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)
ADDERALL TABS 30 MG *(amphetamine-dextroamphetamine)*	1	QL(2 EA daily); AL(At least 5 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)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(amphetamine)*	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old)
amphetamine sulfate TABS	4	QL(3 EA daily); AL(At least 5 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)
amphetamine-dextroamphetamine CP24 37.5 MG	4	QL(1 EA daily); PA
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL(1 EA daily); AL(At least 13 yrs old); PA
amphetamine-dextroamphetamine TABS 30 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
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)
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(240 ML per 34 day(s) retail; 240 ML per 34 days mail); AL(At least 5 yrs old); PA
DEXEDRINE CP24 10 MG *(dextroamphetamine sulfate)*	4	QL(1 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 CP24 15 MG	4	QL(4 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate SOLN	4	AL(At least 5 yrs old - Up to 9 yrs old); MP; 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	4	QL(2 EA daily); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
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	3	QL(1 EA daily); AL(At least 5 yrs old); PA
EVEKEO TABS *(amphetamine sulfate)*	4	QL(3 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS	2	QL(1 EA daily); AL(At least 5 yrs old); ST
lisdexamfetamine dimesylate CHEW	3	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)*	4	QL(1 EA daily); AL(At least 13 yrs old); PA
VYVANSE CAPS *(lisdexamfetamine dimesylate)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST
VYVANSE CHEW *(lisdexamfetamine dimesylate)*	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
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	MP
caffeine citrate SOLN IV 60 MG/3ML	1	MP
CAFFEINE CITRATE SOLN IV *(caffeine citrate)*	1	MP
Anti-Obesity Agents		
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	4	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA
ZEPBOUND KWIKPEN SOPN SC 15 MG/0.6ML	4	AL(At least 18 yrs old); PA
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
ZEPBOUND SOAJ	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
atomoxetine hcl PO 4 MG/ML	1	QL(800 ML per 32 day(s) retail; 800 ML per 32 days mail); AL(At least 12 yrs old)

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ATONCY PO 4 MG/ML	4	QL(800 ML per 32 day(s) retail; 800 ML per 32 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
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	3	QL(1 ML daily); AL(At least 5 yrs old); PA
QELBREE 100 MG	4	QL(1 EA daily); AL(At least 6 yrs old); PA
QELBREE 200 MG	4	QL(3 EA daily); AL(At least 6 yrs old); PA
QELBREE 150 MG	4	QL(2 EA daily); AL(At least 6 yrs old); PA
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
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)
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)
CONCERTA TBCR 36 MG *(methylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
COTEMPLA XR-ODT TBED	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily); AL(At least 5 yrs old)
dexmethylphenidate hcl TABS	1	QL(2 EA daily); AL(At least 5 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old)
FOCALIN TABS *(dexmethylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 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 ER TBED 8.6 MG, 17.3 MG, 25.9 MG	1	QL(1 EA daily); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl CHEW	1	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
methylphenidate hcl CHEW 2.5 MG, 5 MG	4	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 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 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 CPCR	1	QL(1 EA daily); AL(At least 5 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); PA
methylphenidate hcl TABS	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
methylphenidate PTCH	3	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
modafinil	1	QL(1 EA daily); AL(At least 5 yrs old); PA
NUVIGIL 150 MG, 250 MG *(armodafinil)*	1	QL(1 EA daily); AL(At least 18 yrs old)
NUVIGIL 50 MG, 200 MG *(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)
QUILLICHEW ER CHER	4	QL(1 EA daily); 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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
RELEXXII TBCR 36 MG	4	QL(2 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR	4	QL(1 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG *(methylphenidate hcl)*	4	QL(1 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)
RITALIN LA CP24 30 MG *(methylphenidate hcl)*	2	QL(2 EA daily); AL(At least 5 yrs old)
RITALIN TABS *(methylphenidate hcl)*	1	QL(3 EA daily); AL(At least 5 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 5 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	MP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	4	MP; PA
PALFORZIA (300 MG TITRATION) PACK	4	MP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (80 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA INITIAL ESCALATION CSPK	4	MP; 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	MP
ARIKAYCE	4	QL(235.2 ML per 28 day(s) retail; 235 ML per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
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	MP
gentamicin sulfate IJ	1	MP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA
neomycin sulfate TABS	1	MP
streptomycin sulfate SOLR	1	MP
TOBI PODHALER CAPS	4	QL(224 EA per 55 day(s) retail; 224 EA per 55 days mail); PA
TOBI NEBU *(tobramycin)*	1	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail)
TOBI NEBU *(tobramycin)*	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA
TOBRAMYCIN SULFATE POWD	1	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	1	MP
tobramycin sulfate SOLR	1	MP
tobramycin NEBU	4	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA
tobramycin NEBU	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA
ZEMDRI	4	MP; 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	QL(12 ML daily); 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
tofacitinib citrate SOLN 1 MG/ML	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
tofacitinib citrate TABS 5 MG, 10 MG	1	QL(2 EA daily); PA
tofacitinib citrate TB24 11 MG	1	QL(1 EA daily)
tofacitinib citrate TB24 11 MG, 22 MG	1	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG *(tofacitinib citrate)*	1	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML *(tofacitinib citrate)*	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 5 MG, 10 MG *(tofacitinib citrate)*	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

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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 10 MG/0.2ML	4	QL(0.8 ML per 28 day(s) retail; 1 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 15 MG/0.3ML	4	QL(1.2 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 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 12.5 MG/0.25ML	4	QL(1 ML per 28 day(s) retail; 1 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
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ABRILADA (2 PEN) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); 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	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); 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	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail)
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-FKJP (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-RYVK (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	QL(0.4 ML per 28 day(s) retail); PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	QL(0.4 ML per 28 day(s) retail); PA
AMJEVITA SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
AMJEVITA SOAJ 80 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 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 SYRINGE) PSKT 40 MG/0.4ML, 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-PSORIASIS/UV STARTER AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HADLIMA PUSHTOUCH SOAJ	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HADLIMA PUSHTOUCH SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
HADLIMA SOSY	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HULIO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail)
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	2	QL(3 EA per 28 day(s) retail; 3 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 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-PSORIASIS/UVEIT STARTER AJKT	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HYRIMOZ-CROHNS/UC STARTER SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	1	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOAJ 80 MG/0.8ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ SOAJ 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML 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	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
SIMLANDI (1 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI (1 SYRINGE) PSKT	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
SIMLANDI (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
SIMPONI ARIA SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SIMPONI SOAJ 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOSY 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 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 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 (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	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
YUSIMRY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
Gold Compounds		
AURANOFIN 3 MG	1	MP
RIDAURA	1	MP
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	MP; PA
ACTEMRA SOLN	4	MP; PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
AVTOZMA SOAJ SC 162 MG/0.9ML	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	MP; PA
AVTOZMA SOSY SC 162 MG/0.9ML	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 80 MG/4ML	1	MP; PA
TOFIDENCE	4	MP; PA
TYENNE SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TYENNE SOLN	4	MP; PA
TYENNE SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	2	ST; MP
CALDOLOR SOLN	4	MP; PA
CELEBREX *(celecoxib)*	1	MP
celecoxib	1	MP
COMBOGESIC SOLN	4	MP; PA
COXANTO CAPS *(oxaprozin)*	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 6 yrs old); PA
diclofenac potassium CAPS	4	MP; PA
diclofenac potassium TABS 25 MG	4	MP; PA
diclofenac potassium TABS 50 MG	1	MP
diclofenac sodium TB24	2	MP
diclofenac sodium TBEC 25 MG	2	QL(2 EA daily); ST
diclofenac sodium TBEC 50 MG, 75 MG	1	MP
diclofenac w/ misoprostol TBEC	2	ST; MP
etodolac CAPS	1	MP
etodolac TABS	1	MP
etodolac TB24	2	ST; MP
fenoprofen calcium CAPS 200 MG	1	MP; PA
fenoprofen calcium CAPS 400 MG	4	MP; PA
FENOPRON CAPS	1	QL(8 EA daily); PA
flurbiprofen TABS 100 MG	2	MP
ibuprofen lysine	1	MP
ibuprofen-famotidine	4	MP; PA
IBUPROFEN POWD	1	
ibuprofen SUSP 100 MG/5ML	1	Requires EPSDT PA Review; QL(120 ML per fill retail); AL(Up to 20 yrs old); PA; RX/OTC
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	MP
ibuprofen TABS 300 MG	4	MP
INDOMETHACIN SODIUM	1	MP; PA
indomethacin CAPS 25 MG, 50 MG	1	QL(8 EA daily)
indomethacin CPCR	4	MP; PA
indomethacin SUPP	1	MP; PA
indomethacin SUSP	1	AL(Up to 10 yrs old); MP; PA
ketoprofen CAPS 75 MG	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
ketoprofen CAPS 50 MG	4	PA
ketoprofen CP24	4	MP; PA
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	1	MP
ketorolac tromethamine TABS	1	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail)
LURBIRO TABS 100 MG *(flurbiprofen)*	2	MP
meclofenamate sodium CAPS	4	MP; PA
mefenamic acid CAPS	4	MP; PA
meloxicam CAPS	4	QL(1 EA daily); PA
meloxicam TABS	1	MP
nabumetone	1	MP
NALFON CAPS *(fenoprofen calcium)*	4	MP; PA
NAPRELAN TB24 *(naproxen sodium)*	4	MP; PA
naproxen sodium TABS 275 MG, 550 MG	2	ST; MP
naproxen sodium TB24	4	MP; PA
naproxen-esomeprazole magnesium	4	MP; PA
naproxen SUSP	1	AL(Up to 12 yrs old); MP
naproxen TABS	1	MP
naproxen TBEC	2	MP
NEOPROFEN *(ibuprofen lysine)*	1	MP
ORUDIS CAPS 75 MG	1	
oxaprozin CAPS	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 6 yrs old); PA
oxaprozin TABS	2	ST; MP
piroxicam CAPS	1	ST; MP
RELAFEN DS	4	QL(1 EA daily); PA
sulindac TABS	1	MP
TOLECTIN DS CAPS 400 MG *(tolmetin sodium)*	4	MP; PA
tolmetin sodium CAPS	4	MP; PA
tolmetin sodium TABS 200 MG	1	MP
tolmetin sodium TABS 600 MG	4	MP; PA
VYSCOXA PO 10 MG/ML	4	AL(At least 2 yrs old); MP
XIFYRM SOLN IV 30 MG/ML	4	QL(1 ML daily); PA
ZYBIC SUSP 7.5 MG/5ML *(meloxicam)*	1	PA
ZYNRELEF	1	Medical Benefit Only; MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(30 EA per 30 day(s) retail); PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	4	QL(41 EA per 28 day(s) retail); PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPK	4	QL(2 EA daily); PA
OTEZLA TBPK	4	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); 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	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
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 50 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 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
BUTALBITAL-APAP-CAFFEINE SOLN	1	PA
butalbital-aspirin-caffeine CAPS	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	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; AL(At least 18 yrs old)
JOURNAVX	1	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail; AL(At least 18 yrs old)
Analgesics Other		
acetaminophen SOLN IV 10 MG/ML	1	Medical Benefit Only; MP
clonidine hcl (analgesia) EP	1	MP
DURACLON EP 100 MCG/ML *(clonidine hcl (analgesia))*	1	MP
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits
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	2	MP
DOLOBID TABS	4	QL(3 EA daily); PA
salsalate	1	MP
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
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	1	MP
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 75 MG/ML *(meperidine hcl)*	1	MP
DILAUDID LIQD *(hydromorphone hcl)*	1	AL(Up to 12 yrs old); MP
DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)*	1	MP
DILAUDID TABS *(hydromorphone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(morphine sulfate)*	1	MP
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(fentanyl citrate)*	1	MP
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML *(fentanyl citrate)*	1	MP
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML	1	MP
fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old); PA
FENTANYL CITRATE POWD	1	Medical Benefit Only
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	1	MP
fentanyl citrate SOSY IJ	1	MP
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); PA
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
hydrocodone bitartrate CP12	1	QL(2 EA daily); AL(At least 10 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
hydrocodone bitartrate T24A	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old); PA
HYDROMORPHONE HCL PF SOLN IJ	1	MP
HYDROMORPHONE HCL PF SOLN IJ *(hydromorphone hcl)*	1	MP
hydromorphone hcl LIQD	1	AL(Up to 12 yrs old); MP
HYDROMORPHONE HCL POWD	1	
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	MP
HYDROMORPHONE HCL SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML	1	MP
HYDROMORPHONE HCL SUPP	1	MP
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 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old); PA
INFUMORPH 200 *(morphine sulfate for continuous microinfusion)*	1	MP
INFUMORPH 500 *(morphine sulfate for continuous microinfusion)*	1	MP
levorphanol tartrate TABS	4	QL(4 EA daily); AL(At least 10 yrs old); PA
meperidine hcl SOLN PO 50 MG/5ML	1	AL(Up to 12 yrs old); MP
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1	MP
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 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 10 MG/ML	1	MP
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 IJ *(methadone hcl)*	1	MP
methadone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old); PA
methadone hcl TBSO	1	Medical Benefit Only; QL(8 EA daily); 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, 10 MG/ML	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate beads	1	QL(1 EA daily); AL(At least 10 yrs old); PA
morphine sulfate for continuous microinfusion	1	MP
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 IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	1	MP
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	1	AL(Up to 12 yrs old); MP
MORPHINE SULFATE SOLN IV 50 MG/ML	1	MP
morphine sulfate SUPP	1	MP
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); MP; 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 15 MG, 30 MG, 60 MG *(morphine sulfate)*	1	QL(3 EA daily); AL(At least 10 yrs old)
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); MP
oxycodone hcl T12A 40 MG	2	Brand Required; QL(2 EA daily); AL(At least 10 yrs old); PA
oxycodone hcl T12A 10 MG, 20 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 30 MG, 40 MG, 60 MG, 80 MG	2	Brand Required; QL(2 EA daily); AL(At least 10 yrs old); MP; PA
OXYCONTIN T12A 10 MG, 15 MG, 20 MG	1	Brand Required; QL(2 EA daily); AL(At least 10 yrs old)
oxymorphone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
oxymorphone hcl TB12 40 MG	4	QL(4 EA daily); AL(At least 10 yrs old); PA
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
remifentanil hcl	1	MP
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
ROXYBOND TABA	4	QL(4 EA daily); AL(At least 10 yrs old)
sufentanil citrate SOLN IV 50 MCG/ML	1	MP
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	4	QL(2 EA daily); AL(At least 10 yrs old); PA
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	1	QL(4 EA daily); AL(At least 10 yrs old)

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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); MP; PA
tramadol hcl TABS 25 MG, 100 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TABS 50 MG	1	QL(8 EA daily); AL(At least 12 yrs old)
tramadol hcl TABS 75 MG	4	QL(5 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TB24	1	QL(1 EA daily); AL(At least 12 yrs old)
ULTIVA *(remifentanil hcl)*	1	MP
Opioid Combinations		
acetaminophen w/ codeine SOLN	4	QL(4050 ML per 30 day(s) retail; 4050 ML per 30 days mail); PA
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)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA
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-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); PA
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	4	QL(149 ML daily); PA
hydrocodone-acetaminophen SOLN	1	QL(98 ML daily)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(4560 ML per 30 day(s) retail; 4560 ML per 30 days mail)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 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)
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); PA
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)
PERCOCET TABS 325 MG-10 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); PA
PROLATE TABS	4	QL(4 EA daily); AL(At least 10 yrs old); PA
tramadol-acetaminophen	1	QL(6 EA daily); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
Opioid Partial Agonists		
BELBUCA FILM	3	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	1	QL(2.56 ML per 28 day(s) retail; 3 ML per 28 days mail)
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	1	QL(0.64 ML per 28 day(s) retail; 1 ML per 28 days mail)
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	1	QL(1.28 ML per 28 day(s) retail; 1 ML per 28 days mail)
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	1	QL(1.92 ML per 28 day(s) retail; 2 ML per 28 days mail)
BRIXADI SOSY 64 MG/0.18ML	1	QL(0.18 ML per 28 day(s) retail)
BRIXADI SOSY 128 MG/0.36ML	1	QL(0.36 ML per 28 day(s) retail)
BRIXADI SOSY 96 MG/0.27ML	1	QL(0.27 ML per 28 day(s) retail)
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 2 MG-8 MG	4	QL(3 EA daily); 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 SUBL	1	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl SOLN	1	MP
buprenorphine hcl SUBL	1	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine PTWK	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1	MP
butorphanol tartrate NA 10 MG/ML	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
BUTRANS PTWK *(buprenorphine)*	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
nalbuphine hcl	1	MP
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 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(2 EA daily); 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 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
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

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Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBL 2.9 MG-11.4 MG	4	QL(1 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
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	4	MP; PA
AZMIRO SOSY	4	MP; PA
danazol CAPS	1	MP
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	MP; PA
METHYLTESTOSTERONE POWD	1	PA
methyltestosterone TABS	4	MP; PA
NATESTO GEL NA	4	AL(At least 18 yrs old); MP; PA
TESTIM GEL TD *(testosterone)*	2	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
TESTOPEL PLLT	1	Medical Benefit Only; MP
testosterone cypionate SOLN IM	1	MP; PA
testosterone enanthate SOLN IM	1	MP; PA
testosterone GEL TD 1 %	1	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
testosterone GEL TD 20.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); PA
testosterone GEL TD 1 %, 50 MG/5GM	2	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	1	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
testosterone GEL TD 10 MG/ACT	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
testosterone SOLN	2	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	QL(4 EA daily); AL(At least 18 yrs old); 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	MP
CORTIFOAM EX 10 %	4	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
hydrocortisone (intrarectal)	1	MP
Rectal Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	1 package(s) per fill retail; 1 package(s) per fill mail
LIDOCORT CREA EX 0.5 %-3 % *(lidocaine-hydrocortisone acetate (rectal))*	1	1 package(s) per fill retail; 1 package(s) per fill mail
PROCTOFOAM HC FOAM EX	1	MP; PA
Rectal Steroids		
hydrocortisone (rectal) EX 1 %	1	QL(28.4 GM per 7 day(s) retail; 28 GM per 7 days mail); RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
Vasodilating Agents		
nitroglycerin (intra-anal)	1	MP
RECTIV *(nitroglycerin (intra-anal))*	1	MP
ANTACIDS		
Antacids - Calcium Salts		
CALCIUM CARBONATE ANTACID SUSP	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	QL(2 EA daily)
BENZNIDAZOLE	4	AL(At least 2 yrs old - Up to 12 yrs old); MP; PA
EMVERM CHEW	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ivermectin	1	MP; PA
praziquantel	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
STROMECTOL *(ivermectin)*	1	MP
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(3 EA daily); MP
ranolazine TB12 1000 MG	1	QL(2 EA daily); MP
Nitrates		
isosorbide dinitrate TABS 20 MG	1	QL(6 EA daily); MP
isosorbide dinitrate TABS 40 MG	1	MP
isosorbide dinitrate TABS 10 MG	1	QL(5 EA daily); MP
isosorbide dinitrate TABS 5 MG, 30 MG	1	QL(3 EA daily); MP
isosorbide mononitrate TABS	1	MP
isosorbide mononitrate TB24 60 MG	1	QL(3 EA daily); MP
isosorbide mononitrate TB24 120 MG	1	QL(2 EA daily); MP
isosorbide mononitrate TB24 30 MG	1	QL(6 EA daily); MP
NITRO-DUR PT24	1	MP
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR *(nitroglycerin)*	1	MP
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR *(nitroglycerin)*	1	QL(1 EA daily); MP

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NITROGLYCERIN IN D5W 5 %-100 MCG/ML, 5 %-200 MCG/ML, 5 %-400 MCG/ML	1	MP
nitroglycerin OINT	1	MP
nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR	1	QL(1 EA daily); MP
nitroglycerin PT24 0.6 MG/HR	1	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	MP
nitroglycerin SUBL 0.6 MG	1	MP
nitroglycerin SUBL 0.3 MG, 0.4 MG	1	QL(4.45 EA daily); MP
NITROLINGUAL SOLN TL *(nitroglycerin)*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
NITROSTAT SUBL 0.3 MG, 0.4 MG *(nitroglycerin)*	1	QL(4.45 EA daily); MP
NITROSTAT SUBL 0.6 MG *(nitroglycerin)*	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 15 MG	1	QL(4 EA daily); PA
BUCAPSOL PO 7.5 MG, 10 MG	1	QL(3 EA daily); PA
buspirone hcl 7.5 MG, 30 MG	1	QL(2 EA daily); MP
buspirone hcl 2.5 MG, 12.5 MG	1	QL(2 EA daily); PA
buspirone hcl 5 MG, 10 MG, 15 MG	1	QL(3 EA daily); MP
droperidol SOLN 2.5 MG/ML	1	MP
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	MP
hydroxyzine hcl SYRP	1	MP
hydroxyzine hcl TABS 50 MG	1	QL(4 EA daily); MP
hydroxyzine hcl TABS 10 MG, 25 MG	1	MP
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(4 EA daily); MP
hydroxyzine pamoate CAPS 100 MG	1	MP
meprobamate	1	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)
chlordiazepoxide hcl CAPS	1	QL(3 EA daily); AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
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 PO 5 MG/5ML	1	QL(30 ML daily); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	QL(5 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 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
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	MP
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	MP
NORPACE CR CP12	1	MP
NORPACE CAPS *(disopyramide phosphate)*	1	MP
procainamide hcl SOLN	1	MP
quinidine gluconate TBCR	1	MP
quinidine sulfate TABS	1	MP
Antiarrhythmics Type I-B		
LIDOCAINE HCL (CARDIAC) PF SOLN	1	MP
lidocaine hcl (cardiac) SOSY	1	MP
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	1	MP
mexiletine hcl	1	MP
Antiarrhythmics Type I-C		
flecainide acetate	1	MP
propafenone hcl CP12	1	MP
propafenone hcl TABS	1	MP
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	1	MP
amiodarone hcl TABS	1	MP
CORVERT *(ibutilide fumarate)*	1	MP
dofetilide	1	MP
ibutilide fumarate	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
MULTAQ	1	MP
NEXTERONE	1	Medical Benefit Only; MP
TIKOSYN *(dofetilide)*	1	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	1	Medical Benefit Only; MP
EXDENSUR SOSY SC 100 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); AL(At least 12 yrs old); PA
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	QL(0.5 ML per 28 day(s) retail); 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
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); MP; PA
XOLAIR SOLR	4	AL(At least 1 yrs old); MP; PA
XOLAIR SOSY	4	AL(At least 1 yrs old); MP; 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 17 MCG/ACT *(ipratropium bromide hfa)*	1	Brand Required; QL(25.8 GM per 30 day(s) retail; 26 GM per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
INCRUSE ELLIPTA 62.5 MCG/ACT *(umeclidinium bromide)*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
ipratropium bromide hfa 17 MCG/ACT	1	Brand Required; QL(25.8 GM per 30 day(s) retail; 26 GM per 30 days mail)
ipratropium bromide SOLN 0.02 %	1	QL(450 ML per 30 day(s) retail; 450 ML per 30 days mail)
SPIRIVA HANDIHALER CAPS IN *(tiotropium bromide)*	1	Brand Required; QL(1 EA daily); AL(At least 18 yrs old); MP
SPIRIVA RESPIMAT AERS IN 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 IN 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 CAPS IN 18 MCG	1	Brand Required; QL(1 EA daily); 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); PA
umeclidinium bromide 62.5 MCG/INH	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
YUPELRI IN 175 MCG/3ML	1	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 18 yrs old); PA
Leukotriene Modulators		
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 5 MG *(montelukast sodium)*	1	QL(1 EA daily)
SINGULAIR TABS *(montelukast sodium)*	1	QL(1 EA daily)
zafirlukast	1	QL(2 EA daily)
zileuton TB12	4	AL(At least 12 yrs old); MP; PA
ZYFLO TABS	4	QL(4 EA daily); AL(At least 12 yrs old); PA
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	1	QL(5 ML daily); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP 500 MCG *(roflumilast)*	1	QL(1 EA daily)
DALIRESP 250 MCG *(roflumilast)*	1	QL(2 EA daily)
roflumilast 500 MCG	1	QL(1 EA daily)
roflumilast 250 MCG	1	QL(2 EA daily)
Steroid Inhalants		
ALVESCO	4	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail); PA
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ARNUITY ELLIPTA 50 MCG/ACT *(fluticasone furoate (inhalation))*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 11 yrs old)
ASMANEX (120 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (14 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(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
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)
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	1	PA
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)
fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits
fluticasone furoate (inhalation) 50 MCG/ACT	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 11 yrs old); PA
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 110 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(Up to 8 yrs old); MP; PA
fluticasone propionate hfa 220 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
fluticasone propionate hfa 44 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(Up to 3 yrs old); MP; PA
PULMICORT FLEXHALER AEPB	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 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	1	QL(8 ML daily); AL(Up to 8 yrs old)
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)
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 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
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	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate NEBU	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
albuterol sulfate NEBU	1	MP
albuterol sulfate SYRP	1	MP
albuterol sulfate TABS	1	MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
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 50 MCG/INH-25 MCG/INH	2	Brand Required; QL(2 EA daily); PA
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	2	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; 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

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE	4	QL(10.7 GM per 30 day(s) retail; 11 GM per 30 days mail); AL(At least 12 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)
budesonide-formoterol fumarate dihydrate	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; 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
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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	MP
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)
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)
S2 (RACEPINEPHRINE) 2.25 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; 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
STRIVERDI RESPIMAT	1	QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 18 yrs old)
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	MP
terbutaline sulfate TABS	1	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
umeclidinium-vilanterol	1	Brand Required; 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	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 25 MG/ML	1	MP
THEO-24 CP24	1	MP
theophylline ELIX	1	MP
theophylline SOLN	1	MP
theophylline TB12	1	MP
theophylline TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	1	QL(336 EA per 28 day(s) retail; 336 EA per 28 days mail); AL(Up to 10 yrs old)
ELIQUIS (2 MG PACK) TBSO PO	1	QL(448 EA per 28 day(s) retail; 448 EA per 28 days mail); AL(Up to 10 yrs old)
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail)
ELIQUIS CPSP PO 0.15 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 10 yrs old)
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)
ELIQUIS TABS 5 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ELIQUIS TBSO PO 0.5 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(Up to 10 yrs old)
rivaroxaban SUSR 1 MG/ML	1	QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
rivaroxaban TABS 2.5 MG	1	QL(2 EA daily)
SAVAYSA	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
XARELTO STARTER PACK TBPK	1	Brand Required; QL(51 EA per 30 day(s) retail; 51 EA per 30 days mail)
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	1	QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
XARELTO TABS 10 MG	1	Brand Required; QL(39 EA per 39 day(s) retail; 39 EA per 39 days mail)
XARELTO TABS 15 MG	1	Brand Required; QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail)
XARELTO TABS 20 MG	1	Brand Required; QL(1 EA daily)
XARELTO TABS 2.5 MG *(rivaroxaban)*	1	QL(2 EA daily)
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 2.5 MG/0.5ML *(fondaparinux sodium)*	1	QL(15 ML per 30 day(s) retail; 15 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)
enoxaparin sodium SOLN IJ 300 MG/3ML	1	MP
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 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 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail; 36 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 5 MG/0.4ML	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
fondaparinux sodium 10 MG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
fondaparinux sodium 7.5 MG/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ML per 30 day(s) retail; 23 ML per 30 days mail)
FRAGMIN SOLN 10000 UNIT/4ML	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail)
FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ML per 30 day(s) retail; 22 ML per 30 days mail)

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FRAGMIN SOSY 7500 UNIT/0.3ML	1	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail)
FRAGMIN SOSY 10000 UNIT/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
FRAGMIN SOSY 12500 UNIT/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 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)
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	MP
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L *(heparin (porcine) in sodium chloride)*	1	MP
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	MP
HEPARIN SOD (PORCINE) IN D5W	1	MP
HEPARIN SODIUM (PORCINE) PF SOLN IJ	1	MP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	MP
HEPARIN SODIUM (PORCINE) SOSY IJ	1	MP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	1	MP
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 30 MG/0.3ML *(enoxaparin sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	1	QL(36 ML per 30 day(s) retail; 36 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)
In Vitro/Lock Anticoagulants		
DEFENCATH	1	QL(72 ML per 28 day(s) retail; 72 ML per 28 days mail); AL(At least 18 yrs old); PA
DEFENCATH	4	QL(72 ML per 28 day(s) retail; 72 ML per 28 days mail); AL(At least 18 yrs old); PA
Thrombin Inhibitors		
argatroban	1	MP
ARGATROBAN	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
ARGATROBAN *(argatroban)*	1	MP
ARGATROBAN IN SODIUM CHLORIDE	1	MP
bivalirudin trifluoroacetate SOLN	1	MP
bivalirudin trifluoroacetate SOLR	1	MP
dabigatran etexilate mesylate CAPS	4	Brand Required; QL(2 EA daily); PA
PRADAXA CAPS *(dabigatran etexilate mesylate)*	4	Brand Required; QL(2 EA daily); PA
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 7 yrs old); PA
PRADAXA PACK 20 MG, 150 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(Up to 7 yrs old); PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML *(perampanel)*	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
FYCOMPA SUSP	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
FYCOMPA TABS	1	Brand Required; QL(1 EA daily); PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(perampanel)*	1	Brand Required; QL(1 EA daily); PA
perampanel SUSP 0.5 MG/ML	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	1	Brand Required; QL(1 EA daily); PA
Anticonvulsants - Benzodiazepines		
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 2 MG	1	QL(2 EA daily)
clonazepam TABS 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP 2 MG	1	QL(2 EA daily)
diazepam (anticonvulsant) GEL 2.5 MG	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
diazepam (anticonvulsant) GEL	1	MP
KLONOPIN TABS 0.5 MG, 1 MG *(clonazepam)*	1	QL(3 EA daily)
KLONOPIN TABS 2 MG *(clonazepam)*	1	QL(2 EA daily)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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 200 MG, 400 MG *(eslicarbazepine acetate)*	4	QL(1 EA daily); PA
APTIOM 600 MG, 800 MG *(eslicarbazepine acetate)*	4	QL(2 EA daily); PA
BANZEL SUSP *(rufinamide)*	4	QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
BANZEL TABS *(rufinamide)*	4	QL(8 EA daily); PA
brivaracetam SOLN IV 50 MG/5ML	4	Brand Required; MP; PA
brivaracetam SOLN PO 10 MG/ML	4	Brand Required; AL(Up to 12 yrs old); MP; PA
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	4	Brand Required; QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT SOLN PO 10 MG/ML *(brivaracetam)*	4	Brand Required; AL(Up to 12 yrs old); MP; PA
BRIVIACT SOLN IV 50 MG/5ML *(brivaracetam)*	4	Brand Required; MP; PA
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG *(brivaracetam)*	4	Brand Required; QL(2 EA daily); PA
carbamazepine CHEW 200 MG	1	QL(8 EA daily); PA
carbamazepine CHEW 100 MG	1	QL(8 EA daily); MP
carbamazepine CP12	1	QL(5 EA daily); MP
carbamazepine SUSP	1	QL(50 ML daily); MP
carbamazepine TABS	1	QL(8 EA daily); MP
carbamazepine TB12 100 MG, 200 MG	1	QL(3 EA daily); MP
carbamazepine TB12 400 MG	1	QL(4 EA daily); MP
CARBATROL CP12 *(carbamazepine)*	1	QL(5 EA daily); MP
DIACOMIT CAPS	4	MP; PA
DIACOMIT PACK	4	MP; PA
ELEPSIA XR TB24	4	QL(2 EA daily); AL(At least 12 yrs old); PA
EPIDIOLEX	4	AL(At least 1 yrs old); MP; PA
EPRONTIA SOLN 25 MG/ML *(topiramate)*	4	Brand Required; QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA
eslicarbazepine acetate 600 MG, 800 MG	4	QL(2 EA daily); PA
eslicarbazepine acetate 200 MG, 400 MG	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
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 300 MG	1	QL(10 EA daily); MP
gabapentin CAPS 200 MG	1	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); PA
gabapentin CAPS 400 MG	1	QL(3 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	MP
KEPPRA XR TB24 500 MG *(levetiracetam)*	1	QL(2 EA daily); MP
KEPPRA XR TB24 750 MG *(levetiracetam)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); MP
KEPPRA SOLN IV 500 MG/5ML *(levetiracetam)*	1	MP
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	1	QL(30 ML daily); MP
KEPPRA TABS 500 MG, 750 MG *(levetiracetam)*	1	QL(4 EA daily); MP
KEPPRA TABS 250 MG *(levetiracetam)*	1	QL(2 EA daily); MP
KEPPRA TABS 1000 MG *(levetiracetam)*	1	QL(3 EA daily); MP
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
lacosamide SOLN IV 200 MG/20ML	1	MP
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL ODT KIT *(lamotrigine)*	1	MP; 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	MP
LAMICTAL XR KIT	1	MP; PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	1	QL(3 EA daily); MP
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG *(lamotrigine)*	1	QL(1 EA daily); MP
LAMICTAL XR TB24 200 MG, 250 MG *(lamotrigine)*	1	QL(2 EA daily); MP
LAMICTAL CHEW 25 MG *(lamotrigine)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL CHEW 5 MG *(lamotrigine)*	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL TABS 200 MG *(lamotrigine)*	1	QL(9 EA daily); MP
LAMICTAL TABS 150 MG *(lamotrigine)*	1	QL(4 EA daily); MP
LAMICTAL TABS 25 MG *(lamotrigine)*	1	QL(6 EA daily); MP
LAMICTAL TABS 100 MG *(lamotrigine)*	1	QL(2 EA daily); MP
lamotrigine CHEW 25 MG	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
lamotrigine CHEW 5 MG	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
lamotrigine KIT 25 MG	1	MP; PA
lamotrigine TABS 25 MG	1	QL(6 EA daily); MP
lamotrigine TABS 100 MG	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
lamotrigine TABS 200 MG	1	QL(9 EA daily); MP
lamotrigine TABS 150 MG	1	QL(4 EA daily); MP
lamotrigine TB24 25 MG, 50 MG, 100 MG	1	QL(1 EA daily); MP; PA
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 TBDP 50 MG	1	QL(2 EA daily); AL(Up to 11 yrs old); MP
lamotrigine TBDP 25 MG, 100 MG, 200 MG	1	QL(3 EA daily); AL(Up to 11 yrs old); MP
LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)*	1	MP
levetiracetam in sodium chloride	1	MP
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	QL(30 ML daily); MP
levetiracetam SOLN IV 500 MG/5ML	1	MP
levetiracetam TABS 250 MG	1	QL(2 EA daily); MP
levetiracetam TABS 500 MG, 750 MG	1	QL(4 EA daily); MP
levetiracetam TABS 1000 MG	1	QL(3 EA daily); MP
levetiracetam TB24 500 MG	1	QL(2 EA daily); MP
levetiracetam TB24 750 MG	1	QL(150 EA per 30 day(s) retail; 450 EA per 90 days mail); MP
levetiracetam TB3D 250 MG, 500 MG	4	QL(2 EA daily); PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG *(pregabalin)*	1	QL(3 EA daily); MP
LYRICA CAPS 225 MG *(pregabalin)*	1	QL(2 EA daily); MP
LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail); MP
MOTPOLY XR CP24 150 MG, 200 MG	4	QL(2 EA daily); PA
MOTPOLY XR CP24 100 MG	4	QL(1 EA daily); PA
NEURONTIN CAPS 400 MG *(gabapentin)*	1	QL(3 EA daily); MP
NEURONTIN CAPS 300 MG *(gabapentin)*	1	QL(10 EA daily); MP
NEURONTIN CAPS 100 MG *(gabapentin)*	1	QL(5 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 600 MG	1	QL(6 EA daily); MP
oxcarbazepine TABS 150 MG, 300 MG	1	QL(3 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
pregabalin CAPS 225 MG	1	QL(2 EA daily); MP
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG	1	QL(3 EA daily); MP
pregabalin SOLN	1	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP
primidone 50 MG	1	QL(4 EA daily)
primidone 250 MG	4	MP

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Drug Name	Drug Tier	Requirements/ Limits
primidone 250 MG	4	MP; PA
primidone 125 MG	1	QL(100 EA per 33 day(s) retail; 100 EA per 33 days mail); 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	QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
rufinamide TABS	4	QL(8 EA daily); PA
SPRITAM TB3D	4	QL(2 EA daily); PA
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG *(levetiracetam)*	4	QL(2 EA daily); PA
SUBVENITE SUSP PO 10 MG/ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail); AL(At least 2 yrs old - Up to 11 yrs old)
TEGRETOL SUSP *(carbamazepine)*	1	QL(50 ML daily); MP
TEGRETOL TABS *(carbamazepine)*	1	QL(8 EA daily); MP
TEGRETOL-XR TB12 100 MG, 200 MG *(carbamazepine)*	1	QL(3 EA daily); MP
TEGRETOL-XR TB12 400 MG *(carbamazepine)*	1	QL(4 EA daily); MP
TOPAMAX SPRINKLE CPSP *(topiramate)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
TOPAMAX TABS 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(3 EA daily); MP
TOPAMAX TABS 200 MG *(topiramate)*	1	QL(9 EA daily); MP
topiramate CP24 200 MG	1	Brand Required; QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	1	Brand Required; QL(1 EA daily); PA
topiramate CP24 200 MG	4	Brand Required; QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	4	Brand Required; QL(1 EA daily); PA
topiramate CPSP 50 MG	1	QL(8 EA daily); 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 SOLN 25 MG/ML	4	Brand Required; QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA
topiramate TABS 200 MG	1	QL(9 EA daily); MP
topiramate TABS 25 MG, 50 MG, 100 MG	1	QL(3 EA daily); MP
TRILEPTAL SUSP *(oxcarbazepine)*	1	QL(40 ML daily); MP
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	1	QL(6 EA daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)*	1	QL(3 EA daily); MP
TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(topiramate)*	4	Brand Required; QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
TROKENDI XR CP24 200 MG *(topiramate)*	4	Brand Required; QL(2 EA daily); PA
VIMPAT SOLN IV 200 MG/20ML *(lacosamide)*	1	MP
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
VIMPAT TABS *(lacosamide)*	1	QL(2 EA daily)
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	MP; PA
felbamate TABS 600 MG	4	MP; PA
felbamate TABS 400 MG	4	QL(8 EA daily); PA
FELBATOL SUSP *(felbamate)*	4	MP; PA
FELBATOL TABS 400 MG *(felbamate)*	4	QL(8 EA daily); PA
FELBATOL TABS 600 MG *(felbamate)*	4	MP; 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 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
XCOPRI TABS 150 MG, 200 MG	4	QL(2 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)*	4	Brand Required; MP; PA
SABRIL TABS *(vigabatrin)*	4	Brand Required; MP; PA
tiagabine hcl	1	MP
vigabatrin PACK	4	Brand Required; MP; PA
vigabatrin TABS	4	Brand Required; MP; PA
VIGAFYDE SOLN	1	QL(30 ML daily); AL(Up to 2 yrs old); PA
Hydantoins		
CEREBYX *(fosphenytoin sodium)*	1	MP
DILANTIN 30 MG	1	MP
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
fosphenytoin sodium	1	MP
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	MP

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Drug Name	Drug Tier	Requirements/ Limits
phenytoin CHEW	1	QL(6 EA daily); MP
phenytoin SUSP 125 MG/5ML	1	QL(12 ML daily); MP
Succinimides		
CELONTIN *(methsuximide)*	1	MP
ethosuximide CAPS	1	QL(6 EA daily)
ethosuximide SOLN	1	MP
methsuximide	1	MP
ZARONTIN CAPS *(ethosuximide)*	1	QL(6 EA daily)
ZARONTIN SOLN *(ethosuximide)*	1	MP
Valproic Acid		
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	1	QL(5 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 500 MG	1	QL(5 EA daily); MP
divalproex sodium TB24 250 MG	1	QL(3 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	1	QL(34 ML daily); MP
valproic acid CAPS	1	QL(7 EA daily); MP
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
AUVELITY TITRATION PACK PO	4	QL(51 EA per 29 day(s) retail; 51 EA per 29 days mail); PA
Antidepressants - Misc.		
bupropion hcl TABS	1	QL(3 EA daily)
bupropion hcl TB12	1	QL(2 EA daily); MP
bupropion hcl TB24 450 MG	4	QL(1 EA daily); PA
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily); MP
FORFIVO XL TB24 *(bupropion hcl)*	4	QL(1 EA daily); PA
WELLBUTRIN SR TB12 *(bupropion hcl)*	1	QL(2 EA daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	1	Medical Benefit Only; MP
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

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Drug Name	Drug Tier	Requirements/ Limits
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
MARPLAN	4	MP; PA
MARPLAN	4	MP; PA
NARDIL *(phenelzine sulfate)*	3	ST; MP
phenelzine sulfate	3	ST; MP
tranylcypromine sulfate	3	ST; MP
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 40 MG *(citalopram hydrobromide)*	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
CELEXA TABS 10 MG, 20 MG *(citalopram hydrobromide)*	1	QL(1.5 EA daily); MP
citalopram hydrobromide CAPS 30 MG	4	QL(1 EA daily); AL(Up to 59 yrs old); PA
CITALOPRAM HYDROBROMIDE CAPS 30 MG *(citalopram hydrobromide)*	4	QL(1 EA daily); AL(Up to 59 yrs old); PA
citalopram hydrobromide SOLN	1	MP
citalopram hydrobromide SOLN	4	MP; PA
citalopram hydrobromide TABS 10 MG, 20 MG	1	QL(1.5 EA daily); MP
citalopram hydrobromide TABS 40 MG	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	4	QL(1 EA daily); PA
escitalopram oxalate SOLN	1	MP
escitalopram oxalate SOLN	4	MP
escitalopram oxalate TABS 10 MG	1	QL(1.5 EA daily); MP
escitalopram oxalate TABS 5 MG, 20 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 CAPS 40 MG	1	QL(2 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	MP
fluoxetine hcl SOLN	4	MP
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	1	QL(2 EA daily); PA
fluvoxamine maleate CP24	4	QL(2 EA daily); PA
fluvoxamine maleate TABS 25 MG	1	QL(1 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
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)
LEXAPRO TABS 5 MG, 20 MG *(escitalopram oxalate)*	1	QL(2 EA daily); MP
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	1	QL(1.5 EA daily); MP
paroxetine hcl SUSP	1	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 TABS 30 MG	1	QL(2 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
PAXIL CR TB24 12.5 MG, 37.5 MG *(paroxetine hcl)*	1	QL(1 EA daily)
PAXIL CR TB24 25 MG *(paroxetine hcl)*	1	QL(2 EA daily)
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 20 MG *(fluoxetine hcl)*	1	QL(4 EA daily); MP
PROZAC CAPS 10 MG *(fluoxetine hcl)*	1	QL(3 EA daily); MP
PROZAC CAPS 40 MG *(fluoxetine hcl)*	1	QL(2 EA daily); MP
sertraline hcl CAPS 150 MG, 200 MG	4	QL(1 EA daily); PA
SERTRALINE HCL CAPS 150 MG, 200 MG *(sertraline hcl)*	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		
EXXUA TITRATION PACK TB24 PO 18.2 MG	4	QL(32 EA per 14 day(s) retail; 32 EA per 14 days mail); AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old)
nefazodone hcl	3	ST; MP
RALDESY SOLN PO 10 MG/ML	1	QL(15 ML daily); AL(At least 18 yrs old); PA
RALDESY SOLN PO 10 MG/ML	1	QL(40 ML daily); AL(At least 18 yrs old); PA
trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	MP
trazodone hcl TABS 300 MG	4	MP; PA
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 20 MG *(duloxetine hcl)*	1	QL(2 EA daily); MP
DESVENLAFAXINE ER	3	QL(1 EA daily)

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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 40 MG	1	QL(1 EA daily); PA
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily); MP
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	4	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); MP
venlafaxine hcl TABS	1	QL(3 EA daily)
venlafaxine hcl TB24 37.5 MG, 75 MG	1	QL(1 EA daily); MP
venlafaxine hcl TB24 225 MG	4	QL(1 EA daily); PA
venlafaxine hcl TB24 150 MG	1	QL(2 EA daily); MP
Tricyclic Agents		
amitriptyline hcl TABS	1	MP
amoxapine	1	MP
ANAFRANIL *(clomipramine hcl)*	1	MP
clomipramine hcl	1	MP
desipramine hcl TABS	1	MP
doxepin hcl CAPS	1	MP
doxepin hcl CONC	1	MP
imipramine hcl TABS	1	MP
imipramine pamoate	1	MP
nortriptyline hcl CAPS	1	MP
nortriptyline hcl SOLN	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
PAMELOR CAPS *(nortriptyline hcl)*	1	MP
protriptyline hcl	1	MP
trimipramine maleate CAPS	1	MP
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; MP
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		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	3	ST; MP
alogliptin-metformin hcl	3	ST; MP

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Drug Name	Drug Tier	Requirements/ Limits
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	3	ST; MP
dapagliflozin free base-metformin hcl TB24 PO	4	Brand Required; QL(1 EA daily); ST
dapagliflozin free base-metformin hcl TB24 PO	2	Brand Required; QL(2 EA daily); ST
dapagliflozin free base-metformin hcl TB24 PO	2	Brand Required; QL(1 EA daily); ST; MP
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	4	Brand Required; QL(2 EA daily); PA
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	4	Brand Required; QL(1 EA daily); PA
dapagliflozin-saxagliptin	4	QL(1 EA daily); PA
DUETACT *(pioglitazone hcl-glimepiride)*	3	ST; MP
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 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily); MP
glyburide-metformin 250 MG-1.25 MG	1	QL(8 EA daily); MP
GLYXAMBI	1	QL(1 EA daily)
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG	3	QL(1 EA daily)
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	3	QL(2 EA daily)
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	3	QL(1 EA daily); ST; MP
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	3	QL(2 EA daily); ST; MP
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 EA daily); ST; MP
JANUMET XR TB24 1000 MG-50 MG	2	QL(2 EA daily); ST; MP
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin phosphate-metformin hcl)*	2	QL(2 EA daily); ST; MP
JENTADUETO XR TB24	2	QL(1 EA daily); ST; MP
JENTADUETO TABS	2	Brand Required; QL(2 EA daily); ST; MP
pioglitazone hcl-glimepiride	3	ST; MP
pioglitazone hcl-metformin hcl TABS	3	ST; MP
QTERN	4	QL(1 EA daily); PA
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	4	QL(1 EA daily); MP; PA
saxagliptin-metformin hcl 1000 MG-2.5 MG	4	QL(2 EA daily); MP; PA
SEGLUROMET	4	QL(2 EA daily); PA
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	4	QL(2 EA daily); PA
sitagliptin free base-metformin hcl TB24	4	QL(1 EA daily); PA
sitagliptin phosphate-metformin hcl TABS	2	QL(2 EA daily); ST; MP
SOLIQUA	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
STEGLUJAN	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	1	QL(2 EA daily); MP
SYNJARDY XR TB24 1000 MG-25 MG	1	QL(1 EA daily); MP
SYNJARDY TABS	1	QL(2 EA daily); 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 TB24 PO *(dapagliflozin free base-metformin hcl)*	2	Brand Required; QL(1 EA daily); ST; MP
XIGDUO XR TB24 PO *(dapagliflozin free base-metformin hcl)*	2	Brand Required; QL(2 EA daily); ST
XULTOPHY	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
ZITUVIMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); PA
ZITUVIMET XR TB24 1000 MG-50 MG	4	QL(2 EA daily); PA
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin free base-metformin hcl)*	4	QL(2 EA daily); PA
Antidiabetic-Antibodies		
TZIELD	4	QL(28 ML per 14 day(s) retail; 28 ML per 14 days mail); AL(At least 8 yrs old); PA
Biguanides		
metformin hcl SOLN	4	MP; PA
metformin hcl TABS 850 MG, 1000 MG	1	QL(3 EA daily); MP
metformin hcl TABS 750 MG	4	QL(3 EA daily); PA
metformin hcl TABS 500 MG	1	QL(5 EA daily); MP
metformin hcl TABS 625 MG	4	QL(4 EA daily); PA
metformin hcl TB24 500 MG, 1000 MG	4	QL(4 EA daily); PA
metformin hcl TB24 750 MG	1	QL(3 EA daily); MP
metformin hcl TB24 500 MG	1	QL(4 EA daily); MP
Diabetic Other		
BAQSIMI ONE PACK POWD	1	MP
BAQSIMI TWO PACK POWD	1	MP
diazoxide	1	MP
GLUCAGON EMERGENCY	1	MP
glucagon SOLR IJ 1 MG	1	MP
GVOKE HYPOPEN 2-PACK SOAJ	1	MP
GVOKE KIT SOLN	1	MP
GVOKE PFS SOSY 1 MG/0.2ML	1	MP
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	MP
ZEGALOGUE SOAJ	1	MP
ZEGALOGUE SOSY	1	MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	3	ST; MP

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Drug Name	Drug Tier	Requirements/ Limits
BRYNOVIN SOLN PO 25 MG/ML	4	PA
JANUVIA 50 MG, 100 MG *(sitagliptin phosphate)*	2	QL(2 EA daily); ST; MP
JANUVIA 25 MG *(sitagliptin phosphate)*	2	QL(4 EA daily); ST; MP
ONGLYZA 5 MG *(saxagliptin hcl)*	4	QL(1 EA daily); MP; PA
saxagliptin hcl 5 MG	4	QL(1 EA daily); MP; PA
saxagliptin hcl 2.5 MG	4	QL(2 EA daily); MP; PA
sitagliptin 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
sitagliptin phosphate 50 MG, 100 MG	2	QL(2 EA daily); ST; MP
sitagliptin phosphate 25 MG	2	QL(4 EA daily); ST; MP
TRADJENTA	2	QL(1 EA daily); ST; MP
ZITUVIO 25 MG, 50 MG, 100 MG *(sitagliptin)*	4	QL(1 EA daily); PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	QL(6 EA daily); ST
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	4	QL(2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail); PA
exenatide SOPN 10 MCG/0.04ML	4	QL(7.2 ML per 90 day(s) retail; 7 ML per 90 days mail)
exenatide SOPN 5 MCG/0.02ML	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail)
liraglutide	4	Brand Required; QL(0.2 ML daily); PA
liraglutide	4	Brand Required; 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
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
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	3	QL(1 EA daily); ST
RYBELSUS TABS	1	QL(1 EA daily); ST
TRULICITY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); ST
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.2 ML daily)
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.3 ML daily)
Insulin		
ADMELOG SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
ADMELOG SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	4	AL(At least 18 yrs old); MP; 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
BASAGLAR TEMPO PEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); 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	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	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 MIX 50/50 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMALOG TEMPO PEN SOPN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
HUMALOG SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG SOLN IJ	1	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)

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 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 SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	4	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA
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 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
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-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	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO PROT & LISPRO SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
KIRSTY SOLN IJ 100 UNIT/ML	4	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail)
KIRSTY SOPN SC 100 UNIT/ML	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
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 100 UNIT/ML	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
LYUMJEV KWIKPEN SOPN 200 UNIT/ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
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
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
MERILOG SOLN SC 100 UNIT/ML	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); PA
MYXREDLIN	1	Medical Benefit Only; MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R FLEXPEN SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN RELION SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG MIX 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG PENFILL SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP

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Drug Name	Drug Tier	Requirements/ Limits
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
SEMGLEE (YFGN) SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
TOUJEO MAX SOLOSTAR SOPN	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TOUJEO SOLOSTAR SOPN	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	4	Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	4	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA
TRESIBA SOLN	4	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 TABS PO 5 MG, 10 MG	1	Brand Required; QL(1 EA daily); MP; PA
dapagliflozin TABS PO 5 MG, 10 MG	4	Brand Required; QL(1 EA daily); MP; PA
FARXIGA TABS PO *(dapagliflozin)*	1	Brand Required; QL(1 EA daily); MP
INVOKANA 300 MG	3	QL(2 EA daily); ST
INVOKANA 100 MG	3	QL(1 EA daily); ST
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 4 MG	1	QL(2 EA daily); MP
glimepiride 2 MG	1	QL(4 EA daily); MP
glimepiride 3 MG	4	QL(1 EA daily); PA
glimepiride 1 MG	1	QL(8 EA daily); MP
glipizide TABS 15 MG	4	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
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 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	QL(2 EA daily); PA
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	MP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	1	Medical Benefit Only; MP
Antidotes - Chelating Agents		
CHEMET	1	MP
deferasirox PACK	4	MP; PA
deferasirox TABS	4	AL(At least 3 yrs old); MP; PA
deferasirox TBSO	1	AL(At least 3 yrs old); MP
deferiprone TABS	4	MP; PA
EXJADE TBSO *(deferasirox)*	1	AL(At least 3 yrs old); MP
FERRIPROX TWICE-A-DAY TABS	4	MP; PA
FERRIPROX SOLN	4	MP; PA
FERRIPROX TABS *(deferiprone)*	4	MP; PA
JADENU SPRINKLE PACK *(deferasirox)*	4	MP; PA
JADENU TABS *(deferasirox)*	4	AL(At least 3 yrs old); MP; PA
Antidotes and Specific Antagonists		
ACETADOTE SOLN *(acetylcysteine (antidote))*	1	MP
acetylcysteine (antidote) SOLN	1	MP
ANDEXXA 200 MG	1	Medical Benefit Only; MP
BRIDION SOLN	1	MP
CYANOKIT	1	Medical Benefit Only; MP
deferoxamine mesylate	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DESFERAL 500 MG *(deferoxamine mesylate)*	1	MP
DIGIFAB	1	Medical Benefit Only; MP
EDETATE CALCIUM DISODIUM SOLN	1	Medical Benefit Only; MP
fomepizole 1.5 GM/1.5ML	1	MP
methylene blue (antidote) SOLN IV	1	Medical Benefit Only; MP
PRAXBIND	1	Medical Benefit Only; MP
PROVAYBLUE SOLN IV *(methylene blue (antidote))*	1	Medical Benefit Only; MP
VISTOGARD	1	PA
Benzodiazepine Antagonists		
flumazenil	1	MP
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; MP
naloxone hcl LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
naloxone hcl SOCT	1	MP
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	MP
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	MP
naltrexone hcl	1	MP
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	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
VIVITROL	1	MP
ZURNAI IJ 1.5 MG/0.5ML	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 12 yrs old)
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	MP; PA
granisetron hcl TABS	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA
GRANISOL SOLN PO	1	PA
ondansetron hcl SOLN IJ	1	MP
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(50 ML per 10 day(s) retail; 50 ML per 10 days mail)
ondansetron hcl SOSY	1	MP
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	QL(1 EA daily); PA
palonosetron hcl SOLN	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
palonosetron hcl SOSY	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
POSFREA SOLN	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail)
SANCUSO PTCH	4	QL(1 EA per 20 day(s) retail; 1 EA per 20 days mail); PA
SUSTOL PRSY	4	QL(0.4 ML per 7 day(s) retail); PA
Antiemetics - Anticholinergic		
DIMENHYDRINATE SOLN	1	MP
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	1	MP
scopolamine	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TIGAN SOLN	1	MP
TRANSDERM SCOP 1 MG/3DAYS *(scopolamine)*	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TRANSDERM-SCOP *(scopolamine)*	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
trimethobenzamide hcl CAPS	1	MP
Antiemetics - Antidopaminergic		
BARHEMSYS	1	Medical Benefit Only; MP
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	QL(20 ML per 7 day(s) retail; 20 ML per 7 days mail); PA
AKYNZEO (TO-BE-DILUTED) SOLN	4	QL(20 ML per 7 day(s) retail; 20 ML per 7 days mail); PA
BONJESTA TBCR	4	QL(2 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
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
DRONABINOL SOLN 5 MG/ML	1	AL(Up to 6 yrs old); MP; PA
MARINOL CAPS 2.5 MG *(dronabinol)*	4	QL(2 EA daily); 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 CPPK PO	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 CPPK PO *(aprepitant)*	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
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	QL(50 ML per 21 day(s) retail; 50 ML per 21 days mail); PA
fosaprepitant dimeglumine SOLR	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
NAVITRUX SOLR 150 MG	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
NEREUS CAPS PO 85 MG	1	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); AL(At least 18 yrs old); 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
caspofungin acetate	1	MP
CASPOFUNGIN ACETATE 50 MG, 70 MG *(caspofungin acetate)*	1	MP
ERAXIS	1	MP
micafungin sodium	1	MP
MICAFUNGIN SODIUM	1	MP
MICAFUNGIN SODIUM-NACL 0.9 %-50 MG/50ML	1	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail)
MICAFUNGIN SODIUM-NACL 0.9 %-100 MG/100ML	1	QL(3000 ML per 30 day(s) retail; 3000 ML per 30 days mail)
MICAFUNGIN SODIUM-NACL 0.9 %-150 MG/150ML	1	QL(4500 ML per 30 day(s) retail; 4500 ML per 30 days mail)
MYCAMINE 50 MG *(micafungin sodium)*	1	MP
REZZAYO	4	QL(5 EA per 28 day(s) retail; 5 EA per 28 days mail); AL(At least 18 yrs old); PA
Antifungals		
AMBISOME *(amphotericin b liposome)*	1	MP
amphotericin b IV	1	MP
amphotericin b liposome	1	MP
flucytosine	4	MP; PA
griseofulvin microsize SUSP	1	MP
griseofulvin microsize TABS	1	MP
griseofulvin ultramicrosize	1	MP
GRISEOFULVIN ULTRAMICROSIZE 165 MG	1	PA
nystatin TABS	1	MP
terbinafine hcl TABS	1	MP
Imidazole-Related Antifungals		
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

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Drug Name	Drug Tier	Requirements/ Limits
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); MP; PA
DIFLUCAN SUSR 40 MG/ML *(fluconazole)*	1	MP
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	MP
fluconazole SUSR	1	MP
fluconazole TABS 150 MG	1	QL(7 EA per fill retail)
fluconazole TABS 50 MG, 100 MG, 200 MG	1	MP
itraconazole CAPS	1	MP
itraconazole SOLN	1	MP
ketoconazole	4	AL(At least 3 yrs old); MP; PA
MICONAZOLE	1	
NOXAFIL PACK	4	MP; PA
NOXAFIL SOLN *(posaconazole)*	4	MP; PA
NOXAFIL SUSP *(posaconazole)*	4	MP; PA
posaconazole SOLN	4	MP
posaconazole SOLN	4	MP; PA
posaconazole SUSP	4	MP; PA
posaconazole TBEC	4	MP
posaconazole TBEC	4	MP; PA
SPORANOX CAPS *(itraconazole)*	1	MP
TOLSURA CAPS	4	QL(4 EA daily); PA
VFEND IV SOLR *(voriconazole)*	1	Medical Benefit Only; MP
VFEND SUSR *(voriconazole)*	1	MP
VFEND TABS 200 MG *(voriconazole)*	1	MP
VIVJOA	4	QL(18 EA per 84 day(s) retail; 18 EA per 84 days mail); AL(At least 18 yrs old); PA
VORICONAZOLE SOLN IV 200 MG/20ML	1	Medical Benefit Only; MP
voriconazole SOLR	1	Medical Benefit Only; MP
VORICONAZOLE SOLR	1	Medical Benefit Only; MP
voriconazole SUSR	1	MP
voriconazole TABS	1	MP
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	MP
clemastine fumarate SYRP	1	MP; PA
clemastine fumarate TABS 2.68 MG	1	MP; PA
CLEMSZA TABS 2.68 MG *(clemastine fumarate)*	1	MP; PA
diphenhydramine hcl SOLN 50 MG/ML	1	MP
diphenhydramine hcl SOLN 50 MG/ML	1	Medical Benefit Only; MP
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)
DESLORATADINE SOLN PO 0.5 MG/ML	1	AL(Up to 6 yrs old); PA
desloratadine TABS	1	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
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	MP
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	MP
promethazine hcl SUPP	1	QL(4 EA daily)
promethazine hcl TABS	1	MP
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	MP
cyproheptadine hcl TABS	1	MP
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); MP; 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
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	MP
cholestyramine PACK	1	QL(2 EA daily)
cholestyramine POWD	1	MP
colesevelam hcl PACK	4	MP; PA
colesevelam hcl TABS	1	MP
COLESTID GRAN *(colestipol hcl)*	1	MP
COLESTID TABS *(colestipol hcl)*	1	MP
colestipol hcl GRAN	1	MP
colestipol hcl PACK	1	MP
colestipol hcl TABS	1	MP
QUESTRAN LIGHT POWD *(cholestyramine light)*	1	MP
QUESTRAN PACK *(cholestyramine)*	1	QL(2 EA daily)
QUESTRAN POWD *(cholestyramine)*	1	MP
WELCHOL PACK *(colesevelam hcl)*	4	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
WELCHOL TABS *(colesevelam hcl)*	1	MP
Fibric Acid Derivatives		
choline fenofibrate 45 MG	1	QL(2 EA daily)
choline fenofibrate 135 MG	2	ST; MP
fenofibrate micronized 43 MG, 130 MG	2	ST; MP
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	MP
fenofibrate CAPS	2	ST; MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	MP
fenofibrate TABS 40 MG, 120 MG	2	ST; MP
gemfibrozil TABS	1	QL(2 EA daily); MP
LIPOFEN CAPS *(fenofibrate)*	2	ST; MP
LOPID TABS *(gemfibrozil)*	1	QL(2 EA daily); MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	4	MP; PA
ATORVALIQ SUSP	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
atorvastatin calcium TABS 10 MG, 20 MG, 40 MG	1	QL(2 EA daily); MP
atorvastatin calcium TABS 80 MG	1	QL(1 EA daily); MP
fluvastatin sodium CAPS	1	MP; PA
fluvastatin sodium TB24	4	MP; PA
LESCOL XL TB24 *(fluvastatin sodium)*	4	MP; 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	MP; PA
lovastatin TABS	1	QL(2 EA daily); MP
pitavastatin calcium	4	MP; PA
pravastatin sodium 10 MG	1	QL(3 EA daily); MP
pravastatin sodium 80 MG	1	QL(1 EA daily); MP
pravastatin sodium 20 MG, 40 MG	1	QL(2 EA daily); MP
rosuvastatin calcium TABS	1	QL(1 EA daily); MP
simvastatin TABS 5 MG, 80 MG	1	MP
simvastatin TABS 10 MG, 20 MG	1	QL(2 EA daily); MP
simvastatin TABS 40 MG	1	QL(1 EA daily); MP
ZOCOR TABS 40 MG *(simvastatin)*	1	QL(1 EA daily); MP
ZOCOR TABS 10 MG, 20 MG *(simvastatin)*	1	QL(2 EA daily); MP
ZYPITAMAG 2 MG, 4 MG	4	QL(1 EA daily); PA
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	QL(1 EA daily); MP
ZETIA *(ezetimibe)*	1	QL(1 EA daily); MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG	1	PA
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
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	4	QL(360 EA per 60 day(s) retail; 360 EA per 60 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	1	QL(2 EA daily); MP
niacin (antihyperlipidemic) TBCR 500 MG	1	QL(3 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 SURECLICK SOAJ	4	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		
benazepril hcl 10 MG	1	QL(3 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
captopril	2	ST; MP
enalapril maleate SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
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	MP
EPANED SOLN *(enalapril maleate)*	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
fosinopril sodium	1	MP
lisinopril TABS 20 MG	1	QL(4 EA daily); 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
LOTENSIN 10 MG *(benazepril hcl)*	1	QL(3 EA daily); MP
LOTENSIN 20 MG, 40 MG *(benazepril hcl)*	1	QL(2 EA daily); MP
moexipril hcl	2	QL(4 EA daily); MP
perindopril erbumine	2	MP
QBRELIS SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
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
ZESTRIL TABS 2.5 MG, 5 MG *(lisinopril)*	1	QL(6 EA daily); MP
ZESTRIL TABS 10 MG *(lisinopril)*	1	QL(8 EA daily); MP
ZESTRIL TABS 20 MG *(lisinopril)*	1	QL(4 EA daily); MP
ZESTRIL TABS 30 MG, 40 MG *(lisinopril)*	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		
metyrosine	1	MP
phenoxybenzamine hcl	1	MP
phentolamine mesylate SOLR	1	MP
Aldosterone Synthase Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
BAXFENDY TABS PO 1 MG, 2 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	4	QL(330 ML per 33 day(s) retail; 330 ML per 33 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
ATACAND *(candesartan cilexetil)*	1	MP
AVAPRO 150 MG, 300 MG *(irbesartan)*	1	MP
azilsartan medoxomil 40 MG, 80 MG	1	Brand Required; MP; PA
BENICAR 40 MG *(olmesartan medoxomil)*	1	QL(2 EA daily); MP
BENICAR 5 MG *(olmesartan medoxomil)*	1	QL(6 EA daily); MP
BENICAR 20 MG *(olmesartan medoxomil)*	1	QL(3 EA daily); MP
candesartan cilexetil	1	MP
COZAAR 50 MG, 100 MG *(losartan potassium)*	1	QL(3 EA daily); MP
COZAAR 25 MG *(losartan potassium)*	1	QL(4 EA daily); MP
DIOVAN TABS *(valsartan)*	1	MP
EDARBI 40 MG, 80 MG *(azilsartan medoxomil)*	1	Brand Required; MP
irbesartan	1	MP
losartan potassium 50 MG, 100 MG	1	QL(3 EA daily); MP
losartan potassium 25 MG	1	QL(4 EA daily); MP
olmesartan medoxomil 40 MG	1	QL(2 EA daily); MP
olmesartan medoxomil 5 MG	1	QL(6 EA daily); MP
olmesartan medoxomil 20 MG	1	QL(3 EA daily); MP
telmisartan 40 MG	1	QL(3 EA daily); MP
telmisartan 20 MG	1	QL(5 EA daily); MP
telmisartan 80 MG	1	QL(2 EA daily); MP
valsartan SOLN	4	QL(360 ML per 36 day(s) retail; 360 ML per 36 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
valsartan TABS	1	MP
Antiadrenergic Antihypertensives		
CARDURA 1 MG, 2 MG *(doxazosin mesylate)*	1	QL(7 EA daily); MP
CARDURA 8 MG *(doxazosin mesylate)*	1	QL(2 EA daily); MP
CARDURA 4 MG *(doxazosin mesylate)*	1	QL(4 EA daily); MP
CLONIDINE HCL POWD	1	Medical Benefit Only; QL(1 GM per 30 day(s) retail; 1 GM per 30 days mail)
clonidine hcl TABS 0.05 MG	1	QL(1 EA daily); PA
clonidine hcl TABS	1	QL(8 EA daily); MP
clonidine PTWK 0.1 MG/24HR	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 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 TB24	4	MP; 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

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Drug Name	Drug Tier	Requirements/ Limits
guanfacine hcl	1	QL(4 EA daily); MP
JAVADIN SOLN PO 0.02 MG/ML	4	QL(1000 ML per 30 day(s) retail; 1000 ML per 30 days mail); AL(At least 18 yrs old); PA
methyldopa TABS	1	MP
NEXICLON XR TB24 *(clonidine)*	4	MP; PA
prazosin hcl CAPS 2 MG	1	QL(5 EA daily); MP
prazosin hcl CAPS 5 MG	1	QL(8 EA daily); MP
prazosin hcl CAPS 1 MG	1	QL(6 EA daily); MP
terazosin hcl 1 MG	1	QL(19 EA daily); MP
terazosin hcl 5 MG	1	QL(3 EA daily); MP
terazosin hcl 10 MG	1	QL(18 EA daily); MP
terazosin hcl 2 MG	1	QL(4 EA daily); MP
TEZRULY PO 1 MG/ML	1	QL(20 ML daily); PA
Antihypertensive Combinations		
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-benazepril hcl 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily); MP
amlodipine besylate-olmesartan medoxomil	1	MP
amlodipine besylate-valsartan	1	QL(1 EA daily); MP
amlodipine-valsartan-hydrochlorothiazide	2	QL(1 EA daily); MP
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	2	ST; MP
atenolol & chlorthalidone	1	QL(1 EA daily); MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	1	MP
AZOR *(amlodipine besylate-olmesartan medoxomil)*	1	MP
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	2	ST; MP
captopril & hydrochlorothiazide	2	MP
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	1	MP
EDARBYCLOR	1	ST; MP
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)*	2	QL(1 EA daily); MP
fosinopril sodium & hydrochlorothiazide	2	MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	1	QL(2 EA daily); MP
irbesartan-hydrochlorothiazide	1	MP
lisinopril & hydrochlorothiazide	1	QL(4 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
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 10 MG-5 MG *(amlodipine besylate-benazepril hcl)*	1	QL(2 EA daily); MP
LOTREL 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	1	QL(1 EA daily); MP
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG	1	QL(2 EA daily); MP
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG	1	QL(1 EA daily); MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	1	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	ST; MP
olmesartan medoxomil-hydrochlorothiazide	1	QL(2 EA daily); MP
quinapril-hydrochlorothiazide	1	QL(2 EA daily); MP
telmisartan-amlodipine	2	ST; MP
telmisartan-hydrochlorothiazide	1	MP
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; MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	ST; MP
valsartan-hydrochlorothiazide	1	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	1	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
Direct Renin Inhibitors		
aliskiren fumarate	1	MP; PA
TEKTURNA *(aliskiren fumarate)*	1	MP; PA
Endothelin Receptor Antagonists		
TRYVIO	1	QL(1 EA daily); PA
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	MP
INSPRA *(eplerenone)*	1	MP
Vasodilators		
hydralazine hcl SOLN	1	MP
hydralazine hcl TABS 100 MG	1	QL(3 EA daily); MP
hydralazine hcl TABS 25 MG	1	QL(11 EA daily); MP
hydralazine hcl TABS 50 MG	1	QL(5 EA daily); MP
hydralazine hcl TABS 10 MG	1	QL(30 EA daily); MP
minoxidil 10 MG	1	QL(10 EA daily); MP
minoxidil 2.5 MG	1	QL(4 EA daily); MP
NIPRIDE RTU *(nitroprusside sodium-sodium chloride)*	1	Medical Benefit Only; MP
nitroprusside sodium	1	MP
nitroprusside sodium-sodium chloride	1	Medical Benefit Only; MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	4	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
CONTEPO SOLR IV 6 GM	4	QL(42 EA per 14 day(s) retail; 42 EA per 14 days mail); AL(At least 18 yrs old); PA
LIKMEZ SUSP	4	QL(20 ML daily); AL(Up to 10 yrs old); PA
metronidazole CAPS	1	MP; PA
metronidazole SOLN	1	MP
METRONIDAZOLE SOLN *(metronidazole)*	1	MP
metronidazole TABS 125 MG	1	MP; PA
metronidazole TABS 250 MG, 500 MG	1	MP
NEBUPENT IN *(pentamidine isethionate)*	1	MP
PENTAM IJ *(pentamidine isethionate)*	1	MP
pentamidine isethionate IJ	1	MP
tinidazole	1	MP
trimethoprim TABS	1	MP
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	1	MP
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	1	MP
sulfamethoxazole-trimethoprim SOLN	1	MP
sulfamethoxazole-trimethoprim SUSP	1	MP
sulfamethoxazole-trimethoprim TABS	1	MP
XACDURO	1	AL(At least 18 yrs old); MP; PA
Antiprotozoal Agents		
ALINIA SUSR	1	Requires EPSDT PA Review; QL(60 ML per 3 day(s) retail; 60 ML per 3 days mail); AL(Up to 20 yrs old); PA
atovaquone	1	MP
LAMPIT 30 MG	4	QL(9 EA daily); AL(Up to 17 yrs old); PA
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
MEPRON *(atovaquone)*	1	MP
nitazoxanide TABS	4	QL(2 EA daily); PA
Carbapenems		
ertapenem sodium IJ	1	MP
imipenem-cilastatin IV	1	MP
meropenem 2 GM	4	MP; PA
meropenem	1	MP
MEROPENEM 2 GM *(meropenem)*	4	MP; PA
MEROPENEM-SODIUM CHLORIDE	1	MP
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
Cyclic Lipopeptides		
daptomycin	1	MP
DAPTOMYCIN *(daptomycin)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DAPTOMYCIN	1	MP
DAPTOMYCIN-SODIUM CHLORIDE	1	MP
Glycopeptides		
dalbavancin hcl 500 MG	4	QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA
DALVANCE 500 MG *(dalbavancin hcl)*	4	QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA
FIRVANQ SOLR PO 25 MG/ML *(vancomycin hcl)*	1	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
FIRVANQ SOLR PO 25 MG/ML *(vancomycin hcl)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	1	QL(600 ML per 10 day(s) retail; 600 ML per 10 days mail)
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)
TYZAVAN SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	1	MP
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	1	MP
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	1	MP
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	MP
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	1	MP
vancomycin hcl CAPS	1	MP
vancomycin hcl CAPS	1	MP
vancomycin hcl SOLN IV 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	1	MP
VANCOMYCIN HCL SOLN IV 500 MG/100ML	1	MP
vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	1	QL(600 ML per 10 day(s) retail; 600 ML per 10 days mail)
vancomycin hcl SOLR PO 25 MG/ML	1	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl SOLR PO 25 MG/ML	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
vancomycin hcl SOLR PO 250 MG/5ML	1	QL(160 ML per 10 day(s) retail; 160 ML per 10 days mail)
vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG	1	MP
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	1	MP
VANCOMYCIN HCL SOLR IV	1	MP
VIBATIV 750 MG	1	MP
Leprostatics		
dapsone	1	MP
Lincosamides		
CLEOCIN *(clindamycin hcl)*	1	MP
CLEOCIN *(clindamycin palmitate hydrochloride)*	1	MP
CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)*	1	MP
CLEOCIN PHOSPHATE SOLN IJ	1	MP
clindamycin hcl	1	MP
clindamycin palmitate hydrochloride	1	MP
clindamycin phosphate in d5w	1	MP
CLINDAMYCIN PHOSPHATE IN NACL	1	MP
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1	MP
LINCOCIN *(lincomycin hcl)*	1	MP
lincomycin hcl	1	MP
Monobactams		
AZACTAM *(aztreonam)*	1	MP
aztreonam	1	MP
CAYSTON	4	QL(84 ML per 55 day(s) retail; 84 ML per 55 days mail); PA
EMBLAVEO SOLR IV	4	QL(57 EA per 14 day(s) retail; 57 EA per 14 days mail); AL(At least 18 yrs old); PA
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
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

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Drug Name	Drug Tier	Requirements/ Limits
ZYVOX SOLN *(linezolid)*	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
ZYVOX SUSR *(linezolid)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
ZYVOX TABS *(linezolid)*	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
Penems		
ORLYNVAH TABS PO	4	QL(10 EA per 5 day(s) retail; 10 EA per 5 days mail); AL(At least 18 yrs old); GL; PA
Polymyxins		
colistimethate sodium	1	MP
COLY-MYCIN M *(colistimethate sodium)*	1	MP
polymyxin b sulfate SOLR	1	MP
Urinary Anti-infectives		
BLUJEPA TABS PO 750 MG	4	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail); AL(At least 12 yrs old); PA
BLUJEPA TABS PO 750 MG	4	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail); AL(At least 12 yrs old); GL
fosfomycin tromethamine	1	MP
MACROBID *(nitrofurantoin monohyd macro)*	1	MP
methenamine hippurate	1	MP
methenamine mandelate	1	MP
nitrofurantoin 25 MG/5ML	1	MP
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	MP
nitrofurantoin monohyd macro	1	MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	MP
COARTEM	1	MP
MALARONE *(atovaquone-proguanil hcl)*	1	MP
Antimalarials		
ARTESUNATE	1	Medical Benefit Only; MP
chloroquine phosphate TABS	1	MP
hydroxychloroquine sulfate	1	MP
KRINTAFEL	1	QL(2 EA per fill retail); AL(At least 16 yrs old)
mefloquine hcl	1	MP
primaquine phosphate TABS	1	MP
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	1	MP
pyrimethamine	4	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
quinine sulfate CAPS 324 MG	4	MP; PA
SOVUNA	1	MP
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOSY	1	MP
FIRDAPSE	4	QL(8 EA daily); PA
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	MP
NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)*	1	MP
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	MP
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	MP
neostigmine methylsulfate SOSY	1	MP
NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)*	1	MP
pyridostigmine bromide SOLN PO	1	MP
pyridostigmine bromide TABS 60 MG	1	MP
pyridostigmine bromide TABS 30 MG	4	MP; PA
pyridostigmine bromide TBCR	1	MP
REGONOL SOLN IV	1	MP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	MP
ethambutol hcl TABS	1	MP
isoniazid SOLN	1	MP
isoniazid SYRP	1	MP
isoniazid TABS	1	MP
PRIFTIN	1	MP
pyrazinamide	1	MP
rifabutin	1	MP
RIFADIN SOLR *(rifampin)*	1	MP
rifampin CAPS	1	MP
rifampin SOLR	1	MP
SIRTURO 20 MG	1	AL(At least 5 yrs old); MP
SIRTURO 100 MG	1	QL(188 EA per 168 day(s) retail; 188 EA per 168 days mail); AL(At least 5 yrs old)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	1	MP
BENDAMUSTINE HCL SOLN	1	MP
bendamustine hcl SOLR	1	MP
BENDEKA SOLN	1	MP
busulfan SOLN	1	MP
BUSULFEX SOLN *(busulfan)*	1	MP
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	1	MP
carmustine	1	MP
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	MP
CISPLATIN SOLN 200 MG/200ML *(cisplatin)*	1	MP
CISPLATIN SOLR	1	MP
cyclophosphamide CAPS	1	MP
cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE SOLN	1	MP
CYCLOPHOSPHAMIDE SOLN	1	MP
CYCLOPHOSPHAMIDE SOLN *(cyclophosphamide)*	1	MP
cyclophosphamide SOLR IJ	1	MP
CYCLOPHOSPHAMIDE TABS 50 MG	1	MP
EVDI IV 1 MG/20ML	1	Medical Benefit Only; MP
EVOMELA IV	1	MP
FRINDOVYX SOLN	1	MP
GLIADEL WAFER	1	MP
GRAFAPEX SOLR IV 1 GM, 5 GM	1	Medical Benefit Only; MP
HEPZATO W/50MM CATHETER IA	1	Medical Benefit Only; MP
HEPZATO W/62MM CATHETER IA	1	Medical Benefit Only; MP
IFEX SOLR *(ifosfamide)*	1	MP
IFEX SOLR	1	MP
ifosfamide SOLN	1	MP
ifosfamide SOLR	1	MP
IFOSFAMIDE SOLR	1	MP
IVRA IV 90 MG/ML	1	MP; PA
KEMOPLAT SOLN	1	MP
KYXATA SOLN 80 MG/8ML, 500 MG/50ML	1	MP
lomustine	1	
melphalan hcl IV	1	MP
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	1	MP
TEMODAR SOLR	1	MP
temozolomide CAPS	1	MP
TEPADINA *(thiotepa)*	1	MP
TEPADINA SOLR IV 200 MG/200ML	1	MP
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	1	MP
thiotepa	1	MP
TREANDA SOLR *(bendamustine hcl)*	1	MP
VIVIMUSTA SOLN	1	MP
YONDELIS	1	Medical Benefit Only; MP
ZEPZELCA	4	MP; PA
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	1	MP
ARRANON *(nelarabine)*	1	MP
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	1	MP
AXTLE	4	MP; PA
azacitidine SUSR	1	MP
capecitabine	1	MP
cladribine 10 MG/10ML	1	MP
clofarabine	1	MP
cytarabine SOLN	1	MP
cytarabine SOLN 20 MG/ML	1	Medical Benefit Only; MP
decitabine	1	MP
FAVLYXA 2.5 GM/100ML, 250 MG/10ML	1	MP; PA
fludarabine phosphate SOLN	1	MP
fludarabine phosphate SOLR	1	MP
fluorouracil 500 MG/10ML	1	Medical Benefit Only; MP
fluorouracil	1	MP
FOLOTYN 20 MG/ML, 40 MG/2ML *(pralatrexate)*	4	MP; PA
gemcitabine hcl SOLN	1	MP
GEMCITABINE HCL SOLN	1	MP
GEMCITABINE HCL SOLN	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
GEMCITABINE HCL SOLN *(gemcitabine hcl)*	1	MP
gemcitabine hcl SOLR	1	MP
INLEXZO IMPL IS 225 MG	1	Medical Benefit Only; MP
JYLAMVO SOLN PO	4	AL(At least 18 yrs old); MP; PA
mercaptopurine SUSP 2000 MG/100ML	4	AL(Up to 10 yrs old); MP
mercaptopurine TABS	1	MP
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	MP
methotrexate sodium SOLR	1	MP
methotrexate sodium TABS 2.5 MG	1	MP
nelarabine	1	MP
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	MP; PA
PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML	1	MP; PA
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	MP
pemetrexed disodium SOLR	1	MP
PEMFEXY	1	MP
PEMFEXY	4	MP; PA
PEMRYDI RTU SOLN 100 MG/10ML	4	MP; PA
PEMRYDI RTU SOLN 500 MG/50ML	1	MP; PA
pralatrexate	4	MP; PA
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	4	AL(Up to 10 yrs old); MP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	1	MP
VIDAZA SUSR *(azacitidine)*	1	MP
XATMEP SOLN PO	1	AL(Up to 10 yrs old); MP
XELODA 500 MG *(capecitabine)*	1	MP
Antineoplastic - Angiogenesis Inhibitors		
ALYMSYS	4	MP; PA
AVASTIN	1	MP
CYRAMZA	4	MP; PA
FRUZAQLA 1 MG	4	QL(3 EA daily); PA
FRUZAQLA 5 MG	4	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
INLYTA	1	MP
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	4	MP
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
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(2 EA daily); PA
MVASI	1	MP
VEGZELMA	4	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZALTRAP	1	MP
ZIRABEV	4	MP; PA
Antineoplastic - Antibodies		
ADCETRIS	1	Medical Benefit Only; MP
BAVENCIO	1	Medical Benefit Only; MP
BESPONSA	1	Medical Benefit Only; MP
BIZENGRI (750 MG DOSE)	1	Medical Benefit Only; MP
BLENREP	4	AL(At least 18 yrs old); MP; PA
BLINCYTO	4	MP; PA
COLUMVI	1	Medical Benefit Only; MP
DANYELZA	1	Medical Benefit Only; MP
DARZALEX	1	Medical Benefit Only; MP
DECNUPAZ SOLR IV 2 MG	1	QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); PA
ELAHERE	4	MP; PA
ELREXFIO	1	Medical Benefit Only; MP
EMPLICITI	1	Medical Benefit Only; MP
EMRELIS SOLR IV 20 MG, 100 MG	1	MP; PA
ENHERTU	4	MP; PA
EPKINLY	1	Medical Benefit Only; MP
GAZYVA	1	Medical Benefit Only; MP
IMDELLTRA	1	Medical Benefit Only; MP
IMFINZI	1	Medical Benefit Only; MP
IMJUDO	1	Medical Benefit Only; MP
JEMPERLI	4	MP; PA
KADCYLA	1	Medical Benefit Only; MP
KEYTRUDA	1	Medical Benefit Only; MP
KIMMTRAK	1	Medical Benefit Only; MP
LIBTAYO	4	QL(7 ML per 21 day(s) retail; 7 ML per 21 days mail); PA
LOQTORZI	4	QL(18 ML per 14 day(s) retail; 18 ML per 14 days mail); PA
LUNSUMIO	1	Medical Benefit Only; MP
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	1	Medical Benefit Only; MP
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	1	Medical Benefit Only; MP
MONJUVI	1	Medical Benefit Only; MP
OPDIVO	1	Medical Benefit Only; MP
PADCEV	4	MP; PA
POLIVY	1	Medical Benefit Only; MP
POTELIGEO	1	Medical Benefit Only; MP
RIABNI	1	Medical Benefit Only; MP
RITUXAN	1	Medical Benefit Only; MP
RUXIENCE	1	Medical Benefit Only; MP
RYBREVANT	1	Medical Benefit Only; MP
SARCLISA	4	MP; PA
TALVEY	1	Medical Benefit Only; MP
TECENTRIQ	1	Medical Benefit Only; MP
TECVAYLI	1	Medical Benefit Only; MP
TEVIMBRA	4	MP; PA
TIVDAK	4	QL(5 EA per 21 day(s) retail; 5 EA per 21 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
TRUXIMA	1	Medical Benefit Only; MP
UNITUXIN	1	QL(5 ML daily)
UNLOXCYT SOLN IV 300 MG/5ML	1	Medical Benefit Only; MP
VYLOY	1	Medical Benefit Only; MP
YERVOY	1	Medical Benefit Only; MP
ZEVALIN Y-90	1	Medical Benefit Only; MP
ZYNLONTA	4	MP; PA
ZYNYZ	1	Medical Benefit Only; MP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	4	MP; PA
HERCESSI	4	MP; PA
HERNEXEOS TABS PO 60 MG	4	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
HERZUMA	4	MP; PA
KANJINTI 420 MG	4	MP; PA
KANJINTI	4	MP; PA
OGIVRI	4	MP; PA
ONTRUZANT	4	MP; PA
PERJETA	1	Medical Benefit Only; MP
TRAZIMERA 420 MG	1	Medical Benefit Only; MP
TRAZIMERA	4	MP; PA
TUKYSA 150 MG	4	QL(4 EA daily); PA
TUKYSA 50 MG	4	QL(2 EA daily); PA
ZIIHERA	1	MP; 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 100 MG	4	QL(4 EA daily); PA
VENCLEXTA TABS 10 MG	4	QL(14 EA per fill retail); PA
VENCLEXTA TABS 50 MG	4	QL(7 EA per fill retail); PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	1	Medical Benefit Only; MP
AUCATZYL	1	Medical Benefit Only; MP
BREYANZI	1	Medical Benefit Only; MP
CARVYKTI	1	Medical Benefit Only; MP
KYMRIAH	1	Medical Benefit Only; MP
OMISIRGE	1	Medical Benefit Only; MP
PROVENGE	1	Medical Benefit Only; MP
TECARTUS	1	Medical Benefit Only; MP
TECELRA	1	Medical Benefit Only; MP
YESCARTA	1	Medical Benefit Only; MP
Antineoplastic - EGFR Inhibitors		
ERBITUX	1	MP
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 80 MG	1	QL(2 EA daily); PA
LAZCLUZE 240 MG	1	QL(1 EA daily); PA
TAGRISSO	4	QL(1 EA daily); PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	1	MP
VIZIMPRO	4	QL(1 EA daily); PA
Antineoplastic - Gene Therapy Agents		

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Drug Name	Drug Tier	Requirements/ Limits
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		
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	4	QL(4 EA daily); PA
abiraterone acetate 500 MG	4	QL(2 EA daily); PA
AKEEGA	4	QL(2 EA daily); PA
anastrozole	1	MP
ARIMIDEX *(anastrozole)*	1	MP
AROMASIN *(exemestane)*	1	MP
bicalutamide	1	MP
CAMCEVI	4	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX *(bicalutamide)*	1	MP
CLIGAVYX SOSY 250 MG/5ML	1	MP
ELIGARD SC	1	MP; PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
ERLEADA 60 MG	4	QL(4 EA daily); PA
exemestane	1	MP

Drug Name	Drug Tier	Requirements/ Limits
FARESTON *(toremifene citrate)*	1	MP
FASLODEX SOSY *(fulvestrant)*	1	MP
FEMARA *(letrozole)*	1	MP
FIRMAGON 80 MG	1	MP; PA
FIRMAGON (240 MG DOSE)	1	MP; PA
fulvestrant SOSY	1	MP
INLURIYO TABS PO 200 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
letrozole	1	MP
leuprolide acetate (3 month) INJ 22.5 MG	1	MP; PA
leuprolide acetate KIT IJ 1 MG/0.2ML	1	MP; PA
LIFYORLI (125 MG DOSE) CPPK PO	1	QL(18 EA per 28 day(s) retail; 18 EA per 28 days mail); AL(At least 18 yrs old); PA
LIFYORLI (150 MG DOSE) CPPK PO	1	QL(27 EA per 28 day(s) retail; 27 EA per 28 days mail); AL(At least 18 yrs old); 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); PA
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	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); PA

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6-MONTH) IM	1	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); PA
LUTRATE DEPOT INJ 22.5 MG	1	MP; PA
LYSODREN	1	MP
megestrol acetate SUSP	1	MP
megestrol acetate TABS	1	MP
nilutamide	1	MP
NUBEQA	4	QL(4 EA daily); PA
ORGOVYX	4	QL(1 EA daily); PA
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	MP
toremifene citrate	1	MP
TRELSTAR MIXJECT	1	MP; PA
VEPPANU TABS PO 100 MG, 200 MG	4	QL(1 EA daily); 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 500 MG *(abiraterone acetate)*	4	QL(2 EA daily); PA
ZYTIGA 250 MG *(abiraterone acetate)*	4	QL(4 EA daily); PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	4	QL(3 EA daily); PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(pomalidomide)*	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	4	PA
REVUFORJ	4	QL(2 EA daily); PA
REVUFORJ 25 MG	4	QL(8 EA daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); PA
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	1	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 ONCE WEEKLY) 10 MG	4	QL(16 EA per 28 day(s) retail; 16 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

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Drug Name	Drug Tier	Requirements/ Limits
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 ONCE WEEKLY) 80 MG	1	QL(4 EA per 28 day(s) retail; 4 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	MP
dactinomycin	1	MP
daunorubicin hcl SOLN	1	MP
DAUNORUBICIN HCL SOLN *(daunorubicin hcl)*	1	MP
DOXIL SUSP *(doxorubicin hcl liposomal)*	1	MP
doxorubicin hcl liposomal SUSP	1	MP
doxorubicin hcl SOLN	1	MP
DOXORUBICIN HCL SOLN *(doxorubicin hcl)*	1	MP
doxorubicin hcl SOLR 10 MG, 50 MG	1	MP
ELLENCE SOLN	1	MP
IDAMYCIN PFS *(idarubicin hcl)*	1	MP
idarubicin hcl	1	MP
JELMYTO KIT UL 40 MG	1	Medical Benefit Only; MP
mitomycin SOLR IV	1	MP
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	1	MP
valrubicin	1	MP
VALSTAR *(valrubicin)*	1	MP
ZUSDURI KIT IS	1	Medical Benefit Only; MP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	1	QL(66 EA per 28 day(s) retail; 66 EA per 28 days mail); PA
DARZALEX FASPRO	1	Medical Benefit Only; MP
HERCEPTIN HYLECTA	1	QL(5 ML per 21 day(s) retail; 5 ML per 21 days mail); PA
INQOVI	4	QL(5 EA per 28 day(s) retail; 5 EA per 28 days mail); AL(At least 18 yrs old); PA
KEYTRUDA QLEX SOLN SC	1	Medical Benefit Only; MP
LONSURF	4	MP; PA
OPDIVO QVANTIG	1	Medical Benefit Only; MP
OPDUALAG	1	Medical Benefit Only; MP
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; MP
RYBREVANT FASPRO SOLN SC	1	Medical Benefit Only; MP
TECENTRIQ HYBREZA	1	Medical Benefit Only; MP
VYXEOS	1	Medical Benefit Only; MP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	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
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 160 MG	4	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); PA
AUGTYRO 160 MG	4	QL(2 EA daily); PA
AUGTYRO 40 MG	4	QL(8 EA daily); 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
BALVERSA 3 MG	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
BELEODAQ	4	MP; PA
BORTEZOMIB SOLN IV	1	MP
bortezomib SOLR IJ	1	MP
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1	MP
BORUZU SOLN IJ	4	MP; PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); PA
BOSULIF CAPS 100 MG	4	QL(5 EA daily); PA
BOSULIF TABS 100 MG, 400 MG, 500 MG *(bosutinib)*	4	QL(1 EA daily); PA
bosutinib TABS 100 MG, 400 MG, 500 MG	4	QL(1 EA daily); PA
BRAFTOVI 75 MG	4	QL(6 EA daily); PA
BRUKINSA	4	QL(4 EA daily); PA
BRUKINSA PO 160 MG	4	QL(2 EA daily)
CABOMETYX TABS	4	QL(1 EA daily); PA
CALQUENCE	1	QL(2 EA daily); PA
CAPRELSA	1	MP
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	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
dasatinib 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); PA
dasatinib 80 MG	1	Medical Benefit Only; QL(1 EA daily); PA
dasatinib 20 MG, 50 MG	4	QL(2 EA daily); PA
ENSACOVE CAPS PO 25 MG, 100 MG	1	PA
everolimus TABS	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
everolimus TABS 5 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
everolimus TBSO	4	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); MP; 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 2 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 2 yrs old); PA
GOMEKLI CAPS PO 1 MG	1	QL(126 EA per 28 day(s) retail; 126 EA per 28 days mail); AL(At least 2 yrs old); PA
GOMEKLI TBSO PO 1 MG	1	QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail); AL(At least 2 yrs old); PA
HYRNUO TABS PO 10 MG	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
IBRANCE CAPS 100 MG, 125 MG	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
IBTROZI CAPS PO 200 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
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 400 MG	1	QL(2 EA daily)
imatinib mesylate TABS 100 MG	1	QL(3 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
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 140 MG, 280 MG, 420 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
IMKELDI SOLN	1	QL(280 ML per 28 day(s) retail; 280 ML per 28 days mail); PA
INREBIC	4	QL(4 EA daily); PA
ISTODAX SOLR *(romidepsin)*	4	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ITOVEBI 9 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ITOVEBI 3 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
JAKAFI 5 MG	4	QL(2 EA daily; 6 EA per 3 day(s) retail; 6 EA per 3 days mail); PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	4	QL(2 EA daily); PA
JAKAFI XR PO 11 MG	4	QL(1 EA daily; 3 EA per 3 day(s) retail; 3 EA per 3 days mail)
JAKAFI XR PO 22 MG, 33 MG, 44 MG, 55 MG	4	QL(1 EA daily); PA
JAYPIRCA 50 MG	4	QL(1 EA daily); PA
JAYPIRCA 100 MG	4	QL(2 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 25 MG	4	QL(4 EA daily); AL(At least 2 yrs old); PA
KOSELUGO 10 MG	4	QL(10 EA daily); AL(At least 2 yrs old); PA
KOSELUGO PO 5 MG	4	QL(600 EA per 30 day(s) retail; 600 EA per 30 days mail); PA
KOSELUGO PO 7.5 MG	4	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); PA
KRAZATI	4	QL(6 EA daily); PA
KYPROLIS	1	MP
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
LUMAKRAS 120 MG	4	QL(8 EA daily); PA
LUMAKRAS 240 MG	4	QL(4 EA daily); PA
LUMAKRAS 320 MG	4	QL(3 EA daily); 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

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Drug Name	Drug Tier	Requirements/ Limits
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)
NILOTINIB D-TARTRATE CAPS PO 150 MG, 200 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
NILOTINIB D-TARTRATE CAPS PO 150 MG, 200 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
NILOTINIB D-TARTRATE CAPS PO 50 MG	1	QL(4 EA daily); PA
NILOTINIB D-TARTRATE CAPS PO 50 MG	1	QL(4 EA daily); PA
nilotinib hcl 50 MG, 150 MG, 200 MG	4	QL(4 EA daily); PA
NINLARO	4	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA
OGSIVEO 50 MG	4	QL(6 EA daily); PA
OGSIVEO 100 MG, 150 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
OJEMDA SUSR	1	QL(96 ML per 28 day(s) retail; 96 ML per 28 days mail); AL(Up to 10 yrs old); PA
OJEMDA TABS	1	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJEMDA TABS	1	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJEMDA TABS	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJJAARA	4	QL(1 EA daily); PA
pazopanib hcl	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
pazopanib hcl	1	
PEMAZYRE	4	QL(14 EA per 20 day(s) retail; 14 EA per 20 days mail); PA
PHYRAGO 20 MG, 50 MG	4	QL(2 EA daily); PA
PHYRAGO 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); 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 40 MG	4	QL(2 EA daily); AL(At least 12 yrs old); PA
RETEVMO CAPS 80 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
RETEVMO TABS 40 MG	4	QL(120 EA per 40 day(s) retail; 120 EA per 40 days mail); PA
RETEVMO TABS 80 MG, 120 MG, 160 MG	4	QL(2 EA daily); PA
REZLIDHIA	4	QL(2 EA daily); PA
ROMIDEPSIN SOLN	4	MP; PA
romidepsin SOLR	4	MP; PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); 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; MP
SCEMBLIX 40 MG	4	QL(10 EA daily); PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA
SCEMBLIX 20 MG	4	QL(2 EA daily); PA
sorafenib tosylate	1	QL(4 EA daily)
SPRYCEL 20 MG, 50 MG *(dasatinib)*	4	QL(2 EA daily); PA
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG *(dasatinib)*	4	QL(1 EA daily); PA
STIVARGA	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
sunitinib malate	1	MP
SUTENT *(sunitinib malate)*	1	MP
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
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 0.25 MG	4	QL(3 EA daily); PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	QL(1 EA daily); PA
TASIGNA 50 MG, 150 MG, 200 MG *(nilotinib hcl)*	4	QL(4 EA daily); PA
TAZVERIK	4	QL(8 EA daily); PA
temsirolimus	1	MP
TEPMETKO	4	QL(2 EA daily); AL(At least 18 yrs old); PA
TIBSOVO	4	QL(2 EA daily); PA
TORISEL *(temsirolimus)*	1	MP
TRUQAP TABS	4	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); PA
TRUQAP TBPK	4	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); 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

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Drug Name	Drug Tier	Requirements/ Limits
VANFLYTA	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VELCADE SOLR IJ *(bortezomib)*	1	MP
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	MP; PA
VITRAKVI SOLN	4	MP; PA
VONJO	4	QL(4 EA daily); PA
VORANIGO 40 MG	1	QL(1 EA daily); PA
VORANIGO 10 MG	1	QL(2 EA daily); PA
VOTRIENT *(pazopanib hcl)*	1	
XALKORI CAPS	4	QL(2 EA daily); PA
XALKORI CPSP 150 MG	4	QL(6 EA daily); PA
XALKORI CPSP 20 MG, 50 MG	4	QL(4 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); MP; PA
ONCASPAR	4	MP; PA
RYLAZE	4	MP; PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Radiopharmaceuticals		
LUTATHERA	1	Medical Benefit Only; MP
PLUVICTO	1	Medical Benefit Only; MP
XOFIGO	1	Medical Benefit Only; MP
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	1	MP
ANKTIVA	1	Medical Benefit Only; MP
arsenic trioxide	1	MP
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	MP
dacarbazine SOLR	1	MP
ELZONRIS	1	Medical Benefit Only; MP
HYDREA *(hydroxyurea)*	1	MP
hydroxyurea	1	MP
LYMPHIR SOLR IV 300 MCG	1	Medical Benefit Only; MP
MATULANE	1	MP
NIPENT	1	MP
TICE BCG	1	MP
tretinoin (chemotherapy)	1	QL(3 EA daily)
TRISENOX *(arsenic trioxide)*	1	MP
Chemotherapy Adjuncts		
ELITEK	1	MP
KEPIVANCE 5.16 MG	4	MP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	1	Medical Benefit Only; MP
dexrazoxane hcl	1	MP
ETHYOL	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
IWILFIN	4	QL(8 EA daily); PA
KHAPZORY 175 MG	4	MP; PA
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	1	MP
leucovorin calcium SOLR	1	MP
leucovorin calcium TABS	1	MP
levoleucovorin calcium SOLN 175 MG/17.5ML	1	MP
mesna SOLN	1	MP
mesna TABS	1	MP
MESNEX SOLN *(mesna)*	1	MP
MESNEX TABS	1	MP
PEDMARK	4	AL(Up to 18 yrs old); MP; PA
VORAXAZE	1	Medical Benefit Only; MP
VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML	1	MP
Mitotic Inhibitors		
ABRAXANE *(paclitaxel protein-bound particles)*	1	MP
AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	1	MP
BEIZRAY CONC 20 MG/ML	1	MP
BEIZRAY SOLN IV	4	MP; PA
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	MP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML *(docetaxel)*	1	MP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	MP
docetaxel SOLN	1	MP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	1	MP
DOCETAXEL SOLN *(docetaxel)*	1	MP
DOCIVYX SOLN	1	MP
eribulin mesylate	1	Medical Benefit Only; MP
ETOPOPHOS	1	MP
etoposide CAPS	1	MP
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	1	MP
HALAVEN *(eribulin mesylate)*	1	Medical Benefit Only; MP
IXEMPRA KIT	1	Medical Benefit Only; MP
JEVTANA	1	Medical Benefit Only; MP
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML	1	MP
PACLITAXEL PROTEIN-BOUND PART	1	MP
paclitaxel protein-bound particles	1	MP
vinblastine sulfate SOLN	1	MP
vincristine sulfate	1	MP
vinorelbine tartrate	1	MP
Oncolytic Viral Agents		
IMLYGIC	1	Medical Benefit Only; MP
Topoisomerase I Inhibitors		
CAMPTOSAR *(irinotecan hcl)*	1	MP
DATROWAY	1	MP; PA
HYCAMTIN CAPS	1	MP
irinotecan hcl	1	MP
ONIVYDE IV 43 MG/10ML	1	Medical Benefit Only; MP
topotecan hcl SOLN	1	MP
TOPOTECAN HCL SOLN *(topotecan hcl)*	1	MP
topotecan hcl SOLR	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
TRODELVY	4	MP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	MP
NOURIANZ	4	QL(1 EA daily); PA
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1	MP
benztropine mesylate TABS	1	MP
trihexyphenidyl hcl SOLN	1	MP
trihexyphenidyl hcl TABS	1	MP
Antiparkinson COMT Inhibitors		
entacapone	1	MP
ONGENTYS	4	QL(1 EA daily); AL(At least 18 yrs old); PA
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	MP
apomorphine hydrochloride SOCT	1	MP
bromocriptine mesylate CAPS	1	MP
bromocriptine mesylate TABS 2.5 MG	1	MP
carbidopa-levodopa CPCR	4	Brand Required; QL(3 EA daily); PA
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	MP
carbidopa-levodopa TABS	1	QL(11 EA daily); MP
carbidopa-levodopa TBCR	1	QL(4 EA daily); MP
carbidopa-levodopa TBDP	1	MP
CREXONT CPCR	4	QL(4 EA daily); 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
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	QL(20 ML daily); PA
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 1.5 MG	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TABS 0.125 MG	1	QL(20 EA daily); MP
pramipexole dihydrochloride TABS 0.5 MG	1	QL(9 EA daily); MP
pramipexole dihydrochloride TABS 0.25 MG	1	QL(10 EA daily); MP
pramipexole dihydrochloride TB24	4	QL(1 EA daily); PA
ropinirole hydrochloride TABS 3 MG	1	QL(6 EA daily); MP
ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	1	MP
ropinirole hydrochloride TABS 4 MG, 5 MG	1	QL(3 EA daily); MP
ropinirole hydrochloride TABS 0.5 MG	1	QL(7 EA daily); MP
ropinirole hydrochloride TB24	4	MP; PA
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG *(carbidopa-levodopa)*	4	Brand Required; QL(3 EA daily); PA
SINEMET TABS 100 MG-10 MG *(carbidopa-levodopa)*	1	QL(11 EA daily); MP
VYALEV SOLN SC	1	QL(20 ML daily); 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	MP
selegiline hcl TABS	1	MP
XADAGO	4	QL(1 EA daily); PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	MP
lithium carbonate CAPS	1	MP
lithium carbonate TABS	1	MP
lithium carbonate TBCR	1	MP
LITHOBID TBCR *(lithium carbonate)*	1	MP
Antipsychotics - Misc.		
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 hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
GEODON *(ziprasidone mesylate)*	1	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 0.5 MG, 0.75 MG	3	QL(1 EA daily); AL(At least 5 yrs old)
VRAYLAR CAPS	3	QL(1 EA daily); AL(At least 5 yrs old); ST

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Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl	1	QL(2 EA daily); AL(At least 5 yrs old); MP
ziprasidone mesylate	1	MP
Benzisoxazoles		
BYSANTI TITRATION PACK A TBPK PO	4	QL(8 EA per 4 day(s) retail; 8 EA per 4 days mail); AL(At least 18 yrs old); PA
BYSANTI TITRATION PACK B TBPK PO	4	QL(12 EA per 4 day(s) retail; 12 EA per 4 days mail); AL(At least 18 yrs old); PA
BYSANTI TITRATION PACK C TBPK PO	4	QL(8 EA per 3 day(s) retail; 8 EA per 3 days mail); AL(At least 18 yrs old); PA
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	3	QL(2 EA daily); AL(At least 18 yrs old); PA
ERZOFRI 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail)
ERZOFRI 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail)
ERZOFRI 351 MG/2.25ML	1	QL(2.25 ML per 28 day(s) retail; 2 ML per 28 days mail)
ERZOFRI 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
ERZOFRI 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
ERZOFRI 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)

Drug Name	Drug Tier	Requirements/ Limits
FANAPT	2	QL(2 EA daily); AL(At least 5 yrs old); ST
FANAPT TITRATION PACK A	2	QL(2 EA daily; 8 EA per 4 day(s) retail; 8 EA per 4 days mail); AL(At least 5 yrs old)
FANAPT TITRATION PACK B	2	QL(12 EA per 4 day(s) retail; 12 EA per 4 days mail); AL(At least 5 yrs old)
FANAPT TITRATION PACK C	2	QL(2 EA daily; 8 EA per 4 day(s) retail; 8 EA per 4 days mail)
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 1092 MG/3.5ML	1	QL(3.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ML per 180 day(s) retail; 5 ML per 180 days mail)
INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
INVEGA SUSTENNA 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA SUSTENNA 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail)
INVEGA SUSTENNA 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
INVEGA TRINZA 410 MG/1.32ML	1	QL(1.32 ML per 84 day(s) retail; 1 ML per 84 days mail)
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	1	QL(0.88 ML per 84 day(s) retail; 1 ML per 84 days mail)
INVEGA TRINZA 819 MG/2.63ML	1	QL(2.63 ML per 84 day(s) retail; 3 ML per 84 days mail)
paliperidone 1.5 MG, 3 MG, 9 MG	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
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
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 3 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old)
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
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 50 MG/0.14ML	1	QL(0.14 ML per 28 day(s) retail); 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 100 MG/0.28ML	1	QL(0.28 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 200 MG/0.56ML	1	QL(0.56 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 5 yrs old)
UZEDY SUSY 150 MG/0.42ML	1	QL(0.42 ML per 56 day(s) retail); AL(At least 5 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
UZEDY SUSY 75 MG/0.21ML	1	QL(0.21 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 250 MG/0.7ML	1	QL(0.7 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 5 yrs old)
Butyrophenones		
haloperidol decanoate	1	MP
haloperidol lactate CONC	1	MP
haloperidol lactate SOLN	1	MP
haloperidol TABS	1	MP
Dibenzapines		
ADASUVE	1	Medical Benefit Only; MP
asenapine maleate	2	QL(2 EA daily); AL(At least 5 yrs old); ST
clozapine TABS	1	AL(At least 5 yrs old); MP
clozapine TBDP	1	AL(At least 5 yrs old); MP; PA
CLOZARIL TABS 25 MG, 100 MG *(clozapine)*	1	AL(At least 5 yrs old); MP
loxapine succinate	1	MP
olanzapine SOLR	1	MP
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 50 MG, 300 MG, 400 MG	1	QL(2 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
SAPHRIS *(asenapine maleate)*	2	QL(2 EA daily); AL(At least 5 yrs old); ST
SECUADO	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
SEROQUEL XR TB24 150 MG, 200 MG *(quetiapine fumarate)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG *(quetiapine fumarate)*	1	QL(2 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	3	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old); PA
ZYPREXA RELPREVV	1	MP
ZYPREXA ZYDIS TBDP *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
ZYPREXA SOLR *(olanzapine)*	1	MP
ZYPREXA TABS *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
Dihydroindolones		
molindone hcl 5 MG, 25 MG	1	MP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	3	QL(2 EA daily); AL(At least 5 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
COBENFY CAPS	3	QL(2 EA daily); AL(At least 5 yrs old)
Phenothiazines		
chlorpromazine hcl CONC	1	AL(Up to 10 yrs old); MP
chlorpromazine hcl SOLN	1	MP
chlorpromazine hcl TABS	1	MP
fluphenazine decanoate	1	MP
fluphenazine hcl CONC	1	MP
fluphenazine hcl ELIX	1	MP
fluphenazine hcl SOLN	1	MP
fluphenazine hcl TABS	1	MP
perphenazine TABS	1	MP
prochlorperazine	1	MP
prochlorperazine edisylate 10 MG/2ML	1	MP
PROCHLORPERAZINE MALEATE POWD	1	
prochlorperazine maleate TABS	1	MP
thioridazine hcl	1	MP
trifluoperazine hcl TABS	1	MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 5 yrs old)
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 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 TABS *(aripiprazole)*	1	QL(2 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(2 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 56 day(s) retail; 4 ML per 56 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 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 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 INITIO	1	QL(2.4 ML per fill retail)
OPIPZA FILM 5 MG, 10 MG	3	QL(3 EA daily); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
OPIPZA FILM 2 MG	3	QL(1 EA daily); AL(At least 5 yrs old); PA
REXULTI	3	QL(1 EA daily); AL(At least 5 yrs old); ST
Thioxanthenes		
thiothixene	1	MP
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	MP
abacavir sulfate SOLN	1	MP
abacavir sulfate TABS	1	MP
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	MP
atazanavir sulfate CAPS	1	MP
BIKTARVY	1	QL(1 EA daily)
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)
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)
CIMDUO	1	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	1	MP
darunavir TABS 800 MG	1	QL(1 EA daily); MP
darunavir TABS 600 MG	1	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
DELSTRIGO	1	QL(1 EA daily)
DESCOVY	1	QL(1 EA daily)
DOVATO	1	QL(1 EA daily)
EDURANT 25 MG *(rilpivirine hcl)*	1	MP
EDURANT PED PO 2.5 MG	1	QL(6 EA daily)
efavirenz CAPS	1	MP
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	MP
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz TABS	1	MP
emtricitabine CAPS	1	MP
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	MP
emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	1	MP
EMTRIVA SOLN	1	MP
EPIVIR SOLN *(lamivudine)*	1	MP
EPIVIR TABS *(lamivudine)*	1	MP
etravirine	1	MP
EVOTAZ	1	QL(1 EA daily)
fosamprenavir calcium TABS	1	QL(2.95 EA daily)
GENVOYA	1	QL(1 EA daily)
IDVYNSO TABS PO	1	QL(1 EA daily)
INTELENCE 25 MG	1	QL(2.95 EA daily); MP
INTELENCE *(etravirine)*	1	MP
ISENTRESS HD TABS	1	QL(2 EA daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS PACK	1	AL(At least 2 yrs old - Up to 11 yrs old); MP
ISENTRESS TABS	1	MP
JULUCA	1	QL(1 EA daily)
KALETRA SOLN	1	MP
KALETRA TABS *(lopinavir-ritonavir)*	1	MP
lamivudine SOLN	1	MP
lamivudine TABS	1	MP
lamivudine-zidovudine	1	MP
lopinavir-ritonavir SOLN	1	MP
lopinavir-ritonavir TABS	1	MP
maraviroc TABS 150 MG	1	QL(2 EA daily)
maraviroc TABS 300 MG	1	QL(4 EA daily)
nevirapine SUSP	1	MP
nevirapine TABS	1	MP
nevirapine TB24 400 MG	1	MP
NORVIR PACK	1	QL(12 EA daily); AL(Up to 6 yrs old)
NORVIR TABS *(ritonavir)*	1	MP
ODEFSEY	1	QL(1 EA daily)
PIFELTRO	1	QL(1 EA daily)
PREZCOBIX	1	
PREZCOBIX	1	QL(1 EA daily)
PREZISTA SUSP	1	MP
PREZISTA TABS 800 MG *(darunavir)*	1	QL(1 EA daily); MP
PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 EA daily); MP
PREZISTA TABS 600 MG *(darunavir)*	1	QL(2 EA daily); MP
RETROVIR CAPS *(zidovudine)*	1	MP
RETROVIR SOLN	1	MP
RETROVIR SYRP *(zidovudine)*	1	MP
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	1	MP
REYATAZ PACK	1	AL(Up to 10 yrs old); MP
rilpivirine hcl 25 MG	1	MP
ritonavir TABS	1	MP
RUKOBIA	1	QL(2 EA daily)
SELZENTRY SOLN	1	QL(60 ML daily)
SELZENTRY TABS 150 MG *(maraviroc)*	1	QL(2 EA daily)
SELZENTRY TABS 300 MG *(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 TABS PO 300 MG	1	QL(4 EA per 2 day(s) retail; 4 EA per 2 days mail)
SUNLENCA TBPK 300 MG	1	QL(5 EA per 8 day(s) retail; 5 EA per 8 days mail)
SUNLENCA TBPK 300 MG	1	QL(4 EA per fill retail)
SYMFI *(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 50 MG	1	MP
TRIUMEQ PD TBSO	1	QL(6 EA daily)
TRIUMEQ TABS	1	QL(1 EA daily)
TROGARZO	1	QL(40.02 ML per 42 day(s) retail; 40 ML per 42 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
TRUVADA *(emtricitabine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
TYBOST	1	QL(1 EA daily)
VIRACEPT TABS	1	MP
VIREAD POWD	1	MP
VIREAD TABS *(tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
VIREAD TABS	1	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	1	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
YEZTUGO TABS PO 300 MG	1	QL(4 EA per 2 day(s) retail; 4 EA per 2 days mail)
ZIAGEN SOLN *(abacavir sulfate)*	1	MP
zidovudine CAPS	1	MP
zidovudine SYRP	1	MP
zidovudine TABS	1	MP
Antiviral Combinations		
PAXLOVID (150/100)	1	QL(20 EA per fill retail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
PAXLOVID (300/100 & 150/100)	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
PAXLOVID (300/100)	1	QL(30 EA per fill retail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
CMV Agents		
cidofovir	1	MP
foscarnet sodium 6000 MG/250ML	1	MP
GANCICLOVIR SODIUM SOLN	1	MP
ganciclovir sodium SOLR	1	MP
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 120 MG	4	QL(2 EA daily); PA
PREVYMIS PACK 20 MG	4	QL(4 EA daily); AL(Up to 11 yrs old); PA
PREVYMIS SOLN 480 MG/24ML	4	QL(672 ML per 28 day(s) retail; 672 ML per 28 days mail); PA
PREVYMIS SOLN 240 MG/12ML	4	QL(336 ML per 28 day(s) retail; 336 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	MP
valganciclovir hcl SOLR	1	MP
valganciclovir hcl TABS	1	MP
Hepatitis Agents		
adefovir dipivoxil	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN	1	MP
BARACLUDE TABS *(entecavir)*	1	MP
entecavir TABS	1	MP
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
HARVONI TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
HEPCLUDEX SOLR SC 8.5 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
lamivudine (hbv) TABS	1	MP
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(336 EA per 56 day(s) retail; 336 EA per 56 days mail)
MAVYRET TABS	1	QL(168 EA per 56 day(s) retail; 168 EA per 56 days mail)
MAVYRET TABS	1	QL(168 EA per 56 day(s) retail; 168 EA per 56 days mail); PA
PEGASYS SOLN	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
PEGASYS SOSY	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
ribavirin (hepatitis c) CAPS	1	MP
ribavirin (hepatitis c) TABS 200 MG	1	MP
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

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Drug Name	Drug Tier	Requirements/ Limits
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 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 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	MP
acyclovir CAPS	1	MP
acyclovir SUSP	1	QL(473 ML per fill retail); AL(Up to 7 yrs old)
acyclovir TABS PO	1	MP
famciclovir	1	MP
valacyclovir hcl	1	MP
VALTREX *(valacyclovir hcl)*	1	MP
Human Papillomavirus (HPV) Agents		
PAPZIMEOS SUSP SC	4	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
Influenza Agents		
oseltamivir phosphate CAPS 75 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
oseltamivir phosphate CAPS 30 MG, 45 MG	1	MP
oseltamivir phosphate SUSR	1	MP
RAPIVAB	1	Medical Benefit Only; MP
RELENZA DISKHALER	1	QL(20 EA per fill retail)
rimantadine hydrochloride TABS	1	MP
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	MP
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; MP
XOCOVA TABS PO 125 MG	1	QL(7 EA per 5 day(s) retail; 7 EA per 5 days mail); AL(At least 12 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	MP
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 12.5 MG, 25 MG	1	QL(4 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
carvedilol 3.125 MG, 6.25 MG	1	QL(8 EA daily); MP
carvedilol phosphate	1	MP
labetalol hcl SOLN	1	MP
LABETALOL HCL SOLN	1	MP
LABETALOL HCL SOSY	1	MP
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP
labetalol hcl TABS 400 MG	1	QL(2 EA daily); PA
labetalol hcl TABS 100 MG	1	QL(24 EA daily); MP
labetalol hcl TABS 200 MG	1	QL(12 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 100 MG	1	QL(2 EA daily); MP
atenolol TABS 50 MG	1	QL(4 EA daily); MP
betaxolol hcl	1	MP
bisoprolol fumarate 2.5 MG	1	QL(1 EA daily); PA
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	MP
BREVIBLOC PREMIXED *(esmolol hcl-sodium chloride)*	1	MP
BREVIBLOC PREMIXED DS *(esmolol hcl-sodium chloride)*	1	MP
BREVIBLOC SOLN 100 MG/10ML *(esmolol hcl)*	1	MP
BYSTOLIC *(nebivolol hcl)*	1	MP
esmolol hcl-sodium chloride	1	MP
esmolol hcl SOLN 100 MG/10ML	1	MP
ESMOLOL HCL SOLN	1	MP
KAPSPARGO SPRINKLE CS24	4	QL(1 EA daily); PA
LOPRESSOR SOLN PO 10 MG/ML	4	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
LOPRESSOR TABS 50 MG *(metoprolol tartrate)*	1	QL(6 EA daily); MP
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	1	QL(5 EA daily); MP
LOPRESSOR TABS 12.5 MG *(metoprolol tartrate)*	1	QL(240 EA per 30 day(s) retail; 240 EA per 30 days mail); PA
metoprolol succinate TB24 25 MG, 50 MG	1	QL(3 EA daily); MP
metoprolol succinate TB24 100 MG, 200 MG	1	QL(2 EA daily); MP
metoprolol tartrate SOLN IV 5 MG/5ML	1	MP
metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG	1	QL(5 EA daily); MP
metoprolol tartrate TABS 12.5 MG	1	QL(240 EA per 30 day(s) retail; 240 EA per 30 days mail); PA
metoprolol tartrate TABS 25 MG, 50 MG	1	QL(6 EA daily); MP
nebivolol hcl	1	MP
TENORMIN TABS 100 MG *(atenolol)*	1	QL(2 EA daily); MP
TENORMIN TABS 50 MG *(atenolol)*	1	QL(4 EA daily); MP
TENORMIN TABS 25 MG *(atenolol)*	1	QL(8 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
TOPROL XL TB24 100 MG, 200 MG *(metoprolol succinate)*	1	QL(2 EA daily); MP
TOPROL XL TB24 25 MG, 50 MG *(metoprolol succinate)*	1	QL(3 EA daily); MP
Beta Blockers Non-Selective		
BETAPACE AF 120 MG *(sotalol hcl (afib/afl))*	1	QL(6.67 EA daily); MP
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 TABS 80 MG *(sotalol hcl)*	1	QL(8 EA daily); MP
BETAPACE TABS 120 MG *(sotalol hcl)*	1	QL(6.67 EA daily); MP
BETAPACE TABS 160 MG *(sotalol hcl)*	1	QL(4 EA daily); MP
HEMANGEOL SOLN PO	4	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
HEMANGEOL SOLN PO	4	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
INDERAL LA CP24 60 MG, 80 MG, 160 MG *(propranolol hcl)*	1	QL(2 EA daily); MP
INDERAL LA CP24 120 MG *(propranolol hcl)*	1	QL(3 EA daily); MP
INDERAL XL	1	MP
INNOPRAN XL	1	MP
nadolol TABS 40 MG, 80 MG	1	QL(4 EA daily); MP
nadolol TABS 20 MG	1	MP
pindolol TABS	1	MP
propranolol hcl CP24 60 MG, 80 MG, 160 MG	1	QL(2 EA daily); MP
propranolol hcl CP24 120 MG	1	QL(3 EA daily); MP
propranolol hcl SOLN IV 1 MG/ML	1	MP
propranolol hcl TABS 10 MG, 20 MG	1	QL(8 EA daily); MP
propranolol hcl TABS 60 MG, 80 MG	1	QL(4 EA daily); MP
propranolol hcl TABS 40 MG	1	QL(6 EA daily); MP
sotalol hcl (afib/afl) 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl (afib/afl) 80 MG	1	QL(8 EA daily); MP
sotalol hcl (afib/afl) 160 MG	1	QL(4 EA daily); MP
sotalol hcl TABS 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl TABS 240 MG	1	QL(2 EA daily); MP
sotalol hcl TABS 80 MG	1	QL(8 EA daily); MP
sotalol hcl TABS 160 MG	1	QL(4 EA daily); MP
SOTYLIZE SOLN PO	4	QL(1920 ML per 30 day(s) retail; 1920 ML per 30 days mail); PA
timolol maleate TABS	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS 2.5 MG	1	QL(6 EA daily); MP
amlodipine besylate TABS 10 MG	1	QL(2 EA daily); MP
amlodipine besylate TABS 5 MG	1	QL(4 EA daily); MP
CARDAMYST SOLN NA	1	AL(At least 18 yrs old); PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML *(nicardipine hcl)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1	MP
diltiazem hcl coated beads CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl coated beads CP24 360 MG	1	MP
diltiazem hcl coated beads CP24 180 MG	1	QL(3 EA daily); MP
diltiazem hcl coated beads CP24 300 MG	1	QL(1 EA daily); MP
diltiazem hcl coated beads CP24 120 MG	1	QL(4 EA daily); MP
diltiazem hcl extended release beads 120 MG	1	QL(4 EA daily); MP
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 300 MG, 360 MG, 420 MG	1	QL(1 EA daily); MP
diltiazem hcl CP12	2	ST; MP
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-SODIUM CHLORIDE	1	Medical Benefit Only; MP
diltiazem hcl SOLN	1	Medical Benefit Only; MP
DILTIAZEM HCL SOLR	1	Medical Benefit Only; 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 TABS 30 MG, 60 MG	1	QL(6 EA daily); MP
diltiazem hcl TB24	2	ST; MP
felodipine	1	QL(1 EA daily); MP
isradipine CAPS	2	ST; MP
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
levamlodipine maleate	4	QL(1 EA daily); PA
NICARDIPINE HCL IN NACL SOLN *(nicardipine hcl in sodium chloride)*	1	MP
nicardipine hcl in sodium chloride SOLN	1	MP
nicardipine hcl CAPS	2	ST; MP
nicardipine hcl SOLN	1	MP
NICARDIPINE HCL SOLN *(nicardipine hcl)*	1	MP
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	QL(2838 ML per 21 day(s) retail; 2838 ML per 21 days mail)
nisoldipine 8.5 MG, 17 MG, 34 MG	2	ST; MP
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
NORLIQVA SOLN	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
NORVASC TABS 2.5 MG *(amlodipine besylate)*	1	QL(6 EA daily); MP

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NORVASC TABS 10 MG *(amlodipine besylate)*	1	QL(2 EA daily); MP
NORVASC TABS 5 MG *(amlodipine besylate)*	1	QL(4 EA daily); MP
NYMALIZE SOLN 6 MG/ML	4	QL(630 ML per 21 day(s) retail; 630 ML per 21 days mail)
NYMALIZE SOLN 6 MG/ML	4	QL(1260 ML per 21 day(s) retail; 1260 ML per 21 days mail)
PROCARDIA XL TB24 30 MG, 60 MG *(nifedipine)*	1	MP
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	4	QL(1 EA daily); PA
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	ST; MP
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	2	ST; MP
verapamil hcl CP24	2	ST; MP
verapamil hcl SOLN 2.5 MG/ML	1	MP
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 240 MG	1	MP
verapamil hcl TBCR 120 MG, 180 MG	1	QL(2 EA daily); MP
VERELAN PM CP24 *(verapamil hcl)*	2	ST; MP
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	MP
digoxin TABS 125 MCG	1	QL(3.34 EA daily); MP
digoxin TABS 62.5 MCG	1	MP
digoxin TABS 250 MCG	1	QL(2.22 EA daily); MP
LANOXIN PEDIATRIC SOLN IJ	1	MP
LANOXIN SOLN IJ *(digoxin)*	1	MP
Inotropes		
dobutamine hcl 12.5 MG/ML	1	MP
DOBUTAMINE-DEXTROSE	1	MP
dopamine hcl 40 MG/ML	1	MP
DOPAMINE HCL *(dopamine hcl)*	1	MP
DOPAMINE-DEXTROSE	1	MP
milrinone lactate	1	MP
milrinone lactate in dextrose	1	MP
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
MYQORZO TABS PO 5 MG, 10 MG, 15 MG, 20 MG	1	AL(At least 18 yrs old); PA
Cardioplegic Solutions		
cardioplegic soln	1	MP
PLEGISOL *(cardioplegic soln)*	1	MP
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	ST; MP
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
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; MP
ENTRESTO CPSP	4	QL(8 EA daily); AL(At least 1 yrs old - Up to 10 yrs old); PA
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(sacubitril-valsartan)*	1	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl	1	MP
OPSYNVI	4	QL(1 EA daily); PA
sacubitril-valsartan TABS	1	QL(2 EA daily); PA
sacubitril-valsartan TABS	1	QL(2 EA daily)
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	1	QL(1 EA daily); 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)
tadalafil 5 MG	1	QL(1 EA daily); PA
Peripheral Vasodilators		
papaverine hcl SOLN	1	MP
Prostaglandin Vasodilators		
alprostadil SOLN IJ 500 MCG/ML	1	MP
AURLUMYN IV	1	Medical Benefit Only; MP
epoprostenol sodium	1	MP
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
PROSTIN VR SOLN IJ 500 MCG/ML *(alprostadil)*	1	MP
REMODULIN SOLN IJ	1	MP
treprostinil SOLN IJ	1	MP
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	1	PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(224 EA per 28 day(s) retail; 224 EA per 28 days mail); PA
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	4	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO STARTER KIT SOLN IN	4	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO SOLN IN	4	QL(11.6 ML per 7 day(s) retail; 12 ML per 7 days mail)
VELETRI *(epoprostenol sodium)*	1	MP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	1	QL(5 EA daily); PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	4	QL(2 EA per 42 day(s) retail; 2 EA per 42 days mail); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	MP
bosentan TABS	1	MP
bosentan TBSO 32 MG	1	MP
LETAIRIS *(ambrisentan)*	1	MP
macitentan 10 MG	1	QL(1 EA daily); PA
macitentan 10 MG	4	QL(1 EA daily); PA
OPSUMIT 10 MG *(macitentan)*	4	QL(1 EA daily); PA
TRACLEER TABS *(bosentan)*	1	MP
TRACLEER TBSO 32 MG *(bosentan)*	1	MP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	4	QL(2 EA daily); PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	MP; PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	MP
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
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	1	QL(3 EA daily)
sildenafil citrate (pulmonary hypertension) SOLN	4	MP; 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	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		
dehydrated alcohol	1	AL(Up to 20 yrs old); MP; 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	4	QL(2 EA daily); PA
Transthyretin Stabilizers		
ATTRUBY	4	QL(4 EA daily); 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	MP
cefadroxil SUSR	1	MP
cefadroxil TABS	1	MP
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	1	MP
CEFAZOLIN SODIUM-DEXTROSE SOLR	1	MP
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	1	MP
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	1	MP
cephalexin CAPS 750 MG	4	MP; PA
cephalexin CAPS 250 MG, 500 MG	1	MP
cephalexin SUSR	1	MP
cephalexin TABS	4	MP; PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	1	MP
cefaclor CAPS	1	MP
CEFOTAN IJ *(cefotetan disodium)*	1	MP
cefotetan disodium IJ 1 GM, 2 GM	1	MP
cefoxitin sodium IV	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
CEFOXITIN SODIUM-DEXTROSE	1	MP
cefprozil SUSR	1	MP
cefprozil TABS	1	MP
cefuroxime axetil TABS	1	MP
cefuroxime sodium IJ 750 MG	1	MP
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	MP
cefdinir SUSR	1	MP
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
cefixime TABS	1	PA
cefpodoxime proxetil SUSR	1	MP
cefpodoxime proxetil TABS	1	MP
ceftazidime IJ 1 GM, 6 GM	1	MP
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	MP
ceftriaxone sodium in dextrose	1	MP
CEFTRIAXONE SODIUM-DEXTROSE	1	MP
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	MP
cefepime hcl SOLR IJ 1 GM	1	MP
CEFEPIME-DEXTROSE	1	MP
Cephalosporins - 5th Generation		
ceftaroline fosamil 400 MG, 600 MG	1	MP
TEFLARO 400 MG, 600 MG *(ceftaroline fosamil)*	1	MP
ZEVTERA SOLR IV 667 MG	4	MP; PA
Cephalosporins - Siderophores		
FETROJA	4	AL(At least 18 yrs old); MP; 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	
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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Drug Name	Drug Tier	Requirements/ Limits
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	
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
TOPIRAMATE	1	
TRIAMCINOLONE	1	
TRICHLOROACETIC ACID CRYS	1	MP; 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		
AVERI TABS PO	4	QL(1 EA daily); GL; PA

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Drug Name	Drug Tier	Requirements/ Limits
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	1	QL(1 EA daily); GL
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	MP
desogestrel & ethinyl estradiol	1	MP
desogestrel-ethinyl estradiol (biphasic)	1	MP
desogestrel-ethinyl estradiol (triphasic)	1	MP; GL
drospirenone-ethinyl estradiol	1	MP
drospirenone-ethinyl estradiol-levomefolate calcium	1	MP
ethynodiol diacet & eth estrad	1	MP
FEMLYV TBDP	1	QL(1 EA daily); PA
levonorgestrel & eth estradiol TABS	1	MP
levonorgestrel-eth estradiol (triphasic)	1	MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	QL(1 EA daily); GL
levonorgestrel-ethinyl estradiol (continuous)	1	MP; GL
levonorgestrel-ethinyl estradiol-iron	1	QL(1 EA daily)
LO LOESTRIN FE TABS	1	MP; GL
NATAZIA	1	MP; GL
NEXTSTELLIS	4	QL(1 EA daily); GL; PA
norethin acet & estrad-fe CAPS	4	QL(1 EA daily); PA
norethin acet & estrad-fe CHEW	1	MP; GL
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	MP
norethindrone & eth estradiol	1	MP; GL
norethindrone & eth estradiol	1	MP
norethindrone & ethinyl estradiol-fe	1	MP
norethindrone acet & eth estra TABS	1	MP
norethindrone acetate-ethinyl estradiol-fe	1	MP
norethindrone-eth estradiol (triphasic)	1	MP
norgestimate-ethinyl estradiol	1	MP
norgestimate-ethinyl estradiol (triphasic)	1	MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	MP
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	MP
TAYTULLA CAPS *(norethin acet & estrad-fe)*	4	QL(1 EA daily); GL; PA
TYBLUME CHEW	1	MP; GL
YASMIN 28 *(drospirenone-ethinyl estradiol)*	1	MP
YAZ *(drospirenone-ethinyl estradiol)*	1	MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	QL(9 EA per 84 day(s) retail; 9 EA per 84 days mail); GL
TWIRLA	1	MP; GL
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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Drug Name	Drug Tier	Requirements/ Limits
etonogestrel-ethinyl estradiol	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); GL
NUVARING *(etonogestrel-ethinyl estradiol)*	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	1	Medical Benefit Only; MP; PA
Emergency Contraceptives		
ELLA	1	MP; GL
levonorgestrel (emergency oc) 1.5 MG	1	MP
Progestin Contraceptives - Implants		
NEXPLANON	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); AL(At least 10 yrs old - Up to 50 yrs old); PA
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); GL
DEPO-PROVERA SUSY IM *(medroxyprogesterone acetate (contraceptive))*	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
DEPO-SUBQ PROVERA 104 SUSY SC	1	QL(0.65 ML per 90 day(s) retail; 1 ML per 90 days mail); GL
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
medroxyprogesterone acetate (contraceptive) SUSY IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
Progestin Contraceptives - IUD		
KYLEENA	1	Medical Benefit Only; MP; PA
LILETTA (52 MG)	1	Medical Benefit Only; MP; PA
MIRENA (52 MG)	1	Medical Benefit Only; MP; PA
SKYLA	1	Medical Benefit Only; MP; PA
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	1	MP
OPILL	1	MP
SLYND	4	QL(1 EA daily); GL; PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	1	QL(200 ML per 26 day(s) retail; 200 ML per 26 days mail); AL(At least 2 yrs old); PA
ALKINDI SPRINKLE CPSP	4	AL(Up to 6 yrs old); MP; PA
betamethasone sod phosphate & acetate SUSP	1	MP
budesonide CPEP	1	MP
budesonide TB24	4	QL(1 EA daily); PA
CELESTONE SOLUSPAN SUSP *(betamethasone sod phosphate & acetate)*	1	MP
CORTEF TABS *(hydrocortisone)*	1	MP
CORTISONE ACETATE TABS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
deflazacort SUSP	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 2 yrs old); PA
deflazacort SUSP	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 2 yrs old); PA
deflazacort TABS	4	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
deflazacort TABS	1	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
DEPO-MEDROL SUSP	1	MP
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	1	MP
DEXAMETHASONE INTENSOL CONC	1	MP
dexamethasone sodium phosphate SOLN IJ	1	MP
dexamethasone sodium phosphate SOSY IJ	1	MP
dexamethasone ELIX	1	MP
dexamethasone SOLN	1	MP
dexamethasone TABS	1	MP
dexamethasone TBPK	4	MP; PA
dexamethasone TBPK	4	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
dexamethasone TBPK	1	MP
DEXLYT TABS 0.25 MG	1	MP
EMFLAZA SUSP *(deflazacort)*	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 2 yrs old); PA
EMFLAZA TABS *(deflazacort)*	4	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
EOHILIA SUSP	4	QL(20 ML daily); 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
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	MP
hydrocortisone TABS	1	MP
KENALOG-10 SUSP *(triamcinolone acetonide)*	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	MP
KHINDIVI SOLN PO 1 MG/ML	4	AL(At least 5 yrs old - Up to 6 yrs old); MP; PA
MEDROL TABS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS *(methylprednisolone)*	1	MP
MEDROL TBPK *(methylprednisolone)*	1	MP
methylprednisolone acetate SUSP	1	MP
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	MP
methylprednisolone TABS	1	MP
methylprednisolone TBPK	1	MP
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	1	MP
PREDNISOLONE SODIUM PHOSPHATE POWD	1	
prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML	4	MP; PA
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML	1	MP
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	1	QL(10 EA per fill retail); AL(Up to 10 yrs old)
prednisolone SOLN	1	MP
prednisolone TABS	1	MP; PA
PREDNISONE INTENSOL CONC	1	MP
PREDNISONE POWD	1	
prednisone SOLN	1	MP
prednisone TABS	1	MP
prednisone TBEC 1 MG, 2 MG	4	MP; PA
prednisone TBPK	1	MP
SOLU-CORTEF *(hydrocortisone sod succinate)*	1	MP
SOLU-CORTEF	1	MP
SOLU-MEDROL	1	MP
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)*	1	MP
SOLU-MEDROL (PF)	1	MP
TARPEYO CPDR	4	QL(4 EA daily); AL(At least 18 yrs old); PA
triamcinolone acetonide SUSP	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
ZILRETTA SRER	1	Medical Benefit Only; MP
Mineralocorticoids		
fludrocortisone acetate TABS	1	MP
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Expectorants		
SSKI SOLN *(potassium iodide (expectorant))*	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 7 %	1	AL(Up to 21 yrs old); MP
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1	MP
Mucolytics		
ACETYLCYSTEINE POWD	1	
acetylcysteine SOLN	1	MP
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA *(isotretinoin)*	1	QL(2 EA daily); AL(Up to 20 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
ABSORICA LD	4	AL(At least 12 yrs old - Up to 20 yrs old); MP; PA
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	1	AL(Up to 20 yrs old); MP
CLINDACIN ETZ	1	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) FOAM	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) GEL	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) LOTN	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SOLN	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SWAB	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) SWAB	4	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old); MP
dapsone (topical) 7.5 %	4	QL(60 GM per 84 day(s) retail; 60 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(At least 9 yrs old - Up to 20 yrs old); PA
dapsone (topical) 7.5 %	4	QL(90 GM per 84 day(s) retail; 90 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(At least 9 yrs old - Up to 20 yrs old); PA
dapsone (topical) 5 %	4	QL(90 GM per 84 day(s) retail; 90 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(Up to 20 yrs old); PA
dapsone (topical) 5 %	4	1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(Up to 20 yrs old); PA
dapsone (topical) 5 %	4	QL(60 GM per 84 day(s) retail; 60 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(Up to 20 yrs old); PA
erythromycin (acne aid) GEL	4	AL(Up to 20 yrs old); MP
erythromycin (acne aid) PADS	4	AL(Up to 20 yrs old); MP; PA
erythromycin (acne aid) SOLN	1	AL(Up to 20 yrs old); MP
isotretinoin	1	QL(2 EA daily); AL(Up to 20 yrs old)
isotretinoin 40 MG	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium (acne)	1	AL(Up to 20 yrs old); MP
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1	AL(Up to 20 yrs old); MP
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %	1	AL(Up to 20 yrs old); MP
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	1	QL(454 ML per 30 day(s) retail; 454 ML per 30 days mail); AL(Up to 20 yrs old); MP
SUMADAN	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(Up to 20 yrs old); PA
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	1	AL(Up to 20 yrs old); MP
tretinoin CREA 0.025 %, 0.05 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
WINLEVI	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); 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	MP
gentamicin sulfate (topical) CREA	1	MP
gentamicin sulfate (topical) OINT	1	MP
mupirocin calcium (topical)	2	MP
mupirocin OINT	1	MP
NEO-SYNALAR	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
TETRACYCLINE HCL	1	
Antifungals - Topical		
ciclopirox olamine CREA	1	MP
ciclopirox olamine SUSP	1	MP
ciclopirox GEL	2	MP
ciclopirox SHAM	2	MP
ciclopirox SOLN	1	QL(6.6 ML per 30 day(s) retail; 7 ML per 30 days mail); PA
clotrimazole (topical) CREA	1	1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) SOLN	2	MP; RX/OTC
clotrimazole w/ betamethasone CREA	1	MP
clotrimazole w/ betamethasone LOTN	2	MP
econazole nitrate CREA	1	MP
ECONAZOLE NITRATE FOAM 1 %	1	QL(70 GM per 28 day(s) retail; 70 GM per 28 days mail); AL(At least 12 yrs old); PA
ERTACZO	2	MP
ketoconazole (topical) CREA	1	MP
ketoconazole (topical) FOAM	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
miconazole-zinc oxide-white petrolatum	2	MP
naftifine hcl CREA	2	MP
naftifine hcl GEL 2 %	2	MP
NAFTIN GEL	2	MP
NAFTIN GEL *(naftifine hcl)*	2	MP
nystatin (topical) CREA	1	MP
nystatin (topical) OINT	1	MP
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	MP
nystatin-triamcinolone OINT	2	MP
oxiconazole nitrate CREA	2	MP
OXISTAT LOTN	2	MP
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); MP
tolnaftate CREA	1	AL(Up to 20 yrs old); MP
VUSION *(miconazole-zinc oxide-white petrolatum)*	2	MP
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	MP; RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
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 2 %	4	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; MP
bexarotene (topical)	1	MP
diclofenac sodium (actinic keratoses) EX	4	MP; PA
fluorouracil (topical) CREA 0.5 %	4	MP; PA
fluorouracil (topical) CREA 5 %	1	MP
fluorouracil (topical) SOLN	1	MP
LEVULAN KERASTICK SOLR	1	Medical Benefit Only; MP
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

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Drug Name	Drug Tier	Requirements/ Limits
ZONALON *(doxepin hcl (antipruritic))*	4	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
Antipsoriatics		
acitretin	1	QL(2 EA daily)
BIMZELX SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
BIMZELX SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
calcipotriene CREA	1	QL(360 GM per 36 day(s) retail; 360 GM per 36 days mail)
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	QL(300 GM per 30 day(s) retail; 300 GM per 30 days mail)
calcipotriene OINT	1	QL(360 GM per 36 day(s) retail; 360 GM per 36 days mail)
calcipotriene SOLN	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail)
calcitriol (topical)	1	MP
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	MP; 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
ICOTYDE TABS PO 200 MG	1	AL(At least 12 yrs old); PA
ILUMYA	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
IMULDOSA SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
IMULDOSA SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
methoxsalen rapid	1	MP
OTULFI SOLN SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
OTULFI SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
OTULFI SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
PYZCHIVA 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
PYZCHIVA 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
PYZCHIVA SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
SELARSDI SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
SELARSDI SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
SELARSDI SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
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
SKYRIZI SOSY	1	QL(0.37 ML per 84 day(s) retail); 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	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA
SPEVIGO SOSY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
SPEVIGO SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
STARJEMZA SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STARJEMZA SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STARJEMZA SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
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 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
STEQEYMA 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STEQEYMA SC	2	QL(0.5 ML per 84 day(s) retail)
STEQEYMA 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
TALTZ SOAJ	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TALTZ SOSY 40 MG/0.5ML	4	QL(0.5 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 17 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOSY 20 MG/0.25ML	4	QL(0.25 ML per 28 day(s) retail); 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 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old)
tazarotene CREA 0.1 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
tazarotene CREA 0.05 %	4	QL(60 GM per 30 day(s) retail; 60 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
tazarotene GEL	4	QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); AL(Up to 20 yrs old); PA
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); 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
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-AAUZ SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-AEKN SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
USTEKINUMAB-AEKN SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
USTEKINUMAB SOLN 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB SOSY 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
USTEKINUMAB SOSY 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-TTWE SC	2	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-TTWE 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-TTWE 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
VTAMA	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 2 yrs old); PA
YESINTEK SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
YESINTEK SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
YESINTEK SOSY 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	MP
Antivirals - Topical		
acyclovir topical CREA	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
acyclovir topical OINT	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
DENAVIR *(penciclovir)*	4	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
penciclovir	4	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
ZELSUVMI GEL EX 10.3 %	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); AL(At least 1 yrs old); PA
Burn Products		
mafenide acetate PACK	1	MP

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE *(silver sulfadiazine)*	1	MP
silver sulfadiazine	1	MP
SULFAMYLON CREA	1	QL(113.4 GM per 14 day(s) retail; 113 GM per 14 days mail)
Cauterizing Agents		
silver nitrate SOLN	1	MP
SILVER NITRATE SOLN 0.5 %	1	MP
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	MP; PA
alclometasone dipropionate OINT	1	MP; PA
amcinonide CREA	1	MP; PA
amcinonide OINT	3	MP; PA
betamethasone dipropionate (topical) CREA	1	MP
betamethasone dipropionate (topical) LOTN	1	MP
betamethasone dipropionate (topical) OINT	1	MP
betamethasone dipropionate augmented CREA	1	MP
betamethasone dipropionate augmented GEL 0.05 %	1	MP; PA
betamethasone dipropionate augmented LOTN	1	MP
betamethasone dipropionate augmented OINT	1	MP
betamethasone valerate CREA	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate FOAM	1	MP; PA
betamethasone valerate LOTN	1	MP; PA
betamethasone valerate OINT	1	MP
calcipotriene-betamethasone dipropionate OINT	1	MP; PA
calcipotriene-betamethasone dipropionate SUSP	1	MP; PA
clobetasol propionate emollient base 0.05 %	1	MP
clobetasol propionate emulsion	1	MP; PA
clobetasol propionate CREA 0.05 %	1	MP
CLOBETASOL PROPIONATE CREA 0.025 %	1	MP; PA
clobetasol propionate FOAM	1	MP
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	MP; PA
clobetasol propionate LOTN	1	MP; PA
clobetasol propionate OINT 0.05 %	1	MP
clobetasol propionate SHAM	1	MP; 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	MP; PA
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
desonide CREA	1	MP
desonide LOTN	1	MP; PA
desonide OINT	1	MP
desoximetasone CREA 0.25 %	1	MP
desoximetasone CREA 0.05 %	1	MP; PA
desoximetasone GEL	1	MP; PA
desoximetasone LIQD	1	QL(100 ML per 30 day(s) retail; 100 ML per 30 days mail); PA
desoximetasone OINT 0.25 %	1	MP
desoximetasone OINT 0.05 %	1	MP; PA
diflorasone diacetate CREA	1	MP; PA
diflorasone diacetate OINT	1	MP; 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	MP
fluocinolone acetonide CREA	1	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide OIL	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
fluocinolone acetonide OINT	1	MP; PA
fluocinolone acetonide SOLN	1	MP
fluocinonide emulsified base	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluocinonide CREA	1	MP
fluocinonide GEL	1	MP; PA
fluocinonide OINT	1	MP
fluocinonide SOLN	1	MP
flurandrenolide LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate CREA 0.05 %	1	MP
fluticasone propionate LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate OINT	1	MP
halcinonide CREA	1	MP; PA
halcinonide SOLN 0.1 %	1	MP; PA
halobetasol propionate CREA	1	MP
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 LOTN 0.05 %	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 18 yrs old); PA
halobetasol propionate OINT	1	MP
HALOG CREA *(halcinonide)*	1	MP; PA
HALOG SOLN 0.1 % *(halcinonide)*	1	MP; PA
hydrocortisone (topical) CREA 1 %	1	1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) CREA 2.5 %	1	1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) LOTN 2.5 %	1	MP
hydrocortisone (topical) OINT 1 %, 2.5 %	1	1 package(s) per fill retail; 1 package(s) per fill mail; 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 CREA	1	MP; PA
hydrocortisone butyrate LOTN	1	MP; PA
hydrocortisone butyrate OINT	1	MP; 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	MP

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone valerate OINT	1	MP; PA
LEXETTE FOAM *(halobetasol propionate)*	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 18 yrs old); PA
mometasone furoate CREA	1	MP
mometasone furoate OINT	1	MP
mometasone furoate SOLN	1	MP
PANDEL	1	MP; PA
SYNALAR CREA *(fluocinolone acetonide)*	1	MP
SYNALAR OINT *(fluocinolone acetonide)*	1	MP
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	1	MP
triamcinolone acetonide (topical) AERS	1	MP; PA
triamcinolone acetonide (topical) CREA	1	MP
triamcinolone acetonide (topical) LOTN	1	MP
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	MP
triamcinolone acetonide (topical) OINT 0.05 %	1	MP; PA
TRIAMCINOLONE ACETONIDE POWD	1	
ULTRAVATE LOTN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 18 yrs old); PA
Eczema Agents		

Drug Name	Drug Tier	Requirements/ Limits
ADBRY SOAJ	4	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 18 yrs old); PA
ADBRY SOSY	4	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 12 yrs old); PA
ANZUPGO CREA EX 20 MG/GM	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); 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 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(4.56 ML per 28 day(s) retail; 5 ML per 28 days mail); PA
EBGLYSS SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
EBGLYSS SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
OPZELURA	4	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 2 yrs old); PA
Emollient/Keratolytic Agents		
urea CREA 40 %	1	QL(85 GM per 30 day(s) retail; 85 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 40 %	1	QL(198.4 GM per 30 day(s) retail; 198 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 40 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 39 %	1	MP
urea CREA 40 %	1	QL(28.35 GM per 30 day(s) retail; 28 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	1	MP; RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	MP; RX/OTC
Enzymes - Topical		
SANTYL OINT	1	Requires EPSDT PA Review; QL(90 GM per 30 day(s) retail; 90 GM per 30 days mail); AL(Up to 20 yrs old); PA
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	4	QL(2 EA daily); AL(At least 18 yrs old - Up to 20 yrs old); PA
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	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 18 yrs old); PA
Immunomodulating Agents - Topical		
imiquimod 3.75 %	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
imiquimod 5 %	1	QL(0.4 EA daily)
imiquimod 3.75 %	4	QL(7.5 GM per 30 day(s) retail; 8 GM per 30 days mail); 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		
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	1	1 package(s) per 30 day(s) retail; 90 day(s) max supply per 365 day(s) retail; 1 package(s) per 30 day(s) mail
tacrolimus (topical) OINT	1	1 package(s) per 30 day(s) retail; 90 day(s) max supply per 365 day(s) retail; 1 package(s) per 30 day(s) mail
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(podofilox)*	1	QL(3.5 GM per fill retail)
PODOCON-25 SOLN	1	Medical Benefit Only; MP
podofilox GEL	1	QL(3.5 GM per fill retail)
podofilox SOLN	1	QL(3.5 ML per fill retail)
SALICYLIC ACID OINT	1	MP; PA; RX/OTC
SALYCIM CREA	1	AL(Up to 20 yrs old); MP
YCANTH SOLN	1	QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); AL(At least 2 yrs old); PA
YCANTH SOLN	1	Medical Benefit Only; QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); MP
Local Anesthetics - Topical		
lidocaine hcl CREA 3 %	1	QL(28.35 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; RX/OTC
lidocaine hcl CREA 3 %	1	QL(85 GM per 7 day(s) retail; 85 GM per 7 days mail); 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; RX/OTC
lidocaine hcl GEL 2 %	1	MP
lidocaine hcl PRSY	1	MP
lidocaine hcl SOLN	1	MP
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

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Drug Name	Drug Tier	Requirements/ Limits
lidocaine PTCH 5 %	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); MP; PA
SOFDRA	4	QL(40.2 ML per 30 day(s) retail; 40 ML per 30 days mail); AL(At least 9 yrs old - Up to 20 yrs old); PA
XERAC AC	1	AL(Up to 20 yrs old); MP
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
ZORYVE CREA EX 0.3 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
ZORYVE CREA EX 0.15 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
ZORYVE CREA EX 0.05 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA
ZORYVE FOAM EX	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
Protectives Against UV Radiation		
SCENESSE	1	Medical Benefit Only; MP
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	MP; PA
metronidazole (topical) CREA	1	AL(Up to 20 yrs old); MP
metronidazole (topical) GEL 1 %	4	AL(Up to 20 yrs old); MP; PA
metronidazole (topical) GEL 0.75 %	1	AL(Up to 20 yrs old); MP
metronidazole (topical) LOTN	1	AL(Up to 20 yrs old); MP
Scabicides & Pediculicides		

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Drug Name	Drug Tier	Requirements/ Limits
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
ivermectin (pediculicide)	1	QL(117 GM per fill retail); PA
malathion	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 6 yrs old); PA
NATROBA *(spinosad)*	1	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 CREA 5 % *(permethrin)*	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)
spinosad	1	1 package(s) per 1 day(s) retail; 1 package(s) per 7 day(s) mail
spinosad	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
VANALICE GEL	1	AL(Up to 18 yrs old); MP
Wound Care Products		
FILSUVEZ	4	QL(702 GM per 30 day(s) retail; 702 GM per 30 days mail); PA
VASHE WOUND SOLN 0.033 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA; RX/OTC
VYJUVEK	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
ZEVASKYN BATCH UP TO 12 SHEETS SHEE EX	4	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	1	QL(0.1 ML per fill retail)
Diagnostic Drugs		
adenosine (diagnostic)	1	Medical Benefit Only; MP
ARIDOL	1	Medical Benefit Only; MP
BLUDIGO IV	1	Medical Benefit Only; MP
CHIRHOSTIM	1	Medical Benefit Only; MP
CORTROSYN SOLR *(cosyntropin)*	1	MP
cosyntropin SOLR	1	MP
dipyridamole (diagnostic)	1	MP
GLEOLAN	1	Medical Benefit Only; MP
GLUCAGON HCL (DIAGNOSTIC)	1	MP
GVOKE VIALDX SOLN IV 1 MG/0.2ML	1	Medical Benefit Only; MP
isosulfan blue	1	Medical Benefit Only; MP

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Drug Name	Drug Tier	Requirements/ Limits
ISOSULFAN BLUE SC 10 MG/ML, 30 MG/3ML	1	Medical Benefit Only; MP
LEXISCAN *(regadenoson)*	1	Medical Benefit Only; MP
LUMISIGHT	1	Medical Benefit Only; MP
METOPIRONE	1	MP
PROVOCHOLINE KIT	1	Medical Benefit Only; MP
PROVOCHOLINE SOLR	1	Medical Benefit Only; MP
regadenoson	1	Medical Benefit Only; MP
R-GENE 10	1	MP
SINCALIDE	1	Medical Benefit Only; MP
SINCALIDE	1	Medical Benefit Only; MP
THYROGEN 0.9 MG	1	Medical Benefit Only; MP
Diagnostic Radiopharmaceuticals		
ADREVIEW	1	Medical Benefit Only; MP
AMYVID	1	Medical Benefit Only; MP
AXUMIN	1	Medical Benefit Only; MP
CERETEC	1	Medical Benefit Only; MP
CERIANNA	1	Medical Benefit Only; MP
DATSCAN	1	Medical Benefit Only; MP
FLYRCADO	1	Medical Benefit Only; MP
GOZELLIX CONFIGURATION A KIT 25 MCG	1	Medical Benefit Only; MP
GOZELLIX CONFIGURATION B KIT 25 MCG	1	Medical Benefit Only; MP
ILLUCCIX CONFIGURATION A KIT	1	Medical Benefit Only; MP
ILLUCCIX CONFIGURATION B KIT	1	Medical Benefit Only; MP
INDIUM IN 111 DTPA	1	Medical Benefit Only; MP
INDIUM IN 111 OXYQUINOLINE	1	Medical Benefit Only; MP
INDIUM IN-111 PENTETREOTIDE	1	Medical Benefit Only; MP
LOCAMETZ KIT	1	Medical Benefit Only; MP
MYOVIEW	1	Medical Benefit Only; MP
MYOVIEW 30ML	1	Medical Benefit Only; MP
NEURACEQ	1	Medical Benefit Only; MP
NEUROLITE	1	Medical Benefit Only; MP
POSLUMA	1	Medical Benefit Only; MP
PYLARIFY SOSY	1	Medical Benefit Only; MP
TAUVID	1	Medical Benefit Only; MP
TECHNET TC 99M SULFUR COLLOID	1	Medical Benefit Only; MP
TECHNETIUM TC 99M MEBROFENIN	1	Medical Benefit Only; MP
TECHNETIUM TC 99M MEDRONATE	1	Medical Benefit Only; MP
TECHNETIUM TC 99M PYROPHOS	1	Medical Benefit Only; MP
VIZAMYL	1	Medical Benefit Only; MP
XENON XE 133	1	Medical Benefit Only; MP
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	1	MP; RX/OTC
CONTOUR NEXT TEST STRP	2	RX/OTC
EASYMAX TEST STRP	2	MP; RX/OTC
KETO-DIASTIX	1	MP
KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail); MP

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Drug Name	Drug Tier	Requirements/ Limits
KETOSTIX STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail); MP
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	2	MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	1	MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	MP; PA; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	MP; RX/OTC
TRUENESS BLOOD GLUCOSE STRIPS STRP	1	MP; PA; RX/OTC
Miscellaneous Contrast Media		
AMBELVIST SOLN IV 0.2 MMOL/2ML, 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML, 3 MMOL/30ML, 6.5 MMOL/65ML	1	Medical Benefit Only; MP
AMBELVIST SOSY IV 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML	1	Medical Benefit Only; MP
EOVIST	1	Medical Benefit Only; MP
GADAVIST SOLN *(gadobutrol)*	1	Medical Benefit Only; MP
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML	1	Medical Benefit Only; MP
gadobutrol SOLN	1	Medical Benefit Only; MP
gadoterate meglumine SOLN	1	Medical Benefit Only; MP
gadoterate meglumine SOSY	1	Medical Benefit Only; MP
gadoteridol 279.3 MG/ML	1	Medical Benefit Only; MP
OMNISCAN SOLN IV	1	Medical Benefit Only; MP
Radiographic Contrast Media		
diatrizoate meglumine & sodium PO	1	Medical Benefit Only; MP
FERABRIGHT SOLN IV 510 MG/17ML	1	Medical Benefit Only; MP
iopamidol IV 51 %, 61 %, 76 %	1	Medical Benefit Only; MP
OMNIPAQUE SOLN CO 350 MG/ML	1	Medical Benefit Only; MP
ULTRAVIST 62 %, 77 %	1	Medical Benefit Only; MP
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 7.5	1	Requires EPSDT PA Review; QL(1 EA daily); AL(Up to 20 yrs old); PA
dietary management product POWD	1	MP; RX/OTC
dietary management product TABS 1 MCG-6.5 MCG-50 MCG-0.09 MCG	1	MP; RX/OTC
URE-NA PACK	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Infant Foods		
PERIFLEX INFANT POWD	1	MP
PHENYL-FREE 1 POWD	1	MP
Nutritional Supplements		
CAMINO PRO COMPLETE/GLYTACTIN BAR	1	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EAA SUPPLEMENT PACK	1	MP; RX/OTC
FLAVOR PACKETS PACK	1	AL(Up to 20 yrs old); MP
GLYTACTIN BETTERMILK 15 PACK	1	MP; RX/OTC
GLYTACTIN BETTERMILK DE-LITE PACK	1	MP; RX/OTC
GLYTACTIN BUILD 10PE PACK	1	MP; RX/OTC
GLYTACTIN BUILD 20/20 PKU PACK	1	MP; RX/OTC
GLYTACTIN BUILD 20/20 PACK	1	MP; RX/OTC
GLYTACTIN BURST PACK	1	MP; RX/OTC
GLYTACTIN COMPLETE 10PE BAR	1	MP; RX/OTC
GLYTACTIN RESTORE 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RESTORE 5 PACK	1	MP; RX/OTC
GLYTACTIN RESTORE LITE 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RESTORE LITE 10PE PACK	1	MP; RX/OTC
GLYTACTIN RTD 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RTD 15 LIQD PO	1	MP; RX/OTC
GLYTACTIN RTD LITE 15 LIQD PO	1	MP; RX/OTC
GLYTACTIN SWIRL 15 PACK	1	MP; RX/OTC
GLYTACTIN SWIRL 15PE PACK	1	MP; RX/OTC
LANAFLEX PACK	1	MP; RX/OTC
LOPHLEX LQ 20 LIQD PO	1	MP; RX/OTC
LOPHLEX PACK	1	MP; RX/OTC
PERIFLEX ADVANCE POWD	1	MP; RX/OTC
PERIFLEX JUNIOR POWD	1	MP; RX/OTC
PHENEX-1 POWD	1	MP; RX/OTC
PHENEX-2 POWD	1	MP; RX/OTC
PHENYLADE DRINK MIX POWD	1	MP; RX/OTC
PHENYLADE ESSENTIAL DRINK MIX PACK	1	MP; RX/OTC
PHENYLADE ESSENTIAL DRINK MIX POWD	1	MP; RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER PACK	1	MP; RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER POWD	1	MP; RX/OTC
PHENYLADE GMP MIX DHA/FIBER POWD	1	MP; RX/OTC
PHENYLADE GMP MIX-IN PACK	1	MP; RX/OTC
PHENYLADE GMP MIX-IN POWD	1	MP; RX/OTC
PHENYLADE GMP READY LIQD PO	1	MP; RX/OTC
PHENYLADE GMP ULTRA PACK	1	MP; RX/OTC
PHENYLADE GMP PACK	1	MP; RX/OTC
PHENYLADE GMP POWD	1	MP; RX/OTC
PHENYLADE RTD PKU 10 LIQD PO	1	MP; RX/OTC
PHENYLADE60 DRINK MIX PACK	1	MP; RX/OTC
PHENYLADE60 DRINK MIX POWD	1	MP; RX/OTC
PHENYL-FREE 2HP POWD	1	MP; RX/OTC
PHENYL-FREE 2 POWD	1	MP; RX/OTC
PHLEXY-10 PACK	1	MP; RX/OTC
PKU 2 POWD	1	MP; RX/OTC
PKU 3 POWD	1	MP; RX/OTC
PKU AIR20 GOLD LIQD PO	1	MP; RX/OTC

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PKU AIR20 GREEN LIQD PO	1	MP; RX/OTC
PKU AIR20 YELLOW LIQD PO	1	MP; RX/OTC
PKU COOLER 10 LIQD PO	1	MP; RX/OTC
PKU COOLER 15 LIQD PO	1	MP; RX/OTC
PKU COOLER 20 LIQD PO	1	MP; RX/OTC
PKU EASY MICROTABS PLUS TBEC	1	MP; RX/OTC
PKU EASY MICROTABS TBEC	1	MP; RX/OTC
PKU EASY SHAKE & GO POWD	1	MP; RX/OTC
PKU EASY TABS	1	MP; RX/OTC
PKU EXPLORE10 PACK	1	MP; RX/OTC
PKU EXPLORE5 PACK	1	MP; RX/OTC
PKU EXPRESS 15 PLUS+ PACK	1	MP; RX/OTC
PKU EXPRESS 20 PLUS+ PACK	1	MP; RX/OTC
PKU GEL PACK	1	MP; RX/OTC
PKU LOPHLEX LQ 20 LIQD PO	1	MP; RX/OTC
PKU PERIFLEX EARLY YEARS POWD	1	MP; RX/OTC
PKU PERIFLEX JUNIOR PLUS POWD	1	MP; RX/OTC
PKU SPHERE 15 PACK	1	MP; RX/OTC
PKU SPHERE 20 LIQD PO	1	MP; RX/OTC
PKU SPHERE 20 PACK	1	MP; RX/OTC
PKU SPHERE NEXT 15 LIQD PO	1	MP; RX/OTC
PKU START POWD	1	MP; RX/OTC
PKU TRIO POWD	1	MP; RX/OTC
TYR EASY TABS	1	MP; RX/OTC
XPHE MAXAMAID POWD	1	MP; RX/OTC
XPHE-XTYR MAXAMAID POWD	1	MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	MP
PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
PERTZYE CPEP	4	MP; PA
SUCRAID	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
VIOKACE TABS	4	MP; PA
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	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	MP
acetazolamide CP12	1	MP
acetazolamide TABS	1	MP
dichlorphenamide	4	Brand Required; QL(4 EA daily); PA
KEVEYIS *(dichlorphenamide)*	4	Brand Required; QL(4 EA daily); PA

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methazolamide TABS 25 MG	4	QL(12 EA daily); MP; PA
methazolamide TABS 50 MG	4	QL(6 EA daily); MP; PA
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	MP
spironolactone & hydrochlorothiazide	1	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	MP
triamterene & hydrochlorothiazide TABS	1	MP
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	MP
bumetanide TABS	1	MP
ENBUMYST SOLN 0.5 MG/0.1ML	4	AL(At least 18 yrs old); PA
ethacrynate sodium	1	MP
ethacrynic acid	1	MP
FUROSCIX CTKT	4	AL(At least 18 yrs old); MP; PA
furosemide SOLN IJ 10 MG/ML	1	MP
furosemide SOLN IJ 10 MG/ML	1	Medical Benefit Only; MP
furosemide TABS 20 MG	1	QL(30 EA daily); MP
furosemide TABS 40 MG	1	QL(15 EA daily); MP
furosemide TABS 80 MG	1	QL(8 EA daily); MP
LASIX ONYU CTKT 80 MG/2.67ML	1	AL(At least 18 yrs old); MP; PA
LASIX TABS 20 MG *(furosemide)*	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
torsemide TABS 5 MG, 10 MG, 20 MG	1	QL(10 EA daily); MP
torsemide TABS 100 MG	1	QL(2 EA daily); MP
Osmotic Diuretics		
mannitol 25 %	1	MP
MANNITOL 20 %, 25 %	1	MP
OSMITROL 10 %, 20 %	1	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	1	MP
amiloride hcl TABS	1	MP
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	MP
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	1	MP
chlorthalidone 25 MG, 50 MG	1	MP
HEMICLOR 12.5 MG	1	QL(8 EA daily); PA
hydrochlorothiazide CAPS	1	QL(3 EA daily); MP
hydrochlorothiazide TABS 12.5 MG	1	MP
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

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Drug Name	Drug Tier	Requirements/ Limits
INZIRQO SUSR PO 10 MG/ML	1	QL(8 ML daily); AL(Up to 6 yrs old); PA
metolazone	1	MP
THALITONE	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 1 MG	4	QL(8 EA daily); PA
ISTURISA 5 MG	4	QL(2 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 70 MG	1	QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP
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
ATELVIA TBEC *(risedronate sodium)*	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
AUKELSO SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
BILDYOS SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail)
BILPREVDA SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
BINOSTO TBEF	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
BOMYNTRA SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
BOMYNTRA SOSY SC 120 MG/1.7ML	1	Medical Benefit Only; MP
BONSITY SOPN 560 MCG/2.24ML	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
BOSAYA SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
calcitonin (salmon) NA	1	QL(3.7 ML per 30 day(s) retail; 4 ML per 30 days mail)
calcitonin (salmon) IJ	1	MP
CONEXXENCE SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
ENOBY SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
EVENITY	4	QL(2.34 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
FORTEO SOPN *(teriparatide)*	4	Brand Required; PA

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Drug Name	Drug Tier	Requirements/ Limits
FORTEO SOPN *(teriparatide)*	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
FOSAMAX PLUS D	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); 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
JUBBONTI SOSY SC 60 MG/ML	1	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
JUBEREQ SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
MIACALCIN IJ *(calcitonin (salmon))*	1	MP
OSENVELT SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
OSVYRTI SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	MP
PAMIDRONATE DISODIUM SOLN	1	MP
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 35 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
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 TBEC	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
STOBOCLO SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
teriparatide SOPN	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
teriparatide SOPN	4	Brand Required; PA
TERIPARATIDE SOPN	4	Brand Required; 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
WYOST SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP

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Drug Name	Drug Tier	Requirements/ Limits
XGEVA SOLN	1	Medical Benefit Only; MP
XTRENBO SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
zoledronic acid CONC	1	MP
zoledronic acid SOLN 5 MG/100ML	1	QL(100 ML per 365 day(s) retail; 100 ML per 365 days mail)
ZOLEDRONIC ACID SOLN	1	QL(200 ML per 28 day(s) retail; 200 ML per 28 days mail)
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	4	MP; PA
ACTHAR GEL	4	MP; PA
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	4	MP; PA
CORTROPHIN GEL	4	MP; PA
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
CRENESSITY CAPS	1	QL(2 EA daily); AL(At least 4 yrs old); PA
CRENESSITY SOLN	1	QL(2 ML daily); AL(At least 4 yrs old); PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; PA
NOVAREL IM 5000 UNIT	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; PA
PREGNYL IM	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; 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	MP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	MP; PA
GENOTROPIN CART SC	1	MP; PA
HUMATROPE CART IJ	4	MP; PA
NGENLA	4	MP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	MP; PA
NUTROPIN AQ NUSPIN 10 SOPN	4	MP; PA
NUTROPIN AQ NUSPIN 20 SOPN	4	MP; PA
NUTROPIN AQ NUSPIN 5 SOPN	4	MP; PA
OMNITROPE SOCT	4	MP; PA
OMNITROPE SOLR SC	4	MP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	MP; PA
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	1	MP; PA
SKYTROFA	4	MP; PA
SOGROYA	4	MP; PA
ZOMACTON SOLR SC	4	MP; PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	1	MP
raloxifene hcl	1	MP
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	4	MP; PA
Insulin-Like Growth Factors (Somatomedins)		

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Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	4	MP; 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	MP; PA
LUPRON DEPOT-PED (3-MONTH)	1	MP; 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; MP
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		
LYNKUET CAPS PO 60 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
VEOZAH	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Metabolic Modifiers		
ALDURAZYME	4	MP; PA
AVLAYAH SOLR IV 150 MG	1	MP; PA
betaine	1	MP
BRINEURA	4	MP; PA
BUPHENYL POWD *(sodium phenylbutyrate)*	4	MP; PA
BUPHENYL TABS *(sodium phenylbutyrate)*	4	MP; PA
calcitriol CAPS	1	MP
calcitriol SOLN PO	1	MP
calcitriol SOLN IV	1	Medical Benefit Only; MP
CARBAGLU *(carglumic acid)*	4	Brand Required; MP; PA
carglumic acid	4	Brand Required; MP; PA
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	1	MP
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	1	MP
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	1	MP
cinacalcet hcl	1	MP
CRYSVITA	4	AL(At least 1 yrs old); MP; PA
CYSTADANE *(betaine)*	1	MP
doxercalciferol CAPS	4	MP; PA
doxercalciferol SOLN	4	MP; PA
ELAPRASE	4	MP; PA
ELFABRIO	4	AL(At least 18 yrs old); MP; PA
FABRAZYME	4	MP; PA
FORZINITY SOLN SC 280 MG/3.5ML	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
GALAFOLD	4	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); PA
glycerol phenylbutyrate 1.1 GM/ML	4	Brand Required; QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
HARLIKU TABS PO 2 MG	4	QL(1 EA daily); AL(At least 18 yrs old)
IMCIVREE SOLN SC	4	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail); AL(At least 2 yrs old); PA
KANUMA	1	Medical Benefit Only; MP
KEBILIDI	1	QL(0.5 ML per 1 day(s) retail); AL(At least 1 yrs old); PA
KUVAN PACK *(sapropterin dihydrochloride)*	4	MP; PA
KUVAN TABS *(sapropterin dihydrochloride)*	4	MP; PA
KYGEVVI PACK PO	4	QL(480 EA per 30 day(s) retail; 480 EA per 30 days mail); PA
LAMZEDE	4	MP; PA
levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML	1	MP
levocarnitine (metabolic modifiers) TABS	1	MP
LOARGYS SOLN IJ 2 MG/0.4ML	4	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 2 yrs old); PA
LUMIZYME	4	MP; PA
MEPSEVII	4	MP; PA
MYALEPT	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
NAGLAZYME	4	MP; PA
NEXVIAZYME	4	MP; PA
nitisinone CAPS	1	MP; PA
NITYR TABS	1	MP; PA
NULIBRY	4	MP; 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	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA
ORFADIN CAPS *(nitisinone)*	1	MP
ORFADIN SUSP	1	MP; PA
PALYNZIQ 2.5 MG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 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
PALYNZIQ 20 MG/ML	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
paricalcitol CAPS	4	QL(1 EA daily); AL(At least 10 yrs old); PA
paricalcitol SOLN	4	AL(At least 10 yrs old); MP; 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	4	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
PARSABIV 10 MG/2ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); 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); MP; PA
RAVICTI 1.1 GM/ML *(glycerol phenylbutyrate)*	4	Brand Required; QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
RAYALDEE	4	QL(1 EA daily); PA
REDEMPLO SOSY SC 25 MG/0.5ML	4	AL(At least 18 yrs old); PA
REVCOVI	4	MP; PA
sapropterin dihydrochloride PACK	4	MP; PA
sapropterin dihydrochloride TABS	4	MP; PA
SENSIPAR 30 MG, 90 MG *(cinacalcet hcl)*	1	MP
SEPHIENCE PACK PO 250 MG, 1000 MG	1	MP; PA
sod benzoate & sod phenylacetate	1	Medical Benefit Only; MP
sodium phenylbutyrate POWD	4	MP; PA
sodium phenylbutyrate TABS	4	MP; PA
STRENSIQ	4	MP; PA
TRYNGOLZA	1	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
VIMIZIM	1	Medical Benefit Only; MP
VYKAT XR TB24 PO 75 MG	4	QL(7 EA daily); AL(At least 4 yrs old); PA
VYKAT XR TB24 PO 150 MG	4	QL(3 EA daily); AL(At least 4 yrs old); PA
VYKAT XR TB24 PO 25 MG	4	QL(4 EA daily); AL(At least 4 yrs old); PA
XENPOZYME	4	MP; PA
XPHOZAH	4	QL(2 EA daily); AL(At least 18 yrs old); PA
XURIDEN	4	PA
YORVIPATH 168 MCG/0.56ML	1	QL(1.12 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
YORVIPATH 294 MCG/0.98ML	1	QL(1.96 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
YORVIPATH 420 MCG/1.4ML	1	QL(2.8 ML per 82 day(s) retail; 3 ML per 82 days mail); 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); MP; 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
YUVIWEL SOLR SC 1.3 MG, 2.8 MG, 5.5 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 2 yrs old); PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(desmopressin acetate)*	1	MP
DDAVP SOLN IJ 4 MCG/ML *(desmopressin acetate)*	1	MP
DDAVP TABS 0.2 MG *(desmopressin acetate)*	1	QL(6 EA daily)
DDAVP TABS 0.1 MG *(desmopressin acetate)*	1	MP
DESMODA SOLN PO 0.05 MG/ML	1	QL(145 ML per 120 day(s) retail; 145 ML per 120 days mail); PA
desmopressin acetate spray	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate SOLN IJ	1	MP
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.1 MG	1	MP
VASOPRESSIN-SODIUM CHLORIDE SOLN	1	MP
vasopressin SOLN IV	1	Medical Benefit Only; MP
VASOPRESSIN SOLN IV 20 UNIT/ML *(vasopressin)*	1	Medical Benefit Only; MP
VASOSTRICT SOLN IV *(vasopressin)*	1	Medical Benefit Only; MP
VASOSTRICT SOLN	1	MP
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	1	Medical Benefit Only; MP
mifepristone	1	Medical Benefit Only; MP
Prolactin Inhibitors		
cabergoline	1	MP
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	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	MP

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Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOSY	1	MP
PALSONIFY TABS PO 20 MG, 30 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
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	MP
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 60 MG/0.2ML	1	QL(0.2 ML per 28 day(s) retail)
SOMATULINE DEPOT 90 MG/0.3ML	1	QL(0.3 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 15 MG, 30 MG *(tolvaptan)*	4	Brand Required; QL(2 EA daily)
JYNARQUE TBPK 15 MG *(tolvaptan)*	4	Brand Required; QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
SAMSCA TABS PO *(tolvaptan (hyponatremia))*	1	QL(2 EA daily)
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	1	QL(2 EA daily)
tolvaptan TABS	4	Brand Required; QL(2 EA daily)
tolvaptan TBPK 15 MG	4	Brand Required; QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	1	MP; GL
ANGELIQ	1	MP; GL
BIJUVA	4	QL(1 EA daily); PA
CLIMARA PRO	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL
COMBIPATCH PTTW	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL
DUAVEE	4	QL(1 EA daily); GL; PA
estradiol & norethindrone acetate TABS	1	MP; GL
estradiol & norethindrone acetate TABS	1	MP
MYFEMBREE	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); GL; PA
norethindrone acetate-ethinyl estradiol	1	MP; GL
ORIAHNN	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PREMPHASE	1	MP; GL
PREMPRO	1	MP; GL

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Drug Name	Drug Tier	Requirements/ Limits
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, 20 MG/ML *(estradiol valerate)*	1	MP; GL
DEPO-ESTRADIOL	1	MP; 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
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
ELESTRIN GEL	1	QL(52 GM per 30 day(s) retail; 52 GM per 30 days mail); AL(Up to 65 yrs old); GL
estradiol valerate	1	MP; GL
estradiol GEL 0.5 MG/0.5GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old); GL
estradiol GEL 1.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail)
estradiol GEL 0.5 MG/0.5GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old)
estradiol GEL 0.25 MG/0.25GM, 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 GEL	4	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); GL
estradiol GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
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 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	MP; GL
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	Brand Required; MP
EVAMIST SOLN	1	QL(8.1 ML per 55 day(s) retail; 8 ML per 55 days mail); GL
MENOSTAR PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL
MINIVELLE PTTW *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL
PREMARIN SOLR	1	MP; GL

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Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(estrogens, conjugated)*	1	Brand Required; MP; GL
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
VIVELLE-DOT PTTW 0.05 MG/24HR *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
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	MP
ciprofloxacin in d5w	1	MP
CIPRO SUSR	1	AL(Up to 6 yrs old); MP
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	1	MP
levofloxacin in d5w	1	MP
levofloxacin SOLN PO	1	AL(Up to 6 yrs old); MP
levofloxacin TABS 250 MG, 500 MG	1	MP
levofloxacin TABS 750 MG	1	QL(1 EA daily)
moxifloxacin hcl in sodium chloride	1	MP
MOXIFLOXACIN HCL SOLN 400 MG/250ML	1	MP
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
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	QL(4 EA daily); PA
CTEXLI TABS PO 250 MG	1	QL(3 EA daily); AL(At least 16 yrs old); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	4	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
RELTONE CAPS 400 MG	1	MP; PA
RELTONE CAPS 200 MG	4	MP; PA
URSO FORTE TABS *(ursodiol)*	1	MP
ursodiol CAPS	1	MP
ursodiol TABS	1	MP
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	1	MP
GASTROCROM *(cromolyn sodium (mastocytosis))*	1	MP
Gastrointestinal Chloride Channel Activators		

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Drug Name	Drug Tier	Requirements/ Limits
AMITIZA *(lubiprostone)*	4	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
lubiprostone	4	Brand Required; 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 IJ 5 MG/ML	1	MP
metoclopramide hcl TABS	1	MP
REGLAN TABS *(metoclopramide hcl)*	1	MP
Hepatotropics		
REZDIFFRA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	4	MP; PA
BYLVAY CAPS	4	MP; PA
LIVMARLI PO 10 MG, 15 MG, 20 MG	4	QL(2 EA daily); PA
LIVMARLI PO 30 MG	4	QL(1 EA daily); PA
LIVMARLI 19 MG/ML	4	QL(2 ML daily); PA
LIVMARLI 9.5 MG/ML	4	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); PA
LYNAVOY TABS PO 40 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Inflammatory Bowel Agents		
AVSOLA	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
AVSOLA	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	1	MP
AZULFIDINE TABS *(sulfasalazine)*	1	MP
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 (1 SYRINGE) PSKT 200 MG/ML	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
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
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

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Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO SOLR	4	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail); PA
IMULDOSA SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
INFLECTRA SOLR	2	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
INFLIXIMAB	2	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail)
LIALDA TBEC *(mesalamine)*	1	QL(4 EA daily)
mesalamine w/ cleanser	1	MP; PA
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	1	Brand Required; QL(8 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail; 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 1.2 GM	1	QL(4 EA daily)
mesalamine TBEC 800 MG	4	QL(6 EA daily); PA
OMVOH (300 MG DOSE) SOAJ	4	QL(3 ML per 63 day(s) retail; 3 ML per 63 days mail); PA
OMVOH (300 MG DOSE) SOSY	4	QL(3 ML per 63 day(s) retail; 3 ML per 63 days mail); PA
OMVOH SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OMVOH SOLN	4	QL(15 ML per 28 day(s) retail; 15 ML per 28 days mail); PA
OMVOH SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OTULFI SOLN IV 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
PENTASA CPCR *(mesalamine)*	1	Brand Required; QL(8 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail
PENTASA CPCR *(mesalamine)*	1	QL(16 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail
PYZCHIVA 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
REMICADE	2	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
ROWASA *(mesalamine w/ cleanser)*	1	MP; PA
SELARSDI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
SFROWASA ENEM	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail)
SKYRIZI SOCT 180 MG/1.2ML	4	QL(1.2 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
SKYRIZI SOCT 360 MG/2.4ML	4	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); PA
SKYRIZI SOLN	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
STARJEMZA SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
STELARA 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
STEQEYMA	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
SULFASALAZINE POWD	1	
sulfasalazine TABS	1	MP
sulfasalazine TBEC	1	MP

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA SOLN IV	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
USTEKINUMAB 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
USTEKINUMAB-TTWE	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
VELSIPITY	4	QL(1 EA daily); PA
YESINTEK 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
ZYMFENTRA (1 PEN) AJKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ZYMFENTRA (2 PEN) AJKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (2 SYRINGE) PSKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	MP
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
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; MP
VOWST	4	QL(4 EA daily); AL(At least 18 yrs old); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	1	Medical Benefit Only; MP
MOVANTIK	4	QL(1 EA daily); PA
SYMPROIC	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
LIVDELZI	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Phosphate Binder Agents		
AURYXIA 210 MG *(ferric citrate)*	4	Brand Required; 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	MP
calcium acetate (phosphate binder) TABS	1	MP; RX/OTC
ferric citrate	4	Brand Required; QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); AL(At least 19 yrs old); PA
FOSRENOL CHEW *(lanthanum carbonate)*	4	Brand Required; MP
FOSRENOL PACK	4	Brand Required; MP
lanthanum carbonate CHEW	4	Brand Required; MP; PA
RENVELA PACK *(sevelamer carbonate)*	1	MP
RENVELA TABS *(sevelamer carbonate)*	1	MP
sevelamer carbonate PACK	1	MP
sevelamer carbonate TABS	1	MP
sevelamer hcl	4	MP; PA
VELPHORO	4	MP; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	QL(1 EA per fill retail); PA
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE *(etomidate)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DIPRIVAN +RFID EMUL 200 MG/20ML *(propofol)*	1	MP
DIPRIVAN EMUL	1	MP
DIPRIVAN EMUL *(propofol)*	1	MP
etomidate	1	MP
KETALAR SOLN IJ *(ketamine hcl)*	1	Medical Benefit Only; MP
ketamine hcl SOLN IJ	1	Medical Benefit Only; MP
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	1	MP
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR *(methohexital sodium)*	1	MP
methohexital sodium SOLR	1	MP
Volatile Anesthetics		
desflurane	1	MP
FORANE *(isoflurane)*	1	MP
isoflurane	1	MP
sevoflurane	1	MP
SUPRANE *(desflurane)*	1	MP
ULTANE *(sevoflurane)*	1	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	1	MP
Alkalinizers		
ORACIT	1	MP
ORAL CITRATE	1	MP
potassium citrate (alkalinizer) TBCR	1	MP
potassium citrate-citric acid SOLN	1	MP; PA; RX/OTC
sodium citrate & citric acid	1	MP; RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	1	MP
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	1	MP
Cystinosis Agents		
CYSTAGON CAPS	1	MP
PROCYSBI CPDR	4	MP; PA
PROCYSBI PACK	4	MP; PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	MP
glycine (gu irrigant) SOLN 1.5 %	1	MP
sodium chloride (gu irrigant) 0.9 %	1	MP
SORBITOL 3 %	1	MP
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	MP
Hyperoxaluria Agents		
OXLUMO	4	MP; 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 128 MG/0.8ML	4	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 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
IgA Nephropathy (IgAN) Agents		

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Drug Name	Drug Tier	Requirements/ Limits
FILSPARI	4	QL(1 EA daily); AL(At least 18 yrs old); PA
VANRAFIA TABS PO 0.75 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
VOYXACT SOSY SC 400 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Interstitial Cystitis Agents		
ELMIRON CAPS	1	MP
RIMSO-50	1	MP
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily); MP
CARDURA XL	2	ST; MP
dutasteride	1	QL(1 EA daily); MP
dutasteride-tamsulosin hcl	2	ST; MP
finasteride	1	QL(1 EA daily); MP
PROSCAR *(finasteride)*	1	QL(1 EA daily); MP
silodosin	2	ST; MP
tamsulosin hcl	1	QL(2 EA daily); MP
Urinary Stone Agents		
LITHOSTAT	1	MP
THIOLA EC TBEC *(tiopronin)*	1	MP
THIOLA TABS *(tiopronin)*	1	Brand Required; QL(3 EA daily)
tiopronin TABS	1	Brand Required; QL(3 EA daily); PA
tiopronin TBEC	1	MP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	MP
Gout Agents		
allopurinol 200 MG	4	MP; PA
allopurinol 100 MG, 300 MG	1	MP
allopurinol sodium	1	Medical Benefit Only; MP
ALOPRIM *(allopurinol sodium)*	1	Medical Benefit Only; MP
colchicine CAPS	4	QL(2 EA daily)
colchicine CAPS	4	QL(2 EA daily); PA
colchicine TABS	1	QL(2 EA daily)
febuxostat	4	QL(1 EA daily); PA
GLOPERBA SOLN PO	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
KRYSTEXXA	1	Medical Benefit Only; MP
MITIGARE CAPS *(colchicine)*	4	QL(2 EA daily); PA
ULORIC *(febuxostat)*	4	QL(1 EA daily); PA
Uricosurics		
probenecid	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	4	MP; PA
Antihemophilic Products		
ADVATE	1	MP
ADYNOVATE	4	MP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	MP; PA
ALHEMO	1	AL(At least 12 yrs old); MP; PA
ALPHANATE SOLR	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	MP
ALPROLIX	1	MP
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	1	MP
BALFAXAR	1	Medical Benefit Only; MP
BENEFIX KIT	1	MP
BEQVEZ	1	QL(1 EA per 1 day(s) retail; 1 EA per 1 days mail); AL(At least 18 yrs old); PA
COAGADEX	4	MP; PA
CORIFACT	4	MP; PA
ELOCTATE	4	MP; PA
ESPEROCT	4	MP; PA
FEIBA	4	MP; PA
FESILTY SOLR IV 1 GM	1	MP; PA
FIBRYGA 2 GM	1	MP
HEMGENIX	4	QL(1 EA per fill retail); AL(At least 19 yrs old); PA
HEMLIBRA	4	MP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	1	MP
HUMATE-P SOLR	1	MP
HYMPAVZI	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 6 yrs old); PA
HYMPAVZI	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA
IDELVION	1	MP
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	1	MP
JIVI	1	MP
KCENTRA	1	MP
KOATE SOLR	1	MP
KOVALTRY	1	MP
NOVOEIGHT	1	MP
NOVOSEVEN RT	4	MP; PA
NUWIQ KIT	1	MP
OBIZUR	4	MP; PA
PROFILNINE	1	MP
QFITLIA SOAJ SC 50 MG/0.5ML	1	QL(0.5 ML per 60 day(s) retail); AL(At least 12 yrs old); PA
QFITLIA SOLN SC 20 MG/0.2ML	1	QL(0.2 ML per 60 day(s) retail); AL(At least 12 yrs old); PA
REBINYN	1	MP
RECOMBINATE SOLR	1	MP
RIASTAP	1	MP
RIXUBIS SOLR	1	MP
ROCTAVIAN	4	QL(1 EA per fill retail); AL(At least 18 yrs old); PA
SEVENFACT	4	MP; PA
TRETTEN	4	MP; PA
VONVENDI	1	MP
WILATE KIT	1	MP
XYNTHA	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
XYNTHA SOLOFUSE	1	MP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	1	MP; PA
icatibant acetate SOSY	2	MP; PA
icatibant acetate SOSY	4	MP; PA
Complement Inhibitors		
BERINERT KIT	2	MP; PA
BKEMV SOLN IV 300 MG/30ML	4	MP; PA
CINRYZE SOLR IV	2	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 12 yrs old); PA
ENJAYMO	4	QL(308 ML per 28 day(s) retail; 308 ML per 28 days mail); AL(At least 18 yrs old); PA
EPYSQLI SOLN IV 300 MG/30ML	4	MP; PA
FABHALTA	4	QL(2 EA daily); AL(At least 18 yrs old); PA
HAEGARDA SOLR SC	2	MP; PA
PIASKY	1	Medical Benefit Only; MP
RUCONEST	4	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOLIRIS	4	MP; PA
TAVNEOS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
ULTOMIRIS	4	MP; 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	4	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
VOYDEYA TBPK	4	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
YARTEMLEA SOLN IV 370 MG/2ML	4	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); AL(At least 2 yrs old); 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	4	QL(16.072 ML per 28 day(s) retail; 16 ML per 28 days mail); AL(At least 18 yrs old); PA
ZILBRYSQ 32.4 MG/0.81ML	4	QL(22.68 ML per 28 day(s) retail; 23 ML per 28 days mail); AL(At least 18 yrs old); PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
WAYRILZ TABS PO 400 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
Hematological Enzymes - Misc		
ADZYNMA	4	MP; PA
Hematorheologic Agents		
pentoxifylline	1	MP
Hemin		
PANHEMATIN 350 MG	1	Medical Benefit Only; MP
Human Protein C		
CEPROTIN	1	MP
Plasma Expanders		
dextran 40 in d5w	1	MP
dextran 40 in saline	1	MP
hetastarch (hes /0.7 or /0.75) in sodium chloride	1	MP
HEXTEND	1	MP
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail); PA
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	4	MP; PA
KALBITOR	4	MP; PA
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 2 yrs old); PA
ORLADEYO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOLN	3	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOSY 300 MG/2ML	3	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	3	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
Plasma Proteins		
ALBUKED 25	1	MP
ALBUKED 5	1	MP
ALBUMIN HUMAN	1	MP
ALBUMINEX	1	MP
ALBURX	1	MP
ALBUTEIN	1	MP
FLEXBUMIN	1	MP
KEDBUMIN	1	MP
OCTAPLAS BLOOD GROUP A	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP AB	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP B	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP O	1	Medical Benefit Only; MP
RYPLAZIM	4	MP; PA
THROMBATE III 500 UNIT	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
Platelet Aggregation Inhibitors		
AGGRASTAT 3.75 MG/15ML	1	MP
AGGRASTAT *(tirofiban hcl in sodium chloride)*	1	MP
AGRYLIN 0.5 MG *(anagrelide hcl)*	1	MP
anagrelide hcl	1	MP
aspirin-dipyridamole	1	QL(2 EA daily); AL(At least 18 yrs old)
BRILINTA 90 MG *(ticagrelor)*	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail); 365 day(s) max supply per 999 day(s) retail
BRILINTA 60 MG *(ticagrelor)*	1	Brand Required; QL(2 EA daily); 365 day(s) max supply per 999 day(s) retail
CABLIVI	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
cilostazol	1	MP
clopidogrel bisulfate	1	QL(1 EA daily)
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 20 MG/10ML, 200 MG/100ML	1	MP
eptifibatide 75 MG/100ML	1	Medical Benefit Only; MP
KENGREAL	1	Medical Benefit Only; MP
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)
ticagrelor 90 MG	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail)
ticagrelor 60 MG	1	Brand Required; QL(2 EA daily); PA
ticagrelor 60 MG	1	Brand Required; QL(2 EA daily); PA
tirofiban hcl in sodium chloride	1	MP
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 12 yrs old)
Protamine		
protamine sulfate	1	MP
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 18 yrs old); PA
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

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Drug Name	Drug Tier	Requirements/ Limits
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; MP
Thrombolytic Enzymes		
ACTIVASE IV	1	MP
CATHFLO ACTIVASE IJ	1	MP
TNKASE	1	Medical Benefit Only; MP
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	MP; PA
ELELYSO	4	MP; PA
miglustat	4	Brand Required; QL(3 EA daily); PA
VPRIV	4	MP; PA
ZAVESCA *(miglustat)*	4	Brand Required; QL(3 EA daily); PA
Agents for Sickle Cell Disease		
ADAKVEO	4	MP; PA
CASGEVY	1	Medical Benefit Only; MP
DROXIA CAPS	1	MP
ENDARI *(glutamine (sickle cell))*	4	Brand Required; AL(At least 5 yrs old); MP; PA
glutamine (sickle cell)	4	Brand Required; AL(At least 5 yrs old); MP; PA
LYFGENIA	1	Medical Benefit Only; MP
SIKLOS TABS	4	AL(At least 2 yrs old); MP; PA
XROMI SOLN PO 100 MG/ML	1	AL(Up to 6 yrs old); MP
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	AL(Up to 20 yrs old); MP
hydroxocobalamin acetate SOLN	1	AL(Up to 20 yrs old); MP
Folic Acid/Folates		
folic acid SOLN	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
folic acid SOLN	1	MP
folic acid TABS 1 MG	1	MP; RX/OTC
QUIOFIC SOLN 0.2 MG/ML *(folic acid)*	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
Hematopoietic Gene Therapy		
ZYNTEGLO	1	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Hematopoietic Growth Factors		
ALVAIZ 36 MG, 54 MG	4	QL(2 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 9 MG	4	QL(1 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 18 MG	4	QL(4 EA daily); AL(At least 6 yrs old); PA

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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 500 MCG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML	4	QL(1.2 ML per 28 day(s) retail; 1 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
DOPTELET	4	QL(10 EA per 5 day(s) retail; 10 EA per 5 days mail); PA
DOPTELET	4	QL(15 EA per 5 day(s) retail; 15 EA per 5 days mail); PA
DOPTELET SPRINKLE PO 10 MG	4	QL(60 EA per 30 day(s) retail); AL(At least 1 yrs old - Up to 5 yrs old); PA
eltrombopag olamine PACK 12.5 MG, 25 MG	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	1	Brand Required; QL(1 EA daily)
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	MP; PA
EPOGEN 3000 UNIT/ML, 20000 UNIT/ML	1	MP; PA
EPOGEN 20000 UNIT/ML	4	MP
FILKRI SOSY IJ 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
FILKRI SOSY IJ 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); 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)
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)
LEUKINE SOLR IJ	1	MP
MULPLETA	4	QL(7 EA per fill retail); PA
MULPLETA	4	QL(7 EA per fill retail); PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	1	Medical Benefit Only; MP
NEULASTA SOLN SC 4 MG/0.4ML	1	QL(0.4 ML per 21 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
NEULASTA SOSY	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
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 480 MCG/1.6ML	4	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
NIVESTYM SOLN 300 MCG/ML	4	QL(30 ML per 30 day(s) retail; 30 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	MP
NYPOZI 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
NYPOZI 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
NYVEPRIA	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
PROCRIT 40000 UNIT/ML	1	Medical Benefit Only; MP
PROCRIT	4	MP; PA
PROCRIT	4	MP; PA
PROMACTA PACK 12.5 MG, 25 MG *(eltrombopag olamine)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(eltrombopag olamine)*	1	Brand Required; QL(1 EA daily)
REBLOZYL	4	MP; 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	MP; PA
RETACRIT 40000 UNIT/ML	1	MP; PA
ROLVEDON	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
RYZNEUTA SOSY SC 20 MG/ML	4	QL(1 ML per 21 day(s) retail; 1 ML per 21 days mail); PA
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; QL(0.6 ML per 21 day(s) retail; 1 ML per 21 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOAJ	1	Medical Benefit Only; QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
UDENYCA SOSY	1	Medical Benefit Only; QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
VAFSEO 300 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
VAFSEO 150 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); 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	QL(0.6 ML per 21 day(s) retail; 1 ML per 21 days mail)
Iron		
ACCRUFER	4	QL(2 EA daily); AL(At least 18 yrs old); PA
FERAHEME *(ferumoxytol)*	1	Medical Benefit Only; MP
ferric carboxymaltose 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML	1	Medical Benefit Only; MP
FERRLECIT *(sodium ferric gluconate complex in sucrose)*	1	Medical Benefit Only; MP
ferrous sulfate SOLN 15 MG/ML	1	AL(Up to 2 yrs old); MP; PA
ferumoxytol	1	Medical Benefit Only; MP
INFED	1	Medical Benefit Only; MP
INJECTAFER 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML *(ferric carboxymaltose)*	1	Medical Benefit Only; MP
iron sucrose 20 MG/ML	1	Medical Benefit Only; MP
MONOFERRIC	1	Medical Benefit Only; MP
sodium ferric gluconate complex in sucrose	1	Medical Benefit Only; MP
VENOFER 20 MG/ML *(iron sucrose)*	1	Medical Benefit Only; MP
Stem Cell Mobilizers		
APHEXDA	4	MP; PA
MOZOBIL *(plerixafor)*	4	QL(1.2 ML daily); PA
plerixafor	4	QL(1.2 ML daily); PA
XOLREMDI	1	QL(4 EA daily); 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	MP
aminocaproic acid TABS	1	MP
CYKLOKAPRON SOLN *(tranexamic acid)*	1	MP
TRANEXAMIC ACID-NACL *(tranexamic acid-sodium chloride)*	1	MP
tranexamic acid-sodium chloride	1	MP
tranexamic acid SOLN 1000 MG/10ML	1	MP
tranexamic acid TABS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
Hemostatics - Topical		
ARTISS KIT	1	MP
RECOTHROM	1	Medical Benefit Only; MP
RECOTHROM SPRAY KIT	1	Medical Benefit Only; MP
THROMBIN-JMI EPISTAXIS KIT	1	MP
THROMBIN-JMI KIT	1	MP
THROMBIN-JMI SOLR	1	MP
TISSEEL KIT	1	Medical Benefit Only; MP
TISSEEL SOLN	1	Medical Benefit Only; MP
VISTASEAL EX 2 ML, 4 ML, 10 ML	1	Medical Benefit Only; MP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
pentobarbital sodium SOLN	1	QL(1 ML daily); AL(At least 19 yrs old)
phenobarbital sodium SOLN	1	MP
phenobarbital ELIX	1	MP
phenobarbital TABS	1	MP
SEZABY SOLR	1	Medical Benefit Only; MP
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; MP
dexmedetomidine hcl in sodium chloride SOLN	1	Medical Benefit Only; MP
DEXMEDETOMIDINE HCL-DEXTROSE	1	Medical Benefit Only; MP
dexmedetomidine hcl SOLN	1	Medical Benefit Only; MP
DEXMEDETOMIDINE HCL SOLN 400 MCG/4ML *(dexmedetomidine hcl)*	1	Medical Benefit Only; MP
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	2	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); PA
IGALMI FILM	1	Medical Benefit Only; MP
midazolam hcl SOLN IJ	1	MP
midazolam hcl SYRP	1	MP
midazolam-sodium chloride	1	MP
MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)*	1	MP
MIDAZOLAM-SODIUM CHLORIDE (PF)	1	MP
PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)*	1	Medical Benefit Only; MP
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	1	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); MP; PA
HETLIOZ CAPS *(tasimelteon)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
ramelteon	1	Brand Required; QL(1 EA daily); AL(At least 19 yrs old)
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)
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	4	QL(1 EA per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM	1	MP
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)
sodium sulfate-potassium sulfate-magnesium sulfate	1	Brand Required; QL(354 ML per fill retail); PA
sodium sulfate-potassium sulfate-magnesium sulfate	1	Brand Required; QL(354 ML per fill retail)
SUFLAVE	1	QL(2 EA 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)*	1	Brand Required; QL(354 ML per fill retail)
SUTAB	4	QL(24 EA per fill retail); PA
SUTAB	1	QL(24 EA per fill retail); PA
Laxatives - Miscellaneous		
lactulose PACK 20 GM	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
lactulose PACK 10 GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
lactulose PACK 10 GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
lactulose SOLN	1	MP
polyethylene glycol 3350 PACK	1	AL(Up to 20 yrs old); MP
polyethylene glycol 3350 PACK	1	MP
polyethylene glycol 3350 POWD	1	QL(1581 GM per 30 day(s) retail; 1581 GM per 30 days mail)
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)
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	1	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	1	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	MP
lidocaine w/ epinephrine SOLN	1	MP
MARCAINE/EPINEPHRINE PF SOLN *(bupivacaine w/ epinephrine)*	1	MP
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % *(bupivacaine w/ epinephrine)*	1	MP
SENSORCAINE-MPF/EPINEPHRINE SOLN	1	MP
XYLOCAINE/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	MP
XYLOCAINE-MPF/EPINEPHRINE SOLN	1	MP
XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	MP
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	1	MP
bupivacaine hcl SOLN IJ	1	MP
bupivacaine in dextrose SOLN	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
EXPAREL	1	Medical Benefit Only; MP
lidocaine hcl (local anesth.) SOLN	1	MP
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML	1	MP
MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)*	1	MP
MARCAINE SPINAL SOLN *(bupivacaine in dextrose)*	1	MP
MARCAINE SOLN IJ *(bupivacaine hcl)*	1	MP
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	1	MP
NAROPIN SOLN IJ *(ropivacaine hcl)*	1	MP
ropivacaine hcl SOLN IJ	1	MP
XYLOCAINE MPF +RFID SOLN 1 % *(lidocaine hcl (local anesth.))*	1	MP
XYLOCAINE-MPF +RFID SOLN 2 % *(lidocaine hcl (local anesth.))*	1	MP
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(lidocaine hcl (local anesth.))*	1	MP
XYLOCAINE SOLN 1 %, 2 % *(lidocaine hcl (local anesth.))*	1	MP
Local Anesthetics - Esters		
chloroprocaine hcl IJ	1	MP
NESACAINE-MPF IJ *(chloroprocaine hcl)*	1	MP
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin SOLR	1	MP
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	MP
ZITHROMAX TRI-PAK TABS *(azithromycin)*	1	MP
ZITHROMAX Z-PAK TABS *(azithromycin)*	1	MP
ZITHROMAX SOLR *(azithromycin)*	1	MP
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	1	QL(12 ML daily)
ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)*	1	MP
Clarithromycin		
clarithromycin SUSR	1	MP
clarithromycin TABS	1	MP
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	MP
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	1	MP
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	1	MP
ERYTHROCIN LACTOBIONATE 500 MG	1	MP
erythromycin base CPEP	1	MP
erythromycin base TABS	1	MP
erythromycin base TBEC	1	MP
erythromycin ethylsuccinate SUSR	1	MP
erythromycin ethylsuccinate TABS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
erythromycin lactobionate 500 MG	1	MP
Fidaxomicin		
DIFICID SUSR	1	QL(136 ML per 12 day(s) retail; 136 ML per 12 days mail)
DIFICID TABS 200 MG *(fidaxomicin)*	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
fidaxomicin TABS 200 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	1	MP
DUREX EXTRA SENSITIVE THIN DEVI	1	MP
DUREX EXTRA SENSITIVE THIN MISC	1	MP
DUREX TROPICAL MISC	1	MP
FANTASY LUBRICATED/SPERMICIDE MISC	1	MP
FANTASY LUBRICATED MISC	1	MP
FC2 FEMALE CONDOM	1	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
KIMONO MAXX-LARGE FLARE MISC	1	MP
KIMONO MICRO THIN PLUS MISC	1	MP
KIMONO MICRO THIN MISC	1	MP
KIMONO SENSATION PLUS MISC	1	MP
KIMONO SENSATION MISC	1	MP
KIMONO MISC	1	MP
MAXX MISC	1	MP
TROJAN BARESKIN DEVI	1	MP
TROJAN ENZ MISC	1	MP
TROJAN MAGNUM MISC	1	MP
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	MP
TROJAN ULTRA THIN MISC	1	MP
TROJAN-ENZ LUBRICATED MISC	1	MP
TROJAN-ENZ/SPERMICIDAL MISC	1	MP
TRUE COVER DEVI	1	MP
TRUSTEX LUB/RIBBED/STUDDED MISC	1	MP
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	MP
TRUSTEX LUB/SPERMICIDE XL MISC	1	MP
TRUSTEX LUBRICATED EX LARGE MISC	1	MP
TRUSTEX LUBRICATED EXTRA ST MISC	1	MP
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	MP
TRUSTEX LUBRICATED MISC	1	MP
TRUSTEX NON-LUBRICATED MISC	1	MP
TRUSTEX RIA LUB/SPERMICIDE MISC	1	MP
TRUSTEX RIA LUBRICATED MISC	1	MP
TRUSTEX RIA NON-LUBRICATED MISC	1	MP
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCET KIT	1	MP
ACCU-CHEK FASTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
ACCU-CHEK GUIDE ME KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 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); MP; RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	1	MP
ACCU-CHEK SOFTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVANCED MOBILE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
ADVOCATE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	1	MP
ADVOCATE RAPID-SAFE LANCING MISC	1	MP
ADVOCATE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
ADVOCATE SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ASSURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	1	MP
AUTOLET LANCING DEVICE MISC	1	MP
AUTOLET LITE LANCING DEVICE MISC	1	MP; PA
AUTOLET PLUS MISC	1	MP
BD MICROTAINER LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CAREONE ADVANCED LANCING DEV MISC	1	MP
CAREONE LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CAREONE LANCET THIN 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARESENS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
CARETOUCH SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST MC LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCING DEVICE MISC	1	MP
CHOSEN SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
CLEVER CHOICE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COAGUCHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CVS LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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; 2 EA per 30 days mail)
DEXCOM G6 TRANSMITTER	1	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
DEXCOM G7 15 DAY SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 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; 3 EA per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET GENTEEL LANCING DEVICE MISC	1	MP; PA
DROPLET LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	1	MP
DROPLET PERSONAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DRUG MART ON-THE-GO LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
EASY COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1	MP
EASY MINI LANCING DEVICE MISC	1	MP
EASY TOUCH LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	1	MP
EASY TOUCH SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	1	MP
EMBRACE PRESSURE ACTIVATED 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FIFTY50 UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FINGERSTIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
FONDCIRCLE LANCING DEVICE MISC	1	MP
FONDCIRCLE SINGLE USE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
FORA LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	1	MP
FREESTYLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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; 2 EA per 30 days mail)
FREESTYLE LIBRE 2 PLUS SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
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; 2 EA per 30 days mail)
FREESTYLE LIBRE 3 PLUS SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
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; 2 EA per 28 days mail)
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); MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	1	MP
GLUCOCOM LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	1	MP
GNP STERILE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GNP STERILE LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
GOJJI STERILE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	1	MP
H-E-B INCONTROL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
HYPOLANCE AST LANCING KIT	1	MP
KROGER AUTOLET LANCING DEVICE MISC	1	MP
KROGER HEALTHPRO LANCET 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	1	MP
LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS 28G THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS SUPER THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCING DEVICE MISC	1	MP
LANZO MISC	1	MP
LEADER ADVANCED LANCING DEVICE MISC	1	MP
LITE TOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	1	MP
LITETOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SPECIAL 0.8MM	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MICROLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MICROLET NEXT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	1	MP
MINI LANCING DEVICE MISC	1	MP
MINIMED INSTINCT GLUC SENSOR	1	AL(At least 7 yrs old); PA
MM LANCING DEVICE MISC	1	MP
MM TWIST LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MONOLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	1	MP
MYGLUCOHEALTH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	1	MP
ONETOUCH DELICA PLUS LANCET30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	1	MP
ONETOUCH DELICA SAFETY LANCING	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
ONETOUCH ULTRASOFT 2 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
PERFECT POINT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PHARMACIST CHOICE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PIP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(Up to 4 yrs old)
PRO COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PRO COMFORT LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); MP; RX/OTC
PRODIGY LANCING DEVICE MISC	1	MP
PRODIGY TWIST TOP LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PURE COMFORT SAFETY LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
PX ADVANCED LANCING DEVICE MISC	1	MP
PX LANCETS MICROTHIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PX LANCETS ULTRA THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	1	MP
QC LANCETS SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
READYLANCE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCET DEVICES 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS ULTRA-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
RELION ULTRA THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	1	MP
RIGHTEST GL300 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS HEALTH PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SELECT-LITE LANCING DEVICE MISC	1	MP
SENSILANCE SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SENSILANCE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
SENSILANCE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	1	MP
SMART DIABETES VANTAGE LANCING MISC	1	MP
SMARTEST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	1	MP
SOLUS V2 TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
STERILANCE TL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 18G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCING PEN MISC	1	MP
TECHLITE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	1	MP
TODAYS HEALTH THIN LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX AIR GLUCOSE METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUE METRIX LEVEL 1 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
TRUE METRIX LEVEL 2 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
TRUE METRIX LEVEL 3 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
TRUE METRIX METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUENESS BLOOD GLUCOSE MONITOR DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
TRUEPLUS LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	1	MP
ULTILET CLASSIC LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTILET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTILET SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA THIN LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNILET GP 28 ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET SUPER-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET ULTRA-THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK PRO SAFETY LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VERIFINE SAFE LANCET MINI 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	1	MP
VIVAGUARD SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
1ST TIER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ADVOCATE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ADVOCATE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AQ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AQINJECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP

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Drug Name	Drug Tier	Requirements/ Limits
AUM MINI INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AUM SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
AURORA PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD ECLIPSE SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD INS SYR ULTRAFINE 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE MICROFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD INSULIN SYRINGE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE MICRO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE MINI ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE NANO 2ND GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE SHORT ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD TB SYRINGE MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(Up to 20 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD VEO INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CAREONE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
CAREONE UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
CARETOUCH HYPODERMIC NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CARETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CARETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
COMFORT EZ MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
COMFORT EZ SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT TOUCH INSULIN PEN NEED	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
DROPLET MICRON	1	MP
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
DROPLET PEN NEEDLES	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPSAFE AUTOPROTECT DUO	1	MP
DROPSAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DRUG MART UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY COMFORT INSULIN SYRINGE	1	MP; PA
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY COMFORT PEN NEEDLES	1	MP; PA
EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY TOUCH FLIPLOCK INSULIN SY	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN BARRELS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY TOUCH SHEATHLOCK SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EMBECTA INS SYR U/F 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
EMBECTA INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EMBECTA INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
EMBECTA PEN NEEDLE NANO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EMBRACE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
FIFTY50 PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL INSULIN SYRINGES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GNP ULTIGUARD SAFEPACK NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP ULTRA COM INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE MICRON PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
H-E-B INCONTROL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HM ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INCONTROL ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSULIN SYRINGE-NEEDLE U-100	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSUPEN32G EXTR3ME	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
KROGER PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LASIX ONYU REUSABLE UNIT/CHARG	1	AL(At least 18 yrs old); MP; PA
LEADER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LEADER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LITETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LITETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MARATHON MEDICAL PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXICOMFORT II PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
MAXICOMFORT SYR 27G X 1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MICRODOT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MM INSULIN SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MM PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MONOJECT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
NOVOFINE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
NOVOFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PEN NEEDLE/5-BEVEL TIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PENTIPS GENERIC PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
PIP PEN NEEDLES 31G X 5MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PIP PEN NEEDLES 32G X 4MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PREVENT DROPSAFE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRO COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
PRODIGY INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PURE COMFORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
PX MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
QC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RAYA SURE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RELION INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RELION PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SECURESAFE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
SURE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP

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

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

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Drug Name	Drug Tier	Requirements/ Limits
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VANISHPOINT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ZEVRX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ZEVRX PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
Respiratory Therapy Supplies		

Drug Name	Drug Tier	Requirements/ Limits
ACE AEROSOL CLOUD ENHANCER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MV MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
AEROCHAMBER2GO ANTI-STATIC DEVI	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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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
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 PEAK FLOW MISC	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

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Drug Name	Drug Tier	Requirements/ Limits
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); MP; PA
AJOVY SOAJ	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 6 yrs old); PA
AJOVY SOSY	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 6 yrs old); PA
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	QL(3 ML per 90 day(s) retail; 3 ML per 63 days mail); 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		
CAFERGOT TABS *(ergotamine w/ caffeine)*	4	QL(40 EA per 28 day(s) retail; 40 EA per 28 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
ergotamine w/ caffeine SUPP	1	QL(25 EA per 30 day(s) retail; 25 EA per 30 days mail)
sumatriptan-naproxen sodium	2	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	1	QL(7 EA per 30 day(s) retail; 7 EA per 30 days mail); PA
Migraine Products		
BREKIYA SOAJ SC 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	3	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail)
dihydroergotamine mesylate SOLN IJ 1 MG/ML	4	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA
ERGOMAR SUBL	4	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); PA
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	4	MP; PA
ELYXYB	4	QL(19.2 ML per 30 day(s) retail; 19 ML per 30 days mail); 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 STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	1	QL(2 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	1	QL(2 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	3	QL(2 ML daily)
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	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
naratriptan hcl 1 MG	1	QL(54 EA per 30 day(s) retail; 54 EA per 30 days mail)
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)

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Drug Name	Drug Tier	Requirements/ Limits
sumatriptan	3	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail
sumatriptan succinate SOAJ 6 MG/0.5ML	3	QL(2 ML daily)
sumatriptan succinate SOLN 6 MG/0.5ML	3	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
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)
zolmitriptan TBDP	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
ZOMIG SOLN *(zolmitriptan)*	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ZOMIG SOLN	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1	MP
SODIUM ACETATE SOLN *(sodium acetate)*	1	MP
sodium bicarbonate IV 4.2 %, 8.4 %	1	MP
THAM *(tromethamine)*	1	MP
tromethamine	1	MP
Calcium		
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-500 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG, 500 MG-5 MCG	2	ST; MP
calcium carbonate-vitamin d TABS 250 MG-125 UNIT	2	ST; MP
calcium chloride (dihydrate) SOLN	1	MP
CALCIUM CHLORIDE SOLN 10 % *(calcium chloride (dihydrate))*	1	MP
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG	2	ST; MP
CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)*	1	MP
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1	MP
calcium gluconate-sodium chloride SOLN	1	MP
calcium gluconate SOLN	1	MP
CALCIUM GLUCONATE SOLN	1	MP
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	MP
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	Medical Benefit Only; MP
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	2	ST; MP

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Drug Name	Drug Tier	Requirements/ Limits
OYSTER SHELL CALCIUM/VIT D3 TABS 3.12 MCG-250 MG	2	ST; MP
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48	1	MP
dextrose in lactated ringers	1	MP
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.45 %	1	MP
DEXTROSE-NACL	1	MP
DEXTROSE-SODIUM CHLORIDE *(dextrose w/ sodium chloride)*	1	MP
DEXTROSE-SODIUM CHLORIDE	1	MP
electrolyte-148	1	MP
electrolyte-a	1	MP
IONOSOL-MB IN D5W	1	MP
ISOLYTE-P IN D5W	1	MP
ISOLYTE-S	1	MP
ISOLYTE-S PH 7.4	1	MP
KCL IN DEXTROSE-NACL	1	MP
KCL IN DEXTROSE-NACL *(potassium chloride in dextrose & sodium chloride)*	1	MP
KCL-LACTATED RINGERS-D5W	1	MP
lactated ringer's	1	MP
LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L	1	MP
LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L *(lactated ringer's)*	1	MP
NORMOSOL-M IN D5W	1	MP
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1	MP
NORMOSOL-R PH 7.4	1	MP
PLASMA-LYTE 148	1	MP
PLASMA-LYTE A *(electrolyte-a)*	1	MP
potassium chloride in dextrose	1	MP
potassium chloride in dextrose & sodium chloride 5 %-0.15 %-0.225 %, 5 %-10 MEQ/L-0.45 %, 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	MP
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	MP
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	MP
POTASSIUM CHLORIDE IN NACL *(potassium chloride in nacl)*	1	MP
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L *(potassium chloride in dextrose)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L	1	MP
ringer's	1	MP
TPN ELECTROLYTES CONC	1	MP
Fluoride		
sodium fluoride CHEW	1	QL(1 EA daily); AL(Up to 50 yrs old)
sodium fluoride SOLN 0.5 MG/ML	1	QL(1 ML daily); AL(Up to 50 yrs old); RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	1	QL(1 ML daily); AL(Up to 50 yrs old); RX/OTC
Magnesium		
MAG-G TABS	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
magnesium chloride SOLN	1	MP
magnesium sulfate IV	1	MP
MAGNESIUM SULFATE IJ 50 % *(magnesium sulfate)*	1	MP
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	1	MP
magnesium sulfate in dextrose	1	MP
Phosphate		
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	MP; RX/OTC
K-PHOS TABS *(potassium phosphate monobasic)*	1	MP
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	MP; RX/OTC
potassium & sodium phosphates PACK	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
potassium phosphates	1	MP
POTASSIUM PHOSPHATES-NACL	1	MP
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	1	MP; RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	1	MP
KLOR-CON 10 TBCR 10 MEQ *(potassium chloride)*	1	MP
KLOR-CON TBCR 8 MEQ *(potassium chloride)*	1	MP
POKONZA PACK PO	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
POKONZA PACK PO	4	AL(Up to 10 yrs old); MP; PA
POKONZA SOLN PO	4	QL(474 ML per 31 day(s) retail; 474 ML per 31 days mail); PA
potassium acetate SOLN 2 MEQ/ML	1	MP
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	MP
POTASSIUM ACETATE SOLN *(potassium acetate)*	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
potassium bicarbonate TBEF	1	MP
potassium chloride microencapsulated crystals er	1	MP
potassium chloride CPCR	1	MP
potassium chloride PACK PO 20 MEQ	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
POTASSIUM CHLORIDE PACK PO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
potassium chloride SOLN IV 2 MEQ/ML	1	Medical Benefit Only; MP
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	MP
POTASSIUM CHLORIDE SOLN IV *(potassium chloride)*	1	MP
POTASSIUM CHLORIDE SOLN IV	1	MP
potassium chloride TBCR	1	MP
Sodium		
SODIUM CHLORIDE GRAN	1	QL(5 GM daily); RX/OTC
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1	MP
Trace Minerals		
ZYCUBO SOLR SC 2.9 MG	4	QL(1 EA daily); AL(Up to 17 yrs old); PA
Zinc		
GALZIN	1	MP
GALZIN	1	MP
zinc chloride SOLN	1	MP
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	1	Medical Benefit Only; MP
Chelating Agents		
CUVRIOR	4	QL(288 EA per 28 day(s) retail; 288 EA per 28 days mail); AL(At least 18 yrs old); PA
DEPEN TITRATABS TABS *(penicillamine)*	4	MP; PA
penicillamine CAPS	1	MP
penicillamine TABS	4	MP; PA
trientine hcl 250 MG	1	MP
trientine hcl 500 MG	4	QL(4 EA daily); PA
Enzymes		
HYLENEX	1	QL(1 ML per 1 day(s) retail; 1 ML per 1 days mail)
XIAFLEX	1	Medical Benefit Only; MP
Immunomodulators		
IMAAVY SOLN IV 1200 MG/6.5ML	1	QL(65 ML per 28 day(s) retail; 65 ML per 28 days mail); AL(At least 12 yrs old); PA
IMAAVY SOLN IV 300 MG/1.62ML	1	AL(At least 12 yrs old); PA
JOENJA	4	QL(2 EA daily); AL(At least 12 yrs old); PA
lenalidomide	1	MP
NIKTIMVO	1	MP; PA
REVLIMID *(lenalidomide)*	1	MP
REZUROCK	4	QL(1 EA daily); AL(At least 12 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
RHAPSIDO TABS PO 25 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
RYONCIL <12.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 100KG TO <112.5KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 112.5KG TO <125KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 12.5KG TO <25KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 125KG TO <137.5KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 137.5KG TO <150KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 25KG TO <37.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 37.5KG TO <50KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 50KG TO <62.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 62.5KG TO <75KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 75KG TO <87.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 87.5KG TO <100KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYSTIGGO 280 MG/2ML, 840 MG/6ML	4	QL(36 ML per 42 day(s) retail; 36 ML per 42 days mail); AL(At least 18 yrs old); PA
RYSTIGGO 560 MG/4ML	4	QL(24 ML per 42 day(s) retail; 24 ML per 42 days mail); AL(At least 18 yrs old); PA
RYSTIGGO 420 MG/3ML	4	QL(18 ML per 48 day(s) retail; 18 ML per 48 days mail); AL(At least 18 yrs old); PA
THALOMID 50 MG, 100 MG, 200 MG	1	MP
VYVGART	4	QL(240 ML per 50 day(s) retail; 240 ML per 50 days mail); AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
VYVGART HYTRULO SC	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); AL(At least 18 yrs old); PA
VYVGART HYTRULO	4	QL(22.4 ML per 28 day(s) retail; 22 ML per 28 days mail); AL(At least 18 yrs old); PA
Immunosuppressive Agents		
ASTAGRAF XL CP24 1 MG, 5 MG *(tacrolimus)*	1	MP
ASTAGRAF XL CP24 0.5 MG *(tacrolimus)*	1	QL(2.95 EA daily); MP
ATGAM	1	MP
AZATHIOPRINE SODIUM	1	MP
AZATHIOPRINE POWD	1	
azathioprine TABS 100 MG	1	QL(3 EA daily); MP
azathioprine TABS 50 MG	1	QL(8.4 EA daily); MP
azathioprine TABS 75 MG	1	QL(1 EA daily)
CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)*	1	MP
CELLCEPT CAPS *(mycophenolate mofetil)*	1	QL(10 EA daily); MP
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; MP
CELLCEPT TABS *(mycophenolate mofetil)*	1	QL(6 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 50 MG	1	QL(8 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 25 MG	1	QL(6 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 100 MG	1	QL(5 EA daily); MP
cyclosporine modified (for microemulsion) SOLN	1	QL(6 ML daily); MP
cyclosporine CAPS 25 MG	1	QL(5 EA daily); MP
cyclosporine CAPS 100 MG	1	QL(3 EA daily); MP
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 1 MG	1	QL(6 EA daily); MP
ENVARSUS XR TB24 4 MG	1	QL(2 EA daily); MP
ENVARSUS XR TB24 0.75 MG	1	QL(3 EA daily); MP
everolimus (immunosuppressant)	1	QL(2 EA daily)
GAMIFANT	4	MP; PA
IMURAN TABS *(azathioprine)*	1	QL(8.4 EA daily); MP
LUPKYNIS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
mycophenolate mofetil hcl	1	MP
mycophenolate mofetil CAPS	1	QL(10 EA daily); MP
mycophenolate mofetil SUSR	1	QL(16 ML daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail; MP
mycophenolate mofetil TABS	1	QL(6 EA daily); MP
mycophenolate sodium	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC *(mycophenolate sodium)*	1	MP
MYHIBBIN SUSP	1	QL(525 ML per 35 day(s) retail; 525 ML per 35 days mail); PA
NEORAL CAPS 25 MG *(cyclosporine modified (for microemulsion))*	1	QL(6 EA daily); MP
NEORAL CAPS 100 MG *(cyclosporine modified (for microemulsion))*	1	QL(5 EA daily); MP
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	1	QL(6 ML daily); MP
NULOJIX	1	MP
PROGRAF CAPS 0.5 MG *(tacrolimus)*	1	QL(38 EA daily); MP
PROGRAF CAPS 1 MG *(tacrolimus)*	1	QL(24 EA daily); MP
PROGRAF CAPS 5 MG *(tacrolimus)*	1	QL(12 EA daily); MP
PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old); MP
PROGRAF PACK 1 MG	1	QL(6 EA daily); AL(Up to 6 yrs old); MP
PROGRAF SOLN 5 MG/ML *(tacrolimus)*	1	MP
SANDIMMUNE CAPS 25 MG *(cyclosporine)*	1	QL(5 EA daily); MP
SANDIMMUNE CAPS 100 MG *(cyclosporine)*	1	QL(3 EA daily); MP
SANDIMMUNE SOLN IV 50 MG/ML	1	MP
SIMULECT	1	MP
sirolimus SOLN	1	QL(6 ML daily); MP
sirolimus TABS 0.5 MG	1	QL(1 EA daily); MP
sirolimus TABS 1 MG	1	QL(3 EA daily); MP
sirolimus TABS 2 MG	1	QL(2 EA daily); MP
tacrolimus CAPS 5 MG	1	QL(12 EA daily); MP
tacrolimus CAPS 1 MG	1	QL(24 EA daily); MP
tacrolimus CAPS 0.5 MG	1	QL(38 EA daily); MP
tacrolimus CP24 1 MG, 5 MG	1	MP
tacrolimus CP24 0.5 MG	1	QL(2.95 EA daily); MP
tacrolimus SOLN 5 MG/ML	1	MP
THYMOGLOBULIN	1	MP
UPLIZNA	4	QL(60 ML per 14 day(s) retail; 60 ML per 14 days mail); PA
ZORTRESS *(everolimus (immunosuppressant))*	1	QL(2 EA daily)
Irrigation Solutions		
lactated ringer's (irrigation)	1	MP
PHYSIOLYTE 27 MEQ/1000ML-23 MEQ/1000ML-98 MEQ/1000ML-140 MEQ/1000ML-3 MEQ/1000ML-5 MEQ/1000ML	1	MP
ringer's irrigation	1	MP
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	1	MP
water for irrigation, sterile	1	MP
Lymphatic Agents		
SYLVANT	1	Medical Benefit Only; MP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	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
VIJOICE TBPK	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VIJOICE TBPK	4	QL(28 EA per 28 day(s) retail; 28 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	MP
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	MP
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	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
Progeria Treatment Agents		
ZOKINVY	4	QL(4 EA daily); AL(At least 1 yrs old); PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
BENLYSTA SOLR	4	AL(At least 5 yrs old); MP; PA
BENLYSTA SOSY	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SAPHNELO	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
SAPHNELO SC 120 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA
SAPHNELO PEN SC 120 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA
Uremic Pruritus Agents		
KORSUVA	1	Medical Benefit Only; MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	MP
Anti-infectives - Throat		
AMPHOTERICIN B	1	
clotrimazole	1	MP
NYSTATIN *(nystatin (mouth-throat))*	1	MP
nystatin (mouth-throat)	1	MP
Antiseptics - Mouth/Throat		
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 - Up to 50 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride (dental) CREA	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail); AL(Up to 50 yrs old)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 50 yrs old)
sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
sodium fluoride (dental) SOLN 0.2 %	1	AL(Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 ENAMEL GEL	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % *(sodium fluoride (dental))*	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail); AL(Up to 50 yrs old)
SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % *(sodium fluoride (dental))*	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
sodium fluoride-potassium nitrate GEL 1.1 %-5 %	1	AL(At least 6 yrs old - Up to 50 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	MP
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
DEKAS PLUS CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS PLUS CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
PHLEXY-VITS POWD	1	MP
Multivitamins		

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Drug Name	Drug Tier	Requirements/ Limits
DEKAS ESSENTIAL CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS ESSENTIAL LIQD	1	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	1	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D5000 CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); 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); MP
CITRANATAL ASSURE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
COMPLETE NATAL DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
COMPLETENATE CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
CONCEPT DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
CONCEPT OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
EMBRIVA TABS	4	AL(At least 10 yrs old - Up to 50 yrs old); MP; GL; PA
ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
FOLIVANE-OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
GESTYRA TABS	4	AL(At least 10 yrs old - Up to 50 yrs old); MP; PA
MATRONEX TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); GL; PA; RX/OTC
M-NATAL PLUS TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
NESTABS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
NESTABS ONE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE ONE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE PETITE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE/DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE TABS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PNV-DHA+DOCUSATE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PNV-OMEGA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PRENATAL PLUS VITAMIN/MINERAL TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
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	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
PRENATE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
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); MP
PRENATE ENHANCE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
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); MP
PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PRENATE RESTORE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits
PROVIDA OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
SELECT-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
TARON-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
TRICARE TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
TRINATAL RX 1 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
TRISTART DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-OB TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-ONE CAPS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESCAP-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESCAP-PN DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESNATAL DHA COMPLETE	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESNATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESTAB PLUS TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
WESTGEL DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	4	QL(1 EA daily); PA
ATMEKSI SUSP PO 750 MG/5ML	4	QL(300 ML per 9 day(s) retail; 300 ML per 9 days mail); AL(At least 16 yrs old); PA
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	1	MP
BACLOFEN POWD	1	Medical Benefit Only
BACLOFEN POWD	1	
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	MP
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	4	AL(Up to 10 yrs old); MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
BACLOFEN SOSY	1	MP
baclofen SUSP	4	AL(Up to 10 yrs old); MP; PA
baclofen TABS 10 MG, 20 MG	1	MP
baclofen TABS 5 MG, 15 MG	4	MP; PA
carisoprodol TABS	1	QL(4 EA daily); PA
chlorzoxazone TABS 250 MG	4	MP; PA
chlorzoxazone TABS 500 MG	1	MP
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	MP
cyclobenzaprine hcl TABS 7.5 MG	4	QL(3 EA daily); PA
FLEQSUVY SUSP *(baclofen)*	4	AL(Up to 10 yrs old); MP; PA
GABLOFEN SOLN IT	1	MP
GABLOFEN SOLN IT *(baclofen)*	1	MP
GABLOFEN SOSY	1	MP
LIORESAL SOLN IT	1	MP
LIORESAL SOLN IT *(baclofen)*	1	MP
LYVISPAH PACK 5 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA
metaxalone 400 MG	4	ST; MP
metaxalone 800 MG	2	ST; MP
METAXALONE 640 MG	4	QL(4 EA daily); PA
methocarbamol SOLN	1	MP
methocarbamol TABS 500 MG, 750 MG	1	MP
methocarbamol TABS 1000 MG	4	MP; PA
ONTRALFY SOLN PO 2 MG/5ML	4	QL(473 ML per 31 day(s) retail; 473 ML per 31 days mail); PA
orphenadrine citrate SOLN 30 MG/ML	1	MP
orphenadrine citrate TB12	1	MP
OZOBAX DS SOLN PO *(baclofen)*	4	AL(Up to 10 yrs old); MP; PA
ROBAXIN SOLN *(methocarbamol)*	1	MP
SOMA TABS *(carisoprodol)*	1	QL(4 EA daily)
tizanidine hcl CAPS	4	MP; PA
tizanidine hcl TABS	1	MP
ZANAFLEX CAPS *(tizanidine hcl)*	4	MP; PA
ZANAFLEX CAPS *(tizanidine hcl)*	4	MP
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	1	MP
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	1	MP
dantrolene sodium CAPS	1	MP
dantrolene sodium SOLR	1	MP
RYANODEX SUSR	1	MP
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
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

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Drug Name	Drug Tier	Requirements/ Limits
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 10 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 8 yrs old); PA
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	4	AL(At least 12 yrs old); MP; 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; MP
GOPRELTO	1	Medical Benefit Only; MP
NUMBRINO	1	Medical Benefit Only; MP
Nasal Antiallergy		
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		
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)
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; MP
XHANCE EXHU	4	MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZETONNA AERS	1	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN 30 MG/100ML	4	MP; PA
QALSODY	4	QL(30 ML per 28 day(s) retail; 30 ML per 28 days mail); AL(At least 18 yrs old); PA
RADICAVA ORS STARTER KIT SUSP	4	QL(70 ML per 28 day(s) retail; 70 ML per 28 days mail); PA
RADICAVA ORS SUSP	4	QL(50 ML per 28 day(s) retail; 50 ML per 28 days mail); PA
RADICAVA SOLN *(edaravone)*	4	MP; PA
riluzole TABS	4	QL(2 EA daily); 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; MP
QUELICIN SOLN *(succinylcholine chloride)*	1	Medical Benefit Only; MP
succinylcholine chloride SOLN	1	Medical Benefit Only; MP
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only; MP
SUCCINYLCHOLINE CL +RFID SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only; MP
Friedrich's Ataxia Agents		
SKYCLARYS	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	4	MP; PA
DUVYZAT	1	QL(12 ML daily); 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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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	MP; PA
VILTEPSO	4	MP; PA
VYONDYS 53	4	MP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	1	Medical Benefit Only; MP
DAXXIFY SOLR IM	1	Medical Benefit Only; MP
DYSPORT	1	Medical Benefit Only; MP
MYOBLOC	1	Medical Benefit Only; MP
XEOMIN	1	Medical Benefit Only; MP
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	1	MP
cisatracurium besylate SOLN	1	MP
ROCURONIUM BROMIDE +RFID SOLN 50 MG/5ML	1	MP
rocuronium bromide SOLN	1	MP
ROCURONIUM BROMIDE SOLN 50 MG/5ML, 100 MG/10ML	1	MP
ROCURONIUM BROMIDE SOSY 50 MG/5ML	1	Medical Benefit Only; MP
vecuronium bromide SOLR	1	MP
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
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	4	QL(60 EA per 30 day(s) retail; 60 EA 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	4	QL(1 EA daily); AL(At least 2 yrs old); PA
ITVISMA SUSP IT	4	QL(1 EA daily); AL(At least 2 yrs old); PA
SPINRAZA	4	MP; 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

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Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 13.6-14.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
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 %	1	MP
DEXTROSE SOLN	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE SOLN 5 %, 10 %, 20 %, 30 %, 40 %, 50 %, 70 %, 250 MG/ML *(dextrose)*	1	MP
Lipids		
DOJOLVI	4	AL(Up to 21 yrs old); MP; PA
medium chain triglycerides OIL	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
OMEGAVEN	1	Medical Benefit Only; MP
Proteins		
amino acid infusion SOLN 15 %	1	Medical Benefit Only; MP
amino acids BAR 36 MG/60GM-14 MG/60GM, 604 MG-938 MG-996 MG-1397 MG-906 MG-134 MG-924 MG-888 MG-265 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-1547 MG, 604 MG-938 MG-996 MG-547 MG-134 MG-924 MG-888 MG-265 MG-1397 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-908 MG, 642 MG-987 MG-1048 MG-1477 MG-957 MG-144 MG-978 MG-944 MG-282 MG-8 MG-266 MG-711 MG-500 MG-159 MG-427 MG-851 MG-31 MG-639 MG-10 MG-1647 MG	1	MP
amino acids LIQD 23.3 MG/250ML-0.6 MG/250ML-9.3 MCG/250ML-184 MCG/250ML-0.35 MG/250ML-2.1 MG/250ML-161 MG/250ML-1.2 MCG/250ML-1.9 MG/250ML-0.38 MG/250ML-30 MG/250ML-130 UNIT/250ML-5.5 MG/250ML-114 MG/250ML-263 MG/250ML-210 MG/250ML-9.8 MCG/250ML-310 MCG/250ML-400 MG/250ML-49 MCG/250ML-14 MCG/250ML-7 UNIT/250ML-288 MG/250ML-3.5 MG/250ML-21.8 MCG/250ML-0.7 MG/250ML-833 UNIT/250ML-30.8 MCG/250ML-210 MG/250ML	1	MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
amino acids PACK 18.5 MG/25GM-9.1 MCG/25GM-4.32 UNIT/25GM-60 MCG/25GM-0.44 MG/25GM-0.56 MCG/25GM-587 UNIT/25GM-2.04 MG/25GM-0.41 MG/25GM-24.7 MG/25GM-10 MG/25GM-4.2 MG/25GM-212 MG/25GM-0.42 MG/25GM-54.3 MG/25GM-111 UNIT/25GM-3.47 MG/25GM-21.4 MCG/25GM-298 MG/25GM-60 MCG/25GM-0.24 MG/25GM-3.2 MG/25GM-36 MCG/25GM-88.7 MG/25GM-197 MG/25GM-9.2 MCG/25GM-0.26 MG/25GM-13.6 MCG/25GM-252 MG/25GM, 28 MG/24GM-12 MCG/24GM-38 MCG/24GM-0.4 MG/24GM-6 MG/24GM-65 MG/24GM-0.4 MG/24GM-2 MG/24GM-0.4 MG/24GM-44 MG/24GM-35 MG/24GM-17 MG/24GM-3.6 MCG/24GM-2.7 MG/24GM-4 MG/24GM-62 MG/24GM-0.5 MG/24GM-15 MCG/24GM-255 MG/24GM-5 MG/24GM-9 MCG/24GM-0.3 MG/24GM-2.7 MG/24GM-273 MG/24GM-46 MCG/24GM-216 MG/24GM-8 MCG/24GM-124 MCG/24GM-4.8 MCG/24GM-0.6 MCG/24GM-0.18	1	MP
MG/24GM, 31 MG-0.8 MG-12.3 MCG-246 MCG-0.46 MG-166 UNIT-1.6 MCG-2.5 MG-0.49 MG-215 MG-40 MG-2.9 MG-350 MG-280 MG-592 MG-65.5 MCG-18.5 MCG-9.2 UNIT-7.4 MG-569 MG-4.5 MG-410 MCG-0.9 MG-13 MCG-29 MCG-1114 UNIT-41 MCG-280 MG-153 MG, 40 MG/31.5GM-20 MCG/31.5GM-79 MCG/31.5GM-0.4 MG/31.5GM-6.2 MG/31.5GM-79 MG/31.5GM-0.5 MG/31.5GM-1.6 MG/31.5GM-0.5 MG/31.5GM-40 MG/31.5GM-46 MG/31.5GM-23 MG/31.5GM-3.2 MCG/31.5GM-5 MG/31.5GM-5.3 MG/31.5GM-94 MG/31.5GM-0.7 MG/31.5GM-13.2 MCG/31.5GM-297 MG/31.5GM-7.1 MG/31.5GM-13 MCG/31.5GM-0.4 MG/31.5GM-3.5 MG/31.5GM-321 MG/31.5GM-54 MCG/31.5GM-254 MG/31.5GM-14 MCG/31.5GM-126 MCG/31.5GM-6.3 MCG/31.5GM-0.8 MCG/31.5GM-0.22 MG/31.5GM, 62 MG/100GM-2.8 GM/100GM-1.6 GM/100GM-2 GM/100GM-2.8 GM/100GM-4.9 GM/100GM-1.1 GM/100GM-24.5 MCG/100GM-491		

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Drug Name	Drug Tier	Requirements/ Limits
MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-4 GM/100GM-4.6 GM/100GM-430 MG/100GM-1.6 MG/100GM-0.73 GM/100GM-1.7 GM/100GM-2.9 GM/100GM-2.2 GM/100GM-0.89 GM/100GM-2.7 GM/100GM-3 GM/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-0.14 GM/100GM-3.2 GM/100GM-0.04 GM/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM-3.5 GM/100GM, 638 MG-992 MG-1053 MG-1635 MG-960 MG-142 MG-976 MG-939 MG-280 MG-1477 MG-264 MG-707 MG-497 MG-159 MG-422 MG-845 MG-31 MG-638 MG-10 MG-16 MG-3 MCG-3 MCG-59 MG-59 MG-1 MCG, 655 MG-1018 MG-1081 MG-1679 MG-986		
MG-146 MG-1002 MG-964 MG-287 MG-1516 MG-271 MG-726 MG-509 MG-163 MG-433 MG-866 MG-33 MG-655 MG-11 MG		

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Drug Name	Drug Tier	Requirements/ Limits
amino acids POWD PO 15.8 MG/12.8GM-3 MCG/12.8GM-3 MCG/12.8GM-73 MG/12.8GM-73 MG/12.8GM-3.3 MCG/12.8GM, 2.6 GM/3GM, 62 MG/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-430 MG/100GM-1.6 MG/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM, 638 MG/13GM-992 MG/13GM-1052 MG/13GM-1635 MG/13GM-960 MG/13GM-142 MG/13GM-976 MG/13GM-939 MG/13GM-280 MG/13GM-1477 MG/13GM-264 MG/13GM-707 MG/13GM-497 MG/13GM-159 MG/13GM-422	1	MP
MG/13GM-845 MG/13GM-31 MG/13GM-638 MG/13GM-10 MG/13GM-3 MCG/13GM-3 MCG/13GM-59 MG/13GM-59 MG/13GM-1 MCG/13GM-59 MG/13GM, 655 MG/13GM-1018 MG/13GM-1081 MG/13GM-1679 MG/13GM-986 MG/13GM-146 MG/13GM-1002 MG/13GM-964 MG/13GM-287 MG/13GM-1516 MG/13GM-271 MG/13GM-726 MG/13GM-509 MG/13GM-163 MG/13GM-433 MG/13GM-866 MG/13GM-33 MG/13GM-655 MG/13GM-11 MG/13GM		
amino acids TABS	1	MP
ELCYS	1	MP
PKU GOLIKE 10G P.E. BAR	1	MP
PKU GOLIKE PLUS 16+ PACK	1	MP
PKU GOLIKE PLUS 4-16 PACK	1	MP
PROSOL SOLN	1	MP
REFRESH AA 15 PKU LIQD	1	MP; RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	1	MP
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
BETIMOL *(timolol)*	1	MP
BETOPTIC-S SUSP	1	MP
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	QL(45 ML per 90 day(s) retail; 45 ML per 90 days mail); MP
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	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
dorzolamide hcl-timolol maleate	1	QL(45 ML per 90 day(s) retail; 45 ML per 90 days mail); MP
ISTALOL SOLN *(timolol maleate (ophth))*	4	QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP; PA
ISTALOL SOLN *(timolol maleate (ophth))*	4	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); 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 0.5 %	4	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
timolol maleate (ophth) SOLN 0.5 %	4	MP; PA
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	QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); 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
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	MP
ATROPINE SULFATE SOLN 1 %	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL *(cyclopentolate hcl)*	1	MP
CYCLOGYL	1	MP
CYCLOMYDRIL	1	MP
cyclopentolate hcl 1 %	1	MP
MYDRIACYL SOLN *(tropicamide)*	1	MP
phenylephrine hcl (mydriatic) SOLN	1	MP
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	1	MP
tropicamide SOLN	1	MP
Miotics		
MIOCHOL-E SOLR	1	MP
MIOSTAT IO	1	QL(1.5 ML per fill retail)
pilocarpine hcl SOLN 1.25 %	4	MP; PA
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
VUITY SOLN 1.25 % *(pilocarpine hcl)*	4	MP; PA
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOSY	1	Medical Benefit Only; MP
BYOOVIZ	1	Medical Benefit Only; MP
CIMERLI	1	Medical Benefit Only; MP
EYLEA HD SOLN	1	Medical Benefit Only; MP
EYLEA SOLN	1	Medical Benefit Only; MP
EYLEA SOSY	1	Medical Benefit Only; MP
LUCENTIS SOSY 0.3 MG/0.05ML	1	Medical Benefit Only; MP
LUCENTIS SOSY 0.5 MG/0.05ML	1	Medical Benefit Only; QL(0.5 ML per fill retail)
NUFYMCO SOLN IZ 0.3 MG/0.05ML, 0.5 MG/0.05ML	1	Medical Benefit Only; MP
PAVBLU SOLN	1	Medical Benefit Only; MP
PAVBLU SOSY	1	Medical Benefit Only; MP
SUSVIMO (IMPLANT 1ST FILL) SOLN	1	Medical Benefit Only; MP
VABYSMO SOLN	1	Medical Benefit Only; MP
VABYSMO SOSY	1	Medical Benefit Only; MP
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.15 % *(brimonidine tartrate)*	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA
ALPHAGAN P 0.1 % *(brimonidine tartrate)*	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP
apraclonidine hcl	2	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
brimonidine tartrate 0.1 %	1	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	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
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	MP
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)
besifloxacin hcl 0.6 %	1	MP
BESIVANCE 0.6 % *(besifloxacin hcl)*	1	MP
CILOXAN OINT	1	QL(3.5 GM per fill retail)
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(10 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(2.5 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(10 ML per 10 day(s) retail; 10 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per 5 day(s) retail; 5 ML per 5 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(2.5 ML per 5 day(s) retail; 2 ML per 5 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 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)
gatifloxacin (ophth)	1	QL(2.5 ML per fill retail); PA
gentamicin sulfate (ophth) SOLN	1	MP
levofloxacin (ophth) 0.5 %	1	MP; PA
MITOSOL KIT	1	Medical Benefit Only; MP
moxifloxacin hcl (ophth) SOLN OP	1	MP
NATACYN	1	MP
neomycin-bacitracin zn-polymyxin	1	QL(3.5 GM per fill retail)
neomycin-polymyxin-gramicidin	1	MP

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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
OCUFLOX *(ofloxacin (ophth))*	1	MP
ofloxacin (ophth)	1	MP
polymyxin b-trimethoprim	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
sulfacetamide sodium (ophth) SOLN	1	MP
tobramycin (ophth) SOLN	1	MP
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))*	1	MP
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	MP
Ophthalmic Complement Inhibitors		
IZERVAY	1	Medical Benefit Only; MP
SYFOVRE	1	Medical Benefit Only; MP
Ophthalmic Gene Therapy		
ENCELTO IMPL IZ 200000 CELLS	4	AL(At least 18 yrs old); PA
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	Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
cyclosporine (ophth) EMUL	1	Brand Required; PA
RESTASIS MULTIDOSE EMUL	4	Brand Required; QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
RESTASIS EMUL *(cyclosporine (ophth))*	1	Brand Required; 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	QL(2 ML per 50 day(s) retail; 2 ML per 50 days mail); AL(At least 18 yrs old); PA
Ophthalmic Integrin Antagonists		
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		

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Drug Name	Drug Tier	Requirements/ Limits
AKTEN	1	MP
ALCAINE *(proparacaine hcl)*	1	MP
IHEEZO	1	Medical Benefit Only; MP
proparacaine hcl	1	MP
TETRACAINE HCL 0.5 % *(tetracaine hcl (ophth))*	1	MP
TETRACAINE HCL 0.5 %	1	MP
tetracaine hcl (ophth)	1	MP
Ophthalmic Nerve Growth Factors		
OXERVATE	4	QL(14 ML per 12 day(s) retail; 14 ML per 12 days mail); PA
Ophthalmic Photoenhancers		
EPIOXA HD/ EPIOXA PSKT OP	1	Medical Benefit Only; MP
PHOTREXA-PHOTREXA VISCOUS KIT	1	Medical Benefit Only; MP
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)
BYQLOVI 0.05 %	1	QL(3.5 ML per 14 day(s) retail; 4 ML per 14 days mail); PA
dexamethasone sodium phosphate (ophth)	1	MP
DEXTENZA INST	1	Medical Benefit Only; MP
difluprednate	1	Brand Required; MP; PA
DUREZOL *(difluprednate)*	1	Brand Required; MP
EYSUVIS SUSP	4	QL(8.3 ML per 15 day(s) retail; 8 ML per 15 days mail); PA
FLAREX	1	MP
fluorometholone (ophth) SUSP	1	MP
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	MP
ILUVIEN	1	Medical Benefit Only; MP
INVELTYS SUSP	1	QL(2.8 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
LOTEMAX SM GEL	1	QL(5 GM per 12 day(s) retail; 5 GM per 12 days mail); PA
LOTEMAX GEL *(loteprednol etabonate)*	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail)
LOTEMAX OINT	1	Brand Required; QL(3.5 GM per 15 day(s) retail; 4 GM per 15 days mail)
LOTEMAX SUSP *(loteprednol etabonate)*	1	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

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Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate SUSP 0.5 %	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
loteprednol etabonate SUSP 0.2 %	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
loteprednol etabonate-tobramycin	1	Brand Required; PA
loteprednol etabonate-tobramycin	1	Brand Required
MAXIDEX SUSP OP	1	MP
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 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	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; MP
PRED FORTE *(prednisolone acetate (ophth))*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PRED MILD	1	MP
prednisolone acetate (ophth)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PREDNISOLONE SODIUM PHOSPHATE	1	MP
RETISERT	1	Medical Benefit Only; MP
sulfacetamide sod-prednisolone SOLN	1	MP
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 10 day(s) retail; 1 package(s) per 10 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 15 day(s) retail; 1 package(s) per 15 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)
ZYLET 0.3 %-0.5 % *(loteprednol etabonate-tobramycin)*	1	Brand Required; QL(5 ML per 10 day(s) retail; 5 ML per 10 days mail)
ZYLET 0.3 %-0.5 % *(loteprednol etabonate-tobramycin)*	1	Brand Required; QL(10 ML per 20 day(s) retail; 10 ML per 20 days mail)
Ophthalmic Surgical Aids		
OMIDRIA	1	Medical Benefit Only; MP
Ophthalmics - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
ACULAR *(ketorolac tromethamine (ophth))*	1	MP
ACULAR LS *(ketorolac tromethamine (ophth))*	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail)
ACUVAIL	1	QL(30 EA per 12 day(s) retail; 30 EA per 12 days mail); PA
AK-FLUOR IV 10 % *(fluorescein sodium injection)*	1	Medical Benefit Only; MP
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) 0.07 %	1	QL(3 ML per fill retail); PA
bromfenac sodium (ophth) 0.075 %	1	QL(5 ML per fill retail); PA
bromfenac sodium (ophth) 0.09 %	1	QL(1.7 ML per 5 day(s) retail; 2 ML per 5 days mail); PA
BROMSITE *(bromfenac sodium (ophth))*	1	QL(5 ML per fill retail); PA
BSS PLUS SOLN	1	MP
BSS SOLN	1	MP
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 10 day(s) retail; 1 package(s) per 10 day(s) mail
diclofenac sodium (ophth)	1	
diclofenac sodium (ophth)	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
dorzolamide hcl	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
epinastine hcl (ophth)	2	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail)
fluorescein sodium injection IV 25 %	1	MP
fluorescein sodium injection IV 10 %	1	Medical Benefit Only; MP
FLUORESCEIN SODIUM/BENOXINATE	1	Medical Benefit Only; MP
FLUORESCITE IV 10 %	1	Medical Benefit Only; MP
FLUOR-I-STRIPS A.T. STRP	1	MP; RX/OTC
flurbiprofen sodium	1	QL(2.5 ML per fill retail)
GLOSTRIPS STRP 1 MG	1	MP; RX/OTC
ILEVRO	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA

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Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine (ophth) 0.4 %	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
ketorolac tromethamine (ophth) 0.5 %	1	MP
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
NEVANAC	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
olopatadine hcl 0.7 %	2	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
olopatadine hcl 0.2 %	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); RX/OTC
olopatadine hcl 0.1 %	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail
PROLENSA *(bromfenac sodium (ophth))*	1	QL(3 ML per fill retail); PA
sodium chloride hypertonic SOLN	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
TRYPTYR SOLN OP 0.003 %	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
ZERVIATE	3	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Brand Required; QL(7.5 ML per 90 day(s) retail; 8 ML per 90 days mail); MP
bimatoprost SOLN	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
bimatoprost SOLN	1	Brand Required; QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP
bimatoprost SOLN	1	Brand Required; QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
DURYSTA IMPL	1	Medical Benefit Only; MP
IDOSE TR IMPL	1	Medical Benefit Only; MP
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

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Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN SOLN 0.01 % *(bimatoprost)*	1	Brand Required; QL(7.5 ML per 90 day(s) retail; 8 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 % *(bimatoprost)*	1	Brand Required; QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 % *(bimatoprost)*	1	Brand Required; QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP
tafluprost	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
TRAVATAN Z SOLN *(travoprost)*	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
travoprost SOLN	1	Brand Required; 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
ZIOPTAN *(tafluprost)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
ZOLYMBUS GEL OP 0.01 %	4	QL(1 EA daily); PA
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	MP
Otic Combinations		
CIPRO HC 1 %-0.2 % *(ciprofloxacin-hydrocortisone)*	1	Brand Required; MP
ciprofloxacin-dexamethasone	2	QL(7.5 ML per fill retail)
ciprofloxacin-hydrocortisone	1	Brand Required; MP
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; MP
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	MP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine		

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Drug Name	Drug Tier	Requirements/ Limits
Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	1	Medical Benefit Only; MP
CARBOPROST TROMETHAMINE SOSY	1	Medical Benefit Only; MP
CERVIDIL INST	1	MP
HEMABATE SOLN *(carboprost tromethamine)*	1	Medical Benefit Only; MP
PREPIDIL GEL	1	MP
Oxytocics		
methylergonovine maleate SOLN	1	MP
methylergonovine maleate TABS	1	QL(28 EA per fill retail)
oxytocin	1	MP
PITOCIN *(oxytocin)*	1	MP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANTIVENIN LATRODECTUS MACTANS	1	Medical Benefit Only; MP
ANTIVENIN MICRURUS FULVIUS	1	Medical Benefit Only; MP
CROFAB	1	Medical Benefit Only; MP
Immune Serums		
ALYGLO	1	AL(At least 18 yrs old); MP; PA
ASCENIV	1	MP; PA
BIVIGAM SOLN	1	MP; PA
CUTAQUIG	1	MP
CUVITRU SOLN	1	MP; PA
CYTOGAM SOLN	1	MP
GAMASTAN IM	1	MP
GAMMAGARD	1	MP
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	1	MP
GAMMAGARD S/D LESS IGA SOLR	1	MP
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1	MP
GAMMAPLEX SOLN	1	MP; PA
GAMUNEX-C	1	MP
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old); MP
HIZENTRA SOLN	1	MP; PA
HIZENTRA SOSY	1	MP; PA
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old); MP
HYPERHEP B SOSY 110 UNIT/0.5ML	1	QL(0.5 ML per fill retail); AL(At least 19 yrs old)
HYPERRAB SOLN	1	MP
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	1	MP
HYPERRHO SOSY IM 1500 UNIT	1	MP
HYPERTET SOSY	1	AL(At least 19 yrs old); MP
KEDRAB SOLN	1	MP
NABI-HB SOLN IM	1	AL(At least 19 yrs old); MP
OCTAGAM SOLN	1	MP; PA
PANZYGA	1	MP; PA
PRIVIGEN SOLN	1	MP
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	1	MP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	1	MP
RHOPHYLAC SOSY IJ	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
VARIZIG SOLN	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail)
WINRHO SDF SOLN 1500 UNIT/1.3ML	1	QL(1.3 ML per fill retail)
XEMBIFY	1	MP; PA
Monoclonal Antibodies		
BEYFORTUS 50 MG/0.5ML	1	QL(0.5 ML per fill retail); AL(Up to 1 yrs old)
BEYFORTUS 100 MG/ML	1	QL(2 ML per fill retail); AL(Up to 1 yrs old)
ZINPLAVA	1	Medical Benefit Only; MP
Passive Immunizing Agents - Combinations		
HYQVIA	1	MP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	4	QL(21 EA per 7 day(s) retail; 21 EA per 7 days mail); AL(At least 18 yrs old); PA
Aminopenicillins		
amoxicillin CAPS	1	MP
amoxicillin CHEW 125 MG, 250 MG	1	MP
amoxicillin SUSR	1	MP
amoxicillin TABS	1	MP
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	MP
ampicillin CAPS 500 MG	1	MP
Natural Penicillins		
BICILLIN L-A SUSY	1	MP
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	MP
penicillin g potassium 5000000 UNIT, 20000000 UNIT	1	MP
penicillin g sodium	1	MP
penicillin v potassium SOLR	1	MP
penicillin v potassium TABS	1	MP
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	MP
amoxicillin & pot clavulanate SUSR	1	MP
amoxicillin & pot clavulanate TABS	1	MP
amoxicillin & pot clavulanate TB12	4	QL(40 EA per 10 day(s) retail; 40 EA per 10 days mail); PA
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	1	MP
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	1	MP
BICILLIN C-R	1	MP
BICILLIN C-R 900/300	1	MP
piperacillin sodium-tazobactam sodium	1	MP
PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	1	MP
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(ampicillin & sulbactam sodium)*	1	MP
ZOSYN	1	MP
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	MP
nafcillin sodium IJ 1 GM, 2 GM	1	MP
NAFCILLIN SODIUM IN DEXTROSE	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
oxacillin sodium IJ 1 GM, 2 GM	1	MP
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	1	MP
PHARMACEUTICAL ADJUVANTS		
Flavoring Agents		
CHERRY FLAVOR LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
Internal Vehicle Ingredients/Agents		
THICK-IT #2 POWD	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Liquid Vehicles		
bacteriostatic sodium chloride	1	MP
BACTERIOSTATIC WATER(BENZ ALC)	1	MP
CHERRY	1	AL(Up to 20 yrs old); MP; RX/OTC
FLAVOR SWEET SF DYE FREE SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
glycine diluent	1	MP
ORA-BLEND SF SUSP	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-BLEND SUSP	1	AL(Up to 20 yrs old); MP; RX/OTC
ORAL SUSPEND LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
ORAL SYRUP SF SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-PLUS LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-SWEET SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
SIMPLE SYRUP	1	AL(Up to 20 yrs old); MP; RX/OTC
STERILE DILUENT FOR REMODULIN *(glycine diluent)*	1	MP
SYRPALTA SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
SYRSPEND SF LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
SYRUP VEHICLE SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
water for injection, sterile IJ	1	MP
Pharmaceutical Excipients		
SODIUM BENZOATE	1	MP; RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	MP; GL
megestrol acetate (appetite)	1	MP
norethindrone acetate TABS	1	MP; GL
progesterone CAPS	1	MP; GL
progesterone CAPS	1	MP
progesterone OIL	1	MP; GL
PROMETRIUM CAPS *(progesterone)*	1	MP; GL
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	1	MP; GL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and		

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Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	MP
disulfiram	1	MP
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	1	Brand Required; MP; PA
sodium oxybate SOLN	4	Brand Required; MP; PA
XYREM SOLN *(sodium oxybate)*	4	Brand Required; MP; 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
ARICEPT TABS 5 MG *(donepezil hydrochloride)*	1	QL(2 EA daily); AL(At least 51 yrs old); MP
ARICEPT TABS 10 MG *(donepezil hydrochloride)*	1	QL(3 EA daily); AL(At least 51 yrs old); MP
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	4	AL(At least 51 yrs old); MP; PA
donepezil hydrochloride TABS 23 MG	4	AL(At least 51 yrs old); MP; PA
donepezil hydrochloride TABS 10 MG	1	QL(3 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 TBDP	1	AL(At least 51 yrs old); MP; 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); MP; PA
galantamine hydrobromide SOLN	4	AL(At least 51 yrs old); MP; PA
galantamine hydrobromide TABS 8 MG, 12 MG	1	AL(At least 51 yrs old); MP
galantamine hydrobromide TABS 4 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
KISUNLA	4	QL(80 ML per 28 day(s) retail; 80 ML per 28 days mail); PA
LEQEMBI	4	MP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	4	QL(7.2 ML per 28 day(s) retail; 7 ML per 28 days mail); PA
memantine hcl CP24 14 MG	4	QL(1 EA daily); 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

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Drug Name	Drug Tier	Requirements/ Limits
memantine hcl SOLN	4	AL(At least 51 yrs old); MP; PA
memantine hcl TABS 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
memantine hcl TABS 5 MG	1	QL(4 EA daily); AL(At least 51 yrs old); MP
memantine hcl TABS	4	AL(At least 51 yrs old); MP; PA
NAMENDA TITRATION PAK TABS *(memantine hcl)*	4	AL(At least 51 yrs old); MP; PA
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	4	QL(1 EA daily); AL(At least 51 yrs old); PA
NAMZARIC CP24	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); MP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	1	QL(2 EA daily); AL(At least 51 yrs old); PA
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	MP
LYBALVI	3	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	MP
Fibromyalgia Agents		
milnacipran hcl MISC	2	Brand Required; QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	2	Brand Required; QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC *(milnacipran hcl)*	2	Brand Required; QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(milnacipran hcl)*	2	Brand Required; QL(2 EA daily); PA
TONMYA SUBL SL 2.8 MG	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	1	Medical Benefit Only; MP
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	QL(1 EA daily); PA
AUSTEDO XR TB24 24 MG	4	QL(2 EA daily); PA
AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
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	QL(1 EA daily); PA
tetrabenazine	4	MP; PA
XENAZINE *(tetrabenazine)*	4	MP; PA
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	4	QL(2 EA daily)
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	MP; PA
cladribine (multiple sclerosis) 10 MG	4	Brand Required; MP; PA
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	4	Brand Required; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
dalfampridine	4	QL(2 EA daily); PA
dimethyl fumarate CDPK	4	QL(2 EA daily); PA
dimethyl fumarate CPDR 120 MG	4	QL(14 EA per fill retail); 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
glatiramer acetate SOSY 40 MG/ML	4	Brand Required; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
glatiramer acetate SOSY 40 MG/ML	1	Brand Required; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
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 20 MG/ML	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 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; MP

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Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (10 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (4 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (5 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (6 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (7 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (8 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (9 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; 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 0.25 MG	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
MAYZENT TABS 1 MG, 2 MG	4	QL(1 EA daily); PA
OCREVUS	4	MP; PA
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 180 days mail); 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 240 MG *(dimethyl fumarate)*	4	QL(2 EA daily); PA
TECFIDERA CPDR 120 MG *(dimethyl fumarate)*	4	QL(14 EA per fill retail); PA
teriflunomide	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
TYRUKO CONC IV 300 MG/15ML	1	MP; PA
TYSABRI	4	MP; PA
VUMERITY	4	QL(4 EA daily); PA
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	4	QL(2 EA daily); PA
gabapentin (once-daily) TABS	4	QL(1 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(2 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(1 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	QL(4 EA daily); PA
MIPLYFFA	1	QL(3 EA daily); AL(At least 2 yrs old); PA
pimozide	1	MP
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 CONTINUING MONTH PAK TABS *(varenicline tartrate)*	1	QL(2 EA daily); AL(At least 17 yrs old)
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)
CHANTIX TABS *(varenicline tartrate)*	1	QL(2 EA daily); AL(At least 17 yrs old)
nicotine polacrilex GUM	1	MP
nicotine polacrilex LOZG	1	MP
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	MP
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; MP

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Drug Name	Drug Tier	Requirements/ Limits
WAINUA SC 45 MG/0.8ML	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
WAINUA	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
Vasomotor Symptom Agents		
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); MP; PA
GLASSIA SOLN	4	AL(At least 18 yrs old); MP; PA
PROLASTIN-C SOLN	4	MP; PA
ZEMAIRA SOLR	4	AL(At least 18 yrs old); MP; PA
Cystic Fibrosis Agents		
ALYFTREK 125 MG-10 MG-50 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old); PA
ALYFTREK 50 MG-4 MG-20 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 6 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 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 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 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); PA
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

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Drug Name	Drug Tier	Requirements/ Limits
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
Pulmonary Fibrosis Agents		
ESBRIET TABS 801 MG *(pirfenidone)*	4	QL(3 EA daily); AL(At least 18 yrs old)
ESBRIET TABS 801 MG *(pirfenidone)*	4	QL(3 EA daily); 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 267 MG *(pirfenidone)*	4	QL(9 EA daily); AL(At least 18 yrs old)
JASCAYD TABS PO 9 MG, 18 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
nintedanib esylate 100 MG, 150 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
OFEV 100 MG, 150 MG *(nintedanib esylate)*	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.		
BRINSUPRI TABS PO 10 MG, 25 MG	1	AL(At least 12 yrs old); PA
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	1	MP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	4	AL(At least 18 yrs old); MP; PA
NUZYRA TABS	4	AL(At least 18 yrs old); MP; PA
Fluorocyclines		
XERAVA	1	Medical Benefit Only; MP
Glycylcyclines		
tigecycline	1	MP
TIGECYCLINE	1	MP
TYGACIL *(tigecycline)*	1	MP
Tetracyclines		
demeclocycline hcl TABS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
DORYX MPC TBEC 60 MG	4	QL(2 EA daily); PA
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	MP
doxycycline (monohydrate) CAPS 75 MG	1	MP; PA
doxycycline (monohydrate) CAPS 150 MG	4	MP; PA
doxycycline (monohydrate) SUSR	1	MP
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	MP
doxycycline (monohydrate) TABS 150 MG	4	MP; PA
doxycycline hyclate CAPS	1	MP
DOXYCYCLINE HYCLATE CAPS 75 MG	1	MP; PA
doxycycline hyclate SOLR	1	MP
doxycycline hyclate TABS 75 MG, 150 MG	4	MP; PA
doxycycline hyclate TABS 20 MG, 100 MG	1	MP
doxycycline hyclate TABS 50 MG	1	MP; PA
doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG	1	MP; PA
doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG	4	MP; PA
MINOCIN SOLR	1	MP
minocycline hcl CAPS	1	MP
minocycline hcl TABS	1	QL(2 EA daily); PA
minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG	4	MP; PA
minocycline hcl TB24 45 MG, 90 MG, 135 MG	1	MP; PA
tetracycline hcl CAPS	4	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
TETRACYCLINE HCL TABS	4	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
METHIMAZOLE POWD	1	
methimazole TABS	1	MP
propylthiouracil	1	MP
Thyroid Hormones		
ADTHYZA TABS	1	MP
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	1	MP
ARMOUR THYROID TABS	1	MP
CYTOMEL TABS *(liothyronine sodium)*	1	MP
ERMEZA SOLN PO	4	MP; PA
EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	1	MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML	1	Medical Benefit Only; MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	MP
levothyroxine sodium SOLR IV	1	MP

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LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	1	MP
levothyroxine sodium TABS	1	MP
liothyronine sodium SOLN	1	MP
liothyronine sodium TABS	1	MP
NIVA THYROID TABS	1	MP
NP THYROID TABS	1	MP
RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG	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)
ADACEL SUSP	1	AL(At least 10 yrs old - Up to 18 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	1	AL(At least 19 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	1	AL(At least 10 yrs old - Up to 18 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 10 yrs old - Up to 18 yrs old)
DAPTACEL	1	AL(Up to 6 yrs old)
INFANRIX	1	AL(Up to 6 yrs old)
KINRIX SUSY	1	AL(At least 4 yrs old - Up to 6 yrs old)
PEDIARIX SUSY	1	AL(Up to 6 yrs old)
QUADRACEL SUSP	1	AL(At least 4 yrs old - Up to 6 yrs old)
QUADRACEL SUSY	1	AL(At least 4 yrs old - Up to 6 yrs old)
TDVAX SUSP	1	AL(At least 19 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	1	AL(At least 7 yrs old - Up to 18 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	1	AL(At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	1	AL(At least 7 yrs old - Up to 18 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 IV 0.4 MG/ML, 1 MG/ML	1	MP
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)*	1	MP
atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML	1	MP
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 1 MG/10ML	1	MP
ATROPINE SULFATE SOSY IJ *(atropine sulfate)*	1	MP
BELLADONNA ALKALOIDS-OPIUM	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
CUVPOSA SOLN PO *(glycopyrrolate)*	1	MP
dicyclomine hcl CAPS	1	MP
dicyclomine hcl SOLN IM	1	MP
dicyclomine hcl TABS	1	MP; PA
dicyclomine hcl TABS	1	MP
GLYCATE TABS	4	AL(At least 12 yrs old); MP; PA
GLYCOPYRROLATE PF +RFID SOSY IJ 0.6 MG/3ML	1	MP
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML *(glycopyrrolate)*	1	MP
glycopyrrolate SOLN IJ	1	MP
glycopyrrolate SOSY IJ	1	MP
glycopyrrolate TABS 1 MG, 2 MG	1	MP
GLYRX-PF SOLN IJ 0.4 MG/2ML	1	MP
GLYRX-PF SOSY IJ 1 MG/5ML	1	MP
hyoscyamine sulfate ELIX	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
hyoscyamine sulfate SUBL 0.125 MG	1	MP
hyoscyamine sulfate TABS 0.125 MG	1	MP
hyoscyamine sulfate TB12 0.375 MG	1	MP
hyoscyamine sulfate TBDP 0.125 MG	1	MP
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	1	MP
LEVSIN TABS *(hyoscyamine sulfate)*	1	MP
methscopolamine bromide	1	MP
NULEV TBDP 0.125 MG *(hyoscyamine sulfate)*	1	MP
OSCIMIN SUBL 0.125 MG *(hyoscyamine sulfate)*	1	MP
OSCIMIN TABS 0.125 MG *(hyoscyamine sulfate)*	1	MP
ROBINUL-FORTE TABS *(glycopyrrolate)*	1	MP
ROBINUL TABS *(glycopyrrolate)*	1	MP
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	1	QL(15 ML daily); MP
cimetidine TABS 200 MG, 300 MG, 400 MG	4	QL(2 EA daily); PA; RX/OTC
cimetidine TABS 800 MG	4	QL(1 EA daily); MP; PA
famotidine in nacl SOLN	1	MP
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	1	MP
FAMOTIDINE SOLN	1	MP
famotidine SUSR	1	QL(8 ML daily); AL(Up to 6 yrs old); MP
famotidine TABS 20 MG	1	QL(4 EA daily); MP; RX/OTC
famotidine TABS 40 MG	1	QL(2 EA daily); MP
nizatidine CAPS 150 MG	4	QL(3 EA daily); MP; PA
nizatidine CAPS 300 MG	4	QL(1 EA daily); PA
Misc. Anti-Ulcer		
CARAFATE TABS *(sucralfate)*	1	MP
SUCRALFATE POWD	1	
sucralfate SUSP	4	MP; PA
sucralfate SUSP	4	MP
sucralfate TABS	1	MP
Proton Pump Inhibitors		
DEXILANT *(dexlansoprazole)*	2	Brand Required; QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
dexlansoprazole	2	Brand Required; QL(1 EA daily)
dexlansoprazole	2	Brand Required; QL(1 EA daily); PA
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	MP; 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 10 MG	1	QL(3 EA daily); MP
omeprazole CPDR 40 MG	1	QL(2 EA daily); MP
omeprazole CPDR 20 MG	1	QL(4 EA daily); MP
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	1	QL(1000 ML per 10 day(s) retail; 1000 ML per 10 days mail); PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	1	QL(500 ML per 1 day(s) retail; 500 ML per 1 days mail); PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	1	QL(1800 ML per 6 day(s) retail; 1800 ML per 6 days mail); 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)
PANTOPRAZOLE SODIUM SOLR 40 MG *(pantoprazole sodium)*	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail)
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
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)
PROTONIX TBEC *(pantoprazole sodium)*	1	QL(4 EA daily); MP
rabeprazole sodium TBEC	1	QL(2 EA daily); MP
VOQUEZNA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	1	MP
misoprostol	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
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	MP; PA
KONVOMEP SUSR	4	QL(20 ML daily); 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	MP
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	4	MP; 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
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	QL(1 EA daily); PA
DETROL LA CP24 *(tolterodine tartrate)*	1	QL(1 EA daily)
DETROL TABS *(tolterodine tartrate)*	1	MP
fesoterodine fumarate 4 MG	1	QL(2 EA daily); MP
fesoterodine fumarate 8 MG	1	QL(1 EA daily); MP
oxybutynin chloride SOLN	1	MP
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 5 MG	1	QL(6 EA daily); MP
oxybutynin chloride TB24 10 MG	1	QL(3 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 5 MG	1	QL(2 EA daily); MP
solifenacin succinate TABS 10 MG	1	QL(1 EA daily); MP
tolterodine tartrate CP24	1	QL(1 EA daily); PA
tolterodine tartrate TABS	1	MP; 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	MP; PA
trospium chloride TABS	1	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
VESICARE LS SUSP	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 2 yrs old - Up to 10 yrs old)
VESICARE TABS 10 MG *(solifenacin succinate)*	1	QL(1 EA daily); MP
VESICARE TABS 5 MG *(solifenacin succinate)*	1	QL(2 EA daily); MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	4	QL(1 EA daily); PA
mirabegron SRER 8 MG/ML	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
mirabegron TB24	1	Brand Required; QL(1 EA daily); PA
mirabegron TB24	1	Brand Required; QL(1 EA daily)
MYRBETRIQ SRER 8 MG/ML *(mirabegron)*	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old)
MYRBETRIQ TB24 *(mirabegron)*	1	Brand Required; QL(1 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 25 MG	1	QL(8 EA daily)
bethanechol chloride 10 MG, 50 MG	1	QL(4 EA daily)
bethanechol chloride 5 MG	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	AL(Up to 18 yrs old)
BEXSERO 0.5 ML	1	AL(At least 10 yrs old - Up to 18 yrs old)
BEXSERO 0.5 ML	1	AL(At least 19 yrs old - Up to 25 yrs old)
CAPVAXIVE	1	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 2 yrs old - Up to 18 yrs old)
MENVEO SOLN	1	AL(Up to 18 yrs old)
MENVEO SOLN	1	AL(At least 19 yrs old)
MENVEO SOLR	1	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	1	AL(Up to 6 yrs old)
PENBRAYA	1	AL(At least 19 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 2 yrs old - Up to 18 yrs old)
PREVNAR 20	1	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	1	AL(At least 10 yrs old - Up to 18 yrs old)
TRUMENBA 0.5 ML	1	AL(At least 19 yrs old - Up to 25 yrs old)
VAXNEUVANCE	1	AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
VIVOTIF	1	Medical Benefit Only; MP
Viral Vaccines		
ABRYSVO	1	AL(At least 19 yrs old)
ABRYSVO	1	AL(At least 10 yrs old - Up to 18 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 3 yrs old - Up to 18 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	1	AL(At least 50 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	1	AL(At least 5 yrs old - Up to 11 yrs old)
COMIRNATY SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
COMIRNATY SUSY	1	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	QL(1 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	1	QL(1 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 10 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 19 yrs old)
ENGERIX-B SUSY 10 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(Up to 18 yrs old)
FLUAD	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX 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(Up to 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
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)
FLUZONE HIGH-DOSE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 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 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 46 yrs old)
GARDASIL 9 SUSP 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 9 yrs old - Up to 18 yrs old)
GARDASIL 9 SUSY 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 9 yrs old - Up to 18 yrs old)
GARDASIL 9 SUSY 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 46 yrs old)
HAVRIX IM 720 EL U/0.5ML	1	AL(At least 19 yrs old)
HAVRIX IM 1440 EL U/ML	1	QL(1 ML daily); AL(At least 19 yrs old)
HAVRIX IM 1440 EL U/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
HAVRIX IM 720 EL U/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
IMOVAX RABIES SUSR	1	QL(1 EA daily)
IPOL IJ	1	AL(Up to 18 yrs old)
JYNNEOS	1	QL(0.5 ML daily; 0.5 ML per 28 day(s) retail); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
M-M-R II SOLR	1	QL(1 EA daily); AL(At least 1 yrs old - Up to 18 yrs old)
M-M-R II SOLR	1	QL(1 EA daily); AL(At least 19 yrs old)
MNEXSPIKE SUSY 10 MCG/0.2ML	1	AL(At least 19 yrs old)
MRESVIA	1	AL(At least 50 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(0.5 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(0.5 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 12 yrs old - Up to 18 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 1 yrs old - Up to 18 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 1 yrs old - Up to 12 yrs old)
RABAVERT	1	QL(1 EA daily; 1 EA per 34 day(s) retail; 1 EA per 34 days mail)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(Up to 18 yrs old)
RECOMBIVAX HB SUSP 10 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 40 MCG/ML	1	QL(1 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY 10 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 11 yrs old - Up to 15 yrs old)
RECOMBIVAX HB SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(Up to 18 yrs old)
ROTARIX SUSP	1	QL(1.5 ML daily; 1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(Up to 1 yrs old)
SHINGRIX IM 50 MCG/0.5ML	1	AL(At least 50 yrs old)
SHINGRIX	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	1	AL(Up to 11 yrs old)
SPIKEVAX SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
SPIKEVAX SUSY	1	AL(At least 19 yrs old)
TWINRIX SUSY	1	QL(1 ML daily); AL(At least 19 yrs old)
TWINRIX SUSY	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
VAQTA 25 UNIT/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
VAQTA 50 UNIT/ML	1	QL(1 ML daily); AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA IM 50 UNIT/ML	1	QL(1 ML daily); AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
VAQTA 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA 50 UNIT/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
VAQTA IM 50 UNIT/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
VARIVAX SUSR	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
VARIVAX SUSR	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 1 yrs old - Up to 18 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM	1	MP
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	1	MP
CLEOCIN SUPP	1	MP
clindamycin phosphate vaginal CREA	1	MP
CLINDESSE	4	QL(5.8 GM per 1 day(s) retail; 6 GM per 1 days mail); PA
GYNAZOLE-1	1	QL(5.8 GM per 28 day(s) retail; 6 GM per 28 days mail)
metronidazole vaginal	1	QL(70 GM per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	MP
NUVESSA	4	QL(5 GM per fill retail); PA
terconazole vaginal CREA	1	MP
terconazole vaginal SUPP	1	MP
VANDAZOLE	1	QL(70 GM per fill retail)
XACIATO GEL	4	QL(8 GM per fill retail); PA
Vaginal Contraceptive - pH Modulators		
PHEXX	4	MP; PA
PHEXXI	4	MP; PA
Vaginal Estrogens		

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Drug Name	Drug Tier	Requirements/ Limits
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); GL
estradiol vaginal CREA	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail)
estradiol vaginal TABS	1	MP
ESTRING RING 7.5 MCG/24HR	1	MP
FEMRING	1	MP; GL
PREMARIN	1	QL(30 GM per 28 day(s) retail; 30 GM per 28 days mail); GL
VAGIFEM TABS *(estradiol vaginal)*	1	MP
Vaginal Progestins		
CRINONE GEL 8 %	4	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); AL(At least 12 yrs old - Up to 55 yrs old); GL; PA
ENDOMETRIN INST 100 MG *(progesterone (vaginal))*	4	QL(42 EA per 21 day(s) retail; 42 EA per 21 days mail); AL(At least 12 yrs old - Up to 55 yrs old); GL; PA
progesterone (vaginal) INST 100 MG	4	QL(42 EA per 21 day(s) retail; 42 EA per 21 days mail); AL(At least 12 yrs old - Up to 55 yrs old); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	1	MP
epinephrine (anaphylaxis) SOAJ	1	MP
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	MP
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	MP
NEFFY SOLN NA	1	MP
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa 300 MG	4	QL(6 EA daily); AL(At least 18 yrs old)
droxidopa 100 MG, 200 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
droxidopa 100 MG, 200 MG	4	QL(3 EA daily); AL(At least 18 yrs old)
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		
ADRENALIN SOLN	1	Medical Benefit Only; MP

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Drug Name	Drug Tier	Requirements/ Limits
ADRENALIN SOLN IJ 1 MG/ML *(epinephrine)*	1	MP
AKOVAZ SOLN IV *(ephedrine sulfate (pressors))*	1	MP
AKOVAZ SOSY IV *(ephedrine sulfate (pressors))*	1	Medical Benefit Only; MP
BIORPHEN SOLN IV 0.5 MG/5ML *(phenylephrine hcl (pressors))*	1	Medical Benefit Only; MP
BIORPHEN SOLN IV	1	Medical Benefit Only; MP
EMERPHED SOLN IV	1	Medical Benefit Only; MP
EMERPHED SOSY IV	1	Medical Benefit Only; MP
ephedrine sulfate (pressors) SOLN IV	1	MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	1	MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML	1	Medical Benefit Only; MP
ephedrine sulfate (pressors) SOSY IV	1	Medical Benefit Only; MP
EPINEPHRINE BITARTRATE-NACL SOLN IV	1	Medical Benefit Only; MP
epinephrine SOLN IJ	1	MP
EPINEPHRINE SOLN IJ	1	MP
EPINEPHRINE SOSY IV 1 MG/10ML	1	MP
GIAPREZA	1	Medical Benefit Only; MP
IMMPHENTIV SOLN IV	1	Medical Benefit Only; MP
LEVOPHED IV *(norepinephrine bitartrate)*	1	MP
midodrine hcl	1	MP
norepinephrine bitartrate IV	1	MP
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1	MP
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1	MP
phenylephrine hcl (pressors) SOLN IV	1	MP
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; AL(Up to 20 yrs old); MP
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; MP
PHENYLEPHRINE HCL-NACL SOLN	1	Medical Benefit Only; MP
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CHEW 1000 UNIT	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
cholecalciferol LIQD PO 10 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
ergocalciferol CAPS	1	MP
ergocalciferol SOLN PO 200 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
phytonadione SOLN 1 MG/0.5ML, 10 MG/ML	1	
phytonadione SOLN 1 MG/0.5ML	1	QL(0.5 ML per fill retail)
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VITAMIN D3 LIQD PO 125 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
vitamin e SOLN 15 MG/0.67ML	1	AL(Up to 20 yrs old); MP; PA
Water Soluble Vitamins		

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
THIAMINE HCL POWD	1	AL(Up to 2 yrs old); MP; PA; RX/OTC

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.

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