tavaborole	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
terbinafine hcl (topical) CREA	1	AL(Up to 20 yrs old)
TINACTIN CREA *(tolnaftate)*	9	
tolnaftate CREA	1	AL(Up to 20 yrs old)
VUSION *(miconazole-zinc oxide-white petrolatum)*	2	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	1	QL(30 EA per 15 day(s) retail; 30 EA per 15 days mail); PA
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	1	QL(112 GM per 28 day(s) retail; 112 GM per 28 days mail); PA
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
FLECTOR PTCH EX *(diclofenac epolamine)*	9	QL(30 EA per 15 day(s) retail; 30 EA per 15 days mail)
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	1	QL(112 GM per 30 day(s) retail; 112 GM per 30 days mail); PA
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	9	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	1	Medical Benefit Only
bexarotene (topical)	1	
diclofenac sodium (actinic keratoses) EX	1	PA
EFUDEX CREA *(fluorouracil (topical))*	1	
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) CREA 0.5 %	1	PA
fluorouracil (topical) SOLN	1	
LEVULAN KERASTICK SOLR	1	Medical Benefit Only
TARGRETIN *(bexarotene (topical))*	1	
VALCHLOR	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		
doxepin hcl (antipruritic)	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits
PRUDOXIN *(doxepin hcl (antipruritic))*	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
ZONALON *(doxepin hcl (antipruritic))*	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
Antipsoriatics		
acitretin PO	1	QL(2 EA daily)
BIMZELX SOAJ	1	PA
BIMZELX SOSY	1	PA
calcipotriene CREA	1	
CALCIPOTRIENE FOAM	1	QL(120 GM per 30 day(s) retail; 120 GM per 30 days mail); AL(At least 12 yrs old); PA
calcipotriene OINT	1	
calcipotriene SOLN	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail)
calcitriol (topical)	1	
COSENTYX (300 MG DOSE) SOSY	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX SENSOREADY (300 MG) SOAJ	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX SENSOREADY PEN SOAJ	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX UNOREADY SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
COSENTYX SOLN	1	PA
COSENTYX SOSY 75 MG/0.5ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old - Up to 18 yrs old); PA
COSENTYX SOSY 150 MG/ML	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
DOVONEX CREA *(calcipotriene)*	9	
ILUMYA	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
methoxsalen rapid PO	1	
SILIQ	1	QL(4.5 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 18 yrs old); PA
SKYRIZI PEN SOAJ	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SKYRIZI SOSY	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SORILUX FOAM	1	QL(120 GM per 30 day(s) retail; 120 GM per 30 days mail); AL(At least 12 yrs old); PA
SOTYKTU	1	QL(1 EA daily); AL(At least 18 yrs old); PA
SPEVIGO SOLN	1	AL(At least 12 yrs old); PA
SPEVIGO SOSY	1	AL(At least 12 yrs old); PA
STELARA SOLN 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 90 MG/ML	1	QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); PA
STELARA SOSY 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); PA
TALTZ SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TALTZ SOSY 20 MG/0.25ML, 40 MG/0.5ML	1	AL(At least 6 yrs old - Up to 17 yrs old); PA
TALTZ SOSY 80 MG/ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
tazarotene CREA 0.05 %	1	AL(Up to 20 yrs old)
tazarotene CREA 0.1 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
tazarotene GEL	1	QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); AL(Up to 20 yrs old); PA
tazarotene GEL	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old); PA
TAZORAC CREA 0.1 % *(tazarotene)*	9	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
TAZORAC CREA 0.05 % *(tazarotene)*	9	
TAZORAC GEL *(tazarotene)*	9	
TREMFYA SOAJ 100 MG/ML	1	QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 18 yrs old); PA
TREMFYA SOAJ 200 MG/2ML	1	AL(At least 18 yrs old); PA
TREMFYA SOLN	1	AL(At least 18 yrs old); PA
TREMFYA SOSY 200 MG/2ML	1	AL(At least 18 yrs old); PA
TREMFYA SOSY 100 MG/ML	1	QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 18 yrs old); PA
VECTICAL *(calcitriol (topical))*	9	
VTAMA	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
ZORYVE 0.3 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
ZORYVE	1	QL(2 GM daily); AL(At least 6 yrs old); PA
Antivirals - Topical		
acyclovir topical CREA	1	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
acyclovir topical OINT	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
DENAVIR *(penciclovir)*	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
penciclovir	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
XERESE	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
ZOVIRAX CREA *(acyclovir topical)*	1	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
ZOVIRAX OINT *(acyclovir topical)*	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
Burn Products		
mafenide acetate PACK	1	
SILVADENE *(silver sulfadiazine)*	1	
silver sulfadiazine	1	
SULFAMYLON CREA	1	QL(113.4 GM per 14 day(s) retail; 113 GM per 14 days mail)
SULFAMYLON PACK 5 % *(mafenide acetate)*	9	
Cauterizing Agents		
silver nitrate SOLN	1	
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	PA
alclometasone dipropionate OINT	1	PA
amcinonide CREA	1	PA
APEXICON E CREA	1	PA
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	
betamethasone dipropionate augmented GEL 0.05 %	1	PA
betamethasone dipropionate augmented LOTN	1	PA
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	1	PA
betamethasone valerate LOTN	1	PA
betamethasone valerate OINT	1	
BRYHALI LOTN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
calcipotriene-betamethasone dipropionate OINT	1	PA
calcipotriene-betamethasone dipropionate SUSP	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	1	PA
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	1	
clobetasol propionate GEL 0.05 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
clobetasol propionate LIQD	1	PA
clobetasol propionate LOTN	1	PA
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	PA
clobetasol propionate SOLN 0.05 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
CLOBEX SPRAY LIQD *(clobetasol propionate)*	9	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	9	
CLOBEX SHAM *(clobetasol propionate)*	9	
clocortolone pivalate	1	PA
CLODAN	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
CLODERM *(clocortolone pivalate)*	1	PA
CORDRAN LOTN *(flurandrenolide)*	9	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	1	QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	1	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
desonide CREA	1	
desonide LOTN	1	PA
desonide OINT	1	
DESOWEN CREA *(desonide)*	9	
desoximetasone CREA 0.05 %	1	PA
desoximetasone CREA 0.25 %	1	
desoximetasone GEL	1	PA
desoximetasone LIQD	1	QL(100 ML per 30 day(s) retail; 100 ML per 30 days mail); PA
desoximetasone OINT 0.05 %	1	PA
desoximetasone OINT 0.25 %	1	
diflorasone diacetate CREA	1	PA
diflorasone diacetate OINT	1	PA
DIPROLENE OINT *(betamethasone dipropionate augmented)*	1	
DUOBRII	1	QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
ENSTILAR FOAM	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
EPIFOAM FOAM	1	
fluocinolone acetonide CREA	1	PA
fluocinolone acetonide OIL	1	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
fluocinolone acetonide OINT	1	PA
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluocinonide CREA	1	
fluocinonide GEL	1	PA
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate OINT	1	
halcinonide CREA	1	PA
halobetasol propionate CREA	1	
halobetasol propionate FOAM	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 18 yrs old); PA
halobetasol propionate OINT	1	
HALOG CREA *(halcinonide)*	1	PA
HALOG OINT	1	PA
HALOG SOLN	1	PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1	RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 1 %, 2.5 %	1	RX/OTC
hydrocortisone butyrate hydrophilic lipo base	1	PA
hydrocortisone butyrate CREA	1	PA
hydrocortisone butyrate LOTN	1	PA
hydrocortisone butyrate OINT	1	PA
hydrocortisone butyrate SOLN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	PA
KENALOG AERS *(triamcinolone acetonide (topical))*	9	
LEXETTE FOAM *(halobetasol propionate)*	9	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail)
LOCOID LIPOCREAM	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
LOCOID LOTN *(hydrocortisone butyrate)*	1	PA
LUXIQ FOAM *(betamethasone valerate)*	9	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
OLUX-E *(clobetasol propionate emulsion)*	9	
OLUX FOAM *(clobetasol propionate)*	9	
PANDEL	1	PA
prednicarbate OINT	1	PA
SYNALAR (CREAM)	1	PA
SYNALAR (OINTMENT)	1	PA
SYNALAR TS	1	PA
SYNALAR CREA *(fluocinolone acetonide)*	1	PA
SYNALAR OINT *(fluocinolone acetonide)*	1	PA
SYNALAR SOLN *(fluocinolone acetonide)*	1	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	1	PA
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	1	PA
TEXACORT SOLN 2.5 %	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
TOPICORT SPRAY LIQD *(desoximetasone)*	9	QL(100 ML per 30 day(s) retail; 100 ML per 30 days mail)
TOPICORT CREA 0.25 % *(desoximetasone)*	1	
TOPICORT CREA 0.05 % *(desoximetasone)*	9	
TOPICORT GEL *(desoximetasone)*	1	PA
TOPICORT OINT *(desoximetasone)*	9	
triamcinolone acetonide (topical) AERS	1	PA
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.05 %	1	PA
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
TRIAMCINOLONE ACETONIDE POWD	1	
TRIDESILON CREA 0.05 % *(desonide)*	9	
ULTRAVATE LOTN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 18 yrs old); PA
VANOS CREA *(fluocinonide)*	1	
Eczema Agents		
ADBRY SOAJ	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 18 yrs old); ST
ADBRY SOSY	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 12 yrs old); ST
CIBINQO	1	QL(1 EA daily); AL(At least 12 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOAJ 300 MG/2ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
DUPIXENT SOAJ 200 MG/1.14ML	1	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
DUPIXENT SOSY 200 MG/1.14ML	1	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
DUPIXENT SOSY 100 MG/0.67ML	1	QL(1.34 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
DUPIXENT SOSY 300 MG/2ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
EBGLYSS SOAJ	1	AL(At least 12 yrs old); PA
EBGLYSS SOSY	1	AL(At least 12 yrs old); PA
OPZELURA	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 12 yrs old); PA
Emollient/Keratolytic Agents		
urea CREA 39 %, 40 %	1	RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	1	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Glabellar Lines (Frown Lines) Agents		
DAXXIFY	1	Medical Benefit Only
Hair Growth Agents		
LITFULO	4	Requires EPSDT PA Review; QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA
Immunomodulating Agents - Systemic		
NEMLUVIO	1	AL(At least 18 yrs old); PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(0.4 EA daily)
imiquimod 3.75 %	1	AL(At least 13 yrs old); PA
ZYCLARA *(imiquimod)*	1	AL(At least 13 yrs old); PA
ZYCLARA PUMP	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
ZYCLARA PUMP *(imiquimod)*	1	AL(At least 13 yrs old); PA
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
HYFTOR	1	QL(30 GM per 35 day(s) retail; 30 GM per 35 days mail); AL(At least 6 yrs old - Up to 20 yrs old); PA
pimecrolimus	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)
PROTOPIC OINT *(tacrolimus (topical))*	9	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
tacrolimus (topical) OINT 0.03 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(podofilox)*	1	QL(3.5 GM per fill retail)
PODOCON-25 SOLN	1	Medical Benefit Only
podofilox GEL	1	QL(3.5 GM per fill retail)
podofilox SOLN	1	QL(3.5 ML per fill retail)
SALICYLIC ACID OINT	1	PA; RX/OTC
SALYCIM CREA	1	AL(Up to 20 yrs old)
YCANTH SOLN	1	Medical Benefit Only
Local Anesthetics - Topical		
GEN7T PTCH *(lidocaine)*	9	RX/OTC
lidocaine hcl CREA 3 %	1	
lidocaine hcl PRSY	1	
lidocaine hcl SOLN	1	
lidocaine OINT	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
lidocaine-prilocaine CREA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
lidocaine PTCH 5 %	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH *(lidocaine)*	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH *(lidocaine)*	9	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
QUTENZA	1	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (2 PATCH)	1	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (4 PATCH)	1	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
ZTLIDO PTCH	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
Misc. Topical		
DRYSOL SOLN	1	AL(Up to 20 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
SOFDRA	4	Requires EPSDT PA Review; PA
XERAC AC	1	AL(Up to 20 yrs old)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ZORYVE 0.15 %	1	AL(At least 6 yrs old); PA
Protectives Against UV Radiation		
SCENESSE	1	Medical Benefit Only
Rosacea Agents		
brimonidine tartrate (topical)	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 18 yrs old - Up to 20 yrs old); PA
doxycycline (rosacea) PO	1	PA
METROCREAM CREA *(metronidazole (topical))*	9	
METROGEL GEL 1 % *(metronidazole (topical))*	9	
METROLOTION LOTN *(metronidazole (topical))*	9	
metronidazole (topical) CREA	1	AL(Up to 20 yrs old)
metronidazole (topical) GEL 1 %	1	AL(Up to 20 yrs old); PA
metronidazole (topical) GEL 0.75 %	1	AL(Up to 20 yrs old)
metronidazole (topical) LOTN	1	AL(Up to 20 yrs old)
MIRVASO *(brimonidine tartrate (topical))*	9	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
NORITATE CREA	1	AL(Up to 20 yrs old); PA
ORACEA PO *(doxycycline (rosacea))*	9	
Scabicides & Pediculicides		
crotamiton LOTN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
ELIMITE CREA *(permethrin)*	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
ivermectin (pediculicide)	1	QL(117 GM per fill retail); PA
malathion	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 6 yrs old); PA
NATROBA *(spinosad)*	1	Brand Required; 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX *(permethrin)*	9	2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail
OVIDE *(malathion)*	9	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
permethrin CREA	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
permethrin LIQD EX	1	2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail; AL(Up to 20 yrs old)
SKLICE *(ivermectin (pediculicide))*	1	QL(117 GM per fill retail); PA
spinosad	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
VANALICE GEL	1	AL(Up to 18 yrs old)
Wound Care Products		
FILSUVEZ	1	PA
VASHE WOUND THERAPY SOLN	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC
VYJUVEK	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	1	QL(0.1 ML per fill retail)
Diagnostic Drugs		
adenosine (diagnostic)	1	
BLUDIGO IV	1	Medical Benefit Only
CORTROSYN SOLR *(cosyntropin)*	1	
cosyntropin SOLR	1	
dipyridamole (diagnostic)	1	
GLEOLAN	1	Medical Benefit Only
GLUCAGON HCL (DIAGNOSTIC)	1	

Drug Name	Drug Tier	Requirements/ Limits
LEXISCAN *(regadenoson)*	1	
MACRILEN	1	Medical Benefit Only
METOPIRONE PO	1	
regadenoson	1	Medical Benefit Only
R-GENE 10	1	
SINCALIDE	1	Medical Benefit Only
SINCALIDE	1	Medical Benefit Only
THYROGEN 0.9 MG	1	Medical Benefit Only
Diagnostic Radiopharmaceuticals		
AMYVID	1	Medical Benefit Only
AXUMIN	1	Medical Benefit Only
ILLUCCIX CONFIGURATION A KIT	1	Medical Benefit Only
ILLUCCIX CONFIGURATION B KIT	1	Medical Benefit Only
LOCAMETZ KIT	1	Medical Benefit Only
NEUROLITE	1	Medical Benefit Only
POSLUMA	1	Medical Benefit Only
PYLARIFY	1	Medical Benefit Only
TAUVID	1	Medical Benefit Only
XENON XE 133	1	Medical Benefit Only
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	4	Requires EPSDT PA Review; PA; RX/OTC
ACCU-CHEK GUIDE TEST STRP	1	RX/OTC
CONTOUR NEXT TEST STRP	1	RX/OTC
EASYMAX TEST STRP	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KETOSTIX STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
ONETOUCH ULTRA BLUE TEST STRP	1	RX/OTC
ONETOUCH ULTRA TEST STRP	1	RX/OTC
ONETOUCH ULTRA STRP	1	RX/OTC
ONETOUCH VERIO STRP	1	RX/OTC
PRECISION XTRA KETONE	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(Up to 4 yrs old)
PRODIGY NO CODING BLOOD GLUC STRP	1	RX/OTC
RELION KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
RELION TRUE METRIX TEST STRIPS STRP	1	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	RX/OTC
Miscellaneous Contrast Media		
DEFINITY RT	1	Medical Benefit Only
DOTAREM SOLN *(gadoterate meglumine)*	9	
DOTAREM SOSY *(gadoterate meglumine)*	9	
EOVIST	1	Medical Benefit Only
GADAVIST SOLN *(gadobutrol)*	9	
GADAVIST SOLN *(gadobutrol)*	1	Medical Benefit Only
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML	1	Medical Benefit Only
gadobutrol SOLN	1	Medical Benefit Only
gadoterate meglumine SOLN	1	Medical Benefit Only
gadoterate meglumine SOSY	1	Medical Benefit Only
OMNISCAN SOLN IV	1	Medical Benefit Only
Radiographic Contrast Media		
diatrizoate meglumine & sodium PO	1	Medical Benefit Only
GASTROGRAFIN PO *(diatrizoate meglumine & sodium)*	9	
iopamidol IV	1	Medical Benefit Only
ISOVUE-200 IV *(iopamidol)*	9	
ISOVUE-250 IV *(iopamidol)*	9	
ISOVUE-300 IV *(iopamidol)*	9	
ISOVUE-370 IV *(iopamidol)*	9	
ISOVUE-M 200 IJ *(iopamidol)*	9	
ISOVUE-M 300 IJ *(iopamidol)*	9	
OMNIPAQUE SOLN CO 350 MG/ML	1	Medical Benefit Only
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 7.5 PO	4	Requires EPSDT PA Review; QL(1 EA daily); AL(Up to 20 yrs old); PA
NEOPHE POWD PO	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NEOPHE TABS PO	1	RX/OTC
URE-NA PACK	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Infant Foods		
PERIFLEX INFANT POWD PO	1	
PHENYL-FREE 1 POWD PO	1	
Nutritional Supplements		
CAMINO PRO COMPLETE/GLYTACTIN BAR PO	1	RX/OTC
EAA SUPPLEMENT PACK PO	1	RX/OTC
FLAVOR PACKETS PACK PO	1	AL(Up to 20 yrs old)
GLYTACTIN BETTERMILK 15 PACK PO	1	RX/OTC
GLYTACTIN BETTERMILK DE-LITE PACK PO	1	RX/OTC
GLYTACTIN BUILD 10PE PACK PO	1	RX/OTC
GLYTACTIN BUILD 20/20 PKU PACK PO	1	RX/OTC
GLYTACTIN BUILD 20/20 PACK PO	1	RX/OTC
GLYTACTIN BURST PACK PO	1	RX/OTC
GLYTACTIN COMPLETE 10PE BAR PO	1	RX/OTC
GLYTACTIN RESTORE 10 LIQD PO	1	RX/OTC
GLYTACTIN RESTORE 5 PACK PO	1	RX/OTC
GLYTACTIN RESTORE LITE 10 LIQD PO	1	RX/OTC
GLYTACTIN RESTORE LITE 10PE PACK PO	1	RX/OTC
GLYTACTIN RTD 10 LIQD PO	1	RX/OTC
GLYTACTIN RTD 15 LIQD PO	1	RX/OTC
GLYTACTIN RTD LITE 15 LIQD PO	1	RX/OTC
GLYTACTIN SWIRL 15 PACK PO	1	RX/OTC
GLYTACTIN SWIRL 15PE PACK PO	1	RX/OTC
LANAFLEX PACK PO	1	RX/OTC
LOPHLEX LQ 20 LIQD PO	1	RX/OTC
LOPHLEX PACK PO	1	RX/OTC
PERIFLEX ADVANCE POWD PO	1	RX/OTC
PERIFLEX JUNIOR POWD PO	1	RX/OTC
PHENEX-1 POWD PO	1	RX/OTC
PHENEX-2 POWD PO	1	RX/OTC
PHENYLADE DRINK MIX POWD PO	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX PACK PO	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX POWD PO	1	RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER PACK PO	1	RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER POWD PO	1	RX/OTC
PHENYLADE GMP MIX DHA/FIBER POWD PO	1	RX/OTC
PHENYLADE GMP MIX-IN PACK PO	1	RX/OTC
PHENYLADE GMP MIX-IN POWD PO	1	RX/OTC
PHENYLADE GMP READY LIQD PO	1	RX/OTC
PHENYLADE GMP ULTRA PACK PO	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PHENYLADE GMP PACK PO	1	RX/OTC
PHENYLADE GMP POWD PO	1	RX/OTC
PHENYLADE RTD PKU 10 LIQD PO	1	RX/OTC
PHENYLADE60 DRINK MIX PACK PO	1	RX/OTC
PHENYLADE60 DRINK MIX POWD PO	1	RX/OTC
PHENYL-FREE 2HP POWD PO	1	RX/OTC
PHENYL-FREE 2 POWD PO	1	RX/OTC
PHLEXY-10 PACK PO	1	RX/OTC
PKU 2 POWD PO	1	RX/OTC
PKU 3 POWD PO	1	RX/OTC
PKU AIR20 GOLD LIQD PO	1	RX/OTC
PKU AIR20 GREEN LIQD PO	1	RX/OTC
PKU AIR20 YELLOW LIQD PO	1	RX/OTC
PKU COOLER 10 LIQD PO	1	RX/OTC
PKU COOLER 15 LIQD PO	1	RX/OTC
PKU COOLER 20 LIQD PO	1	RX/OTC
PKU EASY MICROTABS PLUS TBEC	1	RX/OTC
PKU EASY MICROTABS TBEC	1	RX/OTC
PKU EASY SHAKE & GO POWD PO	1	RX/OTC
PKU EASY TABS PO	1	RX/OTC
PKU EXPLORE10 PACK PO	1	RX/OTC
PKU EXPLORE5 PACK PO	1	RX/OTC
PKU EXPRESS 15 PLUS+ PACK PO	1	RX/OTC
PKU EXPRESS 20 PLUS+ PACK PO	1	RX/OTC
PKU GEL PACK PO	1	RX/OTC
PKU GO PACK PO	1	RX/OTC
PKU LOPHLEX LQ 20 LIQD PO	1	RX/OTC
PKU PERIFLEX EARLY YEARS POWD PO	1	RX/OTC
PKU PERIFLEX JUNIOR PLUS POWD PO	1	RX/OTC
PKU SPHERE 15 PACK PO	1	RX/OTC
PKU SPHERE 20 LIQD PO	1	RX/OTC
PKU SPHERE 20 PACK PO	1	RX/OTC
PKU START POWD PO	1	RX/OTC
PKU TRIO POWD PO	1	RX/OTC
TYR EASY TABS PO	1	RX/OTC
XPHE MAXAMAID POWD PO	1	RX/OTC
XPHE-XTYR MAXAMAID POWD PO	1	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP PO	1	
PANCREAZE CPEP PO 83900 UNIT-54700 UNIT-21000 UNIT	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
PERTZYE CPEP PO	1	PA
SUCRAID PO	1	AL(Up to 20 yrs old); PA
SUCRAID PO	4	Requires EPSDT PA Review; PA
VIOKACE TABS	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	
acetazolamide CP12 PO	1	
acetazolamide TABS PO	1	
dichlorphenamide PO	1	QL(4 EA daily); PA
KEVEYIS PO *(dichlorphenamide)*	1	QL(4 EA daily); PA
methazolamide TABS PO 25 MG	1	QL(12 EA daily); PA
methazolamide TABS PO 50 MG	1	QL(6 EA daily); PA
Diuretic Combinations		
ALDACTAZIDE PO *(spironolactone & hydrochlorothiazide)*	9	MP
amiloride & hydrochlorothiazide PO	1	
MAXZIDE-25 TABS PO *(triamterene & hydrochlorothiazide)*	9	
MAXZIDE TABS PO *(triamterene & hydrochlorothiazide)*	9	
spironolactone & hydrochlorothiazide PO	1	MP
triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS PO	1	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	
bumetanide TABS PO	1	
BUMEX TABS PO 0.5 MG *(bumetanide)*	9	
EDECRIN PO *(ethacrynic acid)*	1	
ethacrynate sodium	1	
ethacrynic acid PO	1	
FUROSCIX CTKT	1	AL(At least 18 yrs old); PA
furosemide SOLN IJ 10 MG/ML	1	
furosemide TABS PO 20 MG	1	QL(30 EA daily); MP
furosemide TABS PO 80 MG	1	QL(8 EA daily); MP
furosemide TABS PO 40 MG	1	QL(15 EA daily); MP
LASIX TABS PO 40 MG *(furosemide)*	1	QL(15 EA daily); MP
LASIX TABS PO 20 MG *(furosemide)*	1	QL(30 EA daily); MP
LASIX TABS PO 80 MG *(furosemide)*	1	QL(8 EA daily); MP
SODIUM EDECRIN *(ethacrynate sodium)*	9	
torsemide TABS PO 100 MG	1	QL(2 EA daily); MP
torsemide TABS PO 5 MG, 10 MG, 20 MG	1	QL(10 EA daily); MP
Osmotic Diuretics		
mannitol 10 %, 20 %, 25 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
Potassium Sparing Diuretics		
ALDACTONE TABS PO *(spironolactone)*	1	MP
amiloride hcl TABS PO	1	
CAROSPIR SUSP *(spironolactone)*	1	QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail); PA
DYRENIUM CAPS PO *(triamterene)*	9	
SPIRONOLACTONE POWD	1	
spironolactone SUSP	1	QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail)
spironolactone TABS PO	1	MP
triamterene CAPS PO	1	
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	1	
chlorthalidone PO 25 MG, 50 MG	1	
DIURIL SUSP PO	1	
hydrochlorothiazide CAPS PO	1	QL(3 EA daily); MP
hydrochlorothiazide TABS PO 12.5 MG	1	
hydrochlorothiazide TABS PO 25 MG, 50 MG	1	QL(3 EA daily); MP
indapamide TABS PO 1.25 MG, 2.5 MG	1	QL(2 EA daily); MP
metolazone PO	1	
SODIUM DIURIL *(chlorothiazide sodium)*	9	
THALITONE PO	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 5 MG	1	QL(2 EA daily); PA
ISTURISA 1 MG	1	QL(8 EA daily); PA
ISTURISA 10 MG	1	QL(6 EA daily); PA
RECORLEV	1	QL(250 EA per 30 day(s) retail; 250 EA per 30 days mail); AL(At least 18 yrs old); PA
Bone Density Regulators		
ACTONEL TABS PO 35 MG *(risedronate sodium)*	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
ACTONEL TABS PO 150 MG *(risedronate sodium)*	2	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
alendronate sodium SOLN PO	1	QL(300 ML per 28 day(s) retail; 300 ML per 28 days mail); PA
alendronate sodium TABS PO 35 MG	1	QL(12 EA per 84 day(s) retail; 12 EA per 84 days mail)
alendronate sodium TABS PO 70 MG	1	QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP
alendronate sodium TABS PO 10 MG	1	QL(1 EA daily); MP
ATELVIA TBEC PO *(risedronate sodium)*	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
BINOSTO TBEF PO	1	PA
calcitonin (salmon) IJ	1	
calcitonin (salmon) NA	1	QL(3.7 ML per 30 day(s) retail; 4 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
EVENITY	1	QL(2.34 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
FORTEO SOPN *(teriparatide)*	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
FOSAMAX PLUS D PO	1	PA
FOSAMAX TABS PO 70 MG *(alendronate sodium)*	1	QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP
ibandronate sodium SOLN	1	QL(3 ML per 90 day(s) retail; 3 ML per 90 days mail); PA
ibandronate sodium TABS PO	1	1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail
MIACALCIN IJ *(calcitonin (salmon))*	1	
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	
PAMIDRONATE DISODIUM SOLN	1	
PROLIA SOSY	1	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
RECLAST SOLN *(zoledronic acid)*	1	QL(100 ML per 365 day(s) retail; 100 ML per 365 days mail)
risedronate sodium TABS PO 5 MG	2	QL(1 EA daily)
risedronate sodium TABS PO 30 MG	1	QL(1 EA daily); PA
risedronate sodium TABS PO 35 MG	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
risedronate sodium TABS PO 150 MG	2	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
risedronate sodium TBEC PO	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
teriparatide SOPN	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TERIPARATIDE SOPN	1	QL(2.48 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TYMLOS	1	QL(1.56 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
XGEVA SOLN	1	Medical Benefit Only
zoledronic acid CONC	1	
zoledronic acid SOLN 5 MG/100ML	1	QL(100 ML per 365 day(s) retail; 100 ML per 365 days mail)
zoledronic acid SOLN 4 MG/100ML	1	
ZOLEDRONIC ACID SOLN	1	
Corticotropin		
ACTHAR GEL AUIJ	1	PA
ACTHAR GEL	1	PA
CORTROPHIN GEL	1	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
NOVAREL IM 5000 UNIT	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
PREGNYL IM	1	AL(At least 4 yrs old - Up to 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
GnRH/LHRH Antagonists		
ORILISSA 200 MG	1	QL(2 EA daily); AL(At least 18 yrs old); PA
ORILISSA 150 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Growth Hormone Receptor Antagonists		
SOMAVERT	1	
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	PA
GENOTROPIN CART SC	1	PA
HUMATROPE CART IJ	1	PA
NGENLA	1	PA
NORDITROPIN FLEXPRO SOPN	1	PA
NUTROPIN AQ NUSPIN 10 SOPN	1	PA
NUTROPIN AQ NUSPIN 20 SOPN	1	PA
NUTROPIN AQ NUSPIN 5 SOPN	1	PA
OMNITROPE SOCT	1	PA
OMNITROPE SOLR SC	1	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA	1	PA
SOGROYA	1	PA
ZOMACTON SOLR SC	1	PA
Hormone Receptor Modulators		
EVISTA PO *(raloxifene hcl)*	9	
EVISTA PO *(raloxifene hcl)*	1	
raloxifene hcl PO	1	
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	1	PA

Drug Name	Drug Tier	Requirements/ Limits
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	1	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); AL(At least 2 yrs old); PA
LUPRON DEPOT-PED (1-MONTH)	1	PA
LUPRON DEPOT-PED (3-MONTH)	1	PA
LUPRON DEPOT-PED (6-MONTH) IM	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
SUPPRELIN LA	1	Medical Benefit Only
SYNAREL	1	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); AL(Up to 16 yrs old); PA
TRIPTODUR	1	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); AL(At least 2 yrs old - Up to 14 yrs old); PA
Menopausal Symptoms Suppressants		
VEOZAH PO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Metabolic Modifiers		
ALDURAZYME	1	PA
AMMONUL *(sod benzoate & sod phenylacetate)*	1	Medical Benefit Only
betaine PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
BRINEURA	1	PA
BUPHENYL POWD PO *(sodium phenylbutyrate)*	1	
BUPHENYL TABS PO *(sodium phenylbutyrate)*	1	
calcitriol CAPS PO	1	
calcitriol SOLN IV	1	Medical Benefit Only
calcitriol SOLN PO	1	
CARBAGLU *(carglumic acid)*	1	Brand Required; PA
carglumic acid	1	Brand Required; PA
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	1	
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	1	
CARNITOR TABS PO *(levocarnitine (metabolic modifiers))*	1	
cinacalcet hcl PO	1	
CRYSVITA	1	AL(At least 1 yrs old); PA
CYSTADANE PO *(betaine)*	1	
doxercalciferol CAPS PO	1	PA
doxercalciferol SOLN	1	
ELAPRASE	1	PA
ELFABRIO	1	AL(At least 18 yrs old); PA
FABRAZYME	1	PA
GALAFOLD	1	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); PA
HECTOROL SOLN *(doxercalciferol)*	9	
HECTOROL SOLN *(doxercalciferol)*	1	
KANUMA	1	Medical Benefit Only
KUVAN PACK *(sapropterin dihydrochloride)*	9	
KUVAN PACK *(sapropterin dihydrochloride)*	1	PA
KUVAN TABS *(sapropterin dihydrochloride)*	1	PA
LAMZEDE	1	PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS PO	1	
LUMIZYME	1	PA
MEPSEVII	1	PA
MYALEPT	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
NAGLAZYME	1	PA
NEXVIAZYME	1	PA
nitisinone CAPS PO	1	
NITYR TABS	1	
NULIBRY	1	PA
OLPRUVA (3 GM DOSE) THPK	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (4 GM DOSE) THPK	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (5 GM DOSE) THPK	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (6 GM DOSE) THPK	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (6.67 GM DOSE) THPK	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OPFOLDA	1	AL(At least 18 yrs old); PA
ORFADIN CAPS PO *(nitisinone)*	1	
ORFADIN SUSP	1	
PALYNZIQ 10 MG/0.5ML	1	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); PA
PALYNZIQ 2.5 MG/0.5ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
PALYNZIQ 20 MG/ML	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
paricalcitol CAPS PO	1	QL(1 EA daily); AL(At least 10 yrs old); PA
paricalcitol SOLN	1	AL(At least 10 yrs old); PA
PARSABIV 2.5 MG/0.5ML, 10 MG/2ML	1	PA
PARSABIV 5 MG/ML	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); PA
PHEBURANE PLLT	1	QL(1218 GM per 30 day(s) retail; 1218 GM per 30 days mail); PA
POMBILITI	1	AL(At least 18 yrs old); PA
RAVICTI PO	1	QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
RAYALDEE	1	QL(1 EA daily); PA
REVCOVI	1	PA
ROCALTROL CAPS PO *(calcitriol)*	9	
ROCALTROL SOLN PO *(calcitriol)*	1	
sapropterin dihydrochloride PACK	1	PA
sapropterin dihydrochloride TABS	1	PA
SENSIPAR PO 30 MG, 90 MG *(cinacalcet hcl)*	1	
SENSIPAR PO 60 MG *(cinacalcet hcl)*	9	
sod benzoate & sod phenylacetate	1	Medical Benefit Only
sodium phenylbutyrate POWD PO	1	
sodium phenylbutyrate TABS PO	1	
STRENSIQ	1	PA
VIMIZIM	1	Medical Benefit Only
XENPOZYME	1	PA
XPHOZAH	1	QL(2 EA daily); AL(At least 18 yrs old); PA
YORVIPATH	1	AL(At least 18 yrs old); PA
ZEMPLAR CAPS PO 1 MCG, 2 MCG *(paricalcitol)*	1	QL(1 EA daily); AL(At least 10 yrs old); PA
ZEMPLAR SOLN 2 MCG/ML *(paricalcitol)*	9	
ZEMPLAR SOLN 5 MCG/ML *(paricalcitol)*	1	AL(At least 10 yrs old); PA
Mineralocorticoid Receptor Antagonists		
KERENDIA PO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(desmopressin acetate)*	1	
DDAVP SOLN IJ 4 MCG/ML *(desmopressin acetate)*	1	
DDAVP TABS PO 0.2 MG *(desmopressin acetate)*	1	QL(6 EA daily)
DDAVP TABS PO 0.1 MG *(desmopressin acetate)*	1	
desmopressin acetate spray	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate spray refrigerated 0.01 %	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate SOLN IJ	1	
desmopressin acetate TABS PO 0.1 MG	1	
desmopressin acetate TABS PO 0.2 MG	1	QL(6 EA daily)
NOCDURNA SUBL	1	QL(1 EA daily); PA
VASOPRESSIN-SODIUM CHLORIDE SOLN	1	
vasopressin SOLN IV	1	Medical Benefit Only
VASOSTRICT SOLN IV *(vasopressin)*	1	Medical Benefit Only
VASOSTRICT SOLN	1	
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	1	Medical Benefit Only
mifepristone	1	Medical Benefit Only
Prolactin Inhibitors		
cabergoline PO	1	
Somatostatic Agents		
lanreotide acetate	1	QL(0.5 ML per 28 day(s) retail)
LANREOTIDE ACETATE	1	QL(0.5 ML per 28 day(s) retail)
MYCAPSSA CPDR	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
octreotide acetate KIT 30 MG	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
octreotide acetate KIT 20 MG	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
octreotide acetate SOLN	1	
octreotide acetate SOSY	1	
SANDOSTATIN LAR DEPOT KIT 20 MG *(octreotide acetate)*	9	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT 20 MG *(octreotide acetate)*	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	9	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(octreotide acetate)*	1	
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(octreotide acetate)*	9	

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Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
SIGNIFOR LAR	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOMATULINE DEPOT 120 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
SOMATULINE DEPOT 90 MG/0.3ML	1	QL(0.3 ML per 28 day(s) retail)
SOMATULINE DEPOT 60 MG/0.2ML	1	QL(0.2 ML per 28 day(s) retail)
Vasopressin Receptor Antagonists		
JYNARQUE TABS	1	QL(2 EA daily)
JYNARQUE TBPK	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
SAMSCA TABS *(tolvaptan)*	1	QL(2 EA daily)
tolvaptan TABS	1	QL(2 EA daily)
VAPRISOL	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS PO 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	1	
ANGELIQ	1	
BIJUVA	1	QL(1 EA daily); PA
CLIMARA PRO	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
COMBIPATCH PTTW	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
DUAVEE	1	QL(1 EA daily); PA
estradiol & norethindrone acetate TABS PO	1	
MYFEMBREE	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
norethindrone acetate-ethinyl estradiol PO	1	
ORIAHNN	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PREMPHASE PO	1	
PREMPRO PO	1	
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	9	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
DELESTROGEN *(estradiol valerate)*	1	
DEPO-ESTRADIOL	1	
DIVIGEL GEL 0.5 MG/0.5GM *(estradiol)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old)
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM *(estradiol)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
DIVIGEL GEL 1.25 MG/1.25GM *(estradiol)*	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
ELESTRIN GEL	1	QL(52 GM per 30 day(s) retail; 52 GM per 30 days mail); AL(Up to 65 yrs old)
ESTRACE TABS PO *(estradiol)*	1	
estradiol valerate	1	
estradiol GEL 1.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail)
estradiol GEL	1	
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
estradiol PTTW	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
estradiol PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
estradiol TABS PO	1	
ESTROGEL GEL *(estradiol)*	9	
EVAMIST SOLN	1	QL(8.1 ML per 55 day(s) retail; 8 ML per 55 days mail)
MENEST PO	1	
MENOSTAR PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
MINIVELLE PTTW *(estradiol)*	9	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
MINIVELLE PTTW *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
PREMARIN SOLR	1	
PREMARIN TABS PO	1	
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
VIVELLE-DOT PTTW *(estradiol)*	9	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	1	QL(2 EA daily); PA
BAXDELA TABS	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); PA
ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG	1	
ciprofloxacin in d5w	1	
ciprofloxacin SUSR PO	1	AL(Up to 6 yrs old)
CIPRO SUSR PO	1	AL(Up to 6 yrs old)
CIPRO TABS PO 250 MG, 500 MG *(ciprofloxacin hcl)*	1	
levofloxacin in d5w	1	
levofloxacin SOLN PO	1	AL(Up to 6 yrs old)
levofloxacin TABS PO 750 MG	1	QL(1 EA daily)
levofloxacin TABS PO 250 MG, 500 MG	1	
moxifloxacin hcl in sodium chloride	1	
MOXIFLOXACIN HCL SOLN 400 MG/250ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
moxifloxacin hcl TABS PO	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail)
ofloxacin PO 300 MG, 400 MG	1	QL(2 EA daily); PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY PO	1	QL(1 EA daily); PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE PO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM	1	QL(4 EA daily); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	1	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
CHENODAL PO	1	
RELTONE CAPS PO	1	PA
URSO 250 TABS PO *(ursodiol)*	9	
URSO FORTE TABS PO *(ursodiol)*	1	
ursodiol CAPS PO	1	
ursodiol TABS PO	1	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) PO	1	
GASTROCROM PO *(cromolyn sodium (mastocytosis))*	9	
GASTROCROM PO *(cromolyn sodium (mastocytosis))*	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA PO *(lubiprostone)*	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
lubiprostone PO	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	1	QL(9.8 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 18 yrs old - Up to 65 yrs old); PA
METOCLOPRAMIDE HCL MONOHYDRATE	1	
METOCLOPRAMIDE HCL POWD	1	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	
metoclopramide hcl TABS PO	1	
REGLAN TABS PO *(metoclopramide hcl)*	1	
Hepatotropics		
REZDIFFRA	1	AL(At least 18 yrs old); PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	1	PA
BYLVAY CAPS	1	PA
LIVMARLI 19 MG/ML	1	PA
LIVMARLI 9.5 MG/ML	1	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); PA
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
ASACOL HD TBEC PO *(mesalamine)*	9	QL(6 EA daily)
AVSOLA	1	PA
AZULFIDINE EN-TABS TBEC PO *(sulfasalazine)*	1	
AZULFIDINE TABS PO *(sulfasalazine)*	1	
AZULFIDINE TABS PO *(sulfasalazine)*	9	
balsalazide disodium CAPS PO	1	QL(9 EA daily); AL(At least 5 yrs old)
CANASA SUPP PR *(mesalamine)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
CIMZIA (2 SYRINGE) PSKT	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
CIMZIA KIT	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
CIMZIA-STARTER PSKT	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
COLAZAL CAPS PO *(balsalazide disodium)*	1	QL(9 EA daily); AL(At least 5 yrs old)
DELZICOL CPDR PO *(mesalamine)*	1	QL(6 EA daily)
DIPENTUM PO	1	QL(4 EA daily)
ENTYVIO PEN SOAJ	1	QL(1.36 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ENTYVIO SOLR	1	PA
INFLECTRA SOLR	2	
INFLIXIMAB	1	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA
LIALDA TBEC PO *(mesalamine)*	9	QL(4 EA daily)
LIALDA TBEC PO *(mesalamine)*	1	QL(4 EA daily)
mesalamine w/ cleanser PR	1	PA
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR PO	1	Brand Required; QL(8 EA daily); PA
mesalamine CPDR PO	1	QL(6 EA daily)
mesalamine ENEM PR	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail)
mesalamine SUPP PR	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
mesalamine TBEC PO 800 MG	1	QL(6 EA daily); PA
mesalamine TBEC PO 1.2 GM	1	QL(4 EA daily)
OMVOH SOAJ	1	PA
OMVOH SOLN	1	QL(15 ML per 28 day(s) retail; 15 ML per 28 days mail); PA
OMVOH SOSY	1	PA
PENTASA CPCR PO 250 MG	1	QL(16 EA daily)
PENTASA CPCR PO *(mesalamine)*	1	Brand Required; QL(8 EA daily)
REMICADE	1	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA
RENFLEXIS	1	PA
ROWASA PR *(mesalamine w/ cleanser)*	1	PA
SFROWASA ENEM PR	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOCT 180 MG/1.2ML	1	QL(1.2 ML per 55 day(s) retail; 1 ML per 55 days mail); PA
SKYRIZI SOCT 360 MG/2.4ML	1	QL(2.4 ML per 55 day(s) retail; 2 ML per 55 days mail); PA
SKYRIZI SOLN	1	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
STELARA 130 MG/26ML	1	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
SULFASALAZINE POWD	1	
sulfasalazine TABS PO	1	
sulfasalazine TBEC PO	1	
VELSIPITY	1	QL(1 EA daily); PA
ZYMFENTRA (1 PEN) AJKT	1	PA
ZYMFENTRA (2 PEN) AJKT	1	PA
ZYMFENTRA (2 SYRINGE) PSKT	1	PA
Intestinal Acidifiers		
lactulose (encephalopathy) PO	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl PO	1	QL(2 EA daily)
IBSRELA	1	QL(2 EA daily); AL(At least 18 yrs old); PA
LINZESS	1	QL(1 EA daily); AL(At least 6 yrs old); PA
LOTRONEX PO *(alosetron hcl)*	1	QL(2 EA daily)
VIBERZI	1	QL(2 EA daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
Live Fecal Microbiota		
REBYOTA	1	Medical Benefit Only
VOWST	1	QL(4 EA daily); AL(At least 18 yrs old); PA
Peripheral Opioid Receptor Antagonists		
alvimopan PO	1	Medical Benefit Only
ENTEREG PO *(alvimopan)*	1	Medical Benefit Only
MOVANTIK PO	1	QL(1 EA daily); PA
RELISTOR SOLN 12 MG/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail); AL(At least 18 yrs old); PA
RELISTOR SOLN 8 MG/0.4ML	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); AL(At least 18 yrs old); PA
RELISTOR TABS	1	QL(3 EA daily); AL(At least 18 yrs old); PA
SYMPROIC PO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	1	AL(At least 18 yrs old); PA
LIVDELZI	1	AL(At least 18 yrs old); PA
Phosphate Binder Agents		
AURYXIA	1	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); AL(At least 19 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) CAPS PO	1	
calcium acetate (phosphate binder) TABS PO	1	RX/OTC
FOSRENOL CHEW PO *(lanthanum carbonate)*	1	Brand Required
FOSRENOL CHEW PO *(lanthanum carbonate)*	9	Brand Required
FOSRENOL PACK	1	Brand Required
lanthanum carbonate CHEW PO	1	Brand Required; PA
RENAGEL PO *(sevelamer hcl)*	9	
RENVELA PACK *(sevelamer carbonate)*	9	
RENVELA PACK *(sevelamer carbonate)*	1	
RENVELA TABS PO *(sevelamer carbonate)*	1	
sevelamer carbonate PACK	1	
sevelamer carbonate TABS PO	1	
sevelamer hcl PO	1	PA
VELPHORO	2	
Short Bowel Syndrome (SBS) Agents		
GATTEX	1	QL(1 EA per fill retail); PA
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE *(etomidate)*	1	
AMIDATE *(etomidate)*	9	
DIPRIVAN EMUL *(propofol)*	1	
DIPRIVAN EMUL	1	
DIPRIVAN EMUL *(propofol)*	9	
etomidate	1	
KETALAR SOLN IJ *(ketamine hcl)*	1	Medical Benefit Only
ketamine hcl SOLN IJ	1	Medical Benefit Only
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	1	
propofol EMUL 1000 MG/100ML	1	Medical Benefit Only
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR 500 MG *(methohexital sodium)*	1	
Volatile Anesthetics		
desflurane	1	
FORANE *(isoflurane)*	1	
isoflurane	1	
sevoflurane	1	
SUPRANE *(desflurane)*	1	
SUPRANE *(desflurane)*	9	
ULTANE *(sevoflurane)*	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 PO	1	
Alkalinizers		
ORACIT PO	1	
ORAL CITRATE PO	1	
potassium citrate (alkalinizer) TBCR PO	1	
potassium citrate-citric acid SOLN PO	1	PA; RX/OTC
sodium citrate & citric acid PO	1	RX/OTC
UROCIT-K 10 TBCR PO *(potassium citrate (alkalinizer))*	1	

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Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 15 TBCR PO *(potassium citrate (alkalinizer))*	1	
UROCIT-K 5 TBCR PO *(potassium citrate (alkalinizer))*	1	
Cystinosis Agents		
CYSTAGON CAPS PO	1	
PROCYSBI CPDR PO	1	PA
PROCYSBI PACK	1	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	
glycine (gu irrigant) SOLN 1.5 %	1	
neomycin/polymyxin b gu	1	
sodium chloride (gu irrigant) 0.9 %	1	
SORBITOL 3 %	1	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	
Hyperoxaluria Agents		
OXLUMO	1	PA
RIVFLOZA SOLN	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 yrs old - Up to 11 yrs old); PA
RIVFLOZA SOSY 160 MG/ML	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 yrs old); PA
RIVFLOZA SOSY 128 MG/0.8ML	1	AL(At least 9 yrs old); PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	1	QL(1 EA daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
Interstitial Cystitis Agents		
ELMIRON CAPS PO	1	
RIMSO-50	1	
Prostatic Hypertrophy Agents		
alfuzosin hcl PO	1	QL(1 EA daily); MP
AVODART PO *(dutasteride)*	9	QL(1 EA daily); MP
AVODART PO *(dutasteride)*	1	QL(1 EA daily); MP
CARDURA XL	2	ST
dutasteride PO	1	QL(1 EA daily); MP
dutasteride-tamsulosin hcl PO	2	ST
finasteride PO	1	QL(1 EA daily); MP
FLOMAX PO *(tamsulosin hcl)*	1	QL(2 EA daily); MP
JALYN PO *(dutasteride-tamsulosin hcl)*	9	ST
PROSCAR PO *(finasteride)*	1	QL(1 EA daily); MP
RAPAFLO PO *(silodosin)*	2	ST
RAPAFLO PO 8 MG *(silodosin)*	9	ST
silodosin PO	2	ST
tamsulosin hcl PO	1	QL(2 EA daily); MP
UROXATRAL PO *(alfuzosin hcl)*	9	QL(1 EA daily); MP
Urinary Stone Agents		
LITHOSTAT	1	
THIOLA EC TBEC *(tiopronin)*	1	
THIOLA TABS *(tiopronin)*	1	QL(3 EA daily)
tiopronin TABS	1	QL(3 EA daily); PA
tiopronin TBEC	1	PA
GOUT AGENTS - Drugs to Treat Gout		

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Drug Name	Drug Tier	Requirements/ Limits
Gout Agent Combinations		
colchicine w/ probenecid PO	1	
Gout Agents		
allopurinol PO 100 MG, 300 MG	1	
allopurinol PO 200 MG	1	PA
allopurinol sodium	1	Medical Benefit Only
ALOPRIM *(allopurinol sodium)*	1	Medical Benefit Only
colchicine CAPS	1	QL(2 EA daily)
colchicine TABS PO	1	QL(2 EA daily)
COLCRYS TABS PO *(colchicine)*	1	QL(2 EA daily)
febuxostat	1	QL(1 EA daily); PA
GLOPERBA SOLN PO	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
KRYSTEXXA	1	Medical Benefit Only
MITIGARE CAPS *(colchicine)*	1	QL(2 EA daily)
ULORIC *(febuxostat)*	1	QL(1 EA daily); PA
ZYLOPRIM PO *(allopurinol)*	9	
Uricosurics		
probenecid PO	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	1	PA
Antihemophilic Products		
ADVATE	1	
ADYNOVATE	1	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	1	PA
ALPHANATE SOLR	1	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	
ALPROLIX	1	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	1	PA
BALFAXAR	1	Medical Benefit Only
BENEFIX KIT	1	
BEQVEZ	1	AL(At least 18 yrs old); PA
COAGADEX	1	PA
CORIFACT	1	PA
ELOCTATE	1	PA
ESPEROCT	1	PA
FEIBA	1	PA
FIBRYGA	1	
HEMGENIX	1	QL(1 EA per fill retail); AL(At least 19 yrs old); PA
HEMLIBRA	1	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	1	
HUMATE-P SOLR	1	
HYMPAVZI	1	AL(At least 12 yrs old); PA
IDELVION	1	PA
IXINITY SOLR	1	
JIVI	1	PA
KCENTRA	1	
KOATE SOLR	1	

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Drug Name	Drug Tier	Requirements/ Limits
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	1	
KOVALTRY	1	
NOVOEIGHT	1	
NOVOSEVEN RT	1	PA
NUWIQ KIT	1	
OBIZUR	1	PA
PROFILNINE	1	
REBINYN	1	PA
RECOMBINATE SOLR	1	
RIASTAP	1	
RIXUBIS SOLR	1	
ROCTAVIAN	1	QL(1 EA per fill retail); AL(At least 18 yrs old); PA
SEVENFACT	1	PA
TRETTEN	1	PA
VONVENDI	1	
WILATE KIT	1	
XYNTHA	1	
XYNTHA SOLOFUSE	1	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	1	PA
icatibant acetate SOSY	1	PA
Complement Inhibitors		
BERINERT KIT	1	PA
CINRYZE SOLR IV	1	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); PA
EMPAVELI	1	QL(160 ML per 28 day(s) retail; 160 ML per 28 days mail); AL(At least 18 yrs old); PA
ENJAYMO	1	AL(At least 18 yrs old); PA
FABHALTA	1	QL(2 EA daily); AL(At least 18 yrs old); PA
HAEGARDA SOLR SC	1	PA
PIASKY	1	Medical Benefit Only
RUCONEST	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOLIRIS	1	PA
TAVNEOS	1	QL(6 EA daily); AL(At least 18 yrs old); PA
ULTOMIRIS	1	PA
VEOPOZ	1	QL(16 ML per 28 day(s) retail; 16 ML per 28 days mail); AL(At least 1 yrs old); PA
VOYDEYA TABS	1	PA
VOYDEYA TBPK	1	PA
ZILBRYSQ 23 MG/0.574ML, 32.4 MG/0.81ML	1	AL(At least 18 yrs old); PA
ZILBRYSQ 16.6 MG/0.416ML	1	QL(11.648 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 18 yrs old); PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	1	QL(2 EA daily); PA
Hematological Enzymes - Misc		
ADZYNMA	1	PA
Hematorheologic Agents		
pentoxifylline PO	1	
Hemin		
PANHEMATIN 350 MG	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
Human Protein C		
CEPROTIN	1	
Plasma Expanders		
dextran 40 in d5w	1	
dextran 40 in saline	1	
HESPAN *(hetastarch (hes /0.7 or /0.75) in sodium chloride)*	9	
hetastarch (hes /0.7 or /0.75) in sodium chloride	1	
HEXTEND	1	
Plasma Kallikrein Inhibitors		
KALBITOR	1	PA
ORLADEYO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOSY 300 MG/2ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOSY 150 MG/ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
Plasma Proteins		
ALBUKED 25	1	
ALBUKED 5	1	
ALBUMIN HUMAN	1	
ALBUMINEX	1	
ALBURX	1	
ALBUTEIN	1	
FLEXBUMIN	1	
KEDBUMIN	1	
OCTAPLAS BLOOD GROUP A	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP AB	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP B	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP O	1	Medical Benefit Only
RYPLAZIM	1	PA
THROMBATE III 500 UNIT	1	
Platelet Aggregation Inhibitors		
AGGRASTAT 3.75 MG/15ML	1	
AGGRASTAT *(tirofiban hcl in sodium chloride)*	1	
AGRYLIN PO 0.5 MG *(anagrelide hcl)*	1	
anagrelide hcl PO	1	
aspirin-dipyridamole PO	1	QL(2 EA daily); AL(At least 18 yrs old); PA
BRILINTA PO 60 MG	1	QL(2 EA daily)
BRILINTA PO 90 MG	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail)
CABLIVI	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
cilostazol PO	1	
clopidogrel bisulfate PO	1	QL(1 EA daily); MP
dipyridamole PO	1	QL(4 EA daily); MP
EFFIENT PO *(prasugrel hcl)*	1	QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
eptifibatide	1	
eptifibatide 75 MG/100ML	1	Medical Benefit Only
KENGREAL	1	Medical Benefit Only
PLAVIX PO 75 MG *(clopidogrel bisulfate)*	1	QL(1 EA daily); MP
prasugrel hcl PO	1	QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail)
tirofiban hcl in sodium chloride	1	
Protamine		
protamine sulfate	1	
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	1	QL(7 EA per fill retail); AL(At least 18 yrs old); PA
PYRUKYND TAPER PACK TBPK	1	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA
PYRUKYND TABS	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 18 yrs old); PA
Thrombolytic Agent - Misc		
DEFITELIO	1	Medical Benefit Only
Thrombolytic Enzymes		
ACTIVASE IV	1	
CATHFLO ACTIVASE IJ	1	
RETAVASE	1	Medical Benefit Only
TNKASE	1	Medical Benefit Only
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
CEREZYME 400 UNIT	1	PA
ELELYSO	1	PA
miglustat	1	Brand Required; QL(3 EA daily); PA
VPRIV	1	PA
ZAVESCA *(miglustat)*	1	Brand Required; QL(3 EA daily); PA
ZAVESCA *(miglustat)*	9	Brand Required; QL(3 EA daily)
Agents for Sickle Cell Disease		
ADAKVEO	1	PA
CASGEVY	1	Medical Benefit Only
DROXIA CAPS	1	
ENDARI *(glutamine (sickle cell))*	1	AL(At least 5 yrs old); PA
ENDARI *(glutamine (sickle cell))*	9	
glutamine (sickle cell)	1	AL(At least 5 yrs old); PA
LYFGENIA	1	Medical Benefit Only
SIKLOS TABS	1	AL(At least 2 yrs old); PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	AL(Up to 20 yrs old)
hydroxocobalamin acetate SOLN	1	AL(Up to 20 yrs old)
Folic Acid/Folates		
folic acid SOLN	1	
folic acid TABS PO 1 MG	1	RX/OTC
Hematopoietic Gene Therapy		

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Drug Name	Drug Tier	Requirements/ Limits
ZYNTEGLO	1	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Hematopoietic Growth Factors		
ALVAIZ	1	AL(At least 6 yrs old); PA
ARANESP (ALBUMIN FREE) SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML	1	QL(1.2 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	1	QL(1.68 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
DOPTELET	1	PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	PA
FULPHILA	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
FYLNETRA	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
GRANIX SOLN 480 MCG/1.6ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
GRANIX SOLN 300 MCG/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
GRANIX SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
GRANIX SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
JESDUVROQ 8 MG	1	QL(3 EA daily); AL(At least 18 yrs old); PA
JESDUVROQ 6 MG	1	QL(2 EA daily); AL(At least 18 yrs old); PA
JESDUVROQ 1 MG, 2 MG, 4 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
LEUKINE SOLR IJ	1	
MULPLETA	1	QL(7 EA per fill retail); PA
NEULASTA ONPRO PSKT	1	Medical Benefit Only
NEULASTA SOSY	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
NEUPOGEN SOLN 300 MCG/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
NEUPOGEN SOLN 480 MCG/1.6ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
NEUPOGEN SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
NIVESTYM SOLN 300 MCG/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
NIVESTYM SOLN 480 MCG/1.6ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
NIVESTYM SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
NIVESTYM SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
NPLATE	1	
NYVEPRIA	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
PROCRIT	1	PA
PROCRIT	1	PA
PROMACTA PACK	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
PROMACTA TABS PO	1	QL(1 EA daily)
REBLOZYL	1	PA
RELEUKO SOLN 480 MCG/1.6ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
RELEUKO SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
RELEUKO SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
RETACRIT	1	PA
ROLVEDON	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
STIMUFEND	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
UDENYCA ONBODY SOSY	1	Medical Benefit Only
UDENYCA SOAJ	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
UDENYCA SOSY	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
VAFSEO	1	AL(At least 18 yrs old); PA
ZARXIO 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ZARXIO 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
ZIEXTENZO	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
Iron		
ACCRUFER	1	AL(At least 18 yrs old); PA
FERAHEME *(ferumoxytol)*	9	
FERAHEME *(ferumoxytol)*	1	Medical Benefit Only
FER-IN-SOL SOLN PO *(ferrous sulfate)*	9	

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Drug Name	Drug Tier	Requirements/ Limits
FERRLECIT *(sodium ferric gluconate complex in sucrose)*	9	
FERRLECIT *(sodium ferric gluconate complex in sucrose)*	1	Medical Benefit Only
ferrous sulfate SOLN PO 15 MG/ML	4	Requires EPSDT PA Review; AL(Up to 2 yrs old); PA
ferumoxytol	1	Medical Benefit Only
INFED	1	Medical Benefit Only
INJECTAFER	1	Medical Benefit Only
MONOFERRIC	1	Medical Benefit Only
sodium ferric gluconate complex in sucrose	1	Medical Benefit Only
VENOFER	1	Medical Benefit Only
Stem Cell Mobilizers		
APHEXDA	1	PA
MOZOBIL *(plerixafor)*	1	QL(1.2 ML daily); PA
plerixafor	1	QL(1.2 ML daily); PA
XOLREMDI	1	AL(At least 12 yrs old); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN PO *(aminocaproic acid)*	9	
AMICAR TABS PO *(aminocaproic acid)*	9	
aminocaproic acid SOLN PO 0.25 GM/ML	1	
aminocaproic acid TABS PO	1	
CYKLOKAPRON SOLN *(tranexamic acid)*	9	
CYKLOKAPRON SOLN *(tranexamic acid)*	1	
LYSTEDA TABS PO *(tranexamic acid)*	9	
TRANEXAMIC ACID-NACL *(tranexamic acid-sodium chloride)*	1	
tranexamic acid-sodium chloride	1	
tranexamic acid SOLN 1000 MG/10ML	1	
tranexamic acid TABS PO	1	
Hemostatics - Topical		
ARTISS KIT	1	
RECOTHROM	1	Medical Benefit Only
RECOTHROM SPRAY KIT	1	Medical Benefit Only
TACHOSIL	1	Medical Benefit Only
THROMBIN-JMI EPISTAXIS KIT	1	
THROMBIN-JMI KIT	1	
THROMBIN-JMI SOLR	1	
TISSEEL KIT	1	Medical Benefit Only
TISSEEL SOLN	1	Medical Benefit Only
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
NEMBUTAL SOLN *(pentobarbital sodium)*	9	
pentobarbital sodium SOLN	1	AL(At least 19 yrs old)
phenobarbital sodium SOLN	1	
phenobarbital ELIX PO	1	
phenobarbital TABS PO	1	
SEZABY SOLR	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep) PO	1	QL(1 EA daily); AL(At least 19 yrs old); PA
SILENOR PO *(doxepin hcl (sleep))*	9	QL(1 EA daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR PO *(zolpidem tartrate)*	2	QL(1 EA daily); AL(At least 19 yrs old)
AMBIEN TABS PO *(zolpidem tartrate)*	1	QL(1 EA daily); AL(At least 19 yrs old)
BYFAVO	1	Medical Benefit Only
dexmedetomidine hcl in sodium chloride SOLN	1	Medical Benefit Only
dexmedetomidine hcl in sodium chloride SOLN 80 MCG/20ML	1	
DEXMEDETOMIDINE HCL-DEXTROSE	1	
dexmedetomidine hcl SOLN	1	
DEXMEDETOMIDINE HCL SOLN *(dexmedetomidine hcl)*	1	
DORAL PO *(quazepam)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
DORAL PO *(quazepam)*	9	QL(1 EA daily)
EDLUAR SUBL	1	QL(1 EA daily); AL(At least 19 yrs old); PA
estazolam PO	1	QL(1 EA daily); AL(At least 19 yrs old)
eszopiclone PO	1	QL(1 EA daily); AL(At least 19 yrs old)
flurazepam hcl PO	1	QL(1 EA daily); AL(At least 19 yrs old)
HALCION PO 0.25 MG *(triazolam)*	9	QL(1 EA daily)
HALCION PO 0.25 MG *(triazolam)*	1	QL(1 EA daily); AL(At least 19 yrs old)
IGALMI FILM	1	Medical Benefit Only
LUNESTA PO *(eszopiclone)*	1	QL(1 EA daily); AL(At least 19 yrs old)
LUNESTA PO *(eszopiclone)*	9	QL(1 EA daily)
midazolam hcl SOLN IJ	1	
midazolam hcl SYRP PO	1	
midazolam-sodium chloride	1	
MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)*	1	
MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)*	9	
MIDAZOLAM-SODIUM CHLORIDE (PF)	1	
PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)*	1	
PRECEDEX SOLN	1	
PRECEDEX SOLN 200 MCG/50ML, 400 MCG/100ML *(dexmedetomidine hcl in sodium chloride)*	1	Medical Benefit Only
PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)*	9	
quazepam PO	1	QL(1 EA daily); AL(At least 19 yrs old); PA
RESTORIL PO 7.5 MG, 22.5 MG *(temazepam)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
RESTORIL PO 15 MG, 30 MG *(temazepam)*	1	QL(1 EA daily); AL(At least 19 yrs old)
temazepam PO 7.5 MG, 22.5 MG	1	QL(1 EA daily); AL(At least 19 yrs old); PA

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temazepam PO 15 MG, 30 MG	1	QL(1 EA daily); AL(At least 19 yrs old)
triazolam PO	1	QL(1 EA daily); AL(At least 19 yrs old)
zaleplon PO	1	QL(2 EA daily); AL(At least 19 yrs old)
ZOLPIDEM TARTRATE CAPS	1	QL(1 EA daily); AL(At least 19 yrs old); PA
zolpidem tartrate SUBL	1	QL(1 EA daily); AL(At least 19 yrs old); PA
zolpidem tartrate TABS PO	1	QL(1 EA daily); AL(At least 19 yrs old)
zolpidem tartrate TBCR PO	2	QL(1 EA daily); AL(At least 19 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	3	QL(1 EA daily); AL(At least 19 yrs old)
DAYVIGO	3	QL(1 EA daily); AL(At least 19 yrs old)
QUVIVIQ	1	QL(1 EA daily); AL(At least 19 yrs old); PA
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	1	AL(At least 3 yrs old - Up to 15 yrs old); PA
HETLIOZ CAPS *(tasimelteon)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
ramelteon PO	1	Brand Required; QL(1 EA daily); AL(At least 19 yrs old); PA
ROZEREM PO *(ramelteon)*	1	Brand Required; QL(1 EA daily); AL(At least 19 yrs old)
tasimelteon CAPS	1	QL(1 EA daily); AL(At least 19 yrs old); PA
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	1	QL(350 ML per fill retail); PA
GOLYTELY SOLR PO *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	1	QL(4000 ML per fill retail)
MOVIPREP PO *(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	1	QL(1 EA per fill retail)
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid PO	1	QL(1 EA per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 236 GM	1	QL(4000 ML per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 240 GM	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride PO	1	QL(4000 ML per fill retail)
PLENVU PO	1	QL(3 EA per fill retail); PA
sodium sulfate-potassium sulfate-magnesium sulfate	1	QL(354 ML per fill retail); PA
SUFLAVE	1	QL(2 EA per fill retail); PA
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	1	QL(354 ML per fill retail); PA
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	9	QL(354 ML per fill retail)
SUTAB PO	1	QL(24 EA per fill retail); PA
Laxatives - Miscellaneous		

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Drug Name	Drug Tier	Requirements/ Limits
KRISTALOSE PACK PO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
KRISTALOSE PACK PO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
lactulose SOLN PO	1	
MIRALAX MIX-IN PAX PACK PO *(polyethylene glycol 3350)*	9	
MIRALAX PACK PO *(polyethylene glycol 3350)*	9	
MIRALAX POWD PO *(polyethylene glycol 3350)*	9	QL(1581 GM per 30 day(s) retail; 1581 GM per 30 days mail)
polyethylene glycol 3350 PACK PO	1	AL(Up to 20 yrs old)
polyethylene glycol 3350 POWD PO	1	QL(1581 GM per 30 day(s) retail; 1581 GM per 30 days mail); AL(Up to 20 yrs old)
Stimulant Laxatives		
FLEET BISACODYL ENEM	4	Requires EPSDT PA Review; QL(1110 ML per 30 day(s) retail; 1110 ML per 30 days mail); AL(Up to 20 yrs old); PA
Surfactant Laxatives		
benzocaine-docusate sodium ENEM PR	4	Requires EPSDT PA Review; QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); AL(Up to 20 yrs old); PA
docusate sodium ENEM PR 283 MG/5ML	4	Requires EPSDT PA Review; QL(150 ML per 30 day(s) retail); AL(Up to 20 yrs old); PA
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %	1	
lidocaine w/ epinephrine SOLN	1	
MARCAINE/EPINEPHRINE PF SOLN *(bupivacaine w/ epinephrine)*	9	
MARCAINE/EPINEPHRINE PF SOLN *(bupivacaine w/ epinephrine)*	1	
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % *(bupivacaine w/ epinephrine)*	1	
SENSORCAINE-MPF/EPINEPHRINE SOLN	1	
XYLOCAINE/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	9	
XYLOCAINE/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	
XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	9	
XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	

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Drug Name	Drug Tier	Requirements/ Limits
XYLOCAINE-MPF/EPINEPHRINE SOLN	1	
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	1	
bupivacaine hcl SOLN IJ	1	
bupivacaine in dextrose SOLN	1	
EXPAREL	1	Medical Benefit Only
lidocaine hcl (local anesth.) SOLN	1	
MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)*	1	
MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)*	9	
MARCAINE SPINAL SOLN *(bupivacaine in dextrose)*	1	
MARCAINE SOLN IJ *(bupivacaine hcl)*	1	
MARCAINE SOLN IJ 0.5 %, 0.75 % *(bupivacaine hcl)*	9	
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	1	
NAROPIN SOLN IJ *(ropivacaine hcl)*	1	
NAROPIN SOLN IJ *(ropivacaine hcl)*	9	
ropivacaine hcl SOLN IJ	1	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(lidocaine hcl (local anesth.))*	9	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(lidocaine hcl (local anesth.))*	1	
XYLOCAINE SOLN 1 %, 2 % *(lidocaine hcl (local anesth.))*	1	
Local Anesthetics - Esters		
chloroprocaine hcl IJ	1	
CLOROTEKAL IT	1	
NESACAINE IJ 1 %, 2 %	1	
NESACAINE-MPF IJ *(chloroprocaine hcl)*	9	
NESACAINE-MPF IJ *(chloroprocaine hcl)*	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK PO	1	
azithromycin SOLR	1	
azithromycin SUSR PO 100 MG/5ML	1	QL(45 ML per fill retail)
azithromycin SUSR PO 200 MG/5ML	1	QL(12 ML daily)
azithromycin TABS PO	1	
ZITHROMAX TRI-PAK TABS PO *(azithromycin)*	1	
ZITHROMAX Z-PAK TABS PO *(azithromycin)*	1	
ZITHROMAX PACK PO	1	
ZITHROMAX SOLR *(azithromycin)*	9	
ZITHROMAX SOLR *(azithromycin)*	1	
ZITHROMAX SUSR PO 200 MG/5ML *(azithromycin)*	1	QL(12 ML daily)
ZITHROMAX SUSR PO 100 MG/5ML *(azithromycin)*	1	QL(45 ML per fill retail)
ZITHROMAX TABS PO 250 MG, 500 MG *(azithromycin)*	1	
ZITHROMAX TABS PO 500 MG *(azithromycin)*	9	

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Drug Name	Drug Tier	Requirements/ Limits
Clarithromycin		
clarithromycin SUSR PO	1	
clarithromycin TABS PO	1	
clarithromycin TB24 PO	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
Erythromycins		
E.E.S. GRANULES SUSR PO *(erythromycin ethylsuccinate)*	1	
ERYPED 200 SUSR PO *(erythromycin ethylsuccinate)*	1	
ERYPED 400 SUSR PO *(erythromycin ethylsuccinate)*	1	
ERYTHROCIN LACTOBIONATE *(erythromycin lactobionate)*	9	
ERYTHROCIN LACTOBIONATE *(erythromycin lactobionate)*	1	
erythromycin base CPEP PO	1	
erythromycin base TABS PO	1	
erythromycin base TBEC PO	1	
erythromycin ethylsuccinate SUSR PO	1	
erythromycin ethylsuccinate TABS PO	1	
erythromycin lactobionate 500 MG	1	
erythromycin stearate TABS PO 250 MG	1	
Fidaxomicin		
DIFICID SUSR	1	QL(136 ML per 12 day(s) retail; 136 ML per 12 days mail)
DIFICID TABS	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	1	
DUREX EXTRA SENSITIVE THIN DEVI	1	
DUREX EXTRA SENSITIVE THIN MISC	1	
DUREX TROPICAL MISC	1	
FANTASY LUBRICATED/SPERMICIDE MISC	1	
FANTASY LUBRICATED MISC	1	
FC2 FEMALE CONDOM	1	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
KIMONO COLORS DEVI	1	
KIMONO MAXX-LARGE FLARE MISC	1	
KIMONO MICRO THIN PLUS MISC	1	
KIMONO MICRO THIN MISC	1	
KIMONO PLUS MISC	1	
KIMONO SENSATION PLUS MISC	1	
KIMONO SENSATION MISC	1	
KIMONO SPECIAL DEVI	1	
KIMONO MISC	1	
MAXX MISC	1	
TROJAN ENZ MISC	1	
TROJAN MAGNUM MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	
TROJAN ULTRA THIN MISC	1	
TROJAN-ENZ LUBRICATED MISC	1	
TROJAN-ENZ/SPERMICIDAL MISC	1	
TRUE COVER DEVI	1	
TRUSTEX LUB/RIBBED/STUDDED MISC	1	
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	
TRUSTEX LUB/SPERMICIDE XL MISC	1	
TRUSTEX LUBRICATED EX LARGE MISC	1	
TRUSTEX LUBRICATED EXTRA ST MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
TRUSTEX LUBRICATED MISC	1	
TRUSTEX NON-LUBRICATED MISC	1	
TRUSTEX RIA LUB/SPERMICIDE MISC	1	
TRUSTEX RIA LUBRICATED MISC	1	
TRUSTEX RIA NON-LUBRICATED MISC	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE LITE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE UNIVERSAL 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVANCED MOBILE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING MISC	1	
ADVOCATE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
AQUALANCE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ASSURE HAEMOLANCE PLUS LOW	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ASSURE HAEMOLANCE PLUS PED	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ASSURE LANCE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
AUTO-LANCET MINI MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
BD LANCET ULTRAFINE 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
BD MICROTAINER LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CAREONE ADVANCED LANCING DEV MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CAREONE LANCET THIN 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARESENS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
CARETOUCH SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CHOSEN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CHOSEN LANCING DEVICE MISC	1	
CHOSEN SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COAGUCHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT ASSURED LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT ASSURED LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT TOUCH LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCETS MICRO THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DEXCOM G6 RECEIVER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DEXCOM G6 SENSOR	1	QL(3 EA per 30 day(s) retail)
DEXCOM G6 TRANSMITTER	1	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
DEXCOM G7 RECEIVER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DEXCOM G7 SENSOR	1	QL(3 EA per 30 day(s) retail)
DIASCREEN 1K STRP	1	
DROPLET GENTEEL LANCING DEVICE MISC	1	PA
DROPLET LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART LANCING DEVICE MISC	1	
DRUG MART ON-THE-GO LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH INSULIN BARRELS 1ML MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 32G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCING DEVICE MISC	1	
EASY TOUCH SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	1	
EMBRACE PRESSURE ACTIVATED 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EQL COLOR LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EQL SUPER THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EQL THIN LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
E-Z JECT LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
E-Z JECT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
E-Z JECT LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
E-Z JECT LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EZ-LETS LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FINE 30	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FINGERSTIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FORA LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FORA LANCING DEVICE MISC	1	
FREDS PHARMACY AUTOLET LANCING MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNILET LANC 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FREDS PHARMACY UNILET LANC 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
FREESTYLE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FREESTYLE LIBRE 14 DAY READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 14 DAY SENSOR	1	QL(2 EA per 28 day(s) retail)
FREESTYLE LIBRE 2 READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 2 SENSOR	1	QL(2 EA per 28 day(s) retail)
FREESTYLE LIBRE 3 READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
FREESTYLE LIBRE 3 SENSOR	1	QL(2 EA per 28 day(s) retail)
FREESTYLE LIBRE READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE UNISTICK II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLUCOCOM LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLUCOCOM LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GNP LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GNP LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	1	
GNP STERILE LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE COLOR LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCETS 26G UNIV	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCETS 30G UNIV	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCETS 33G UNIV	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOODSENSE LANCING DEVICE MISC	1	
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL ADV LANCING MISC	1	
H-E-B INCONTROL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
HYPOLANCE AST LANCING KIT	1	
KINNEY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KINNEY THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO LANCET 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KROGER LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KROGER LANCETS MICRO THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KROGER LANCETS ULTRATHIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS SUPER THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LITE TOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LIVE BETTER ADV LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPER THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LIVE BETTER LANCET ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LONGS LANCETS STANDARD	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LONGS LANCETS THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LONGS LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS EXTRA 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEIJER LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEIJER LANCETS THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEIJER SUPER THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MICROLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MICROLET NEXT LANCING DEVICE MISC	1	
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MONOLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MULTI-LANCET DEVICE 2 KIT	1	
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	1	
ONETOUCH DELICA LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ONETOUCH DELICA LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ONETOUCH DELICA LANCING DEV MISC	1	
ONETOUCH DELICA PLUS LANCET30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	1	
ONETOUCH DELICA SAFETY LANCING	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH FINEPOINT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ONETOUCH SURESOFT LANCING DEV MISC	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail)
ONETOUCH ULTRA 2 KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
ONETOUCH ULTRA MINI KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH ULTRASOFT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH VERIO LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
PC LANCETS SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PENLET II BLOOD SAMPLER KIT	1	
PERFECT POINT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
PHARMACIST CHOICE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	1	AL(Up to 4 yrs old)
PREFERRED PLUS LANCETS COLORED	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PREFERRED PLUS LANCETS THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRO COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRO COMFORT LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA; RX/OTC
PRODIGY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRODIGY LANCING DEVICE MISC	1	
PRODIGY TWIST TOP LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCETS MICROTHIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PX LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PX LANCETS ULTRA THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC UNILET LANCETS MICRO THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RA E-ZJECT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
READYLANCE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCET DEVICES 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCETS MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCETS ULTRA-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCING DEVICE KIT	1	
RELION LANCING DEVICE MISC	1	
RELION TRUE MET AIR GLUC METER KIT	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
RELION ULTRA THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION ULTRA THIN PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFE-T-LANCE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFE-T-LANCE PLUS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPS TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPSCARE TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SHOPKO UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SHOPKO UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	1	
SM LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SMART DIABETES VANTAGE LANCING MISC	1	
SMARTEST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SOLUS V2 LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
STERILANCE PA MISC	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail)
STERILANCE TL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 18G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCING PEN MISC	1	
TECHLITE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
TECHLITE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TECHLITE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	1	
TODAYS HEALTH THIN LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRAVEL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE COMFORT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
TRUE METRIX LEVEL 1 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX LEVEL 2 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX LEVEL 3 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUEPLUS LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTI-LANCE AUTOMATIC MISC	1	
ULTILET CLASSIC LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTILET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTILET SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA THIN LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA-CARE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA-THIN II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET COMFORTOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET EXCELITE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET EXCELITE II	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET GP 28 ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET SUPER-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET ULTRA-THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 2 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK 3 COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 EXTRA	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK 3 EXTRA	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK 3 GENTLE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 3 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK 3 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK CZT COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK CZT NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
UNISTIK PRO SAFETY LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNIVERSAL 1 LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VALUE PLUS LANCET STANDARD 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VALUMARK LANCET ULTRA THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIDA MIA AUTOLET LANCING DEV MISC	1	
VIDA MIA UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIDA MIA UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCING DEVICE MISC	1	
VIVAGUARD SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
WALGREENS ADV TRAVEL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
WALGREENS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
WALGREENS LANCETS MICRO THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
WALGREENS LANCETS SUPER THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
WALGREENS THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ULTRA THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
1ST TIER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ABOUTTIME PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ADVOCATE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ADVOCATE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AQ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AQINJECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ASSURE ID INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
ASSURE ID SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
AUM MINI INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AUM SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
AURORA PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AURORA UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD AUTOSHIELD	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
BD AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD ECLIPSE SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE MICROFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
BD INSULIN SYRINGE MICROFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INSULIN SYRINGE U/F 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INSULIN SYRINGE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INSULIN SYRINGE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
BD PEN NEEDLE MICRO U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD PEN NEEDLE MINI U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE NANO U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
BD PEN NEEDLE NANO U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD PEN NEEDLE SHORT U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD SAFETY-LOK INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD TB SYRINGE MISC	4	Requires EPSDT PA Review; QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(Up to 20 yrs old); PA
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD VEO INSULIN SYRINGE U/F	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CAREONE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
CAREONE UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CAREONE UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
CARETOUCH HYPODERMIC NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CARETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CARETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
CLICKFINE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
COMFORT EZ SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT TOUCH INSULIN PEN NEED	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DROPSAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DRUG MART UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH FLIPLOCK INSULIN SY	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH SHEATHLOCK SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBRACE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EQL INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EXEL COMFORT POINT INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FIFTY50 PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FREDS PHARMACY UNIFINE PENTIP+	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL INSULIN SYRINGES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP CLICKFINE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GOODSENSE CLICKFINE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GOODSENSE PEN NEEDLE PENFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE MICRON PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
H-E-B INCONTROL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HM ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INCONTROL ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSUPEN SENSITIVE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
INSUPEN ULTRAFIN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
KINRAY INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
KMART VALU INSULIN SYRINGE 29G	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
KMART VALU INSULIN SYRINGE 30G	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
KROGER INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LEADER INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LEADER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LEADER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LITETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LITETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LONGS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAGELLAN INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MARATHON MEDICAL PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXICOMFORT II PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
MAXICOMFORT SYR 27G X 1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MEDICINE SHOPPE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MEIJER PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MICRODOT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MM INSULIN SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MM PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MONOJECT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
NOVOFINE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
NOVOFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PEN NEEDLES 5/16"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PENTIPS GENERIC PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
PIP PEN NEEDLES 31G X 5MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PIP PEN NEEDLES 32G X 4MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PREFERRED PLUS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PREVENT DROPSAFE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRODIGY INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PURE COMFORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PX EXTRA SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
PX MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PX PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
QC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RA INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RA PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RAYA SURE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RELION INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RELION MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RELION PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RELION SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SECURESAFE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
SHOPKO UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SURE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
SURE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
TECHLITE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
TECHLITE PLUS PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE PLUS PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
TODAYS HEALTH MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TODAYS HEALTH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TOPCARE CLICKFINE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TOPCARE ULTRA COMFORT INS SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
TRUEPLUS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTICARE MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTICARE TUBERCULIN SAFETY SYR MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTILET PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA THIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRACARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRACARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II INS SYR SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
UNIFINE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
UNIFINE PROTECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE ULTRA PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VALUMARK PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VANISHPOINT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
VERIFINE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VERIFINE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VIDA MIA UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ZEVRX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ZEVRX PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MV MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROTRACH PLUS MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE VALVED MDI CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MICROCHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MICROCHAMBER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

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MICROSPACER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
POCKET CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER ADULT MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER CHILD MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCHAMBER VHC DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
RITEFLO DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	1	AL(At least 18 yrs old); PA
AIMOVIG 70 MG/ML	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
AJOVY SOAJ	1	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA
AJOVY SOSY	1	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY (300 MG DOSE) SOSY	1	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY SOAJ	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY SOSY	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
NURTEC	1	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
QULIPTA	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
UBRELVY PO	1	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); AL(At least 18 yrs old); PA
VYEPTI	1	AL(At least 18 yrs old); PA
ZAVZPRET	1	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
Migraine Combinations		
ergotamine w/ caffeine SUPP PR	1	QL(25 EA per 30 day(s) retail; 25 EA per 30 days mail)
sumatriptan-naproxen sodium PO	3	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
TREXIMET PO *(sumatriptan-naproxen sodium)*	9	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	1	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
Migraine Products - NSAIDs		
CAMBIA PO *(diclofenac potassium (migraine))*	9	
diclofenac potassium (migraine) PO	1	PA
ELYXYB	1	AL(At least 18 yrs old); PA
Serotonin Agonists		
almotriptan malate PO 12.5 MG	3	QL(2 EA daily); ST
almotriptan malate PO 6.25 MG	3	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
eletriptan hydrobromide PO	1	QL(2 EA daily)
FROVA PO *(frovatriptan succinate)*	2	QL(3 EA daily); ST
frovatriptan succinate PO	2	QL(3 EA daily); ST
IMITREX 20 MG/ACT *(sumatriptan)*	9	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail
IMITREX 5 MG/ACT *(sumatriptan)*	1	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA
IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)*	1	QL(2 ML daily); PA
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	1	QL(2 ML daily); PA
IMITREX TABS PO *(sumatriptan succinate)*	1	QL(2 EA daily)
MAXALT-MLT TBDP PO 10 MG *(rizatriptan benzoate)*	9	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT-MLT TBDP PO 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT TABS PO 10 MG *(rizatriptan benzoate)*	9	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT TABS PO 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
naratriptan hcl PO 1 MG	1	QL(54 EA per 30 day(s) retail; 54 EA per 30 days mail); ST
naratriptan hcl PO 2.5 MG	1	ST
RELPAX PO *(eletriptan hydrobromide)*	9	QL(2 EA daily)
RELPAX PO *(eletriptan hydrobromide)*	1	QL(2 EA daily)
REYVOW	1	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
rizatriptan benzoate TABS PO	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
rizatriptan benzoate TBDP PO	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
sumatriptan	1	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA
sumatriptan succinate SOAJ	1	QL(2 ML daily); PA
sumatriptan succinate SOCT	1	QL(2 ML daily); PA
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
sumatriptan succinate TABS PO	1	QL(2 EA daily)
TOSYMRA	1	QL(3 EA daily); PA
ZEMBRACE SYMTOUCH SOAJ	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
zolmitriptan SOLN	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
zolmitriptan TABS PO	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); ST

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Drug Name	Drug Tier	Requirements/ Limits
zolmitriptan TBDP PO	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); ST
ZOMIG SOLN *(zolmitriptan)*	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ZOMIG SOLN 2.5 MG *(zolmitriptan)*	9	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
ZOMIG TABS PO 2.5 MG, 5 MG *(zolmitriptan)*	9	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1	
SODIUM ACETATE SOLN *(sodium acetate)*	1	
SODIUM ACETATE SOLN *(sodium acetate)*	9	
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	1	
THAM	1	
Calcium		
calcium carbonate-cholecalciferol TABS PO	2	
calcium carbonate-vitamin d TABS PO 250 MG-125 UNIT	2	
calcium chloride (dihydrate) SOLN	1	
calcium citrate-vitamin d TABS PO 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG	2	
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)*	9	
CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)*	1	
calcium gluconate-sodium chloride SOLN	1	
calcium gluconate SOLN	1	
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	9	
CITRACAL MAXIMUM TABS PO *(calcium citrate-vitamin d)*	9	
CITRACAL PETITES/VITAMIN D TABS PO *(calcium citrate-vitamin d)*	9	
OYSTER SHELL CALCIUM/D TABS PO 500 MG-200 UNIT	2	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48	1	
dextrose in lactated ringers	1	
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	1	
DEXTROSE-SODIUM CHLORIDE	1	
DEXTROSE-SODIUM CHLORIDE *(dextrose w/ sodium chloride)*	1	
electrolyte-148	1	
electrolyte-a	1	

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Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-MB IN D5W	1	
ISOLYTE-P IN D5W	1	
ISOLYTE-S	1	
ISOLYTE-S PH 7.4	1	
KCL IN DEXTROSE-NACL	1	
KCL IN DEXTROSE-NACL *(potassium chloride in dextrose & sodium chloride)*	1	
KCL-LACTATED RINGERS-D5W	1	
lactated ringer's	1	
NORMOSOL-M IN D5W	1	
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1	
NORMOSOL-R PH 7.4	1	
PLASMA-LYTE 148 *(electrolyte-148)*	9	
PLASMA-LYTE A *(electrolyte-a)*	1	
potassium chloride in dextrose	1	
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	1	
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	
POTASSIUM CHLORIDE IN NACL *(potassium chloride in nacl)*	1	
ringer's	1	
TPN ELECTROLYTES CONC	1	
Fluoride		
sodium fluoride CHEW PO	1	QL(1 EA daily)
sodium fluoride SOLN PO 0.5 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
SOLUVITA SOLN PO	1	AL(Up to 6 yrs old); RX/OTC
Magnesium		
MAG-G TABS PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
magnesium chloride SOLN	1	
magnesium sulfate IV	1	
MAGNESIUM SULFATE IV *(magnesium sulfate)*	1	
MAGNESIUM SULFATE IV *(magnesium sulfate)*	9	
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	1	
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	9	
magnesium sulfate in dextrose	1	
MAGONATE LIQD	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Phosphate		

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Drug Name	Drug Tier	Requirements/ Limits
K-PHOS-NEUTRAL PO *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	
K-PHOS TABS *(potassium phosphate monobasic)*	1	
PHOS-NAK PACK PO *(potassium & sodium phosphates)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO	1	
potassium phosphates	1	
POTASSIUM PHOSPHATES *(potassium phosphates)*	9	
POTASSIUM PHOSPHATES(66 MEQ K) *(potassium phosphates)*	9	
POTASSIUM PHOSPHATES-NACL	1	
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
sodium phosphates (sodium phosphate dibasic & monobasic) 15 MMOLE/5ML	1	AL(Up to 20 yrs old); PA
Potassium		
K-TAB TBCR PO 10 MEQ *(potassium chloride)*	9	
K-TAB TBCR PO 20 MEQ *(potassium chloride)*	1	
POKONZA PACK PO	1	AL(Up to 10 yrs old); PA
potassium acetate SOLN 2 MEQ/ML	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	
potassium bicarbonate TBEF PO	1	
potassium chloride microencapsulated crystals er PO	1	
potassium chloride CPCR PO	1	
potassium chloride PACK PO 20 MEQ	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
POTASSIUM CHLORIDE SOLN IV *(potassium chloride)*	1	
potassium chloride TBCR PO	1	
Sodium		
SODIUM CHLORIDE GRAN	1	RX/OTC
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1	
Zinc		
GALZIN PO	1	
zinc chloride SOLN	1	
ZINC CHLORIDE SOLN *(zinc chloride)*	9	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS PO *(penicillamine)*	1	
CUVRIOR	1	AL(At least 18 yrs old); PA
DEPEN TITRATABS TABS PO *(penicillamine)*	1	
penicillamine CAPS PO	1	
penicillamine TABS PO	1	

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Drug Name	Drug Tier	Requirements/ Limits
SYPRINE PO *(trientine hcl)*	1	
trientine hcl PO 500 MG	1	QL(4 EA daily); PA
trientine hcl PO 250 MG	1	
Enzymes		
HYLENEX	1	
VITRASE SOLN	1	QL(1.2 ML per fill retail)
XIAFLEX	1	Medical Benefit Only
Immunomodulators		
JOENJA	1	QL(2 EA daily); AL(At least 12 yrs old); PA
lenalidomide PO	1	
REVLIMID PO	1	
REZUROCK	1	QL(1 EA daily); AL(At least 12 yrs old); PA
RYSTIGGO	1	AL(At least 18 yrs old); PA
THALOMID PO 50 MG, 100 MG, 200 MG	1	
VYVGART	1	AL(At least 18 yrs old); PA
VYVGART HYTRULO	1	AL(At least 18 yrs old); PA
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5 MG	1	QL(2.95 EA daily)
ASTAGRAF XL CP24 1 MG, 5 MG	1	
ATGAM	1	
AZATHIOPRINE SODIUM	1	
AZATHIOPRINE POWD	1	
azathioprine TABS PO 50 MG	1	QL(8.4 EA daily)
azathioprine TABS PO 100 MG	1	QL(3 EA daily)
azathioprine TABS PO 75 MG	1	QL(1 EA daily)
CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)*	1	
CELLCEPT CAPS PO *(mycophenolate mofetil)*	1	QL(10 EA daily)
CELLCEPT SUSR *(mycophenolate mofetil)*	1	QL(16 ML daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail
CELLCEPT TABS PO *(mycophenolate mofetil)*	1	QL(6 EA daily)
cyclosporine modified (for microemulsion) CAPS PO 25 MG	1	QL(6 EA daily)
cyclosporine modified (for microemulsion) CAPS PO 50 MG	1	QL(8 EA daily)
cyclosporine modified (for microemulsion) CAPS PO 100 MG	1	QL(5 EA daily)
cyclosporine modified (for microemulsion) SOLN PO	1	QL(6 ML daily)
cyclosporine CAPS PO 100 MG	1	QL(3 EA daily)
cyclosporine CAPS PO 25 MG	1	QL(5 EA daily)
ENSPRYNG	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
ENVARSUS XR TB24 4 MG	1	QL(2 EA daily)
ENVARSUS XR TB24 0.75 MG	1	QL(3 EA daily)
ENVARSUS XR TB24 1 MG	1	QL(6 EA daily)
everolimus (immunosuppressant)	1	QL(2 EA daily)
GAMIFANT	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
IMURAN TABS PO *(azathioprine)*	1	QL(8.4 EA daily)
LUPKYNIS	1	QL(6 EA daily); AL(At least 18 yrs old); PA
mycophenolate mofetil hcl	1	
mycophenolate mofetil CAPS PO	1	QL(10 EA daily)
mycophenolate mofetil SUSR	1	QL(16 ML daily); 9 package(s) per 90 day(s) retail; 9 package(s) per 90 day(s) mail
mycophenolate mofetil SUSR	1	QL(16 ML daily)
mycophenolate mofetil TABS PO	1	QL(6 EA daily)
mycophenolate sodium PO	1	
MYFORTIC PO *(mycophenolate sodium)*	1	
MYHIBBIN SUSP	1	PA
NEORAL CAPS PO 100 MG *(cyclosporine modified (for microemulsion))*	9	QL(5 EA daily)
NEORAL CAPS PO 25 MG *(cyclosporine modified (for microemulsion))*	1	QL(6 EA daily)
NEORAL CAPS PO 100 MG *(cyclosporine modified (for microemulsion))*	1	QL(5 EA daily)
NEORAL CAPS PO 25 MG *(cyclosporine modified (for microemulsion))*	9	QL(6 EA daily)
NEORAL SOLN PO *(cyclosporine modified (for microemulsion))*	1	QL(6 ML daily)
NULOJIX	1	

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF CAPS PO 0.5 MG *(tacrolimus)*	1	QL(38 EA daily)
PROGRAF CAPS PO 1 MG *(tacrolimus)*	1	QL(24 EA daily)
PROGRAF CAPS PO 5 MG *(tacrolimus)*	1	QL(12 EA daily)
PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old)
PROGRAF PACK 1 MG	1	QL(6 EA daily); AL(Up to 6 yrs old)
PROGRAF SOLN	1	
RAPAMUNE SOLN *(sirolimus)*	1	QL(6 ML daily)
RAPAMUNE SOLN *(sirolimus)*	9	QL(6 ML daily)
RAPAMUNE TABS PO 1 MG *(sirolimus)*	1	QL(3 EA daily)
RAPAMUNE TABS PO 0.5 MG *(sirolimus)*	1	QL(1 EA daily)
RAPAMUNE TABS PO 2 MG *(sirolimus)*	1	QL(2 EA daily)
SANDIMMUNE CAPS PO 25 MG *(cyclosporine)*	1	QL(5 EA daily)
SANDIMMUNE CAPS PO 100 MG *(cyclosporine)*	9	QL(3 EA daily)
SANDIMMUNE CAPS PO 25 MG *(cyclosporine)*	9	QL(5 EA daily)
SANDIMMUNE CAPS PO 100 MG *(cyclosporine)*	1	QL(3 EA daily)
SANDIMMUNE SOLN IV 50 MG/ML	1	
SANDIMMUNE SOLN PO 100 MG/ML	1	QL(2 ML daily)
SIMULECT	1	
sirolimus SOLN	1	QL(6 ML daily)
sirolimus TABS PO 2 MG	1	QL(2 EA daily)
sirolimus TABS PO 0.5 MG	1	QL(1 EA daily)
sirolimus TABS PO 1 MG	1	QL(3 EA daily)
tacrolimus CAPS PO 1 MG	1	QL(24 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
tacrolimus CAPS PO 5 MG	1	QL(12 EA daily)
tacrolimus CAPS PO 0.5 MG	1	QL(38 EA daily)
THYMOGLOBULIN	1	
UPLIZNA	1	PA
ZORTRESS *(everolimus (immunosuppressant))*	1	QL(2 EA daily)
ZORTRESS *(everolimus (immunosuppressant))*	9	QL(2 EA daily)
Irrigation Solutions		
irrigation solutions, physiological	1	
lactated ringer's (irrigation)	1	
ringer's irrigation	1	
water for irrigation, sterile	1	
Lymphatic Agents		
SYLVANT	1	Medical Benefit Only
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	1	PA
VIJOICE TBPK	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
VIJOICE TBPK	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
Potassium Removing Agents		
LOKELMA	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
sodium polystyrene sulfonate POWD PO	1	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	
VELTASSA PO 16.8 GM, 25.2 GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
VELTASSA PO 8.4 GM	1	QL(1 EA daily); PA
Progeria Treatment Agents		
ZOKINVY	1	QL(4 EA daily); AL(At least 1 yrs old); PA
Prostaglandins		
PROSTIN VR	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
BENLYSTA SOLR	1	Medical Benefit Only
BENLYSTA SOSY	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SAPHNELO	1	AL(At least 18 yrs old); PA
Uremic Pruritus Agents		
KORSUVA	1	Medical Benefit Only
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
AMPHOTERICIN B	1	
clotrimazole	1	
NYSTATIN *(nystatin (mouth-throat))*	9	
NYSTATIN *(nystatin (mouth-throat))*	1	
nystatin (mouth-throat)	1	
Antiseptics - Mouth/Throat		

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Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate (mouth-throat)	1	QL(500 ML per 14 day(s) retail; 500 ML per 14 days mail)
PERIDEX *(chlorhexidine gluconate (mouth-throat))*	9	QL(500 ML per 14 day(s) retail; 500 ML per 14 days mail)
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	1	AL(At least 6 yrs old); MP
PREVIDENT 5000 BOOSTER PLUS PSTE DT *(sodium fluoride (dental))*	9	MP
PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))*	9	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
PREVIDENT 5000 KIDS PSTE DT *(sodium fluoride (dental))*	9	MP
PREVIDENT 5000 ORTHO DEFENSE PSTE DT *(sodium fluoride (dental))*	9	MP
PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))*	9	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail)
PREVIDENT GEL *(sodium fluoride (dental))*	9	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
PREVIDENT SOLN *(sodium fluoride (dental))*	9	
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	AL(At least 6 yrs old); MP
sodium fluoride (dental) CREA	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 6 yrs old)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old); MP
sodium fluoride (dental) SOLN 0.2 %	1	
SODIUM FLUORIDE 5000 ENAMEL GEL	1	AL(At least 6 yrs old); MP
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	AL(At least 6 yrs old); MP
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
Throat Products - Misc.		
cevimeline hcl PO	1	QL(4 EA daily)
EVOXAC PO *(cevimeline hcl)*	1	QL(4 EA daily)
pilocarpine hcl (oral) PO	1	
SALAGEN PO *(pilocarpine hcl (oral))*	9	
MULTIVITAMINS		
Iron w/ Vitamins		
iron w/ vitamins TABS PO	2	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
Multiple Vitamins w/ Minerals		

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Drug Name	Drug Tier	Requirements/ Limits
DEKAS PLUS CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS PLUS CHEW PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D3000 CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
PHLEXY-VITS POWD PO	1	
Multivitamins		
DEKAS ESSENTIAL CAPS PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS ESSENTIAL LIQD PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
ZE-PLUS CAPS PO *(multiple vitamin)*	9	QL(2 EA daily); RX/OTC
Ped Multiple Vitamins w/ Minerals		
AQUADEKS SOLN PO	1	PA; RX/OTC
DEKAS PLUS LIQD PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D5000 CHEW PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION CHEW PO	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW PO *(pediatric multiple vitamin w/ minerals)*	9	QL(2 EA daily)
Prenatal Vitamins		
CITRANATAL 90 DHA PO 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL ASSURE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL B-CALM PO 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL HARMONY PO 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
C-NATE DHA CAPS PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETE NATAL DHA PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETENATE CHEW PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old)
FOLIVANE-OB PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
M-NATAL PLUS TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
NESTABS PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
NESTABS DHA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
NESTABS ONE	2	AL(At least 10 yrs old - Up to 50 yrs old)
NIVA-PLUS TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
OB COMPLETE ONE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE PETITE	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE/DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
PNV-DHA+DOCUSATE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PNV-OMEGA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENAISSANCE PLUS CAPS PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL PLUS VITAMIN/MINERAL TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
prenatal vit w/ iron carbonyl-folic acid TABS PO 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG	1	AL(At least 10 yrs old - Up to 50 yrs old)
prenatal without a w/ fe fumarate-l methylfolate-fa-dha PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL TABS PO 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
PRENATE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ENHANCE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE RESTORE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRIMACARE PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
SELECT-OB+DHA MISC PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
SELECT-OB CHEW	2	AL(At least 10 yrs old - Up to 50 yrs old)
SE-NATAL 19 CHEW PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
SE-NATAL 19 TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
TARON-C DHA PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
TRICARE TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
TRINATAL RX 1 TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
TRISTART DHA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-OB+DHA MISC PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-OB TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-ONE CAPS PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESCAP-C DHA PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESCAP-PN DHA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
WESNATAL DHA COMPLETE PO	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESNATE DHA CAPS PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
WESTAB PLUS TABS PO	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
WESTGEL DHA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
ZATEAN-PN DHA PO	2	AL(At least 10 yrs old - Up to 50 yrs old)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 PO *(cyclobenzaprine hcl)*	1	QL(1 EA daily); PA
BACLOFEN POWD	1	
BACLOFEN POWD	1	Medical Benefit Only
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	1	AL(Up to 10 yrs old); PA
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	
BACLOFEN SOSY	1	
baclofen SUSP	1	AL(Up to 10 yrs old); PA
baclofen TABS PO 10 MG, 20 MG	1	
baclofen TABS PO 5 MG, 15 MG	1	PA
carisoprodol TABS PO 350 MG	1	QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail
carisoprodol TABS PO 250 MG	1	QL(4 EA daily); PA
chlorzoxazone TABS PO 500 MG	1	
chlorzoxazone TABS PO 375 MG, 750 MG	1	QL(4 EA daily); PA
chlorzoxazone TABS PO 250 MG	1	PA
cyclobenzaprine hcl CP24 PO	1	QL(1 EA daily); PA
cyclobenzaprine hcl TABS PO 5 MG, 10 MG	1	
cyclobenzaprine hcl TABS PO 7.5 MG	1	QL(3 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
FLEQSUVY SUSP *(baclofen)*	1	AL(Up to 10 yrs old); PA
GABLOFEN SOLN IT	1	
GABLOFEN SOLN IT *(baclofen)*	1	
GABLOFEN SOSY	1	
LIORESAL SOLN IT	1	
LIORESAL SOLN IT *(baclofen)*	1	
LYVISPAH PACK 20 MG	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 10 yrs old); PA
LYVISPAH PACK 5 MG, 10 MG	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA
metaxalone PO	2	ST
methocarbamol SOLN	1	
methocarbamol TABS PO 500 MG, 750 MG	1	
orphenadrine citrate SOLN 30 MG/ML	1	
orphenadrine citrate TB12 PO	1	
OZOBAX DS SOLN PO *(baclofen)*	9	
OZOBAX SOLN PO *(baclofen)*	9	
ROBAXIN SOLN *(methocarbamol)*	1	
ROBAXIN SOLN *(methocarbamol)*	9	
SOMA TABS PO 250 MG *(carisoprodol)*	1	QL(4 EA daily); PA
SOMA TABS PO 350 MG *(carisoprodol)*	1	QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail
tizanidine hcl CAPS PO	1	PA

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tizanidine hcl TABS PO	1	
ZANAFLEX CAPS PO *(tizanidine hcl)*	1	PA
ZANAFLEX TABS PO 4 MG *(tizanidine hcl)*	1	
Direct Muscle Relaxants		
DANTRIUM CAPS PO 25 MG *(dantrolene sodium)*	1	
DANTRIUM SOLR *(dantrolene sodium)*	9	
dantrolene sodium CAPS PO	1	
dantrolene sodium SOLR	1	
RYANODEX SUSR	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS PO 2.5 MG	1	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS PO 1 MG, 1.5 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS PO 10 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 8 yrs old); PA
Muscle Relaxant Combinations		
NORGESIC FORTE PO *(orphenadrine w/ aspirin & caff)*	1	AL(At least 12 yrs old); PA
orphenadrine w/ aspirin & caff PO	1	AL(At least 12 yrs old); PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	3	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail)
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	3	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail)
RYALTRIS	3	QL(29 GM per 30 day(s) retail; 29 GM per 30 days mail); AL(At least 12 yrs old)
Nasal Anesthetics		
COCAINE HCL 40 MG/ML	1	Medical Benefit Only
GOPRELTO	1	Medical Benefit Only
NUMBRINO	1	Medical Benefit Only
Nasal Antiallergy		
azelastine hcl 0.15 %	2	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
olopatadine hcl (nasal)	2	QL(30.5 GM per 30 day(s) retail; 30 GM per 30 days mail)
PATANASE *(olopatadine hcl (nasal))*	9	QL(30.5 GM per 30 day(s) retail; 30 GM per 30 days mail)
Nasal Anticholinergics		

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Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide (nasal)	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
Nasal Steroids		
BECONASE AQ	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail)
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	9	QL(16 ML per 30 day(s) retail; 16 ML per 30 days mail); RX/OTC
flunisolide (nasal)	3	QL(75 ML per 30 day(s) retail; 75 ML per 30 days mail)
fluticasone propionate (nasal) SUSP	1	QL(16 GM per 30 day(s) retail; 16 GM per 30 days mail); RX/OTC
mometasone furoate (nasal) SUSP	2	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail); RX/OTC
NASONEX 24HR SUSP *(mometasone furoate (nasal))*	9	QL(17 ML per 30 day(s) retail; 17 ML per 30 days mail); RX/OTC
OMNARIS SUSP	1	QL(12.5 GM per 30 day(s) retail; 12 GM per 30 days mail)
QNASL	3	QL(10.6 GM per 30 day(s) retail; 11 GM per 30 days mail)
QNASL CHILDRENS	3	QL(6.8 GM per 30 day(s) retail; 7 GM per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old)
SINUVA IMPL	1	Medical Benefit Only
XHANCE EXHU	1	PA
ZETONNA AERS	1	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail)
Sympathomimetic Decongestants		
pseudoephedrine hcl TB12 PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN	1	PA
QALSODY	1	AL(At least 18 yrs old); PA
RADICAVA ORS STARTER KIT SUSP	1	PA
RADICAVA ORS SUSP	1	PA
RADICAVA SOLN *(edaravone)*	9	
RADICAVA SOLN *(edaravone)*	1	PA
RILUTEK TABS PO *(riluzole)*	1	PA
riluzole TABS PO	1	PA
TIGLUTIK SUSP	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); PA
Depolarizing Muscle Relaxants		
ANECTINE SOLN	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
QUELICIN SOLN *(succinylcholine chloride)*	9	
QUELICIN SOLN *(succinylcholine chloride)*	1	Medical Benefit Only
succinylcholine chloride SOLN	1	Medical Benefit Only
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML	1	Medical Benefit Only
Friedrich's Ataxia Agents		
SKYCLARYS	1	QL(3 EA daily); AL(At least 18 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	1	PA
DUVYZAT	1	AL(At least 6 yrs old); PA
ELEVIDYS 10.0-10.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 10.5-11.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 11.5-12.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 12.5-13.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 13.5-14.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 14.5-15.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 15.5-16.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 16.5-17.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 17.5-18.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 18.5-19.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 19.5-20.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 20.5-21.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 21.5-22.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 22.5-23.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 23.5-24.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 24.5-25.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 25.5-26.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 26.5-27.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 27.5-28.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 28.5-29.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 29.5-30.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 30.5-31.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 31.5-32.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 32.5-33.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 33.5-34.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 34.5-35.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 35.5-36.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 36.5-37.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 37.5-38.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 38.5-39.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 39.5-40.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 40.5-41.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 41.5-42.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 42.5-43.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 43.5-44.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 44.5-45.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 45.5-46.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 46.5-47.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 47.5-48.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 48.5-49.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 49.5-50.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 50.5-51.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 51.5-52.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 52.5-53.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 53.5-54.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 54.5-55.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 55.5-56.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 56.5-57.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 57.5-58.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 58.5-59.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 59.5-60.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 60.5-61.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 61.5-62.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 62.5-63.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 63.5-64.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 64.5-65.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 65.5-66.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 66.5-67.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 67.5-68.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 68.5-69.4 KG	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 69.5 KG PLUS	1	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
EXONDYS 51	1	PA
VILTEPSO	1	PA
VYONDYS 53	1	PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	1	Medical Benefit Only
DYSPORT	1	Medical Benefit Only
MYOBLOC	1	Medical Benefit Only
XEOMIN	1	Medical Benefit Only
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	1	
cisatracurium besylate SOLN	1	
NIMBEX SOLN *(cisatracurium besylate)*	9	
rocuronium bromide SOLN 50 MG/5ML, 100 MG/10ML	1	
vecuronium bromide SOLR	1	
Rett Syndrome Agents		
DAYBUE	1	QL(3600 ML per 30 day(s) retail; 3600 ML per 30 days mail); AL(At least 2 yrs old); PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	1	QL(240 ML per 35 day(s) retail; 240 ML per 35 days mail); PA
SPINRAZA	1	PA
ZOLGENSMA 20.6-21.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 10.1-10.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 10.6-11.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 11.1-11.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 11.6-12.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 12.1-12.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 12.6-13.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 13.1-13.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 13.6-14.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 14.1-14.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 14.6-15.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 15.1-15.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 15.6-16.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 16.1-16.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 16.6-17.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 17.1-17.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 17.6-18.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 18.1-18.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 18.6-19.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 19.1-19.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 19.6-20.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 2.6-3.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 20.1-20.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 3.1-3.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 3.6-4.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 4.1-4.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 4.6-5.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 5.1-5.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 5.6-6.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 6.1-6.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 6.6-7.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 7.1-7.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 7.6-8.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 8.1-8.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 8.6-9.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 9.1-9.5 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 9.6-10.0 KG	1	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
NUTRIENTS		
Carbohydrates		
dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE SOLN 20 %, 30 %, 40 %	1	
Lipids		
DOJOLVI	1	AL(Up to 21 yrs old); PA
MCT OIL OIL PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
OMEGAVEN	1	Medical Benefit Only
Proteins		
amino acid infusion SOLN 15 %	1	Medical Benefit Only
amino acids TABS PO	1	
ELCYS	1	
PERIFLEX LQ PKU LIQD PO	1	
PHENYLADE AMINO ACID BLEND PACK PO	1	
PHENYLADE AMINO ACID BAR	1	
PHENYLADE MTE AMINO ACID BLEND PACK PO	1	
PHENYLADE MTE POWD PO	1	
PHENYLADE PHEBLOC POWD PO	1	
PHENYLADE PHEBLOC TABS PO	1	
PHENYLADE40 DRINK MIX PACK PO	1	
PHENYLADE POWD PO	1	
PKU GOLIKE 10G P.E. BAR	1	
PKU GOLIKE PLUS 16+ PACK PO	1	
PKU GOLIKE PLUS 4-16 PACK PO	1	
PKU MAXAMUM POWD PO	1	
PROSOL SOLN	1	
XPHE MAXAMUM PACK PO	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	1	
white petrolatum-mineral oil	4	Requires EPSDT PA Review; PA
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
BETIMOL	1	MP; PA
BETOPTIC-S SUSP	1	
brimonidine tartrate-timolol maleate	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP; PA
carteolol hcl (ophth)	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
COMBIGAN *(brimonidine tartrate-timolol maleate)*	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP
COSOPT *(dorzolamide hcl-timolol maleate)*	1	MP
COSOPT *(dorzolamide hcl-timolol maleate)*	9	MP
COSOPT PF *(dorzolamide hcl-timolol maleate)*	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
COSOPT PF *(dorzolamide hcl-timolol maleate)*	9	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
dorzolamide hcl-timolol maleate	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
dorzolamide hcl-timolol maleate	1	MP
ISTALOL SOLN *(timolol maleate (ophth))*	1	MP; PA
levobunolol hcl 0.5 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
timolol	1	MP; PA
timolol maleate (ophth) SOLG	2	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
timolol maleate (ophth) SOLN	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
timolol maleate (ophth) SOLN	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
timolol maleate (ophth) SOLN 0.5 %	1	MP; PA
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
TIMOPTIC SOLN *(timolol maleate (ophth))*	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	2	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
Cholinergic Agonists		
TYRVAYA	1	QL(8.4 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	1	QL(3.5 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	1	
CYCLOGYL *(cyclopentolate hcl)*	1	
CYCLOGYL	1	
CYCLOMYDRIL	1	
cyclopentolate hcl 1 %	1	
MYDRIACYL SOLN *(tropicamide)*	1	
phenylephrine hcl (mydriatic) SOLN	1	
tropicamide SOLN	1	
Miotics		
MIOCHOL-E SOLR	1	
MIOSTAT IO	1	QL(1.5 ML per fill retail)
PHOSPHOLINE IODIDE	1	QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
VUITY SOLN	1	PA
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOSY	1	Medical Benefit Only
BYOOVIZ	1	Medical Benefit Only
CIMERLI	1	Medical Benefit Only
EYLEA HD SOLN	1	Medical Benefit Only
EYLEA SOLN	1	Medical Benefit Only
EYLEA SOSY	1	Medical Benefit Only

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Drug Name	Drug Tier	Requirements/ Limits
LUCENTIS SOSY 0.5 MG/0.05ML	1	Medical Benefit Only; QL(0.5 ML per fill retail)
LUCENTIS SOSY 0.3 MG/0.05ML	1	Medical Benefit Only
PAVBLU SOLN	1	Medical Benefit Only
PAVBLU SOSY	1	Medical Benefit Only
SUSVIMO (IMPLANT 1ST FILL) SOLN	1	Medical Benefit Only
VABYSMO SOLN	1	Medical Benefit Only
VABYSMO SOSY	1	Medical Benefit Only
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.15 % *(brimonidine tartrate)*	1	Brand Required; QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA
ALPHAGAN P 0.1 % *(brimonidine tartrate)*	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP
apraclonidine hcl	2	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
brimonidine tartrate 0.1 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP; PA
brimonidine tartrate 0.2 %	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 3 yrs old); MP
brimonidine tartrate 0.15 %	1	Brand Required; QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA
IOPIDINE	2	
SIMBRINZA	1	QL(24 ML per 90 day(s) retail; 24 ML per 90 days mail); MP
Ophthalmic Anti-infectives		
AZASITE	1	QL(2.5 ML per fill retail)
bacitracin (ophthalmic)	1	QL(3.5 GM per fill retail)
bacitracin-polymyxin b (ophth)	1	QL(3.5 GM per fill retail)
BESIVANCE	1	
CILOXAN OINT	1	QL(3.5 GM per fill retail)
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	9	
ciprofloxacin hcl (ophth) SOLN	1	QL(10 ML per fill retail)
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per fill retail)
ciprofloxacin hcl (ophth) SOLN	1	QL(2.5 ML per fill retail)
ERYTHROMYCIN	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
erythromycin (ophth)	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
gatifloxacin (ophth)	1	QL(2.5 ML per fill retail)
gentamicin sulfate (ophth) SOLN	1	
moxifloxacin hcl (ophth) SOLN OP	3	
NATACYN	1	
neomycin-bacitracin zn-polymyxin	1	QL(3.5 GM per fill retail)
neomycin-polymyxin-gramicidin	1	
OCUFLOX *(ofloxacin (ophth))*	1	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
POLYTRIM *(polymyxin b-trimethoprim)*	9	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
sulfacetamide sodium (ophth) OINT	1	QL(3.5 GM per fill retail)
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	1	QL(3.5 GM per fill retail)
trifluridine	1	QL(7.5 ML per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	3	
XDEMVY	1	QL(10 ML per 42 day(s) retail; 10 ML per 42 days mail); AL(At least 18 yrs old); PA
ZIRGAN GEL	1	
ZYMAXID *(gatifloxacin (ophth))*	9	QL(2.5 ML per fill retail)
Ophthalmic Complement Inhibitors		
IZERVAY	1	Medical Benefit Only
SYFOVRE	1	Medical Benefit Only
Ophthalmic Gene Therapy		
LUXTURNA	1	QL(0.5 ML per fill retail); AL(At least 4 yrs old); PA
Ophthalmic Immunomodulators		
CEQUA SOLN	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
cyclosporine (ophth) EMUL	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
RESTASIS EMUL *(cyclosporine (ophth))*	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
VERKAZIA EMUL	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
VEVYE SOLN	1	AL(At least 18 yrs old); PA
Ophthalmic Integrin Antagonists		
XIIDRA	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 17 yrs old); PA
Ophthalmic Kinase Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
RHOPRESSA	1	QL(7.5 ML per 90 day(s) retail; 8 ML per 90 days mail); MP
ROCKLATAN	1	QL(10 ML per 90 day(s) retail; 10 ML per 90 days mail); MP
Ophthalmic Local Anesthetics		
AKTEN	1	
ALCAINE *(proparacaine hcl)*	1	
IHEEZO	1	Medical Benefit Only
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	1	QL(14 ML per 12 day(s) retail; 14 ML per 12 days mail); PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	1	Medical Benefit Only
Ophthalmic Photoenhancers		
PHOTREXA-PHOTREXA VISCOUS KIT	1	Medical Benefit Only
Ophthalmic Steroids		
ALREX SUSP *(loteprednol etabonate)*	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
bacitracin-poly-neomycin-hc	1	QL(3.5 GM per fill retail)
dexamethasone sodium phosphate (ophth)	1	
DEXTENZA INST	1	Medical Benefit Only
difluprednate	1	Brand Required; PA
DUREZOL *(difluprednate)*	9	
DUREZOL *(difluprednate)*	9	Brand Required
DUREZOL *(difluprednate)*	1	Brand Required
EYSUVIS SUSP	1	QL(8.3 ML per 15 day(s) retail; 8 ML per 15 days mail); PA
FLAREX	1	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	1	
ILUVIEN	1	Medical Benefit Only
INVELTYS SUSP	1	QL(2.8 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
LOTEMAX SM GEL	1	QL(5 GM per 12 day(s) retail; 5 GM per 12 days mail); PA
LOTEMAX GEL *(loteprednol etabonate)*	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail)
LOTEMAX OINT	1	Brand Required; QL(3.5 GM per 15 day(s) retail; 4 GM per 15 days mail)
LOTEMAX SUSP *(loteprednol etabonate)*	1	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate GEL	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail); PA
loteprednol etabonate SUSP 0.2 %	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
loteprednol etabonate SUSP 0.5 %	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
MAXIDEX SUSP OP	1	
MAXITROL OINT *(neomycin-polymy-dexameth)*	1	QL(3.5 GM per fill retail)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	1	QL(5 ML per fill retail)
neomycin-polymy-dexameth OINT	1	QL(3.5 GM per fill retail)
neomycin-polymy-dexameth SUSP	1	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	1	QL(7.5 ML per fill retail)
OZURDEX IMPL	1	Medical Benefit Only
PRED FORTE *(prednisolone acetate (ophth))*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
PRED MILD	1	
prednisolone acetate (ophth)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PREDNISOLONE SODIUM PHOSPHATE	1	
RETISERT	1	Medical Benefit Only
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	1	QL(20 ML per 30 day(s) retail; 20 ML per 30 days mail)
TOBRADEX OINT	1	QL(3.5 GM per fill retail)
TOBRADEX SUSP *(tobramycin-dexamethasone)*	9	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	9	1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail
TOBRADEX SUSP *(tobramycin-dexamethasone)*	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
TRIESENCE	1	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
XIPERE	1	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
YUTIQ	1	Medical Benefit Only
ZYLET	1	

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Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Surgical Aids		
OMIDRIA	1	Medical Benefit Only
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	1	
ACULAR LS *(ketorolac tromethamine (ophth))*	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); ST; PA
ACUVAIL	1	QL(30 EA per 12 day(s) retail; 30 EA per 12 days mail); ST; PA
ALOMIDE	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
azelastine hcl (ophth)	2	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
AZOPT *(brinzolamide)*	9	
AZOPT *(brinzolamide)*	9	QL(30 ML per fill retail); MP
AZOPT *(brinzolamide)*	1	QL(30 ML per fill retail); MP
AZOPT *(brinzolamide)*	1	Brand Required; QL(30 ML per fill retail); MP
AZOPT *(brinzolamide)*	9	Brand Required; QL(30 ML per fill retail); MP
bepotastine besilate	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
BEPREVE *(bepotastine besilate)*	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
brinzolamide	1	Brand Required; QL(30 ML per fill retail); MP; PA
bromfenac sodium (ophth) 0.075 %	1	QL(5 ML per fill retail); ST; PA
bromfenac sodium (ophth) 0.07 %	1	QL(3 ML per fill retail); ST; PA
bromfenac sodium (ophth) 0.09 %	1	QL(1.7 ML per 5 day(s) retail; 2 ML per 5 days mail); ST; PA
BROMSITE *(bromfenac sodium (ophth))*	1	QL(5 ML per fill retail); ST; PA
BSS PLUS SOLN	1	
BSS SOLN	1	
cromolyn sodium (ophth)	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
CYSTADROPS	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
CYSTARAN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
diclofenac sodium (ophth)	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
diclofenac sodium (ophth)	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
dorzolamide hcl	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
epinastine hcl (ophth)	2	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
fluorescein sodium injection IV 10 %	1	
FLUORESCEIN SODIUM/BENOXINATE	1	Medical Benefit Only
FLUORESCITE IV 10 % *(fluorescein sodium injection)*	1	
FLUOR-I-STRIPS A.T. STRP	1	
flurbiprofen sodium	1	QL(2.5 ML per fill retail)
GLOSTRIPS STRP 1 MG	1	
ILEVRO	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); ST; PA
ketorolac tromethamine (ophth) 0.4 %	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); ST; PA
ketorolac tromethamine (ophth) 0.5 %	1	
ketotifen fumarate (ophth) 0.035 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)
MIEBO	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); AL(At least 18 yrs old); PA
MURO 128 SOLN *(sodium chloride hypertonic)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
NEVANAC	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); ST; PA
olopatadine hcl 0.2 %	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); RX/OTC
olopatadine hcl 0.1 %	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC
PATADAY 0.1 % *(olopatadine hcl)*	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC
PATADAY 0.2 % *(olopatadine hcl)*	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); RX/OTC
PATADAY 0.7 %	2	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
PROLENSA *(bromfenac sodium (ophth))*	1	QL(3 ML per fill retail); ST; PA
TRUSOPT *(dorzolamide hcl)*	9	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	9	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)
ZERVIATE	3	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
Prostaglandins - Ophthalmic		
bimatoprost SOLN	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
DURYSTA IMPL	1	Medical Benefit Only
IDOSE TR IMPL	1	Medical Benefit Only
IYUZEH SOLN	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
latanoprost SOLN	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 %	1	MP
tafluprost	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
TRAVATAN Z SOLN *(travoprost)*	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
travoprost SOLN	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
VYZULTA	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
XALATAN SOLN *(latanoprost)*	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
XELPROS EMUL	2	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
ZIOPTAN *(tafluprost)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
ZIOPTAN *(tafluprost)*	9	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
Otic Anti-infectives		
CETRAXAL *(ciprofloxacin hcl (otic))*	9	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail)
ciprofloxacin hcl (otic)	2	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail)
ofloxacin (otic)	1	ST
Otic Combinations		
CIPRO HC	1	
CIPRODEX *(ciprofloxacin-dexamethasone)*	9	QL(7.5 ML per fill retail)
ciprofloxacin-dexamethasone	2	QL(7.5 ML per fill retail)
ciprofloxacin-fluocinolone acetonide	2	QL(14 EA per 7 day(s) retail; 14 EA per 7 days mail)
CORTISPORIN-TC	1	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SOLN	2	QL(10 ML per fill retail); ST
neomycin-polymyxin-hc (otic) SUSP	2	ST

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Drug Name	Drug Tier	Requirements/ Limits
OTOVEL *(ciprofloxacin-fluocinolone acetonide)*	9	QL(14 EA per 7 day(s) retail; 14 EA per 7 days mail)
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	1	QL(20 ML per fill retail)
fluocinolone acetonide (otic)	1	QL(20 ML per fill retail)
hydrocortisone w/acetic acid	1	PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	1	Medical Benefit Only
CARBOPROST TROMETHAMINE SOSY	1	Medical Benefit Only
CERVIDIL INST	1	
HEMABATE SOLN *(carboprost tromethamine)*	1	Medical Benefit Only
HEMABATE SOLN *(carboprost tromethamine)*	9	
PREPIDIL GEL	1	
Oxytocics		
methylergonovine maleate SOLN	1	
methylergonovine maleate TABS PO	1	QL(28 EA per fill retail)
oxytocin	1	
PITOCIN *(oxytocin)*	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANTIVENIN LATRODECTUS MACTANS	1	Medical Benefit Only
ANTIVENIN MICRURUS FULVIUS	1	Medical Benefit Only
Immune Serums		
ALYGLO	1	AL(At least 18 yrs old)
ASCENIV	1	
BIVIGAM SOLN	1	
CUTAQUIG	1	
CUVITRU SOLN	1	
CYTOGAM SOLN	1	
GAMASTAN	1	
GAMMAGARD	1	
GAMMAGARD S/D LESS IGA SOLR	1	
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1	
GAMMAPLEX SOLN	1	
GAMUNEX-C	1	
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old)
HIZENTRA SOLN	1	
HIZENTRA SOSY	1	
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old)
HYPERHEP B SOSY 110 UNIT/0.5ML	1	QL(0.5 ML per fill retail); AL(At least 19 yrs old)
HYPERRAB SOLN	1	
HYPERRHO S/D SOSY IM	1	
HYPERTET SOSY	1	AL(At least 19 yrs old)
KEDRAB SOLN	1	
NABI-HB SOLN IM	1	AL(At least 19 yrs old)
OCTAGAM SOLN	1	
PANZYGA	1	

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Drug Name	Drug Tier	Requirements/ Limits
PRIVIGEN SOLN	1	
RHOGAM ULTRA-FILTERED PLUS SOSY IM	1	
RHOPHYLAC SOSY IJ	1	
VARIZIG SOLN	1	
WINRHO SDF SOLN 15000 UNIT/13ML	1	
WINRHO SDF SOLN 1500 UNIT/1.3ML	1	QL(1.3 ML per fill retail)
WINRHO SDF SOLN 2500 UNIT/2.2ML	1	QL(2.2 ML per fill retail)
WINRHO SDF SOLN 5000 UNIT/4.4ML	1	QL(4.4 ML per fill retail)
XEMBIFY	1	
Monoclonal Antibodies		
BEYFORTUS 50 MG/0.5ML	1	QL(0.5 ML per fill retail); AL(Up to 1 yrs old)
BEYFORTUS 100 MG/ML	1	QL(2 ML per fill retail); AL(Up to 1 yrs old)
SYNAGIS SOLN 50 MG/0.5ML	1	QL(0.5 ML per 30 day(s) retail); AL(Up to 2 yrs old); PA
SYNAGIS SOLN 100 MG/ML	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(Up to 2 yrs old); PA
ZINPLAVA	1	Medical Benefit Only
Passive Immunizing Agents - Combinations		
HYQVIA	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS PO	1	
amoxicillin CHEW PO 125 MG, 250 MG	1	
amoxicillin SUSR PO	1	
AMOXICILLIN SUSR PO *(amoxicillin)*	1	
amoxicillin TABS PO	1	
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
ampicillin CAPS PO 500 MG	1	
Natural Penicillins		
BICILLIN L-A SUSY	1	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium 5000000 UNIT, 20000000 UNIT	1	
penicillin g sodium	1	
penicillin v potassium SOLR PO	1	
penicillin v potassium TABS PO	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW PO	1	
amoxicillin & pot clavulanate SUSR PO	1	
amoxicillin & pot clavulanate TABS PO	1	
amoxicillin & pot clavulanate TB12 PO	1	QL(40 EA per 10 day(s) retail; 40 EA per 10 days mail); PA
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	1	
AUGMENTIN ES-600 SUSR PO *(amoxicillin & pot clavulanate)*	9	
AUGMENTIN ES-600 SUSR PO *(amoxicillin & pot clavulanate)*	1	

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Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	1	
AUGMENTIN TABS PO 125 MG-500 MG *(amoxicillin & pot clavulanate)*	9	
BICILLIN C-R	1	
BICILLIN C-R 900/300	1	
piperacillin sodium-tazobactam sodium	1	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(ampicillin & sulbactam sodium)*	9	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(ampicillin & sulbactam sodium)*	1	
ZOSYN	1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium PO	1	
nafcillin sodium IJ 1 GM, 2 GM	1	
NAFCILLIN SODIUM IN DEXTROSE	1	
oxacillin sodium IJ 1 GM, 2 GM	1	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	1	
PHARMACEUTICAL ADJUVANTS		
Flavoring Agents		
CHERRY FLAVOR LIQD	1	AL(Up to 20 yrs old); RX/OTC
Internal Vehicle Ingredients/Agents		
THICK-IT #2 POWD PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Liquid Vehicles		
bacteriostatic sodium chloride	1	
BACTERIOSTATIC WATER(BENZ ALC)	1	
CHERRY PO	1	AL(Up to 20 yrs old); RX/OTC
glycine diluent	1	
ORA-BLEND SF SUSP PO	1	AL(Up to 20 yrs old); RX/OTC
ORA-BLEND SUSP PO	1	AL(Up to 20 yrs old); RX/OTC
ORAL SUSPEND LIQD PO	1	AL(Up to 20 yrs old); RX/OTC
ORAL SYRUP SF SYRP PO	1	AL(Up to 20 yrs old); RX/OTC
ORA-PLUS LIQD PO	1	AL(Up to 20 yrs old); RX/OTC
ORA-SWEET SF SYRP PO 10 %-9 %	1	AL(Up to 20 yrs old); RX/OTC
ORA-SWEET SYRP PO	1	AL(Up to 20 yrs old); RX/OTC
SIMPLE SYRUP PO	1	AL(Up to 20 yrs old); RX/OTC
STERILE DILUENT FOR REMODULIN *(glycine diluent)*	1	
SYRPALTA SYRP PO	1	AL(Up to 20 yrs old); RX/OTC
SYRUP VEHICLE SYRP PO	1	AL(Up to 20 yrs old); RX/OTC
water for injection, sterile IJ	1	
Pharmaceutical Excipients		
SODIUM BENZOATE	4	Requires EPSDT PA Review; PA; RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS PO *(norethindrone acetate)*	9	
medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate (appetite) PO	1	
norethindrone acetate TABS PO	1	
progesterone CAPS PO	1	
progesterone OIL	1	
PROMETRIUM CAPS PO *(progesterone)*	9	
PROMETRIUM CAPS PO *(progesterone)*	1	
PROVERA PO 5 MG, 10 MG *(medroxyprogesterone acetate)*	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium PO	1	
disulfiram PO	1	
lofexidine hcl	1	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
LUCEMYRA *(lofexidine hcl)*	1	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN PO	1	Brand Required; PA
XYREM SOLN PO	1	Brand Required; PA
XYWAV	1	QL(540 ML per 30 day(s) retail; 540 ML per 30 days mail); AL(At least 7 yrs old); PA
Antidementia Agents		
ADLARITY PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 51 yrs old); PA
ADUHELM	1	PA
ARICEPT TABS PO 23 MG *(donepezil hydrochloride)*	1	AL(At least 51 yrs old); PA
ARICEPT TABS PO 5 MG *(donepezil hydrochloride)*	1	QL(2 EA daily); AL(At least 51 yrs old); MP
ARICEPT TABS PO 10 MG *(donepezil hydrochloride)*	1	QL(3 EA daily); AL(At least 51 yrs old); MP
donepezil hydrochloride TABS PO 23 MG	1	AL(At least 51 yrs old); PA
donepezil hydrochloride TABS PO 5 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
donepezil hydrochloride TABS PO 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
donepezil hydrochloride TBDP PO	1	AL(At least 51 yrs old); PA
EXELON *(rivastigmine)*	9	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
EXELON *(rivastigmine)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA
galantamine hydrobromide CP24 PO	1	AL(At least 51 yrs old); PA
galantamine hydrobromide SOLN PO	1	AL(At least 51 yrs old); PA
galantamine hydrobromide TABS PO 8 MG, 12 MG	1	AL(At least 51 yrs old)
galantamine hydrobromide TABS PO 4 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
KISUNLA	1	PA
LEQEMBI	1	PA
memantine hcl CP24 PO	1	QL(1 EA daily); AL(At least 51 yrs old); PA
memantine hcl SOLN PO 2 MG/ML	1	AL(At least 51 yrs old); PA
memantine hcl TABS PO	1	AL(At least 51 yrs old); PA
memantine hcl TABS PO 5 MG	1	QL(4 EA daily); AL(At least 51 yrs old); MP
memantine hcl TABS PO 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
NAMENDA TITRATION PAK TABS PO *(memantine hcl)*	1	AL(At least 51 yrs old); PA
NAMENDA XR CP24 PO 14 MG, 21 MG, 28 MG *(memantine hcl)*	1	QL(1 EA daily); AL(At least 51 yrs old); PA
NAMENDA XR CP24 PO 7 MG, 14 MG, 28 MG *(memantine hcl)*	9	QL(1 EA daily)
NAMENDA TABS PO 5 MG *(memantine hcl)*	9	QL(4 EA daily); MP
NAMENDA TABS PO 10 MG *(memantine hcl)*	9	QL(3 EA daily); MP
NAMZARIC C4PK	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 51 yrs old); PA
NAMZARIC CP24	1	QL(1 EA daily); AL(At least 51 yrs old); PA
RAZADYNE ER CP24 PO *(galantamine hydrobromide)*	9	
rivastigmine	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA
rivastigmine tartrate CAPS PO 3 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
rivastigmine tartrate CAPS PO 1.5 MG, 4.5 MG, 6 MG	1	AL(At least 51 yrs old)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	1	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline PO	1	
LYBALVI	1	QL(1 EA daily); AL(At least 18 yrs old); PA
olanzapine-fluoxetine hcl PO	1	QL(1 EA daily); AL(At least 5 yrs old); PA
perphenazine-amitriptyline PO	1	
SYMBYAX PO 25 MG-3 MG *(olanzapine-fluoxetine hcl)*	9	QL(1 EA daily)
SYMBYAX PO 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); ST; PA
SAVELLA TABS PO	1	QL(2 EA daily); ST; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	1	Medical Benefit Only
Movement Disorder Drug Therapy		

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Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR PATIENT TITRATION TEPK	1	QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA
AUSTEDO XR PATIENT TITRATION TEPK	1	PA
AUSTEDO XR TB24 24 MG	1	QL(2 EA daily); PA
AUSTEDO XR TB24 6 MG, 12 MG	1	QL(1 EA daily); PA
AUSTEDO XR TB24 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA
AUSTEDO TABS	1	QL(4 EA daily); PA
INGREZZA CAPS	1	QL(1 EA daily); PA
INGREZZA CPPK	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
INGREZZA CPSP	1	PA
tetrabenazine PO	1	PA
XENAZINE PO *(tetrabenazine)*	1	PA
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	1	QL(2 EA daily); PA
AUBAGIO PO *(teriflunomide)*	9	QL(1 EA daily)
AUBAGIO PO *(teriflunomide)*	1	QL(1 EA daily); PA
AVONEX PEN AJKT	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
AVONEX PREFILLED PSKT	1	QL(3 EA per 84 day(s) retail; 3 EA per 84 days mail); PA
BAFIERTAM	1	QL(4 EA daily); AL(At least 18 yrs old); PA
BETASERON KIT	1	QL(0.5 EA daily); PA
BRIUMVI	1	PA
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	9	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail)
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	1	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
dalfampridine	1	QL(2 EA daily); PA
dimethyl fumarate CDPK	1	QL(2 EA daily); PA
dimethyl fumarate CPDR 120 MG	1	QL(14 EA per fill retail); PA
dimethyl fumarate CPDR 240 MG	1	QL(2 EA daily); PA
fingolimod hcl PO	1	QL(1 EA daily); PA
GILENYA PO *(fingolimod hcl)*	1	QL(1 EA daily); PA
glatiramer acetate SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
glatiramer acetate SOSY 20 MG/ML	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
KESIMPTA	1	QL(0.4 ML per 28 day(s) retail); AL(At least 18 yrs old); PA
LEMTRADA	1	Medical Benefit Only
MAVENCLAD (10 TABS) PO	1	PA
MAVENCLAD (4 TABS) PO	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (5 TABS) PO	1	PA
MAVENCLAD (6 TABS) PO	1	PA
MAVENCLAD (7 TABS) PO	1	PA
MAVENCLAD (8 TABS) PO	1	PA
MAVENCLAD (9 TABS) PO	1	PA
MAYZENT STARTER PACK TBPK 0.25 MG	1	QL(12 EA per fill retail); PA
MAYZENT STARTER PACK TBPK 0.25 MG	1	QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA
MAYZENT TABS PO 0.25 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
MAYZENT TABS PO 1 MG, 2 MG	1	QL(1 EA daily); PA
OCREVUS	1	PA
OCREVUS ZUNOVO	1	PA
PLEGRIDY STARTER PACK SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PLEGRIDY STARTER PACK SOSY SC	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PLEGRIDY SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PLEGRIDY SOSY IM	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PONVORY STARTER PACK TBPK	1	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA
PONVORY TABS	1	QL(1 EA daily); AL(At least 18 yrs old); PA
REBIF REBIDOSE TITRATION PACK SOAJ	1	QL(4.2 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
REBIF REBIDOSE SOAJ	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA
REBIF TITRATION PACK SOSY	1	QL(4.2 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
REBIF SOSY	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA
TASCENSO ODT	1	QL(1 EA daily); AL(At least 10 yrs old); PA
TECFIDERA CDPK *(dimethyl fumarate)*	1	QL(2 EA daily); PA
TECFIDERA CPDR 120 MG *(dimethyl fumarate)*	1	QL(14 EA per fill retail); PA
TECFIDERA CPDR 240 MG *(dimethyl fumarate)*	1	QL(2 EA daily); PA
teriflunomide PO	1	QL(1 EA daily); PA
TYSABRI	1	PA
VUMERITY PO	1	QL(4 EA daily); PA
ZEPOSIA 7-DAY STARTER PACK CPPK	1	QL(7 EA per fill retail); PA
ZEPOSIA STARTER KIT CPPK	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ZEPOSIA CAPS	1	QL(1 EA daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS PO 300 MG	1	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
gabapentin (once-daily) TABS PO 600 MG	1	QL(2 EA daily); PA
GRALISE TABS PO 600 MG, 750 MG, 900 MG	1	QL(2 EA daily); PA
GRALISE TABS PO 300 MG, 450 MG	1	QL(1 EA daily); PA
GRALISE TABS PO *(gabapentin (once-daily))*	1	QL(1 EA daily); PA
GRALISE TABS PO *(gabapentin (once-daily))*	1	QL(2 EA daily); PA
LYRICA CR *(pregabalin (once-daily))*	1	QL(1 EA daily); PA
LYRICA CR *(pregabalin (once-daily))*	9	QL(1 EA daily)
pregabalin (once-daily)	1	QL(1 EA daily); PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS PO	1	QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	1	QL(2 EA daily); AL(At least 18 yrs old); PA
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	1	PA
ergoloid mesylates TABS PO	1	
MIPLYFFA	1	AL(At least 2 yrs old); PA
pimozide PO	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT PO	1	QL(1 EA daily); PA
Smoking Deterrents		
bupropion hcl (smoking deterrent) PO	1	QL(100 EA per 50 day(s) retail; 200 EA per 100 days mail)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	1	QL(53 EA per 28 day(s) retail; 53 EA per 28 days mail); AL(At least 17 yrs old)
NICODERM CQ PT24 TD *(nicotine)*	9	QL(1 EA daily); MP
NICORETTE MINI LOZG *(nicotine polacrilex)*	9	
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	9	
NICORETTE GUM *(nicotine polacrilex)*	9	
NICORETTE LOZG *(nicotine polacrilex)*	9	
nicotine polacrilex GUM	1	
nicotine polacrilex LOZG	1	
NICOTINE KIT	1	QL(1 EA daily); MP
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	QL(1 EA daily); MP
NICOTROL NS SOLN	1	
NICOTROL INHA	1	
varenicline tartrate TABS PO	1	QL(2 EA daily); AL(At least 17 yrs old)
varenicline tartrate TBPK	1	QL(53 EA per 28 day(s) retail; 53 EA per 28 days mail); AL(At least 17 yrs old)
Transthyretin Amyloidosis Agents		
AMVUTTRA	1	QL(0.5 ML per 90 day(s) retail); PA
ONPATTRO	1	Medical Benefit Only
TEGSEDI	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
WAINUA	1	PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor) PO	1	QL(1 EA daily); PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	1	AL(At least 18 yrs old); PA
GLASSIA SOLN	1	AL(At least 18 yrs old); PA
PROLASTIN-C SOLN	1	PA
ZEMAIRA SOLR	1	AL(At least 18 yrs old); PA
Cystic Fibrosis Agents		
BRONCHITOL	1	AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	1	AL(At least 18 yrs old); PA
KALYDECO PACK 5.8 MG, 13.4 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 1 yrs old); PA
KALYDECO PACK 25 MG, 50 MG, 75 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 5 yrs old); PA
KALYDECO TABS	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 2 yrs old); PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 1 yrs old - Up to 6 yrs old); PA
ORKAMBI PACK 94 MG-75 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 1 yrs old - Up to 2 yrs old); PA
ORKAMBI TABS	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 6 yrs old); PA
PULMOZYME	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail)
SYMDEKO 75 MG-50 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA
SYMDEKO 150 MG-100 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old); PA
TRIKAFTA TBPK 50 MG-25 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
TRIKAFTA TBPK 100 MG-50 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 6 yrs old); PA
TRIKAFTA THPK	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	9	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail)
ESBRIET CAPS *(pirfenidone)*	1	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA
ESBRIET TABS PO 801 MG *(pirfenidone)*	1	QL(3 EA daily); AL(At least 18 yrs old); PA
ESBRIET TABS PO 267 MG *(pirfenidone)*	1	QL(9 EA daily); AL(At least 18 yrs old); PA
OFEV	1	QL(2 EA daily); AL(At least 18 yrs old); PA
pirfenidone CAPS	1	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA
pirfenidone TABS PO 534 MG, 801 MG	1	QL(3 EA daily); AL(At least 18 yrs old); PA
pirfenidone TABS PO 267 MG	1	QL(9 EA daily); AL(At least 18 yrs old); PA
Respiratory Agents - Misc.		
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS PO	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	1	AL(At least 18 yrs old); PA
NUZYRA TABS PO	1	AL(At least 18 yrs old); PA
Fluorocyclines		
XERAVA	1	Medical Benefit Only
Glycylcyclines		
tigecycline	1	
TIGECYCLINE	1	
TYGACIL *(tigecycline)*	9	
TYGACIL *(tigecycline)*	1	
Tetracyclines		
ACTICLATE TABS PO *(doxycycline hyclate)*	9	
demeclocycline hcl TABS PO	1	
DORYX MPC TBEC PO 60 MG	1	PA
DORYX TBEC PO 50 MG, 200 MG *(doxycycline hyclate)*	9	
DORYX TBEC PO 80 MG *(doxycycline hyclate)*	1	PA
doxycycline (monohydrate) CAPS PO 50 MG, 100 MG	1	
doxycycline (monohydrate) CAPS PO 75 MG, 150 MG	1	PA
doxycycline (monohydrate) SUSR PO	1	
doxycycline (monohydrate) TABS PO 150 MG	1	PA
doxycycline (monohydrate) TABS PO 50 MG, 75 MG, 100 MG	1	
doxycycline hyclate CAPS PO	1	
doxycycline hyclate SOLR	1	
doxycycline hyclate TABS PO 20 MG, 100 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate TABS PO 50 MG, 75 MG, 150 MG	1	PA
doxycycline hyclate TBEC PO	1	PA
MINOCIN SOLR	1	
minocycline hcl CAPS PO	1	
minocycline hcl TABS PO	1	QL(2 EA daily); PA
minocycline hcl TB24 PO	1	PA
MINOLIRA TB24 PO	1	AL(At least 12 yrs old); PA
SOLODYN TB24 PO 55 MG, 65 MG, 105 MG, 115 MG *(minocycline hcl)*	9	
SOLODYN TB24 PO 80 MG *(minocycline hcl)*	1	PA
tetracycline hcl CAPS PO	1	
TETRACYCLINE HCL TABS PO	1	PA
VIBRAMYCIN CAPS PO *(doxycycline hyclate)*	9	
VIBRAMYCIN SUSR PO *(doxycycline (monohydrate))*	9	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
METHIMAZOLE POWD	1	
methimazole TABS PO	1	
propylthiouracil PO	1	
Thyroid Hormones		
ADTHYZA TABS PO	1	MP
ARMOUR THYROID TABS PO	1	MP
CYTOMEL TABS PO *(liothyronine sodium)*	1	MP
ERMEZA SOLN PO	1	PA
levothyroxine sodium CAPS PO	1	PA

Drug Name	Drug Tier	Requirements/ Limits
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML	1	Medical Benefit Only
levothyroxine sodium SOLR IV	1	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	1	
levothyroxine sodium TABS PO	1	MP
liothyronine sodium SOLN	1	
liothyronine sodium TABS PO	1	MP
NIVA THYROID TABS PO	1	MP
SYNTHROID TABS PO *(levothyroxine sodium)*	1	MP
THYQUIDITY SOLN PO	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
TIROSINT CAPS PO *(levothyroxine sodium)*	9	
TRIOSTAT SOLN *(liothyronine sodium)*	9	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 19 yrs old)
DAPTACEL	1	AL(At least 19 yrs old)
INFANRIX	1	AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
KINRIX SUSY	1	AL(At least 19 yrs old)
PEDIARIX SUSY	1	AL(At least 19 yrs old)
QUADRACEL SUSP	1	AL(At least 19 yrs old)
QUADRACEL SUSY	1	AL(At least 19 yrs old)
TDVAX SUSP	1	AL(At least 19 yrs old)
TENIVAC INJ	1	AL(At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	1	AL(At least 19 yrs old)
VAXELIS SUSP	1	AL(Up to 4 yrs old)
VAXELIS SUSY	1	AL(Up to 4 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP PO *(hyoscyamine sulfate)*	9	
atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML	1	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)*	1	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)*	9	
atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	1	
ATROPINE SULFATE SOSY IJ *(atropine sulfate)*	9	
ATROPINE SULFATE SOSY IJ *(atropine sulfate)*	1	
BELLADONNA ALKALOIDS-OPIUM PR	1	
BENTYL SOLN IM *(dicyclomine hcl)*	1	

Drug Name	Drug Tier	Requirements/ Limits
CUVPOSA SOLN PO *(glycopyrrolate)*	1	
DARTISLA ODT TBDP	1	QL(3 EA daily); AL(At least 18 yrs old); PA
dicyclomine hcl CAPS PO	1	
dicyclomine hcl SOLN IM	1	
dicyclomine hcl TABS PO	1	
GLYCATE TABS PO	1	AL(At least 12 yrs old); PA
GLYCOPYRROLATE PF SOSY IJ	1	
glycopyrrolate SOLN IJ	1	
glycopyrrolate SOSY IJ	1	
glycopyrrolate TABS PO 1 MG, 2 MG	1	
GLYRX-PF SOLN IJ	1	
GLYRX-PF SOSY IJ 1 MG/5ML	1	
hyoscyamine sulfate ELIX PO	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS PO 0.125 MG	1	
hyoscyamine sulfate TB12 PO 0.375 MG	1	
hyoscyamine sulfate TBDP PO 0.125 MG	1	
LEVBID TB12 PO *(hyoscyamine sulfate)*	9	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	1	
LEVSIN TABS PO *(hyoscyamine sulfate)*	1	
methscopolamine bromide PO	1	
ROBINUL-FORTE TABS PO *(glycopyrrolate)*	1	

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Drug Name	Drug Tier	Requirements/ Limits
ROBINUL TABS PO *(glycopyrrolate)*	1	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	1	QL(15 ML daily); MP
cimetidine TABS PO 200 MG, 300 MG, 400 MG	1	QL(2 EA daily); PA; RX/OTC
cimetidine TABS PO 800 MG	1	QL(1 EA daily); MP; PA
famotidine in nacl SOLN	1	
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	1	
famotidine SUSR PO	1	AL(Up to 6 yrs old); MP
famotidine TABS PO 40 MG	1	QL(2 EA daily); MP
famotidine TABS PO 20 MG	1	QL(4 EA daily); MP; RX/OTC
nizatidine CAPS PO 300 MG	1	QL(1 EA daily); PA
nizatidine CAPS PO 150 MG	1	QL(3 EA daily); MP; PA
PEPCID AC MAXIMUM STRENGTH TABS PO *(famotidine)*	9	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS PO *(famotidine)*	9	QL(4 EA daily); MP; RX/OTC
PEPCID TABS PO 20 MG *(famotidine)*	1	QL(4 EA daily); MP; RX/OTC
PEPCID TABS PO 40 MG *(famotidine)*	1	QL(2 EA daily); MP
TAGAMET HB 200 TABS PO *(cimetidine)*	9	QL(2 EA daily); RX/OTC
TAGAMET HB TABS PO *(cimetidine)*	9	QL(2 EA daily); RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP PO *(sucralfate)*	1	
CARAFATE TABS PO *(sucralfate)*	1	
SUCRALFATE POWD	1	
sucralfate SUSP PO	1	
sucralfate TABS PO	1	
Proton Pump Inhibitors		
ACIPHEX TBEC PO *(rabeprazole sodium)*	9	QL(2 EA daily); MP
DEXILANT PO *(dexlansoprazole)*	1	QL(1 EA daily)
dexlansoprazole PO	1	QL(1 EA daily)
esomeprazole magnesium CPDR PO	1	QL(2 EA daily); MP; RX/OTC
esomeprazole magnesium PACK	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
esomeprazole sodium 40 MG	1	ST; PA
lansoprazole CPDR PO	1	QL(2 EA daily); MP
lansoprazole TBDD	1	Brand Required; QL(1 EA daily); PA; RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR PO *(esomeprazole magnesium)*	9	QL(2 EA daily); MP; RX/OTC
NEXIUM 24HR CPDR PO *(esomeprazole magnesium)*	9	QL(2 EA daily); MP; RX/OTC
NEXIUM I.V. 40 MG *(esomeprazole sodium)*	1	ST; PA
NEXIUM CPDR PO *(esomeprazole magnesium)*	1	QL(2 EA daily); MP; RX/OTC
NEXIUM PACK	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)

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NEXIUM PACK *(esomeprazole magnesium)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
omeprazole CPDR PO 10 MG	1	QL(3 EA daily); MP
omeprazole CPDR PO 20 MG	1	QL(4 EA daily); MP
omeprazole CPDR PO 40 MG	1	QL(2 EA daily); MP
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML, 0.9 %-80 MG/100ML	3	
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	3	PA
pantoprazole sodium PACK	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
pantoprazole sodium SOLR	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); ST
pantoprazole sodium TBEC PO	1	QL(4 EA daily); MP
PREVACID 24HR CPDR PO *(lansoprazole)*	9	QL(2 EA daily); MP; RX/OTC
PREVACID SOLUTAB TBDD 15 MG *(lansoprazole)*	9	Brand Required; QL(1 EA daily); RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	1	Brand Required; QL(1 EA daily); RX/OTC
PREVACID CPDR PO 30 MG *(lansoprazole)*	1	QL(2 EA daily); MP
PRILOSEC PACK PO	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST; PA
PROTONIX PACK *(pantoprazole sodium)*	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
PROTONIX PACK *(pantoprazole sodium)*	9	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
PROTONIX SOLR *(pantoprazole sodium)*	9	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); ST
PROTONIX SOLR *(pantoprazole sodium)*	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); ST
PROTONIX TBEC PO *(pantoprazole sodium)*	1	QL(4 EA daily); MP
rabeprazole sodium TBEC PO	1	QL(2 EA daily); MP
VOQUEZNA	1	AL(At least 18 yrs old); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC PO *(misoprostol)*	1	
misoprostol PO	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); PA
bismuth subcitrate potassium-metronidazole-tetracycline PO	1	PA
KONVOMEP SUSR	1	AL(At least 18 yrs old); PA
omeprazole-sodium bicarbonate CAPS PO	1	QL(1 EA daily); PA; RX/OTC
omeprazole-sodium bicarbonate PACK PO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
PYLERA PO *(bismuth subcitrate potassium-metronidazole-tetracycline)*	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
TALICIA	1	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
VOQUEZNA DUAL PAK	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA
VOQUEZNA TRIPLE PAK	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA
ZEGERID OTC CAPS PO *(omeprazole-sodium bicarbonate)*	9	QL(1 EA daily); RX/OTC
ZEGERID CAPS PO *(omeprazole-sodium bicarbonate)*	1	QL(1 EA daily); PA
ZEGERID PACK PO *(omeprazole-sodium bicarbonate)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
ZEGERID PACK PO 1680 MG-40 MG *(omeprazole-sodium bicarbonate)*	9	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide PO	1	QL(1 EA daily); ST; PA
DETROL LA CP24 PO *(tolterodine tartrate)*	9	QL(1 EA daily); ST
DETROL LA CP24 PO *(tolterodine tartrate)*	1	QL(1 EA daily); ST; PA
DETROL TABS PO *(tolterodine tartrate)*	1	ST; PA
DITROPAN XL TB24 PO 10 MG *(oxybutynin chloride)*	9	QL(3 EA daily); MP
DITROPAN XL TB24 PO 5 MG *(oxybutynin chloride)*	9	QL(6 EA daily); MP
fesoterodine fumarate 4 MG	1	Brand Required; QL(2 EA daily); MP; PA
fesoterodine fumarate 8 MG	1	Brand Required; QL(1 EA daily); MP; PA
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS PO 5 MG	1	QL(4 EA daily); MP
oxybutynin chloride TABS PO 2.5 MG	1	QL(4 EA daily); PA
oxybutynin chloride TB24 PO 15 MG	1	QL(2 EA daily); MP
oxybutynin chloride TB24 PO 5 MG	1	QL(6 EA daily); MP
oxybutynin chloride TB24 PO 10 MG	1	QL(3 EA daily); MP
OXYTROL PTTW	1	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PA; RX/OTC
solifenacin succinate TABS PO 5 MG	1	QL(2 EA daily); MP
solifenacin succinate TABS PO 10 MG	1	QL(1 EA daily); MP
tolterodine tartrate CP24 PO	1	QL(1 EA daily); ST; PA
tolterodine tartrate TABS PO	1	ST; PA
TOVIAZ 4 MG *(fesoterodine fumarate)*	1	Brand Required; QL(2 EA daily); MP
TOVIAZ 8 MG *(fesoterodine fumarate)*	1	Brand Required; QL(1 EA daily); MP
trospium chloride CP24 PO	1	ST; PA
trospium chloride TABS PO	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
VESICARE LS SUSP	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 2 yrs old - Up to 10 yrs old)
VESICARE TABS PO 10 MG *(solifenacin succinate)*	1	QL(1 EA daily); MP
VESICARE TABS PO 5 MG *(solifenacin succinate)*	1	QL(2 EA daily); MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	1	QL(1 EA daily); PA
mirabegron TB24 PO	1	QL(1 EA daily); ST; PA
MYRBETRIQ SRER	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old); ST; PA
MYRBETRIQ TB24 PO *(mirabegron)*	1	QL(1 EA daily); ST; PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride PO 10 MG, 50 MG	1	QL(4 EA daily)
bethanechol chloride PO 5 MG	1	
bethanechol chloride PO 25 MG	1	QL(8 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl PO	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	AL(At least 19 yrs old)
BCG VACCINE	1	AL(At least 19 yrs old)
BEXSERO	1	AL(At least 19 yrs old)
BIOTHRAX	1	AL(At least 19 yrs old)
CAPVAXIVE	1	AL(At least 19 yrs old)
HIBERIX SOLR IJ	1	AL(At least 19 yrs old)
MENACTRA	1	AL(At least 19 yrs old)
MENQUADFI	1	AL(At least 19 yrs old)
MENQUADFI	1	AL(At least 19 yrs old)
MENVEO SOLN	1	AL(At least 19 yrs old)
MENVEO SOLR	1	AL(At least 19 yrs old)
PEDVAX HIB SUSP	1	AL(At least 19 yrs old)
PENBRAYA	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	1	AL(At least 2 yrs old - Up to 18 yrs old)
PNEUMOVAX 23 SOLN	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 2 yrs old - Up to 18 yrs old)
PREVNAR 13	1	AL(At least 19 yrs old)
PREVNAR 20	1	AL(At least 19 yrs old)
TRUMENBA	1	AL(At least 19 yrs old)
TYPHIM VI SOLN	1	AL(At least 19 yrs old)
TYPHIM VI SOSY	1	AL(At least 19 yrs old)
VAXCHORA	1	AL(At least 19 yrs old)
VAXNEUVANCE	1	AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
VIVOTIF PO	1	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	1	AL(At least 10 yrs old - Up to 18 yrs old)
ABRYSVO	1	AL(At least 19 yrs old)
ABRYSVO	1	AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 3 yrs old - Up to 18 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
AREXVY	1	AL(At least 19 yrs old)
COMIRNATY SUSP	1	AL(At least 19 yrs old)
COMIRNATY SUSY	1	AL(At least 12 yrs old)
COMIRNATY SUSY	1	AL(At least 19 yrs old)
COMIRNATY SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
DENGVAXIA	1	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	1	AL(At least 19 yrs old)
ENGERIX-B SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUAD	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUAD QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
FLUCELVAX QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUMIST	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old - Up to 49 yrs old)
FLUMIST	1	1 max fill(s) per 180 day(s) retail; AL(At least 2 yrs old - Up to 18 yrs old)
FLUMIST QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUZONE QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
GARDASIL 9 SUSP	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
GARDASIL 9 SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
HAVRIX	1	AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IMOVAX RABIES SUSR	1	AL(At least 19 yrs old)
IPOL	1	AL(At least 19 yrs old)
IXCHIQ	1	AL(At least 19 yrs old)
IXIARO	1	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	1	AL(At least 19 yrs old)
JYNNEOS	1	AL(At least 19 yrs old)
M-M-R II SOLR	1	AL(At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y	1	AL(At least 19 yrs old)
MODERNA COVID-19 BIVALENT	1	AL(At least 19 yrs old)
MODERNA COVID-19 VAC (BOOSTER) SUSP	1	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	1	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	1	AL(Up to 11 yrs old)
MODERNA COVID-19 VACC 6M-5Y SUSP	1	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
MRESVIA	1	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	1	
PFIZER COVID-19 BIVAL 6MO-4YR	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC BIVAL 5-11	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC BIVALENT	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	1	AL(At least 5 yrs old - Up to 11 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	1	AL(Up to 4 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	1	AL(At least 19 yrs old)
PREHEVBRIO	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 19 yrs old)
RABAVERT	1	AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	1	AL(At least 19 yrs old)
ROTARIX SUSR PO	1	AL(At least 19 yrs old)
ROTATEQ SOLN PO	1	AL(At least 19 yrs old)
SHINGRIX	1	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
SPIKEVAX SUSP	1	AL(At least 19 yrs old)
SPIKEVAX SUSY	1	AL(At least 19 yrs old)
SPIKEVAX SUSY	1	AL(At least 12 yrs old)
STAMARIL SUSR	1	AL(At least 19 yrs old)
TICOVAC	1	AL(At least 19 yrs old)
TWINRIX SUSY	1	AL(At least 19 yrs old)
VAQTA	1	AL(At least 19 yrs old)
VARIVAX SUSR	1	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
VARIVAX SUSR	1	2 max fill(s) per 999 day(s) retail; AL(At least 1 yrs old - Up to 18 yrs old)
YF-VAX INJ	1	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM	1	
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	1	
CLEOCIN SUPP	1	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	1	
GYNAZOLE-1	1	
metronidazole vaginal	1	QL(70 GM per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	
NUVESSA	1	QL(5 GM per fill retail); PA
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	1	QL(70 GM per fill retail)
XACIATO GEL	1	QL(8 GM per fill retail); PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	1	PA
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail)
estradiol vaginal CREA	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail)
estradiol vaginal TABS	1	
ESTRING RING	1	

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Drug Name	Drug Tier	Requirements/ Limits
FEMRING	1	
PREMARIN	1	QL(30 GM per 28 day(s) retail; 30 GM per 28 days mail)
VAGIFEM TABS *(estradiol vaginal)*	1	
Vaginal Progestins		
CRINONE GEL 8 %	1	AL(At least 12 yrs old - Up to 55 yrs old); PA
ENDOMETRIN INST	1	AL(At least 12 yrs old - Up to 55 yrs old); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML *(epinephrine (anaphylaxis))*	1	
AUVI-Q SOAJ	1	
AUVI-Q SOAJ 0.1 MG/0.1ML	4	Requires EPSDT PA Review; PA
epinephrine (anaphylaxis) SOAJ	1	
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	1	
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	9	
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa 100 MG, 200 MG	1	QL(3 EA daily); AL(At least 18 yrs old); PA
droxidopa 300 MG	1	QL(6 EA daily); AL(At least 18 yrs old); PA
NORTHERA 100 MG, 200 MG *(droxidopa)*	1	QL(3 EA daily); AL(At least 18 yrs old); PA
NORTHERA 300 MG *(droxidopa)*	1	QL(6 EA daily); AL(At least 18 yrs old); PA
Vasopressors		
AKOVAZ SOLN IV *(ephedrine sulfate (pressors))*	1	
AKOVAZ SOLN IV *(ephedrine sulfate (pressors))*	9	
AKOVAZ SOSY IV	1	Medical Benefit Only
BIORPHEN SOLN IV	1	Medical Benefit Only
EMERPHED SOLN IV	1	Medical Benefit Only
EMERPHED SOSY IV	1	Medical Benefit Only
ephedrine sulfate (pressors) SOLN IV	1	
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	1	
EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML	1	Medical Benefit Only
epinephrine SOLN IJ	1	
EPINEPHRINE SOLN IJ 1 MG/ML, 10 MG/10ML *(epinephrine)*	9	
EPINEPHRINE SOLN IJ 1 MG/ML	1	
EPINEPHRINE SOSY IV 1 MG/10ML	1	
IMMPHENTIV SOLN IV	1	Medical Benefit Only
LEVOPHED IV *(norepinephrine bitartrate)*	1	

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Drug Name	Drug Tier	Requirements/ Limits
LEVOPHED IV *(norepinephrine bitartrate)*	9	
midodrine hcl PO	1	
norepinephrine bitartrate IV	1	
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1	
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1	
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; AL(Up to 20 yrs old)
PHENYLEPHRINE HCL (PRESSORS) SOLN IV *(phenylephrine hcl (pressors))*	9	
VAZCULEP SOLN IV *(phenylephrine hcl (pressors))*	9	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CHEW PO 1000 UNIT	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
cholecalciferol LIQD PO 10 MCG/ML	1	AL(Up to 20 yrs old); PA
DRISDOL CAPS PO *(ergocalciferol)*	9	
D-VI-SOL LIQD PO *(cholecalciferol)*	9	
ergocalciferol CAPS PO	1	
ergocalciferol SOLN PO 200 MCG/ML	1	AL(Up to 20 yrs old); PA
MEPHYTON TABS PO *(phytonadione)*	9	
phytonadione SOLN 1 MG/0.5ML	1	QL(0.5 ML per fill retail)
phytonadione SOLN 10 MG/ML	1	
phytonadione TABS PO 5 MG	1	
VITAMIN D3 LIQD PO 125 MCG/ML	1	AL(Up to 20 yrs old); PA
vitamin e SOLN PO 15 MG/0.67ML	1	AL(Up to 20 yrs old); PA
Water Soluble Vitamins		
THIAMINE HCL POWD	1	AL(Up to 2 yrs old); PA; RX/OTC

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bromfenac sodium (ophth) 0.075 % 205

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BSS SOLN 205

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butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 13

butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG 13

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CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 95

CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 95

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calcium carbonate-vitamin d TABS PO 250 MG-125 UNIT 181

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calcium citrate-vitamin d TABS PO 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG 181

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calcium gluconate SOLN 181

CALCIUM GLUCONATE-NACL SOLN (calcium gluconate-sodium chloride) 181

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carbidopa-levodopa TBCR PO 80

carbidopa-levodopa TBDP PO 80

carbidopa-levodopa-entacapone PO 100 MG-25 MG-200 MG 80

carbidopa-levodopa-entacapone PO 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG 80

carbidopa-levodopa-entacapone PO 200 MG-50 MG-200 MG 80

carbinoxamine maleate SOLN PO .55

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carisoprodol TABS PO 350 MG ..191

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MG/5ML (ibuprofen) 11
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ZYRTEC CHILDRENS ALLERGY SOLN PO (cetirizine hcl) 56
ZYTIGA 250 MG (abiraterone acetate) 72
ZYTIGA 500 MG (abiraterone acetate) 72
ZYVOX SOLN (linezolid) 65
ZYVOX SOLN 65
ZYVOX SUSR (linezolid) 65
ZYVOX TABS PO (linezolid) 65