

If you have questions about this notice, we can help you for free. We can also give it to you in other formats like large print, audio or in other languages. Please call 303-602-2116, toll free 1-800-700-8140, or 711 for callers with speech or hearing needs.

Elevate Medicaid Choice and Elevate Child Health Plan Plus (CHP+) Q1 2026 Formulary & Pharmaceutical Management Procedures

What is the *Elevate Medicaid Choice and Elevate CHP+ Formulary*?

The *Elevate Medicaid Choice and Elevate CHP+ Formulary* is a tool to help providers choose safe and effective drugs. If you are a member and have questions, please refer to your Member Handbook or call Health Plan Services at one of the numbers listed below.

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Toll free for Medicaid and CHP+: 1-800-700-8140
- TTY users for Medicaid and CHP+: 711

The Elevate Medicaid Choice plan and the Elevate Child Health Plan Plus (CHP+) plan [offered by Denver Health Medical Plan (DHMP)] use this formulary which is made up of both prescription and over-the-counter (OTC) drugs. The formulary is a closed formulary which means only the drugs listed are covered under the pharmacy benefit. All drugs need a prescription written by a provider to be covered by the pharmacy benefit.

How are formulary drugs chosen?

The drugs are chosen by a group of Denver Health doctors and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets often to review and select drugs for our members. During a review, the committee may look at the following for each drug:

- U.S. Food and Drug Administration (FDA) approval
- Safety and effectiveness
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings, and precautions
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

Does the formulary ever change?

Changes are made throughout the year. The latest version of the formulary may be

viewed online.

- Provider Website
 - <http://www.denverhealthmedicalplan.org/provider-pharmacy-information>
- Member Website
 - <https://www.denverhealthmedicalplan.org/pharmacy>

Members and providers may also ask for a printed copy of the formulary by calling Health Plan Services.

What if the pharmacy tells me the drug is not covered?

If the pharmacy receives a denial that a Prior Authorization Request (PAR) or exception is required, the pharmacy may talk to the provider to have the prescription changed to a formulary alternative, which is also known as a therapeutic substitution. If the provider wishes not to switch treatment, the provider must submit a PAR to DHMP Pharmacy department and include clinical data showing why the requested drug is needed. Documentation, such as chart notes, should be submitted with the PAR.

What if the drug prescribed is not on the formulary?

If the drug is not on the formulary there may be a generic or a formulary approved drug which can be prescribed. If the provider gives a member drug samples to start taking, the member must find out if the medication is on the formulary or needs PAR approval first. If the samples are taken by the member before an approved PAR, it does not mean that DHMP will pay for that drug. If guidelines exist within the Health Care Policy and Financing Preferred Drug List or Appendix P, then those guidelines will be used to make a decision to approve or deny the request. Providers may send a PAR by calling the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963. Providers may also send a completed PAR form by fax to 303-602-2081 or by submitting the PAR electronically.

How are PARs (also called an exception request) processed?

The DHMP Pharmacy Department reviews all PARs/exception requests on a case-by-case basis. An expedited or quicker review for urgent situations may be requested. Decisions are made using certain criteria and guidelines. Drugs listed on the formulary with a Prior Authorization (PA) or Step Therapy (ST) requirement have criteria on hand on the plan website. If the drug is non-formulary, all reasonable formulary drugs to treat the same health problem must be tried first. Generic non-formulary drugs are preferred over brand non-formulary drugs. If Health First Colorado has prior authorization criteria and requirements, then that criteria will be used. Other support may also be used to decide. The member or provider may request a copy of the criteria or guidelines used for their exception request. As stated by Colorado regulations, providers are expected to answer the plan's outreach for more clinical data within 72 hours. After a PAR is sent, the member and provider will be notified of the decision. If you have questions, please call the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963.

What happens if a request is denied?

If a request is denied, the member and provider will get a letter that will explain the member's rights and the appeals process. Please refer to the Member Handbook for more

details on this process, or call Health Plan Services if you have any questions.

What if the member is new to the plan and the drug is not on the formulary?

If the member is new to the plan, they may be eligible for a transition supply. This may be done for medications that are not on the formulary or if the prescription is for an amount more than what the formulary allows to be filled. This allows the provider time to order a formulary drug or send a PAR.

What are generic drugs?

Generic drugs are FDA-approved for safety and effectiveness. The color and shape may be different from the brand-name drug, but they are made using the same strict FDA standards as brand-name drugs. If a brand-name drug is requested by the provider when a generic is available, and the request is approved by DHMP, the brand-name drug will be covered at the usual copay.

What is generic substitution?

Generic substitution is when a generic version of a drug is dispensed in place of a brand-name drug. In most cases, generic drugs are preferred on the formulary.

When are prescriptions eligible to be refilled?

Non-controlled prescriptions are eligible for refill once 75% has been used. Some examples of non-controlled prescriptions are drugs used for blood pressure, high cholesterol, and diabetes. Controlled prescriptions are eligible once 85% has been used. Some examples of controlled prescriptions are opioids, stimulants such as Adderall (dextroamphetamine/amphetamine) or Ritalin (methylphenidate), or benzodiazepines such as Valium (diazepam) and Ativan (lorazepam). This is based on the original prescription directions. If there is a change in the prescription directions, the pharmacy or provider should be called for an updated prescription.

90-day Supplies

A 90-day supply can be filled for most drugs at a \$0 copay. The pharmacy cannot fill a 90-day supply without the provider's permission. Ask the provider to write a prescription for a 90-day supply or ask your pharmacy to contact your provider. For more information, call the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963.

Are prescriptions eligible through mail order?

Members may get prescriptions through Denver Health Pharmacy by Mail if their prescriptions are written by a Denver Health provider. This service allows a 90-day supply of certain prescriptions to be delivered to the member and must be written for a 90-day supply. A credit card is not needed for this service.

- Denver Health Pharmacy by Mail
303-602-2326

What if my drug is a specialty drug?

Some drugs are known as “Specialty” drugs. Most specialty drugs can only be filled as

30-day supplies. Some specialty drugs can only be filled at DHHA or designated specialty pharmacies. These are considered limited access (LA).

Are there drugs that are excluded by the pharmacy benefit?

Some drugs are considered excluded which is not covered at all even with a prior authorization. These include drugs for the following:

- Cosmetic use (anti-wrinkle, hair removal, and hair growth products)
- Non-formulary dietary supplements (vitamins, herbals, etc.)
- Infertility (to help women get pregnant)
- Pigmenting / De-pigmenting (to change skin color)
- Sexual performance/dysfunction (Viagra, Cialis, Levitra etc.)
- Weight loss
- Investigational or experimental treatments
- Prescription drugs not approved by the Food and Drug Administration (FDA) for any disease
- Travel vaccines recommended by the Centers for Disease Control and Prevention (CDC) only for travel outside of the United States (covered vaccines are listed in the formulary)
- Drugs manufactured by pharmaceutical companies not participating in the Colorado Medicaid Drug Rebate Program

Wrap-Around Benefits for Elevate Medicaid Choice Members

Wrap Around Benefits are services that are Medicaid benefits not authorized or paid for by Elevate Medicaid Choice. Wrap Around Benefits are authorized and paid for by Health First Colorado (State of Colorado Medicaid fee-for-service program) after review and determination of Medical Necessity.

Continuous Glucose Monitors are covered through the Medicaid Fee-for-service program as of 11/1/2025. Please have your pharmacy and/or provider bill directly to Medicaid. For assistance, please call 1-844-235-2387.

Who should be contacted with questions?

The member or provider may call the DHMP Pharmacy Department with any questions about the formulary or pharmacy benefits through the [Member Portal](#) or by calling 303-602-2070 or 877-357-0963. Health Plan Services may also be contacted at the following numbers:

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Toll free for Medicaid and CHP+: 1-800-700-8140
- TTY/TDD users for Medicaid and CHP+: 711

How to use the formulary

- The formulary is grouped by drug class or disease state sections.
- Generic drugs are listed by generic name, and brand names are included as a reference. Brand drugs are listed only with brand names.

- For most drugs all dosage forms and strengths of the brand-name drug listed are covered by the pharmacy benefit.
- When a strength or dosage form is listed, only that strength or dosage form is included on the formulary. Other strengths and dosage forms of the reference product are not included on the formulary.
- Modified-release or combination products included on the formulary are defined by the listed brand-name product. Modified-release and combination products are only covered if they are on their own line and are not included if only the immediate release drug is listed.

3 Tier Formulary

Tier 0: Over-the-counter (OTC)

Tier 1: Preferred drugs

Tier 2: Non-preferred drugs (LA)

Tier 3: Specialty drugs (LA)

Copay: All formulary tiers have a \$0 copay.

Notice

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Denver Health Medical Plan, Inc.

Please be advised that this formulary is updated periodically.

Formulary managed by:

Denver Health Medical Plan, Inc.

777 Bannock Street, Mail Code 6000

Denver, CO 80204-4507

Phone: 303-602-2070

Email: ManagedCarePAR@DHHA.org

Formulary Abbreviations and Utilization Management Restrictions

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access	This drug must be filled at a Denver Health Pharmacy, or a PAR must be approved before the drug can be filled at a non-Denver Health Pharmacy.
PA	Prior Authorization Restriction	The member or provider is required to get prior authorization from DHMP before this drug may be filled. Without prior approval, DHMP may not cover this drug.
QL	Quantity Limit Restriction	DHMP limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before DHMP will cover this drug, the member must first try the listed drug(s) to treat their medical health issue. This drug may only be covered if the other drug(s) does not work.

Drug Name Font Descriptions

FONT TYPE	EXAMPLE	EXPLANATION
Drug Name in All Lowercase Letters and Italicized	<i>atenolol</i>	This is the generic drug that is covered by the plan.
Drug Name in Parentheses	(Tenormin)	This is a brand name of the generic drug that is covered by the plan. This does not mean that the brand name is covered. It is provided only as a helpful reference for the member or provider when searching the formulary.
Drug Name in All Uppercase Letters	BYSTOLIC	This is a brand name drug that is covered by the plan at Denver Health pharmacies. Brand penalty may apply.

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Drug Name		Drug Tier	Requirements/Limits
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<i>alka-seltzer plus allergy oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>aller-chlor oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>aller-g-time oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy medication oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy medicine oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy relief(chlorpheniramn) oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	(diphenhydramine hcl)	OTC	LA
<i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy relief(diphenhydramin) oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy relief(diphenhydramin) oral tablet,chewable 25 mg</i>		OTC	LA
<i>allergy-time oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>banophen oral capsule 25 mg, 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>banophen oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	(diphenhydramine hcl)	OTC	LA
BENADRYL ALLERGY ORAL TABLET 25 MG	(diphenhydramine hcl)	OTC	LA
<i>benadryl allergy oral tablet 50 mg</i>	(diphenhydramine hcl)	OTC	LA
BENADRYL ORAL CAPSULE 25 MG	(diphenhydramine hcl)	OTC	LA
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>children's allergy (diphenhyd) oral tablet, chewable 12.5 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>children's diphenhydramine oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml</i>		OTC	LA
<i>children's wal-dryl allergy oral tablet, disintegrating 12.5 mg</i>		OTC	LA
<i>chlorhist oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>chlorpheniramine maleate oral tablet 4 mg</i>	(Aller-Chlor)	OTC	LA
<i>chlortabs oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>clemastine oral tablet 2.68 mg</i>	(Clemsza)	1	
<i>complete allergy medicine oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	(Rx products only)
<i>complete allergy medicine oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>cyproheptadine oral syrup 2 mg/5 ml</i>		1	
<i>cyproheptadine oral tablet 4 mg</i>		1	
<i>dayhist allergy oral tablet 1.34 mg</i>	(clemastine)	OTC	LA
<i>diphedryl allergy oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>diphedryl oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>diphen oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>diphenhydramine hcl oral capsule 25 mg</i>	(Aler-Cap)	OTC	(Rx products only)
<i>diphenhydramine hcl oral capsule 50 mg</i>	(Banophen)	OTC	LA
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	(Diphen)	OTC	LA
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	(Allergy (diphenhydramine))	OTC	LA
<i>diphenhydramine hcl oral tablet 25 mg</i>	(Alka-Seltzer Plus Allergy)	OTC	LA
<i>diphenhydramine hcl oral tablet, chewable 12.5 mg</i>	(Children's Allergy (diphenhyd))	OTC	LA
<i>ez nite sleep oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>ezz nite sleep aid oral liquid 50 mg/30 ml</i>	OTC	LA
<i>geri-dryl oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>geri-dryl oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>m-dryl oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>naramin oral liquid in packet 12.5 mg/5 ml</i>	OTC	LA
<i>nighttime sleep oral capsule 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>nighttime allergy relief oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>nighttime sleep aid (diphen) oral capsule 25 mg, 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>nighttime sleep aid (diphen) oral liquid 50 mg/30 ml</i>	OTC	LA
<i>nighttime sleep aid (diphen) oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>nighttime sleep-aid (doxylamn) oral tablet 25 mg</i>	OTC	LA
<i>nytol oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>pharbechlor oral tablet 4 mg</i> (chlorpheniramine maleate)	OTC	LA
<i>pharbedryl oral capsule 25 mg, 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	
<i>rest simply nighttime sleep oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>siladryl sa oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>simply sleep oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sleep aid (diphenhydramine) oral capsule 25 mg, 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sleep aid (diphenhydramine) oral liquid 50 mg/30 ml</i>	OTC	LA
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>sleep ii oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sleep time oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sleep time oral liquid 50 mg/30 ml</i>		OTC	LA
<i>sleeping oral capsule 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sleep-tabs oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sominex maximum strength oral tablet 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>sominex oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>total allergy medicine oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>unisom (doxylamine) oral tablet 25 mg</i>		OTC	LA
<i>unisom sleepgels oral capsule 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>unisom sleepminis oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-finatate oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>wal-sleep z oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-sleep z oral liquid 50 mg/30 ml</i>		OTC	LA
<i>wal-sleep z oral tablet,disintegrating 25 mg</i>		OTC	LA
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-som (doxylamine) oral tablet 25 mg</i>		OTC	LA

5-Alpha-Reductase Inhibitors

5-Alpha-Reductase Inhibitors

<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	1	
<i>finasteride oral tablet 5 mg</i>	(Proscar)	1	

5-Ht3 Receptor Antagonists

5-Ht3 Receptor Antagonists

<i>ondansetron hcl oral solution 4 mg/5 ml</i>		1	
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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (3 per 1 day)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (3 per 1 day)
Acidifying Agents		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG	1	
<i>phospha 250 neutral oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
Adamantanes		
Adamantanes		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
Adrenals		
Adrenals		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	LA; QL (12.2 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	LA; QL (4 per 1 day)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	QL (3 per 1 day)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	1	QL (24 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	LA; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	LA; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	LA; QL (21.2 per 30 days)
Alcohol Deterrents		
Alcohol Deterrents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
Alkalinizing Agents		
Alkalinizing Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
Alpha- And Beta-Adrenergic Agonists		
Alpha- And Beta-Adrenergic Agonists		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 1 day)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL (4 per 1 day)
Alpha-Adrenergic Agonists		
Alpha-Adrenergic Agonists		
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: BRIMONIDINE EYE DROP, TIMOLOL EYE DROP)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	LA
Alpha-Adrenergic Blocking Agents		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Non-Selective Alpha-Adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
Selective Alpha-1-Adrenergic Blocking Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
Alpha-Glucosidase Inhibitors		
Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
Amino Acid Polymers		
Amino Acid Polymers		
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	3	LA; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	3	LA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	3	LA; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	3	LA; QL (12 per 28 days)
Aminoglycosides		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	3	PA; LA; QL (8 per 1 day)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	3	LA; QL (10 per 1 day)
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	3	LA; QL (10 per 1 day)
Ammonia Detoxicants		
Ammonia Detoxicants		
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
Amphetamines		

Drug Name		Drug Tier	Requirements/Limits
Amphetamines			
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	(Dexedrine Spansule)	2	LA; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	(Dexedrine Spansule)	2	LA; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>		2	LA; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	(Zenzedi)	1	QL (6 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	(Mydayis)	2	LA; QL (1 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	(Adderall XR)	1	QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	(Adderall)	1	QL (6 per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	(Vyvanse)	1	QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	(Vyvanse)	1	QL (1 per 1 day)
Androgens			
Androgens			
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	(Depo-Testosterone)	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>		2	PA; LA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	(Vogelxo)	2	PA; LA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	(AndroGel)	2	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; LA
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	2	PA; LA
Angiotensin II Receptor Antag/Neprolysin Inhib		
Angiotensin II Receptor Antag/Neprolysin Inhib		
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)	2	LA; QL (2 per 1 day)
Angiotensin II Receptor Antagonists		
Angiotensin II Receptor Antagonists		
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	1	QL (1 per 1 day)
<i>irbesartan oral tablet 75 mg</i>	1	QL (1 per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (1 per 1 day)
<i>losartan oral tablet 100 mg</i> (Cozaar)	1	QL (1 per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar)	1	QL (2 per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (1 per 1 day)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	QL (1 per 1 day)
<i>benazepril oral tablet 5 mg</i>	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
Antacids And Adsorbents		
Antacids And Adsorbents		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
Anthelmintics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	LA
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	LA
Antiallergic Agents		
Antiallergic Agents		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (1 per 1 day)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	QL (1 per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>eye allergy itch relief ophthalmic (eye) drops 0.2 %</i> (olopatadine)	OTC	LA
<i>eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %</i> (olopatadine)	OTC	LA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>olopatadine ophthalmic (eye) drops</i>	(Eye Allergy Itch Relief)	OTC	LA
0.2 %			
PATADAY TWICE DAILY	(olopatadine)	OTC	LA
RELIEF OPHTHALMIC (EYE)			
DROPS 0.1 %			
Antiarrhythmic Agents			
Class Ic Antiarrhythmics			
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>		1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>		1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>		1	
Class Iii Antiarrhythmics			
<i>amiodarone oral tablet 100 mg, 200 mg</i>	(Pacerone)	1	
<i>amiodarone oral tablet 400 mg</i>		1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	(amiodarone)	1	
Class Iv Antiarrhythmics			
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	(diltiazem hcl)	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	(DILT-XR)	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>		1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	(Tiadylt ER)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	(Cartia XT)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	(Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	(Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>		1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	(Cardizem LA)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Antibacterials		
Antibacterials		
<i>azelaic acid topical gel 15 %</i>	1	QL (50 per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	QL (50 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	QL (50 per 30 days)
<i>dapsone topical gel 5 %</i> (Aczone)	2	LA
<i>dapsone topical gel 7.5 %</i>	2	LA
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 20 mg</i>	1	QL (2 per 1 day)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	2	LA
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (neomycin-bacitracin-poly-hc)	1	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram (bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
rosadan topical cream 0.75 % (metronidazole)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
tetracycline oral capsule 250 mg, 500 mg	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
Antibacterials, Miscellaneous		
Glycopeptides		
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml	OTC	LA
vancomycin oral capsule 125 mg, 250 mg (Vancocin)	2	LA
Lincomycins		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin pediatric oral recon soln</i> (clindamycin palmitate hcl) 75 mg/5 ml	1	
<i>clindamycin phosphate topical gel</i> 1 %	2	LA
<i>clindamycin phosphate topical gel, once daily</i> 1 % (Clindagel)	2	LA
<i>clindamycin phosphate topical lotion</i> 1 % (Cleocin T)	1	
<i>clindamycin phosphate topical solution</i> 1 %	1	
<i>clindamycin phosphate vaginal cream</i> 2 % (Cleocin)	1	QL (40 per 7 days)
Oxazolidinones		
<i>linezolid oral tablet</i> 600 mg	1	QL (2 per 1 day)
Rifamycins		
XIFAXAN ORAL TABLET 200 MG	2	PA; LA; QL (6 per 1 day)
XIFAXAN ORAL TABLET 550 MG	2	PA; LA; QL (3 per 1 day)
Anticholinergic Agents		
Anticholinergic Agents		
<i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	
<i>trihexyphenidyl oral elixir</i> 0.4 mg/ml	1	
<i>trihexyphenidyl oral tablet</i> 2 mg, 5 mg	1	
Anticoagulants		
Coumarin Derivatives		
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	QL (2 per 1 day)
<i>rivaroxaban oral tablet</i> 2.5 mg (Xarelto)	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, (rivaroxaban) 15 MG, 20 MG	1	QL (1 per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	1	QL (2 per 1 day)
Heparins		
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	1	QL (3 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	1	QL (2 per 1 day)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> (Lovenox) <i>mg/0.3 ml</i>	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> (Lovenox) <i>mg/0.4 ml</i>	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> (Lovenox) <i>mg/0.6 ml</i>	1	QL (36 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	3	LA; QL (4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	3	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	3	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	3	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	3	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	3	LA; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	LA; QL (2.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	3	LA; QL (4.2 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	LA; QL (11.2 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	LA; QL (1 per 2 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	LA; QL (5.6 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	LA; QL (8.4 per 30 days)
Anticonvulsants, Miscellaneous		
Anticonvulsants, Miscellaneous		
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE); QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CLOBAZAM, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VALPROIC ACID)
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	QL (2 per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	QL (4 per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	QL (4 per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	LA; QL (2 per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	2	LA; ST: (FAILURE OF TOPIRAMATE EXTENDED-RELEASE SPRINKLE CAPSULE (GENERIC QUDEXY ER)); QL (2 per 1 day)
Antidepressants		
Antidepressants, Miscellaneous		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
Monoamine Oxidase Inhibitors		
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
Selective Serotonin- And Norepinephrine-Reuptake Inhibitors		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (1 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	QL (3 per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED-RELEASE)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED- RELEASE); QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i> (Effexor XR)	1	QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (3 per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
Selective Serotonin-Reuptake Inhibitors		
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa)	1	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i> (Celexa)	1	QL (1 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	QL (1 per 1 day)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	QL (3 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
Serotonin Modulators		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet,disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	1	
<i>trazodone oral tablet</i> 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	LA; ST: (FAILURE OF THREE OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)
<i>vilazodone oral tablet</i> 10 mg, 20 mg, 40 mg (Viibryd)	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)
Tricyclics And Other Norepinephrine-Reuptake Inhibitors		
<i>amitriptyline oral tablet</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
<i>clomipramine oral capsule</i> 25 mg, 50 mg, 75 mg (Anafranil)	2	LA
<i>desipramine oral tablet</i> 10 mg, 25 mg (Norpramin)	1	
<i>desipramine oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	LA; QL (1 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
Antidiarrhea Agents		
Antidiarrhea Agents		
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i> (loperamide)	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
Antifungals		
Allylamines		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
Azoles		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole nitrate topical cream 1 %</i>	1	QL (85 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Ketodan)	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
KETODAN KIT TOPICAL COMBO PACK 2 %	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>		1	
Hydroxypyridones			
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	1	QL (3 per 1 day)
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit)	1	
Polyenes			
<i>klayesta topical powder 100,000 unit/gram</i>	(nystatin)	1	
<i>nyamyc topical powder 100,000 unit/gram</i>	(nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>		1	
<i>nystatin oral tablet 500,000 unit</i>		1	
<i>nystatin topical cream 100,000 unit/gram</i>		1	
<i>nystatin topical ointment 100,000 unit/gram</i>		1	
<i>nystatin topical powder 100,000 unit/gram</i>	(Klayesta)	1	
<i>nystop topical powder 100,000 unit/gram</i>	(nystatin)	1	
Antifungals, Miscellaneous			
Antifungals, Miscellaneous			
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>		2	LA
<i>griseofulvin microsize oral tablet 500 mg</i>		2	LA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		2	LA
Antigout Agents			
Antigout Agents			
<i>allopurinol oral tablet 100 mg</i>	(Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>		1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	1	QL (1 per 1 day)
Antihistamines			
Antihistamines			
<i>compro rectal suppository 25 mg</i>	(prochlorperazine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	2	LA; QL (4 per 1 day)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
Anti-Inflammatory Agents		
Anti-Inflammatory Agents		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	LA
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	2	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	LA; QL (2 per 1 day)
DIPENTUM ORAL CAPSULE 250 MG	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	LA
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	LA
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	LA
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	LA; QL (1 per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	2	LA
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	LA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
Antileprosy Agents		
Antileprosy Agents		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
Antilipemic Agents, Miscellaneous		
Antilipemic Agents, Miscellaneous		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	LA
Antimalarials		
Antimalarials		
<i>atovaquone-proguanil oral tablet</i> (Malarone) <i>250-100 mg</i>	1	QL (1 per 1 day)
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) <i>62.5-25 mg</i>	1	QL (3 per 1 day)
<i>chloroquine phosphate oral tablet</i> <i>250 mg, 500 mg</i>	1	QL (2 per 1 day)
COARTEM ORAL TABLET 20-120 MG	1	QL (8 per 1 day)
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>hydroxychloroquine oral tablet 200</i> (Plaquenil) <i>mg</i>	1	QL (3 per 1 day)
<i>hydroxychloroquine oral tablet 300</i> (Sovuna) <i>mg</i>	2	LA; QL (2 per 1 day)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	LA; QL (1 per 1 day)
<i>mefloquine oral tablet 250 mg</i>	1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	3	LA
Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
Antimetabolites, Immunosuppressive Therapy		
Antimetabolites, Immunosuppressive Therapy, Misc		
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	QL (6 per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	QL (6 per 1 day)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	LA; QL (4 per 1 day)
Antimuscarinics		
Antimuscarinics		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	LA; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	LA
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Antimuscarinics/Antispasmodics		
Antimuscarinics/Antispasmodics		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	LA; QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (4 per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	2	LA; QL (45 per 1 day)
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	QL (45 per 1 day)
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	QL (45 per 1 day)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (18 per 1 day)
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	LA; QL (10 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	LA; QL (4 per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	2	LA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUDESONIDE/FORMO TEROL HFA INHALER, FLUTICASONE/SALM ETEROL BLISTER OR HFA INHALER, TIOTROPIUM HANDIHALER OR SPIRIVA RESPIMAT); QL (2 per 1 day)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i> (Anoro Ellipta)	2	LA; QL (2 per 1 day)
Antineoplastic Agents		
Antineoplastic Agents		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	3	LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	LA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	3	LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	LA
<i>etoposide oral capsule 50 mg</i>	2	LA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	3	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; LA; QL (2 per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	LA
LYSODREN ORAL TABLET 500 MG	3	LA
MATULANE ORAL CAPSULE 50 MG	3	LA
<i>melphalan oral tablet 2 mg</i> (Alkeran)	2	LA
<i>mercaptopurine oral tablet 50 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	3	LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	PA; LA; QL (4 per 1 day)
TABLOID ORAL TABLET 40 MG (thioguanine)	3	LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	3	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	3	LA
ZEJULA ORAL CAPSULE 100 MG	3	PA; LA; QL (3 per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; LA; QL (1 per 1 day)
Antiparathyroid Agents		
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	(nasal spray only)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	3	PA; LA
Antiproliferants		
Antiproliferants		
<i>fluorouracil topical cream 0.5 %</i> (Carac)	2	LA
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	LA
<i>imiquimod topical cream in packet 5 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoals, Nitroimidazole-Derivative		
Antiprotozoals, Nitroimidazole-Derivative		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Nitroimidazole-Derivatives, Miscellaneous		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	1	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	1	
Antipruritics And Local Anesthetics		
Antipruritics And Local Anesthetics		
AGONEAZE TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>anecream (with dressings) topical kit 4 %</i> (lidocaine-transparent dressing)	1	
<i>anecream topical cream 4 %</i> (lidocaine)	1	
<i>anodyne lpt topical kit 2.5-2.5 %</i> (lidocaine-prilocaine)	1	
APRIZIO PAK TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>asperflex (lidocaine) topical cream 4 %</i> (lidocaine)	1	
DERMACINRX PRIZOPAK TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>dermalid topical combo pack 5 %</i>	1	QL (3 per 1 day)
EMREAL TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Tridacaine II)	1	QL (3 per 1 day)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	
<i>lidocaine topical ointment 5 %</i>	1	QL (100 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (AgonEaze)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>lidocaine-transparent dressing topical kit 4 %</i>	(Anecream (with dressings))	1	
<i>lidoheal-90 topical kit 4 %</i>	(lidocaine-transparent dressing)	1	
LIDOLITE TOPICAL KIT 5 %		1	QL (100 per 30 days)
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>lidopure patch topical combo pack 5 %</i>		1	QL (3 per 1 day)
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %		1	QL (100 per 30 days)
LIDOSOL TOPICAL KIT 5 %		1	QL (100 per 30 days)
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM		1	QL (100 per 30 days)
LIDOTOR TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>lidozall topical cream 4 %</i>	(lidocaine)	1	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>moxicaine topical kit 5 %</i>		1	QL (100 per 30 days)
<i>pain relief (lidocaine) topical cream 4 %</i>	(lidocaine hcl)	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	(Pyridium)	2	LA
PRILOHEAL PLUS 30 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
REALHEAL-I TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
<i>tridacaine iii topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>tridacaine xl topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>ultra lido topical cream 4 %</i>	(lidocaine)	1	
VALLADERM-90 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %		1	QL (3 per 1 day)
<i>ziloval topical kit 5 %</i>		1	QL (100 per 30 days)
Antipsychotics			
Atypical Antipsychotics			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG		2	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		2	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
<i>aripiprazole oral solution 1 mg/ml</i>		2	LA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	(Abilify)	1	AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.9 per 56 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (1.6 per 28 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (2.4 per 28 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.2 per 28 days); AGE (Min 18 Years)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	2	LA; QL (2 per 1 day); AGE (Min 10 Years)
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	1	AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.75 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1.5 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.25 per 28 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.5 per 28 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (0.88 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.32 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.75 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (2.63 per 84 days); AGE (Min 18 Years)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	LA; QL (1 per 1 day); AGE (Min 10 Years)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	LA; QL (2 per 1 day); AGE (Min 10 Years)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	1	AGE (Min 13 Years)
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	1	AGE (Min 13 Years)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	AGE (Min 13 Years)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	QL (1 per 1 day); AGE (Min 12 Years)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg, 9 mg</i> (Invega)	1	QL (1 per 1 day); AGE (Min 12 Years)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	AGE (Min 10 Years)
<i>quetiapine oral tablet 150 mg</i>	1	AGE (Min 10 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	QL (2 per 1 day); AGE (Min 10 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, ASENAPINE, CLOZAPINE, LURASIDONE, OLANZAPINE, PALIPERIDONE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 13 Years)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	2	LA; ST: (FAILURE OF RISPERIDONE TABLET); QL (2 per 28 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	AGE (Min 5 Years)
<i>risperidone oral syringe 1 mg/ml</i>	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	AGE (Min 5 Years)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	AGE (Min 5 Years)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day); AGE (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	AGE (Min 18 Years)
Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
Dibenzoxapines		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	LA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	LA
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	LA
Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Antiretrovirals		
Hiv Integrase Inhibitors		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	2	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	LA; QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	3	LA; QL (42 per 365 days)
DOVATO ORAL TABLET 50-300 MG	3	LA; QL (1 per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	3	LA
ISENTRESS ORAL TABLET 400 MG	3	LA
JULUCA ORAL TABLET 50-25 MG	3	LA; QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	LA; QL (1 per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	LA
Hiv Nonnucleoside Reverse Transcriptase Inhibitors		
DELSTRIGO ORAL TABLET 100-300-300 MG	3	LA; QL (1 per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	LA
<i>efavirenz oral tablet 600 mg</i>	2	LA
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	2	LA
INTELENCE ORAL TABLET 25 MG	3	LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	LA
<i>nevirapine oral tablet 200 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
Hiv Nucleoside And Nucleotide Reverse Transcriptase Inhibitors		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	LA
<i>abacavir oral tablet 300 mg</i>	2	LA
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	LA
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir)	3	LA
DESCOVY ORAL TABLET 120-15 MG	2	LA
DESCOVY ORAL TABLET 200-25 MG	2	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	LA
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	2	LA
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	2	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	1	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
EMTRIVA ORAL SOLUTION 10 MG/ML	3	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	2	LA
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	LA
<i>lamivudine oral tablet 100 mg</i>	2	LA
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	LA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	LA
ODEFSEY ORAL TABLET 200-25-25 MG	2	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	LA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	LA

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	3	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	LA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	LA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	LA
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	LA
<i>zidovudine oral tablet 300 mg</i>	2	LA
Hiv Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	2	LA
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	LA
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	2	LA
<i>fosamprenavir oral tablet 700 mg</i>	2	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	3	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	LA; QL (10 per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	LA; QL (2 per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	LA; QL (4 per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	2	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	LA
PREZISTA ORAL SUSPENSION 100 MG/ML	2	LA
PREZISTA ORAL TABLET 150 MG, 75 MG	2	LA
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	LA
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	LA; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	LA
Antithyroid Agents		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	LA

Drug Name		Drug Tier	Requirements/Limits
Antituberculosis Agents			
Antituberculosis Agents			
<i>ethambutol oral tablet 100 mg, 400 mg</i>		2	LA
<i>isoniazid oral solution 50 mg/5 ml</i>		1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		1	
PRIFTIN ORAL TABLET 150 MG		2	LA
<i>pyrazinamide oral tablet 500 mg</i>		1	
<i>rifabutin oral capsule 150 mg</i>		1	
<i>rifampin oral capsule 150 mg, 300 mg</i>		1	
Antitussives			
Antitussives			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		1	QL (3 per 1 day)
CHILDREN'S DELSYM COUGH ORAL SUSPENSION, EXTENDED REL 12 HR 30 MG/5 ML	(dextromethorphan polistirex)	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	(G Tussin AC)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>cough relief oral liquid 15 mg/5 ml</i>		OTC	LA; AGE (Min 4 Years and Max 11 Years)
CREOMULSION ADULT FORMULA ORAL SOLUTION 20 MG/15 ML		OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>day-time cough oral syrup 5 mg/5 ml</i>		OTC	LA; AGE (Min 4 Years and Max 11 Years)
DELSYM 12 HOUR ORAL SUSPENSION, EXTENDED REL 12 HR 30 MG/5 ML	(dextromethorphan polistirex)	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>giltuss honey dm cough oral liquid 15 mg/5 ml</i>		OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	(codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>		1	QL (30 per 1 day); AGE (Min 12 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-codeine oral syrup</i> 6.25-10 mg/5 ml	1	QL (30 per 1 day); AGE (Min 12 Years)
<i>promethazine-dm oral syrup</i> 6.25-15 mg/5 ml	1	
SCOT-TUSSIN DIABETES CF ORAL LIQUID 10 MG/5 ML	OTC	LA; AGE (Min 4 Years and Max 11 Years)
SCOT-TUSSIN DIABETES ORAL LIQUID 10 MG/5 ML	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>tussin cough (dm only) oral liquid</i> 15 mg/5 ml	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>tussin long-acting oral liquid</i> 15 mg/5 ml	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>vicks dayquil cough oral syrup</i> 5 mg/5 ml	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>virtussin ac oral liquid</i> 10-100 mg/5 ml (codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>wal-tussin cough oral liquid</i> 15 mg/5 ml	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>wal-tussin max strength cough oral syrup</i> 15 mg/5 ml	OTC	LA; AGE (Min 4 Years and Max 11 Years)
Antivirals		
Antivirals		
<i>acyclovir topical ointment</i> 5 % (Zovirax)	1	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	2	LA
Anxiolytics, Sedatives, & Hypnotics, Misc		
Anxiolytics, Sedatives, & Hypnotics, Misc		
<i>hydroxyzine hcl oral solution</i> 10 mg/5 ml	1	
<i>hydroxyzine hcl oral tablet</i> 10 mg, 25 mg, 50 mg	1	
<i>hydroxyzine pamoate oral capsule</i> 100 mg, 25 mg, 50 mg	1	
Astringents		
Astringents		
<i>chlorhexidine gluconate mucous membrane mouthwash</i> 0.12 % (Paroex Oral Rinse)	1	
<i>paroex oral rinse mucous membrane mouthwash</i> 0.12 % (chlorhexidine gluconate)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
Astringents, Anti-Infective		
Astringents, Anti-Infective		
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
Azoles		
Azoles		
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
B3-Adrenergic Agonists		
Selective B3-Adrenergic Agonists		
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	2	LA; QL (1 per 1 day)
Barbiturates		
Barbiturates		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	1	QL (6 per 1 day)
Basic Ointments And Protectants		
Basic Ointments And Protectants		
<i>calcipotriene scalp solution 0.005 %</i>	2	LA
<i>calcipotriene topical cream 0.005 %</i>	2	LA
<i>calcipotriene topical ointment 0.005 %</i>	2	LA
Benzodiazepines		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	QL (5 per 1 day)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	QL (1 per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (16 per 1 day)
<i>clobazam oral syringe 10 mg/4 ml</i>	1	QL (16 per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (2 per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	QL (4 per 1 day)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (4 per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (1 per 1 day)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (40 per 1 day)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (40 per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (4 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	LA
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	QL (5 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i> (Restoril)	1	QL (2 per 1 day)
<i>temazepam oral capsule 22.5 mg, 30 mg</i> (Restoril)	1	QL (1 per 1 day)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (1 per 1 day)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (1 per 1 day)
Beta-Adrenergic Agonists		
Selective Beta-2-Adrenergic Agonists		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	(maximum of 2 inhalers per 30 days); QL (14 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (10 per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg/0.5 ml</i>	1	QL (12 per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	1	QL (30.6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (13 per 30 days)
<i>fluticasone furoate-vilanterol</i> (Breo Ellipta) <i>inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (2 per 1 day)
<i>fluticasone propion-salmeterol</i> (Advair Diskus) <i>inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (2 per 1 day)
<i>fluticasone propion-salmeterol</i> (Advair HFA) <i>inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	1	QL (12 per 30 days)
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	2	LA; ST: (FAILURE OF ALBUTEROL HFA); QL (1 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	LA; QL (2 per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
Beta-Adrenergic Blocking Agents		
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 50) 50-25 mg	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	1	
BETIMOL OPHTHALMIC (EYE) (timolol) DROPS 0.5 %	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	
<i>carteolol ophthalmic (eye) drops</i> 1 %	1	
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> 22.3-6.8 mg/ml (Cosopt)	1	
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	1	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	
<i>metoprolol succinate oral tablet</i> (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
<i>metoprolol tartrate oral tablet</i> 100 mg, 50 mg (Lopressor)	1	
<i>metoprolol tartrate oral tablet</i> 25 mg	1	
<i>nadolol oral tablet</i> 20 mg, 40 mg, 80 mg	1	
<i>nebivolol oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	2	LA; QL (2 per 1 day)
<i>pindolol oral tablet</i> 10 mg, 5 mg	1	
<i>propranolol oral capsule,extended release</i> 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	1	
<i>propranolol oral tablet</i> 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	1	
<i>sorine oral tablet</i> 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	1	
<i>sotalol af oral tablet</i> 120 mg, 160 mg, 80 mg (sotalol)	1	
<i>sotalol oral tablet</i> 120 mg, 160 mg, 80 mg (Sotalol AF)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	
Biguanides		
Biguanides		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 750 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	2	LA
Bile Acid Sequestrants		
Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	2	LA
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	LA
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colestipol oral granules 5 gram</i> (Colestid)	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>prevalite oral powder 4 gram</i>	2	LA
<i>prevalite oral powder in packet 4 gram</i>	2	LA
Bone Resorption Inhibitors		
Bone Resorption Inhibitors		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	
<i>ibandronate oral tablet 150 mg</i>	2	LA
<i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
Calcineurin Inhibitors		
Calcineurin Inhibitors, Misc		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	LA
<i>cyclosporine modified oral capsule 50 mg</i>	2	LA
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	LA
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	LA; ST: (FAILURE OF TACROLIMUS CAPSULE)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	LA
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	LA
Calcitonin Gene-Related Peptide (Cgrp) Antagonists		
Calcitonin Gene-Related Peptide (Cgrp) Antagonists		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; LA; QL (1 per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	2	PA; LA; QL (1.5 per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; LA; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; LA; QL (3 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; LA; QL (1 per 2 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; LA
Caloric Agents		
Caloric Agents		
<i>glucose oral tablet,chewable 3.75 gram</i> (TRUEplus Glucose)	1	
<i>glucose oral tablet,chewable 4 gram</i> (Dex4 Glucose)	1	
<i>trueplus glucose oral tablet,chewable 3.75 gram</i> (glucose)	1	
Carbonic Anhydrase Inhibitors		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	LA
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
Cardiotonic Agents		
Cardiotonic Agents		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (15 per 1 day)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (2 per 1 day)

Cardiovascular Drugs, Nonsteroidal Anti- Inflammatory

Cardiovascular Drugs, Nonsteroidal Anti-Inflammatory

<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	LA; QL (2 per 1 day)
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Cariostatic Agents

Cariostatic Agents

FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	OTC	LA; AGE (Max 6 Years)
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Cathartics And Laxatives

Cathartics And Laxatives

Drug Name		Drug Tier	Requirements/Limits
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	(bisacodyl)	OTC	LA
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	(C-Lax Laxative (bisacodyl))	OTC	LA
<i>c-lax laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	(bisacodyl)	OTC	LA
<i>clearlax oral powder 17 gram/dose</i>	(polyethylene glycol 3350)	OTC	LA
<i>clearlax oral powder in packet 17 gram</i>	(polyethylene glycol 3350)	OTC	LA
COLACE CLEAR ORAL CAPSULE 50 MG		OTC	LA
COLACE ORAL CAPSULE 100 MG	(docusate sodium)	OTC	LA
<i>col-rite oral capsule 100 mg, 250 mg</i>	(docusate sodium)	OTC	LA
<i>docuprene oral tablet 100 mg</i>	(docusate sodium)	OTC	LA
<i>docusate calcium oral capsule 240 mg</i>	(Stool Softener (docusate cal))	OTC	LA
<i>docusate sodium oral capsule 100 mg</i>	(Colace)	OTC	LA
<i>docusate sodium oral capsule 250 mg</i>	(DSS)	OTC	LA
<i>docusate sodium oral liquid 50 mg/5 ml</i>	(OneLAX Docusate Sodium)	OTC	LA
<i>docusate sodium oral syrup 60 mg/15 ml</i>	(Stool Softener)	OTC	LA
<i>docusate sodium oral tablet 100 mg</i>	(DOK)	OTC	LA
<i>dok oral tablet 100 mg</i>	(docusate sodium)	OTC	LA
<i>dss oral capsule 250 mg</i>	(docusate sodium)	OTC	LA
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	(docusate sodium)	OTC	LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	(bisacodyl)	OTC	LA
<i>gentlelax oral powder 17 gram/dose</i>	(polyethylene glycol 3350)	OTC	LA
<i>healthylax oral powder in packet 17 gram</i>	(polyethylene glycol 3350)	OTC	LA
<i>laxa basic oral capsule 100 mg</i>	(docusate sodium)	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>laxaclear oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA
<i>laxative (bisacodyl) oral tablet 5 mg</i>	OTC	LA
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i> (bisacodyl)	OTC	LA
<i>laxative peg 3350 oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA
<i>move it along oral tablet 100 mg</i> (docusate sodium)	OTC	LA
<i>natura-lax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA
<i>onelax docusate sodium oral liquid 50 mg/5 ml</i> (docusate sodium)	OTC	LA
<i>pedia-lax stool softener oral syrup 50 mg/15 ml</i>	OTC	LA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>phillips' liqui-gels oral capsule 100 mg</i> (docusate sodium)	OTC	LA
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	OTC	LA
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (ClearLax)	OTC	LA
<i>polyethylene glycol 3350 oral powder in packet 4 gram</i>	OTC	LA
<i>polyethylene glycol 3350 oral powder in packet 4.25 gram, 8.5 gram</i> (Gavilax)	OTC	LA
<i>powderlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA
<i>powderlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	OTC	LA
<i>promolaxin oral tablet 100 mg</i> (docusate sodium)	OTC	LA
<i>purelax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA
<i>purelax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	OTC	LA
<i>smoothlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>smoothlax oral powder in packet 17 gram</i>	(polyethylene glycol 3350)	OTC	LA
<i>stool softener (docusate cal) oral capsule 240 mg</i>	(docusate calcium)	OTC	LA
<i>stool softener oral capsule 100 mg, 250 mg</i>	(docusate sodium)	OTC	LA
<i>stool softener oral capsule 50 mg</i>		OTC	LA
<i>stool softener oral liquid 50 mg/5 ml</i>	(docusate sodium)	OTC	LA
<i>stool softener oral syrup 60 mg/15 ml</i>	(docusate sodium)	OTC	LA
<i>stool softener oral tablet 100 mg</i>	(docusate sodium)	OTC	LA
<i>woman's laxative (bisacodyl) oral tablet 5 mg</i>		OTC	LA
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	(bisacodyl)	OTC	LA
Cell Stimulants And Proliferants			
Cell Stimulants And Proliferants			
<i>avita topical cream 0.025 %</i>	(tretinoin)	2	LA
<i>avita topical gel 0.025 %</i>	(tretinoin)	2	LA
<i>tretinoin (emollient) topical cream 0.05 %</i>	(Refissa)	2	LA
<i>tretinoin topical cream 0.025 %</i>	(Avita)	2	LA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	LA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	LA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	LA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	LA
Central Alpha-Agonists			
Central Alpha-Agonists			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>		1	QL (4 per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	(Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i>	(Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	(Catapres-TTS-3)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	QL (1 per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
Central Nervous System Agents, Misc		
Central Nervous System Agents, Misc		
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (2 per 1 day)
NUEDEXTA ORAL CAPSULE 20-10 MG	2	LA; QL (2 per 1 day)
Centrally Acting Skeletal Muscle Relaxants		
Centrally Acting Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	QL (3 per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	1	QL (3 per 1 day)
CYCLOTENS STARTER COMBO PACK 10 MG	1	QL (3 per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Cephalosporins		
First Generation Cephalosporins		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
Second Generation Cephalosporins		

Drug Name	Drug Tier	Requirements/Limits
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
Third Generation Cephalosporins		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
SUPRAX ORAL TABLET,CHEWABLE 200 MG	1	
Chloride Channel Activators		
Chloride Channel Activators		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	LA
Cholelitholytic Agents		
Cholelitholytic Agents		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
Cholesterol Absorption Inhibitors		
Cholesterol Absorption Inhibitors		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (1 per 1 day)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		1	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	1	
<i>econtra ez oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
<i>econtra one-step oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG		1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>her style oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	(EContra EZ)	OTC	LA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Dolishale)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		1	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>my choice oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
<i>my way oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>new day oral tablet 1.5 mg</i>	(levonorgestrel)	OTC	LA
NEXPLANON SUBDERMAL IMPLANT 68 MG		1	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)		1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>nora-be oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>opcicon one-step oral tablet 1.5 mg</i> (levonorgestrel)	OTC	LA
<i>option-2 oral tablet 1.5 mg</i> (levonorgestrel)	OTC	LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(l norgest/e.estradiol-e.estrad)	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		1	
SLYND ORAL TABLET 4 MG (28)		1	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		1	
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>		1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	(drospirenone-e.estradiol-lm.fa)	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(noreth-ethinyl estradiol-iron)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
Coronavirus (Covid-19)			
Coronavirus (Covid-19)			
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)		1	QL (20 per 28 days); AGE (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		1	QL (30 per 28 days); AGE (Min 18 Years)
Corticosteroids			
Corticosteroids			
<i>betamethasone dipropionate topical cream 0.05 %</i>		1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>		1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>		1	
<i>betamethasone valerate topical cream 0.1 %</i>		1	
<i>betamethasone valerate topical lotion 0.1 %</i>		1	
<i>betamethasone valerate topical ointment 0.1 %</i>		1	
<i>betamethasone, augmented topical gel 0.05 %</i>		1	
<i>betamethasone, augmented topical lotion 0.05 %</i>		2	LA
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene (augmented))	2	LA

Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	OTC	LA
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	LA
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %</i> (Topicort) <i>%, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.05 %</i> (Topicort) <i>%, 0.25 %</i>	1	
EPIFOAM TOPICAL FOAM 1-1 %	1	
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	OTC	LA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	(FML Liquifilm)	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	1	
<i>hydrocortisone topical cream 1 %</i>	(Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>		1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>		1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	(Procto-Med HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>		1	
<i>hydrocortisone topical ointment 2.5 %</i>		1	
<i>hydrocortisone valerate topical cream 0.2 %</i>		2	LA; QL (2 per 1 day)
<i>hydrocortisone valerate topical ointment 0.2 %</i>		2	LA; QL (2 per 1 day)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	(Allergy Nasal (mometasone))	1	
<i>mometasone topical cream 0.1 %</i>		1	
<i>mometasone topical ointment 0.1 %</i>		1	
<i>mometasone topical solution 0.1 %</i>		1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>		1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>		1	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %		1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>		1	
PROCTOFOAM HC RECTAL FOAM 1-1 %		1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
SILA III TOPICAL KIT 0.1 %- 4" X 4"	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
<i>trianex topical ointment 0.05 %</i> (triamcinolone acetonide)	1	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	1	
<i>triderm topical cream 0.1 %, 0.5 %</i> (triamcinolone acetonide)	1	

Cystic Fibrosis Transmembrane Conductance Regulator Correctors (Cftr)

Cystic Fibrosis Transmembrane Conductance Regulator Correctors (Cftr)

ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; LA; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; LA; QL (4 per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; LA; QL (2 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		3	PA; LA; QL (3 per 1 day)
Cystic Fibrosis Transmembrane Conductance Regulator Potentiators (Cftr)			
Cystic Fibrosis Transmembrane Conductance Regulator Potentiators (Cftr)			
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		3	PA; LA; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG		3	PA; LA; QL (2 per 1 day)
Devices			
Devices			
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE SYRINGES SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER MV SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW- VU SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	1	
AQINJECT PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16"		1	

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 31 GAUGE X 15/64"	1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1" (syringe with needle)	1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (insulin u-500 syringe-needle)	1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	1	QL (2 per 1 day)
BD INTEGRA SYRINGE SYRINGE 3 ML 25 GAUGE X 1"	1	QL (2 per 1 day)
BD LUER-LOK SYRINGE SYRINGE 3 ML 25 GAUGE X 1"	1	QL (2 per 1 day)
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD SAFETYGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)	1	

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	1	QL (2 per 1 day)
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"	1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 27 X 1/2"	1	QL (2 per 1 day)
BD ULTRA-FINE MICRO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 1/4"	1	
BD ULTRA-FINE MINI PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
BD ULTRA-FINE NANO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD ULTRA-FINE ORIG PEN (pen needle, diabetic) NEEDLE NEEDLE 29 GAUGE X 1/2"	1	
BD ULTRA-FINE SHORT PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle SYRINGE 1/2 ML 31 GAUGE X u-100) 15/64"	1	
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	1	
CAREFINE PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1"	1	
CAREPOINT LUER LOCK SYR- (syringe with needle) NEEDLE SYRINGE 3 ML 23 X 1"	1	
CAREPOINT LUER SLIP SYRING- NDL SYRINGE 1 ML 25 GAUGE X 5/8"	1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16"	1	

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1"		1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CLICKFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"		1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
DEXCOM G6 RECEIVER		2	PA; Only covered for CHP+ members; LA; QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE		2	PA; Only covered for CHP+ members; LA; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		2	PA; Only covered for CHP+ members; LA; QL (1 per 90 days)
DEXCOM G7 RECEIVER		2	PA; Only covered for CHP+ members; LA; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE		2	PA; Only covered for CHP+ members; LA; QL (3 per 30 days)
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"		1	
DROPLET PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"		1	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH FLIPLOCK SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	1	
EASY TOUCH NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH SYRINGE 3 ML 25 X 5/8"	1	

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH UNI-SLIP SYRINGE 1 ML	(insulin syringe needleless)	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"	(BD Filter Needle 5-Micron Noko)	1	QL (2 per 1 day)
FREESTYLE LANCETS 28 GAUGE	(lancets)	1	
FREESTYLE LIBRE 14 DAY READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER		1	PA; Only covered for CHP+ members; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE		1	PA; Only covered for CHP+ members; QL (2 per 28 days)
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
FREESTYLE UNISTIK 2	(lancets)	1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	1	
INCONTROL PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	1	
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2" (Ultra-Thin II Insulin Syringe)	1	
INSUPEN PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16"	1	
LANCETS 30 GAUGE (2-In-1 Lancet Device)	1	
LANCETS, THIN 28 GAUGE (lancets)	1	
LITE TOUCH INSULIN PEN (pen needle, diabetic) NEEDLES NEEDLE 31 GAUGE X 1/4"	1	
LITE TOUCH INSULIN SYRINGE (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 1 ML 31 GAUGE X 5/16	1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2"	1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16"	1	
MAXICOMFORT II PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	1	
MAXICOMFORT INSULIN (insulin syringe-needle SYRINGE SYRINGE 1/2 ML 27 u-100) GAUGE X 1/2"	1	
MAXI-COMFORT INSULIN (insulin syringe-needle SYRINGE SYRINGE 1/2 ML 28 u-100) GAUGE X 1/2"	1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	1	
MEDISENSE THIN LANCETS 28 (lancets) GAUGE	1	
MICROCHAMBER SPACER (inhalational spacing device)	1	QL (2 per 365 days)
MICRODOT INSULIN PEN (pen needle, diabetic) NEEDLE NEEDLE 33 GAUGE X 5/32"	1	

Drug Name		Drug Tier	Requirements/Limits
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
MICROSPACER SPACER	(inhalational spacing device)	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"		1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	1	QL (2 per 1 day)
MONOJECT SYRINGE CATHETER SYRINGE 60 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
MONOJECT SYRINGE SYRINGE 140 ML		1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	QL (2 per 1 day)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"		1	QL (2 per 1 day)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"		1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"		1	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	LA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (10 per 30 days)
OPTICHAMBER ADULT MASK- LARGE DEVICE	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	1	QL (2 per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (CareTouch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 32 GAUGE X 5/32" (1st Tier Unifine Pentips)	1	
PENTIPS PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	1	
PIP PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	1	
PROCHAMBER SPACER (inhalational spacing device)	1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
PROXIVOL TOPICAL GEL 2 %	1	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 3/16"	1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	1	
SAFETY PEN NEEDLE NEEDLE (pen needle, diabetic, 31 GAUGE X 3/16" safety)	1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	1	
SPACE CHAMBER SPACER (inhalational spacing device)	1	
SPACE CHAMBER WITH LARGE MASK SPACER	1	
SPACE CHAMBER WITH MEDIUM MASK SPACER	1	
SPACE CHAMBER WITH SMALL MASK SPACER	1	
SURE COMFORT INSULIN (insulin syringe-needle SYRINGE SYRINGE 0.3 ML 31 u-100) GAUGE X 1/4", 0.5 ML 31 GAUGE X 5/16"	1	
SURE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
SURE-FINE PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	1	
SURE-JECT INSULIN SYRINGE (insulin syringe-needle SYRINGE 1 ML 28 GAUGE X 1/2" u-100)	1	
SYRINGE WITH NEEDLE (Easy Touch) SYRINGE 1 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (UltiCare Low Dead SYRINGE 3 ML 22 X 1 1/2" Space Syringe)	1	

Drug Name		Drug Tier	Requirements/Limits
SYRINGE WITH NEEDLE, SAFETY SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"		1	
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8"		1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"		1	
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)

Drug Name		Drug Tier	Requirements/Limits
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low)	1	QL (2 per 365 days)
TRUEDRAW LANCING DEVICE	(lancing device)	1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS LANCETS 28 GAUGE, 33 GAUGE	(lancets)	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
TUBERCULIN-ALLERGY SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	(Allergist Tray Intradermal Bev)	1	QL (2 per 1 day)
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	1	
ULTICARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2"		1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE		1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE		1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA FLO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA THIN LANCETS 31 GAUGE		1	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRACARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
UNIFINE OTC PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 5/16"		1	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	

Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"		1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1"		1	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
VERIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
VERIFINE PLUS PEN NEEDLE- SHARP NEEDLE 32 GAUGE X 5/32"		1	
Diabetes Mellitus			
Diabetes Mellitus			
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	1	QL (200 per 90 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (10 per 1 day)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (10 per 1 day)
Digestants			
Digestants			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		2	LA; QL (30 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	LA; QL (30 per 1 day)
Dihydropyridines		
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	LA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)	2	LA; QL (2 per 1 day)
TRADJENTA ORAL TABLET 5 MG	2	LA; QL (1 per 1 day)
Direct Vasodilators		
Direct Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Direct-Acting Skeletal Muscle Relaxants		
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	LA
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	LA
Disease-Modifying Antirheumatic Drugs, Misc		
Disease-Modifying Antirheumatic Drugs, Misc		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; LA; QL (4 per 28 days)
Dopamine Precursors		
Dopamine Precursors		
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
Dopamine Receptor Agonists		
Ergot-Derivative Dopamine Receptor Agonists		
<i>bromocriptine oral capsule 5 mg</i>	2	LA
<i>bromocriptine oral tablet 2.5 mg</i>	2	LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (16 per 28 days)
Nonergot-Derivative Dopamine Receptor Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (1 per 1 day)
Eent Anti-Infectives, Miscellaneous		
Eent Anti-Infectives, Miscellaneous		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	LA
Eent Drugs, Miscellaneous		
Eent Drugs, Miscellaneous		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
Estrogen Agonist-Antagonists		
Estrogen Agonist-Antagonists		
FARESTON ORAL TABLET 60 MG (toremifene)	3	LA
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
Estrogens		
Estrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	LA; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL/NORETHINDRONE ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly</i> (estradiol) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered- dose pump 1.25 gram/actuation</i> (EstroGel)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (50 per 30 days)
<i>estradiol transdermal gel in packet</i> (Divigel) 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	2	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (1 per 1 day)
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly</i> 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
<i>estradiol transdermal patch weekly</i> (Climara) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	QL (43 per 30 days)
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 10 mg/ml, 20 mg/ml	1	
<i>estradiol valerate intramuscular oil</i> 40 mg/ml	1	
<i>estradiol-norethindrone acet oral</i> (Abigale Lo) <i>tablet 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone acet oral</i> (Mimvey) <i>tablet 1-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: ESTRADIOL VAGINAL CREAM, ESTRADIOL VAGINAL TABLET); QL (18 per 28 days)
<i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (conjugated estrogens)	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	LA
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Fibric Acid Derivatives		
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule</i> <i>130 mg, 134 mg, 200 mg, 43 mg, 67</i> <i>mg, 90 mg</i>	1	QL (1 per 1 day)
<i>fenofibrate nanocrystallized oral</i> (Tricor) <i>tablet 145 mg, 48 mg</i>	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	QL (1 per 1 day)
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	QL (1 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
Fumarates		
Fumarates		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	3	PA; LA
Gaba-Derivative Skeletal Muscle Relaxants		
Gaba-Derivative Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (8 per 1 day)
<i>baclofen oral tablet 20 mg</i>	1	QL (4 per 1 day)
Gaba-Mediated Anticonvulsants		
Gaba-Mediated Anticonvulsants		
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	2	PA; LA; QL (2 per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
Glycogenolytic Agents		
Glycogenolytic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	LA; QL (2 per 1 day)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	1	
Gonadotropins		
Gonadotropins		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; LA
Guanylate Cyclase C (Gcc) Receptor Agonists		

Drug Name	Drug Tier	Requirements/Limits
Guanylate Cyclase C (Gcc) Receptor Agonists		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
Hcv Antivirals		
Hcv Polymerase Inhibitors		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	LA; QL (1 per 1 day)
EPCLUSA ORAL TABLET 200-50 MG	3	LA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	LA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	LA; QL (2 per 1 day)
HARVONI ORAL TABLET 45-200 MG	3	LA; QL (2 per 1 day)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	3	LA; QL (1 per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	3	LA; QL (1 per 1 day)
Hcv Protease Inhibitors		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	LA; QL (6 per 1 day)
MAVYRET ORAL TABLET 100-40 MG	3	LA; QL (3 per 1 day)
Hcv Replication Complex Inhibitors		
ZEPATIER ORAL TABLET 50-100 MG	3	PA; LA; QL (1 per 1 day)
Hematopoietic Agents		
Hematopoietic Agents		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	LA

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	3	LA
LEUKINE INJECTION RECON SOLN 250 MCG	3	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	LA; ST: (FAILURE OF NYVEPRIA)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA; ST: (FAILURE OF NYVEPRIA)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA; ST: (FAILURE OF NIVESTYM)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA; ST: (FAILURE OF NIVESTYM)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA
Hemorrhologic Agents		
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
Hemostatics		
Hemostatics		
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (30 per 28 days)
Histamine H2-Antagonists		
Histamine H2-Antagonists		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
Hmg-Coa Reductase Inhibitors		
Hmg-Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (1 per 1 day)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (1 per 1 day)
Hydantoins		
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
Igg1 Monoclonal Antibodies		
Igg1 Monoclonal Antibodies		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Immunomodulatory Agents		
Immunomodulatory Agents		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	LA; QL (100 per 30 days)
Incretin Mimetics		
Incretin Mimetics		
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	2	PA; LA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	2	PA; LA; QL (1.2 per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	2	PA; LA; QL (9 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; LA; QL (3 per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; LA; QL (1 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; LA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	2	PA; LA; QL (9 per 30 days)
Insulins		
Intermediate-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	LA; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	LA; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	LA; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	QL (40 per 28 days)
Long-Acting Insulins			
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (30 per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (18 per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (40 per 28 days)
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Basaglar KwikPen U-100 Insulin)	1	QL (1 per 1 day)
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	(Lantus U-100 Insulin)	1	QL (40 per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>	(Toujeo SoloStar U-300 Insulin)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (9 per 30 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>	(Toujeo Max U-300 SoloStar)	2	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (12 per 30 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	1	QL (40 per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (1 per 1 day)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 30 days)
Rapid-Acting Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (40 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	LA; QL (12 per 28 days)
HUMALOG MIX 50-50 INSULN U- 100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50- 50)	1	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	LA; QL (1 per 1 day)
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75- 25)	1	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	LA; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100) 2	LA; QL (1 per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin) 1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin) 2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin) 2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart) 1	QL (40 per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen) 2	LA; QL (1 per 1 day)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin) 1	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100) 2	LA; QL (1 per 1 day)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro) 1	QL (40 per 28 days)
Short-Acting Insulins		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (20 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	LA; QL (12 per 30 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
Interferons		
Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	LA; QL (1 per 2 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	LA; QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	LA; QL (12 per 28 days)
Interleukin Inhibitor Agents		
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; LA
Interleukin-Mediated Agents		
Interleukin-Mediated Agents, Misc		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; LA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; LA; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; LA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; LA
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; LA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; LA
Ion Channel Inhibition Agents		
Ion Channel Inhibition Agents		
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (20 per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	QL (4 per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	2	LA; ST: (FAILURE OF CLOBAZAM); QL (80 per 1 day)
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	2	LA; ST: (FAILURE OF CLOBAZAM); QL (8 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	QL (6 per 1 day)
<i>zonisamide oral capsule 50 mg</i>	1	QL (6 per 1 day)
Iron Preparations		

Drug Name	Drug Tier	Requirements/Limits
Iron Preparations		
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG- MCG-MG	1	
<i>ferrous sulfate oral drops 15 mg iron (Fe-Vite) (75 mg)/ml</i>	OTC	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	OTC	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	OTC	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	OTC	LA
<i>fe-vite oral drops 15 mg iron (75 (ferrous sulfate) mg)/ml</i>	OTC	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 12.5 (ferrous sulfate) MG IRON/0.83 ML, 15 MG IRON (75 MG)/ML, 7.5 MG IRON/0.5 ML	OTC	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 3.75 MG IRON/0.25 ML, 30 MG IRON/2 ML, 4.5 MG IRON/0.3 ML	OTC	(Restricted to members less than 1yr of age)
<i>icar-c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	
<i>pedia iron oral drops 15 mg iron (75 (ferrous sulfate) mg)/ml</i>	OTC	(Restricted to members less than 1yr of age)
Irrigating Solutions		
Irrigating Solutions		
<i>nebusal inhalation solution for (sodium chloride) nebulization 3 %</i>	1	
<i>sodium chloride inhalation solution (NebuSal) for nebulization 3 %</i>	1	
Janus Kinase Inhibitors		
Janus Kinase Inhibitors, Misc		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA; LA
XELJANZ ORAL SOLUTION 1 MG/ML	3	PA; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; LA
Keratolytic Agents		
Keratolytic Agents		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	LA
<i>acne medication topical gel 10 %, 2.5 %</i> (benzoyl peroxide)	1	
<i>acne treatment (benzoyl perox) topical gel 10 %</i> (benzoyl peroxide)	1	
<i>acne-clear topical gel 10 %</i> (benzoyl peroxide)	1	
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	LA
<i>benzoyl peroxide topical cleanser 5 %</i> (BP Wash)	1	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	1	
<i>benzoyl peroxide topical gel 2.5 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	1	
<i>BP WASH TOPICAL CLEANSER 5 %</i> (benzoyl peroxide)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	2	LA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	2	LA
<i>podofilox topical solution 0.5 %</i>	1	
<i>sss 10-5 topical cream 10-5 % (w/w)</i> (sulfacetamide sodium-sulfur)	1	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	1	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i> (sulfacetamide sodium-sulfur)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
Keratoplastic Agents		
Keratoplastic Agents		
CALSODORE TOPICAL KIT 0.005 %	2	LA
TRIONEX TOPICAL KIT 0.005 %	2	LA
Leukotriene Modifiers		
Leukotriene Modifiers		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	LA
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
Local Anti-Infectives, Miscellaneous		
Local Anti-Infectives, Miscellaneous		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	1	
Loop Diuretics		
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Macrolides		
Erythromycins		
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i> (erythromycin)	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	1	
Other Macrolides		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	2	LA; QL (10 per 1 day)
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	2	LA; QL (2 per 1 day)
Mast-Cell Stabilizers		
Mast-Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	LA
Melatonin Receptor Agonists		
Melatonin Receptor Agonists		
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	1	QL (1 per 1 day)
Mineralocorticoid (Aldost) Recept Antag		
Steroidal Mineralocorticoid Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
Miotics		
Miotics		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
Monocarboxylic Acid Amide Agents		
Monocarboxylic Acid Amide Agents		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	LA; QL (1 per 1 day)
Monoclonal Antibodies		
Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	AGE (less than 1 year of age)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; LA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	3	PA; LA
Mucolytic Agents		
Mucolytic Agents		
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	LA; QL (5 per 1 day); AGE (Min 5 Years)
Multivitamin Preparations		
Multivitamin Preparations		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	1	
<i>bal-care dha essential oral combo pack,tablet and cap,dr 27 mg iron-1 mg -374 mg</i>	1	
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	1	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	1	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	1	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	1	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	1	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	1	
<i>completenate oral tablet,chewable 29 mg iron- 1 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	1	
CONCEPT OB ORAL CAPSULE 85-1 MG	1	
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	1	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON	OTC	LA
FLORAFOL FE PEDIATRIC ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	OTC	LA; AGE (Max 6 Years)
FLORAFOL PEDIATRIC MULTIVITAMI ORAL DROPS 0.25 MG FLUORIDE/ML	OTC	LA; AGE (Max 6 Years)
FLORAFOL PEDIATRIC ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE, 1 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)

Drug Name	Drug Tier	Requirements/Limits
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	OTC	LA; AGE (Max 6 Years)
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	1	
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>infant-toddler multivit-iron oral drops 11 mg iron/ml</i>	OTC	LA
<i>kosher prenatal plus iron oral tablet 30 mg iron- 1 mg</i>	1	
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i> (multivit-min-ferrous gluconate)	1	
<i>marnatal-f oral capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron- folic acid)	1	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	OTC	LA; AGE (Max 6 Years)
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	OTC	LA; AGE (Max 6 Years)
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	OTC	LA; AGE (Max 6 Years)
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i> (pedi multivit no.12 w- fluoride)	OTC	LA; AGE (Max 6 Years)
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	1	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	1	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	1	
NESTABS ORAL TABLET 32-1,000 MG-MCG	1	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	1	
<i>niva-plus oral tablet 27 mg iron- 1 mg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	1	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	1	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	1	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>obstetrix dha prenatal duo oral comb pack,tablet dr,capsule dr 29 mg iron-1,700 mcg dfe</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	1	

Drug Name	Drug Tier	Requirements/Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG, 38 MG-1,700 MCG DFE-225 MG	1	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	1	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	OTC	LA
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	LA
PEDIA POLY-VITE WITH IRON ORAL SYRINGE 5.5 MG IRON/0.5 ML	OTC	LA
<i>pnv-dha + docusate oral capsule 27- 1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR ORAL TABLET, CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON DROPS ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	OTC	LA; AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON ORAL TABLET, CHEWABLE 0.5 MG FLUORIDE -10 MG IRON	OTC	LA; AGE (Max 6 Years)
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	LA
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	OTC	LA
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1- 400 mg</i>	1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	1	
<i>prenatal plus oral tablet 29 mg iron-1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	1	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	1	

Drug Name	Drug Tier	Requirements/Limits
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	1	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG	1	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	1	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	1	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	1	
PRENATE ESSENTIAL(IRON- ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	1	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	1	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	1	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	1	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	1	
<i>quflora fe (ferrous sulfate) oral drops 9.5-0.25 mg/ml</i>	OTC	LA; AGE (Max 6 Years)
<i>quflora fe oral tablet,chewable 9-0.25 mg</i>	OTC	LA; AGE (Max 6 Years)
<i>quflora pediatric drops oral drops 0.25mg fluoride (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	OTC	LA; AGE (Max 6 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>quflora pediatric oral tablet,chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	OTC	LA; AGE (Max 6 Years)
<i>r-natal ob oral capsule 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob (folic acid) oral tablet,chewable 29 mg iron- 1 mg</i>	1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	1	
<i>select-ob oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	1	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG	1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	1	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE	OTC	LA; AGE (Max 6 Years)
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	OTC	LA; AGE (Max 6 Years)
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	1	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	1	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	OTC	LA; AGE (Max 6 Years)
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	1	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg-124.1 mg-100 mg</i>	1	
Mydriatics		
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	1	
Neuraminidase Inhibitors		
Neuraminidase Inhibitors		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (180 per 30 days)
Nitrates And Nitrites		
Nitrates And Nitrites		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	QL (1 per 1 day)
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
Non-Benzodiazepine Anxiolytics		
Non-Benzodiazepine Anxiolytics		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
Non-Benzodiazepine Hypnotics		
Non-Benzodiazepine Hypnotics		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (1 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (1 per 1 day)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
AIMSCO LATEX CONDOM DEVICE	OTC	LA
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	1	
DUREX AVANTI BARE REAL FEEL	OTC	LA
FANTASY CONDOM DEVICE	OTC	LA
FC2 FEMALE CONDOM	OTC	LA
FEMCAP VAGINAL DEVICE 22 MM	1	

Drug Name	Drug Tier	Requirements/Limits
KIMONO LUBRICATED CONDOMS DEVICE	OTC	LA
KIMONO MICROTHIN AQUA LUBE CON DEVICE	OTC	LA
KIMONO MICROTHIN CONDOMS DEVICE	OTC	LA
KIMONO TEXTURED CONDOMS DEVICE	OTC	LA
KIMONO THIN LUBRICATED CONDOMS DEVICE	OTC	LA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	1	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	1	
TRUSTEX LATEX CONDOM DEVICE	OTC	LA
TRUSTEX LUBRICATED CONDOMS DEVICE	OTC	LA
TRUSTEX NON-LUB CONDOMS DEVICE	OTC	LA
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	OTC	LA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	OTC	LA
<i>vcf contraceptive gel vaginal gel 4 %</i>	OTC	LA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	1	
Non-Opioid Analgesics		
Non-Opioid Analgesics		
<i>acetaminophen oral elixir 160 mg/5 ml</i> (Children's Pain Relief)	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral liquid 160 mg/5 ml</i> (Children's Acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral liquid 500 mg/15 ml</i> (Mapap (acetaminophen))	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral suspension 160 mg/5 ml</i> (BetaTemp)	OTC	LA; AGE (Max 11 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>acetaminophen oral suspension 160 mg/5 ml (5 ml)</i>	(Children's Acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral suspension 325 mg/10.15 ml, 650 mg/20.3 ml</i>		OTC	LA; AGE (Max 11 Years)
<i>acetaminophen oral syringe 32 mg/ml</i>		OTC	LA; AGE (Max 11 Years)
<i>betatemp oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's acetaminophen oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's acetaminophen oral syringe 32 mg/ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's acetaminophen oral tablet,chewable 160 mg, 80 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's mapap oral tablet,chewable 160 mg, 80 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's non-aspirin oral tablet,chewable 160 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain relief oral elixir 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain relief oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain relief oral tablet,chewable 160 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain-fever relief oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain-fever relief oral tablet,chewable 160 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
CHILDREN'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	(acetaminophen)	OTC	LA; AGE (Max 11 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>children's tylenol oral tablet, chewable 160 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>ed-apap oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infant pain reliever oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
INFANT'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>kindermid infants pain-fever oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>kindermid kids pain-fever oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>maxrelief junior oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>maxrelief junior oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>m-pap oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>non-aspirin oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>non-aspirin oral tablet, chewable 80 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>nortemp oral drops 80 mg/0.8 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>nortemp oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>pain relief adult oral liquid 500 mg/15 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>redutemp oral liquid 500 mg/15 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	QL (6 per 1 day)
Nonsteroidal Anti-Inflammatory Agents			
Cyclooxygenase-2 (Cox-2) Inhibitors			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	1	QL (2 per 1 day)
Nonsteroidal Anti-Inflammatory Agents			
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>		1	(ophthalmic)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	(Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular)	1	
Reversible Cox-1/Cox-2 Inhibitors			
ADVIL JUNIOR STRENGTH ORAL TABLET,CHEWABLE 100 MG	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
ALEVE (DICLOFENAC) TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
<i>arthritis pain (diclofenac) topical gel 1 %</i>	(diclofenac sodium)	OTC	LA
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 %	(diclofenac sodium)	OTC	LA
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>children's profen ib oral suspension 100 mg/5 ml</i>	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>diclofenac potassium oral tablet 25 mg</i>	(Lofena)	1	
<i>diclofenac potassium oral tablet 50 mg</i>		1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>		1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>		1	
<i>diclofenac sodium topical gel 1 %</i>	(Arthritis Pain (diclofenac))	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> (naproxen)	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
IBUPAK ORAL KIT 600 MG	1	
<i>ibuprofen ib oral tablet,chewable 100 mg</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen jr strength oral tablet,chewable 100 mg</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i> (Infant's Advil)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>infant's advil oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>infant's ibuprofen oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>infant's motrin oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>infants profenib oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 % (diclofenac sodium)	OTC	LA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule 10 mg</i>	1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
VOLTAREN ARTHRITIS PAIN (diclofenac sodium) TOPICAL GEL 1 %	OTC	LA
Salicylates		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	LA
<i>adult low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	LA
<i>aspirin childrens oral tablet,chewable 81 mg</i> (aspirin)	OTC	LA
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	OTC	LA
<i>aspirin oral tablet 81 mg</i>	OTC	LA
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	OTC	LA
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i> (Ecotrin)	OTC	LA
<i>aspirin oral tablet,delayed release (dr/ec) 500 mg</i>	OTC	LA
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	OTC	LA
<i>aspirin,buffd-calcium carb-mag oral tablet 325 mg</i> (Tri-Buffered Aspirin)	OTC	LA
<i>bayer advanced oral tablet 500 mg</i> (aspirin)	OTC	LA
<i>bayer aspirin oral tablet 325 mg</i> (aspirin)	OTC	LA
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	LA
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i> (aspirin)	OTC	LA
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	LA
<i>st joseph aspirin oral tablet,chewable 81 mg</i> (aspirin)	OTC	LA
<i>st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	LA
<i>tri-buffered aspirin oral tablet 325 mg</i> (aspirin,buffd-calcium carb-mag)	OTC	LA
Nucleosides And Nucleotides		
Nucleosides And Nucleotides		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	LA; QL (1 per 1 day)
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 30 days); AGE (Min 18 Years)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	LA
VEMLIDY ORAL TABLET 25 MG	2	LA
Nutritional Supplement		
Nutritional Supplement		
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Just Right 5000)	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	OTC	LA; AGE (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	OTC	LA; AGE (Max 6 Years)
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE) (fluoride (sodium))	OTC	LA; AGE (Max 6 Years)
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>sf dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i> (fluoride (sodium))	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
SOLUVITA ORAL DROPS 0.5 MG (1.1 MG SOD.FLUORID)/ML (fluoride (sodium))	OTC	LA; AGE (Max 6 Years)
Omega-Mediated Antilipemics		
Omega-Mediated Antilipemics		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	QL (4 per 1 day)
Opioid Agonists		
Opioid Agonists		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (13 per 1 day); AGE (Min 12 Years)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (8 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (120 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (40 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (4 per 1 day)
<i>methadone intensol oral concentrate 10 mg/ml</i> (methadone)	1	QL (8 per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	(For the treatment of pain); QL (8 per 1 day)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	(For the treatment of pain); QL (40 per 1 day)
<i>methadone oral syringe 10 mg/ml</i>	1	QL (8 per 1 day)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	(For the treatment of pain); QL (8 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (9 per 1 day)
<i>morphine concentrate oral syringe 10 mg/0.5 ml, 20 mg/ml</i>	1	QL (9 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (90 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (45 per 1 day)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	QL (6 per 1 day)
<i>morphine oral tablet extended release 100 mg</i>	1	QL (3 per 1 day)
<i>morphine oral tablet extended (MS Contin) release 15 mg, 30 mg</i>	1	QL (4 per 1 day)
<i>morphine oral tablet extended release 200 mg</i>	1	QL (2 per 1 day)
<i>morphine oral tablet extended (MS Contin) release 60 mg</i>	1	QL (3 per 1 day)
<i>oxycodone oral capsule 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (240 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 15 mg (Roxicodone)</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (4 per 1 day)
<i>oxycodone oral tablet 30 mg (Roxicodone)</i>	1	QL (4 per 1 day)
<i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (8 per 1 day)
OXYCONTIN ORAL (oxycodone) TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	LA; QL (2 per 1 day)
<i>tramadol oral tablet 100 mg</i>	1	QL (4 per 1 day); AGE (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 per 1 day); AGE (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (1 per 1 day)
Opioid Antagonists		
Opioid Antagonists		
<i>naloxone injection solution 0.4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	OTC	
<i>naltrexone oral tablet 50 mg</i>	1	(tablet)
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone)	OTC	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	
Opioid Partial Agonists		
Opioid Partial Agonists		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	QL (4 per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	1	
Orexin Receptor Antagonists		
Orexin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
Oxytocics		
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i>	2	LA
Parasympathomimetic (Cholinergic) Agents		
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	QL (3 per 1 day)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
Parathyroid Agents		
Parathyroid Agents		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	3	PA; LA; QL (2.24 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; LA; QL (1.56 per 30 days)
Penicillins		
Aminopenicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
Natural Penicillins		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Phosphate-Removing Agents		
Phosphate-Removing Agents		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	LA
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	LA
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	LA; QL (9 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	2	LA; QL (6 per 1 day)
Phosphodiesterase-4 Inhibitors		
Phosphodiesterase-4 Inhibitors		
EUCRISA TOPICAL OINTMENT 2 %	2	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 30 MG	3	PA; LA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; LA; QL (55 per 28 days)
Pituitary		
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	QL (360 per 365 days)
GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	3	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	3	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	3	PA; LA
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	3	PA; LA
Platelet-Aggregation Inhibitors		
Platelet-Aggregation Inhibitors		
BRILINTA ORAL TABLET 60 MG, (ticagrelor) 90 MG	2	LA; ST: (FAILURE OF CLOPIDOGREL); QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	
Potassium-Removing Agents		
Potassium-Removing Agents		
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	LA; QL (34 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
Potassium-Sparing Diuretics		
Potassium-Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Progestins		
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml), 800 mg/20 ml (20 ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	QL (4 per 1 day)
Prokinetic Agents		
Prokinetic Agents		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	

Drug Name	Drug Tier	Requirements/Limits
MOTEGRITY ORAL TABLET 1 (prucalopride) MG, 2 MG	2	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors		
Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; LA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; LA
Prostaglandin Analogs		
Prostaglandin Analogs		
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)
Prostaglandins		
Prostaglandins		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
Protectants		
Protectants		
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	

Drug Name	Drug Tier	Requirements/Limits
Protective Agents		
Protective Agents		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	LA; QL (2 per 1 day)
Proton-Pump Inhibitors		
Proton-Pump Inhibitors		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	2	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: OMEPRAZOLE, PANTOPRAZOLE, ESOMEPRAZOLE); QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (1 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	2	LA; QL (1 per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	LA; QL (1 per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	2	LA; QL (1 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	2	LA; QL (1 per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	2	LA; QL (1 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	QL (2 per 1 day)
Quinolones		
Quinolones		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
Replacement Preparations		
Replacement Preparations		
CALPHRON ORAL TABLET 667 MG (calcium acetate)	2	LA
<i>effer-k oral tablet, effervescent 25 meq</i> (potassium bicarb-citric acid)	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride)	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride)	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
Respiratory And Cns Stimulants		
Respiratory And Cns Stimulants		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 per 1 day)
dexmethylphenidate oral capsule,er (Focalin XR) biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	LA; QL (1 per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	2	LA; QL (4 per 1 day)
methylphenidate hcl oral cap,er (Aptensio XR) sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule, er (Metadate CD) biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 30 mg, 40 mg, 60 mg	2	LA; QL (1 per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) biphasic 50-50 20 mg	2	LA; QL (1 per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (6 per 1 day)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	2	(Ritalin SR and Metadate ER); QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg (Concerta)	2	LA; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg (Concerta)	2	LA; QL (2 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg (Relexxii)	2	LA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	2	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: ATOMOXETINE, CLONIDINE EXTENDED-RELEASE, GUANFACINE EXTENDED-RELEASE.); QL (3 per 1 day)

Respiratory Smooth Muscle Relaxants

Drug Name	Drug Tier	Requirements/Limits
Respiratory Smooth Muscle Relaxants		
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
Scabicides And Pediculicides		
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	1	
<i>ivermectin topical lotion 0.5 %</i> (Sklice)	OTC	LA
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	LA
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Second Generation Antihistamines		
Second Generation Antihistamines		
<i>24hour allergy oral tablet 10 mg</i> (cetirizine)	OTC	LA
<i>alavert oral tablet,disintegrating 10 mg</i> (loratadine)	OTC	LA
<i>all day allergy (cetirizine) oral tablet 10 mg</i> (cetirizine)	OTC	LA
ALLEGRA ALLERGY ORAL TABLET 60 MG (fexofenadine)	OTC	LA; QL (2 per 1 day)
<i>allerclear oral tablet 10 mg</i> (loratadine)	OTC	LA
<i>aller-ease oral tablet 180 mg</i> (fexofenadine)	OTC	LA
<i>aller-fex oral tablet 180 mg</i> (fexofenadine)	OTC	LA
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i> (cetirizine)	OTC	LA
<i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i> (cetirizine)	OTC	LA
<i>allergy relief (fexofenadine) oral tablet 180 mg, 60 mg</i> (fexofenadine)	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>allergy relief (loratadine) oral capsule 10 mg</i>	(loratadine)	OTC	(Rx products only)
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	(loratadine)	OTC	LA
<i>allergy relief (loratadine) oral tablet 10 mg</i>	(loratadine)	OTC	LA
<i>allergy relief (loratadine) oral tablet,disintegrating 10 mg</i>	(loratadine)	OTC	LA
<i>allergy relief (loratadine) oral tablet,disintegrating 5 mg</i>		OTC	LA
<i>allergy-hives relief oral tablet 180 mg</i>	(fexofenadine)	OTC	LA
<i>aller-tec oral tablet 10 mg</i>	(cetirizine)	OTC	LA
<i>cetirizine oral solution 1 mg/ml</i>	(Allergy Relief (cetirizine))	OTC	LA
<i>cetirizine oral tablet 10 mg</i>	(24Hour Allergy)	OTC	LA
<i>cetirizine oral tablet 5 mg</i>	(Allergy Relief (cetirizine))	OTC	LA
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i>	(Children's Cetirizine)	OTC	LA; QL (1 per 1 day)
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	(loratadine)	OTC	LA
<i>children's allergy relief(lor) oral tablet,chewable 5 mg</i>		OTC	LA
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's aller-tec oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's cetirizine oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's cetirizine oral tablet,chewable 10 mg, 5 mg</i>	(cetirizine)	OTC	LA; QL (1 per 1 day)
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	OTC	LA
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG		OTC	LA
<i>children's loratadine oral tablet,chewable 5 mg</i>		OTC	LA

Drug Name		Drug Tier	Requirements/Limits
<i>children's wal-zyr oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's wal-zyr oral tablet, chewable 10 mg</i>	(cetirizine)	OTC	LA; QL (1 per 1 day)
<i>children's wal-zyr oral tablet, disintegrating 10 mg</i>		OTC	LA
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML	(cetirizine)	OTC	LA
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET, DISINTEGRATING 10 MG		OTC	LA; QL (1 per 1 day)
<i>child's all day allergy (cetir) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG	(loratadine)	OTC	LA
CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	OTC	LA
CLARITIN ORAL TABLET 10 MG	(loratadine)	OTC	LA
CLARITIN REDITABS ORAL TABLET, DISINTEGRATING 10 MG	(loratadine)	OTC	LA
CLARITIN REDITABS ORAL TABLET, DISINTEGRATING 5 MG		OTC	LA
<i>fexofenadine oral tablet 180 mg</i>	(Aller-Ease)	OTC	LA
<i>fexofenadine oral tablet 60 mg</i>	(Allegra Allergy)	OTC	LA
<i>loradamed oral tablet 10 mg</i>	(loratadine)	OTC	LA
<i>loratadine oral solution 5 mg/5 ml</i>	(Allergy Relief (loratadine))	OTC	LA
<i>loratadine oral tablet 10 mg</i>	(Allerclear)	OTC	LA
<i>loratadine oral tablet, disintegrating 10 mg</i>	(Alavert)	OTC	LA
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	(fexofenadine)	OTC	LA; QL (1 per 1 day)
<i>wal-itin oral solution 5 mg/5 ml</i>	(loratadine)	OTC	LA
<i>wal-itin oral tablet 10 mg</i>	(loratadine)	OTC	LA
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	(cetirizine)	OTC	LA
ZYRTEC ORAL TABLET 10 MG	(cetirizine)	OTC	LA; QL (1 per 1 day)

Selective Serotonin Agonists

Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Agonists		
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	1	QL (6 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	2	PA; LA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (9 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (9 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (9 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 50 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (3 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
Skin And Mucous Membrane Agents, Misc		
Skin And Mucous Membrane Agents, Misc		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; LA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; LA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; LA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; LA; QL (4 per 28 days)

Smoking Cessation Agents

Smoking Cessation Agents

<i>nicotine (polacrilex) buccal gum 2 mg</i>	(Quit 2)	OTC	LA
<i>nicotine (polacrilex) buccal gum 4 mg</i>	(Quit 4)	OTC	LA
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	(Quit 2)	OTC	LA
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	(Quit 4)	OTC	LA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	(Nicorette)	OTC	LA
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	(Nicoderm CQ)	OTC	LA
NICOTROL INHALATION CARTRIDGE 10 MG		1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML		1	
<i>quit 2 buccal gum 2 mg</i>	(nicotine (polacrilex))	OTC	LA
<i>quit 2 buccal lozenge 2 mg</i>	(nicotine (polacrilex))	OTC	LA
<i>quit 4 buccal gum 4 mg</i>	(nicotine (polacrilex))	OTC	LA
<i>quit 4 buccal lozenge 4 mg</i>	(nicotine (polacrilex))	OTC	LA
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	(nicotine (polacrilex))	OTC	LA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	(Chantix)	1	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	(Chantix Starting Month Box)	1	

Sodium-Glucose Cotransporter 2 (Sglt2) Inhibitors

Drug Name	Drug Tier	Requirements/Limits
Sodium-Glucose Cotransporter 2 (Sglt2) Inhibitors		
<i>dapagliflozin propanediol oral tablet</i> (Farxiga) 10 mg, 5 mg	2	LA; QL (1 per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	LA; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	LA; QL (1 per 1 day)
Sphingosine 1-Phosphate (S1p) Agents		
Sphingosine 1-Phosphate (S1p) Agents		
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	3	PA; LA; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	3	PA; LA; QL (1 per 1 day)
Succinimides		
Succinimides		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	LA
Sulfonamides		
Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	1	
Sulfonylureas		
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release</i> 24hr 10 mg, 2.5 mg, 5 mg	1	QL (2 per 1 day)
<i>glipizide-metformin oral tablet 2.5-</i> 250 mg, 2.5-500 mg, 5-500 mg	1	
<i>glyburide micronized oral tablet 1.5</i> mg, 3 mg, 6 mg	1	
<i>glyburide oral tablet 1.25 mg, 2.5</i> mg, 5 mg	1	
<i>glyburide-metformin oral tablet 1.25-</i> 250 mg, 2.5-500 mg, 5-500 mg	1	
Tetracyclines		
Tetracyclines		
<i>bismuth subcit k-metronidz-tcn oral</i> (Pylera) <i>capsule 140-125-125 mg</i>	2	LA; QL (12 per 1 day)
<i>doxycycline hyclate oral capsule 100</i> <i>mg</i>	1	QL (2 per 1 day)
<i>doxycycline hyclate oral capsule 50</i> (Morgidox) <i>mg</i>	1	QL (2 per 1 day)
<i>doxycycline hyclate oral tablet 100</i> <i>mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral</i> (Mondoxyne NL) <i>capsule 100 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral</i> <i>capsule 50 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral tablet</i> (Avidoxy) <i>100 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral tablet</i> <i>50 mg</i>	1	QL (2 per 1 day)
<i>minocycline oral capsule 100 mg, 50</i> <i>mg, 75 mg</i>	1	QL (2 per 1 day)
Thiazide Diuretics		
Thiazide Diuretics		
<i>hydrochlorothiazide oral capsule</i> <i>12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5</i> <i>mg, 25 mg, 50 mg</i>	1	
Thiazide-Like Diuretics		
Thiazide-Like Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50</i> <i>mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Thiazolidinediones		
Thiazolidinediones		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
Thyroid Agents		
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (thyroid (pork))	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET)

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
Toxoids		
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
Tumor Necrosis Factor Inhibitors		
Tumor Necrosis Factor Inhibitors, Misc		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	3	PA; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; LA; QL (1 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	3	PA; LA; QL (1 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm) HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; LA; QL (0.5 per 28 days)
Uricosuric Agents		
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Urinary Anti-Infectives		
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	QL (9 per 90 days)
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
Vaccines		
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	AGE (Min 75 Years)
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	AGE (Min 75 Years)

Drug Name	Drug Tier	Requirements/Limits
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	1	AGE (Min 75 Years)
COMIRNATY 2025-2026(5- 11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	1	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	1	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	

Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	for meningitis; minimum 2 years of age; AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	1	for meningitis: Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	1	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	1	(for pneumonia)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	(for pneumonia)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)

Drug Name		Drug Tier	Requirements/Limits
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML		1	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML		1	
Vasopressin Antagonists			
Vasopressin Antagonists			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	3	PA; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	(tolvaptan (polycys kidney dis))	3	PA; LA; QL (2 per 1 day)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	(Samsca)	3	PA; LA; QL (2 per 1 day)
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors			
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		3	PA; LA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		3	PA; LA
Vitamin B Complex			
Vitamin B Complex			
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	(Dodex)	1	
<i>folbic oral tablet 2.5-25-2 mg</i>	(folic acid-vit b6-vit b12)	1	
<i>folic acid oral tablet 1 mg</i>		1	
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>		1	
<i>l-methyl-mc oral tablet 6-5-50-1 mg</i>		1	
<i>metafolbic oral tablet 6-5-50-1 mg</i>		1	
<i>nephro vitamins oral tablet 0.8 mg</i>		1	
<i>nephro-vite oral tablet 0.8 mg</i>		1	
<i>niacin oral tablet 100 mg, 250 mg</i>		1	

Drug Name		Drug Tier	Requirements/Limits
<i>renal vitamin oral tablet 0.8 mg</i>		1	
<i>renal-vite oral tablet 0.8 mg</i>		1	
<i>rena-vite oral tablet 0.8 mg</i>		1	
<i>vp-vite rx oral tablet 1-60-300 mg-mg-mcg</i>		1	
<i>westab max oral tablet 2.5-25-2 mg</i>	(folic acid-vit b6-vit b12)	1	
Vitamin D			
Vitamin D			
<i>baby ddrops oral drops 10 mcg/drop (400 unit/drop)</i>	(cholecalciferol (vitamin d3))	OTC	LA
<i>baby's super daily d3 oral drops 10 mcg/drop (400 unit/drop)</i>	(cholecalciferol (vitamin d3))	OTC	LA
<i>bio-d-mulsion forte oral drops 50 mcg/drop (2, 000 unit/drop)</i>		OTC	LA
<i>bio-d-mulsion oral drops 10 mcg/drop (400 unit/drop)</i>	(cholecalciferol (vitamin d3))	OTC	LA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>		1	
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/0.25 ml, 125 mcg/0.5 ml (5k unit/0.5ml)</i>		OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop)</i>	(Baby Ddrops)	OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	(D-Vi-Sol)	OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 25 mcg/drop (1000 unit/drop)</i>	(Ddrops)	OTC	LA
<i>cholecalciferol (vitamin d3) oral syringe 10 mcg/ml (400 unit/ml)</i>	(Pedia D-Vite)	OTC	LA
<i>ddrops oral drops 25 mcg/drop (1000 unit/drop)</i>	(cholecalciferol (vitamin d3))	OTC	LA
<i>ddrops oral drops 50 mcg/drop (2, 000 unit/drop)</i>		OTC	LA
<i>d-vi-sol oral drops 10 mcg/ml (400 unit/ml)</i>	(cholecalciferol (vitamin d3))	OTC	LA
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	(Vitamin D2)	1	QL (1 per 1 day)
<i>pedia d-vite oral drops 10 mcg/ml (400 unit/ml)</i>	(cholecalciferol (vitamin d3))	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)</i> (cholecalciferol (vitamin d3))	OTC	LA
<i>purevita vitamin d3 oral drops 10 mcg/2 ml (400 unit/2 ml)</i>	OTC	LA
SUPER DAILY D3 ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP) (cholecalciferol (vitamin d3))	OTC	LA
<i>super daily d3 oral drops 50 mcg/drop (2, 000 unit/drop)</i>	OTC	LA
Wakefulness-Promoting Agents		
Wakefulness-Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	QL (1 per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	QL (1 per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	3	PA; LA; QL (18 per 1 day)

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TRADJENTA	92	TRISTART DHA	120	CONDOMS	123
<i>tramadol</i>	131	TRIUMEQ	47	TRUSTEX-RIA	
<i>tranexamic acid</i>	100	TRI-VI-FLOR	120	LUB/SPERMICIDE	123
<i>travoprost</i>	138	<i>tri-vitamin with fluoride</i>	120	TUBERCULIN SYRINGE ...	89
<i>trazodone</i>	29	<i>trivora (28)</i>	73	TUBERCULIN-ALLERGY	
TRELEGY ELLIPTA	36	<i>tri-vylibra</i>	73	SYRINGES	89
<i>tretinoin</i>	61	<i>tri-vylibra lo</i>	73	<i>tulana</i>	73
<i>tretinoin (antineoplastic)</i>	37	TROKENDI XR	27	<i>tussin cough (dm only)</i>	49
<i>tretinoin (emollient)</i>	61	<i>trospium</i>	34	<i>tussin long-acting</i>	49
<i>triamcinolone acetonide</i>	77	TRUE COMFORT INSULIN		TWIRLA	73
<i>triamterene-hydrochlorothiazid</i>		SYRINGE	88	<i>tyblume</i>	73
.....	137	TRUE COMFORT PEN		<i>tydemy</i>	73
<i>trianex</i>	77	NEEDLE	88	TYMLOS	134
TRIASIL	77	TRUE COMFORT PRO INS		U	
<i>triazolam</i>	52	SYRINGE	88	UBRELVY	57
<i>tri-buffered aspirin</i>	128	TRUE COMFORT SAFE		ULTICARE	89
TRICARE	120	INSULIN SYRG	88	ULTICARE INSULN	
<i>tridacaine</i>	40	TRUE COMFORT SAFETY		SYR(HALF UNIT)	89
<i>tridacaine ii</i>	39	PEN NEEDLE	88	ULTICARE LOW DEAD	
<i>tridacaine iii</i>	40	TRUE METRIX AIR		SPACE SYRING	89
<i>tridacaine xl</i>	40	GLUCOSE METER	88	ULTICARE PEN NEEDLE ...	89
<i>triderm</i>	77	TRUE METRIX GLUCOSE		ULTICARE SAFETY PEN	
<i>tri-estarylla</i>	72	METER	88	NEEDLE	89
<i>trifluoperazine</i>	45	TRUE METRIX GLUCOSE		ULTIGUARD SAFEPAK-	
<i>trifluridine</i>	49	TEST STRIP	91	INSULIN SYR	89
<i>trihexyphenidyl</i>	23	TRUE METRIX GO		ULTIGUARD SAFEPAK-	
TRIKAFTA	77, 78	GLUCOSE METER	88	PEN NEEDLE	89

ULTILET INSULIN SYRINGE	89	UNISTIK 2 NORMAL		<i>virt-nate dha</i>	120
ULTILET PEN NEEDLE	89	LANCET	91	<i>virt-pn dha</i>	121
ULTRA COMFORT INSULIN		<i>ursodiol</i>	63	<i>virtussin ac</i>	49
SYRINGE	89	V		VITAMEDMD ONE RX	121
ULTRA FLO INSULIN		VAGINAL CONTRACEPTIVE		VITAMEDMD REDICHEW	
SYRINGE	90	FILM	123	RX	121
ULTRA FLO PEN NEEDLE	90	<i>valacyclovir</i>	129	<i>vitamins a,c,d and fluoride</i> ..	121
<i>ultra lido</i>	40	VALCHLOR	37	VITAPEARL	121
ULTRA THIN LANCETS	90	<i>valganciclovir</i>	129	VITATRUE	121
ULTRA THIN PEN NEEDLE		VALLADERM-90	40	VIVITROL	132
.....	90	<i>valproic acid</i>	98	<i>volnea (28)</i>	73
ULTRACARE INSULIN		<i>valproic acid (as sodium salt)</i>	98	VOLTAREN ARTHRITIS	
SYRINGE	90	<i>valsartan</i>	17	PAIN	128
ULTRACARE PEN NEEDLE		<i>valsartan-hydrochlorothiazide</i>		<i>voriconazole</i>	50
.....	90		17	<i>vp-ch-pnv</i>	121
ULTRA-FINE INSULIN		<i>vancomycin</i>	22	<i>vp-vite rx</i>	158
SYRINGE	90	<i>vancomycin in 0.9 % sodium chl</i>		VRAYLAR	43, 44
ULTRA-FINE PEN NEEDLE	90		22	<i>vyfemla (28)</i>	73
ULTRA-THIN II (SHORT)		VANISHPOINT INSULIN		<i>vylibra</i>	73
PEN NDL	90	SYRINGE	91	VYZULTA	138
ULTRA-THIN II INSULIN		VANISHPOINT SYRINGE ..	91	W	
SYRINGE	90	<i>varenicline tartrate</i>	146	<i>wal-dryl allergy</i>	11
<i>umeclidinium-vilanterol</i>	36	<i>vcf contraceptive gel</i>	123	<i>wal-fex allergy</i>	144
UNIFINE OTC PEN NEEDLE		<i>velivet triphasic regimen (28)</i>	73	<i>wal-finate</i>	11
.....	90	VEMLIDY	129	<i>wal-itin</i>	144
UNIFINE PEN NEEDLE	90	<i>venlafaxine</i>	28	<i>wal-sleep z</i>	11
UNIFINE PENTIPS	90	<i>verapamil</i>	20	<i>wal-som (diphenhydramine)</i> ..	11
UNIFINE PENTIPS		VERIFINE INSULIN		<i>wal-som (doxylamine)</i>	11
MAXFLOW	90	SYRINGE	91	<i>wal-tussin cough</i>	49
UNIFINE PENTIPS PLUS	90	VERIFINE PEN NEEDLE	91	<i>wal-tussin max strength cough</i>	
UNIFINE PENTIPS PLUS		VERIFINE PLUS PEN			49
MAXFLOW	90	NEEDLE	91	<i>wal-zyr (cetirizine)</i>	144
UNIFINE PROTECT	90	VERIFINE PLUS PEN		<i>warfarin</i>	23
UNIFINE SAFECONTROL		NEEDLE-SHARP	91	<i>wera (28)</i>	73
PEN NEEDLE	90	<i>vestura (28)</i>	73	<i>westab max</i>	158
UNIFINE ULTRA PEN		<i>vicks dayquil cough</i>	49	WEZLANA	107
NEEDLE	91	VICTOZA	102	WIDE-SEAL DIAPHRAGM	70
<i>unisom (doxylamine)</i>	11	<i>vienna</i>	73		123
<i>unisom sleepgels</i>	11	<i>vilazodone</i>	29	<i>woman's laxative (bisacodyl)</i>	61
<i>unisom sleepminis</i>	11	<i>viorele (28)</i>	73	<i>women's gentle laxative(bisac)</i>	
		VIRACEPT	47		61
		VIREAD	47	<i>wymzya fe</i>	73

X	Z	<i>ziloval</i>	40
XARELTO	<i>zafemy</i>	<i>zingiber</i>	121
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<i>xulane</i>	<i>zenatane</i>	<i>zumandimine (28)</i>	74
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<i>yuvafem</i>	ZILACAINE PATCH		