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 a less expensive medication that becomes available.

## 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 added 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 is the difference between 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/pharmacy-home-page-docs/12.27.2024%20%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 can pick up your medication. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. The specific criteria that must be met to approve a PA is found here: https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/2025.html Providers are recommended to utilize CoverMyMeds to submit PAs for retail pharmacy coverage:https://www.covermymeds.com/main/prior-authorization-forms/ 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 over a specific time period. 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 a 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 cannot 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 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 *(amphetamine-dextroamphetamine)* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| ADDERALL TABS 30 MG *(amphetamine-dextroamphetamine)* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| ADDERALL TABS 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 - Up to 20 yrs old) |
| ADZENYS XR-ODT TBED | 4 | QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA |
| *amphetamine sulfate TABS* | 1 | QL(3 EA daily); AL(At least 5 yrs old); PA |
| *amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG* | 1 | QL(1 EA daily); AL(At least 13 yrs old); PA |
| *amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *amphetamine-dextroamphetamine CP24 37.5 MG* | 1 | QL(1 EA daily); PA |
| *amphetamine-dextroamphetamine TABS 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 - Up to 20 yrs old) |
| *amphetamine-dextroamphetamine TABS 30 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| DEXEDRINE CP24 10 MG *(dextroamphetamine sulfate)* | 4 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate CP24 15 MG* | 4 | QL(4 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate CP24 5 MG, 10 MG* | 4 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate SOLN* | 1 | AL(At least 5 yrs old - Up to 9 yrs old); PA |
| *dextroamphetamine sulfate TABS 30 MG* | 4 | QL(2 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG* | 4 | QL(3 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate TABS 30 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old); PA |
| *dextroamphetamine sulfate TABS 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); PA |
| EVEKEO TABS *(amphetamine sulfate)* | 4 | QL(3 EA daily); AL(At least 5 yrs old); PA |
| EVEKEO TABS *(amphetamine sulfate)* | 1 | QL(3 EA daily); AL(At least 5 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lisdexamfetamine dimesylate CAPS* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA |
| *lisdexamfetamine dimesylate CHEW* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA |
| *methamphetamine hcl* | 4 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| MYDAYIS CP24 *(amphetamine-dextroamphetamine)* | 1 | QL(1 EA daily); AL(At least 13 yrs old); PA |
| VYVANSE CAPS | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| VYVANSE CHEW | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old) |
| XELSTRYM | 4 | 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)* | 1 | |
| *caffeine & sodium benzoate* | 1 | |
| *caffeine citrate SOLN PO* | 1 | |
| CAFFEINE CITRATE SOLN IV *(caffeine citrate)* | 1 | |
| Anti-Obesity Agents | | |
| IMCIVREE | 4 | QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail); AL(At least 6 yrs old); PA |
| WEGOVY | 4 | AL(At least 18 yrs old); PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| *atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old) |
| *atomoxetine hcl 80 MG, 100 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| *clonidine hcl (adhd) TB12* | 2 | QL(4 EA daily); AL(At least 5 yrs old); PA |
| *guanfacine hcl (adhd)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| INTUNIV *(guanfacine hcl (adhd))* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| ONYDA XR SUER | 1 | AL(At least 5 yrs old); PA |
| QELBREE 100 MG | 4 | QL(1 EA daily); AL(At least 6 yrs old) |
| QELBREE 200 MG | 4 | QL(3 EA daily); AL(At least 6 yrs old) |
| QELBREE 150 MG | 4 | QL(2 EA daily); AL(At least 6 yrs old) |
| STRATTERA 80 MG, 100 MG *(atomoxetine hcl)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| STRATTERA 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 | 4 | QL(1 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Histamine H3-Receptor Antagonist/Inverse Agonists | | |
| WAKIX | 4 | QL(2 EA daily); PA |
| Stimulants - Misc. | | |
| APTENSIO XR CP24 *(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* | 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 18 MG, 27 MG, 54 MG *(methylphenidate hcl)* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| CONCERTA TBCR 36 MG *(methylphenidate hcl)* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| COTEMPLA XR-ODT TBED | 4 | QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA |
| 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* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA |
| *dexmethylphenidate hcl TABS* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| FOCALIN XR CP24 *(dexmethylphenidate hcl)* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| FOCALIN TABS *(dexmethylphenidate hcl)* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| JORNAY PM CP24 | 3 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| METHYLIN SOLN *(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* | 1 | QL(3 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl CP24 30 MG* | 2 | QL(2 EA daily); AL(At least 5 yrs old); PA |
| *methylphenidate hcl CP24* | 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 10 MG, 20 MG, 40 MG, 60 MG* | 2 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *methylphenidate hcl CPCR* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl SOLN* | 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methylphenidate hcl TABS* | 1 | QL(3 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl TB24 18 MG, 27 MG, 54 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl TB24 36 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl TBCR 36 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| *methylphenidate hcl TBCR 72 MG* | 4 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *methylphenidate hcl TBCR 10 MG, 20 MG* | 1 | QL(3 EA daily); AL(At least 5 yrs old - Up to 20 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* | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| NUVIGIL *(armodafinil)* | 1 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| PROVIGIL *(modafinil)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| QUILLICHEW ER CHER | 1 | QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA |
| QUILLIVANT XR SRER | 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 | 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 |
| QUILLIVANT XR SRER | 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 |
| QUILLIVANT XR SRER | 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 |
| RELEXXII TBCR 18 MG, 27 MG, 54 MG | 4 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| RELEXXII TBCR | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| RELEXXII TBCR 36 MG | 4 | QL(2 EA daily); AL(At least 5 yrs old); PA |
| RELEXXII TBCR 36 MG | 1 | QL(2 EA daily); AL(At least 5 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RELEXXII TBCR 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); PA |
| RITALIN LA CP24 30 MG *(methylphenidate hcl)* | 2 | QL(2 EA daily); AL(At least 5 yrs old); PA |
| RITALIN LA CP24 10 MG, 20 MG, 40 MG *(methylphenidate hcl)* | 2 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| RITALIN TABS *(methylphenidate hcl)* | 1 | QL(3 EA daily); AL(At least 5 yrs old - Up to 20 yrs old) |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 4 | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA |
| ODACTRA SUBL | 4 | QL(1 EA daily); AL(At least 12 yrs old - Up to 65 yrs old); PA |
| ORALAIR SUBL | 4 | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA |
| PALFORZIA (12 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (120 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (160 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (20 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (200 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (240 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (3 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (300 MG MAINTENANCE) PACK | 4 | PA |
| PALFORZIA (300 MG TITRATION) PACK | 4 | PA |
| PALFORZIA (40 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (6 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA (80 MG DAILY DOSE) CSPK | 4 | PA |
| PALFORZIA INITIAL ESCALATION CSPK | 4 | PA |
| RAGWITEK SUBL | 4 | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA |
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC | 4 | 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 | |
| ARIKAYCE | 4 | QL(235.2 ML per 28 day(s) retail; 235 ML per 28 days mail); PA |
| BETHKIS NEBU *(tobramycin)* | 4 | 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 (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)* | 4 | QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neomycin sulfate TABS* | 1 | |
| *paromomycin sulfate* | 1 | |
| *streptomycin sulfate SOLR* | 1 | |
| TOBI PODHALER CAPS | 4 | QL(224 EA per 55 day(s) retail; 224 EA per 55 days mail); PA |
| TOBI NEBU *(tobramycin)* | 4 | 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* | 4 | QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail) |
| *tobramycin NEBU* | 4 | QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA |
| ZEMDRI | 4 | PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| OLUMIANT 1 MG, 2 MG | 4 | QL(1 EA daily); PA |
| RINVOQ LQ SOLN | 4 | AL(At least 2 yrs old - Up to 10 yrs old); PA |
| RINVOQ TB24 45 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| RINVOQ TB24 15 MG, 30 MG | 4 | QL(1 EA daily); PA |
| XELJANZ XR TB24 | 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 | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| RASUVO SOAJ 30 MG/0.6ML | 4 | QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| RASUVO SOAJ 22.5 MG/0.45ML | 4 | QL(1.8 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| RASUVO SOAJ 25 MG/0.5ML | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| RASUVO SOAJ 10 MG/0.2ML | 4 | QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| RASUVO SOAJ 17.5 MG/0.35ML | 4 | QL(1.4 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| RASUVO SOAJ 20 MG/0.4ML | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| RASUVO SOAJ 7.5 MG/0.15ML | 4 | QL(0.6 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| RASUVO SOAJ 12.5 MG/0.25ML | 4 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RASUVO SOAJ 15 MG/0.3ML | 4 | QL(1.2 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 | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT | 4 | PA |
| ADALIMUMAB-AACF(PS/UV STARTER) AJKT | 4 | 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 20 MG/0.2ML | 4 | 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-ADAZ SOAJ 40 MG/0.4ML | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML | 1 | QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA |
| ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 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 PEN) AJKT | 4 | 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/0.8ML | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML | 4 | PA |
| 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 | PA |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| ADALIMUMAB-FKJP (2 PEN) AJKT | 4 | 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 |
|---|---|---|
| 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 | 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 SOAJ 80 MG/0.8ML | 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 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 | QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA |
| CYLTEZO-CD/UC/HS 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 |
| CYLTEZO-PSORIASIS/UV STARTER AJKT | 4 | PA |
| HADLIMA PUSHTOUCH SOAJ | 2 | QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail) |
| HADLIMA PUSHTOUCH SOAJ | 2 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail) |
| HADLIMA SOSY | 2 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail) |
| HADLIMA SOSY | 2 | QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail) |
| HULIO (2 PEN) AJKT | 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 |
| HULIO (2 SYRINGE) PSKT 40 MG/0.8ML | 4 | 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 |
|---|---|---|
| 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 80 MG/0.8ML | 4 | QL(3.2 ML per 28 day(s) retail; 3 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 SOSY 40 MG/0.4ML | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| HYRIMOZ SOSY 10 MG/0.1 ML | 4 | QL(0.2 ML per 28 day(s) retail); PA |
| HYRIMOZ SOSY 20 MG/0.2ML | 4 | QL(0.4 ML per 28 day(s) retail); 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 |
| 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 (1 SYRINGE) PSKT | 1 | PA |
| SIMLANDI (2 PEN) AJKT | 4 | PA |
| SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML | 4 | PA |
| SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML | 1 | PA |
| SIMPONI ARIA SOLN | 1 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| SIMPONI SOAJ 100 MG/ML | 1 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SIMPONI SOAJ 50 MG/0.5ML | 1 | QL(0.5 ML per 28 day(s) retail); PA |
| SIMPONI SOSY 50 MG/0.5ML | 1 | QL(0.5 ML per 28 day(s) retail); PA |
| SIMPONI SOSY 100 MG/ML | 1 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); 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 (1 PEN) AJKT 80 MG/0.8ML | 4 | 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 20 MG/0.2ML | 4 | 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-CD/UC/HS STARTER AJKT | 4 | PA |
| YUSIMRY | 2 | QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail) |
| Gold Compounds | | |
| AURANOFIN 3 MG | 1 | |
| RIDAURA | 1 | |
| Interleukin-1 Blockers | | |
| ARCALYST | 4 | 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 | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA ACTPEN SOAJ | 4 | PA |
| ACTEMRA SOLN | 4 | PA |
| ACTEMRA SOSY | 4 | QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| KEVZARA SOAJ | 4 | QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| KEVZARA SOSY | 4 | QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| TOFIDENCE | 4 | PA |
| TYENNE SOAJ | 4 | PA |
| TYENNE SOLN | 4 | PA |
| TYENNE SOSY | 4 | PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| ARTHROTEC TBEC *(diclofenac w/ misoprostol)* | 2 | ST |
| CALDOLOR SOLN | 4 | PA |
| CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)* | 1 | |
| CELEBREX 400 MG *(celecoxib)* | 4 | PA |
| *celecoxib 400 MG* | 4 | PA |
| *celecoxib 50 MG, 100 MG, 200 MG* | 1 | |
| CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)* | 4 | Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)* | 4 | Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC |
| COMBOGESIC SOLN | 4 | PA |
| DAYPRO TABS *(oxaprozin)* | 2 | ST |
| *diclofenac potassium CAPS* | 4 | PA |
| *diclofenac potassium TABS 50 MG* | 2 | ST |
| *diclofenac potassium TABS 25 MG* | 4 | PA |
| *diclofenac sodium TB24* | 2 | |
| *diclofenac sodium TBEC 25 MG* | 2 | QL(2 EA daily); ST |
| *diclofenac sodium TBEC 50 MG, 75 MG* | 1 | |
| *diclofenac w/ misoprostol TBEC* | 2 | ST |
| *etodolac CAPS* | 2 | ST |
| *etodolac TABS* | 1 | |
| *etodolac TB24* | 2 | ST |
| *fenoprofen calcium CAPS 400 MG* | 4 | PA |
| *fenoprofen calcium TABS* | 1 | PA |
| FENOPRON CAPS | 1 | PA |
| *flurbiprofen TABS 100 MG* | 1 | |
| *ibuprofen lysine* | 1 | |
| *ibuprofen-famotidine* | 4 | PA |
| IBUPROFEN POWD | 1 | |
| *ibuprofen SUSP 100 MG/5ML, 200 MG/10ML* | 4 | Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC |
| *ibuprofen TABS 400 MG, 600 MG, 800 MG* | 1 | |
| INDOCIN SUSP *(indomethacin)* | 4 | Requires EPSDT PA Review; PA |
| INDOMETHACIN SODIUM | 1 | PA |
| *indomethacin CAPS 25 MG, 50 MG* | 1 | QL(8 EA daily) |
| *indomethacin CPCR* | 4 | PA |
| *indomethacin SUPP* | 1 | PA |
| *indomethacin SUSP* | 4 | AL(Up to 10 yrs old); PA |
| *ketoprofen CAPS 25 MG* | 4 | PA |
| *ketoprofen CP24* | 4 | PA |
| *ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML* | 1 | |
| *ketorolac tromethamine TABS* | 1 | QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail) |
| *meclofenamate sodium CAPS* | 4 | PA |
| *mefenamic acid CAPS* | 4 | PA |
| *meloxicam CAPS* | 4 | QL(1 EA daily); PA |
| *meloxicam TABS* | 1 | |
| *nabumetone* | 1 | |
| NALFON CAPS *(fenoprofen calcium)* | 4 | PA |
| NALFON TABS 600 MG | 1 | PA |
| NAPRELAN TB24 *(naproxen sodium)* | 4 | PA |
| NAPROSYN SUSP *(naproxen)* | 1 | AL(Up to 12 yrs old) |
| *naproxen sodium TABS 275 MG, 550 MG* | 2 | ST |
| *naproxen sodium TB24* | 4 | PA |
| *naproxen-esomeprazole magnesium* | 4 | PA |
| *naproxen SUSP* | 1 | AL(Up to 12 yrs old) |
| *naproxen TABS* | 1 | |
| *naproxen TBEC* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NEOPROFEN *(ibuprofen lysine)* | 1 | |
| *oxaprozin TABS* | 2 | ST |
| *piroxicam CAPS* | 2 | ST |
| RELAFEN DS | 4 | QL(1 EA daily); PA |
| *sulindac TABS* | 1 | |
| TOLECTIN 600 TABS | 2 | ST |
| *tolmetin sodium CAPS* | 2 | ST |
| *tolmetin sodium TABS 600 MG* | 2 | ST |
| VIMOVO 500 MG-20 MG *(naproxen-esomeprazole magnesium)* | 4 | PA |
| ZYNRELEF | 1 | Medical Benefit Only |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS 20 MG | 4 | PA |
| OTEZLA TABS 30 MG | 4 | QL(2 EA daily); PA |
| OTEZLA TBPK | 4 | QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA |
| OTEZLA TBPK | 4 | PA |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA *(leflunomide)* | 1 | QL(1 EA daily) |
| *leflunomide* | 1 | QL(1 EA daily) |
| Selective Costimulation Modulators | | |
| ORENCIA CLICKJECT SOAJ | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| ORENCIA SOLR | 4 | PA |
| ORENCIA SOSY 50 MG/0.4ML | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ORENCIA SOSY 87.5 MG/0.7ML | 4 | QL(2.8 ML per 28 day(s) retail; 3 ML per 28 days mail); PA |
| ORENCIA SOSY 125 MG/ML | 4 | 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 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG* | 4 | QL(4 EA daily); AL(At least 10 yrs old); PA |
| *butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| *butalbital-acetaminophen CAPS 50 MG-300 MG* | 4 | QL(4 EA daily); AL(At least 10 yrs old); PA |
| *butalbital-acetaminophen TABS 50 MG-325 MG* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| *butalbital-acetaminophen TABS 50 MG-300 MG* | 4 | QL(4 EA daily); AL(At least 10 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *butalbital-aspirin-caffeine CAPS* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| ESGIC TABS *(butalbital-acetaminophen-caffeine)* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| FIORICET CAPS *(butalbital-acetaminophen-caffeine)* | 4 | QL(4 EA daily); AL(At least 10 yrs old); PA |
| Analgesics - Sodium Channel Pain Signal Inhibitors | | |
| JOURNAVX | 1 | AL(At least 18 yrs old); PA |
| Analgesics Other | | |
| *acetaminophen SOLN PO 160 MG/5ML* | 1 | |
| *acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML* | 1 | Medical Benefit Only |
| *acetaminophen SUSP 160 MG/5ML* | 1 | |
| *clonidine hcl (analgesia) EP* | 1 | |
| DURACLON EP 100 MCG/ML *(clonidine hcl (analgesia))* | 1 | |
| Salicylates | | |
| *aspirin CHEW* | 1 | QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP |
| *aspirin TBEC 81 MG* | 1 | QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP |
| *diflunisal TABS* | 1 | |
| DOLOBID TABS | 1 | PA |
| *salsalate* | 1 | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTIQ LPOP 400 MCG *(fentanyl citrate)* | 4 | QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old) |
| CODEINE PHOSPHATE POWD | 1 | |
| *codeine sulfate TABS 30 MG* | 1 | QL(4 EA daily); AL(At least 12 yrs old) |
| CODEINE SULFATE TABS | 1 | QL(4 EA daily); AL(At least 12 yrs old) |
| CONZIP CP24 *(tramadol hcl)* | 4 | QL(1 EA daily); AL(At least 12 yrs old); PA |
| DEMEROL SOLN IJ *(meperidine hcl)* | 1 | |
| DEMEROL SOLN IJ | 1 | |
| DILAUDID LIQD *(hydromorphone hcl)* | 1 | AL(Up to 12 yrs old) |
| DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)* | 1 | |
| DILAUDID TABS *(hydromorphone hcl)* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| DSUVIA SUBL | 1 | Medical Benefit Only |
| FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(fentanyl citrate)* | 1 | |
| FENTANYL CITRATE PF SOSY IJ | 1 | |
| FENTANYL CITRATE PF SOSY IJ *(fentanyl citrate)* | 1 | |
| *fentanyl citrate LPOP* | 4 | 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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* | 4 | 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 |
| *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)* | 4 | QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail); AL(At least 10 yrs old) |
| *hydrocodone bitartrate CP12* | 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 *(hydromorphone hcl)* | 1 | |
| HYDROMORPHONE HCL PF SOLN IJ | 1 | |
| *hydromorphone hcl LIQD* | 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 | 1 | |
| *hydromorphone hcl TABS* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| *hydromorphone hcl TB24 8 MG, 16 MG, 32 MG* | 1 | QL(1 EA daily); AL(At least 10 yrs old); PA |
| *hydromorphone hcl TB24 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* | 4 | QL(4 EA daily); AL(At least 10 yrs old) |
| *meperidine hcl SOLN PO 50 MG/5ML* | 1 | AL(Up to 12 yrs old) |
| *meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML* | 1 | |
| *meperidine hcl TABS 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* | 4 | QL(4 ML daily); PA |
| *methadone hcl SOLN IJ 10 MG/ML* | 1 | |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OXYCONTIN T12A 30 MG, 40 MG, 60 MG, 80 MG | 1 | Brand Required; QL(2 EA daily); AL(At least 10 yrs old); PA |
| *oxymorphone hcl TABS* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| *oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG* | 4 | QL(2 EA daily); AL(At least 10 yrs old); PA |
| *oxymorphone hcl TB12 40 MG* | 4 | QL(4 EA daily); AL(At least 10 yrs old); PA |
| *remifentanil hcl* | 1 | |
| ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)* | 1 | QL(4 EA daily); AL(At least 10 yrs old) |
| ROXYBOND TABA 10 MG | 1 | AL(At least 10 yrs old) |
| ROXYBOND TABA 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 | |
| *tramadol hcl CP24 100 MG, 200 MG, 300 MG* | 4 | QL(1 EA daily); AL(At least 12 yrs old); PA |
| *tramadol hcl SOLN* | 4 | AL(At least 12 yrs old) |
| TRAMADOL HCL SOLN *(tramadol hcl)* | 4 | AL(At least 12 yrs old) |
| *tramadol hcl TABS 50 MG* | 1 | QL(8 EA daily); AL(At least 12 yrs old) |
| *tramadol hcl TABS 25 MG, 100 MG* | 4 | QL(4 EA daily); AL(At least 12 yrs old) |
| *tramadol hcl TABS 75 MG* | 4 | AL(At least 12 yrs old) |
| *tramadol hcl TABS 100 MG* | 1 | QL(4 EA daily); AL(At least 12 yrs old); PA |
| *tramadol hcl TB24* | 1 | QL(1 EA daily); AL(At least 12 yrs old); PA |
| ULTIVA *(remifentanil hcl)* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Opioid Combinations | | |
| *acetaminophen w/ codeine SOLN* | 4 | QL(4050 ML per 30 day(s) retail; 4050 ML per 30 days mail) |
| *acetaminophen w/ codeine TABS 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 30 MG-320.5 MG-16 MG* | 1 | QL(4 EA daily); AL(At least 12 yrs old) |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG* | 1 | QL(4 EA daily); AL(At least 12 yrs old) |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG* | 4 | QL(4 EA daily); AL(At least 12 yrs old) |
| *butalbital-aspirin-caffeine w/cod* | 1 | QL(4 EA daily); AL(At least 12 yrs old) |
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)* | 4 | QL(4 EA daily); AL(At least 12 yrs old) |
| *hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML* | 4 | |
| *hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML* | 4 | QL(4560 ML per 30 day(s) retail; 4560 ML per 30 days mail) |
| *hydrocodone-acetaminophen TABS 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydrocodone-acetaminophen TABS* | 1 | QL(4 EA daily) |
| *hydrocodone-ibuprofen 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 | 4 | QL(4 EA daily); AL(At least 10 yrs old) |
| *oxycodone w/ acetaminophen SOLN* | 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 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) |
| *oxycodone w/ acetaminophen TABS* | 1 | QL(4 EA daily) |
| PERCOCET TABS 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 | 4 | QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail); AL(Up to 12 yrs old) |
| PROLATE TABS | 4 | QL(4 EA daily); AL(At least 10 yrs old) |
| SEGLENTIS | 4 | QL(28 EA per fill retail); AL(At least 12 yrs old) |
| *tramadol-acetaminophen* | 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 | 4 | QL(1.92 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| BRIXADI (WEEKLY) SOSY 16 MG/0.32ML | 4 | QL(1.28 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| BRIXADI (WEEKLY) SOSY 32 MG/0.64ML | 4 | QL(2.56 ML per 28 day(s) retail; 3 ML per 28 days mail); PA |
| BRIXADI (WEEKLY) SOSY 8 MG/0.16ML | 4 | QL(0.64 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| BRIXADI SOSY 64 MG/0.18ML | 4 | QL(0.18 ML per 28 day(s) retail); PA |
| BRIXADI SOSY 128 MG/0.36ML | 4 | QL(0.36 ML per 28 day(s) retail); PA |
| BRIXADI SOSY 96 MG/0.27ML | 4 | QL(0.27 ML per 28 day(s) retail); PA |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG* | 4 | 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* | 4 | QL(2 EA daily); AL(At least 16 yrs old); PA |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG* | 4 | 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* | 4 | QL(3 EA daily); AL(At least 16 yrs old - Up to 50 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *buprenorphine PTWK* | 1 | Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| *butorphanol tartrate NA 10 MG/ML* | 1 | QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail) |
| *butorphanol tartrate IJ 1 MG/ML, 2 MG/ML* | 1 | |
| 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* | 1 | QL(8 EA daily); AL(At least 10 yrs old) |
| SUBLOCADE SOSY 100 MG/0.5ML | 4 | QL(0.5 ML per 28 day(s) retail); PA |
| SUBLOCADE SOSY 300 MG/1.5ML | 4 | QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)* | 4 | 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)* | 4 | QL(3 EA daily); AL(At least 16 yrs old); PA |
| SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)* | 4 | QL(2 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 | 4 | QL(3 EA daily); AL(At least 16 yrs old); PA |
| ZUBSOLV SUBL 2.1 MG-8.6 MG | 4 | QL(2 EA daily); AL(At least 16 yrs old); PA |
| ZUBSOLV SUBL 2.9 MG-11.4 MG | 4 | QL(1 EA daily); AL(At least 16 yrs old); PA |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Anabolic Steroids | | |
| *oxandrolone 2.5 MG* | 1 | PA |
| Androgens | | |
| ANDROGEL PUMP GEL TD *(testosterone)* | 1 | QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA |
| AVEED SOLN | 4 | PA |
| AZMIRO SOSY | 4 | PA |
| *danazol CAPS* | 1 | |
| JATENZO CAPS 237 MG | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| JATENZO CAPS 158 MG, 198 MG | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| *methyltestosterone CAPS* | 4 | PA |
| METHYLTESTOSTERONE POWD | 1 | PA |
| *methyltestosterone TABS* | 4 | PA |
| NATESTO GEL NA | 4 | 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 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 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 | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| UNDECATREX CAPS | 4 | 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 GEL TD *(testosterone)* | 1 | QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA |
| 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 | | |
| *budesonide (intrarectal)* | 4 | QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA |
| CORTENEMA *(hydrocortisone (intrarectal))* | 1 | |
| CORTIFOAM EX 10 % | 4 | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA |
| *hydrocortisone (intrarectal)* | 1 | |
| UCERIS *(budesonide (intrarectal))* | 4 | QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA |
| 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)* | 1 | |
| RECTIV *(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 |
| **ANTHELMINTICS - Drugs to Treat Worm** | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Infections | | |
| Anthelmintics | | |
| *albendazole* | 1 | QL(2 EA daily) |
| BENZNIDAZOLE | 4 | AL(At least 2 yrs old - Up to 12 yrs old); PA |
| BILTRICIDE *(praziquantel)* | 1 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail) |
| EMVERM CHEW | 4 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA |
| *ivermectin* | 1 | PA |
| *praziquantel* | 1 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail) |
| STROMECTOL *(ivermectin)* | 1 | PA |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ASPRUZYO SPRINKLE PACK | 4 | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA |
| *ranolazine TB12 1000 MG* | 1 | QL(2 EA daily); MP |
| *ranolazine TB12 500 MG* | 1 | QL(3 EA daily); MP |
| Nitrates | | |
| ISORDIL TITRADOSE TABS 5 MG *(isosorbide dinitrate)* | 1 | QL(3 EA daily); MP |
| ISORDIL TITRADOSE TABS 40 MG *(isosorbide dinitrate)* | 1 | |
| *isosorbide dinitrate TABS 5 MG, 30 MG* | 1 | QL(3 EA daily); MP |
| *isosorbide dinitrate TABS 20 MG* | 1 | QL(6 EA daily); MP |
| *isosorbide dinitrate TABS 40 MG* | 1 | |
| *isosorbide dinitrate TABS 10 MG* | 1 | QL(5 EA daily); MP |
| *isosorbide mononitrate TABS* | 1 | |
| ISOSORBIDE MONONITRATE TABS | 1 | |
| *isosorbide mononitrate TB24 60 MG* | 1 | QL(3 EA daily); MP |
| *isosorbide mononitrate TB24 30 MG* | 1 | QL(6 EA daily); MP |
| *isosorbide mononitrate TB24 120 MG* | 1 | QL(2 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 | |
| *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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NITROSTAT SUBL 0.3 MG, 0.4 MG *(nitroglycerin)* | 1 | QL(4.45 EA daily); MP |
| NITROSTAT SUBL 0.6 MG *(nitroglycerin)* | 1 | |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| *buspirone hcl 5 MG, 10 MG, 15 MG* | 1 | QL(3 EA daily); MP |
| *buspirone hcl 7.5 MG, 30 MG* | 1 | QL(2 EA daily); MP |
| *droperidol SOLN 2.5 MG/ML* | 1 | |
| *hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML* | 1 | |
| *hydroxyzine hcl SYRP* | 1 | |
| *hydroxyzine hcl TABS* | 1 | |
| *hydroxyzine pamoate CAPS 100 MG* | 1 | |
| *hydroxyzine pamoate CAPS 25 MG, 50 MG* | 1 | QL(4 EA daily); MP |
| *meprobamate* | 1 | |
| VISTARIL CAPS 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 2 MG* | 1 | QL(2 EA daily); AL(At least 19 yrs old) |
| *alprazolam TABS 0.25 MG, 0.5 MG, 1 MG* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| *alprazolam TB24 0.5 MG, 1 MG, 3 MG* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *alprazolam TB24 2 MG* | 1 | QL(2 EA daily); AL(At least 19 yrs old) |
| *alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG* | 4 | QL(3 EA daily); AL(At least 19 yrs old); PA |
| *alprazolam TBDP 2 MG* | 4 | QL(2 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 TABS *(lorazepam)* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| *chlordiazepoxide hcl CAPS* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| *clorazepate dipotassium TABS* | 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 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 SOLN PO 5 MG/5ML* | 1 | AL(At least 19 yrs old) |
| *diazepam TABS* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| *lorazepam CONC* | 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* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| LOREEV XR CS24 | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oxazepam CAPS* | 1 | QL(3 EA daily); AL(At least 19 yrs old) |
| XANAX XR TB24 2 MG *(alprazolam)* | 1 | QL(2 EA daily); AL(At least 19 yrs old) |
| XANAX XR TB24 0.5 MG, 1 MG, 3 MG *(alprazolam)* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| XANAX TABS 2 MG *(alprazolam)* | 1 | QL(2 EA daily); AL(At least 19 yrs old) |
| XANAX TABS 0.25 MG, 0.5 MG, 1 MG *(alprazolam)* | 1 | QL(3 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* | 1 | |
| NORPACE CR CP12 | 1 | |
| NORPACE CAPS *(disopyramide phosphate)* | 1 | |
| *procainamide hcl SOLN* | 1 | |
| *quinidine gluconate TBCR* | 1 | |
| *quinidine sulfate TABS* | 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* | 1 | |
| Antiarrhythmics Type I-C | | |
| *flecainide acetate* | 1 | |
| *propafenone hcl CP12* | 1 | |
| *propafenone hcl TABS* | 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* | 1 | |
| CORVERT *(ibutilide fumarate)* | 1 | |
| *dofetilide* | 1 | |
| *ibutilide fumarate* | 1 | |
| MULTAQ | 1 | |
| NEXTERONE | 1 | Medical Benefit Only |
| TIKOSYN *(dofetilide)* | 1 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR | 1 | Medical Benefit Only |
| FASENRA PEN SOAJ | 4 | 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 | 4 | AL(At least 6 yrs old); PA |
| FASENRA SOSY 30 MG/ML | 4 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOAJ | 4 | QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOLR | 4 | 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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|---|---|---|
| NUCALA SOSY 100 MG/ML | 4 | QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOSY 40 MG/0.4ML | 4 | QL(0.4 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 11 yrs old); PA |
| TEZSPIRE SOAJ | 4 | QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA |
| TEZSPIRE SOSY | 4 | QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA |
| XOLAIR SOAJ | 4 | AL(At least 1 yrs old); PA |
| XOLAIR SOLR | 4 | AL(At least 1 yrs old); PA |
| XOLAIR SOSY | 4 | AL(At least 1 yrs old); PA |
| XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML | 1 | AL(At least 1 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; AL(At least 18 yrs old); 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; AL(At least 18 yrs old); 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 | | |

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|---|---|---|
| ACCOLATE *(zafirlukast)* | 1 | QL(2 EA daily) |
| *montelukast sodium CHEW* | 1 | QL(1 EA daily) |
| *montelukast sodium PACK* | 4 | QL(1 EA daily); AL(Up to 2 yrs old); PA |
| *montelukast sodium TABS* | 1 | QL(1 EA daily) |
| SINGULAIR CHEW *(montelukast sodium)* | 1 | QL(1 EA daily) |
| SINGULAIR PACK *(montelukast sodium)* | 4 | QL(1 EA daily); AL(Up to 2 yrs old); PA |
| SINGULAIR TABS *(montelukast sodium)* | 1 | QL(1 EA daily) |
| *zafirlukast* | 1 | QL(2 EA daily) |
| *zileuton TB12* | 4 | AL(At least 12 yrs old); PA |
| ZYFLO TABS | 4 | 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 250 MCG *(roflumilast)* | 4 | QL(2 EA daily); PA |
| DALIRESP 500 MCG *(roflumilast)* | 4 | QL(1 EA daily); PA |
| *roflumilast 250 MCG* | 4 | QL(2 EA daily); PA |
| *roflumilast 500 MCG* | 4 | QL(1 EA daily); PA |
| Steroid Inhalants | | |
| ALVESCO | 1 | QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail); PA |
| ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 12 yrs old); PA |
| ARNUITY ELLIPTA 50 MCG/ACT | 1 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 11 yrs old) |
| 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 |
| 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(Up to 11 yrs old); MP |
| 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 |

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|---|---|---|
| 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 0.25 MG/2ML, 0.5 MG/2ML* | 1 | QL(8 ML daily); AL(Up to 8 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) |
| FLOVENT DISKUS AEPB 50 MCG/ACT, 250 MCG/ACT *(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 | 1 | QL(21.2 GM per 30 day(s) retail; 21 GM per 30 days mail) |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB *(fluticasone-salmeterol)* | 1 | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP |
| ADVAIR HFA AERO *(fluticasone-salmeterol)* | 1 | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP |
| AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT | 4 | 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)* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |
| AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |
| AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |

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|---|---|---|
| AIRSUPRA | 4 | 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 | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail |
| *albuterol sulfate NEBU* | 1 | |
| *albuterol sulfate NEBU* | 1 | QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail) |
| *albuterol sulfate SYRP* | 1 | |
| *albuterol sulfate TABS* | 1 | |
| ANORO ELLIPTA | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); 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 *(fluticasone furoate-vilanterol)* | 1 | Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA |
| BREO ELLIPTA 50 MCG/INH-25 MCG/INH | 1 | Brand Required; QL(2 EA daily); PA |
| BREZTRI AEROSPHERE | 4 | 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 |
| *budesonide-formoterol fumarate dihydrate* | 4 | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA |
| *budesonide-formoterol fumarate dihydrate* | 2 | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP |
| COMBIVENT RESPIMAT AERS | 1 | QL(12 GM per 30 day(s) retail; 12 GM per 30 days mail) |
| DUAKLIR PRESSAIR | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 18 yrs old); 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DULERA 50 MCG/ACT-5 MCG/ACT | 4 | 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* | 4 | 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* | 4 | 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 |
| *fluticasone-salmeterol AERO* | 1 | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; 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 |
| *ipratropium-albuterol SOLN* | 1 | QL(1620 ML per 90 day(s) retail; 1620 ML per 90 days mail); MP |
| *isoproterenol hcl* | 1 | |
| *levalbuterol hcl* | 4 | QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail); PA |
| *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 | 4 | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old); PA |
| 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) |
| *racepinephrine hcl* | 4 | Requires EPSDT PA Review; PA |
| 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 | 4 | QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 18 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *terbutaline sulfate SOLN* | 1 | |
| *terbutaline sulfate TABS* | 1 | QL(6 EA daily) |
| TRELEGY ELLIPTA | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA |
| 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 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 | 1 | |
| *theophylline ELIX* | 1 | |
| *theophylline SOLN* | 1 | |
| *theophylline TB12* | 1 | |
| *theophylline TB24* | 1 | |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| *warfarin sodium TABS* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) |
| ELIQUIS TABS 5 MG | 1 | QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail) |
| *rivaroxaban TABS 2.5 MG* | 1 | Brand Required; QL(2 EA daily); PA |
| SAVAYSA | 4 | QL(1 EA daily); PA |
| XARELTO STARTER PACK TBPK | 1 | Brand Required; QL(51 EA per 30 day(s) retail; 51 EA per 30 days mail) |
| XARELTO SUSR | 1 | Brand Required; QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old) |
| XARELTO TABS 20 MG | 1 | Brand Required; QL(1 EA daily) |
| XARELTO TABS 10 MG | 1 | Brand Required; QL(39 EA per 39 day(s) retail; 39 EA per 39 days mail) |
| XARELTO TABS 2.5 MG *(rivaroxaban)* | 1 | Brand Required; QL(2 EA daily) |

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|---|---|---|
| XARELTO TABS 15 MG | 1 | Brand Required; QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail) |
| Heparins And Heparinoid-Like Agents | | |
| ARIXTRA 5 MG/0.4ML *(fondaparinux sodium)* | 1 | QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail) |
| ARIXTRA 7.5 MG/0.6ML *(fondaparinux sodium)* | 1 | QL(18 ML per 30 day(s) retail; 18 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) |
| ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)* | 1 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail) |
| *enoxaparin sodium SOLN IJ 300 MG/3ML* | 1 | |
| *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 40 MG/0.4ML* | 1 | QL(24 ML per 30 day(s) retail; 24 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 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 60 MG/0.6ML* | 1 | QL(36 ML per 30 day(s) retail; 36 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) |
| *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 5 MG/0.4ML* | 1 | QL(12 ML per 30 day(s) retail; 12 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 10000 UNIT/ML | 1 | QL(30 ML per 30 day(s) retail; 30 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 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 7500 UNIT/0.3ML | 1 | QL(9 ML per 30 day(s) retail; 9 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 18000 UNT/0.72ML | 1 | QL(21.6 ML per 30 day(s) retail; 22 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | |
| *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 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 40 MG/0.4ML *(enoxaparin sodium)* | 1 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail) |
| 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 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)* | 1 | QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail) |
| In Vitro/Lock Anticoagulants | | |
| DEFENCATH | 1 | AL(At least 18 yrs old); PA |
| Thrombin Inhibitors | | |
| *argatroban* | 1 | |
| ARGATROBAN | 1 | |
| ARGATROBAN *(argatroban)* | 1 | |
| ARGATROBAN IN SODIUM CHLORIDE | 1 | |
| BIVALIRUDIN RTU SOLN *(bivalirudin trifluoroacetate)* | 1 | |
| *bivalirudin trifluoroacetate SOLN* | 1 | |
| *bivalirudin trifluoroacetate SOLR* | 1 | |
| *dabigatran etexilate mesylate CAPS* | 4 | Brand Required; QL(2 EA daily); PA |
| *dabigatran etexilate mesylate CAPS* | 1 | Brand Required; QL(2 EA daily); PA |
| PRADAXA CAPS *(dabigatran etexilate mesylate)* | 4 | Brand Required; QL(2 EA daily); PA |
| PRADAXA PACK 20 MG, 150 MG | 4 | Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(Up to 7 yrs old); PA |
| PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG | 4 | Brand Required; QL(120 EA per 30 day(s) retail; 120 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 | | |

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|---|---|---|
| *clobazam SUSP* | 1 | QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail) |
| *clobazam TABS* | 1 | QL(2 EA daily) |
| *clonazepam TABS 0.5 MG, 1 MG* | 1 | QL(3 EA daily) |
| *clonazepam TABS 2 MG* | 1 | QL(2 EA daily) |
| *clonazepam TBDP 2 MG* | 1 | QL(2 EA daily) |
| *clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG* | 1 | QL(3 EA daily) |
| *diazepam (anticonvulsant) GEL* | 1 | |
| KLONOPIN TABS 0.5 MG, 1 MG *(clonazepam)* | 1 | QL(3 EA daily) |
| KLONOPIN TABS 2 MG *(clonazepam)* | 1 | QL(2 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 *(clobazam)* | 1 | QL(2 EA daily) |
| SYMPAZAN FILM | 4 | 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 7.5 MG/0.1ML | 1 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML | 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 | 4 | QL(2 EA daily); PA |
| APTIOM 200 MG, 400 MG | 4 | QL(1 EA daily); PA |
| BANZEL SUSP *(rufinamide)* | 1 | Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA |
| BANZEL TABS *(rufinamide)* | 1 | Brand Required; QL(8 EA daily); PA |
| BRIVIACT SOLN PO 10 MG/ML | 4 | AL(Up to 12 yrs old); PA |
| BRIVIACT SOLN IV 50 MG/5ML | 4 | PA |
| BRIVIACT TABS | 4 | QL(2 EA daily); PA |
| *carbamazepine CHEW 100 MG* | 1 | QL(8 EA daily); MP |
| *carbamazepine CHEW 200 MG* | 1 | PA |
| *carbamazepine CP12* | 1 | QL(5 EA daily); MP |
| *carbamazepine SUSP* | 1 | MP |
| *carbamazepine TABS* | 1 | QL(8 EA daily); MP |
| *carbamazepine TB12 400 MG* | 1 | QL(4 EA daily); MP |
| *carbamazepine TB12 100 MG, 200 MG* | 1 | QL(3 EA daily); MP |
| CARBATROL CP12 *(carbamazepine)* | 1 | QL(5 EA daily); MP |
| DIACOMIT CAPS | 4 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIACOMIT PACK | 4 | PA |
| ELEPSIA XR TB24 | 4 | QL(2 EA daily); AL(At least 12 yrs old); PA |
| EPIDIOLEX | 4 | AL(At least 2 yrs old) |
| EPRONTIA SOLN | 4 | QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA |
| FINTEPLA | 4 | QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail); AL(At least 2 yrs old); PA |
| *gabapentin CAPS 400 MG* | 1 | QL(3 EA daily); MP |
| *gabapentin CAPS 300 MG* | 1 | QL(10 EA daily); MP |
| *gabapentin CAPS 100 MG* | 1 | QL(5 EA daily); MP |
| *gabapentin SOLN* | 1 | QL(75 ML daily); MP |
| *gabapentin TABS 600 MG, 800 MG* | 1 | QL(6 EA daily); MP |
| GABARONE TABS 100 MG, 400 MG | 1 | |
| KEPPRA XR TB24 750 MG *(levetiracetam)* | 1 | QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); MP |
| KEPPRA XR TB24 500 MG *(levetiracetam)* | 1 | QL(2 EA daily); MP |
| KEPPRA SOLN PO 100 MG/ML *(levetiracetam)* | 1 | MP |
| KEPPRA TABS 1000 MG *(levetiracetam)* | 1 | QL(3 EA daily); MP |
| KEPPRA TABS 250 MG *(levetiracetam)* | 1 | QL(2 EA daily); MP |
| KEPPRA TABS 500 MG, 750 MG *(levetiracetam)* | 1 | QL(4 EA daily); MP |
| *lacosamide SOLN IV 200 MG/20ML* | 1 | |
| *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 TABS* | 1 | QL(2 EA daily) |
| LAMICTAL ODT KIT *(lamotrigine)* | 1 | PA |
| LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG *(lamotrigine)* | 1 | QL(3 EA daily); AL(Up to 11 yrs old); MP |
| LAMICTAL ODT TBDP 50 MG *(lamotrigine)* | 1 | QL(2 EA daily); AL(Up to 11 yrs old); MP |
| LAMICTAL STARTER KIT 25 MG *(lamotrigine)* | 1 | PA |
| LAMICTAL XR KIT | 1 | PA |
| LAMICTAL XR TB24 200 MG, 250 MG *(lamotrigine)* | 1 | QL(2 EA daily); MP; PA |
| LAMICTAL XR TB24 25 MG, 50 MG, 100 MG *(lamotrigine)* | 1 | QL(1 EA daily); MP; PA |
| LAMICTAL XR TB24 300 MG *(lamotrigine)* | 1 | QL(3 EA daily); MP; PA |
| LAMICTAL CHEW 5 MG *(lamotrigine)* | 1 | QL(8 EA daily); AL(Up to 11 yrs old); MP |
| LAMICTAL CHEW 25 MG *(lamotrigine)* | 1 | QL(4 EA daily); AL(Up to 11 yrs old); MP |
| LAMICTAL TABS 100 MG *(lamotrigine)* | 1 | QL(2 EA daily); MP |
| LAMICTAL TABS 150 MG *(lamotrigine)* | 1 | QL(4 EA daily); MP |
| LAMICTAL TABS 200 MG *(lamotrigine)* | 1 | QL(9 EA daily); MP |
| LAMICTAL TABS 25 MG *(lamotrigine)* | 1 | QL(6 EA daily); MP |
| *lamotrigine CHEW 5 MG* | 1 | QL(8 EA daily); AL(Up to 11 yrs old); MP |
| *lamotrigine CHEW 25 MG* | 1 | QL(4 EA daily); AL(Up to 11 yrs old); MP |
| *lamotrigine KIT 25 MG* | 1 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lamotrigine TABS 25 MG* | 1 | QL(6 EA daily); MP |
| *lamotrigine TABS 150 MG* | 1 | QL(4 EA daily); MP |
| *lamotrigine TABS 200 MG* | 1 | QL(9 EA daily); MP |
| *lamotrigine TABS 100 MG* | 1 | QL(2 EA daily); MP |
| *lamotrigine TB24 200 MG, 250 MG* | 1 | QL(2 EA daily); MP; PA |
| *lamotrigine TB24 300 MG* | 1 | QL(3 EA daily); MP; PA |
| *lamotrigine TB24 25 MG, 50 MG, 100 MG* | 1 | QL(1 EA daily); MP; PA |
| *lamotrigine TBDP 25 MG, 100 MG, 200 MG* | 1 | QL(3 EA daily); AL(Up to 11 yrs old); MP |
| *lamotrigine TBDP 50 MG* | 1 | QL(2 EA daily); AL(Up to 11 yrs old); MP |
| LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)* | 1 | |
| LEVETIRACETAM IN NACL | 1 | |
| *levetiracetam in sodium chloride* | 1 | |
| *levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML* | 1 | MP |
| *levetiracetam TABS 500 MG, 750 MG* | 1 | QL(4 EA daily); MP |
| *levetiracetam TABS 250 MG* | 1 | QL(2 EA daily); MP |
| *levetiracetam TABS 1000 MG* | 1 | QL(3 EA daily); MP |
| *levetiracetam TB24 750 MG* | 1 | QL(150 EA per 30 day(s) retail; 450 EA per 90 days mail); MP |
| *levetiracetam TB24 500 MG* | 1 | QL(2 EA daily); MP |
| LEVETIRACETAM TB3D | 1 | QL(2 EA daily); PA |
| LYRICA CAPS 225 MG *(pregabalin)* | 1 | QL(2 EA daily); MP |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG *(pregabalin)* | 1 | QL(3 EA daily); MP |
| 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 100 MG | 4 | QL(1 EA daily); PA |
| MOTPOLY XR CP24 150 MG, 200 MG | 4 | QL(2 EA daily); PA |
| MYSOLINE 50 MG *(primidone)* | 1 | QL(4 EA daily) |
| MYSOLINE 250 MG *(primidone)* | 4 | PA |
| NEURONTIN CAPS 100 MG *(gabapentin)* | 1 | QL(5 EA daily); MP |
| NEURONTIN CAPS 300 MG *(gabapentin)* | 1 | QL(10 EA daily); MP |
| NEURONTIN CAPS 400 MG *(gabapentin)* | 1 | QL(3 EA daily); MP |
| NEURONTIN SOLN *(gabapentin)* | 1 | QL(75 ML daily); MP |
| NEURONTIN TABS *(gabapentin)* | 1 | QL(6 EA daily); MP |
| *oxcarbazepine SUSP* | 1 | QL(40 ML daily); MP |
| *oxcarbazepine TABS 150 MG, 300 MG* | 1 | QL(3 EA daily); MP |
| *oxcarbazepine TABS 600 MG* | 1 | QL(6 EA daily); MP |
| *oxcarbazepine TB24 150 MG, 300 MG* | 4 | QL(1 EA daily); PA |
| *oxcarbazepine TB24 600 MG* | 4 | QL(4 EA daily); PA |
| OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)* | 4 | QL(1 EA daily); PA |
| OXTELLAR XR TB24 600 MG *(oxcarbazepine)* | 4 | QL(4 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG* | 1 | QL(3 EA daily); MP |
| *pregabalin CAPS 225 MG* | 1 | QL(2 EA daily); MP |
| *pregabalin SOLN* | 1 | QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP |
| *primidone 125 MG* | 1 | QL(100 EA per 33 day(s) retail; 100 EA per 33 days mail); PA |
| *primidone 50 MG* | 1 | QL(4 EA daily) |
| *primidone 250 MG* | 4 | PA |
| QUDEXY XR CS24 25 MG, 50 MG, 100 MG *(topiramate)* | 4 | QL(1 EA daily); PA |
| QUDEXY XR CS24 150 MG, 200 MG *(topiramate)* | 4 | QL(2 EA daily); PA |
| *rufinamide SUSP* | 4 | Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA |
| *rufinamide TABS* | 4 | Brand Required; QL(8 EA daily); PA |
| SPRITAM TB3D | 4 | QL(2 EA daily); PA |
| SPRITAM TB3D | 4 | QL(2 EA daily); PA |
| TEGRETOL SUSP *(carbamazepine)* | 1 | MP |
| TEGRETOL TABS *(carbamazepine)* | 1 | QL(8 EA daily); MP |
| TEGRETOL-XR TB12 400 MG *(carbamazepine)* | 1 | QL(4 EA daily); MP |
| TEGRETOL-XR TB12 100 MG, 200 MG *(carbamazepine)* | 1 | QL(3 EA daily); MP |
| TOPAMAX SPRINKLE CPSP *(topiramate)* | 1 | QL(4 EA daily); AL(Up to 11 yrs old); MP |
| TOPAMAX TABS 200 MG *(topiramate)* | 1 | QL(9 EA daily); MP |
| TOPAMAX TABS 25 MG, 50 MG, 100 MG *(topiramate)* | 1 | QL(3 EA daily); MP |
| *topiramate CP24 25 MG, 50 MG, 100 MG* | 4 | QL(1 EA daily); PA |
| *topiramate CP24 200 MG* | 4 | QL(2 EA daily); PA |
| *topiramate CPSP 50 MG* | 1 | AL(Up to 11 yrs old); PA |
| *topiramate CPSP 15 MG, 25 MG* | 1 | QL(4 EA daily); AL(Up to 11 yrs old); MP |
| *topiramate CS24 25 MG, 50 MG, 100 MG* | 4 | QL(1 EA daily); PA |
| *topiramate CS24 150 MG, 200 MG* | 4 | QL(2 EA daily); PA |
| *topiramate TABS 25 MG, 50 MG, 100 MG* | 1 | QL(3 EA daily); MP |
| *topiramate TABS 200 MG* | 1 | QL(9 EA daily); MP |
| TRILEPTAL SUSP *(oxcarbazepine)* | 1 | QL(40 ML daily); MP |
| TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)* | 1 | QL(3 EA daily); MP |
| TRILEPTAL TABS 600 MG *(oxcarbazepine)* | 1 | QL(6 EA daily); MP |
| TROKENDI XR CP24 200 MG *(topiramate)* | 4 | QL(2 EA daily); PA |
| TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(topiramate)* | 4 | QL(1 EA daily); PA |
| 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 *(lacosamide)* | 1 | QL(2 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZONEGRAN CAPS 100 MG *(zonisamide)* | 4 | Requires EPSDT PA Review; QL(8 EA daily); AL(Up to 20 yrs old); MP; PA |
| ZONISADE SUSP | 4 | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); PA |
| *zonisamide CAPS 25 MG, 50 MG* | 1 | QL(3 EA daily); MP |
| *zonisamide CAPS 100 MG* | 1 | QL(8 EA daily); MP |
| ZTALMY | 4 | QL(1100 ML per 30 day(s) retail; 1100 ML per 30 days mail); AL(At least 2 yrs old); PA |
| Carbamates | | |
| *felbamate SUSP* | 4 | PA |
| *felbamate TABS 400 MG* | 4 | QL(8 EA daily); PA |
| *felbamate TABS 600 MG* | 4 | PA |
| FELBATOL SUSP *(felbamate)* | 4 | PA |
| FELBATOL TABS 400 MG *(felbamate)* | 4 | QL(8 EA daily); PA |
| FELBATOL TABS 600 MG *(felbamate)* | 4 | PA |
| XCOPRI (250 MG DAILY DOSE) TBPK | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| XCOPRI (350 MG DAILY DOSE) TBPK | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| XCOPRI TABS 150 MG, 200 MG | 4 | QL(2 EA daily); PA |
| XCOPRI TABS 25 MG | 4 | PA |
| XCOPRI TABS 50 MG, 100 MG | 4 | QL(1 EA daily); PA |
| XCOPRI TBPK | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| GABA Modulators | | |
| SABRIL PACK *(vigabatrin)* | 1 | Brand Required; PA |
| SABRIL TABS *(vigabatrin)* | 1 | Brand Required; PA |
| *tiagabine hcl* | 1 | |
| *vigabatrin PACK* | 1 | Brand Required; PA |
| *vigabatrin TABS* | 4 | Brand Required; PA |
| VIGAFYDE SOLN | 1 | AL(Up to 2 yrs old); PA |
| Hydantoins | | |
| CEREBYX *(fosphenytoin sodium)* | 1 | |
| DILANTIN 30 MG | 1 | |
| DILANTIN *(phenytoin sodium extended)* | 1 | QL(6 EA daily); MP |
| DILANTIN INFATABS CHEW *(phenytoin)* | 1 | QL(6 EA daily); MP |
| DILANTIN-125 SUSP *(phenytoin)* | 1 | QL(12 ML daily); MP |
| DILANTIN SUSP *(phenytoin)* | 1 | QL(12 ML daily); MP |
| *fosphenytoin sodium* | 1 | |
| *phenytoin sodium extended 300 MG* | 1 | QL(2 EA daily); MP |
| *phenytoin sodium extended 100 MG* | 1 | QL(6 EA daily); MP |
| *phenytoin sodium extended 200 MG* | 1 | QL(3 EA daily); MP |
| *phenytoin sodium SOLN* | 1 | |
| *phenytoin CHEW* | 1 | QL(6 EA daily); MP |
| *phenytoin SUSP 125 MG/5ML* | 1 | QL(12 ML daily); MP |
| Succinimides | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CELONTIN *(methsuximide)* | 1 | |
| *ethosuximide CAPS* | 1 | QL(6 EA daily) |
| *ethosuximide SOLN* | 1 | |
| *methsuximide* | 1 | |
| ZARONTIN CAPS *(ethosuximide)* | 1 | QL(6 EA daily) |
| ZARONTIN SOLN *(ethosuximide)* | 1 | |
| Valproic Acid | | |
| DEPAKOTE ER TB24 500 MG *(divalproex sodium)* | 1 | QL(5 EA daily); MP |
| DEPAKOTE ER TB24 250 MG *(divalproex sodium)* | 1 | QL(3 EA daily); MP |
| DEPAKOTE SPRINKLES CSDR *(divalproex sodium)* | 1 | QL(12 EA daily); AL(Up to 11 yrs old); MP |
| DEPAKOTE TBEC 500 MG *(divalproex sodium)* | 1 | QL(9 EA daily); MP |
| DEPAKOTE TBEC 125 MG, 250 MG *(divalproex sodium)* | 1 | QL(3 EA daily); MP |
| *divalproex sodium CSDR* | 1 | QL(12 EA daily); AL(Up to 11 yrs old); MP |
| *divalproex sodium TB24 250 MG* | 1 | QL(3 EA daily); MP |
| *divalproex sodium TB24 500 MG* | 1 | QL(5 EA daily); MP |
| *divalproex sodium TBEC 500 MG* | 1 | QL(9 EA daily); MP |
| *divalproex sodium TBEC 125 MG, 250 MG* | 1 | QL(3 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* | 1 | QL(7 EA daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| *mirtazapine TABS* | 1 | QL(1 EA daily); MP |
| *mirtazapine TBDP* | 1 | QL(1 EA daily); MP |
| REMERON SOLTAB TBDP *(mirtazapine)* | 1 | QL(1 EA daily); MP |
| REMERON TABS 15 MG, 30 MG *(mirtazapine)* | 1 | QL(1 EA daily); MP |
| Antidepressant Combinations | | |
| AUVELITY | 4 | QL(2 EA daily); PA |
| Antidepressants - Misc. | | |
| APLENZIN | 1 | QL(1 EA daily) |
| *bupropion hcl TABS* | 1 | QL(3 EA daily) |
| *bupropion hcl TB12* | 1 | QL(2 EA daily); MP |
| *bupropion hcl TB24 150 MG, 300 MG* | 1 | QL(1 EA daily); MP |
| *bupropion hcl TB24 450 MG* | 4 | QL(1 EA daily); PA |
| FORFIVO XL TB24 *(bupropion hcl)* | 4 | QL(1 EA daily); PA |
| WELLBUTRIN SR TB12 *(bupropion hcl)* | 1 | QL(2 EA daily); MP |
| WELLBUTRIN XL TB24 *(bupropion hcl)* | 1 | QL(1 EA daily); MP |
| GABA Receptor Modulator - Neuroactive Steroid | | |
| ZULRESSO | 1 | Medical Benefit Only |
| ZURZUVAE 25 MG | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| ZURZUVAE 30 MG | 4 | QL(1 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MARPLAN | 4 | PA |
| NARDIL *(phenelzine sulfate)* | 3 | ST |
| *phenelzine sulfate* | 3 | ST |
| *tranylcypromine sulfate* | 3 | ST |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| SPRAVATO (56 MG DOSE) | 4 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA |
| SPRAVATO (84 MG DOSE) | 4 | 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 10 MG, 20 MG *(citalopram hydrobromide)* | 1 | QL(1.5 EA daily); MP |
| CELEXA TABS 40 MG *(citalopram hydrobromide)* | 1 | QL(1 EA daily); AL(Up to 59 yrs old); MP |
| CITALOPRAM HYDROBROMIDE CAPS | 4 | QL(1 EA daily); AL(Up to 59 yrs old); PA |
| *citalopram hydrobromide SOLN* | 1 | |
| *citalopram hydrobromide TABS 40 MG* | 1 | QL(1 EA daily); AL(Up to 59 yrs old); MP |
| *citalopram hydrobromide TABS 10 MG, 20 MG* | 1 | QL(1.5 EA daily); MP |
| *escitalopram oxalate SOLN* | 1 | |
| *escitalopram oxalate TABS 5 MG, 20 MG* | 1 | QL(2 EA daily); MP |
| *escitalopram oxalate TABS 10 MG* | 1 | QL(1.5 EA daily); MP |
| *fluoxetine hcl CAPS 40 MG* | 1 | QL(2 EA daily); MP |
| *fluoxetine hcl CAPS 10 MG* | 1 | QL(3 EA daily); MP |
| *fluoxetine hcl CAPS 20 MG* | 1 | QL(4 EA daily); MP |
| *fluoxetine hcl CPDR* | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| *fluoxetine hcl SOLN* | 1 | |
| *fluoxetine hcl TABS 10 MG, 20 MG* | 4 | QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA |
| *fluoxetine hcl TABS 60 MG* | 4 | QL(1 EA daily); PA |
| FLUOXETINE HCL TABS *(fluoxetine hcl)* | 4 | QL(1 EA daily); PA |
| *fluvoxamine maleate CP24* | 4 | QL(2 EA daily); PA |
| *fluvoxamine maleate TABS 50 MG* | 1 | QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail) |
| *fluvoxamine maleate TABS 100 MG* | 1 | QL(3 EA daily) |
| *fluvoxamine maleate TABS 25 MG* | 1 | QL(1 EA daily); MP |
| LEXAPRO TABS 10 MG *(escitalopram oxalate)* | 1 | QL(1.5 EA daily); MP |
| LEXAPRO TABS 5 MG, 20 MG *(escitalopram oxalate)* | 1 | QL(2 EA daily); MP |
| *paroxetine hcl SUSP* | 1 | |
| *paroxetine hcl TABS 30 MG* | 1 | QL(2 EA daily); MP |
| *paroxetine hcl TABS 20 MG* | 1 | QL(1 EA daily); MP |
| *paroxetine hcl TABS 10 MG, 40 MG* | 1 | QL(1.5 EA daily); MP |
| *paroxetine hcl TB24 25 MG* | 1 | QL(2 EA daily); PA |
| *paroxetine hcl TB24 12.5 MG, 37.5 MG* | 1 | QL(1 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PAXIL CR TB24 12.5 MG, 37.5 MG *(paroxetine hcl)* | 1 | QL(1 EA daily); PA |
| PAXIL CR TB24 25 MG *(paroxetine hcl)* | 1 | QL(2 EA daily); PA |
| PAXIL SUSP *(paroxetine hcl)* | 1 | |
| PAXIL TABS 20 MG *(paroxetine hcl)* | 1 | QL(1 EA daily); MP |
| PAXIL TABS 30 MG *(paroxetine hcl)* | 1 | QL(2 EA daily); MP |
| PAXIL TABS 10 MG, 40 MG *(paroxetine hcl)* | 1 | QL(1.5 EA daily); MP |
| PROZAC CAPS 40 MG *(fluoxetine hcl)* | 1 | QL(2 EA daily); MP |
| PROZAC CAPS 10 MG *(fluoxetine hcl)* | 1 | QL(3 EA daily); MP |
| PROZAC CAPS 20 MG *(fluoxetine hcl)* | 1 | QL(4 EA daily); MP |
| SERTRALINE HCL CAPS | 4 | QL(1 EA daily); PA |
| *sertraline hcl CONC* | 1 | QL(10 ML daily) |
| *sertraline hcl TABS* | 1 | QL(3 EA daily); MP |
| ZOLOFT CONC *(sertraline hcl)* | 1 | QL(10 ML daily) |
| ZOLOFT TABS *(sertraline hcl)* | 1 | QL(3 EA daily); MP |
| Serotonin Modulators | | |
| *nefazodone hcl* | 3 | ST |
| RALDESY SOLN PO 10 MG/ML | 1 | AL(At least 18 yrs old); PA |
| *trazodone hcl TABS 300 MG* | 4 | PA |
| *trazodone hcl TABS 50 MG, 100 MG, 150 MG* | 1 | |
| TRINTELLIX | 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 *(duloxetine hcl)* | 1 | QL(2 EA daily); MP |
| DESVENLAFAXINE ER | 3 | QL(1 EA daily) |
| *desvenlafaxine succinate* | 2 | QL(1 EA daily); ST; MP |
| DRIZALMA SPRINKLE CSDR | 4 | QL(1 EA daily); AL(Up to 10 yrs old); PA |
| *duloxetine hcl CPEP 20 MG, 30 MG, 60 MG* | 1 | QL(2 EA daily); MP |
| *duloxetine hcl CPEP 40 MG* | 1 | QL(1 EA daily); PA |
| EFFEXOR XR CP24 37.5 MG, 75 MG *(venlafaxine hcl)* | 1 | QL(1 EA daily) |
| EFFEXOR XR CP24 150 MG *(venlafaxine hcl)* | 1 | QL(2 EA daily); MP |
| 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 *(desvenlafaxine succinate)* | 2 | QL(1 EA daily); ST; MP |
| VENLAFAXINE BESYLATE ER | 4 | QL(1 EA daily); PA |
| *venlafaxine hcl CP24 150 MG* | 1 | QL(2 EA daily); MP |
| *venlafaxine hcl CP24 37.5 MG, 75 MG* | 1 | QL(1 EA daily) |
| *venlafaxine hcl TABS* | 1 | QL(3 EA daily) |
| *venlafaxine hcl TB24 225 MG* | 4 | QL(1 EA daily); PA |
| *venlafaxine hcl TB24 150 MG* | 1 | QL(2 EA daily) |
| *venlafaxine hcl TB24 37.5 MG, 75 MG* | 1 | QL(1 EA daily) |
| Tricyclic Agents | | |
| *amitriptyline hcl TABS* | 1 | |
| *amoxapine* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANAFRANIL *(clomipramine hcl)* | 1 | |
| *clomipramine hcl* | 1 | |
| *desipramine hcl TABS* | 1 | |
| *doxepin hcl CAPS* | 1 | |
| *doxepin hcl CONC* | 1 | |
| *imipramine hcl TABS* | 1 | |
| *imipramine pamoate* | 1 | |
| *nortriptyline hcl CAPS* | 1 | |
| *nortriptyline hcl SOLN* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| PAMELOR CAPS *(nortriptyline hcl)* | 1 | |
| *protriptyline hcl* | 1 | |
| *trimipramine maleate CAPS* | 1 | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose 25 MG, 100 MG* | 1 | QL(6 EA daily); MP |
| *acarbose 50 MG* | 1 | QL(3 EA daily); MP |
| *miglitol* | 3 | ST |
| Antidiabetic - Amylin Analogs | | |
| SYMLINPEN 120 SOPN | 4 | 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 | 4 | QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); AL(At least 15 yrs old); PA |
| Antidiabetic Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)* | 3 | 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 1000 MG-10 MG* | 4 | Brand Required; QL(1 EA daily); ST; MP; PA |
| *dapagliflozin propanediol-metformin hcl 1000 MG-5 MG* | 4 | Brand Required; QL(2 EA daily); ST; MP; PA |
| DUETACT *(pioglitazone hcl-glimepiride)* | 3 | ST |
| *glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG* | 1 | QL(4 EA daily); MP |
| *glipizide-metformin hcl 250 MG-2.5 MG* | 1 | QL(8 EA daily); MP |
| *glyburide-metformin 250 MG-1.25 MG* | 1 | QL(8 EA daily); MP |
| *glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG* | 1 | QL(4 EA daily); MP |
| GLYXAMBI | 1 | QL(1 EA daily) |
| INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG | 2 | QL(1 EA daily) |
| INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG | 2 | QL(2 EA daily) |
| INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG | 2 | QL(2 EA daily); ST; MP |
| INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG | 2 | QL(1 EA daily); ST; MP |
| JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG | 2 | QL(1 EA daily); ST; MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| JANUMET XR TB24 1000 MG-50 MG | 2 | QL(2 EA daily); ST; MP |
| JANUMET TABS | 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 1000 MG-5 MG, 500 MG-5 MG *(saxagliptin-metformin hcl)* | 4 | QL(1 EA daily); ST; MP; PA |
| KOMBIGLYZE XR 1000 MG-2.5 MG *(saxagliptin-metformin hcl)* | 4 | 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 |
| *pioglitazone hcl-glimepiride* | 3 | ST |
| *pioglitazone hcl-metformin hcl TABS* | 3 | ST |
| QTERN | 4 | QL(1 EA daily); PA |
| *saxagliptin-metformin hcl 1000 MG-2.5 MG* | 4 | QL(2 EA daily); ST; MP; PA |
| *saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG* | 4 | QL(1 EA daily); ST; MP; PA |
| SEGLUROMET | 4 | QL(2 EA daily); PA |
| SITAGLIPTIN BASE-METFORMIN HCL TABS | 4 | PA |
| SOLIQUA | 4 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA |
| STEGLUJAN | 4 | 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-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 1 | QL(2 EA daily) |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 1 | QL(1 EA daily) |
| XIGDUO XR *(dapagliflozin propanediol-metformin hcl)* | 2 | Brand Required; QL(1 EA daily); ST; MP |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2 | Brand Required; QL(1 EA daily); ST; MP |
| XIGDUO XR *(dapagliflozin propanediol-metformin hcl)* | 2 | Brand Required; QL(2 EA daily); ST; MP |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | Brand Required; QL(2 EA daily); ST; MP |
| XULTOPHY | 4 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA |
| ZITUVIMET XR TB24 | 4 | PA |
| ZITUVIMET TABS | 4 | PA |
| Antidiabetic-Antibodies | | |
| TZIELD | 4 | AL(At least 8 yrs old); PA |
| Biguanides | | |
| GLUMETZA TB24 *(metformin hcl)* | 4 | QL(4 EA daily); PA |
| *metformin hcl SOLN* | 4 | PA |
| *metformin hcl TABS 750 MG* | 4 | PA |
| *metformin hcl TABS 625 MG* | 4 | QL(4 EA daily); PA |
| *metformin hcl TABS 500 MG* | 1 | QL(5 EA daily); MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *metformin hcl TABS 850 MG, 1000 MG* | 1 | QL(3 EA daily); MP |
| *metformin hcl TB24 500 MG* | 1 | QL(4 EA daily); MP |
| *metformin hcl TB24 500 MG, 1000 MG* | 4 | QL(4 EA daily); PA |
| *metformin hcl TB24 750 MG* | 1 | QL(3 EA daily); MP |
| Diabetic Other | | |
| BAQSIMI ONE PACK POWD | 1 | |
| BAQSIMI TWO PACK POWD | 1 | |
| *diazoxide* | 1 | |
| GLUCAGEN HYPOKIT | 1 | |
| *glucagon (rdna)* | 1 | |
| GLUCAGON EMERGENCY | 1 | |
| GVOKE HYPOPEN 2-PACK SOAJ | 1 | |
| GVOKE KIT SOLN | 1 | |
| GVOKE PFS SOSY 1 MG/0.2ML | 1 | |
| KORLYM *(mifepristone (hyperglycemia))* | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| *mifepristone (hyperglycemia)* | 4 | 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 25 MG | 2 | QL(4 EA daily); ST; MP |
| JANUVIA 50 MG, 100 MG | 2 | QL(2 EA daily); ST; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NESINA *(alogliptin benzoate)* | 3 | ST |
| ONGLYZA 5 MG *(saxagliptin hcl)* | 4 | QL(1 EA daily); ST; MP; PA |
| ONGLYZA 2.5 MG *(saxagliptin hcl)* | 4 | QL(2 EA daily); ST; MP; PA |
| *saxagliptin hcl 2.5 MG* | 4 | QL(2 EA daily); ST; MP; PA |
| *saxagliptin hcl 5 MG* | 4 | QL(1 EA daily); ST; MP; PA |
| SITAGLIPTIN | 4 | QL(1 EA daily); PA |
| TRADJENTA | 2 | QL(1 EA daily); ST; MP |
| ZITUVIO | 4 | 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 |
| 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 | 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 | 3 | QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST |

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|---|---|---|
| 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 (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 (FORMULATION R2) TABS 1.5 MG, 4 MG, 9 MG | 3 | PA |
| RYBELSUS TABS | 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 | QL(0.3 ML daily); ST; MP |
| VICTOZA *(liraglutide)* | 2 | QL(0.2 ML daily); ST; MP |
| Insulin | | |
| 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 | 4 | 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 | 4 | QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA |
| FIASP FLEXTOUCH SOPN | 4 | QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA |
| FIASP PENFILL SOCT | 4 | QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA |
| FIASP PUMPCART SOCT | 4 | QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA |
| FIASP SOLN | 4 | QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA |
| 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 200 UNIT/ML | 4 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA |
| 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 MIX 50/50 KWIKPEN SUPN | 1 | QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP |

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|---|---|---|
| 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 | 4 | 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 100 UNIT/ML | 4 | Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML | 4 | Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA |
| INSULIN DEGLUDEC SOLN | 4 | Brand Required; QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA |
| INSULIN GLARGINE MAX SOLOSTAR SOPN | 4 | Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | 4 | 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 | 4 | 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 SOLN | 1 | QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP |
| LYUMJEV KWIKPEN SOPN 200 UNIT/ML | 4 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA |
| LYUMJEV KWIKPEN SOPN 100 UNIT/ML | 4 | QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA |
| LYUMJEV TEMPO PEN SOPN | 4 | QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA |
| LYUMJEV SOLN | 4 | 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 4 | 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 FLEXTOUCH SOPN 200 UNIT/ML | 1 | Brand Required; QL(27 ML per 30 day(s) retail; 27 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 30 MG, 45 MG *(pioglitazone hcl)* | 1 | QL(1 EA daily); MP |
| ACTOS 15 MG *(pioglitazone hcl)* | 1 | QL(3 EA daily); MP |
| *pioglitazone hcl 15 MG* | 1 | QL(3 EA daily); MP |
| *pioglitazone hcl 30 MG, 45 MG* | 1 | QL(1 EA daily); MP |
| Meglitinide Analogues | | |
| *nateglinide* | 2 | QL(3 EA daily); ST; MP |
| *repaglinide* | 1 | QL(8 EA daily); MP |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| *dapagliflozin propanediol* | 4 | Brand Required; QL(1 EA daily); MP; PA |
| FARXIGA *(dapagliflozin propanediol)* | 1 | Brand Required; QL(1 EA daily); MP |
| INVOKANA 100 MG | 2 | QL(1 EA daily); ST; MP |
| INVOKANA 300 MG | 2 | QL(2 EA daily); ST; MP |
| JARDIANCE 10 MG | 1 | QL(2 EA daily); MP |
| JARDIANCE 25 MG | 1 | QL(1 EA daily); MP |
| STEGLATRO | 4 | QL(1 EA daily); PA |
| Sulfonylureas | | |
| *glimepiride 2 MG* | 1 | QL(4 EA daily); MP |
| *glimepiride 3 MG* | 1 | PA |
| *glimepiride 4 MG* | 1 | QL(2 EA daily); MP |
| *glimepiride 1 MG* | 1 | QL(8 EA daily); MP |
| *glipizide TABS 5 MG* | 1 | QL(8 EA daily); MP |
| *glipizide TABS 10 MG* | 1 | QL(4 EA daily); MP |
| *glipizide TABS 2.5 MG* | 4 | QL(1 EA daily); PA |
| *glipizide TB24 5 MG* | 1 | QL(4 EA daily); MP |
| *glipizide TB24 2.5 MG* | 1 | QL(8 EA daily); MP |
| *glipizide TB24 10 MG* | 1 | QL(2 EA daily); MP |
| GLUCOTROL XL TB24 10 MG *(glipizide)* | 1 | QL(2 EA daily); MP |
| GLUCOTROL XL TB24 5 MG *(glipizide)* | 1 | QL(4 EA daily); MP |
| *glyburide micronized 6 MG* | 1 | QL(2 EA daily); MP |
| *glyburide micronized 1.5 MG* | 1 | QL(8 EA daily); MP |
| *glyburide micronized 3 MG* | 1 | QL(4 EA daily); MP |
| *glyburide TABS 1.25 MG, 2.5 MG* | 1 | QL(8 EA daily); MP |
| *glyburide TABS 5 MG* | 1 | QL(4 EA daily); MP |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal - Chloride Channel Antagonists | | |
| MYTESI | 1 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antiperistaltic Agents | | |
| *diphenoxylate w/ atropine LIQD* | 1 | QL(400 ML per 12 day(s) retail; 400 ML per 12 days mail) |
| *diphenoxylate w/ atropine TABS* | 1 | QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail) |
| LOMOTIL TABS *(diphenoxylate w/ atropine)* | 1 | QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail) |
| *loperamide hcl CAPS* | 1 | QL(8 EA daily); RX/OTC |
| MOTOFEN | 4 | QL(16 EA per fill retail); AL(At least 3 yrs old); PA |
| *opium tincture* | 1 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidote Combinations | | |
| PREVDUO | 1 | Medical Benefit Only |
| Antidotes - Chelating Agents | | |
| CHEMET | 1 | |
| *deferasirox PACK* | 4 | PA |
| *deferasirox TABS* | 4 | AL(At least 3 yrs old); PA |
| *deferasirox TBSO* | 1 | AL(At least 3 yrs old) |
| *deferiprone TABS* | 4 | PA |
| EXJADE TBSO *(deferasirox)* | 1 | AL(At least 3 yrs old) |
| FERRIPROX TWICE-A-DAY TABS | 4 | PA |
| FERRIPROX SOLN | 4 | PA |
| FERRIPROX TABS *(deferiprone)* | 4 | PA |
| JADENU SPRINKLE PACK *(deferasirox)* | 4 | PA |
| JADENU TABS *(deferasirox)* | 4 | AL(At least 3 yrs old); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| DESFERAL 500 MG *(deferoxamine mesylate)* | 1 | |
| 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))* | 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *naltrexone hcl* | 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 50 MG | 4 | QL(10 EA per fill retail); PA |
| *granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML* | 4 | PA |
| *granisetron hcl TABS* | 1 | QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA |
| *ondansetron hcl SOLN PO 4 MG/5ML* | 1 | QL(50 ML per 10 day(s) retail; 50 ML per 10 days mail) |
| *ondansetron hcl SOLN IJ* | 1 | |
| *ondansetron hcl SOSY* | 1 | |
| *ondansetron hcl TABS 4 MG, 8 MG* | 1 | QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail) |
| *ondansetron TBDP 4 MG, 8 MG* | 1 | QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail) |
| *ondansetron TBDP 16 MG* | 1 | PA |
| *palonosetron hcl SOLN* | 1 | |
| *palonosetron hcl SOSY* | 1 | PA |
| POSFREA SOLN | 1 | |
| SANCUSO PTCH | 4 | QL(1 EA per 20 day(s) retail; 1 EA per 20 days mail); PA |
| SUSTOL PRSY | 4 | PA |
| Antiemetics - Anticholinergic | | |
| DIMENHYDRINATE SOLN | 1 | |
| *meclizine hcl TABS 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)* | 1 | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |
| *trimethobenzamide hcl CAPS* | 1 | |
| Antiemetics - Antidopaminergic | | |
| BARHEMSYS | 1 | Medical Benefit Only |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 1 | QL(1 EA per 7 day(s) retail; 1 EA per 7 days mail); PA |
| AKYNZEO (READY-TO-USE) SOLN | 4 | PA |
| AKYNZEO (TO-BE-DILUTED) SOLN | 4 | PA |
| BONJESTA TBCR | 4 | QL(2 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DICLEGIS TBEC *(doxylamine-pyridoxine)* | 1 | Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old) |
| *doxylamine-pyridoxine TBEC* | 4 | Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA |
| *dronabinol CAPS* | 4 | QL(2 EA daily); PA |
| MARINOL CAPS 2.5 MG *(dronabinol)* | 4 | QL(2 EA daily); PA |
| SYNDROS SOLN | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| APONVIE EMUL | 4 | QL(4.4 ML per fill retail); PA |
| *aprepitant CAPS 80 MG* | 4 | QL(1 EA daily); PA |
| *aprepitant CAPS 40 MG, 125 MG* | 1 | QL(1 EA daily); PA |
| *aprepitant MISC* | 1 | QL(1 EA daily); PA |
| CINVANTI EMUL | 4 | QL(18 ML per fill retail); PA |
| EMEND BIPACK CAPS 80 MG *(aprepitant)* | 4 | QL(1 EA daily); PA |
| EMEND TRIPACK CAPS *(aprepitant)* | 1 | QL(1 EA daily); PA |
| EMEND SOLR *(fosaprepitant dimeglumine)* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |
| EMEND SUSR | 1 | QL(1 EA daily); AL(Up to 6 yrs old); PA |
| FOCINVEZ SOLN | 1 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fosaprepitant dimeglumine SOLR* | 4 | 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 | 4 | 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 | 4 | AL(At least 18 yrs old); PA |
| Antifungals | | |
| ABELCET | 1 | |
| AMBISOME *(amphotericin b liposome)* | 1 | |
| *amphotericin b IV* | 1 | |
| *amphotericin b liposome* | 1 | |
| ANCOBON *(flucytosine)* | 4 | PA |
| *flucytosine* | 4 | PA |
| *griseofulvin microsize SUSP* | 1 | |
| *griseofulvin microsize TABS* | 1 | |
| *griseofulvin ultramicrosize* | 1 | |
| *nystatin TABS* | 1 | |
| *terbinafine hcl TABS* | 1 | |
| Imidazole-Related Antifungals | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CRESEMBA CAPS 186 MG | 4 | 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 | 4 | QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA |
| CRESEMBA SOLR | 4 | AL(At least 18 yrs old); PA |
| DIFLUCAN SUSR 40 MG/ML *(fluconazole)* | 1 | |
| DIFLUCAN TABS 100 MG, 200 MG *(fluconazole)* | 1 | |
| *fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML* | 1 | |
| *fluconazole SUSR* | 1 | |
| *fluconazole TABS 150 MG* | 1 | QL(7 EA per fill retail) |
| *fluconazole TABS 50 MG, 100 MG, 200 MG* | 1 | |
| *itraconazole CAPS* | 1 | |
| *itraconazole SOLN* | 1 | |
| *ketoconazole* | 4 | AL(At least 3 yrs old); PA |
| MICONAZOLE | 1 | |
| NOXAFIL PACK | 4 | PA |
| NOXAFIL SOLN *(posaconazole)* | 4 | PA |
| NOXAFIL SUSP *(posaconazole)* | 4 | PA |
| NOXAFIL TBEC *(posaconazole)* | 4 | PA |
| *posaconazole SOLN* | 4 | PA |
| *posaconazole SUSP* | 4 | PA |
| *posaconazole TBEC* | 4 | PA |
| SPORANOX CAPS *(itraconazole)* | 1 | |
| SPORANOX SOLN *(itraconazole)* | 1 | |
| TOLSURA CAPS | 4 | QL(4 EA daily); PA |
| VFEND IV SOLR *(voriconazole)* | 1 | Medical Benefit Only |
| VFEND SUSR *(voriconazole)* | 1 | |
| VFEND TABS *(voriconazole)* | 1 | |
| VIVJOA | 4 | 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 | 1 | Medical Benefit Only |
| *voriconazole SUSR* | 1 | |
| *voriconazole TABS* | 1 | |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| *carbinoxamine maleate SOLN* | 1 | |
| *carbinoxamine maleate TABS 4 MG* | 4 | Requires EPSDT PA Review; PA |
| *clemastine fumarate SYRP* | 1 | PA |
| *clemastine fumarate TABS 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* | 1 | QL(1 EA daily); AL(Up to 20 yrs old); MP |
| CLARINEX TABS *(desloratadine)* | 1 | QL(1 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desloratadine TABS* | 1 | QL(1 EA daily); PA |
| *desloratadine TBDP* | 1 | QL(1 EA daily); AL(At least 6 yrs old - Up to 11 yrs old); PA |
| *levocetirizine dihydrochloride SOLN* | 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* | 2 | QL(1 EA daily); AL(Up to 20 yrs old); ST; RX/OTC |
| *loratadine SOLN* | 1 | AL(Up to 20 yrs old) |
| *loratadine TABS* | 1 | QL(1 EA daily); AL(Up to 20 yrs old); MP |
| *loratadine TBDP 10 MG* | 1 | QL(1 EA daily); AL(Up to 20 yrs old); MP |
| Antihistamines - Phenothiazines | | |
| PHENERGAN SOLN IJ *(promethazine hcl)* | 1 | |
| *promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML* | 1 | |
| *promethazine hcl SUPP* | 1 | QL(4 EA daily) |
| *promethazine hcl TABS* | 1 | |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl SYRP* | 1 | |
| *cyproheptadine hcl TABS* | 1 | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors | | |
| NEXLETOL | 4 | QL(1 EA daily); PA |
| Angiopoietin-like Protein Inhibitors | | |
| EVKEEZA | 4 | AL(At least 5 yrs old); PA |
| Antihyperlipidemics - Combinations | | |
| *ezetimibe-simvastatin* | 4 | QL(1 EA daily); MP; PA |
| NEXLIZET | 4 | QL(1 EA daily); PA |
| VYTORIN *(ezetimibe-simvastatin)* | 4 | QL(1 EA daily); MP; PA |
| Antihyperlipidemics - Misc. | | |
| *icosapent ethyl 1 GM* | 4 | QL(4 EA daily); PA |
| *icosapent ethyl 0.5 GM* | 4 | QL(8 EA daily); PA |
| LOVAZA *(omega-3-acid ethyl esters)* | 1 | QL(4 EA daily); MP |
| *omega-3-acid ethyl esters* | 1 | QL(4 EA daily); MP |
| Bile Acid Sequestrants | | |
| *cholestyramine light PACK* | 1 | QL(2 EA daily) |
| *cholestyramine light POWD* | 1 | |
| *cholestyramine PACK* | 1 | QL(2 EA daily) |
| *cholestyramine POWD* | 1 | |
| *colesevelam hcl PACK* | 4 | PA |
| *colesevelam hcl TABS* | 1 | |
| COLESTID GRAN *(colestipol hcl)* | 1 | |
| COLESTID PACK *(colestipol hcl)* | 1 | |
| COLESTID TABS *(colestipol hcl)* | 1 | |
| *colestipol hcl GRAN* | 1 | |
| *colestipol hcl PACK* | 1 | |
| *colestipol hcl TABS* | 1 | |
| QUESTRAN LIGHT POWD *(cholestyramine light)* | 1 | |
| QUESTRAN PACK *(cholestyramine)* | 1 | QL(2 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| QUESTRAN POWD *(cholestyramine)* | 1 | |
| WELCHOL PACK *(colesevelam hcl)* | 4 | PA |
| WELCHOL TABS *(colesevelam hcl)* | 1 | |
| Fibric Acid Derivatives | | |
| *choline fenofibrate 135 MG* | 2 | ST |
| *choline fenofibrate 45 MG* | 1 | QL(2 EA daily) |
| *fenofibrate micronized 43 MG, 130 MG, 200 MG* | 2 | ST |
| *fenofibrate micronized 67 MG, 134 MG* | 1 | |
| *fenofibrate CAPS* | 2 | ST |
| *fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG* | 1 | |
| *fenofibrate TABS 40 MG, 120 MG* | 2 | ST |
| FENOGLIDE TABS *(fenofibrate)* | 2 | ST |
| *gemfibrozil TABS* | 1 | QL(2 EA daily); MP |
| LIPOFEN CAPS *(fenofibrate)* | 2 | ST |
| LOPID TABS *(gemfibrozil)* | 1 | QL(2 EA daily); MP |
| TRICOR TABS *(fenofibrate)* | 1 | |
| TRILIPIX 45 MG *(choline fenofibrate)* | 1 | QL(2 EA daily) |
| TRILIPIX 135 MG *(choline fenofibrate)* | 2 | ST |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG | 4 | PA |
| ATORVALIQ SUSP | 4 | QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA |
| *atorvastatin calcium TABS 80 MG* | 1 | QL(1 EA daily); MP |
| *atorvastatin calcium TABS 10 MG, 20 MG, 40 MG* | 1 | QL(2 EA daily); MP |
| EZALLOR SPRINKLE CPSP | 4 | QL(1 EA daily); PA |
| FLOLIPID SUSP | 4 | PA |
| *fluvastatin sodium CAPS* | 1 | PA |
| *fluvastatin sodium TB24* | 4 | PA |
| LESCOL XL TB24 *(fluvastatin sodium)* | 4 | PA |
| LIPITOR TABS 10 MG, 20 MG, 40 MG *(atorvastatin calcium)* | 1 | QL(2 EA daily); MP |
| LIPITOR TABS 80 MG *(atorvastatin calcium)* | 1 | QL(1 EA daily); MP |
| LIVALO *(pitavastatin calcium)* | 4 | PA |
| *lovastatin TABS* | 1 | QL(2 EA daily); MP |
| *pitavastatin calcium* | 4 | PA |
| *pitavastatin calcium* | 1 | PA |
| *pravastatin sodium 10 MG* | 1 | QL(3 EA daily); MP |
| *pravastatin sodium 20 MG, 40 MG* | 1 | QL(2 EA daily); MP |
| *pravastatin sodium 80 MG* | 1 | QL(1 EA daily); MP |
| *rosuvastatin calcium TABS* | 1 | QL(1 EA daily); MP |
| *simvastatin TABS 10 MG, 20 MG* | 1 | QL(2 EA daily); MP |
| *simvastatin TABS 40 MG* | 1 | QL(1 EA daily); MP |
| *simvastatin TABS 5 MG, 80 MG* | 1 | |
| ZOCOR TABS 10 MG, 20 MG *(simvastatin)* | 1 | QL(2 EA daily); MP |
| ZOCOR TABS 40 MG *(simvastatin)* | 1 | QL(1 EA daily); MP |
| ZYPITAMAG 2 MG, 4 MG | 4 | QL(1 EA daily); PA |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | 1 | QL(1 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZETIA *(ezetimibe)* | 1 | QL(1 EA daily) |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors | | |
| JUXTAPID 5 MG | 1 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail) |
| JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| JUXTAPID 10 MG | 1 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) TBCR 500 MG* | 1 | QL(3 EA daily); MP |
| *niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG* | 1 | QL(2 EA daily); MP |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| LEQVIO | 4 | QL(1.5 ML per 180 day(s) retail; 2 ML per 180 days mail); AL(At least 18 yrs old); PA |
| PRALUENT SOAJ | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| REPATHA SURECLICK SOAJ | 4 | QL(2 ML per 28 day(s) retail; 2 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 | 4 | 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 *(quinapril hcl)* | 1 | QL(2 EA daily); MP |
| ALTACE CAPS 1.25 MG, 2.5 MG *(ramipril)* | 1 | QL(3 EA daily); MP |
| ALTACE CAPS 5 MG, 10 MG *(ramipril)* | 1 | QL(2 EA daily); MP |
| *benazepril hcl 5 MG* | 1 | QL(6 EA daily); MP |
| *benazepril hcl 20 MG, 40 MG* | 1 | QL(2 EA daily); MP |
| *benazepril hcl 10 MG* | 1 | QL(3 EA daily); MP |
| *captopril* | 2 | ST |
| *enalapril maleate SOLN* | 1 | QL(5 ML daily); AL(Up to 6 yrs old) |
| *enalapril maleate TABS 2.5 MG, 5 MG* | 1 | QL(3 EA daily); MP |
| *enalapril maleate TABS 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* | 1 | MP |
| *lisinopril TABS 30 MG, 40 MG* | 1 | QL(2 EA daily); MP |
| *lisinopril TABS 2.5 MG, 5 MG* | 1 | QL(6 EA daily); MP |
| *lisinopril TABS 10 MG* | 1 | QL(8 EA daily); MP |
| *lisinopril TABS 20 MG* | 1 | QL(4 EA daily); MP |
| LOTENSIN 10 MG *(benazepril hcl)* | 1 | QL(3 EA daily); MP |
| LOTENSIN 20 MG, 40 MG *(benazepril hcl)* | 1 | QL(2 EA daily); MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *moexipril hcl* | 1 | QL(4 EA daily); MP |
| *perindopril erbumine* | 1 | MP |
| QBRELIS SOLN | 1 | QL(5 ML daily); AL(Up to 6 yrs old) |
| *quinapril hcl* | 1 | QL(2 EA daily); MP |
| *ramipril CAPS 1.25 MG, 2.5 MG* | 1 | QL(3 EA daily); MP |
| *ramipril CAPS 5 MG, 10 MG* | 1 | QL(2 EA daily); MP |
| *trandolapril* | 1 | MP |
| VASOTEC TABS 10 MG, 20 MG *(enalapril maleate)* | 1 | QL(2 EA daily); MP |
| VASOTEC TABS 2.5 MG, 5 MG *(enalapril maleate)* | 1 | QL(3 EA daily); MP |
| ZESTRIL TABS 20 MG *(lisinopril)* | 1 | QL(4 EA daily); MP |
| ZESTRIL TABS 2.5 MG, 5 MG *(lisinopril)* | 1 | QL(6 EA daily); MP |
| ZESTRIL TABS 30 MG, 40 MG *(lisinopril)* | 1 | QL(2 EA daily); MP |
| ZESTRIL TABS 10 MG *(lisinopril)* | 1 | QL(8 EA daily); MP |
| Agents for Pheochromocytoma | | |
| DEMSER *(metyrosine)* | 1 | |
| *metyrosine* | 1 | |
| *phenoxybenzamine hcl* | 1 | |
| *phentolamine mesylate SOLR* | 1 | |
| Angiotensin II Receptor Antagonists | | |
| ATACAND 4 MG, 8 MG, 16 MG *(candesartan cilexetil)* | 1 | |
| ATACAND 32 MG *(candesartan cilexetil)* | 2 | ST |
| AVAPRO 150 MG, 300 MG *(irbesartan)* | 1 | MP |
| BENICAR 5 MG *(olmesartan medoxomil)* | 1 | QL(6 EA daily); MP |
| BENICAR 40 MG *(olmesartan medoxomil)* | 1 | QL(2 EA daily); MP |
| BENICAR 20 MG *(olmesartan medoxomil)* | 1 | QL(3 EA daily); MP |
| *candesartan cilexetil 4 MG, 8 MG, 16 MG* | 1 | |
| *candesartan cilexetil 32 MG* | 2 | ST |
| COZAAR 25 MG *(losartan potassium)* | 1 | QL(4 EA daily); MP |
| COZAAR 50 MG, 100 MG *(losartan potassium)* | 1 | QL(3 EA daily); MP |
| DIOVAN TABS *(valsartan)* | 1 | MP |
| EDARBI | 3 | ST |
| *irbesartan* | 1 | MP |
| *losartan potassium 25 MG* | 1 | QL(4 EA daily); MP |
| *losartan potassium 50 MG, 100 MG* | 1 | QL(3 EA daily); MP |
| MICARDIS 40 MG *(telmisartan)* | 1 | QL(3 EA daily); MP |
| MICARDIS 20 MG *(telmisartan)* | 1 | QL(5 EA daily); MP |
| MICARDIS 80 MG *(telmisartan)* | 1 | QL(2 EA daily); MP |
| *olmesartan medoxomil 40 MG* | 1 | QL(2 EA daily); MP |
| *olmesartan medoxomil 20 MG* | 1 | QL(3 EA daily); MP |
| *olmesartan medoxomil 5 MG* | 1 | QL(6 EA daily); MP |
| *telmisartan 80 MG* | 1 | QL(2 EA daily); MP |
| *telmisartan 40 MG* | 1 | QL(3 EA daily); MP |
| *telmisartan 20 MG* | 1 | QL(5 EA daily); MP |
| *valsartan SOLN* | 4 | AL(At least 6 yrs old - Up to 10 yrs old); PA |
| *valsartan TABS* | 1 | MP |
| Antiadrenergic Antihypertensives | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARDURA 4 MG *(doxazosin mesylate)* | 1 | QL(4 EA daily); MP |
| CARDURA 8 MG *(doxazosin mesylate)* | 1 | QL(2 EA daily); MP |
| CARDURA 1 MG, 2 MG *(doxazosin mesylate)* | 1 | QL(7 EA daily); MP |
| CLONIDINE HCL POWD | 1 | Medical Benefit Only |
| *clonidine hcl TABS* | 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* | 4 | PA |
| *doxazosin mesylate 4 MG* | 1 | QL(4 EA daily); MP |
| *doxazosin mesylate 8 MG* | 1 | QL(2 EA daily); MP |
| *doxazosin mesylate 1 MG, 2 MG* | 1 | QL(7 EA daily); MP |
| *guanfacine hcl* | 1 | QL(4 EA daily) |
| *methyldopa TABS* | 1 | |
| MINIPRESS CAPS 5 MG *(prazosin hcl)* | 1 | QL(8 EA daily); MP |
| MINIPRESS CAPS 2 MG *(prazosin hcl)* | 1 | QL(5 EA daily); MP |
| NEXICLON XR TB24 *(clonidine)* | 4 | PA |
| *prazosin hcl CAPS 2 MG* | 1 | QL(5 EA daily); MP |
| *prazosin hcl CAPS 1 MG* | 1 | QL(6 EA daily); MP |
| *prazosin hcl CAPS 5 MG* | 1 | QL(8 EA daily); MP |
| *terazosin hcl 1 MG* | 1 | QL(19 EA daily); MP |
| *terazosin hcl 10 MG* | 1 | QL(18 EA daily); MP |
| *terazosin hcl 2 MG* | 1 | QL(4 EA daily); MP |
| *terazosin hcl 5 MG* | 1 | QL(3 EA daily); MP |
| Antihypertensive Combinations | | |
| ACCURETIC *(quinapril-hydrochlorothiazide)* | 1 | QL(2 EA daily); MP |
| *amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG* | 1 | QL(1 EA daily); MP |
| *amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG* | 1 | QL(2 EA daily); MP |
| *amlodipine besylate-benazepril hcl 10 MG-2.5 MG* | 1 | QL(4 EA daily); MP |
| *amlodipine besylate-olmesartan medoxomil* | 1 | |
| *amlodipine besylate-valsartan* | 1 | QL(1 EA daily); MP |
| *amlodipine-valsartan-hydrochlorothiazide* | 1 | QL(1 EA daily); MP |
| ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)* | 3 | ST |
| *atenolol & chlorthalidone* | 1 | QL(1 EA daily); MP |
| AVALIDE *(irbesartan-hydrochlorothiazide)* | 1 | MP |
| AZOR *(amlodipine besylate-olmesartan medoxomil)* | 1 | |
| *benazepril & hydrochlorothiazide* | 1 | QL(2 EA daily); MP |
| BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)* | 1 | QL(2 EA daily); MP |
| *bisoprolol & hydrochlorothiazide* | 1 | QL(2 EA daily); MP |
| *candesartan cilexetil-hydrochlorothiazide* | 3 | ST |
| *captopril & hydrochlorothiazide* | 2 | |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Vasodilators | | |
| *hydralazine hcl SOLN* | 1 | |
| *hydralazine hcl TABS 25 MG* | 1 | QL(11 EA daily); MP |
| *hydralazine hcl TABS 10 MG* | 1 | QL(30 EA daily); MP |
| *hydralazine hcl TABS 50 MG* | 1 | QL(5 EA daily); MP |
| *hydralazine hcl TABS 100 MG* | 1 | QL(3 EA daily); MP |
| *minoxidil 2.5 MG* | 1 | QL(4 EA daily); MP |
| *minoxidil 10 MG* | 1 | QL(10 EA daily); MP |
| 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 | 4 | QL(4 EA daily); PA |
| *bacitracin* | 1 | |
| FLAGYL CAPS *(metronidazole)* | 1 | |
| IMPAVIDO | 4 | Requires EPSDT PA Review; PA |
| LIKMEZ SUSP | 1 | QL(20 ML daily); AL(Up to 10 yrs old) |
| *metronidazole CAPS* | 1 | |
| *metronidazole SOLN* | 1 | |
| METRONIDAZOLE SOLN *(metronidazole)* | 1 | |
| *metronidazole TABS 125 MG* | 1 | PA |
| *metronidazole TABS 250 MG, 500 MG* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NEBUPENT IN *(pentamidine isethionate)* | 1 | |
| PENTAM IJ *(pentamidine isethionate)* | 1 | |
| *pentamidine isethionate IJ* | 1 | |
| *tinidazole* | 1 | |
| *trimethoprim TABS* | 1 | |
| XIFAXAN 550 MG | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| XIFAXAN 200 MG | 4 | QL(3 EA daily); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations | | |
| BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)* | 1 | |
| BACTRIM TABS *(sulfamethoxazole-trimethoprim)* | 1 | |
| *sulfamethoxazole-trimethoprim SOLN* | 1 | |
| *sulfamethoxazole-trimethoprim SUSP* | 1 | |
| *sulfamethoxazole-trimethoprim TABS* | 1 | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| *atovaquone* | 1 | |
| LAMPIT 120 MG | 4 | QL(225 EA per 30 day(s) retail; 225 EA per 30 days mail); AL(Up to 17 yrs old); PA |
| LAMPIT 30 MG | 4 | QL(9 EA daily); AL(Up to 17 yrs old); PA |
| MEPRON *(atovaquone)* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nitazoxanide TABS* | 4 | QL(2 EA daily); PA |
| *nitazoxanide TABS* | 1 | QL(2 EA daily); PA |
| Carbapenems | | |
| *ertapenem sodium IJ* | 1 | |
| *imipenem-cilastatin IV* | 1 | |
| *meropenem* | 1 | |
| MEROPENEM | 1 | PA |
| MEROPENEM-SODIUM CHLORIDE | 1 | |
| RECARBRIO | 4 | QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA |
| VABOMERE | 4 | 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 | | |
| *daptomycin* | 1 | |
| DAPTOMYCIN *(daptomycin)* | 1 | |
| DAPTOMYCIN | 1 | |
| DAPTOMYCIN-SODIUM CHLORIDE | 1 | |
| Glycopeptides | | |
| DALVANCE | 4 | QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA |
| FIRVANQ SOLR PO *(vancomycin hcl)* | 1 | |
| KIMYRSA | 4 | 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 *(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* | 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 *(vancomycin hcl)* | 1 | |
| VANCOMYCIN HCL SOLR IV | 1 | |
| VIBATIV 750 MG | 1 | |
| Leprostatics | | |
| *dapsone* | 1 | |
| Lincosamides | | |
| CLEOCIN *(clindamycin palmitate hydrochloride)* | 1 | |
| CLEOCIN *(clindamycin hcl)* | 1 | |
| CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)* | 1 | |
| CLEOCIN PHOSPHATE SOLN IJ | 1 | |
| *clindamycin hcl* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clindamycin palmitate hydrochloride* | 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 | |
| *lincomycin hcl* | 1 | |
| Monobactams | | |
| AZACTAM *(aztreonam)* | 1 | |
| *aztreonam* | 1 | |
| CAYSTON | 4 | 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* | 1 | QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail) |
| SIVEXTRO SOLR | 4 | QL(6 EA per fill retail); PA |
| SIVEXTRO TABS | 4 | QL(6 EA per fill retail); PA |
| ZYVOX SOLN *(linezolid)* | 1 | 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 SUSR *(linezolid)* | 1 | QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail) |
| ZYVOX TABS *(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 | |
| MACROBID *(nitrofurantoin monohyd macro)* | 1 | |
| *methenamine hippurate* | 1 | |
| *methenamine mandelate* | 1 | |
| *nitrofurantoin* | 4 | Requires EPSDT PA Review; PA |
| NITROFURANTOIN | 4 | QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); AL(Up to 10 yrs old); PA |
| *nitrofurantoin macrocrystal* | 1 | |
| *nitrofurantoin monohyd macro* | 1 | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| *atovaquone-proguanil hcl* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COARTEM | 1 | |
| MALARONE *(atovaquone-proguanil hcl)* | 1 | |
| Antimalarials | | |
| ARTESUNATE | 1 | Medical Benefit Only |
| *chloroquine phosphate TABS* | 1 | |
| *hydroxychloroquine sulfate* | 1 | |
| KRINTAFEL | 1 | QL(2 EA per fill retail); AL(At least 16 yrs old) |
| *mefloquine hcl* | 1 | |
| *primaquine phosphate TABS* | 1 | |
| PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)* | 1 | |
| *pyrimethamine* | 4 | QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA |
| QUALAQUIN CAPS *(quinine sulfate)* | 4 | PA |
| *quinine sulfate CAPS 324 MG* | 4 | PA |
| SOVUNA | 1 | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| BLOXIVERZ SOLN IV 10 MG/10ML *(neostigmine methylsulfate)* | 1 | |
| BLOXIVERZ SOSY | 1 | |
| FIRDAPSE | 4 | QL(8 EA daily); PA |
| MESTINON SOLN PO *(pyridostigmine bromide)* | 1 | |
| MESTINON TABS *(pyridostigmine bromide)* | 1 | |
| MESTINON TBCR *(pyridostigmine bromide)* | 1 | |
| NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)* | 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 | |
| NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)* | 1 | |
| *pyridostigmine bromide SOLN PO* | 1 | |
| *pyridostigmine bromide TABS 60 MG* | 1 | |
| *pyridostigmine bromide TABS 30 MG* | 4 | PA |
| *pyridostigmine bromide TBCR* | 1 | |
| REGONOL SOLN IV | 1 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *cycloserine* | 1 | |
| *ethambutol hcl TABS* | 1 | |
| *isoniazid SOLN* | 1 | |
| *isoniazid SYRP* | 1 | |
| *isoniazid TABS* | 1 | |
| MYCOBUTIN *(rifabutin)* | 1 | |
| PRIFTIN | 1 | |
| *pyrazinamide* | 1 | |
| *rifabutin* | 1 | |
| RIFADIN SOLR *(rifampin)* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *rifampin CAPS* | 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 | 1 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| BELRAPZO SOLN | 1 | |
| BENDAMUSTINE HCL SOLN | 1 | |
| *bendamustine hcl SOLR* | 1 | |
| BENDEKA SOLN | 1 | |
| BICNU *(carmustine)* | 1 | |
| *busulfan SOLN* | 1 | |
| 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 | |
| *cyclophosphamide SOLR IJ* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CYCLOPHOSPHAMIDE TABS 50 MG | 1 | |
| EVOMELA IV | 1 | |
| FRINDOVYX SOLN | 1 | |
| GLEOSTINE 10 MG, 40 MG, 100 MG | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| GLIADEL WAFER | 1 | |
| GRAFAPEX SOLR IV 1 GM, 5 GM | 1 | Medical Benefit Only |
| IFEX SOLR *(ifosfamide)* | 1 | |
| IFEX SOLR | 1 | |
| *ifosfamide SOLN* | 1 | |
| *ifosfamide SOLR* | 1 | |
| IFOSFAMIDE SOLR | 1 | |
| KEMOPLAT SOLN | 1 | |
| LEUKERAN | 1 | |
| *melphalan hcl IV* | 1 | |
| *oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML* | 1 | |
| TEMODAR SOLR | 1 | |
| *temozolomide CAPS* | 1 | |
| TEPADINA *(thiotepa)* | 1 | |
| *thiotepa* | 1 | |
| TREANDA SOLR *(bendamustine hcl)* | 1 | |
| VIVIMUSTA SOLN | 1 | |
| YONDELIS | 1 | Medical Benefit Only |
| ZANOSAR | 1 | |
| ZEPZELCA | 4 | PA |
| Antimetabolites | | |
| ALIMTA SOLR *(pemetrexed disodium)* | 1 | |
| ARRANON *(nelarabine)* | 1 | |
| AXTLE | 4 | PA |
| *azacitidine SUSR* | 1 | |

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|---|---|---|
| *capecitabine* | 1 | |
| *cladribine 10 MG/10ML* | 1 | |
| *clofarabine* | 1 | |
| *cytarabine SOLN* | 1 | |
| *decitabine* | 1 | |
| *fludarabine phosphate SOLN* | 1 | |
| *fludarabine phosphate SOLR* | 1 | |
| *fluorouracil* | 1 | |
| FOLOTYN | 4 | PA |
| *gemcitabine hcl SOLN* | 1 | |
| GEMCITABINE HCL SOLN *(gemcitabine hcl)* | 1 | |
| GEMCITABINE HCL SOLN | 1 | |
| GEMCITABINE HCL SOLN | 1 | |
| *gemcitabine hcl SOLR* | 1 | |
| JYLAMVO SOLN PO | 4 | AL(At least 18 yrs old); PA |
| *mercaptopurine SUSP 2000 MG/100ML* | 4 | AL(Up to 10 yrs old) |
| *mercaptopurine TABS* | 1 | |
| *methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML* | 1 | |
| *methotrexate sodium SOLR* | 1 | |
| *methotrexate sodium TABS 2.5 MG* | 1 | |
| *nelarabine* | 1 | |
| ONUREG TABS | 4 | QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); AL(At least 18 yrs old); PA |
| PEMETREXED | 4 | PA |
| PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML | 1 | |
| PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML | 1 | PA |
| *pemetrexed disodium SOLR* | 1 | |
| PEMETREXED DITROMETHAMINE | 1 | |
| PEMFEXY | 4 | PA |
| PEMRYDI RTU SOLN 500 MG/50ML | 1 | PA |
| PEMRYDI RTU SOLN 100 MG/10ML | 4 | PA |
| *pralatrexate* | 4 | PA |
| PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)* | 4 | AL(Up to 10 yrs old); PA |
| TABLOID | 4 | Requires EPSDT PA Review; AL(Up to 18 yrs old); PA |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 1 | |
| VIDAZA SUSR *(azacitidine)* | 1 | |
| XATMEP SOLN PO | 1 | AL(Up to 10 yrs old) |
| XELODA *(capecitabine)* | 1 | |
| Antineoplastic - Angiogenesis Inhibitors | | |
| ALYMSYS | 4 | PA |
| AVASTIN | 1 | |
| CYRAMZA | 4 | PA |
| FRUZAQLA 1 MG | 4 | QL(3 EA daily); PA |
| FRUZAQLA 5 MG | 4 | PA |
| INLYTA | 1 | |
| LENVIMA (10 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |

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|---|---|---|
| LENVIMA (12 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (14 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (18 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (20 MG DAILY DOSE) | 4 | QL(2 EA daily); PA |
| LENVIMA (24 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| LENVIMA (4 MG DAILY DOSE) | 4 | QL(1 EA daily); PA |
| LENVIMA (8 MG DAILY DOSE) | 4 | QL(3 EA daily); PA |
| MVASI | 1 | |
| VEGZELMA | 4 | PA |
| ZALTRAP | 1 | |
| ZIRABEV | 4 | PA |
| Antineoplastic - Antibodies | | |
| ADCETRIS | 1 | Medical Benefit Only |
| BAVENCIO | 1 | Medical Benefit Only |
| BESPONSA | 1 | Medical Benefit Only |
| BIZENGRI (750 MG DOSE) | 1 | Medical Benefit Only |
| BLINCYTO | 4 | PA |
| COLUMVI | 1 | Medical Benefit Only |
| DANYELZA | 1 | Medical Benefit Only |
| DARZALEX | 1 | Medical Benefit Only |
| ELAHERE | 4 | PA |
| ELREXFIO | 1 | Medical Benefit Only |
| EMPLICITI | 1 | Medical Benefit Only |
| ENHERTU | 4 | PA |
| EPKINLY | 1 | Medical Benefit Only |
| GAZYVA | 1 | Medical Benefit Only |
| IMDELLTRA | 1 | Medical Benefit Only |
| IMFINZI | 1 | Medical Benefit Only |
| IMJUDO | 1 | Medical Benefit Only |
| JEMPERLI | 4 | PA |
| KADCYLA | 1 | Medical Benefit Only |
| KEYTRUDA | 1 | Medical Benefit Only |
| KIMMTRAK | 1 | Medical Benefit Only |
| LIBTAYO | 4 | PA |
| LOQTORZI | 4 | PA |
| LUNSUMIO | 1 | Medical Benefit Only |
| MONJUVI | 1 | Medical Benefit Only |
| OPDIVO | 1 | Medical Benefit Only |
| PADCEV | 4 | 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 | 4 | PA |
| TALVEY | 1 | Medical Benefit Only |
| TECENTRIQ | 1 | Medical Benefit Only |
| TECVAYLI | 1 | Medical Benefit Only |
| TEVIMBRA | 4 | PA |
| TIVDAK | 4 | PA |
| TRUXIMA | 1 | Medical Benefit Only |

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|---|---|---|
| UNITUXIN | 1 | QL(5 ML daily) |
| VYLOY | 1 | Medical Benefit Only |
| YERVOY | 1 | Medical Benefit Only |
| ZEVALIN Y-90 | 1 | Medical Benefit Only |
| ZYNLONTA | 4 | PA |
| ZYNYZ | 1 | Medical Benefit Only |
| Antineoplastic - Anti-HER2 Agents | | |
| HERCEPTIN 150 MG | 4 | PA |
| HERCESSI | 4 | PA |
| HERZUMA | 4 | PA |
| KANJINTI | 4 | PA |
| MARGENZA | 4 | PA |
| OGIVRI | 4 | PA |
| ONTRUZANT | 4 | PA |
| PERJETA | 1 | Medical Benefit Only |
| TRAZIMERA | 4 | PA |
| TUKYSA 150 MG | 4 | QL(4 EA daily); PA |
| TUKYSA 50 MG | 4 | QL(2 EA daily); PA |
| ZIIHERA | 1 | PA |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPK | 4 | QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA |
| VENCLEXTA TABS 50 MG | 4 | QL(7 EA per fill retail); PA |
| VENCLEXTA TABS 100 MG | 4 | QL(4 EA daily); PA |
| VENCLEXTA TABS 10 MG | 4 | QL(14 EA per fill retail); PA |
| Antineoplastic - Cellular Immunotherapy | | |
| ABECMA | 1 | Medical Benefit Only |
| AUCATZYL | 1 | Medical Benefit Only |
| BREYANZI | 1 | Medical Benefit Only |
| CARVYKTI | 1 | Medical Benefit Only |
| KYMRIAH | 1 | Medical Benefit Only |
| 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* | 4 | QL(1 EA daily); PA |
| *gefitinib* | 1 | QL(1 EA daily) |
| GILOTRIF | 4 | QL(1 EA daily); PA |
| IRESSA *(gefitinib)* | 1 | QL(1 EA daily) |
| LAZCLUZE | 1 | PA |
| PORTRAZZA | 1 | |
| TAGRISSO | 4 | QL(1 EA daily); PA |
| TARCEVA 100 MG *(erlotinib hcl)* | 4 | QL(1 EA daily); PA |
| VECTIBIX 100 MG/5ML, 400 MG/20ML | 1 | |
| VIZIMPRO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Gene Therapy Agents | | |
| ADSTILADRIN | 4 | QL(80 EA per 90 day(s) retail; 80 EA per 90 days mail); AL(At least 18 yrs old); PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |

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|---|---|---|
| DAURISMO | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| ERIVEDGE | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| ODOMZO | 4 | QL(1 EA daily); PA |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate 250 MG* | 1 | QL(4 EA daily); PA |
| *abiraterone acetate 500 MG* | 4 | QL(2 EA daily); PA |
| *abiraterone acetate 250 MG* | 4 | QL(4 EA daily); PA |
| AKEEGA | 4 | QL(2 EA daily); PA |
| *anastrozole* | 1 | |
| ARIMIDEX *(anastrozole)* | 1 | |
| AROMASIN *(exemestane)* | 1 | |
| *bicalutamide* | 1 | |
| CAMCEVI | 4 | QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA |
| CASODEX *(bicalutamide)* | 1 | |
| ELIGARD SC | 1 | AL(At least 18 yrs old) |
| ERLEADA 60 MG | 4 | QL(4 EA daily); PA |
| ERLEADA 240 MG | 4 | QL(1 EA daily); PA |
| *exemestane* | 1 | |
| FARESTON *(toremifene citrate)* | 1 | |
| FASLODEX SOSY *(fulvestrant)* | 1 | |
| FEMARA *(letrozole)* | 1 | |
| FIRMAGON 80 MG | 1 | |
| FIRMAGON (240 MG DOSE) | 1 | |
| *fulvestrant SOSY* | 1 | |
| *letrozole* | 1 | |
| LEUPROLIDE ACETATE (3 MONTH) INJ | 1 | PA |
| *leuprolide acetate KIT IJ 1 MG/0.2ML* | 1 | PA |
| 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 22.5 MG | 1 | QL(1 EA per 84 day(s) retail; 1 EA per 84 days mail); AL(At least 18 yrs old) |
| 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 (4-MONTH) IM | 1 | QL(1 EA per 112 day(s) retail; 1 EA per 112 days mail); AL(At least 18 yrs old) |
| LUPRON DEPOT (6-MONTH) IM | 3 | QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); AL(At least 18 yrs old); PA |
| LYSODREN | 1 | |
| *megestrol acetate SUSP* | 1 | |
| *megestrol acetate TABS* | 1 | |
| *nilutamide* | 1 | |
| NUBEQA | 4 | QL(4 EA daily); PA |
| ORGOVYX | 4 | QL(1 EA daily); PA |

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|---|---|---|
| ORSERDU 345 MG | 4 | QL(1 EA daily); PA |
| ORSERDU 86 MG | 4 | QL(3 EA daily); PA |
| SOLTAMOX SOLN | 4 | QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA |
| *tamoxifen citrate TABS* | 1 | |
| *toremifene citrate* | 1 | |
| TRELSTAR MIXJECT | 1 | PA |
| XTANDI CAPS | 4 | QL(4 EA daily); PA |
| XTANDI TABS 40 MG | 4 | QL(4 EA daily); PA |
| XTANDI TABS 80 MG | 4 | QL(2 EA daily); PA |
| YONSA | 4 | QL(4 EA daily); PA |
| ZYTIGA 250 MG *(abiraterone acetate)* | 4 | QL(4 EA daily); PA |
| ZYTIGA 500 MG *(abiraterone acetate)* | 4 | QL(2 EA daily); PA |
| Antineoplastic - Hypoxia-Inducible Factor Inhibitors | | |
| WELIREG | 4 | QL(3 EA daily); PA |
| Antineoplastic - Immunomodulators | | |
| POMALYST | 1 | QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail) |
| Antineoplastic - Menin Inhibitors | | |
| REVUFORJ | 1 | PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | |
| AYVAKIT | 4 | QL(1 EA daily); PA |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG | 4 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG | 4 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| XPOVIO (60 MG TWICE WEEKLY) | 4 | QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); PA |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG | 4 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA |
| XPOVIO (80 MG TWICE WEEKLY) | 4 | QL(32 EA per 28 day(s) retail; 32 EA per 28 days mail); PA |
| Antineoplastic Antibiotics | | |
| *bleomycin sulfate* | 1 | |
| *dactinomycin* | 1 | |
| *daunorubicin hcl SOLN* | 1 | |
| 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 | |
| JELMYTO SOLR UL | 1 | Medical Benefit Only |

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|---|---|---|
| *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 | 4 | 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) | 4 | QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA |
| KISQALI FEMARA (400 MG DOSE) | 4 | QL(70 EA per 28 day(s) retail; 70 EA per 28 days mail); PA |
| KISQALI FEMARA (600 MG DOSE) | 4 | QL(91 EA per 28 day(s) retail; 91 EA per 28 days mail); PA |
| LONSURF | 4 | PA |
| OPDIVO QVANTIG | 1 | Medical Benefit Only |
| OPDUALAG | 1 | Medical Benefit Only |
| PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML | 4 | QL(15 ML per 42 day(s) retail; 15 ML per 42 days mail); PA |
| PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML | 4 | QL(10 ML per 21 day(s) retail; 10 ML per 21 days mail); PA |
| RITUXAN HYCELA | 1 | Medical Benefit Only |
| TECENTRIQ HYBREZA | 1 | Medical Benefit Only |
| VYXEOS | 1 | Medical Benefit Only |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR DISPERZ TBSO *(everolimus)* | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| AFINITOR TABS *(everolimus)* | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| ALECENSA | 4 | QL(8 EA daily); PA |
| ALUNBRIG TABS 180 MG | 4 | QL(1 EA daily); PA |
| ALUNBRIG TABS 30 MG, 90 MG | 4 | QL(2 EA daily); PA |
| ALUNBRIG TBPK | 4 | QL(1 EA daily); PA |
| AUGTYRO 40 MG | 4 | QL(8 EA daily); PA |
| AUGTYRO 160 MG | 4 | PA |
| BALVERSA 3 MG | 4 | QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA |
| BALVERSA 4 MG | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| BALVERSA 5 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| BELEODAQ | 4 | PA |
| BORTEZOMIB SOLN IV | 1 | |
| *bortezomib SOLR IJ* | 1 | |
| BORTEZOMIB SOLR IJ 1 MG, 2.5 MG | 1 | |
| BORUZU SOLN IJ | 4 | PA |
| BOSULIF CAPS 50 MG | 4 | QL(1 EA daily); PA |
| BOSULIF CAPS 100 MG | 4 | QL(5 EA daily); PA |
| BOSULIF TABS | 4 | QL(1 EA daily); PA |
| BRAFTOVI 75 MG | 4 | QL(6 EA daily); PA |

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|---|---|---|
| BRUKINSA | 4 | QL(4 EA daily); PA |
| CABOMETYX TABS | 4 | QL(1 EA daily); PA |
| CALQUENCE | 1 | QL(2 EA daily); PA |
| CAPRELSA | 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 | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| COTELLIC | 4 | QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA |
| DANZITEN | 4 | PA |
| *dasatinib 70 MG, 100 MG* | 4 | QL(1 EA daily) |
| *dasatinib 70 MG, 80 MG, 100 MG, 140 MG* | 4 | QL(1 EA daily); PA |
| *dasatinib 20 MG, 50 MG* | 4 | QL(2 EA daily); PA |
| *dasatinib 80 MG, 140 MG* | 1 | QL(1 EA daily); PA |
| *dasatinib 20 MG, 50 MG* | 4 | QL(2 EA daily) |
| *everolimus TABS* | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| *everolimus TBSO* | 4 | 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 | 4 | 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 | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| GAVRETO | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| GLEEVEC TABS 100 MG *(imatinib mesylate)* | 1 | QL(3 EA daily) |
| GLEEVEC TABS 400 MG *(imatinib mesylate)* | 1 | QL(2 EA daily) |
| GOMEKLI CAPS PO 1 MG, 2 MG | 1 | AL(At least 2 yrs old); PA |
| GOMEKLI TBSO PO 1 MG | 1 | AL(At least 2 yrs old); PA |
| IBRANCE CAPS | 4 | QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA |
| IBRANCE TABS | 4 | QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA |
| ICLUSIG 15 MG | 4 | QL(2 EA daily); PA |
| ICLUSIG 10 MG, 30 MG, 45 MG | 4 | QL(1 EA daily); PA |
| IDHIFA | 4 | QL(1 EA daily); PA |
| *imatinib mesylate TABS 100 MG* | 1 | QL(3 EA daily) |
| *imatinib mesylate TABS 400 MG* | 1 | QL(2 EA daily) |
| IMBRUVICA CAPS 140 MG | 4 | QL(4 EA daily); PA |
| IMBRUVICA CAPS 70 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| IMBRUVICA SUSP | 4 | QL(216 ML per 35 day(s) retail; 216 ML per 35 days mail); AL(Up to 10 yrs old); PA |
| IMBRUVICA TABS | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| IMKELDI SOLN | 1 | PA |
| INREBIC | 4 | QL(4 EA daily); PA |
| ISTODAX SOLR *(romidepsin)* | 4 | PA |
| ITOVEBI | 1 | PA |
| JAKAFI | 4 | QL(2 EA daily); PA |
| JAYPIRCA 100 MG | 4 | QL(2 EA daily); PA |
| JAYPIRCA 50 MG | 4 | QL(1 EA daily); PA |
| KISQALI (200 MG DOSE) | 4 | QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA |
| KISQALI (400 MG DOSE) | 4 | QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail); PA |
| KISQALI (600 MG DOSE) | 4 | QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA |
| KOSELUGO 10 MG | 4 | QL(10 EA daily); AL(At least 2 yrs old); PA |
| KOSELUGO 25 MG | 4 | QL(4 EA daily); AL(At least 2 yrs old); PA |
| KRAZATI | 4 | QL(6 EA daily); PA |
| KYPROLIS | 1 | |
| *lapatinib ditosylate* | 4 | QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA |
| LORBRENA 25 MG | 4 | QL(3 EA daily); PA |
| LORBRENA 100 MG | 4 | QL(1 EA daily); PA |
| LORBRENA 25 MG | 1 | QL(3 EA daily); PA |
| LUMAKRAS 120 MG | 4 | QL(8 EA daily); PA |
| LUMAKRAS 320 MG | 4 | QL(3 EA daily); PA |
| LUMAKRAS 240 MG | 4 | PA |
| LYNPARZA TABS | 4 | QL(4 EA daily); PA |
| LYTGOBI (12 MG DAILY DOSE) | 4 | 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) | 4 | 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) | 4 | QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA |
| MEKINIST SOLR | 4 | 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 | 4 | QL(1 EA daily); PA |
| MEKTOVI | 4 | QL(6 EA daily); PA |
| NERLYNX | 4 | QL(6 EA daily); PA |
| NEXAVAR *(sorafenib tosylate)* | 1 | QL(4 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NINLARO 2.3 MG | 1 | QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA |
| NINLARO | 4 | QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA |
| OGSIVEO 100 MG, 150 MG | 4 | PA |
| OGSIVEO 50 MG | 4 | QL(6 EA daily); PA |
| OJEMDA SUSR | 1 | AL(Up to 10 yrs old); PA |
| OJEMDA TABS | 1 | AL(Up to 25 yrs old); PA |
| OJJAARA | 4 | QL(1 EA daily); PA |
| *pazopanib hcl* | 1 | |
| PEMAZYRE | 4 | QL(14 EA per 20 day(s) retail; 14 EA per 20 days mail); PA |
| PIQRAY (200 MG DAILY DOSE) | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| PIQRAY (250 MG DAILY DOSE) | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| PIQRAY (300 MG DAILY DOSE) | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| QINLOCK | 4 | QL(3 EA daily); PA |
| RETEVMO CAPS 80 MG | 4 | QL(4 EA daily); AL(At least 12 yrs old); PA |
| RETEVMO CAPS 40 MG | 4 | QL(2 EA daily); AL(At least 12 yrs old); PA |
| RETEVMO TABS | 4 | PA |
| REZLIDHIA | 4 | QL(2 EA daily); PA |
| ROMIDEPSIN SOLN | 4 | PA |
| *romidepsin SOLR* | 4 | PA |
| ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG | 1 | PA |
| ROZLYTREK CAPS 200 MG | 4 | QL(3 EA daily); PA |
| ROZLYTREK CAPS 100 MG | 4 | QL(1 EA daily); PA |
| ROZLYTREK PACK | 4 | QL(12 EA daily); AL(Up to 10 yrs old); PA |
| RUBRACA | 4 | 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 40 MG | 4 | QL(10 EA daily); PA |
| SCEMBLIX 20 MG | 4 | QL(2 EA daily); PA |
| SCEMBLIX 100 MG | 4 | PA |
| *sorafenib tosylate* | 1 | QL(4 EA daily) |
| SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG *(dasatinib)* | 4 | QL(1 EA daily); PA |
| SPRYCEL 20 MG, 50 MG *(dasatinib)* | 4 | QL(2 EA daily); PA |
| STIVARGA | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA |
| *sunitinib malate* | 1 | |
| SUTENT *(sunitinib malate)* | 1 | |
| TABRECTA | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA |
| TAFINLAR CAPS | 4 | QL(4 EA daily); PA |

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|---|---|---|
| TAFINLAR TBSO | 4 | 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 | 4 | QL(1 EA daily); PA |
| TALZENNA 0.25 MG | 4 | QL(3 EA daily); PA |
| TASIGNA | 4 | QL(4 EA daily); PA |
| TAZVERIK | 4 | QL(8 EA daily); PA |
| *temsirolimus* | 1 | |
| TEPMETKO | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| TIBSOVO | 4 | QL(2 EA daily); PA |
| TORISEL *(temsirolimus)* | 1 | |
| TRUQAP TABS | 4 | PA |
| TRUQAP TBPK | 4 | PA |
| TURALIO 125 MG | 4 | QL(4 EA daily); PA |
| TYKERB *(lapatinib ditosylate)* | 4 | QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA |
| VANFLYTA | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| VELCADE SOLR IJ *(bortezomib)* | 1 | |
| VERZENIO 100 MG | 4 | QL(4 EA daily); PA |
| VERZENIO 50 MG, 150 MG, 200 MG | 4 | QL(2 EA daily); PA |
| VITRAKVI CAPS | 4 | PA |
| VITRAKVI SOLN | 4 | PA |
| VONJO | 4 | QL(4 EA daily); PA |
| VORANIGO | 1 | PA |
| VOTRIENT *(pazopanib hcl)* | 1 | |
| XALKORI CAPS | 4 | QL(2 EA daily); PA |
| XALKORI CPSP 20 MG, 50 MG | 4 | QL(4 EA daily); PA |
| XALKORI CPSP 150 MG | 4 | QL(6 EA daily); PA |
| XOSPATA | 4 | QL(3 EA daily); PA |
| ZEJULA TABS | 4 | QL(1 EA daily); PA |
| ZELBORAF | 4 | QL(8 EA daily); PA |
| ZOLINZA | 4 | QL(4 EA daily); PA |
| ZYDELIG | 4 | QL(2 EA daily); PA |
| ZYKADIA TABS | 4 | QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA |
| Antineoplastic Enzymes | | |
| ASPARLAS | 4 | AL(Up to 21 yrs old); PA |
| ONCASPAR | 4 | PA |
| RYLAZE | 4 | PA |
| Antineoplastic Radiopharmaceuticals | | |
| LUTATHERA | 1 | Medical Benefit Only |
| 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 | |

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|---|---|---|
| BESREMI | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA |
| *bexarotene* | 1 | |
| *dacarbazine SOLR* | 1 | |
| ELZONRIS | 1 | Medical Benefit Only |
| HYDREA *(hydroxyurea)* | 1 | |
| *hydroxyurea* | 1 | |
| MATULANE | 1 | |
| NIPENT | 1 | |
| TARGRETIN *(bexarotene)* | 1 | |
| TICE BCG | 1 | |
| *tretinoin (chemotherapy)* | 1 | QL(3 EA daily) |
| TRISENOX *(arsenic trioxide)* | 1 | |
| Chemotherapy Adjuncts | | |
| ELITEK | 1 | |
| KEPIVANCE 5.16 MG | 4 | PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| COSELA | 1 | Medical Benefit Only |
| *dexrazoxane hcl* | 1 | |
| IWILFIN | 4 | QL(8 EA daily); PA |
| KHAPZORY 175 MG | 4 | PA |
| *leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML* | 1 | |
| *leucovorin calcium SOLR* | 1 | |
| *leucovorin calcium TABS* | 1 | |
| *levoleucovorin calcium SOLN* | 1 | |
| *levoleucovorin calcium SOLR* | 1 | |
| *mesna SOLN* | 1 | |
| *mesna TABS* | 1 | |
| MESNEX SOLN *(mesna)* | 1 | |
| MESNEX TABS | 1 | |
| PEDMARK | 4 | AL(Up to 18 yrs old); PA |
| Mitotic Inhibitors | | |
| ABRAXANE *(paclitaxel protein-bound particles)* | 1 | |
| *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 CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML | 1 | |
| *docetaxel SOLN* | 1 | |
| DOCETAXEL SOLN *(docetaxel)* | 1 | |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML | 1 | |
| DOCIVYX SOLN 20 MG/2ML, 160 MG/16ML | 1 | |
| *eribulin mesylate* | 1 | Medical Benefit Only |
| ETOPOPHOS | 1 | |
| *etoposide CAPS* | 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | |
| DATROWAY | 1 | PA |
| HYCAMTIN CAPS | 1 | |
| *irinotecan hcl* | 1 | |
| ONIVYDE | 1 | Medical Benefit Only |
| *topotecan hcl SOLN* | 1 | |
| TOPOTECAN HCL SOLN *(topotecan hcl)* | 1 | |
| *topotecan hcl SOLR* | 1 | |
| TRODELVY | 4 | PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| *carbidopa* | 1 | |
| LODOSYN *(carbidopa)* | 1 | |
| NOURIANZ | 4 | QL(1 EA daily); PA |
| Antiparkinson Anticholinergics | | |
| *benztropine mesylate SOLN* | 1 | |
| *benztropine mesylate TABS* | 1 | |
| *trihexyphenidyl hcl SOLN* | 1 | |
| *trihexyphenidyl hcl TABS* | 1 | |
| Antiparkinson COMT Inhibitors | | |
| *entacapone* | 1 | |
| ONGENTYS | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| TASMAR *(tolcapone)* | 1 | |
| *tolcapone* | 1 | |
| Antiparkinson Dopaminergics | | |
| *amantadine hcl CAPS* | 1 | QL(4 EA daily) |
| *amantadine hcl SOLN* | 1 | QL(33.34 ML daily); MP |
| *amantadine hcl TABS* | 1 | QL(4 EA daily) |
| APOKYN SOCT | 1 | |
| *apomorphine hydrochloride SOCT* | 1 | |
| *bromocriptine mesylate CAPS* | 1 | |
| *bromocriptine mesylate TABS 2.5 MG* | 1 | |
| *carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG* | 1 | QL(4 EA daily) |
| *carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG* | 1 | QL(2 EA daily); MP |
| *carbidopa-levodopa-entacapone 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 TABS* | 1 | QL(11 EA daily); MP |
| *carbidopa-levodopa TBCR* | 1 | QL(4 EA daily); MP |
| *carbidopa-levodopa TBDP* | 1 | |
| CREXONT CPCR | 1 | PA |
| DHIVY TABS | 1 | QL(11 EA daily); MP |
| DUOPA SUSP | 4 | QL(2800 ML per 28 day(s) retail; 2800 ML per 28 days mail); PA |
| GOCOVRI CP24 | 4 | QL(2 EA daily); PA |

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|---|---|---|
| INBRIJA CAPS | 4 | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail; PA |
| NEUPRO | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA |
| ONAPGO SOCT 98 MG/20ML | 1 | PA |
| OSMOLEX ER TB24 129 MG | 4 | QL(1 EA daily); PA |
| *pramipexole dihydrochloride TABS 0.5 MG* | 1 | QL(9 EA daily); MP |
| *pramipexole dihydrochloride TABS 1 MG* | 1 | QL(4.67 EA daily); MP |
| *pramipexole dihydrochloride TABS 0.75 MG* | 1 | QL(8 EA daily); MP |
| *pramipexole dihydrochloride TABS 0.25 MG* | 1 | QL(10 EA daily); MP |
| *pramipexole dihydrochloride TABS 1.5 MG* | 1 | |
| *pramipexole dihydrochloride TABS 0.125 MG* | 1 | QL(20 EA daily); MP |
| *pramipexole dihydrochloride TB24* | 4 | QL(1 EA daily); PA |
| *ropinirole hydrochloride TABS 0.5 MG* | 1 | QL(7 EA daily); MP |
| *ropinirole hydrochloride TABS 3 MG* | 1 | QL(6 EA daily); MP |
| *ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG* | 1 | |
| *ropinirole hydrochloride TABS 4 MG, 5 MG* | 1 | QL(3 EA daily); MP |
| *ropinirole hydrochloride TB24* | 4 | PA |
| RYTARY CPCR | 4 | QL(3 EA daily); PA |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)* | 1 | QL(11 EA daily); MP |
| STALEVO 100 *(carbidopa-levodopa-entacapone)* | 1 | QL(4 EA daily) |
| STALEVO 125 *(carbidopa-levodopa-entacapone)* | 1 | |
| STALEVO 50 *(carbidopa-levodopa-entacapone)* | 1 | |
| STALEVO 75 *(carbidopa-levodopa-entacapone)* | 1 | |
| VYALEV | 1 | AL(At least 18 yrs old); PA |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT *(rasagiline mesylate)* | 1 | QL(1 EA daily) |
| *rasagiline mesylate* | 1 | QL(1 EA daily) |
| *selegiline hcl CAPS* | 1 | |
| *selegiline hcl TABS* | 1 | |
| XADAGO | 4 | 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* | 1 | |
| *lithium carbonate CAPS* | 1 | |
| *lithium carbonate TABS* | 1 | |
| *lithium carbonate TBCR* | 1 | |
| LITHOBID TBCR *(lithium carbonate)* | 1 | |
| Antipsychotics - Misc. | | |

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|---|---|---|
| CAPLYTA | 3 | QL(1 EA daily); ST |
| EQUETRO 100 MG | 1 | QL(3 EA daily) |
| EQUETRO 200 MG, 300 MG | 1 | QL(4 EA daily) |
| GEODON *(ziprasidone mesylate)* | 1 | |
| GEODON *(ziprasidone hcl)* | 1 | QL(2 EA daily); AL(At least 5 yrs old); MP |
| LATUDA 80 MG *(lurasidone hcl)* | 2 | QL(2 EA daily); AL(At least 5 yrs old); ST; MP |
| LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(lurasidone hcl)* | 2 | QL(1 EA daily); AL(At least 5 yrs old); ST; MP |
| *lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG* | 2 | QL(1 EA daily); AL(At least 5 yrs old); ST; MP |
| *lurasidone hcl 80 MG* | 2 | QL(2 EA daily); AL(At least 5 yrs old); ST; MP |
| NUPLAZID CAPS | 4 | QL(1 EA daily); PA |
| NUPLAZID TABS 10 MG | 4 | QL(1 EA daily); PA |
| VRAYLAR CAPS | 3 | QL(1 EA daily); AL(At least 5 yrs old); ST |
| *ziprasidone hcl* | 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 156 MG/ML | 1 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| ERZOFRI 234 MG/1.5ML | 1 | QL(1.5 ML per 28 day(s) retail; 2 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 | 2 | QL(2 EA daily); AL(At least 5 yrs old); ST |
| FANAPT TITRATION PACK | 2 | QL(2 EA daily); AL(At least 5 yrs old) |
| INVEGA 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 3 MG, 9 MG *(paliperidone)* | 2 | QL(1 EA daily); AL(At least 5 yrs old); ST; MP |
| INVEGA HAFYERA 1560 MG/5ML | 1 | QL(5 ML per 180 day(s) retail; 5 ML per 180 days mail) |
| INVEGA HAFYERA 1092 MG/3.5ML | 1 | QL(3.5 ML per 180 day(s) retail; 4 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 234 MG/1.5ML | 1 | QL(1.5 ML per 28 day(s) retail; 2 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) |

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|---|---|---|
| INVEGA SUSTENNA 78 MG/0.5ML | 1 | QL(0.5 ML per 28 day(s) retail) |
| INVEGA SUSTENNA 39 MG/0.25ML | 1 | QL(0.25 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 273 MG/0.88ML, 410 MG/1.32ML | 1 | |
| INVEGA TRINZA 819 MG/2.63ML | 1 | QL(2.63 ML per 84 day(s) retail; 3 ML per 84 days mail) |
| *paliperidone 6 MG* | 2 | QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old); ST |
| *paliperidone 1.5 MG, 3 MG, 9 MG* | 2 | QL(1 EA daily); AL(At least 5 yrs old); ST; MP |
| 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 SOLN *(risperidone)* | 1 | QL(8 ML daily); AL(At least 5 yrs old); MP |
| RISPERDAL TABS 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* | 1 | QL(8 ML daily); AL(At least 5 yrs old); MP |
| *risperidone TABS* | 1 | QL(2 EA daily); AL(At least 5 yrs old); MP |
| *risperidone TBDP 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 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 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 150 MG/0.42ML | 1 | QL(0.42 ML per 55 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 100 MG/0.28ML | 1 | QL(0.28 ML per 28 day(s) retail); 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 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Butyrophenones | | |
| HALDOL DECANOATE *(haloperidol decanoate)* | 1 | |
| *haloperidol decanoate* | 1 | |
| *haloperidol lactate CONC* | 1 | |
| *haloperidol lactate SOLN* | 1 | |
| *haloperidol TABS* | 1 | |
| Dibenzapines | | |
| ADASUVE | 1 | Medical Benefit Only |
| *asenapine maleate* | 2 | QL(2 EA daily); AL(At least 5 yrs old); ST |
| *clozapine TABS* | 1 | AL(At least 5 yrs old) |
| *clozapine TBDP* | 1 | AL(At least 5 yrs old); PA |
| CLOZARIL TABS 25 MG, 100 MG *(clozapine)* | 1 | AL(At least 5 yrs old) |
| *loxapine succinate* | 1 | |
| *olanzapine SOLR* | 1 | |
| *olanzapine TABS* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| *olanzapine TBDP* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| *quetiapine fumarate TABS 150 MG* | 3 | QL(2 EA daily); AL(At least 5 yrs old) |
| *quetiapine fumarate TABS 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 TB24 150 MG, 200 MG* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| *quetiapine fumarate TB24 50 MG, 300 MG, 400 MG* | 1 | QL(2 EA daily); AL(At least 5 yrs old); MP |
| SAPHRIS *(asenapine maleate)* | 2 | QL(2 EA daily); AL(At least 5 yrs old); ST |
| SECUADO | 1 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| SEROQUEL XR TB24 50 MG, 300 MG, 400 MG *(quetiapine fumarate)* | 1 | QL(2 EA daily); AL(At least 5 yrs old); MP |
| SEROQUEL XR TB24 150 MG, 200 MG *(quetiapine fumarate)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| SEROQUEL TABS *(quetiapine fumarate)* | 1 | QL(3 EA daily); AL(At least 5 yrs old); MP |
| VERSACLOZ SUSP | 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 *(olanzapine)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| ZYPREXA SOLR *(olanzapine)* | 1 | |
| ZYPREXA TABS *(olanzapine)* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| Dihydroindolones | | |
| *molindone hcl 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* | 1 | AL(Up to 10 yrs old) |
| *chlorpromazine hcl SOLN* | 1 | |
| *chlorpromazine hcl TABS* | 1 | |
| *fluphenazine decanoate* | 1 | |
| *fluphenazine hcl CONC* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluphenazine hcl ELIX* | 1 | |
| *fluphenazine hcl SOLN* | 1 | |
| *fluphenazine hcl TABS* | 1 | |
| *perphenazine TABS* | 1 | |
| *prochlorperazine* | 1 | |
| *prochlorperazine edisylate 10 MG/2ML* | 1 | |
| PROCHLORPERAZINE MALEATE POWD | 1 | |
| *prochlorperazine maleate TABS* | 1 | |
| *thioridazine hcl* | 1 | |
| *trifluoperazine hcl TABS* | 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 *(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* | 1 | QL(1 EA daily); AL(At least 5 yrs old); MP |
| *aripiprazole TBDP* | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| 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 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 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* | 1 | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *abacavir sulfate-lamivudine* | 1 | |
| *abacavir sulfate SOLN* | 1 | |
| *abacavir sulfate TABS* | 1 | |
| 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* | 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 *(lamivudine-zidovudine)* | 1 | |
| COMPLERA | 1 | |
| *darunavir TABS 800 MG* | 1 | QL(1 EA daily) |
| *darunavir TABS 600 MG* | 1 | QL(2 EA daily) |
| DELSTRIGO | 1 | QL(1 EA daily) |
| DESCOVY | 1 | QL(1 EA daily) |
| DOVATO | 1 | QL(1 EA daily) |
| EDURANT | 1 | |
| *efavirenz CAPS* | 1 | |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1 | |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG* | 1 | QL(1 EA daily); PA |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG* | 1 | QL(1 EA daily) |
| *efavirenz TABS* | 1 | |
| *emtricitabine CAPS* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate* | 1 | QL(1 EA daily) |
| EMTRIVA CAPS *(emtricitabine)* | 1 | |
| EMTRIVA SOLN | 1 | |
| EPIVIR SOLN *(lamivudine)* | 1 | |
| EPIVIR TABS *(lamivudine)* | 1 | |
| EPZICOM *(abacavir sulfate-lamivudine)* | 1 | |
| *etravirine* | 1 | |
| EVOTAZ | 1 | QL(1 EA daily) |
| *fosamprenavir calcium TABS* | 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 25 MG | 1 | QL(2.95 EA daily) |
| INTELENCE *(etravirine)* | 1 | |
| ISENTRESS HD TABS | 1 | QL(2 EA daily) |
| ISENTRESS CHEW | 1 | AL(At least 2 yrs old - Up to 11 yrs old) |
| ISENTRESS PACK | 1 | AL(At least 2 yrs old - Up to 11 yrs old) |
| ISENTRESS TABS | 1 | |
| JULUCA | 1 | QL(1 EA daily) |
| KALETRA SOLN | 1 | |
| KALETRA TABS *(lopinavir-ritonavir)* | 1 | |
| *lamivudine SOLN* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lamivudine TABS* | 1 | |
| *lamivudine-zidovudine* | 1 | |
| *lopinavir-ritonavir SOLN* | 1 | |
| *lopinavir-ritonavir TABS* | 1 | |
| *maraviroc TABS 150 MG* | 1 | QL(2 EA daily) |
| *maraviroc TABS 300 MG* | 1 | QL(4 EA daily) |
| *nevirapine SUSP* | 1 | |
| *nevirapine TABS* | 1 | |
| *nevirapine TB24 400 MG* | 1 | |
| NORVIR PACK | 1 | QL(12 EA daily); AL(Up to 6 yrs old) |
| NORVIR TABS *(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 600 MG *(darunavir)* | 1 | QL(2 EA daily) |
| PREZISTA TABS 800 MG *(darunavir)* | 1 | QL(1 EA daily) |
| PREZISTA TABS 75 MG, 150 MG | 1 | QL(2.95 EA daily) |
| RETROVIR CAPS *(zidovudine)* | 1 | |
| RETROVIR SOLN | 1 | |
| RETROVIR SYRP *(zidovudine)* | 1 | |
| REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)* | 1 | |
| REYATAZ PACK | 1 | AL(Up to 10 yrs old) |
| *ritonavir TABS* | 1 | |
| RUKOBIA | 1 | QL(2 EA daily) |
| SELZENTRY SOLN | 1 | QL(60 ML daily) |
| SELZENTRY TABS 25 MG, 75 MG, 300 MG | 1 | QL(4 EA daily) |
| SELZENTRY TABS 150 MG *(maraviroc)* | 1 | QL(2 EA daily) |
| SELZENTRY TABS *(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(4 EA per fill retail) |
| SUNLENCA TBPK 300 MG | 1 | QL(5 EA per 8 day(s) retail; 5 EA per 8 days mail) |
| 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* | 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 *(emtricitabine-tenofovir disoproxil fumarate)* | 1 | QL(1 EA daily) |
| TYBOST | 1 | QL(1 EA daily) |
| VIRACEPT TABS | 1 | |
| VIREAD POWD | 1 | |
| VIREAD TABS *(tenofovir disoproxil fumarate)* | 1 | QL(1 EA daily) |
| VIREAD TABS | 1 | QL(1 EA daily) |
| ZIAGEN SOLN *(abacavir sulfate)* | 1 | |
| *zidovudine CAPS* | 1 | |
| *zidovudine SYRP* | 1 | |
| *zidovudine TABS* | 1 | |
| Antiviral Combinations | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| GANCICLOVIR SODIUM SOLN | 1 | |
| *ganciclovir sodium SOLR* | 1 | |
| LIVTENCITY | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 12 yrs old); PA |
| PREVYMIS PACK 20 MG | 1 | AL(Up to 11 yrs old); PA |
| PREVYMIS PACK 120 MG | 1 | PA |
| PREVYMIS SOLN 240 MG/12ML | 4 | QL(336 ML per 28 day(s) retail; 336 ML per 28 days mail); PA |
| PREVYMIS SOLN 480 MG/24ML | 4 | QL(672 ML per 28 day(s) retail; 672 ML per 28 days mail); PA |
| PREVYMIS TABS | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| VALCYTE SOLR *(valganciclovir hcl)* | 1 | |
| VALCYTE TABS *(valganciclovir hcl)* | 1 | |
| *valganciclovir hcl SOLR* | 1 | |
| *valganciclovir hcl TABS* | 1 | |
| Hepatitis Agents | | |
| *adefovir dipivoxil* | 1 | |
| BARACLUDE SOLN | 1 | |
| BARACLUDE TABS *(entecavir)* | 1 | |
| *entecavir TABS* | 1 | |
| EPCLUSA PACK 37.5 MG-150 MG | 4 | 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 | 4 | 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 100 MG-400 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA |
| EPCLUSA TABS 50 MG-200 MG | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| HARVONI PACK 45 MG-200 MG | 4 | 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 PACK 33.75 MG-150 MG | 4 | 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 TABS | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HARVONI TABS | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA |
| *lamivudine (hbv) TABS* | 1 | |
| LEDIPASVIR-SOFOSBUVIR TABS | 4 | 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 | 1 | QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail) |
| 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* | 1 | |
| *ribavirin (hepatitis c) TABS 200 MG* | 1 | |
| SOFOSBUVIR-VELPATASVIR TABS | 4 | 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 | 4 | 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 | 4 | 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 | 4 | 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 | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| ZEPATIER | 4 | 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 | |
| *acyclovir CAPS* | 1 | |
| *acyclovir SUSP* | 4 | QL(473 ML per fill retail); AL(Up to 7 yrs old); PA |
| *acyclovir TABS PO* | 1 | |
| *famciclovir* | 1 | |
| *valacyclovir hcl* | 1 | |
| VALTREX *(valacyclovir hcl)* | 1 | |
| Influenza Agents | | |
| *oseltamivir phosphate CAPS 30 MG, 45 MG* | 1 | |
| *oseltamivir phosphate CAPS 75 MG* | 1 | QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail) |
| *oseltamivir phosphate SUSR* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RAPIVAB | 1 | Medical Benefit Only |
| RELENZA DISKHALER | 1 | QL(20 EA per fill retail) |
| *rimantadine hydrochloride TABS* | 1 | |
| TAMIFLU CAPS 30 MG, 45 MG *(oseltamivir phosphate)* | 1 | |
| TAMIFLU CAPS 75 MG *(oseltamivir phosphate)* | 1 | QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail) |
| TAMIFLU SUSR *(oseltamivir phosphate)* | 1 | |
| XOFLUZA (40 MG DOSE) 40 MG | 1 | QL(2 EA per fill retail); AL(At least 5 yrs old) |
| XOFLUZA (80 MG DOSE) 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 12.5 MG, 25 MG* | 1 | QL(4 EA daily); MP |
| *carvedilol 3.125 MG, 6.25 MG* | 1 | QL(8 EA daily); MP |
| *carvedilol phosphate* | 1 | |
| COREG 12.5 MG, 25 MG *(carvedilol)* | 1 | QL(4 EA daily); MP |
| COREG 3.125 MG, 6.25 MG *(carvedilol)* | 1 | QL(8 EA daily); MP |
| COREG CR 10 MG, 40 MG, 80 MG *(carvedilol phosphate)* | 1 | |
| *labetalol hcl SOLN* | 1 | |
| LABETALOL HCL SOSY 10 MG/2ML | 1 | |
| *labetalol hcl TABS 200 MG* | 1 | QL(12 EA daily); MP |
| *labetalol hcl TABS 300 MG* | 1 | QL(8 EA daily); MP |
| *labetalol hcl TABS 400 MG* | 1 | PA |
| *labetalol hcl TABS 100 MG* | 1 | QL(24 EA daily); MP |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl CAPS 400 MG* | 1 | QL(4 EA daily); MP |
| *acebutolol hcl CAPS 200 MG* | 1 | QL(6 EA daily); MP |
| *atenolol TABS 25 MG* | 1 | QL(8 EA daily); MP |
| *atenolol TABS 50 MG* | 1 | QL(4 EA daily); MP |
| *atenolol TABS 100 MG* | 1 | QL(2 EA daily); MP |
| *betaxolol hcl* | 1 | |
| *bisoprolol fumarate 10 MG* | 1 | QL(2 EA daily); MP |
| *bisoprolol fumarate 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)* | 1 | |
| BYSTOLIC *(nebivolol hcl)* | 1 | |
| *esmolol hcl-sodium chloride* | 1 | |
| *esmolol hcl SOLN 100 MG/10ML* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ESMOLOL HCL SOLN | 1 | |
| KAPSPARGO SPRINKLE CS24 | 4 | QL(1 EA daily); PA |
| LOPRESSOR TABS 100 MG *(metoprolol tartrate)* | 1 | QL(5 EA daily); MP |
| LOPRESSOR TABS 50 MG *(metoprolol tartrate)* | 1 | QL(6 EA daily); MP |
| *metoprolol succinate TB24 100 MG, 200 MG* | 1 | QL(2 EA daily); MP |
| *metoprolol succinate TB24 25 MG, 50 MG* | 1 | QL(3 EA daily); MP |
| *metoprolol tartrate SOLN IV 5 MG/5ML* | 1 | |
| *metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG* | 1 | QL(5 EA daily); MP |
| *metoprolol tartrate TABS 25 MG, 50 MG* | 1 | QL(6 EA daily); MP |
| *nebivolol hcl* | 1 | |
| TENORMIN TABS 25 MG *(atenolol)* | 1 | QL(8 EA daily); MP |
| TENORMIN TABS 100 MG *(atenolol)* | 1 | QL(2 EA daily); MP |
| TENORMIN TABS 50 MG *(atenolol)* | 1 | QL(4 EA daily); MP |
| TOPROL XL TB24 25 MG, 50 MG *(metoprolol succinate)* | 1 | QL(3 EA daily); MP |
| TOPROL XL TB24 100 MG, 200 MG *(metoprolol succinate)* | 1 | QL(2 EA daily); MP |
| Beta Blockers Non-Selective | | |
| BETAPACE AF 80 MG *(sotalol hcl (afib/afl))* | 1 | QL(8 EA daily); MP |
| BETAPACE AF 160 MG *(sotalol hcl (afib/afl))* | 1 | QL(4 EA daily); MP |
| BETAPACE AF 120 MG *(sotalol hcl (afib/afl))* | 1 | QL(6.67 EA daily); MP |
| BETAPACE TABS 160 MG *(sotalol hcl)* | 1 | QL(4 EA daily); MP |
| BETAPACE TABS 120 MG *(sotalol hcl)* | 1 | QL(6.67 EA daily); MP |
| BETAPACE TABS 80 MG *(sotalol hcl)* | 1 | QL(8 EA daily); MP |
| HEMANGEOL SOLN PO | 4 | QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA |
| INDERAL LA CP24 120 MG *(propranolol hcl)* | 1 | QL(3 EA daily); MP |
| INDERAL LA CP24 60 MG, 80 MG, 160 MG *(propranolol hcl)* | 1 | QL(2 EA daily); MP |
| INDERAL XL | 1 | |
| INNOPRAN XL | 1 | |
| *nadolol TABS 40 MG, 80 MG* | 1 | QL(4 EA daily); MP |
| *nadolol TABS 20 MG* | 1 | |
| *pindolol TABS* | 1 | |
| *propranolol hcl CP24 120 MG* | 1 | QL(3 EA daily); MP |
| *propranolol hcl CP24 60 MG, 80 MG, 160 MG* | 1 | QL(2 EA daily); MP |
| *propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML* | 1 | |
| *propranolol hcl TABS 40 MG* | 1 | QL(6 EA daily); MP |
| *propranolol hcl TABS 60 MG, 80 MG* | 1 | QL(4 EA daily); MP |
| *propranolol hcl TABS 10 MG, 20 MG* | 1 | QL(8 EA daily); MP |
| *sotalol hcl (afib/afl) 80 MG* | 1 | QL(8 EA daily); MP |
| *sotalol hcl (afib/afl) 120 MG* | 1 | QL(6.67 EA daily); MP |
| *sotalol hcl (afib/afl) 160 MG* | 1 | QL(4 EA daily); MP |
| *sotalol hcl TABS 160 MG* | 1 | QL(4 EA daily); MP |
| *sotalol hcl TABS 120 MG* | 1 | QL(6.67 EA daily); MP |
| *sotalol hcl TABS 80 MG* | 1 | QL(8 EA daily); MP |
| *sotalol hcl TABS 240 MG* | 1 | QL(2 EA daily); MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SOTYLIZE SOLN PO | 4 | QL(1920 ML per 30 day(s) retail; 1920 ML per 30 days mail); PA |
| *timolol maleate TABS* | 1 | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| *amlodipine besylate TABS 5 MG* | 1 | QL(4 EA daily); MP |
| *amlodipine besylate TABS 10 MG* | 1 | QL(2 EA daily); MP |
| *amlodipine besylate TABS 2.5 MG* | 1 | QL(6 EA daily); MP |
| CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML | 1 | |
| CARDIZEM CD CP24 300 MG *(diltiazem hcl coated beads)* | 1 | QL(1 EA daily); MP |
| CARDIZEM CD CP24 360 MG *(diltiazem hcl coated beads)* | 4 | PA |
| CARDIZEM CD CP24 180 MG *(diltiazem hcl coated beads)* | 1 | QL(3 EA daily); MP |
| CARDIZEM CD CP24 240 MG *(diltiazem hcl coated beads)* | 1 | QL(2 EA daily); MP |
| CARDIZEM CD CP24 120 MG *(diltiazem hcl coated beads)* | 1 | QL(4 EA daily); MP |
| CARDIZEM LA TB24 *(diltiazem hcl)* | 2 | ST |
| CARDIZEM TABS 30 MG, 60 MG *(diltiazem hcl)* | 1 | QL(6 EA daily); MP |
| CARDIZEM TABS 120 MG *(diltiazem hcl)* | 1 | QL(8 EA daily); MP |
| CLEVIPREX 25 MG/50ML, 50 MG/100ML | 1 | |
| *diltiazem hcl coated beads CP24 180 MG* | 1 | QL(3 EA daily); MP |
| *diltiazem hcl coated beads CP24 240 MG* | 1 | QL(2 EA daily); MP |
| *diltiazem hcl coated beads CP24 120 MG* | 1 | QL(4 EA daily); MP |
| *diltiazem hcl coated beads CP24 300 MG* | 1 | QL(1 EA daily); MP |
| *diltiazem hcl coated beads CP24 360 MG* | 4 | PA |
| *diltiazem hcl extended release beads 180 MG* | 1 | QL(3 EA daily); MP |
| *diltiazem hcl extended release beads 240 MG* | 1 | QL(2 EA daily); MP |
| *diltiazem hcl extended release beads 120 MG* | 1 | QL(4 EA daily); MP |
| *diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG* | 1 | QL(1 EA daily); MP |
| *diltiazem hcl CP12* | 2 | ST |
| *diltiazem hcl CP24 120 MG* | 1 | QL(4 EA daily); MP |
| *diltiazem hcl CP24 240 MG* | 1 | QL(2 EA daily); MP |
| *diltiazem hcl CP24 180 MG* | 1 | QL(3 EA daily); MP |
| *diltiazem hcl SOLN* | 1 | |
| DILTIAZEM HCL SOLR | 1 | |
| *diltiazem hcl TABS 30 MG, 60 MG* | 1 | QL(6 EA daily); MP |
| *diltiazem hcl TABS 120 MG* | 1 | QL(8 EA daily); MP |
| *diltiazem hcl TABS 90 MG* | 1 | QL(3 EA daily); MP |
| *diltiazem hcl TB24* | 2 | ST |
| *felodipine* | 1 | QL(1 EA daily); MP |
| *isradipine CAPS* | 2 | ST |
| KATERZIA | 4 | 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 |
|---|---|---|
| *levamlodipine maleate* | 4 | QL(1 EA daily); PA |
| NICARDIPINE HCL IN NACL SOLN *(nicardipine hcl in sodium chloride)* | 1 | |
| *nicardipine hcl in sodium chloride SOLN* | 1 | |
| *nicardipine hcl CAPS* | 2 | ST; MP |
| *nicardipine hcl SOLN* | 1 | |
| NICARDIPINE HCL SOLN *(nicardipine hcl)* | 1 | |
| *nifedipine CAPS* | 1 | MP |
| *nifedipine TB24* | 1 | MP |
| *nimodipine CAPS* | 1 | QL(252 EA per 20 day(s) retail; 252 EA per 20 days mail) |
| *nimodipine SOLN* | 1 | |
| *nisoldipine* | 2 | ST |
| NORLIQVA SOLN | 4 | 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 |
| NORVASC TABS 10 MG *(amlodipine besylate)* | 1 | QL(2 EA daily); MP |
| NORVASC TABS 5 MG *(amlodipine besylate)* | 1 | QL(4 EA daily); MP |
| NORVASC TABS 2.5 MG *(amlodipine besylate)* | 1 | QL(6 EA daily); MP |
| NYMALIZE SOLN 6 MG/ML | 1 | |
| PROCARDIA XL TB24 *(nifedipine)* | 1 | MP |
| SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)* | 2 | ST |
| TIAZAC 180 MG *(diltiazem hcl extended release beads)* | 1 | QL(3 EA daily); MP |
| TIAZAC 240 MG *(diltiazem hcl extended release beads)* | 1 | QL(2 EA daily); MP |
| TIAZAC 120 MG *(diltiazem hcl extended release beads)* | 1 | QL(4 EA daily); MP |
| TIAZAC 300 MG, 360 MG, 420 MG *(diltiazem hcl extended release beads)* | 1 | QL(1 EA daily); MP |
| VERAPAMIL HCL ER CP24 *(verapamil hcl)* | 2 | ST |
| *verapamil hcl CP24* | 2 | ST |
| *verapamil hcl SOLN 2.5 MG/ML* | 1 | |
| *verapamil hcl TABS 40 MG* | 1 | QL(3 EA daily); MP |
| *verapamil hcl TABS 80 MG, 120 MG* | 1 | QL(4 EA daily); MP |
| *verapamil hcl TBCR 120 MG, 180 MG* | 1 | QL(2 EA daily); MP |
| *verapamil hcl TBCR 240 MG* | 1 | |
| VERELAN PM CP24 *(verapamil hcl)* | 2 | ST |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin SOLN PO 0.05 MG/ML* | 1 | QL(900 ML per 90 day(s) retail; 900 ML per 90 days mail); MP |
| *digoxin SOLN IJ 0.25 MG/ML* | 1 | |
| *digoxin TABS 250 MCG* | 1 | QL(2.22 EA daily); MP |
| *digoxin TABS 62.5 MCG* | 1 | |
| *digoxin TABS 125 MCG* | 1 | QL(3.34 EA daily); MP |
| LANOXIN PEDIATRIC SOLN IJ | 1 | |
| LANOXIN SOLN IJ *(digoxin)* | 1 | |
| Inotropes | | |
| *dobutamine hcl 12.5 MG/ML, 250 MG/20ML* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DOBUTAMINE-DEXTROSE | 1 | |
| *dopamine hcl 40 MG/ML* | 1 | |
| DOPAMINE HCL *(dopamine hcl)* | 1 | |
| DOPAMINE-DEXTROSE | 1 | |
| *milrinone lactate* | 1 | |
| *milrinone lactate in dextrose* | 1 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiac Myosin Inhibitors | | |
| CAMZYOS | 4 | 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* | 2 | ST |
| BIDIL *(isosorbide dinitrate-hydralazine hcl)* | 1 | |
| CADUET 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 |
| ENTRESTO CPSP | 4 | AL(At least 1 yrs old - Up to 10 yrs old) |
| ENTRESTO TABS | 4 | QL(2 EA daily) |
| *isosorbide dinitrate-hydralazine hcl* | 1 | |
| OPSYNVI | 4 | PA |
| Cardiovascular Anti-inflammatory/Immune Modulators | | |
| LODOCO | 1 | AL(At least 18 yrs old); PA |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors | | |
| INPEFA | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| Impotence Agents | | |
| CIALIS 5 MG *(tadalafil)* | 1 | QL(1 EA daily); PA |
| *tadalafil 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 | 4 | QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail); PA |
| ORENITRAM MONTH 2 TEPK | 4 | QL(336 EA per 28 day(s) retail; 336 EA per 28 days mail); PA |
| ORENITRAM MONTH 3 TEPK | 4 | QL(252 EA per 28 day(s) retail; 252 EA per 28 days mail); PA |
| ORENITRAM TBCR | 4 | QL(6 EA daily); PA |
| REMODULIN SOLN IJ | 1 | |
| *treprostinil SOLN IJ* | 1 | |
| TYVASO DPI INSTITUTIONAL KIT POWD | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA |
| TYVASO DPI MAINTENANCE KIT POWD | 4 | QL(224 EA per 35 day(s) retail; 224 EA per 35 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TYVASO DPI MAINTENANCE KIT POWD | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA |
| TYVASO DPI TITRATION KIT POWD | 4 | 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 | 4 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | 1 | |
| *bosentan TABS* | 1 | |
| LETAIRIS *(ambrisentan)* | 1 | |
| OPSUMIT | 4 | QL(1 EA daily); PA |
| TRACLEER TABS *(bosentan)* | 1 | |
| TRACLEER TBSO | 1 | |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| ADCIRCA TABS *(tadalafil (pulmonary hypertension))* | 4 | QL(2 EA daily); PA |
| LIQREV SUSP | 4 | AL(At least 18 yrs old); PA |
| REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))* | 4 | PA |
| REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))* | 4 | QL(224 ML per 30 day(s) retail; 224 ML per 30 days mail); AL(Up to 6 yrs old); PA |
| REVATIO TABS *(sildenafil citrate (pulmonary hypertension))* | 4 | QL(3 EA daily); PA |
| *sildenafil citrate (pulmonary hypertension) SOLN* | 4 | PA |
| *sildenafil citrate (pulmonary hypertension) SUSR* | 4 | 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* | 1 | QL(3 EA daily); PA |
| *sildenafil citrate (pulmonary hypertension) TABS* | 4 | QL(3 EA daily); PA |
| *tadalafil (pulmonary hypertension) TABS* | 4 | QL(2 EA daily); PA |
| TADLIQ SUSP | 4 | 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 | 4 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(At least 18 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UPTRAVI SOLR | 4 | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA |
| UPTRAVI TABS | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 4 | 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 | 4 | QL(560 ML per 28 day(s) retail; 560 ML per 28 days mail); PA |
| CORLANOR TABS *(ivabradine hcl)* | 4 | QL(2 EA daily); PA |
| *ivabradine hcl TABS* | 1 | QL(2 EA daily); PA |
| *ivabradine hcl TABS* | 4 | QL(2 EA daily); PA |
| Transthyretin Stabilizers | | |
| ATTRUBY | 4 | AL(At least 18 yrs old); PA |
| VYNDAMAX | 4 | QL(1 EA daily); PA |
| VYNDAQEL | 4 | QL(4 EA daily); PA |
| Vasoactive Soluble Guanylate Cyclase Stimulator (sGC) | | |
| VERQUVO | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporin Combinations | | |
| AVYCAZ | 4 | QL(42 EA per 14 day(s) retail; 42 EA per 14 days mail); AL(At least 18 yrs old); PA |
| ZERBAXA | 4 | 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* | 1 | |
| *cefadroxil SUSR* | 1 | |
| *cefadroxil TABS* | 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 250 MG, 500 MG* | 1 | |
| *cephalexin CAPS 750 MG* | 4 | PA |
| *cephalexin SUSR* | 1 | |
| *cephalexin TABS* | 4 | PA |
| Cephalosporins - 2nd Generation | | |
| CEFACLOR ER TB12 | 1 | |
| *cefaclor CAPS* | 1 | |
| *cefaclor SUSR 125 MG/5ML, 375 MG/5ML* | 1 | |

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|---|---|---|
| CEFOTAN IJ *(cefotetan disodium)* | 1 | |
| *cefotetan disodium IJ 1 GM, 2 GM* | 1 | |
| *cefoxitin sodium IV* | 1 | |
| CEFOXITIN SODIUM-DEXTROSE | 1 | |
| *cefprozil SUSR* | 1 | |
| *cefprozil TABS* | 1 | |
| *cefuroxime axetil TABS* | 1 | |
| *cefuroxime sodium IJ 750 MG* | 1 | |
| Cephalosporins - 3rd Generation | | |
| *cefdinir CAPS* | 1 | |
| *cefdinir SUSR* | 1 | |
| *cefixime CAPS* | 4 | QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); PA |
| *cefixime SUSR* | 4 | QL(100 ML per 10 day(s) retail; 100 ML per 10 days mail); AL(Up to 12 yrs old); PA |
| *cefpodoxime proxetil SUSR* | 1 | |
| *cefpodoxime proxetil TABS* | 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 | |
| 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 | 4 | 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 | |
| ESTRIOL MICRONIZED | 1 | |
| Bulk Chemicals - G's | | |

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|---|---|---|
| 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 | |
| Bulk Chemicals - O's | | |
| OMEPRAZOLE | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| Combination Contraceptives - Oral | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)* | 1 | QL(1 EA daily) |
| BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)* | 1 | |
| *desogestrel & ethinyl estradiol* | 1 | |
| *desogestrel-ethinyl estradiol (biphasic)* | 1 | |
| *desogestrel-ethinyl estradiol (triphasic)* | 1 | |
| *drospirenone-ethinyl estradiol* | 1 | |
| *drospirenone-ethinyl estradiol-levomefolate calcium* | 1 | |
| *ethynodiol diacet & eth estrad* | 1 | |
| FEMLYV TBDP | 1 | PA |
| *levonorgestrel & eth estradiol TABS* | 1 | |
| *levonorgestrel-eth estradiol (triphasic)* | 1 | |
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG* | 1 | |
| *levonorgestrel-ethinyl estradiol (91-day)* | 1 | QL(1 EA daily) |
| *levonorgestrel-ethinyl estradiol (continuous)* | 1 | |
| *levonorgestrel-ethinyl estradiol-iron* | 1 | QL(1 EA daily) |
| LO LOESTRIN FE TABS | 1 | |
| NATAZIA | 1 | |
| NEXTSTELLIS | 4 | QL(1 EA daily); PA |
| *norethin acet & estrad-fe CAPS* | 4 | QL(1 EA daily); PA |
| *norethin acet & estrad-fe CHEW* | 1 | |
| *norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG* | 1 | |
| *norethindrone & eth estradiol* | 1 | |
| *norethindrone & ethinyl estradiol-fe* | 1 | |
| *norethindrone acet & eth estra TABS* | 1 | |
| *norethindrone acetate-ethinyl estradiol-fe* | 1 | |
| *norethindrone-eth estradiol (triphasic)* | 1 | |
| *norgestimate-ethinyl estradiol* | 1 | |
| *norgestimate-ethinyl estradiol (triphasic)* | 1 | |
| *norgestrel & ethinyl estradiol 30 MCG-0.3 MG* | 1 | |
| SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)* | 1 | |
| TAYTULLA CAPS *(norethin acet & estrad-fe)* | 4 | QL(1 EA daily); PA |
| TYBLUME CHEW | 1 | |
| YASMIN 28 *(drospirenone-ethinyl estradiol)* | 1 | |
| YAZ *(drospirenone-ethinyl estradiol)* | 1 | |
| 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 |

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|---|---|---|
| *etonogestrel-ethinyl estradiol* | 1 | |
| NUVARING *(etonogestrel-ethinyl estradiol)* | 1 | |
| Emergency Contraceptives | | |
| ELLA | 1 | |
| *levonorgestrel (emergency oc) 1.5 MG* | 1 | |
| 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)* | 1 | |
| OPILL | 1 | |
| SLYND | 4 | QL(1 EA daily); PA |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| AGAMREE | 1 | AL(At least 2 yrs old); PA |
| ALKINDI SPRINKLE CPSP | 4 | AL(Up to 6 yrs old); PA |
| *betamethasone sod phosphate & acetate SUSP* | 1 | |
| *budesonide CPEP* | 1 | |
| *budesonide TB24* | 4 | QL(1 EA daily); PA |
| CELESTONE SOLUSPAN SUSP *(betamethasone sod phosphate & acetate)* | 1 | |
| CORTEF TABS *(hydrocortisone)* | 1 | |
| CORTISONE ACETATE TABS | 1 | |
| *deflazacort SUSP* | 4 | 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* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA |
| *deflazacort TABS* | 4 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA |
| DEPO-MEDROL SUSP | 1 | |
| DEPO-MEDROL SUSP *(methylprednisolone acetate)* | 1 | |
| DEXAMETHASONE INTENSOL CONC | 1 | |
| *dexamethasone sodium phosphate SOLN IJ* | 1 | |
| *dexamethasone sodium phosphate SOSY IJ* | 1 | |
| *dexamethasone ELIX* | 1 | |
| *dexamethasone SOLN* | 1 | |
| *dexamethasone TABS* | 1 | |
| *dexamethasone TBPK* | 1 | |

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|---|---|---|
| *dexamethasone TBPK* | 4 | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA |
| *dexamethasone TBPK* | 4 | PA |
| EMFLAZA SUSP *(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 *(deflazacort)* | 1 | Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA |
| EOHILIA SUSP | 4 | AL(At least 11 yrs old); PA |
| HEMADY TABS | 4 | 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* | 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 *(methylprednisolone)* | 1 | |
| MEDROL TABS | 1 | |
| MEDROL TBPK *(methylprednisolone)* | 1 | |
| *methylprednisolone acetate SUSP* | 1 | |
| *methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG* | 1 | |
| *methylprednisolone TABS* | 1 | |
| *methylprednisolone TBPK* | 1 | |
| PEDIAPRED SOLN *(prednisolone sodium phosphate)* | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE POWD | 1 | |
| *prednisolone sodium phosphate SOLN* | 1 | |
| *prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML* | 4 | PA |
| *prednisolone sodium phosphate TBDP* | 4 | QL(10 EA per fill retail); AL(Up to 10 yrs old); PA |
| *prednisolone SOLN* | 1 | |
| *prednisolone TABS* | 1 | PA |
| PREDNISONE INTENSOL CONC | 1 | |
| PREDNISONE POWD | 1 | |
| *prednisone SOLN* | 1 | |
| *prednisone TABS* | 1 | |
| *prednisone TBPK* | 1 | |
| RAYOS TBEC | 1 | |
| SOLU-CORTEF *(hydrocortisone sod succinate)* | 1 | |
| SOLU-CORTEF | 1 | |
| SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)* | 1 | |
| SOLU-MEDROL | 1 | |
| SOLU-MEDROL (PF) | 1 | |
| TARPEYO CPDR | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *triamcinolone acetonide SUSP 40 MG/ML* | 1 | QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail) |
| UCERIS TB24 *(budesonide)* | 4 | QL(1 EA daily); PA |
| ZILRETTA SRER | 1 | Medical Benefit Only |
| Mineralocorticoids | | |
| *fludrocortisone acetate TABS* | 1 | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Expectorants | | |
| SSKI SOLN *(potassium iodide (expectorant))* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU *(sodium chloride (inhalant))* | 4 | Requires EPSDT PA Review; PA |
| *sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %* | 1 | |
| *sodium chloride (inhalant) NEBU 7 %* | 4 | Requires EPSDT PA Review; PA |
| Mucolytics | | |
| ACETYLCYSTEINE POWD | 1 | |
| *acetylcysteine SOLN* | 1 | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA *(isotretinoin)* | 1 | QL(2 EA daily); AL(Up to 20 yrs old) |
| ABSORICA LD | 4 | AL(At least 12 yrs old - Up to 20 yrs old); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *adapalene GEL 0.3 %* | 1 | |
| 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))* | 4 | AL(Up to 20 yrs old); PA |
| *clindamycin phosphate (topical) FOAM* | 4 | AL(Up to 20 yrs old); PA |
| *clindamycin phosphate (topical) GEL* | 4 | AL(Up to 20 yrs old); PA |
| *clindamycin phosphate (topical) GEL* | 1 | AL(Up to 20 yrs old); PA |
| *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* | 4 | AL(Up to 20 yrs old); PA |
| *clindamycin phosphate (topical) SWAB* | 1 | AL(Up to 20 yrs old) |
| *dapsone (topical) 5 %* | 4 | AL(Up to 20 yrs old); PA |
| *dapsone (topical) 7.5 %* | 4 | AL(At least 9 yrs old - Up to 20 yrs old); PA |
| ERYGEL GEL *(erythromycin (acne aid))* | 4 | AL(Up to 20 yrs old); PA |
| *erythromycin (acne aid) GEL* | 4 | AL(Up to 20 yrs old); PA |
| *erythromycin (acne aid) PADS* | 4 | AL(Up to 20 yrs old); PA |
| *erythromycin (acne aid) SOLN* | 1 | AL(Up to 20 yrs old) |
| *isotretinoin* | 1 | QL(2 EA daily); AL(Up to 20 yrs old) |
| KLARON *(sulfacetamide sodium (acne))* | 1 | AL(Up to 20 yrs old) |
| RETIN-A CREA 0.025 %, 0.05 % *(tretinoin)* | 4 | Requires EPSDT PA Review; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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; PA |
| WINLEVI | 4 | 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 | |
| *gentamicin sulfate (topical) CREA* | 1 | |
| *gentamicin sulfate (topical) OINT* | 1 | |
| *mupirocin calcium (topical)* | 2 | |
| *mupirocin OINT* | 1 | |
| NEO-SYNALAR | 4 | 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 | |
| JUBLIA | 4 | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA |
| *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) |
| LOPROX SUSP *(ciclopirox olamine)* | 1 | |
| *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 | 2 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NAFTIN GEL *(naftifine hcl)* | 2 | |
| *nystatin (topical) CREA* | 1 | |
| *nystatin (topical) OINT* | 1 | |
| *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 LOTN | 2 | |
| *tavaborole* | 4 | 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) |
| *tolnaftate CREA* | 1 | AL(Up to 20 yrs old) |
| VUSION *(miconazole-zinc oxide-white petrolatum)* | 2 | |
| Anti-inflammatory Agents - Topical | | |
| *diclofenac epolamine PTCH EX* | 4 | 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 %* | 4 | 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 |
| PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))* | 4 | QL(112 GM per 30 day(s) retail; 112 GM per 30 days mail); PA |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| AMELUZ GEL | 1 | Medical Benefit Only |
| *bexarotene (topical)* | 1 | |
| *diclofenac sodium (actinic keratoses) EX* | 4 | PA |
| EFUDEX CREA *(fluorouracil (topical))* | 1 | |
| *fluorouracil (topical) CREA 0.5 %* | 4 | PA |
| *fluorouracil (topical) CREA 5 %* | 1 | |
| *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)* | 4 | 1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA |
| PRUDOXIN *(doxepin hcl (antipruritic))* | 4 | 1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA |
| ZONALON *(doxepin hcl (antipruritic))* | 4 | 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 |
|---|---|---|
| Antipsoriatics | | |
| *acitretin* | 1 | QL(2 EA daily) |
| BIMZELX SOAJ | 4 | PA |
| BIMZELX SOSY | 4 | PA |
| *calcipotriene CREA* | 1 | |
| CALCIPOTRIENE FOAM | 4 | 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 | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |
| COSENTYX SENSOREADY (300 MG) SOAJ | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |
| COSENTYX SENSOREADY PEN SOAJ | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |
| COSENTYX UNOREADY SOAJ | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| COSENTYX SOLN | 4 | PA |
| COSENTYX SOSY 150 MG/ML | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |
| COSENTYX SOSY 75 MG/0.5ML | 4 | 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 |
| ILUMYA | 4 | QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA |
| *methoxsalen rapid* | 1 | |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML | 1 | PA |
| PYZCHIVA 45 MG/0.5ML, 90 MG/ML | 1 | PA |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | 1 | PA |
| SILIQ | 4 | 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 | 4 | QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA |
| SKYRIZI SOSY | 4 | QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA |
| SORILUX FOAM | 4 | 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 | 4 | AL(At least 12 yrs old); PA |
| SPEVIGO SOSY | 4 | AL(At least 12 yrs old); PA |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.5 ML per 84 day(s) retail); PA |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.5 ML per 84 day(s) retail); PA |
| STELARA SOSY 90 MG/ML | 4 | QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| STEQEYMA | 1 | PA |
| TALTZ SOAJ | 4 | 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 | 4 | AL(At least 6 yrs old - Up to 17 yrs old); PA |
| TALTZ SOSY 80 MG/ML | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| *tazarotene CREA 0.05 %* | 1 | |
| *tazarotene CREA 0.05 %* | 4 | AL(Up to 20 yrs old); PA |
| *tazarotene CREA 0.1 %* | 1 | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail) |
| *tazarotene GEL* | 4 | QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); AL(Up to 20 yrs old); PA |
| *tazarotene GEL* | 4 | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old); PA |
| TREMFYA SOAJ 100 MG/ML | 4 | 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 | 4 | AL(At least 18 yrs old); PA |
| TREMFYA SOLN | 4 | AL(At least 18 yrs old); PA |
| TREMFYA SOSY 200 MG/2ML | 4 | AL(At least 18 yrs old); PA |
| TREMFYA SOSY 100 MG/ML | 4 | QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 18 yrs old); PA |
| VTAMA | 4 | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA |
| YESINTEK SOLN 45 MG/0.5ML | 4 | PA |
| YESINTEK SOSY | 4 | 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 |
| *acyclovir topical OINT* | 4 | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA |
| DENAVIR *(penciclovir)* | 4 | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA |
| *penciclovir* | 4 | 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 |
|---|---|---|
| XERESE | 4 | 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)* | 4 | 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) |
| Cauterizing Agents | | |
| *silver nitrate SOLN* | 1 | |
| SILVER NITRATE SOLN 0.5 % | 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 |
| *clobetasol propionate emollient base 0.05 %* | 1 | |
| *clobetasol propionate emulsion* | 1 | PA |
| *clobetasol propionate CREA 0.025 %* | 1 | PA |
| *clobetasol propionate CREA 0.05 %* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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 |
| 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 | |
| *desoximetasone CREA 0.25 %* | 1 | |
| *desoximetasone CREA 0.05 %* | 1 | PA |
| *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 | 4 | QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); PA |
| 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *halcinonide SOLN 0.1 %* | 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 | |
| *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 (topical) SOLN 2.5 %* | 1 | QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA |
| *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 |
| LOCOID LIPOCREAM | 1 | PA |
| LOCOID LOTN *(hydrocortisone butyrate)* | 1 | PA |
| *mometasone furoate CREA* | 1 | |
| *mometasone furoate OINT* | 1 | |
| *mometasone furoate SOLN* | 1 | |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)* | 1 | PA |
| TOPICORT CREA 0.25 % *(desoximetasone)* | 1 | |
| TOPICORT GEL *(desoximetasone)* | 1 | PA |
| *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 | |
| VANOS CREA *(fluocinonide)* | 1 | |
| Eczema Agents | | |
| ADBRY SOAJ | 4 | QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 18 yrs old); ST; PA |
| ADBRY SOSY | 4 | QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 12 yrs old); ST; PA |
| CIBINQO | 4 | QL(1 EA daily); AL(At least 12 yrs old); PA |
| DUPIXENT SOAJ 200 MG/1.14ML | 4 | QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| DUPIXENT SOAJ 300 MG/2ML | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| DUPIXENT SOSY 200 MG/1.14ML | 4 | QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| DUPIXENT SOSY 100 MG/0.67ML | 4 | QL(1.34 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| DUPIXENT SOSY 300 MG/2ML | 4 | 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 | 4 | 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 | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 3.75 %* | 4 | AL(At least 13 yrs old); PA |
| *imiquimod 5 %* | 1 | QL(0.4 EA daily) |
| ZYCLARA *(imiquimod)* | 4 | AL(At least 13 yrs old); PA |
| ZYCLARA PUMP *(imiquimod)* | 4 | AL(At least 13 yrs old); PA |
| ZYCLARA PUMP | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA |
| Immunosuppressive Agents - Topical | | |
| ELIDEL *(pimecrolimus)* | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old); PA |
| HYFTOR | 4 | 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* | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old); PA |
| *tacrolimus (topical) OINT 0.03 %* | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old); PA |
| *tacrolimus (topical) OINT 0.1 %* | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 15 yrs old); PA |
| 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 | AL(At least 2 yrs old); PA |
| YCANTH SOLN | 1 | Medical Benefit Only |
| Local Anesthetics - Topical | | |
| *lidocaine hcl CREA 3 %* | 1 | |
| *lidocaine hcl GEL 2 %* | 1 | |
| *lidocaine hcl PRSY* | 1 | |
| *lidocaine hcl SOLN* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lidocaine OINT 5 %* | 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) |
| 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 | 4 | 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 |
| SOFDRA | 4 | Requires EPSDT PA Review; AL(At least 9 yrs old - Up to 20 yrs old); PA |
| XERAC AC | 1 | AL(Up to 20 yrs old) |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 4 | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail |
| ZORYVE 0.15 % | 4 | AL(At least 6 yrs old); PA |
| Protectives Against UV Radiation | | |
| SCENESSE | 1 | Medical Benefit Only |
| Rosacea Agents | | |
| *brimonidine tartrate (topical)* | 4 | 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)* | 4 | PA |
| *metronidazole (topical) CREA* | 1 | AL(Up to 20 yrs old) |
| *metronidazole (topical) GEL 1 %* | 4 | 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) |
| NORITATE CREA | 4 | AL(Up to 20 yrs old); PA |
| Scabicides & Pediculicides | | |
| *crotamiton LOTN* | 4 | 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 |

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|---|---|---|
| *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 |
| *permethrin CREA* | 1 | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail |
| *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 | Brand Required; 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 | 4 | PA |
| VASHE WOUND THERAPY SOLN | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC |
| VYJUVEK | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| LEXISCAN *(regadenoson)* | 1 | |
| LUMISIGHT | 1 | Medical Benefit Only |
| MACRILEN | 1 | Medical Benefit Only |
| METOPIRONE | 1 | |
| *regadenoson* | 1 | |
| 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 |
| FLYRCADO | 1 | Medical Benefit Only |
| ILLUCCIX CONFIGURATION A KIT | 1 | Medical Benefit Only |
| ILLUCCIX CONFIGURATION B KIT | 1 | Medical Benefit Only |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LOCAMETZ KIT | 1 | Medical Benefit Only |
| NEUROLITE | 1 | Medical Benefit Only |
| POSLUMA | 1 | Medical Benefit Only |
| PYLARIFY SOLN | 1 | Medical Benefit Only |
| PYLARIFY SOSY | 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; RX/OTC |
| ACCU-CHEK GUIDE TEST STRP | 1 | RX/OTC |
| CONTOUR NEXT TEST STRP | 1 | RX/OTC |
| EASYMAX TEST STRP | 1 | RX/OTC |
| 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 |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | 1 | RX/OTC |
| Miscellaneous Contrast Media | | |
| DEFINITY RT | 1 | Medical Benefit Only |
| EOVIST | 1 | Medical Benefit Only |
| 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 |
| *iopamidol IV* | 1 | Medical Benefit Only |
| OMNIPAQUE SOLN PO 12 MG/ML | 1 | Medical Benefit Only |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| Dietary Management Products | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEPLIN 7.5 | 4 | Requires EPSDT PA Review; QL(1 EA daily); AL(Up to 20 yrs old); PA |
| NEOPHE POWD | 1 | RX/OTC |
| NEOPHE TABS | 1 | RX/OTC |
| URE-NA PACK | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Infant Foods | | |
| PERIFLEX INFANT POWD | 1 | |
| PHENYL-FREE 1 POWD | 1 | |
| Nutritional Supplements | | |
| CAMINO PRO COMPLETE/GLYTACTIN BAR | 1 | RX/OTC |
| EAA SUPPLEMENT PACK | 1 | RX/OTC |
| FLAVOR PACKETS PACK | 1 | AL(Up to 20 yrs old) |
| GLYTACTIN BETTERMILK 15 PACK | 1 | RX/OTC |
| GLYTACTIN BETTERMILK DE-LITE PACK | 1 | RX/OTC |
| GLYTACTIN BUILD 10PE PACK | 1 | RX/OTC |
| GLYTACTIN BUILD 20/20 PKU PACK | 1 | RX/OTC |
| GLYTACTIN BUILD 20/20 PACK | 1 | RX/OTC |
| GLYTACTIN BURST PACK | 1 | RX/OTC |
| GLYTACTIN COMPLETE 10PE BAR | 1 | RX/OTC |
| GLYTACTIN RESTORE 10 LIQD PO | 1 | RX/OTC |
| GLYTACTIN RESTORE 5 PACK | 1 | RX/OTC |
| GLYTACTIN RESTORE LITE 10 LIQD PO | 1 | RX/OTC |
| GLYTACTIN RESTORE LITE 10PE PACK | 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 | 1 | RX/OTC |
| GLYTACTIN SWIRL 15PE PACK | 1 | RX/OTC |
| LANAFLEX PACK | 1 | RX/OTC |
| LOPHLEX LQ 20 LIQD PO | 1 | RX/OTC |
| LOPHLEX PACK | 1 | RX/OTC |
| PERIFLEX ADVANCE POWD | 1 | RX/OTC |
| PERIFLEX JUNIOR POWD | 1 | RX/OTC |
| PHENEX-1 POWD | 1 | RX/OTC |
| PHENEX-2 POWD | 1 | RX/OTC |
| PHENYLADE DRINK MIX POWD | 1 | RX/OTC |
| PHENYLADE ESSENTIAL DRINK MIX PACK | 1 | RX/OTC |
| PHENYLADE ESSENTIAL DRINK MIX POWD | 1 | RX/OTC |
| PHENYLADE ESSENTIAL MIX/FIBER PACK | 1 | RX/OTC |
| PHENYLADE ESSENTIAL MIX/FIBER POWD | 1 | RX/OTC |
| PHENYLADE GMP MIX DHA/FIBER POWD | 1 | RX/OTC |
| PHENYLADE GMP MIX-IN PACK | 1 | RX/OTC |
| PHENYLADE GMP MIX-IN POWD | 1 | RX/OTC |

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

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|---|---|---|
| ZENPEP CPEP 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* | 1 | |
| *acetazolamide TABS* | 1 | |
| *dichlorphenamide* | 4 | QL(4 EA daily); PA |
| KEVEYIS *(dichlorphenamide)* | 4 | QL(4 EA daily); PA |
| *methazolamide TABS 25 MG* | 4 | QL(12 EA daily); PA |
| *methazolamide TABS 50 MG* | 4 | QL(6 EA daily); PA |
| Diuretic Combinations | | |
| *amiloride & hydrochlorothiazide* | 1 | |
| *spironolactone & hydrochlorothiazide* | 1 | MP |
| *triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG* | 1 | |
| *triamterene & hydrochlorothiazide TABS* | 1 | |
| Loop Diuretics | | |
| *bumetanide SOLN 0.25 MG/ML* | 1 | |
| *bumetanide TABS* | 1 | |
| EDECRIN *(ethacrynic acid)* | 1 | |
| *ethacrynate sodium* | 1 | |
| *ethacrynic acid* | 1 | |
| FUROSCIX CTKT | 4 | AL(At least 18 yrs old); PA |
| *furosemide SOLN IJ 10 MG/ML* | 1 | |
| *furosemide TABS 40 MG* | 1 | QL(15 EA daily); MP |
| *furosemide TABS 80 MG* | 1 | QL(8 EA daily); MP |
| *furosemide TABS 20 MG* | 1 | QL(30 EA daily); MP |
| LASIX TABS 40 MG *(furosemide)* | 1 | QL(15 EA daily); MP |
| LASIX TABS 80 MG *(furosemide)* | 1 | QL(8 EA daily); MP |
| LASIX TABS 20 MG *(furosemide)* | 1 | QL(30 EA daily); MP |
| *torsemide TABS 100 MG* | 1 | QL(2 EA daily); MP |
| *torsemide TABS 5 MG, 10 MG, 20 MG* | 1 | QL(10 EA daily); MP |
| Osmotic Diuretics | | |
| *mannitol 10 %, 20 %, 25 %* | 1 | |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS *(spironolactone)* | 1 | MP |
| *amiloride hcl TABS* | 1 | |
| CAROSPIR SUSP *(spironolactone)* | 4 | QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail); PA |
| SPIRONOLACTONE POWD | 1 | |
| *spironolactone SUSP* | 4 | QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail); PA |
| *spironolactone TABS* | 1 | MP |
| *triamterene CAPS* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Thiazides and Thiazide-Like Diuretics | | |
| *chlorothiazide sodium* | 1 | |
| *chlorthalidone 25 MG, 50 MG* | 1 | |
| DIURIL SUSP | 1 | |
| *hydrochlorothiazide CAPS* | 1 | QL(3 EA daily); MP |
| *hydrochlorothiazide TABS 12.5 MG* | 1 | |
| *hydrochlorothiazide TABS 25 MG, 50 MG* | 1 | QL(3 EA daily); MP |
| *indapamide TABS 1.25 MG, 2.5 MG* | 1 | QL(2 EA daily); MP |
| *metolazone* | 1 | |
| THALITONE | 1 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Adrenal Steroid Inhibitors | | |
| ISTURISA 5 MG | 4 | QL(2 EA daily); PA |
| ISTURISA 1 MG | 4 | QL(8 EA daily); PA |
| ISTURISA 10 MG | 4 | QL(6 EA daily); PA |
| RECORLEV | 4 | 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 35 MG *(risedronate sodium)* | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| ACTONEL TABS 150 MG *(risedronate sodium)* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |
| *alendronate sodium SOLN* | 4 | QL(300 ML per 28 day(s) retail; 300 ML per 28 days mail); PA |
| *alendronate sodium TABS 35 MG* | 1 | QL(12 EA per 84 day(s) retail; 12 EA per 84 days mail) |
| *alendronate sodium TABS 10 MG* | 1 | QL(1 EA daily); MP |
| *alendronate sodium TABS 70 MG* | 1 | QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP |
| ATELVIA TBEC *(risedronate sodium)* | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| BINOSTO TBEF | 4 | PA |
| *calcitonin (salmon) IJ* | 1 | |
| *calcitonin (salmon) NA* | 1 | QL(3.7 ML per 30 day(s) retail; 4 ML per 30 days mail) |
| EVENITY | 4 | QL(2.34 ML per 30 day(s) retail; 2 ML per 30 days mail); PA |
| FORTEO SOPN *(teriparatide)* | 4 | QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| FOSAMAX PLUS D | 1 | PA |
| FOSAMAX TABS 70 MG *(alendronate sodium)* | 1 | QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP |
| *ibandronate sodium SOLN* | 4 | QL(3 ML per 90 day(s) retail; 3 ML per 90 days mail); PA |
| *ibandronate sodium TABS* | 1 | 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail |
| MIACALCIN IJ *(calcitonin (salmon))* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML* | 1 | |
| PAMIDRONATE DISODIUM SOLN | 1 | |
| PROLIA SOSY | 4 | 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 5 MG, 30 MG* | 4 | QL(1 EA daily); PA |
| *risedronate sodium TABS 150 MG* | 4 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA |
| *risedronate sodium TABS 35 MG* | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| *risedronate sodium TBEC* | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA |
| *teriparatide SOPN* | 4 | QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| TERIPARATIDE SOPN | 4 | QL(2.48 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| TYMLOS | 4 | 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 | 4 | PA |
| ACTHAR GEL | 4 | PA |
| CORTROPHIN GEL | 4 | PA |
| Corticotropin-Releasing Factor (CRF) Receptor Antagonists | | |
| CRENESSITY CAPS | 1 | AL(At least 4 yrs old); PA |
| CRENESSITY SOLN | 1 | AL(At least 4 yrs old); PA |
| Fertility Regulators | | |
| CHORIONIC GONADOTROPIN IM | 4 | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| NOVAREL IM 5000 UNIT | 4 | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| PREGNYL IM | 4 | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| GnRH/LHRH Antagonists | | |
| ORILISSA 150 MG | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| ORILISSA 200 MG | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT | 1 | |
| Growth Hormones | | |
| GENOTROPIN MINIQUICK PRSY | 1 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GENOTROPIN CART SC | 1 | PA |
| HUMATROPE CART IJ | 4 | PA |
| NGENLA | 4 | PA |
| NORDITROPIN FLEXPRO SOPN | 4 | PA |
| NUTROPIN AQ NUSPIN 10 SOPN | 4 | PA |
| NUTROPIN AQ NUSPIN 20 SOPN | 4 | PA |
| NUTROPIN AQ NUSPIN 5 SOPN | 4 | PA |
| OMNITROPE SOCT | 4 | PA |
| OMNITROPE SOLR SC | 4 | PA |
| SEROSTIM SC 4 MG, 5 MG, 6 MG | 4 | PA |
| SKYTROFA | 4 | PA |
| SOGROYA | 4 | PA |
| ZOMACTON SOLR SC | 4 | PA |
| Hormone Receptor Modulators | | |
| EVISTA *(raloxifene hcl)* | 1 | |
| *raloxifene hcl* | 1 | |
| Insulin-Like Growth Factor Receptor Inhibitors | | |
| TEPEZZA | 4 | PA |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 4 | 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 | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| Metabolic Modifiers | | |
| ALDURAZYME | 4 | PA |
| AMMONUL *(sod benzoate & sod phenylacetate)* | 1 | Medical Benefit Only |
| *betaine* | 1 | |
| BRINEURA | 4 | PA |
| BUPHENYL POWD *(sodium phenylbutyrate)* | 4 | PA |
| BUPHENYL TABS *(sodium phenylbutyrate)* | 4 | PA |
| *calcitriol CAPS* | 1 | |
| *calcitriol SOLN PO* | 1 | |
| *calcitriol SOLN IV* | 1 | Medical Benefit Only |
| CARBAGLU *(carglumic acid)* | 1 | Brand Required; PA |
| *carglumic acid* | 4 | Brand Required; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))* | 1 | |
| CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))* | 1 | |
| CARNITOR TABS *(levocarnitine (metabolic modifiers))* | 1 | |
| *cinacalcet hcl* | 1 | |
| CRYSVITA | 4 | AL(At least 1 yrs old); PA |
| CYSTADANE *(betaine)* | 1 | |
| *doxercalciferol CAPS* | 4 | PA |
| *doxercalciferol SOLN* | 4 | PA |
| ELAPRASE | 4 | PA |
| ELFABRIO | 4 | AL(At least 18 yrs old); PA |
| FABRAZYME | 4 | PA |
| GALAFOLD | 4 | QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); PA |
| HECTOROL SOLN *(doxercalciferol)* | 4 | PA |
| KANUMA | 1 | Medical Benefit Only |
| KEBILIDI | 1 | AL(At least 1 yrs old); PA |
| KUVAN PACK *(sapropterin dihydrochloride)* | 4 | PA |
| KUVAN TABS *(sapropterin dihydrochloride)* | 4 | PA |
| LAMZEDE | 4 | PA |
| *levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML* | 1 | |
| *levocarnitine (metabolic modifiers) TABS* | 1 | |
| LUMIZYME | 4 | PA |
| MEPSEVII | 4 | PA |
| MYALEPT | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| NAGLAZYME | 4 | PA |
| NEXVIAZYME | 4 | PA |
| *nitisinone CAPS* | 1 | |
| NITYR TABS | 1 | |
| NULIBRY | 4 | PA |
| OLPRUVA (3 GM DOSE) THPK | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA |
| OLPRUVA (4 GM DOSE) THPK | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA |
| OLPRUVA (5 GM DOSE) THPK | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA |
| OLPRUVA (6 GM DOSE) THPK | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA |
| OLPRUVA (6.67 GM DOSE) THPK | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA |
| OPFOLDA | 4 | AL(At least 18 yrs old); PA |
| ORFADIN CAPS *(nitisinone)* | 1 | |
| ORFADIN SUSP | 1 | |
| PALYNZIQ 2.5 MG/0.5ML | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| PALYNZIQ 20 MG/ML | 4 | QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA |
| PALYNZIQ 10 MG/0.5ML | 4 | QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *paricalcitol CAPS* | 4 | QL(1 EA daily); AL(At least 10 yrs old); PA |
| *paricalcitol SOLN* | 4 | AL(At least 10 yrs old); PA |
| PARSABIV 5 MG/ML | 4 | QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); PA |
| PARSABIV 2.5 MG/0.5ML, 10 MG/2ML | 4 | PA |
| PHEBURANE PLLT | 4 | QL(1218 GM per 29 day(s) retail; 1218 GM per 29 days mail); PA |
| POMBILITI | 4 | AL(At least 18 yrs old); PA |
| RAVICTI | 4 | QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA |
| RAYALDEE | 4 | QL(1 EA daily); PA |
| REVCOVI | 4 | PA |
| ROCALTROL SOLN PO *(calcitriol)* | 1 | |
| *sapropterin dihydrochloride PACK* | 4 | PA |
| *sapropterin dihydrochloride TABS* | 4 | PA |
| SENSIPAR 30 MG, 90 MG *(cinacalcet hcl)* | 1 | |
| *sod benzoate & sod phenylacetate* | 1 | Medical Benefit Only |
| *sodium phenylbutyrate POWD* | 4 | PA |
| *sodium phenylbutyrate TABS* | 4 | PA |
| STRENSIQ | 4 | PA |
| TRYNGOLZA | 1 | AL(At least 18 yrs old); PA |
| VIMIZIM | 1 | Medical Benefit Only |
| XENPOZYME | 4 | PA |
| XPHOZAH | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| YORVIPATH | 1 | AL(At least 18 yrs old); PA |
| ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)* | 4 | QL(1 EA daily); AL(At least 10 yrs old); PA |
| ZEMPLAR SOLN 5 MCG/ML *(paricalcitol)* | 4 | AL(At least 10 yrs old); PA |
| Mineralocorticoid Receptor Antagonists | | |
| KERENDIA | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| Natriuretic Peptides | | |
| VOXZOGO | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA |
| Posterior Pituitary Hormones | | |
| DDAVP PF SOLN IJ *(desmopressin acetate)* | 1 | |
| DDAVP SOLN IJ 4 MCG/ML *(desmopressin acetate)* | 1 | |
| DDAVP TABS 0.1 MG *(desmopressin acetate)* | 1 | |
| DDAVP TABS 0.2 MG *(desmopressin acetate)* | 1 | QL(6 EA daily) |
| *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 0.1 MG* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desmopressin acetate TABS 0.2 MG* | 1 | QL(6 EA daily) |
| NOCDURNA SUBL | 4 | QL(1 EA daily); PA |
| VASOPRESSIN-SODIUM CHLORIDE SOLN | 1 | |
| *vasopressin SOLN IV* | 1 | Medical Benefit Only |
| VASOSTRICT SOLN | 1 | |
| VASOSTRICT SOLN IV *(vasopressin)* | 1 | Medical Benefit Only |
| Progesterone Receptor Antagonists | | |
| MIFEPREX *(mifepristone)* | 1 | Medical Benefit Only |
| *mifepristone* | 1 | Medical Benefit Only |
| Prolactin Inhibitors | | |
| *cabergoline* | 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 | 4 | 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)* | 1 | QL(2 EA per 28 day(s) retail; 2 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 | |
| SIGNIFOR | 1 | QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail) |
| SIGNIFOR LAR | 4 | QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA |
| 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) |
| SOMATULINE DEPOT 120 MG/0.5ML | 1 | QL(0.5 ML per 28 day(s) retail) |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TABS | 4 | QL(2 EA daily); PA |
| JYNARQUE TBPK | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| SAMSCA TABS *(tolvaptan)* | 4 | QL(2 EA daily); PA |
| *tolvaptan TABS* | 4 | QL(2 EA daily); PA |
| VAPRISOL | 1 | |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)* | 1 | GL |
| ANGELIQ | 1 | |
| BIJUVA | 4 | QL(1 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 4 | QL(1 EA daily); PA |
| *estradiol & norethindrone acetate TABS* | 1 | GL |
| MYFEMBREE | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| *norethindrone acetate-ethinyl estradiol* | 1 | GL |
| ORIAHNN | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| PREMPHASE | 1 | |
| PREMPRO | 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); GL |
| DELESTROGEN 10 MG/ML *(estradiol valerate)* | 1 | GL |
| DELESTROGEN 20 MG/ML *(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); GL |
| DIVIGEL GEL 1.25 MG/1.25GM *(estradiol)* | 1 | QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); GL |
| 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); GL |
| 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 *(estradiol)* | 1 | GL |
| *estradiol valerate 10 MG/ML, 40 MG/ML* | 1 | GL |
| *estradiol valerate 20 MG/ML* | 1 | |
| *estradiol GEL* | 1 | GL |
| *estradiol GEL 1.25 MG/1.25GM* | 1 | QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); GL |
| *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); GL |
| *estradiol PTTW* | 1 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL |
| *estradiol PTWK* | 1 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL |
| *estradiol TABS* | 1 | GL |
| EVAMIST SOLN | 1 | QL(8.1 ML per 55 day(s) retail; 8 ML per 55 days mail) |
| MENEST | 1 | |

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|---|---|---|
| MENOSTAR PTWK | 1 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail) |
| MINIVELLE PTTW *(estradiol)* | 1 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL |
| PREMARIN SOLR | 1 | |
| PREMARIN TABS 0.3 MG, 0.625 MG, 1.25 MG | 1 | GL |
| PREMARIN TABS 0.45 MG, 0.9 MG | 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); GL |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA SOLR | 4 | QL(2 EA daily); PA |
| BAXDELA TABS | 4 | QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); PA |
| *ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG* | 1 | |
| *ciprofloxacin in d5w* | 1 | |
| *ciprofloxacin SUSR* | 1 | AL(Up to 6 yrs old) |
| CIPRO SUSR | 1 | AL(Up to 6 yrs old) |
| CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)* | 1 | |
| *levofloxacin in d5w* | 1 | |
| *levofloxacin SOLN PO* | 1 | AL(Up to 6 yrs old) |
| *levofloxacin TABS 750 MG* | 1 | QL(1 EA daily) |
| *levofloxacin TABS 250 MG, 500 MG* | 1 | |
| *moxifloxacin hcl in sodium chloride* | 1 | |
| MOXIFLOXACIN HCL SOLN 400 MG/250ML | 1 | |
| *moxifloxacin hcl TABS* | 1 | QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail) |
| *ofloxacin 300 MG, 400 MG* | 4 | QL(2 EA daily); PA |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| 5-HT4 Receptor Agonists | | |
| MOTEGRITY *(prucalopride succinate)* | 4 | QL(1 EA daily); PA |
| *prucalopride succinate* | 4 | QL(1 EA daily); PA |
| Agents for Chronic Idiopathic Constipation (CIC) | | |
| TRULANCE | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM | 4 | QL(4 EA daily); PA |
| Farnesoid X Receptor (FXR) Agonists | | |
| OCALIVA | 4 | QL(1 EA daily); PA |
| Gallstone Solubilizing Agents | | |
| CHENODAL | 1 | |
| RELTONE CAPS 200 MG | 4 | PA |
| RELTONE CAPS 400 MG | 1 | PA |
| URSO FORTE TABS *(ursodiol)* | 1 | |
| *ursodiol CAPS* | 1 | |
| *ursodiol TABS* | 1 | |
| Gastrointestinal Antiallergy Agents | | |
| *cromolyn sodium (mastocytosis)* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GASTROCROM *(cromolyn sodium (mastocytosis))* | 1 | |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA *(lubiprostone)* | 4 | QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA |
| *lubiprostone* | 4 | QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA |
| Gastrointestinal Stimulants | | |
| GIMOTI SOLN NA | 4 | 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* | 1 | |
| REGLAN TABS *(metoclopramide hcl)* | 1 | |
| Hepatotropics | | |
| REZDIFFRA | 4 | AL(At least 18 yrs old); PA |
| Ileal Bile Acid Transporter (IBAT) Inhibitors | | |
| BYLVAY (PELLETS) CPSP | 4 | PA |
| BYLVAY CAPS | 4 | PA |
| LIVMARLI 19 MG/ML | 4 | PA |
| LIVMARLI 9.5 MG/ML | 4 | 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) |
| AVSOLA | 4 | PA |
| AZULFIDINE EN-TABS TBEC *(sulfasalazine)* | 1 | |
| AZULFIDINE TABS *(sulfasalazine)* | 1 | |
| *balsalazide disodium CAPS* | 1 | QL(9 EA daily); AL(At least 5 yrs old) |
| CANASA SUPP *(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 *(balsalazide disodium)* | 1 | QL(9 EA daily); AL(At least 5 yrs old) |
| DELZICOL CPDR *(mesalamine)* | 1 | QL(6 EA daily) |
| DIPENTUM | 1 | QL(4 EA daily) |
| ENTYVIO PEN SOAJ | 4 | QL(1.36 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| ENTYVIO SOLR | 4 | PA |
| INFLECTRA SOLR | 2 | QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail) |
| INFLIXIMAB | 4 | QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA |
| LIALDA TBEC *(mesalamine)* | 1 | QL(4 EA daily) |

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|---|---|---|
| *mesalamine w/ cleanser* | 1 | PA |
| *mesalamine CP24* | 1 | QL(4 EA daily) |
| *mesalamine CPCR* | 1 | Brand Required; QL(8 EA daily); PA |
| *mesalamine CPDR* | 1 | QL(6 EA daily) |
| *mesalamine ENEM* | 1 | QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail) |
| *mesalamine SUPP* | 1 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail) |
| *mesalamine TBEC 800 MG* | 4 | QL(6 EA daily); PA |
| *mesalamine TBEC 1.2 GM* | 1 | QL(4 EA daily) |
| OMVOH (300 MG DOSE) SOAJ | 1 | PA |
| OMVOH (300 MG DOSE) SOSY | 1 | PA |
| OMVOH SOAJ | 4 | PA |
| OMVOH SOLN | 4 | QL(15 ML per 28 day(s) retail; 15 ML per 28 days mail); PA |
| OMVOH SOSY | 4 | PA |
| OTULFI SOLN IV 130 MG/26ML | 1 | PA |
| PENTASA CPCR 500 MG | 1 | Brand Required; QL(8 EA daily) |
| PENTASA CPCR 250 MG | 1 | QL(16 EA daily) |
| PYZCHIVA 130 MG/26ML | 1 | PA |
| REMICADE | 4 | QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA |
| RENFLEXIS | 4 | PA |
| ROWASA *(mesalamine w/ cleanser)* | 1 | PA |
| SFROWASA ENEM | 1 | QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail) |
| SKYRIZI SOCT 360 MG/2.4ML | 4 | QL(2.4 ML per 55 day(s) retail; 2 ML per 55 days mail); PA |
| SKYRIZI SOCT 180 MG/1.2ML | 4 | QL(1.2 ML per 55 day(s) retail; 1 ML per 55 days mail); PA |
| SKYRIZI SOLN | 4 | QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA |
| STELARA 130 MG/26ML | 4 | QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA |
| STEQEYMA | 1 | PA |
| SULFASALAZINE POWD | 1 | |
| *sulfasalazine TABS* | 1 | |
| *sulfasalazine TBEC* | 1 | |
| VELSIPITY | 4 | QL(1 EA daily); PA |
| ZYMFENTRA (1 PEN) AJKT | 4 | PA |
| ZYMFENTRA (2 PEN) AJKT | 4 | PA |
| ZYMFENTRA (2 SYRINGE) PSKT | 4 | PA |
| Intestinal Acidifiers | | |
| *lactulose (encephalopathy)* | 1 | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| *alosetron hcl* | 1 | QL(2 EA daily) |
| IBSRELA | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| LINZESS | 4 | QL(1 EA daily); AL(At least 6 yrs old); PA |

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|---|---|---|
| LOTRONEX *(alosetron hcl)* | 1 | QL(2 EA daily) |
| VIBERZI | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| Live Fecal Microbiota | | |
| REBYOTA | 1 | Medical Benefit Only |
| VOWST | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| Peripheral Opioid Receptor Antagonists | | |
| *alvimopan* | 1 | Medical Benefit Only |
| ENTEREG *(alvimopan)* | 1 | Medical Benefit Only |
| MOVANTIK | 4 | QL(1 EA daily); PA |
| RELISTOR SOLN 8 MG/0.4ML | 4 | QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); AL(At least 18 yrs old); PA |
| RELISTOR SOLN 12 MG/0.6ML | 4 | QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail); AL(At least 18 yrs old); PA |
| RELISTOR TABS | 4 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| SYMPROIC | 4 | 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 | 4 | QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); AL(At least 19 yrs old); PA |
| *calcium acetate (phosphate binder) CAPS* | 1 | |
| *calcium acetate (phosphate binder) TABS* | 1 | RX/OTC |
| FOSRENOL CHEW *(lanthanum carbonate)* | 1 | Brand Required |
| FOSRENOL PACK | 1 | Brand Required |
| *lanthanum carbonate CHEW* | 4 | Brand Required; PA |
| RENVELA PACK *(sevelamer carbonate)* | 1 | |
| RENVELA TABS *(sevelamer carbonate)* | 1 | |
| *sevelamer carbonate PACK* | 1 | |
| *sevelamer carbonate TABS* | 1 | |
| *sevelamer hcl* | 4 | PA |
| VELPHORO | 4 | PA |
| Short Bowel Syndrome (SBS) Agents | | |
| GATTEX | 4 | QL(1 EA per fill retail); PA |
| GENERAL ANESTHETICS | | |
| Anesthetics - Misc. | | |
| AMIDATE *(etomidate)* | 1 | |
| DIPRIVAN EMUL *(propofol)* | 1 | |
| DIPRIVAN EMUL | 1 | |
| *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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Barbiturate Anesthetics | | |
| BREVITAL SODIUM SOLR *(methohexital sodium)* | 1 | |
| *methohexital sodium SOLR* | 1 | |
| Volatile Anesthetics | | |
| *desflurane* | 1 | |
| FORANE *(isoflurane)* | 1 | |
| *isoflurane* | 1 | |
| *sevoflurane* | 1 | |
| SUPRANE *(desflurane)* | 1 | |
| ULTANE *(sevoflurane)* | 1 | |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Acidifiers | | |
| K-PHOS NO 2 | 1 | |
| Alkalinizers | | |
| ORACIT | 1 | |
| ORAL CITRATE | 1 | |
| *potassium citrate (alkalinizer) TBCR* | 1 | |
| *potassium citrate-citric acid SOLN* | 1 | PA; RX/OTC |
| *sodium citrate & citric acid* | 1 | RX/OTC |
| UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))* | 1 | |
| UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))* | 1 | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 1 | |
| PROCYSBI CPDR | 4 | PA |
| PROCYSBI PACK | 4 | PA |
| Genitourinary Irrigants | | |
| *acetic acid 0.25 %* | 1 | |
| *glycine (gu irrigant) SOLN 1.5 %* | 1 | |
| SODIUM CHLORIDE 0.9 % | 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 | 4 | PA |
| RIVFLOZA SOLN | 4 | 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 | 4 | 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 | 4 | AL(At least 9 yrs old); PA |
| IgA Nephropathy (IgAN) Agents | | |
| FILSPARI | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 1 | |
| RIMSO-50 | 1 | |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | 1 | QL(1 EA daily); MP |
| AVODART *(dutasteride)* | 1 | QL(1 EA daily); MP |
| CARDURA XL | 2 | ST |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dutasteride* | 1 | QL(1 EA daily); MP |
| *dutasteride-tamsulosin hcl* | 2 | ST |
| *finasteride* | 1 | QL(1 EA daily); MP |
| PROSCAR *(finasteride)* | 1 | QL(1 EA daily); MP |
| RAPAFLO *(silodosin)* | 2 | ST |
| *silodosin* | 2 | ST |
| *tamsulosin hcl* | 1 | QL(2 EA daily); MP |
| Urinary Stone Agents | | |
| LITHOSTAT | 1 | |
| THIOLA EC TBEC *(tiopronin)* | 1 | |
| THIOLA TABS *(tiopronin)* | 1 | Brand Required; QL(3 EA daily) |
| *tiopronin TABS* | 1 | Brand Required; QL(3 EA daily); PA |
| *tiopronin TBEC* | 1 | PA |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid* | 1 | |
| Gout Agents | | |
| *allopurinol 200 MG* | 4 | PA |
| *allopurinol 100 MG, 300 MG* | 1 | |
| *allopurinol sodium* | 1 | Medical Benefit Only |
| ALOPRIM *(allopurinol sodium)* | 1 | Medical Benefit Only |
| *colchicine CAPS* | 4 | QL(2 EA daily) |
| *colchicine CAPS* | 4 | QL(2 EA daily); PA |
| *colchicine TABS* | 1 | QL(2 EA daily) |
| COLCRYS TABS *(colchicine)* | 1 | QL(2 EA daily) |
| *febuxostat* | 4 | QL(1 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLOPERBA SOLN PO | 4 | QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA |
| KRYSTEXXA | 1 | Medical Benefit Only |
| MITIGARE CAPS *(colchicine)* | 4 | QL(2 EA daily); PA |
| ULORIC *(febuxostat)* | 4 | QL(1 EA daily); PA |
| Uricosurics | | |
| *probenecid* | 1 | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Aminolevulinate Synthase 1-Directed siRNA | | |
| GIVLAARI | 4 | PA |
| Antihemophilic Products | | |
| ADVATE | 1 | |
| ADYNOVATE | 4 | PA |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 4 | PA |
| ALHEMO | 1 | AL(At least 12 yrs old); PA |
| ALPHANATE SOLR | 1 | |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT | 1 | |
| ALPROLIX | 4 | PA |
| ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 4 | PA |
| BALFAXAR | 1 | Medical Benefit Only |
| BENEFIX KIT | 1 | |
| BEQVEZ | 1 | AL(At least 18 yrs old); PA |
| COAGADEX | 4 | PA |
| CORIFACT | 4 | PA |

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|---|---|---|
| ELOCTATE | 4 | PA |
| ESPEROCT 4000 UNIT | 1 | PA |
| ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT | 4 | PA |
| FEIBA | 4 | PA |
| FIBRYGA | 1 | |
| HEMGENIX | 4 | QL(1 EA per fill retail); AL(At least 19 yrs old); PA |
| HEMLIBRA | 4 | 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 | 4 | PA |
| IXINITY SOLR | 1 | |
| JIVI 4000 UNIT | 1 | PA |
| JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT | 4 | PA |
| KCENTRA | 1 | |
| KOATE SOLR | 1 | |
| KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT | 1 | |
| KOVALTRY | 1 | |
| NOVOEIGHT | 1 | |
| NOVOSEVEN RT | 4 | PA |
| NUWIQ KIT | 1 | |
| OBIZUR | 4 | PA |
| PROFILNINE | 1 | |
| REBINYN | 4 | PA |
| RECOMBINATE SOLR | 1 | |
| RIASTAP | 1 | |
| RIXUBIS SOLR | 1 | |
| ROCTAVIAN | 4 | QL(1 EA per fill retail); AL(At least 18 yrs old); PA |
| SEVENFACT | 4 | PA |
| TRETTEN | 4 | PA |
| VONVENDI | 1 | |
| WILATE KIT | 1 | |
| XYNTHA | 1 | |
| XYNTHA SOLOFUSE | 1 | |
| Bradykinin B2 Receptor Antagonists | | |
| FIRAZYR SOSY *(icatibant acetate)* | 4 | PA |
| *icatibant acetate SOSY* | 4 | PA |
| Complement Inhibitors | | |
| BERINERT KIT | 4 | PA |
| BKEMV SOLN IV 300 MG/30ML | 1 | PA |
| CINRYZE SOLR IV | 4 | QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); PA |
| EMPAVELI | 4 | QL(160 ML per 28 day(s) retail; 160 ML per 28 days mail); AL(At least 18 yrs old); PA |
| ENJAYMO | 4 | AL(At least 18 yrs old); PA |
| FABHALTA | 1 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| HAEGARDA SOLR SC | 4 | PA |
| PIASKY | 1 | Medical Benefit Only |
| RUCONEST | 4 | QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA |
| SOLIRIS | 4 | PA |
| TAVNEOS | 4 | QL(6 EA daily); AL(At least 18 yrs old); PA |

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|---|---|---|
| ULTOMIRIS | 4 | PA |
| VEOPOZ | 4 | 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 16.6 MG/0.416ML | 4 | QL(11.648 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 18 yrs old); PA |
| ZILBRYSQ 23 MG/0.574ML, 32.4 MG/0.81ML | 4 | AL(At least 18 yrs old); PA |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE | 4 | QL(2 EA daily); PA |
| Hematological Enzymes - Misc | | |
| ADZYNMA | 1 | PA |
| Hematorheologic Agents | | |
| *pentoxifylline* | 1 | |
| Hemin | | |
| PANHEMATIN 350 MG | 1 | Medical Benefit Only |
| Human Protein C | | |
| CEPROTIN | 1 | |
| Plasma Expanders | | |
| *dextran 40 in d5w* | 1 | |
| *dextran 40 in saline* | 1 | |
| *hetastarch (hes /0.7 or /0.75) in sodium chloride* | 1 | |
| HEXTEND | 1 | |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ORLADEYO | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old); PA |
| TAKHZYRO SOLN | 4 | 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 | 4 | 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 |
| TAKHZYRO SOSY 300 MG/2ML | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 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 | 4 | PA |
| THROMBATE III 500 UNIT | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Platelet Aggregation Inhibitors | | |
| AGGRASTAT *(tirofiban hcl in sodium chloride)* | 1 | |
| AGGRASTAT 3.75 MG/15ML | 1 | |
| AGRYLIN 0.5 MG *(anagrelide hcl)* | 1 | |
| *anagrelide hcl* | 1 | |
| *aspirin-dipyridamole* | 1 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| BRILINTA 60 MG | 4 | QL(2 EA daily); 365 day(s) max supply per 999 day(s) retail; PA |
| BRILINTA 90 MG | 4 | QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail); 365 day(s) max supply per 999 day(s) retail; PA |
| CABLIVI | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| *cilostazol* | 1 | |
| *clopidogrel bisulfate* | 1 | QL(1 EA daily); MP |
| *dipyridamole* | 1 | QL(4 EA daily); MP |
| EFFIENT *(prasugrel hcl)* | 1 | QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail) |
| *eptifibatide 75 MG/100ML* | 1 | Medical Benefit Only |
| *eptifibatide* | 1 | |
| KENGREAL | 1 | Medical Benefit Only |
| PLAVIX 75 MG *(clopidogrel bisulfate)* | 1 | QL(1 EA daily); MP |
| *prasugrel hcl* | 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 | 4 | QL(7 EA per fill retail); AL(At least 18 yrs old); PA |
| PYRUKYND TAPER PACK TBPK | 4 | QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA |
| PYRUKYND TABS | 4 | 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 | |
| TNKASE | 1 | Medical Benefit Only |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| CEREZYME 400 UNIT | 4 | PA |
| ELELYSO | 4 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *miglustat* | 4 | Brand Required; QL(3 EA daily); PA |
| VPRIV | 4 | PA |
| ZAVESCA *(miglustat)* | 1 | Brand Required; QL(3 EA daily); PA |
| Agents for Sickle Cell Disease | | |
| ADAKVEO | 4 | PA |
| CASGEVY | 1 | Medical Benefit Only |
| DROXIA CAPS | 1 | |
| ENDARI *(glutamine (sickle cell))* | 4 | AL(At least 5 yrs old); PA |
| *glutamine (sickle cell)* | 4 | AL(At least 5 yrs old); PA |
| LYFGENIA | 1 | Medical Benefit Only |
| SIKLOS TABS | 4 | AL(At least 2 yrs old); PA |
| XROMI SOLN PO 100 MG/ML | 1 | AL(Up to 6 yrs old) |
| 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 1 MG* | 1 | RX/OTC |
| Hematopoietic Gene Therapy | | |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ARANESP (ALBUMIN FREE) SOLN | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML | 4 | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML | 4 | QL(1.68 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML | 4 | 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 | 4 | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML | 4 | QL(1.2 ML per 28 day(s) retail; 1 ML per 28 days mail); PA |
| ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| DOPTELET | 4 | PA |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | 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 300 MCG/ML | 1 | QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GRANIX SOLN 480 MCG/1.6ML | 1 | QL(48 ML per 30 day(s) retail; 48 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) |
| GRANIX SOSY 480 MCG/0.8ML | 1 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail) |
| JESDUVROQ 6 MG | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| JESDUVROQ 1 MG, 2 MG, 4 MG | 4 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| JESDUVROQ 8 MG | 4 | QL(3 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 | 4 | QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA |
| NEUPOGEN SOLN 480 MCG/1.6ML | 1 | QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail) |
| NEUPOGEN SOLN 300 MCG/ML | 1 | QL(30 ML per 30 day(s) retail; 30 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) |
| NEUPOGEN SOSY 480 MCG/0.8ML | 1 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail) |
| NIVESTYM SOLN 300 MCG/ML | 4 | QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA |
| NIVESTYM SOLN 480 MCG/1.6ML | 4 | QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA |
| NIVESTYM SOSY 480 MCG/0.8ML | 4 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA |
| NIVESTYM SOSY 300 MCG/0.5ML | 4 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA |
| NPLATE | 1 | |
| NYVEPRIA | 4 | QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA |
| PROCRIT | 4 | PA |
| PROCRIT | 4 | PA |
| PROMACTA PACK | 1 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail) |
| PROMACTA TABS | 1 | QL(1 EA daily) |
| REBLOZYL | 4 | PA |
| RELEUKO SOLN 480 MCG/1.6ML | 4 | QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA |
| RELEUKO SOSY 300 MCG/0.5ML | 4 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA |
| RELEUKO SOSY 480 MCG/0.8ML | 4 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA |
| RETACRIT | 4 | PA |
| ROLVEDON | 4 | QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| STIMUFEND | 4 | 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 | 4 | QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA |
| UDENYCA SOSY | 4 | QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA |
| VAFSEO | 4 | AL(At least 18 yrs old); PA |
| ZARXIO 480 MCG/0.8ML | 1 | QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail) |
| ZARXIO 300 MCG/0.5ML | 1 | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail) |
| ZIEXTENZO | 1 | |
| Iron | | |
| ACCRUFER | 4 | AL(At least 18 yrs old); PA |
| FERAHEME *(ferumoxytol)* | 1 | Medical Benefit Only |
| FER-IN-SOL SOLN *(ferrous sulfate)* | 4 | Requires EPSDT PA Review; PA |
| FERRLECIT *(sodium ferric gluconate complex in sucrose)* | 1 | Medical Benefit Only |
| *ferrous sulfate SOLN 15 MG/ML, 15 MG/ML* | 4 | Requires EPSDT PA Review; 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 | 4 | PA |
| MOZOBIL *(plerixafor)* | 4 | QL(1.2 ML daily); PA |
| *plerixafor* | 4 | 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 | | |
| *aminocaproic acid SOLN PO 0.25 GM/ML* | 1 | |
| *aminocaproic acid TABS* | 1 | |
| CYKLOKAPRON SOLN *(tranexamic acid)* | 1 | |
| TRANEXAMIC ACID-NACL *(tranexamic acid-sodium chloride)* | 1 | |
| *tranexamic acid-sodium chloride* | 1 | |
| *tranexamic acid SOLN 1000 MG/10ML* | 1 | |
| *tranexamic acid TABS* | 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TISSEEL KIT | 1 | Medical Benefit Only |
| TISSEEL SOLN | 1 | Medical Benefit Only |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| *pentobarbital sodium SOLN* | 1 | AL(At least 19 yrs old) |
| *phenobarbital sodium SOLN* | 1 | |
| *phenobarbital ELIX* | 1 | |
| *phenobarbital TABS* | 1 | |
| SEZABY SOLR | 1 | Medical Benefit Only |
| Hypnotics - Tricyclic Agents | | |
| *doxepin hcl (sleep)* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| Non-Barbiturate Hypnotics | | |
| AMBIEN CR TBCR *(zolpidem tartrate)* | 2 | QL(1 EA daily); AL(At least 19 yrs old) |
| AMBIEN TABS *(zolpidem tartrate)* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| BYFAVO | 1 | Medical Benefit Only |
| *dexmedetomidine hcl in sodium chloride SOLN 80 MCG/20ML* | 1 | |
| *dexmedetomidine hcl in sodium chloride SOLN 200 MCG/50ML, 400 MCG/100ML* | 1 | Medical Benefit Only |
| DEXMEDETOMIDINE HCL-DEXTROSE | 1 | |
| *dexmedetomidine hcl SOLN* | 1 | |
| DEXMEDETOMIDINE HCL SOLN *(dexmedetomidine hcl)* | 1 | |
| DORAL *(quazepam)* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| EDLUAR SUBL | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| *estazolam* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *eszopiclone* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *flurazepam hcl* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| HALCION 0.25 MG *(triazolam)* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| IGALMI FILM | 1 | Medical Benefit Only |
| LUNESTA 1 MG, 3 MG *(eszopiclone)* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *midazolam hcl SOLN IJ* | 1 | |
| *midazolam hcl SYRP* | 1 | |
| *midazolam-sodium chloride* | 1 | |
| MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)* | 1 | |
| MIDAZOLAM-SODIUM CHLORIDE (PF) | 1 | |
| PRECEDEX SOLN 200 MCG/50ML, 400 MCG/100ML *(dexmedetomidine hcl in sodium chloride)* | 1 | Medical Benefit Only |
| PRECEDEX SOLN | 1 | |
| PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)* | 1 | |
| *quazepam* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| RESTORIL 7.5 MG, 22.5 MG *(temazepam)* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RESTORIL 15 MG, 30 MG *(temazepam)* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *temazepam 7.5 MG, 22.5 MG* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| *temazepam 15 MG, 30 MG* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *triazolam* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *zaleplon* | 1 | QL(2 EA daily); AL(At least 19 yrs old) |
| ZOLPIDEM TARTRATE CAPS | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| *zolpidem tartrate SUBL* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| *zolpidem tartrate TABS* | 1 | QL(1 EA daily); AL(At least 19 yrs old) |
| *zolpidem tartrate TBCR* | 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 | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| Selective Melatonin Receptor Agonists | | |
| HETLIOZ LQ SUSP | 4 | AL(At least 3 yrs old - Up to 15 yrs old); PA |
| HETLIOZ CAPS *(tasimelteon)* | 4 | QL(1 EA daily); AL(At least 19 yrs old); PA |
| *ramelteon* | 4 | Brand Required; QL(1 EA daily); AL(At least 19 yrs old); PA |
| ROZEREM *(ramelteon)* | 1 | Brand Required; QL(1 EA daily); AL(At least 19 yrs old) |
| *tasimelteon CAPS* | 4 | 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 | 4 | QL(350 ML per fill retail); PA |
| GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)* | 1 | QL(4000 ML per fill retail) |
| MOVIPREP *(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* | 1 | QL(1 EA per fill retail) |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM* | 1 | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM* | 1 | QL(4000 ML per fill retail) |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 1 | QL(4000 ML per fill retail) |
| PLENVU | 4 | QL(3 EA per fill retail); PA |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | 4 | QL(354 ML per fill retail); PA |
| SUFLAVE | 4 | QL(2 EA per fill retail); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)* | 4 | QL(354 ML per fill retail); PA |
| SUTAB | 4 | QL(24 EA per fill retail); PA |
| Laxatives - Miscellaneous | | |
| KRISTALOSE PACK 10 GM | 1 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| KRISTALOSE PACK 20 GM | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| *lactulose SOLN* | 1 | |
| *polyethylene glycol 3350 PACK* | 1 | |
| *polyethylene glycol 3350 PACK* | 1 | AL(Up to 20 yrs old) |
| *polyethylene glycol 3350 POWD* | 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* | 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 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)* | 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)* | 1 | |
| XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)* | 1 | |
| XYLOCAINE-MPF/EPINEPHRINE SOLN | 1 | |
| Local Anesthetics - Amides | | |
| BUPIVACAINE FISIOPHARMA SOLN IJ | 1 | |
| *bupivacaine hcl SOLN IJ* | 1 | |
| *bupivacaine in dextrose SOLN* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EXPAREL | 1 | Medical Benefit Only |
| *lidocaine hcl (local anesth.) SOLN* | 1 | |
| MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)* | 1 | |
| MARCAINE SPINAL SOLN *(bupivacaine in dextrose)* | 1 | |
| MARCAINE SOLN IJ *(bupivacaine hcl)* | 1 | |
| *mepivacaine hcl SOLN 1 %, 1.5 %, 2 %* | 1 | |
| NAROPIN SOLN IJ *(ropivacaine hcl)* | 1 | |
| *ropivacaine hcl SOLN IJ* | 1 | |
| XYLOCAINE MPF +RFID SOLN 1 % *(lidocaine hcl (local anesth.))* | 1 | |
| XYLOCAINE-MPF +RFID SOLN 2 % *(lidocaine hcl (local anesth.))* | 1 | |
| 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)* | 1 | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin PACK* | 1 | |
| *azithromycin SOLR* | 1 | |
| *azithromycin SUSR 200 MG/5ML* | 1 | QL(12 ML daily) |
| *azithromycin SUSR 100 MG/5ML* | 1 | QL(45 ML per fill retail) |
| *azithromycin TABS* | 1 | |
| ZITHROMAX TRI-PAK TABS *(azithromycin)* | 1 | |
| ZITHROMAX Z-PAK TABS *(azithromycin)* | 1 | |
| ZITHROMAX PACK | 1 | |
| ZITHROMAX SOLR *(azithromycin)* | 1 | |
| ZITHROMAX SUSR 200 MG/5ML *(azithromycin)* | 1 | QL(12 ML daily) |
| ZITHROMAX SUSR 100 MG/5ML *(azithromycin)* | 1 | QL(45 ML per fill retail) |
| ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)* | 1 | |
| Clarithromycin | | |
| *clarithromycin SUSR* | 1 | |
| *clarithromycin TABS* | 1 | |
| *clarithromycin TB24* | 1 | QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail) |
| Erythromycins | | |
| E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)* | 1 | |
| ERYPED 200 SUSR *(erythromycin ethylsuccinate)* | 1 | |
| ERYPED 400 SUSR *(erythromycin ethylsuccinate)* | 1 | |
| ERYTHROCIN LACTOBIONATE *(erythromycin lactobionate)* | 1 | |
| *erythromycin base CPEP* | 1 | |
| *erythromycin base TABS* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *erythromycin base TBEC* | 1 | |
| *erythromycin ethylsuccinate SUSR* | 1 | |
| *erythromycin ethylsuccinate TABS* | 1 | |
| *erythromycin lactobionate 500 MG* | 1 | |
| *erythromycin stearate TABS 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 | |
| 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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUSTEX RIA LUBRICATED MISC | 1 | |
| TRUSTEX RIA NON-LUBRICATED MISC | 1 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | 1 | |
| Diabetic Supplies | | |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ASSURE HAEMOLANCE PLUS HIGH | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| ASSURE HAEMOLANCE PLUS PED | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); 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 LITE LANCING DEVICE MISC | 1 | PA |
| AUTOLET PLUS MISC | 1 | |
| BD LANCET ULTRAFINE 30G | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| BD LANCET ULTRAFINE 33G | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); 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 | |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| 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 PLUS SENSOR | 1 | |
| 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 PLUS SENSOR | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE LIBRE 3 READER | 1 | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail) |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 28G THIN | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 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 |
|---|---|---|
| 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 |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 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 |
|---|---|---|
| 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); 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 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); RX/OTC |
| PHARMACIST CHOICE LANCETS | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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); RX/OTC |
| TECHLITE 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 |
|---|---|---|
| TECHLITE LANCETS 30G | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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); RX/OTC |
| UNISTIK 3 COMFORT | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| UNISTIK 3 EXTRA | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| UNISTIK 3 EXTRA | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); 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); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNISTIK 3 NORMAL | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| UNISTIK CZT COMFORT | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| UNISTIK CZT NORMAL | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC |
| UNISTIK NORMAL | 1 | QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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); 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) |
| 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 |
| BD INSULIN SYRINGE | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); 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); 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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); 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); 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); RX/OTC |
| 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) |
| 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 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) |
| DROPLET INSULIN SYRINGE | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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); RX/OTC |
| 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 |
| EMBECTA AUTOSHIELD DUO | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC |
| EMBECTA INS SYR U/F 1/2 UNIT | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC |
| EMBECTA INS SYR U/F 1/2 UNIT | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| EMBECTA INSULIN SYRINGE | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC |
| EMBECTA INSULIN SYRINGE U/F | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| EMBECTA INSULIN SYRINGE U/F | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA |
| EMBECTA INSULIN SYRINGE U-500 | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA |
| EMBECTA PEN NEEDLE NANO | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| EMBECTA PEN NEEDLE NANO 2 GEN | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| EMBECTA PEN NEEDLE U/F | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail) |
| EMBRACE 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 |
|---|---|---|
| EQL INSULIN SYRINGE | 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 PEN NEEDLES | 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEALTHWISE MICRON PEN NEEDLES | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC |
| 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 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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| 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); 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 |
| PURE COMFORT SAFETY 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 |
|---|---|---|
| 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 |
| TECHLITE 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 |
|---|---|---|
| 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) |
| TECHLITE 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); 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 SAFETY PEN NEEDLE | 1 | QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLE | 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 |
| TRUEPLUS 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 |
|---|---|---|
| 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 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 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 |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 VALVE CHAMBER-PEDI MASK 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 70 MG/ML | 4 | QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA |
| AIMOVIG 140 MG/ML | 4 | AL(At least 18 yrs old); PA |
| AJOVY SOAJ | 4 | QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA |
| AJOVY SOSY | 4 | QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EMGALITY (300 MG DOSE) SOSY | 4 | QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); AL(At least 18 yrs old); PA |
| EMGALITY SOAJ | 4 | QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA |
| EMGALITY SOSY | 4 | QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA |
| NURTEC | 4 | QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA |
| QULIPTA | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA |
| UBRELVY | 4 | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); AL(At least 18 yrs old); PA |
| VYEPTI | 4 | AL(At least 18 yrs old); PA |
| ZAVZPRET | 4 | 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* | 1 | QL(25 EA per 30 day(s) retail; 25 EA per 30 days mail) |
| *sumatriptan-naproxen sodium* | 3 | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail) |
| Migraine Products | | |
| *dihydroergotamine mesylate SOLN IJ 1 MG/ML* | 4 | QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA |
| *dihydroergotamine mesylate SOLN NA 4 MG/ML* | 4 | QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA |
| ERGOMAR SUBL | 1 | PA |
| MIGRANAL SOLN NA *(dihydroergotamine mesylate)* | 4 | QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA |
| Migraine Products - NSAIDs | | |
| *diclofenac potassium (migraine)* | 4 | PA |
| ELYXYB | 4 | AL(At least 18 yrs old); PA |
| Serotonin Agonists | | |
| *almotriptan malate 12.5 MG* | 3 | QL(2 EA daily); ST |
| *almotriptan malate 6.25 MG* | 3 | QL(2 EA daily) |
| *eletriptan hydrobromide* | 1 | QL(2 EA daily) |
| FROVA *(frovatriptan succinate)* | 2 | QL(3 EA daily); ST |
| *frovatriptan succinate* | 2 | QL(3 EA daily); ST |
| IMITREX 5 MG/ACT *(sumatriptan)* | 4 | 2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA |
| IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)* | 4 | QL(2 ML daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)* | 4 | QL(2 ML daily); PA |
| IMITREX TABS *(sumatriptan succinate)* | 1 | QL(2 EA daily) |
| MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)* | 1 | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) |
| MAXALT TABS 10 MG *(rizatriptan benzoate)* | 1 | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) |
| *naratriptan hcl 2.5 MG* | 1 | ST |
| *naratriptan hcl 1 MG* | 1 | QL(54 EA per 30 day(s) retail; 54 EA per 30 days mail); ST |
| RELPAX *(eletriptan hydrobromide)* | 1 | QL(2 EA daily) |
| REYVOW | 4 | QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA |
| *rizatriptan benzoate TABS* | 1 | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) |
| *rizatriptan benzoate TBDP* | 1 | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) |
| *sumatriptan* | 4 | 2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA |
| *sumatriptan succinate SOAJ* | 4 | QL(2 ML daily); PA |
| *sumatriptan succinate SOCT* | 4 | 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 SOLN 6 MG/0.5ML* | 4 | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA |
| *sumatriptan succinate TABS* | 1 | QL(2 EA daily) |
| TOSYMRA | 4 | QL(3 EA daily); PA |
| ZEMBRACE SYMTOUCH SOAJ | 4 | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA |
| *zolmitriptan SOLN* | 4 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA |
| *zolmitriptan TABS* | 1 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); ST |
| *zolmitriptan TBDP* | 1 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); ST |
| ZOMIG SOLN *(zolmitriptan)* | 4 | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA |
| MINERALS & ELECTROLYTES | | |
| Bicarbonates | | |
| *sodium acetate SOLN* | 1 | |
| SODIUM ACETATE SOLN *(sodium acetate)* | 1 | |
| *sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %* | 1 | |
| THAM *(tromethamine)* | 1 | |
| Calcium | | |
| *calcium carbonate-cholecalciferol TABS* | 2 | |
| *calcium carbonate-vitamin d TABS 250 MG-125 UNIT* | 2 | |
| *calcium chloride (dihydrate) SOLN* | 1 | |

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|---|---|---|
| *calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG* | 2 | |
| CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)* | 1 | |
| CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % | 1 | |
| *calcium gluconate-sodium chloride SOLN* | 1 | |
| *calcium gluconate SOLN* | 1 | |
| CALCIUM GLUCONATE SOLN *(calcium gluconate)* | 1 | |
| OYSTER SHELL CALCIUM/D TABS 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-NACL | 1 | |
| DEXTROSE-SODIUM CHLORIDE | 1 | |
| DEXTROSE-SODIUM CHLORIDE *(dextrose w/ sodium chloride)* | 1 | |
| *electrolyte-148* | 1 | |
| *electrolyte-a* | 1 | |
| IONOSOL-MB IN D5W | 1 | |
| ISOLYTE-P IN D5W | 1 | |
| ISOLYTE-S | 1 | |
| ISOLYTE-S PH 7.4 | 1 | |
| KCL IN DEXTROSE-NACL *(potassium chloride in dextrose & sodium chloride)* | 1 | |
| KCL IN DEXTROSE-NACL | 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 | 1 | |
| 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 | |

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|---|---|---|
| Fluoride | | |
| *sodium fluoride CHEW* | 1 | QL(1 EA daily) |
| *sodium fluoride SOLN 0.5 MG/ML* | 1 | AL(Up to 6 yrs old); RX/OTC |
| SOLUVITA SOLN | 1 | AL(Up to 6 yrs old); RX/OTC |
| Magnesium | | |
| MAG-G TABS | 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 IN D5W *(magnesium sulfate in dextrose)* | 1 | |
| *magnesium sulfate in dextrose* | 1 | |
| MAGONATE LIQD | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Phosphate | | |
| K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)* | 1 | |
| K-PHOS TABS *(potassium phosphate monobasic)* | 1 | |
| PHOS-NAK PACK *(potassium & sodium phosphates)* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| *pot phosphate monobasic w/ sod phosphate dibasic & monobasic* | 1 | |
| *potassium phosphates* | 1 | |
| POTASSIUM PHOSPHATES-NACL 15 MMOL/250ML | 1 | |
| *sodium phosphates (sodium phosphate dibasic & monobasic) 15 MMOLE/5ML* | 1 | AL(Up to 20 yrs old); PA |
| *sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML* | 4 | Requires EPSDT PA Review; PA |
| Potassium | | |
| POKONZA PACK PO | 4 | AL(Up to 10 yrs old); PA |
| *potassium acetate SOLN 2 MEQ/ML* | 1 | |
| POTASSIUM ACETATE SOLN *(potassium acetate)* | 1 | |
| POTASSIUM ACETATE SOLN 2 MEQ/ML | 1 | |
| *potassium bicarbonate TBEF* | 1 | |
| *potassium chloride microencapsulated crystals er* | 1 | |
| *potassium chloride CPCR* | 1 | |
| *potassium chloride PACK PO 20 MEQ* | 1 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail) |
| *potassium chloride PACK PO 20 MEQ* | 4 | 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* | 1 | |
| Sodium | | |
| SODIUM CHLORIDE GRAN | 1 | RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %* | 1 | |
| Zinc | | |
| GALZIN | 1 | |
| GALZIN | 1 | |
| *zinc chloride SOLN* | 1 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| CUPRIMINE CAPS *(penicillamine)* | 1 | |
| CUVRIOR | 4 | AL(At least 18 yrs old); PA |
| DEPEN TITRATABS TABS *(penicillamine)* | 4 | PA |
| *penicillamine CAPS* | 1 | |
| *penicillamine TABS* | 4 | PA |
| SYPRINE *(trientine hcl)* | 1 | |
| *trientine hcl 500 MG* | 4 | QL(4 EA daily); PA |
| *trientine hcl 250 MG* | 1 | |
| Enzymes | | |
| HYLENEX | 1 | |
| VITRASE SOLN | 1 | QL(1.2 ML per fill retail) |
| XIAFLEX | 1 | Medical Benefit Only |
| Immunomodulators | | |
| JOENJA | 4 | QL(2 EA daily); AL(At least 12 yrs old); PA |
| *lenalidomide* | 1 | |
| NIKTIMVO | 1 | PA |
| REVLIMID | 1 | |
| REZUROCK | 4 | QL(1 EA daily); AL(At least 12 yrs old); PA |
| RYSTIGGO | 4 | AL(At least 18 yrs old); PA |
| THALOMID 50 MG, 100 MG, 200 MG | 1 | |
| VYVGART | 4 | 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 100 MG* | 1 | QL(3 EA daily) |
| *azathioprine TABS 75 MG* | 1 | QL(1 EA daily) |
| *azathioprine TABS 50 MG* | 1 | QL(8.4 EA daily) |
| CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)* | 1 | |
| CELLCEPT CAPS *(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 *(mycophenolate mofetil)* | 1 | QL(6 EA daily) |
| *cyclosporine modified (for microemulsion) CAPS 25 MG* | 1 | QL(6 EA daily) |
| *cyclosporine modified (for microemulsion) CAPS 100 MG* | 1 | QL(5 EA daily) |
| *cyclosporine modified (for microemulsion) CAPS 50 MG* | 1 | QL(8 EA daily) |

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|---|---|---|
| *cyclosporine modified (for microemulsion) SOLN* | 1 | QL(6 ML daily) |
| *cyclosporine CAPS 25 MG* | 1 | QL(5 EA daily) |
| *cyclosporine CAPS 100 MG* | 1 | QL(3 EA daily) |
| ENSPRYNG | 4 | QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA |
| ENVARSUS XR TB24 0.75 MG | 1 | QL(3 EA daily) |
| ENVARSUS XR TB24 4 MG | 1 | QL(2 EA daily) |
| ENVARSUS XR TB24 1 MG | 1 | QL(6 EA daily) |
| *everolimus (immunosuppressant)* | 1 | QL(2 EA daily) |
| GAMIFANT | 4 | PA |
| IMURAN TABS *(azathioprine)* | 1 | QL(8.4 EA daily) |
| LUPKYNIS | 4 | QL(6 EA daily); AL(At least 18 yrs old); PA |
| *mycophenolate mofetil hcl* | 1 | |
| *mycophenolate mofetil CAPS* | 1 | QL(10 EA daily) |
| *mycophenolate mofetil SUSR* | 1 | QL(16 ML 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 TABS* | 1 | QL(6 EA daily) |
| *mycophenolate sodium* | 1 | |
| MYFORTIC *(mycophenolate sodium)* | 1 | |
| MYHIBBIN SUSP | 1 | PA |
| NEORAL CAPS 25 MG *(cyclosporine modified (for microemulsion))* | 1 | QL(6 EA daily) |
| NEORAL CAPS 100 MG *(cyclosporine modified (for microemulsion))* | 1 | QL(5 EA daily) |
| NEORAL SOLN *(cyclosporine modified (for microemulsion))* | 1 | QL(6 ML daily) |
| NULOJIX | 1 | |
| PROGRAF CAPS 5 MG *(tacrolimus)* | 1 | QL(12 EA daily) |
| PROGRAF CAPS 1 MG *(tacrolimus)* | 1 | QL(24 EA daily) |
| PROGRAF CAPS 0.5 MG *(tacrolimus)* | 1 | QL(38 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 TABS 1 MG *(sirolimus)* | 1 | QL(3 EA daily) |
| RAPAMUNE TABS 2 MG *(sirolimus)* | 1 | QL(2 EA daily) |
| SANDIMMUNE CAPS 100 MG *(cyclosporine)* | 1 | QL(3 EA daily) |
| SANDIMMUNE CAPS 25 MG *(cyclosporine)* | 1 | QL(5 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 0.5 MG* | 1 | QL(1 EA daily) |
| *sirolimus TABS 1 MG* | 1 | QL(3 EA daily) |
| *sirolimus TABS 2 MG* | 1 | QL(2 EA daily) |
| *tacrolimus CAPS 0.5 MG* | 1 | QL(38 EA daily) |
| *tacrolimus CAPS 5 MG* | 1 | QL(12 EA daily) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tacrolimus CAPS 1 MG* | 1 | QL(24 EA daily) |
| THYMOGLOBULIN | 1 | |
| UPLIZNA | 4 | PA |
| ZORTRESS *(everolimus (immunosuppressant))* | 1 | 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 | 4 | PA |
| VIJOICE TBPK | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| VIJOICE TBPK | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA |
| Potassium Removing Agents | | |
| LOKELMA | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| *sodium polystyrene sulfonate POWD* | 1 | |
| *sodium polystyrene sulfonate SUSP CO 15 GM/60ML* | 1 | |
| VELTASSA 8.4 GM | 4 | QL(1 EA daily); PA |
| VELTASSA 16.8 GM, 25.2 GM | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| VELTASSA 1 GM | 1 | PA |
| Progeria Treatment Agents | | |
| ZOKINVY | 4 | QL(4 EA daily); AL(At least 1 yrs old); PA |
| Prostaglandins | | |
| *alprostadil* | 1 | |
| PROSTIN VR 500 MCG/ML *(alprostadil)* | 1 | |
| Systemic Lupus Erythematosus Agents | | |
| BENLYSTA SOAJ | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| BENLYSTA SOLR | 1 | Medical Benefit Only |
| BENLYSTA SOSY | 4 | QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA |
| SAPHNELO | 4 | 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))* | 1 | |
| *nystatin (mouth-throat)* | 1 | |
| Antiseptics - Mouth/Throat | | |

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|---|---|---|
| *chlorhexidine gluconate (mouth-throat)* | 1 | 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 |
| 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* | 1 | QL(4 EA daily) |
| EVOXAC *(cevimeline hcl)* | 1 | QL(4 EA daily) |
| *pilocarpine hcl (oral)* | 1 | |
| MULTIVITAMINS | | |
| Multiple Vitamins w/ Minerals | | |
| ACTIVNUTRIENTS PERFORMANCE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| ACTIVNUTRIENTS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| ALIVE EVERYDAY IMMUNE HEALTH CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| ALIVE HAIR, SKIN & NAILS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| APETIBEX CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| APPE-CURB CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BARIATRIC MULTIVITAMINS/IRON CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BARIATRIC MULTIVITAMINS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |

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|---|---|---|
| BIO-35 GLUTEN-FREE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BIO-35 IRON FREE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BIOCAL CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BONEUP 3 PER DAY CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BONEUP CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| BOOSTNOW IMMUNE SUPPORT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CELEBRATE MULTI-COMPLETE 18 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CELEBRATE MULTI-COMPLETE 36 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CELEBRATE MULTI-COMPLETE 45 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CELEBRATE MULTI-COMPLETE 60 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CHOICEFUL MULTIVITAMIN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CVS ADULT 50+ EYE HEALTH CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CVS EYE HEALTH ADULT 50+ CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CVS IMMUNE SUPPORT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| CVS VISION HEALTH CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| DECUBI-VITE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| DEKAS PLUS OCEAN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| DEKAS PLUS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |
| DEKAS PLUS CHEW | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEXATRAN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| EYE HEALTH CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| EYE MULTIVITAMIN/LUTEIN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| EYE MULTIVITAMIN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| FOLAGENT DHA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| FOLAMED DHA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| GENADEK STEP 1 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| GENADEK STEP 2 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| HAIR/SKIN/NAILS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| HEALTHY EYES SUPERVISION 2 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| IMMUNE ESSENTIALS DAILY CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MENATROL CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MENS 50+ ADVANCED CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MOOD FOOD ES CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MOOD FOOD CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MULTIA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| *multiple vitamins w/ minerals CAPS* | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MVW COMPLETE FORMULATION D3000 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |
| MVW COMPLETE FORMULATION D5000 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MVW COMPLETE FORMULATION MINIS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |
| MVW COMPLETE FORMULATION CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |
| MVW MODULATOR FORMULATION MINI CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| MVW MODULATOR FORMULATION CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| OCUVITE ADULT 50+ CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| OCUVITE ADULT FORMULA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| OCUVITE-LUTEIN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| ONE-DAILY MULTI CAPS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PHLEXY-VITS POWD | 1 | |
| PRESCRIPTION SUPPORT MULTIVIT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PRESERVISION AREDS 2+MULTI VIT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PRESERVISION AREDS 2 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PRESERVISION AREDS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PRESERVISION/LUTEIN CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PROBIOTICS + BARIATRIC MULTI CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PRORENAL + D W/ OMEGA-3 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PROTECT CARDIO AF CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PROTECT PLUS SO CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| PROTEGRA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |

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|---|---|---|
| QC OCUHEALTH VISION SUPPORT 2 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| REMEDIENT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| SKIN HAIR & NAILS ADVANCED CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| SUPER ANTIOXIDANT CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| SUPPORT-500 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| THERAMILL FORTE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| THERANATAL LACTATION ONE CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VISION HEALTH CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VISION OPTIMIZER CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VISTA ADVANCED AREDS2 FORMULA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VISTA ADVANCED DRY EYE FORMULA CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VITABEX PLUS CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VITABEX CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VITEYES CLASSIC ADVANCED CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VITEYES CLASSIC MACULAR SUPPOR CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| VITEYES CLASSIC+OMEGA-3 CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA; RX/OTC |
| Multivitamins | | |
| DEKAS ESSENTIAL CAPS | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC |
| DEKAS ESSENTIAL LIQD | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Ped Multiple Vitamins w/ Minerals | | |
| ACTIVNUTRIENTS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |

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|---|---|---|
| ALIVE GUMMIES FOR CHILDREN CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| ALIVE MULTI-VITAMIN CHILDRENS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| AQUADEKS SOLN | 1 | PA |
| CENTRUM FLAVOR BURST KIDS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| CENTRUM KIDS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| CHILDRENS GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| CVS GUMMY DINOS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| CVS GUMMY MULTIVITAMIN KIDS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| DEKAS PLUS LIQD | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC |
| EMERGEN-C KIDZ IMMUNE+ CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| EMERGEN-C KIDZ CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| EQ MULTIVITAMIN GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| EQ MULTIVITAMINS GUMMY CHILD CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| EQL GUMMIES CHILDRENS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES + EXTRA IRON CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES COMPLETE CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES GUMMIES BONE BUILD CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES GUMMIES COMPLETE CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES GUMMIES-IMMUNITY CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES SOUR GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES TODDLER CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| FLINTSTONES-IMMUNITY SUPPORT CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| GNP MULTI CHILDRENS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| GUMMI BEAR MULTIVITAMIN/MIN CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |

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|---|---|---|
| HEALTHY KIDS GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| MULTIVITAMIN CHILDRENS GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| MULTIVIT-MIN GUMMIES CHILDRENS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| MVW COMPLETE FORMULATION D3000 CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA |
| MVW COMPLETE FORMULATION D5000 CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA |
| MVW COMPLETE FORMULATION CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA |
| ONE-A-DAY JOLLY RANCHER CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| ONE-A-DAY SCOOBY-DOO GUMMIES CHEW *(pediatric multiple vitamin w/ minerals)* | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| *pediatric multiple vitamin w/ minerals CHEW 45 MG-1.1 MG-6 MCG-150 MCG-0.6 MCG-6 MG-1.33 MG-500 MCG-183 UNIT* | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| SMARTY PANTS KIDS COMPLETE CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| SPONGEBOB SQUAREPANTS GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| VITACHEW MULTIPLE VITAMIN CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| VITALETS CHILDRENS CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| YUMVSKIDS MULTI ZERO CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| ZOO FRIENDS MULTI GUMMIES CHEW | 4 | Requires EPSDT PA Review; QL(2 EA daily); PA |
| Prenatal Vitamins | | |
| CITRANATAL 90 DHA 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 | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| CITRANATAL B-CALM 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 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 | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| COMPLETE NATAL DHA | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |

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|---|---|---|
| COMPLETENATE CHEW | 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 | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| M-NATAL PLUS TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| NESTABS | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| NESTABS DHA | 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) |
| OB COMPLETE ONE | 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 | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PNV-DHA+DOCUSATE | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PNV-OMEGA | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PRENAISSANCE PLUS CAPS | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PRENATAL PLUS VITAMIN/MINERAL TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid* | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| *prenatal vit w/ iron carbonyl-folic acid TABS 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* | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PRENATAL TABS 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) |
| 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 | 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) |

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|---|---|---|
| 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 | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| PRIMACARE | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| SELECT-OB+DHA MISC | 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 | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| SE-NATAL 19 TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| TARON-C DHA | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| TRICARE TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| TRINATAL RX 1 TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| TRISTART DHA | 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 | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| VITAFOL-OB TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| VITAFOL-ONE CAPS | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| WESCAP-C DHA | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| WESCAP-PN DHA | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| WESNATAL DHA COMPLETE | 1 | AL(At least 10 yrs old - Up to 50 yrs old) |
| WESNATE DHA CAPS | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| WESTAB PLUS TABS | 1 | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| WESTGEL DHA | 2 | AL(At least 10 yrs old - Up to 50 yrs old) |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| AMRIX CP24 *(cyclobenzaprine hcl)* | 4 | QL(1 EA daily); PA |
| BACLOFEN POWD | 1 | Medical Benefit Only |
| BACLOFEN POWD | 1 | |
| *baclofen SOLN PO 5 MG/5ML, 10 MG/5ML* | 4 | AL(Up to 10 yrs old); PA |
| *baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML* | 1 | |

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|---|---|---|
| *baclofen SOLN PO 5 MG/5ML* | 4 | AL(Up to 20 yrs old); PA |
| BACLOFEN SOSY | 1 | |
| *baclofen SUSP* | 4 | AL(Up to 10 yrs old); PA |
| *baclofen TABS 10 MG, 20 MG* | 1 | |
| *baclofen TABS 5 MG, 15 MG* | 4 | PA |
| *carisoprodol TABS 350 MG* | 4 | QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail; PA |
| *carisoprodol TABS 250 MG* | 4 | QL(4 EA daily); PA |
| *chlorzoxazone TABS 500 MG* | 1 | |
| *chlorzoxazone TABS 250 MG* | 4 | PA |
| *chlorzoxazone TABS 375 MG, 750 MG* | 4 | QL(4 EA daily); PA |
| *cyclobenzaprine hcl CP24* | 4 | QL(1 EA daily); PA |
| *cyclobenzaprine hcl TABS 5 MG, 10 MG* | 1 | |
| *cyclobenzaprine hcl TABS 7.5 MG* | 4 | QL(3 EA daily); PA |
| FLEQSUVY SUSP *(baclofen)* | 4 | AL(Up to 10 yrs old); PA |
| GABLOFEN SOLN IT *(baclofen)* | 1 | |
| GABLOFEN SOLN IT | 1 | |
| GABLOFEN SOSY | 1 | |
| LIORESAL SOLN IT | 1 | |
| LIORESAL SOLN IT *(baclofen)* | 1 | |
| LYVISPAH PACK 20 MG | 4 | 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 | 4 | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA |
| *metaxalone* | 2 | ST |
| METAXALONE 640 MG | 4 | PA |
| *methocarbamol SOLN* | 1 | |
| *methocarbamol TABS 500 MG, 750 MG* | 1 | |
| *orphenadrine citrate SOLN 30 MG/ML* | 1 | |
| *orphenadrine citrate TB12* | 1 | |
| ROBAXIN SOLN *(methocarbamol)* | 1 | |
| SOMA TABS 350 MG *(carisoprodol)* | 4 | QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail; PA |
| SOMA TABS 250 MG *(carisoprodol)* | 4 | QL(4 EA daily); PA |
| *tizanidine hcl CAPS* | 4 | PA |
| *tizanidine hcl TABS* | 1 | |
| ZANAFLEX CAPS *(tizanidine hcl)* | 4 | PA |
| ZANAFLEX TABS 4 MG *(tizanidine hcl)* | 1 | |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS 25 MG *(dantrolene sodium)* | 1 | |
| *dantrolene sodium CAPS* | 1 | |
| *dantrolene sodium SOLR* | 1 | |
| RYANODEX SUSR | 1 | |
| Fibrodysplasia Ossificans Progressiva (FOP) Agents | | |

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|---|---|---|
| SOHONOS 10 MG | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 8 yrs old); PA |
| SOHONOS 1 MG, 1.5 MG | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 8 yrs old); PA |
| SOHONOS 2.5 MG | 4 | QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 8 yrs old); PA |
| Muscle Relaxant Combinations | | |
| NORGESIC FORTE *(orphenadrine w/ aspirin & caff)* | 4 | AL(At least 12 yrs old); PA |
| *orphenadrine w/ aspirin & caff* | 4 | 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) |
| Nasal Anticholinergics | | |
| *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) |
| *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 |
| OMNARIS SUSP | 1 | QL(12.5 GM per 30 day(s) retail; 12 GM per 30 days mail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 4 | PA |
| ZETONNA AERS | 1 | QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail) |
| Sympathomimetic Decongestants | | |
| *pseudoephedrine hcl TB12* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| *edaravone SOLN 30 MG/100ML* | 1 | PA |
| *edaravone SOLN 30 MG/100ML* | 4 | PA |
| QALSODY | 4 | AL(At least 18 yrs old); PA |
| RADICAVA ORS STARTER KIT SUSP | 4 | PA |
| RADICAVA ORS SUSP | 4 | PA |
| RADICAVA SOLN *(edaravone)* | 4 | PA |
| RILUTEK TABS *(riluzole)* | 4 | PA |
| *riluzole TABS* | 4 | PA |
| TIGLUTIK SUSP | 4 | QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); PA |
| Depolarizing Muscle Relaxants | | |
| ANECTINE SOLN | 1 | Medical Benefit Only |
| 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 | 4 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| Muscular Dystrophy Agents | | |
| AMONDYS 45 | 4 | PA |
| DUVYZAT | 1 | AL(At least 6 yrs old); PA |
| ELEVIDYS 10.0-10.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 10.5-11.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 11.5-12.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 12.5-13.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 13.5-14.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 14.5-15.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELEVIDYS 15.5-16.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 16.5-17.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 17.5-18.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 18.5-19.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 19.5-20.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 20.5-21.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 21.5-22.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 22.5-23.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 23.5-24.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 24.5-25.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 25.5-26.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 26.5-27.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 27.5-28.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 28.5-29.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 29.5-30.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 30.5-31.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 31.5-32.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 32.5-33.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 33.5-34.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 34.5-35.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 35.5-36.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 36.5-37.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 37.5-38.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 38.5-39.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELEVIDYS 39.5-40.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 40.5-41.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 41.5-42.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 42.5-43.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 43.5-44.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 44.5-45.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 45.5-46.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 46.5-47.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 47.5-48.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 48.5-49.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 49.5-50.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 50.5-51.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 51.5-52.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 52.5-53.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 53.5-54.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 54.5-55.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 55.5-56.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 56.5-57.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 57.5-58.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 58.5-59.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 59.5-60.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 60.5-61.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 61.5-62.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 62.5-63.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELEVIDYS 63.5-64.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 64.5-65.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 65.5-66.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 66.5-67.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 67.5-68.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 68.5-69.4 KG | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| ELEVIDYS 69.5 KG PLUS | 4 | QL(1 EA per fill retail); AL(At least 4 yrs old); PA |
| EXONDYS 51 | 4 | PA |
| VILTEPSO | 4 | PA |
| VYONDYS 53 | 4 | 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 | |
| *rocuronium bromide SOLN* | 1 | |
| *vecuronium bromide SOLR* | 1 | |
| Rett Syndrome Agents | | |
| DAYBUE | 4 | 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 | 4 | QL(240 ML per 35 day(s) retail; 240 ML per 35 days mail); PA |
| EVRYSDI PO 5 MG | 1 | AL(At least 2 yrs old); PA |
| SPINRAZA | 4 | PA |
| ZOLGENSMA 20.6-21.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 10.1-10.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 10.6-11.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 11.1-11.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 11.6-12.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 12.1-12.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 12.6-13.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 13.1-13.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 13.6-14.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZOLGENSMA 14.1-14.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 14.6-15.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 15.1-15.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 15.6-16.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 16.1-16.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 16.6-17.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 17.1-17.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 17.6-18.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 18.1-18.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 18.6-19.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 19.1-19.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 19.6-20.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 2.6-3.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 20.1-20.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 3.1-3.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 3.6-4.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 4.1-4.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 4.6-5.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 5.1-5.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 5.6-6.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 6.1-6.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 6.6-7.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 7.1-7.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 7.6-8.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 8.1-8.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 8.6-9.0 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 9.1-9.5 KG | 4 | QL(1 EA per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 9.6-10.0 KG | 4 | 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 | |
| DEXTROSE SOLN 20 %, 30 %, 40 % | 1 | |
| Lipids | | |
| DOJOLVI | 4 | AL(Up to 21 yrs old); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MCT OIL OIL | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| MCT OIL OIL | 4 | Requires EPSDT PA Review; PA |
| OMEGAVEN | 1 | Medical Benefit Only |
| ORGANIC MCT OIL OIL | 4 | Requires EPSDT PA Review; PA |
| Proteins | | |
| *amino acid infusion SOLN 15 %* | 1 | Medical Benefit Only |
| *amino acids TABS* | 1 | |
| ELCYS | 1 | |
| PERIFLEX LQ PKU LIQD | 1 | |
| PHENYLADE AMINO ACID BLEND PACK | 1 | |
| PHENYLADE AMINO ACID BAR | 1 | |
| PHENYLADE MTE AMINO ACID BLEND PACK | 1 | |
| PHENYLADE MTE AMINO ACID BLEND POWD PO | 1 | |
| PHENYLADE MTE POWD PO | 1 | |
| PHENYLADE PHEBLOC POWD PO | 1 | |
| PHENYLADE PHEBLOC TABS | 1 | |
| PHENYLADE40 DRINK MIX PACK | 1 | |
| PHENYLADE POWD PO | 1 | |
| PKU GOLIKE 10G P.E. BAR | 1 | |
| PKU GOLIKE PLUS 16+ PACK | 1 | |
| PKU GOLIKE PLUS 4-16 PACK | 1 | |
| PKU MAXAMUM POWD PO | 1 | |
| PROSOL SOLN | 1 | |
| XPHE MAXAMUM PACK | 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 |
| BETIMOL *(timolol)* | 1 | MP; PA |
| BETOPTIC-S SUSP | 1 | |
| *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; 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COSOPT PF *(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 |
| *dorzolamide hcl-timolol maleate* | 2 | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail) |
| ISTALOL SOLN *(timolol maleate (ophth))* | 4 | 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 0.5 %* | 4 | MP; PA |
| *timolol maleate (ophth) SOLN* | 4 | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA |
| TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))* | 4 | 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 | 4 | 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 | 1 | |
| CYCLOGYL *(cyclopentolate hcl)* | 1 | |
| CYCLOMYDRIL | 1 | |
| *cyclopentolate hcl 1 %* | 1 | |
| MYDRIACYL SOLN *(tropicamide)* | 1 | |
| *phenylephrine hcl (mydriatic) SOLN* | 1 | |
| PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))* | 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 | 4 | 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 |

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|---|---|---|
| EYLEA SOLN | 1 | Medical Benefit Only |
| EYLEA SOSY | 1 | Medical Benefit Only |
| 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 0.1 % *(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 |
| 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 |
| *apraclonidine hcl* | 2 | QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail) |
| *brimonidine tartrate 0.1 %* | 1 | Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP; PA |
| *brimonidine tartrate 0.15 %* | 4 | Brand Required; QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); 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 |
| 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) |
| *ciprofloxacin hcl (ophth) SOLN* | 1 | QL(5 ML per fill retail) |
| *ciprofloxacin hcl (ophth) SOLN* | 1 | QL(2.5 ML per fill retail) |
| *ciprofloxacin hcl (ophth) SOLN* | 1 | QL(10 ML per fill retail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ERYTHROMYCIN | 1 | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail |
| *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* | 1 | PA |
| *moxifloxacin hcl (ophth) SOLN OP* | 3 | |
| *moxifloxacin hcl (ophth) SOLN OP* | 1 | |
| 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 |
| *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 | 4 | QL(10 ML per 42 day(s) retail; 10 ML per 42 days mail); AL(At least 18 yrs old); PA |
| ZIRGAN GEL | 1 | |
| Ophthalmic Complement Inhibitors | | |
| IZERVAY | 1 | Medical Benefit Only |
| SYFOVRE | 1 | Medical Benefit Only |
| Ophthalmic Gene Therapy | | |
| LUXTURNA | 4 | QL(0.5 ML per fill retail); AL(At least 4 yrs old); PA |
| Ophthalmic Immunomodulators | | |
| CEQUA SOLN | 4 | 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 | 4 | 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 | 4 | QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA |
| VEVYE SOLN | 4 | AL(At least 18 yrs old); PA |
| Ophthalmic Integrin Antagonists | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XIIDRA | 4 | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 17 yrs old); PA |
| Ophthalmic Kinase Inhibitors | | |
| 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 | 4 | 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)* | 1 | Brand Required |
| EYSUVIS SUSP | 4 | 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LOTEMAX SUSP *(loteprednol etabonate)* | 1 | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail |
| *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 | Brand Required; 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) |
| *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 | |
| Ophthalmic Surgical Aids | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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)* | 1 | 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) 0.09 %* | 1 | QL(1.7 ML per 5 day(s) retail; 2 ML per 5 days mail); ST; 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 |
| 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 | 4 | QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA |
| CYSTARAN | 4 | QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA |
| *diclofenac sodium (ophth)* | 1 | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail |
| *diclofenac sodium (ophth)* | 1 | 1 package(s) per 10 day(s) retail; 1 package(s) per 10 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) |
| *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 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 4 | 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 0.1 %* | 2 | 1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC |
| *olopatadine hcl 0.2 %* | 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 |
| 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 |
| PROLENSA *(bromfenac sodium (ophth))* | 1 | QL(3 ML per fill retail); ST; PA |
| 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) |
| 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 | 4 | 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 |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | 4 | 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) |
| 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 | | |
| *ciprofloxacin hcl (otic)* | 2 | QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail) |
| *ofloxacin (otic)* | 1 | |
| Otic Combinations | | |
| CIPRO HC | 1 | |
| *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 |
| 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* | 4 | 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 |
| PREPIDIL GEL | 1 | |
| Oxytocics | | |
| *methylergonovine maleate SOLN* | 1 | |
| *methylergonovine maleate TABS* | 1 | QL(28 EA per fill retail) |
| *oxytocin* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| PRIVIGEN SOLN | 1 | |
| RHOGAM ULTRA-FILTERED PLUS SOSY IM | 1 | |
| RHOPHYLAC SOSY IJ | 1 | |
| VARIZIG SOLN | 1 | |
| WINRHO SDF SOLN 1500 UNIT/1.3ML | 1 | QL(1.3 ML per fill retail) |
| WINRHO SDF SOLN 15000 UNIT/13ML | 1 | |
| 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 100 MG/ML | 1 | QL(2 ML per fill retail); AL(Up to 1 yrs old) |
| BEYFORTUS 50 MG/0.5ML | 1 | QL(0.5 ML per fill retail); AL(Up to 1 yrs old) |
| SYNAGIS SOLN 100 MG/ML | 4 | QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(Up to 2 yrs old); PA |
| SYNAGIS SOLN 50 MG/0.5ML | 4 | QL(0.5 ML per 30 day(s) retail); AL(Up to 2 yrs old); PA |
| ZINPLAVA | 1 | Medical Benefit Only |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| *amoxicillin CAPS* | 1 | |
| *amoxicillin CHEW 125 MG, 250 MG* | 1 | |
| *amoxicillin SUSR* | 1 | |
| AMOXICILLIN SUSR *(amoxicillin)* | 1 | |
| *amoxicillin TABS* | 1 | |
| *ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG* | 1 | |
| *ampicillin CAPS 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* | 1 | |
| *penicillin v potassium TABS* | 1 | |
| Penicillin Combinations | | |
| *amoxicillin & pot clavulanate CHEW* | 1 | |
| *amoxicillin & pot clavulanate SUSR* | 1 | |
| *amoxicillin & pot clavulanate TABS* | 1 | |
| *amoxicillin & pot clavulanate TB12* | 4 | QL(40 EA per 10 day(s) retail; 40 EA per 10 days mail); PA |
| *ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)* | 1 | |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | 1 | |
| 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)* | 1 | |
| ZOSYN | 1 | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | 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 | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| Liquid Vehicles | | |
| *bacteriostatic sodium chloride* | 1 | |
| BACTERIOSTATIC WATER(BENZ ALC) | 1 | |
| CHERRY | 1 | AL(Up to 20 yrs old); RX/OTC |
| *glycine diluent* | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ORA-BLEND SF SUSP | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORA-BLEND SUSP | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORAL SUSPEND LIQD | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORAL SYRUP SF SYRP | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORA-PLUS LIQD | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORA-SWEET SF SYRP 10 %-9 % | 1 | AL(Up to 20 yrs old); RX/OTC |
| ORA-SWEET SYRP | 1 | AL(Up to 20 yrs old); RX/OTC |
| SIMPLE SYRUP | 1 | AL(Up to 20 yrs old); RX/OTC |
| STERILE DILUENT FOR REMODULIN *(glycine diluent)* | 1 | |
| SYRPALTA SYRP | 1 | AL(Up to 20 yrs old); RX/OTC |
| SYRSPEND SF LIQD | 1 | AL(Up to 20 yrs old); RX/OTC |
| SYRUP VEHICLE SYRP | 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 | | |
| *medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG* | 1 | GL |
| *megestrol acetate (appetite)* | 1 | |
| *norethindrone acetate TABS* | 1 | GL |
| *progesterone CAPS* | 1 | GL |
| *progesterone OIL* | 1 | GL |
| PROMETRIUM CAPS *(progesterone)* | 1 | GL |
| PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)* | 1 | GL |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| *acamprosate calcium* | 1 | |
| *disulfiram* | 1 | |
| *lofexidine hcl* | 4 | QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA |
| LUCEMYRA *(lofexidine hcl)* | 4 | QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA |
| Anti-Cataplectic Agents | | |
| SODIUM OXYBATE SOLN | 4 | Brand Required; PA |
| XYREM SOLN | 1 | Brand Required; PA |
| XYWAV | 4 | 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 | 4 | QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 51 yrs old); PA |
| ADUHELM | 4 | PA |
| ARICEPT TABS 23 MG *(donepezil hydrochloride)* | 4 | AL(At least 51 yrs old); PA |
| ARICEPT TABS 10 MG *(donepezil hydrochloride)* | 1 | QL(3 EA daily); AL(At least 51 yrs old); MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ARICEPT TABS 5 MG *(donepezil hydrochloride)* | 1 | QL(2 EA daily); AL(At least 51 yrs old); MP |
| *donepezil hydrochloride TABS 5 MG* | 1 | QL(2 EA daily); AL(At least 51 yrs old); MP |
| *donepezil hydrochloride TABS 23 MG* | 4 | AL(At least 51 yrs old); PA |
| *donepezil hydrochloride TABS 10 MG* | 1 | QL(3 EA daily); AL(At least 51 yrs old); MP |
| *donepezil hydrochloride TBDP* | 1 | AL(At least 51 yrs old); PA |
| EXELON *(rivastigmine)* | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA |
| *galantamine hydrobromide CP24* | 4 | AL(At least 51 yrs old); PA |
| *galantamine hydrobromide SOLN* | 4 | AL(At least 51 yrs old); PA |
| *galantamine hydrobromide TABS 4 MG* | 1 | QL(2 EA daily); AL(At least 51 yrs old); MP |
| *galantamine hydrobromide TABS 8 MG, 12 MG* | 1 | AL(At least 51 yrs old) |
| KISUNLA | 4 | PA |
| LEQEMBI | 4 | PA |
| *memantine hcl CP24* | 4 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| *memantine hcl-donepezil hcl CP24* | 4 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| *memantine hcl-donepezil hcl CP24* | 1 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| *memantine hcl SOLN 2 MG/ML* | 4 | AL(At least 51 yrs old); PA |
| *memantine hcl TABS 5 MG* | 4 | QL(4 EA daily); AL(At least 51 yrs old); MP; PA |
| *memantine hcl TABS* | 4 | AL(At least 51 yrs old); PA |
| *memantine hcl TABS 10 MG* | 4 | QL(3 EA daily); AL(At least 51 yrs old); MP; PA |
| NAMENDA TITRATION PAK TABS *(memantine hcl)* | 4 | AL(At least 51 yrs old); PA |
| NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)* | 4 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| NAMZARIC C4PK | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 51 yrs old); PA |
| NAMZARIC CP24 | 4 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| NAMZARIC CP24 *(memantine hcl-donepezil hcl)* | 4 | QL(1 EA daily); AL(At least 51 yrs old); PA |
| *rivastigmine* | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA |
| *rivastigmine tartrate CAPS 3 MG* | 1 | QL(2 EA daily); AL(At least 51 yrs old); MP |
| *rivastigmine tartrate CAPS 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* | 1 | |

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|---|---|---|
| LYBALVI | 1 | QL(1 EA daily); AL(At least 18 yrs old); PA |
| *olanzapine-fluoxetine hcl* | 1 | QL(1 EA daily); AL(At least 5 yrs old); PA |
| *perphenazine-amitriptyline* | 1 | |
| 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 | 1 | QL(2 EA daily); ST; PA |
| Metachromatic Leukodystrophy (MLD) Agents | | |
| LENMELDY | 1 | Medical Benefit Only |
| Movement Disorder Drug Therapy | | |
| AUSTEDO XR PATIENT TITRATION TEPK | 4 | QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA |
| AUSTEDO XR PATIENT TITRATION TEPK | 4 | PA |
| AUSTEDO XR TB24 24 MG | 4 | QL(2 EA daily); PA |
| AUSTEDO XR TB24 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 4 | PA |
| AUSTEDO XR TB24 6 MG, 12 MG | 4 | QL(1 EA daily); PA |
| AUSTEDO TABS | 4 | QL(4 EA daily); PA |
| INGREZZA CAPS | 4 | QL(1 EA daily); PA |
| INGREZZA CPPK | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| INGREZZA CPSP | 4 | PA |
| *tetrabenazine* | 4 | PA |
| XENAZINE *(tetrabenazine)* | 4 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Multiple Sclerosis Agents | | |
| AMPYRA *(dalfampridine)* | 4 | QL(2 EA daily); PA |
| AUBAGIO *(teriflunomide)* | 4 | 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 | 4 | QL(4 EA daily); AL(At least 18 yrs old); PA |
| BETASERON KIT | 1 | QL(0.5 EA daily); PA |
| BRIUMVI | 4 | PA |
| COPAXONE SOSY 40 MG/ML *(glatiramer acetate)* | 4 | 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 |
| *dalfampridine* | 4 | QL(2 EA daily); PA |
| *dimethyl fumarate CDPK* | 4 | QL(2 EA daily); PA |
| *dimethyl fumarate CPDR 120 MG* | 1 | QL(14 EA per fill retail); PA |
| *dimethyl fumarate CPDR 120 MG* | 4 | QL(14 EA per fill retail); PA |
| *dimethyl fumarate CPDR 240 MG* | 1 | QL(2 EA daily); PA |
| *dimethyl fumarate CPDR 240 MG* | 4 | QL(2 EA daily); PA |
| *fingolimod hcl* | 4 | QL(1 EA daily); PA |
| GILENYA *(fingolimod hcl)* | 4 | QL(1 EA daily); PA |

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|---|---|---|
| *glatiramer acetate SOSY 20 MG/ML* | 4 | Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA |
| *glatiramer acetate SOSY 40 MG/ML* | 4 | QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA |
| KESIMPTA | 4 | QL(0.4 ML per 28 day(s) retail); AL(At least 18 yrs old); PA |
| LEMTRADA | 1 | Medical Benefit Only |
| MAVENCLAD (10 TABS) | 4 | PA |
| MAVENCLAD (4 TABS) | 4 | PA |
| MAVENCLAD (5 TABS) | 4 | PA |
| MAVENCLAD (6 TABS) | 4 | PA |
| MAVENCLAD (7 TABS) | 4 | PA |
| MAVENCLAD (8 TABS) | 4 | PA |
| MAVENCLAD (9 TABS) | 4 | PA |
| MAYZENT STARTER PACK TBPK 0.25 MG | 4 | QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA |
| MAYZENT STARTER PACK TBPK 0.25 MG | 4 | QL(12 EA per fill retail); PA |
| MAYZENT TABS 1 MG, 2 MG | 4 | QL(1 EA daily); PA |
| MAYZENT TABS 0.25 MG | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA |
| OCREVUS | 4 | 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 | 4 | QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA |
| PONVORY TABS | 4 | 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 | 4 | QL(1 EA daily); AL(At least 10 yrs old); PA |
| TECFIDERA CDPK *(dimethyl fumarate)* | 4 | QL(2 EA daily); PA |
| TECFIDERA CPDR 120 MG *(dimethyl fumarate)* | 4 | QL(14 EA per fill retail); PA |
| TECFIDERA CPDR 240 MG *(dimethyl fumarate)* | 4 | QL(2 EA daily); PA |
| *teriflunomide* | 4 | QL(1 EA daily); PA |
| TYSABRI | 4 | PA |
| VUMERITY | 4 | QL(4 EA daily); PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEPOSIA 7-DAY STARTER PACK CPPK | 4 | QL(7 EA per fill retail); PA |
| ZEPOSIA STARTER KIT CPPK | 4 | QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA |
| ZEPOSIA CAPS | 4 | QL(1 EA daily); PA |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| *gabapentin (once-daily) TABS 600 MG* | 4 | QL(2 EA daily); PA |
| *gabapentin (once-daily) TABS 300 MG* | 4 | QL(1 EA daily); PA |
| GRALISE TABS 300 MG, 450 MG | 4 | QL(1 EA daily); PA |
| GRALISE TABS 600 MG, 750 MG, 900 MG | 4 | QL(2 EA daily); PA |
| GRALISE TABS *(gabapentin (once-daily))* | 4 | QL(1 EA daily); PA |
| GRALISE TABS *(gabapentin (once-daily))* | 4 | QL(2 EA daily); PA |
| LYRICA CR *(pregabalin (once-daily))* | 4 | QL(1 EA daily); PA |
| *pregabalin (once-daily)* | 4 | QL(1 EA daily); PA |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| *fluoxetine hcl (pmdd) TABS* | 1 | QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA |
| Pseudobulbar Affect (PBA) Agents | | |
| NUEDEXTA | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| AQNEURSA | 1 | PA |
| *ergoloid mesylates TABS* | 1 | |
| MIPLYFFA | 1 | AL(At least 2 yrs old); PA |
| *pimozide* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT | 4 | QL(1 EA daily); PA |
| Smoking Deterrents | | |
| *bupropion hcl (smoking deterrent)* | 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) |
| *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* | 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 | 4 | QL(0.5 ML per 90 day(s) retail); PA |
| ONPATTRO | 1 | Medical Benefit Only |
| TEGSEDI | 4 | QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA |
| WAINUA | 4 | PA |
| Vasomotor Symptom Agents | | |

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|---|---|---|
| *paroxetine mesylate (vasomotor)* | 4 | QL(1 EA daily); PA |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 500 MG, 1000 MG | 4 | AL(At least 18 yrs old); PA |
| GLASSIA SOLN | 4 | AL(At least 18 yrs old); PA |
| PROLASTIN-C SOLN | 4 | PA |
| ZEMAIRA SOLR | 4 | AL(At least 18 yrs old); PA |
| Cystic Fibrosis Agents | | |
| ALYFTREK | 1 | AL(At least 6 yrs old); PA |
| BRONCHITOL | 4 | AL(At least 18 yrs old); PA |
| BRONCHITOL TOLERANCE TEST | 4 | AL(At least 18 yrs old); PA |
| KALYDECO PACK 25 MG, 50 MG, 75 MG | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 5 yrs old); PA |
| KALYDECO PACK 5.8 MG, 13.4 MG | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 1 yrs old); PA |
| KALYDECO TABS | 4 | 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 | 4 | 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 | 4 | 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 | 4 | QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 6 yrs old); PA |
| PULMOZYME | 4 | QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail) |
| SYMDEKO 150 MG-100 MG | 4 | QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old); PA |
| SYMDEKO 75 MG-50 MG | 4 | 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 |
| TRIKAFTA TBPK 50 MG-25 MG | 4 | 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 | 4 | QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 6 yrs old); PA |
| TRIKAFTA THPK | 4 | 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)* | 4 | QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA |
| ESBRIET TABS 267 MG *(pirfenidone)* | 4 | QL(9 EA daily); AL(At least 18 yrs old); PA |
| ESBRIET TABS 801 MG *(pirfenidone)* | 4 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| OFEV | 4 | QL(2 EA daily); AL(At least 18 yrs old); PA |
| *pirfenidone CAPS* | 4 | QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA |
| *pirfenidone TABS 267 MG* | 4 | QL(9 EA daily); AL(At least 18 yrs old); PA |
| *pirfenidone TABS 534 MG, 801 MG* | 4 | QL(3 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* | 1 | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Aminomethylcyclines | | |
| NUZYRA SOLR | 4 | AL(At least 18 yrs old); PA |
| NUZYRA TABS | 4 | AL(At least 18 yrs old); PA |
| Fluorocyclines | | |
| XERAVA | 1 | Medical Benefit Only |
| Glycylcyclines | | |
| *tigecycline* | 1 | |
| TIGECYCLINE | 1 | |
| TYGACIL *(tigecycline)* | 1 | |
| Tetracyclines | | |
| *demeclocycline hcl TABS* | 1 | |
| DORYX MPC TBEC 60 MG | 4 | PA |
| DORYX TBEC 80 MG *(doxycycline hyclate)* | 4 | PA |
| *doxycycline (monohydrate) CAPS 75 MG* | 1 | PA |
| *doxycycline (monohydrate) CAPS 50 MG, 100 MG* | 1 | |
| *doxycycline (monohydrate) CAPS 150 MG* | 4 | PA |
| *doxycycline (monohydrate) SUSR* | 1 | |
| *doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG* | 1 | |
| *doxycycline (monohydrate) TABS 150 MG* | 4 | PA |
| *doxycycline hyclate CAPS* | 1 | |
| *doxycycline hyclate SOLR* | 1 | |
| *doxycycline hyclate TABS 50 MG* | 1 | PA |
| *doxycycline hyclate TABS 20 MG, 100 MG* | 1 | |
| *doxycycline hyclate TABS 75 MG, 150 MG* | 4 | PA |
| *doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG* | 1 | PA |
| *doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG* | 4 | PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MINOCIN SOLR | 1 | |
| *minocycline hcl CAPS* | 1 | |
| *minocycline hcl TABS* | 1 | QL(2 EA daily); PA |
| *minocycline hcl TB24 45 MG, 90 MG, 135 MG* | 1 | PA |
| *minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG* | 4 | PA |
| MINOLIRA TB24 | 4 | AL(At least 12 yrs old); PA |
| SOLODYN TB24 80 MG *(minocycline hcl)* | 4 | PA |
| *tetracycline hcl CAPS* | 4 | PA |
| TETRACYCLINE HCL TABS | 4 | PA |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| METHIMAZOLE POWD | 1 | |
| *methimazole TABS* | 1 | |
| *propylthiouracil* | 1 | |
| Thyroid Hormones | | |
| ADTHYZA TABS | 1 | MP |
| ARMOUR THYROID TABS | 1 | MP |
| CYTOMEL TABS *(liothyronine sodium)* | 1 | MP |
| ERMEZA SOLN PO | 4 | PA |
| *levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG* | 4 | PA |
| *levothyroxine sodium CAPS 112 MCG* | 4 | Brand Required; PA |
| 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 SOLN IV 100 MCG/5ML, 200 MCG/5ML | 1 | |
| *levothyroxine sodium SOLR IV* | 1 | |
| LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)* | 1 | |
| *levothyroxine sodium TABS* | 1 | MP |
| *liothyronine sodium SOLN* | 1 | |
| *liothyronine sodium TABS* | 1 | MP |
| NIVA THYROID TABS | 1 | MP |
| SYNTHROID TABS *(levothyroxine sodium)* | 1 | MP |
| THYQUIDITY SOLN PO | 4 | QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 1 | MP |
| 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) |
| 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| *atropine sulfate SOLN IJ 8 MG/20ML* | 1 | |
| ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)* | 1 | |
| *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)* | 1 | |
| BELLADONNA ALKALOIDS-OPIUM | 1 | |
| BENTYL SOLN IM *(dicyclomine hcl)* | 1 | |
| CUVPOSA SOLN PO *(glycopyrrolate)* | 1 | |
| DARTISLA ODT TBDP | 4 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| *dicyclomine hcl CAPS* | 1 | |
| *dicyclomine hcl SOLN IM* | 1 | |
| *dicyclomine hcl TABS* | 1 | |
| GLYCATE TABS | 4 | AL(At least 12 yrs old); PA |
| GLYCOPYRROLATE PF SOSY IJ | 1 | |
| *glycopyrrolate SOLN PO 1 MG/5ML* | 1 | |
| *glycopyrrolate SOSY IJ* | 1 | |
| *glycopyrrolate TABS 1 MG, 2 MG* | 1 | |
| GLYRX-PF SOLN IJ | 1 | |
| GLYRX-PF SOSY IJ 1 MG/5ML | 1 | |
| *hyoscyamine sulfate ELIX* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| *hyoscyamine sulfate SUBL 0.125 MG* | 1 | |
| *hyoscyamine sulfate TABS 0.125 MG* | 1 | |
| *hyoscyamine sulfate TB12 0.375 MG* | 1 | |
| *hyoscyamine sulfate TBDP 0.125 MG* | 1 | |
| LEVSIN/SL SUBL *(hyoscyamine sulfate)* | 1 | |
| LEVSIN TABS *(hyoscyamine sulfate)* | 1 | |
| *methscopolamine bromide* | 1 | |
| ROBINUL-FORTE TABS *(glycopyrrolate)* | 1 | |
| ROBINUL TABS *(glycopyrrolate)* | 1 | |
| H-2 Antagonists | | |
| *cimetidine hcl PO 300 MG/5ML* | 1 | QL(15 ML daily); MP |
| *cimetidine TABS 800 MG* | 4 | QL(1 EA daily); MP; PA |
| *cimetidine TABS 200 MG, 300 MG, 400 MG* | 4 | QL(2 EA daily); PA; RX/OTC |
| *famotidine in nacl SOLN* | 1 | |
| *famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML* | 1 | |
| *famotidine SUSR* | 1 | AL(Up to 6 yrs old); MP |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *famotidine TABS 40 MG* | 1 | QL(2 EA daily); MP |
| *famotidine TABS 20 MG* | 1 | QL(4 EA daily); MP; RX/OTC |
| *nizatidine CAPS 300 MG* | 4 | QL(1 EA daily); PA |
| *nizatidine CAPS 150 MG* | 4 | QL(3 EA daily); MP; PA |
| PEPCID TABS 20 MG *(famotidine)* | 1 | QL(4 EA daily); MP; RX/OTC |
| PEPCID TABS 40 MG *(famotidine)* | 1 | QL(2 EA daily); MP |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP *(sucralfate)* | 1 | |
| CARAFATE TABS *(sucralfate)* | 1 | |
| SUCRALFATE POWD | 1 | |
| *sucralfate SUSP* | 1 | |
| *sucralfate TABS* | 1 | |
| Proton Pump Inhibitors | | |
| DEXILANT *(dexlansoprazole)* | 1 | QL(1 EA daily) |
| *dexlansoprazole* | 1 | QL(1 EA daily) |
| *esomeprazole magnesium CPDR* | 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* | 1 | QL(2 EA daily); MP |
| *lansoprazole TBDD* | 1 | Brand Required; QL(1 EA daily); PA; RX/OTC |
| NEXIUM CPDR *(esomeprazole magnesium)* | 1 | QL(2 EA daily); MP; RX/OTC |
| NEXIUM PACK *(esomeprazole magnesium)* | 1 | Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail) |
| *omeprazole CPDR 40 MG* | 1 | QL(2 EA daily); MP |
| *omeprazole CPDR 20 MG* | 1 | QL(4 EA daily); MP |
| *omeprazole CPDR 10 MG* | 1 | QL(3 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* | 1 | QL(4 EA daily); MP |
| PREVACID SOLUTAB TBDD *(lansoprazole)* | 1 | Brand Required; QL(1 EA daily); RX/OTC |
| PREVACID CPDR 30 MG *(lansoprazole)* | 1 | QL(2 EA daily); MP |
| PRILOSEC PACK | 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 SOLR *(pantoprazole sodium)* | 2 | QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); ST |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROTONIX TBEC *(pantoprazole sodium)* | 1 | QL(4 EA daily); MP |
| *rabeprazole sodium TBEC* | 1 | QL(2 EA daily); MP |
| VOQUEZNA | 4 | AL(At least 18 yrs old); PA |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC *(misoprostol)* | 1 | |
| *misoprostol* | 1 | |
| Ulcer Therapy Combinations | | |
| *amoxicillin-clarithromycin w/ lansoprazole THPK* | 4 | QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); PA |
| *bismuth subcitrate potassium-metronidazole-tetracycline* | 4 | PA |
| KONVOMEP SUSR | 4 | AL(At least 18 yrs old); PA |
| *omeprazole-sodium bicarbonate CAPS* | 1 | QL(1 EA daily); PA; RX/OTC |
| *omeprazole-sodium bicarbonate PACK* | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)* | 4 | PA |
| TALICIA | 4 | QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA |
| VOQUEZNA DUAL PAK | 4 | QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA |
| VOQUEZNA TRIPLE PAK | 4 | QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA |
| ZEGERID CAPS *(omeprazole-sodium bicarbonate)* | 1 | QL(1 EA daily); PA |
| ZEGERID PACK *(omeprazole-sodium bicarbonate)* | 4 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| *darifenacin hydrobromide* | 1 | QL(1 EA daily); ST; PA |
| DETROL LA CP24 *(tolterodine tartrate)* | 1 | QL(1 EA daily); ST; PA |
| DETROL TABS *(tolterodine tartrate)* | 1 | ST; PA |
| *fesoterodine fumarate 4 MG* | 1 | QL(2 EA daily); MP |
| *fesoterodine fumarate 8 MG* | 1 | QL(1 EA daily); MP |
| *oxybutynin chloride SOLN* | 1 | |
| *oxybutynin chloride TABS 5 MG* | 1 | QL(4 EA daily); MP |
| *oxybutynin chloride TABS 2.5 MG* | 4 | QL(4 EA daily); PA |
| *oxybutynin chloride TB24 15 MG* | 1 | QL(2 EA daily); MP |
| *oxybutynin chloride TB24 10 MG* | 1 | QL(3 EA daily); MP |
| *oxybutynin chloride TB24 5 MG* | 1 | QL(6 EA daily); MP |
| OXYTROL PTTW | 4 | QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PA; RX/OTC |
| *solifenacin succinate TABS 10 MG* | 1 | QL(1 EA daily); MP |
| *solifenacin succinate TABS 5 MG* | 1 | QL(2 EA daily); MP |
| *tolterodine tartrate CP24* | 1 | QL(1 EA daily); ST; PA |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tolterodine tartrate TABS* | 1 | ST; PA |
| TOVIAZ 4 MG *(fesoterodine fumarate)* | 1 | QL(2 EA daily); MP |
| TOVIAZ 8 MG *(fesoterodine fumarate)* | 1 | QL(1 EA daily); MP |
| *trospium chloride CP24* | 1 | ST; PA |
| *trospium chloride TABS* | 1 | QL(2 EA daily); MP |
| 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 5 MG *(solifenacin succinate)* | 1 | QL(2 EA daily); MP |
| VESICARE TABS 10 MG *(solifenacin succinate)* | 1 | QL(1 EA daily); MP |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| GEMTESA | 4 | QL(1 EA daily); PA |
| *mirabegron TB24 25 MG* | 1 | Brand Required; QL(1 EA daily); ST; PA |
| *mirabegron TB24 50 MG* | 1 | Brand Required; QL(1 EA daily); PA |
| MYRBETRIQ SRER | 1 | Brand Required; 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 |
| MYRBETRIQ TB24 50 MG *(mirabegron)* | 1 | Brand Required; QL(1 EA daily) |
| MYRBETRIQ TB24 25 MG *(mirabegron)* | 1 | Brand Required; QL(1 EA daily); ST |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride 5 MG* | 1 | |
| *bethanechol chloride 25 MG* | 1 | QL(8 EA daily) |
| *bethanechol chloride 10 MG, 50 MG* | 1 | QL(4 EA daily) |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| *flavoxate hcl* | 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 19 yrs old) |
| PNEUMOVAX 23 SOLN | 1 | AL(At least 2 yrs old - Up to 18 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) |
| VIVOTIF | 1 | Medical Benefit Only |
| VIVOTIF | 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 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 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(Up to 18 yrs old) |
| AFLURIA SUSP | 1 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 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 | 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) |
| 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) |
| 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(Up to 18 yrs old) |
| FLULAVAL SUSY | 1 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 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 | 1 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old - Up to 49 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) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) |
| FLUZONE SUSY | 1 | 1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old) |
| FLUZONE SUSY | 1 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 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) |

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|---|---|---|
| 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) |
| 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 | 1 | AL(At least 19 yrs old) |
| ROTATEQ SOLN | 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 | 4 | QL(5 GM per fill retail); PA |
| *terconazole vaginal CREA* | 1 | |
| *terconazole vaginal SUPP* | 1 | |
| VANDAZOLE | 1 | QL(70 GM per fill retail) |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XACIATO GEL | 4 | QL(8 GM per fill retail); PA |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | 4 | 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 7.5 MCG/24HR | 1 | |
| 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 % | 4 | AL(At least 12 yrs old - Up to 55 yrs old); PA |
| ENDOMETRIN INST | 4 | 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 0.1 MG/0.1ML | 4 | Requires EPSDT PA Review; PA |
| AUVI-Q SOAJ | 1 | |
| *epinephrine (anaphylaxis) SOAJ* | 1 | |
| *epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML* | 1 | |
| EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))* | 1 | |
| EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))* | 1 | |
| NEFFY SOLN NA | 1 | |
| Neurogenic Orthostatic Hypotension (NOH) - Agents | | |
| *droxidopa 100 MG, 200 MG* | 4 | 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 |
| *droxidopa 100 MG, 200 MG* | 1 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| *droxidopa 300 MG* | 4 | QL(6 EA daily); AL(At least 18 yrs old); PA |
| NORTHERA 300 MG *(droxidopa)* | 4 | QL(6 EA daily); AL(At least 18 yrs old); PA |
| NORTHERA 100 MG, 200 MG *(droxidopa)* | 4 | QL(3 EA daily); AL(At least 18 yrs old); PA |
| Vasopressors | | |
| AKOVAZ SOLN IV *(ephedrine sulfate (pressors))* | 1 | |
| AKOVAZ SOSY IV *(ephedrine sulfate (pressors))* | 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 |

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
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 |
|---|---|---|
| *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 |
| *ephedrine sulfate (pressors) SOSY IV* | 1 | Medical Benefit Only |
| *epinephrine SOLN IJ* | 1 | |
| EPINEPHRINE SOSY IV 1 MG/10ML | 1 | |
| IMMPHENTIV SOLN IV | 1 | Medical Benefit Only |
| LEVOPHED IV *(norepinephrine bitartrate)* | 1 | |
| *midodrine hcl* | 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) |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| *cholecalciferol CHEW 1000 UNIT* | 4 | Requires EPSDT PA Review; AL(Up to 20 yrs old); PA |
| *cholecalciferol CHEW* | 4 | Requires EPSDT PA Review; PA |
| *cholecalciferol LIQD PO 10 MCG/ML* | 1 | AL(Up to 20 yrs old); PA |
| *ergocalciferol CAPS* | 1 | |
| *ergocalciferol SOLN PO 200 MCG/ML* | 1 | AL(Up to 20 yrs old); PA |
| *phytonadione SOLN 1 MG/0.5ML* | 1 | QL(0.5 ML per fill retail) |
| *phytonadione SOLN 10 MG/ML* | 1 | |
| *phytonadione TABS 5 MG* | 1 | |
| VITAMIN D3 LIQD PO 125 MCG/ML | 1 | AL(Up to 20 yrs old); PA |
| *vitamin e SOLN 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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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

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