



First Choice by Select Health of South Carolina

Preferred Drug List

Select Health PerformRx Pharmacy Services
Phone 1-866-610-2773 | Fax 1-866-610-2775

September 2026

Member Services
Phone 1-888-276-2020

Providers may request the addition or deletion of a medication to this list. Requests must include the drug name, rationale for inclusion on the list, role in therapy, and medications that may be replaced by the addition. Please direct such requests to:

Pharmacy and Therapeutics Committee at Select Health
P.O. Box 40849
Charleston, SC 29423

Members may request changes to the list by calling Member Services.

For the most current Preferred Drug List (PDL), please use the searchable PDL on our website, www.selecthealthofsc.com.



FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

SH-17210

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Drug	Tier	Requirements/Limits
Antidote Therapeutics		
Alcohol Deterrents (91:02)		
VIVITROL	P	QL (1 EA per 28 days)
Antidote Therapeutics		
BAQSIMI ONE PACK	P	QL (2 EA per 30 days)
BAQSIMI TWO PACK	P	QL (2 EA per 30 days)
<i>ft naloxone hcl</i>	NP	PA
<i>glucagon emergency injection solution reconstituted 1 mg</i>	P	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NP	PA
<i>gnp naloxone hcl</i>	NP	PA
GVOKE HYPOPEN 1-PACK	P	
GVOKE HYPOPEN 2-PACK	P	
GVOKE KIT	NP	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA
KLOXXADO	NP	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution cartridge</i>	P	
<i>naloxone hcl injection solution prefilled syringe</i>	P	
<i>naloxone hcl nasal</i>	NP	PA
NARCAN	P	
REXTOVY	NP	PA
Antidotes (91:04)		
KIONEX COMBINATION	P	QL (7200 ML per 30 days)

Lower case = Generic drugs
Upper case = Brand name drugs

Drug Tier
P = Preferred PDL
NP = Non-Preferred PDL
OTC = Over the Counter
V = Vaccines

Requirements and Limits
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Drug	Tier	Requirements/Limits
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution cartridge</i>	P	
<i>naloxone hcl injection solution prefilled syringe</i>	P	
RENVELA	NP	PA
<i>sevelamer carbonate oral packet</i>	NP	PA
<i>sevelamer carbonate oral tablet</i>	P	
<i>sevelamer hcl</i>	NP	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION	P	QL (7200 ML per 30 days)
VIVITROL	P	QL (1 EA per 28 days)
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	P	
Ethanolamine Derivatives		
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG	OTC	
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)

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Drug	Tier	Requirements/Limits
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
GNP Sleep Aid Oral Tablet	OTC	
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
Sleep Aid Oral Tablet	OTC	
Sleep-Aid Oral Tablet	OTC	
First Generation Antihistamines		
Allergy Oral Tablet 4 MG	OTC	
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG, 4 MG	OTC	
Aprodine Oral Tablet	OTC	AL
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
Cold & Allergy Childrens Oral Liquid	OTC	AL
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)

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diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
Duratuss DM Oral Liquid	OTC	AL
Ed Chlorped Jr	OTC	
Ed-A-Hist DM	OTC	AL
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG, 4 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
GNP Sleep Aid Oral Tablet	OTC	
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
LoHist-D	OTC	AL
M-Dryl	OTC	QL (3600 ML per 30 days)
<i>meclizine hcl oral tablet 12.5 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>meclizine hcl oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>meclizine hcl oral tablet 50 mg</i>	NP	PA
M-End DMX	OTC	AL
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
NoHist-DM	OTC	QL (900 ML per 30 days); AL
<i>promethazine hcl oral solution</i>	P	QL (240 ML per 30 days)
<i>promethazine hcl oral tablet</i>	P	

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Drug	Tier	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Rynex PE	OTC	AL
Rynex PSE	OTC	AL
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
Sleep Aid Oral Tablet	OTC	
Sleep-Aid Oral Tablet	OTC	
SudoGest Sinus/Allergy	OTC	QL (120 EA per 30 days); AL
Other Antihistamines		
Acid Reducer Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
<i>bepotastine besilate</i>	NP	PA
BEPREVE	NP	PA
<i>cimetidine hcl oral solution 300 mg/5ml</i>	NP	PA
<i>cimetidine oral</i>	NP	PA
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
<i>eye allergy itch relief ophthalmic solution 0.7 %</i>	P	
Eye Allergy Itch/Redness Rel	OTC	QL (10 ML per 30 days)
<i>eye itch relief ophthalmic solution 0.035 %</i>	P	QL (10 ML per 30 days)
<i>famotidine oral suspension reconstituted</i>	P	
Famotidine Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
<i>famotidine oral tablet 20 mg</i>	P	QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
Famotidine Orig St	OTC	QL (60 EA per 30 days)
<i>ft eye allergy itch relief</i>	P	QL (5 ML per 30 days)
GNP Acid Reducer Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
GNP Olopatadine HCl Ophthalmic Solution 0.1 %	OTC	QL (10 ML per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
Heartburn Relief Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	P	QL (10 ML per 30 days)
<i>nizatidine oral capsule 150 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>nizatidine oral capsule 300 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>olopatadine hcl extra strength</i>	P	
<i>olopatadine hcl nasal</i>	NP	PA
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
Pataday Ophthalmic Solution 0.7 %	OTC	
<i>qc eye allergy itch relief</i>	P	QL (5 ML per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	NP	PA
RYALTRIS	NP	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
Phenothiazine Derivatives		
<i>promethazine hcl oral solution</i>	P	QL (240 ML per 30 days)
<i>promethazine hcl oral tablet</i>	P	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
Propylamine Derivatives		
Allergy Oral Tablet 4 MG	OTC	
Allergy Relief Oral Tablet 4 MG	OTC	
Aprodine Oral Tablet	OTC	AL

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Drug	Tier	Requirements/Limits
Cold & Allergy Childrens Oral Liquid	OTC	AL
Ed Chlorped Jr	OTC	
Ed-A-Hist DM	OTC	AL
GNP Allergy Relief Oral Tablet 4 MG	OTC	
LoHist-D	OTC	AL
M-End DMX	OTC	AL
NoHist-DM	OTC	QL (900 ML per 30 days); AL
Rynex PE	OTC	AL
Rynex PSE	OTC	AL
SudoGest Sinus/Allergy	OTC	QL (120 EA per 30 days); AL
Second Generation Antihistamines		
12HR Allergy Relief	OTC	QL (60 EA per 30 days)
24HR Allergy Relief	OTC	QL (30 EA per 30 days)
<i>all day allergy childrens oral solution 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>all day allergy oral tablet</i>	P	QL (30 EA per 30 days)
Allergy Childrens Oral Solution	OTC	QL (300 ML per 30 days)
Allergy Childrens Oral Suspension	OTC	QL (1200 ML per 30 days)
Allergy Rel Child (Loratadine)	OTC	QL (300 ML per 30 days)
<i>allergy relief (cetirizine) oral tablet</i>	P	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	P	QL (30 EA per 30 days)
<i>allergy relief cetirizine</i>	P	QL (30 EA per 30 days)
<i>allergy relief childrens oral solution 1 mg/ml</i>	P	QL (300 ML per 30 days); AL
Allergy Relief D Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy Relief D-12	OTC	QL (60 EA per 30 days); AL
Allergy Relief D-24	OTC	QL (30 EA per 30 days); AL
<i>allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>allergy relief oral tablet 5 mg</i>	P	
Allergy Relief/Indoor/Outdoor Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour	OTC	QL (30 EA per 30 days); AL
Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy-D 24HR	OTC	QL (30 EA per 30 days); AL
<i>cetirizine hcl allergy child</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens alrgy oral solution</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens hives</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl oral tablet</i>	P	QL (30 EA per 30 days)
Cetirizine HCl Oral Tablet Chewable	OTC	QL (30 EA per 30 days)
Cetirizine-Pseudoephedrine ER	OTC	QL (60 EA per 30 days); AL
Childrens Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
CLARINEX ORAL TABLET	NP	PA
CLARINEX-D 12 HOUR	NP	PA; AL
<i>desloratadine oral solution</i>	NP	PA
<i>desloratadine oral tablet</i>	NP	PA
<i>desloratadine oral tablet dispersible</i>	NP	PA; AL
<i>epinastine hcl</i>	NP	PA
Fexofenadine HCl Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
Fexofenadine HCl Oral Tablet 60 MG	OTC	QL (60 EA per 30 days)
Fexofenadine-Pseudoephed ER Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
Fexofenadine-Pseudoephed ER Oral Tablet Extended Release 24 Hour	OTC	QL (30 EA per 30 days); AL
<i>ft all day allergy</i>	P	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	P	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	P	QL (300 ML per 30 days); AL
<i>ft all day allergy relief</i>	P	QL (30 EA per 30 days)
FT All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
FT Allergy & Congestion-D 12HR	OTC	QL (60 EA per 30 days); AL
FT Allergy Childrens	OTC	QL (300 ML per 30 days)
FT Allergy Relief 12 Hour	OTC	QL (60 EA per 30 days)
FT Allergy Relief 24 Hour	OTC	QL (30 EA per 30 days)
<i>ft allergy relief cetirizine</i>	P	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	P	QL (300 ML per 30 days); AL
<i>ft allergy relief childrens oral tablet chewable</i>	P	
<i>ft allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
FT Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
FT Allergy Relief-D	OTC	QL (30 EA per 30 days); AL
<i>gnp all day allergy</i>	P	QL (30 EA per 30 days)
<i>gnp all day allergy childrens oral solution</i>	P	QL (300 ML per 30 days); AL
GNP All Day Allergy Relief	OTC	
GNP All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
GNP Allergy & Congestion	OTC	QL (30 EA per 30 days); AL
<i>gnp allergy relief 24 hr</i>	P	
GNP Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
GNP Allergy/Congestion Relief	OTC	QL (30 EA per 30 days); AL
GNP Allergy-D Allergy & Conges	OTC	QL (60 EA per 30 days); AL
GNP Fexofenadine/PSE ER	OTC	QL (60 EA per 30 days); AL
GNP Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
<i>gnp loratadine oral tablet</i>	P	QL (30 EA per 30 days)

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<i>gnp loratadine oral tablet dispersible</i>	P	QL (30 EA per 30 days)
<i>goodsense all day allergy oral solution</i>	P	QL (300 ML per 30 days); AL
<i>goodsense all day allergy oral tablet</i>	P	QL (30 EA per 30 days)
GoodSense All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
GoodSense Aller-Ease	OTC	QL (30 EA per 30 days)
Goodsense Allergy Relief Child	OTC	QL (300 ML per 30 days)
<i>goodsense allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride oral solution</i>	NP	PA; AL
<i>levocetirizine dihydrochloride oral tablet</i>	P	
Loratadine Childrens Oral Solution	OTC	QL (300 ML per 30 days)
<i>loratadine childrens oral tablet chewable</i>	P	
Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
<i>loratadine oral tablet</i>	P	QL (30 EA per 30 days)
<i>loratadine oral tablet chewable 10 mg</i>	P	
<i>loratadine oral tablet dispersible 10 mg</i>	P	QL (30 EA per 30 days); AL
Loratadine-D 12HR	OTC	QL (60 EA per 30 days); AL
Loratadine-D 24HR	OTC	QL (30 EA per 30 days); AL
<i>qc allergy relief (cetirizine)</i>	P	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
ZERVIA	NP	PA

Anti-Infective Agents

1St Generation Cephalosporin Antibiotics

<i>cefadroxil oral capsule</i>	P	QL (120 EA per 30 days)
<i>cefadroxil oral suspension reconstituted 250 mg/5ml</i>	P	QL (1200 ML per 30 days)
<i>cefadroxil oral suspension reconstituted 500 mg/5ml</i>	P	QL (600 ML per 30 days)
<i>cefadroxil oral tablet</i>	NP	PA; QL (60 EA per 30 days)
<i>cephalexin</i>	P	

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Drug	Tier	Requirements/Limits
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	NP	PA
<i>cefaclor oral capsule</i>	P	
<i>cefprozil oral suspension reconstituted</i>	P	QL (600 ML per 30 days)
<i>cefprozil oral tablet</i>	P	QL (60 EA per 30 days)
<i>cefuroxime axetil oral tablet</i>	P	QL (60 EA per 30 days)
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir oral capsule</i>	P	QL (20 EA per 30 days)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	P	QL (240 ML per 30 days)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	P	QL (120 ML per 30 days)
<i>cefixime oral capsule</i>	P	QL (10 EA per 30 days)
<i>cefixime oral suspension reconstituted</i>	P	QL (100 ML per 30 days)
<i>cefixime oral tablet</i>	P	QL (10 EA per 30 days)
<i>cefpodoxime proxetil</i>	P	
Adamantane Antivirals		
<i>amantadine hcl oral capsule</i>	P	QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	P	QL (1200 ML per 30 days)
<i>amantadine hcl oral tablet</i>	P	QL (60 EA per 30 days)
GOCOVRI	NP	PA
Allylamine Antifungals		
Athletes Foot (Terbinafine)	OTC	
GNP Terbinafine Hydrochloride	OTC	
Terbinafine HCl External	OTC	
<i>terbinafine hcl oral</i>	P	QL (30 EA per 30 days)
Amebicides		
Antiseptic Skin Cleanser External Solution 4 %	OTC	

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Drug	Tier	Requirements/Limits
Chlorhexidine Gluconate External Solution 4 %	OTC	
GNP Antiseptic Skin Cleanser	OTC	
LIKMEZ	NP	PA; QL (1200 ML per 30 days)
METROCREAM	NP	PA
METROGEL EXTERNAL GEL	NP	PA
<i>metronidazole external</i>	P	
<i>metronidazole oral</i>	P	
Aminoglycoside Antibiotics		
ARIKAYCE	NP	PA
BETHKIS	NP	PA; QL (240 ML per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	P	
KITABIS PAK (W/ NEBULIZER)	NP	PA; QL (300 ML per 30 days)
<i>neomycin sulfate oral</i>	NP	PA
TOBI	NP	PA; QL (300 ML per 30 days)
TOBI PODHALER	P	PA; QL (240 EA per 30 days)
TOBRADEX OPHTHALMIC OINTMENT	NP	PA; QL (3.5 GM per 30 days)
TOBRADEX ST	NP	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	NP	PA; QL (240 ML per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	P	PA; QL (300 ML per 30 days)
<i>tobramycin ophthalmic</i>	NP	PA
<i>tobramycin-dexamethasone</i>	P	QL (10 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	NP	PA
Aminomethylcyclines		
NUZYRA ORAL TABLET 150 MG	NP	PA; QL (30 EA per 14 days)
Aminopenicillin Antibiotics		
<i>amoxicillin oral capsule</i>	P	

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<i>amoxicillin oral suspension reconstituted</i>	P	
<i>amoxicillin oral tablet</i>	P	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	P	
<i>amoxicillin trihydrate oral</i>	P	
<i>amoxicillin-pot clavulanate er</i>	P	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	P	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	P	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	P	QL (90 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	P	QL (60 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	P	
<i>ampicillin oral capsule 500 mg</i>	P	
AUGMENTIN ES-600	NP	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	NP	PA
PIVYA	NP	PA
Antifungals, Miscellaneous		
<i>griseofulvin microsize oral suspension</i>	P	QL (1200 ML per 30 days)
<i>griseofulvin microsize oral tablet</i>	NP	PA; QL (60 EA per 30 days)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	P	QL (90 EA per 30 days)
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	P	QL (120 EA per 30 days)
Antileprosy Agents		
<i>dapsone external</i>	NP	PA
Antimalarials		

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EA = Each

Drug	Tier	Requirements/Limits
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NP	PA; QL (30 EA per 30 days)
<i>doxycycline</i>	NP	PA
<i>doxycycline hyclate oral capsule</i>	P	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	P	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>doxycycline monohydrate oral</i>	NP	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
<i>minocycline hcl oral</i>	P	
ORACEA	NP	PA
<i>tetracycline hcl oral</i>	P	
Antiprotozoals, Cryptosporidiosis		
<i>nitazoxanide oral</i>	NP	PA; QL (60 EA per 30 days)
Antiprotozoals, Miscellaneous		
BACTRIM	NP	PA
BACTRIM DS	NP	PA
<i>dapsone external</i>	NP	PA
LIKMEZ	NP	PA; QL (1200 ML per 30 days)
<i>metronidazole oral capsule</i>	P	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	P	
<i>nitazoxanide oral</i>	NP	PA; QL (60 EA per 30 days)
SOLOSEC	NP	PA
<i>sulfamethoxazole-trimethoprim oral</i>	P	
SULFATRIM PEDIATRIC	NP	PA
<i>tinidazole oral tablet 250 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	NP	PA; QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
Antiprotozoals, Nitroimidazole-Derivative		
<i>tinidazole oral tablet 250 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	NP	PA; QL (120 EA per 30 days)
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	NP	PA; QL (300 ML per 30 days)
CIPRO ORAL TABLET 250 MG, 500 MG	NP	PA; QL (60 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	P	QL (60 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>	P	
<i>clarithromycin er</i>	NP	PA; QL (60 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>	P	QL (660 ML per 30 days)
<i>clarithromycin oral tablet</i>	P	QL (60 EA per 30 days)
<i>levofloxacin oral solution</i>	NP	PA; QL (480 ML per 30 days)
<i>levofloxacin oral tablet</i>	P	QL (16 EA per 30 days)
<i>moxifloxacin hcl oral</i>	NP	PA
Antivirals, Miscellaneous		
PAXLOVID (150/100)	P	QL (20 EA per 180 days); AL
PAXLOVID (300/100 & 150/100)	P	QL (11 EA per 30 days)
PAXLOVID (300/100)	P	QL (30 EA per 180 days); AL
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	NP	PA; QL (68 EA per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	NP	PA; QL (170 EA per 30 days)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NP	PA; QL (70 ML per 30 days)
<i>fluconazole oral suspension reconstituted</i>	P	QL (70 ML per 30 days)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	P	QL (2 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>itraconazole oral capsule</i>	NP	PA; QL (120 EA per 30 days)
<i>itraconazole oral solution</i>	NP	PA; QL (600 ML per 30 days)
<i>ketoconazole external cream</i>	P	
<i>ketoconazole external foam</i>	NP	PA
<i>ketoconazole external shampoo 2 %</i>	P	
<i>ketoconazole oral</i>	NP	PA; QL (30 EA per 30 days)
KETODAN EXTERNAL FOAM	NP	PA
<i>posaconazole oral suspension</i>	NP	PA; QL (600 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	NP	PA; QL (93 EA per 30 days)
SPORANOX ORAL CAPSULE	NP	PA; QL (120 EA per 30 days)
<i>tolsura</i>	NP	PA; QL (120 EA per 30 days)
VFEND ORAL SUSPENSION RECONSTITUTED	NP	PA
VIVJOA	NP	PA
<i>voriconazole oral</i>	NP	PA
Bacitracin Antibiotics		
Bacitracin External	OTC	
Bacitracin Zinc External	OTC	
Bacitracin Zinc-Aloe	OTC	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitra-neomycin-polymyxin-hc</i>	P	
GNP Bacitracin Zinc	OTC	
GNP Triple Antibiotic External Ointment	OTC	
GNP Triple Antibiotic Plus	OTC	
GoodSense First Aid Antibiotic	OTC	
Triple Antibiotic External Ointment , 3.5-400-5000 , 5-400-5000	OTC	
Triple Antibiotic Plus	OTC	
Triple Antibiotic+Pain Relief	OTC	

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Drug	Tier	Requirements/Limits
Coronavirus (Covid-19)		
PAXLOVID (150/100)	P	QL (20 EA per 180 days); AL
PAXLOVID (300/100 & 150/100)	P	QL (11 EA per 30 days)
PAXLOVID (300/100)	P	QL (30 EA per 180 days); AL
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	NP	PA
E.E.S. GRANULES	NP	PA
<i>ery</i>	P	
ERYPED 400	NP	PA
ERY-TAB	NP	PA
<i>erythromycin base oral</i>	NP	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	P	
<i>erythromycin ethylsuccinate oral tablet</i>	NP	PA
<i>erythromycin external gel</i>	NP	PA
<i>erythromycin external solution</i>	P	
<i>erythromycin oral</i>	NP	PA
Glycopeptide Antibiotics		
FIRVANQ	NP	PA
VANOCIN ORAL CAPSULE 125 MG	NP	PA; QL (120 EA per 30 days)
VANOCIN ORAL CAPSULE 250 MG	NP	PA; QL (240 EA per 30 days)
<i>vancomycin hcl oral capsule 125 mg</i>	P	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	P	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	P	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	NP	PA; QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	NP	PA; QL (60 EA per 30 days)
EPCLUSA ORAL TABLET	NP	PA; QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
HARVONI ORAL PACKET	NP	PA; QL (30 EA per 30 days)
HARVONI ORAL TABLET 45-200 MG	NP	PA; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	NP	PA; QL (30 EA per 30 days)
<i>ledipasvir-sofosbuvir</i>	NP	PA; QL (30 EA per 30 days)
<i>sofosbuvir-velpatasvir</i>	NP	PA; QL (30 EA per 30 days)
SOVALDI ORAL PACKET 150 MG	NP	PA; QL (30 EA per 30 days)
SOVALDI ORAL PACKET 200 MG	NP	PA; QL (60 EA per 30 days)
SOVALDI ORAL TABLET 200 MG	NP	PA; QL (60 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	NP	PA; QL (30 EA per 30 days)
VOSEVI	NP	PA; QL (30 EA per 30 days)
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET	P	QL (150 EA per 30 days)
MAVYRET ORAL TABLET	P	QL (90 EA per 30 days)
VOSEVI	NP	PA; QL (30 EA per 30 days)
ZEPATIER	NP	PA; QL (30 EA per 30 days)
Hcv Replication Complex Inhibitors		
EPCLUSA ORAL PACKET 150-37.5 MG	NP	PA; QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	NP	PA; QL (60 EA per 30 days)
EPCLUSA ORAL TABLET	NP	PA; QL (30 EA per 30 days)
HARVONI ORAL PACKET	NP	PA; QL (30 EA per 30 days)
HARVONI ORAL TABLET 45-200 MG	NP	PA; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	NP	PA; QL (30 EA per 30 days)
<i>ledipasvir-sofosbuvir</i>	NP	PA; QL (30 EA per 30 days)
MAVYRET ORAL PACKET	P	QL (150 EA per 30 days)
MAVYRET ORAL TABLET	P	QL (90 EA per 30 days)
<i>sofosbuvir-velpatasvir</i>	NP	PA; QL (30 EA per 30 days)
VOSEVI	NP	PA; QL (30 EA per 30 days)
ZEPATIER	NP	PA; QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
Hiv Entry And Fusion Inhibitors		
<i>maraviroc oral tablet 150 mg</i>	P	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	P	QL (120 EA per 30 days)
RUKOBIA	P	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	P	
SELZENTRY ORAL TABLET 150 MG	P	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	P	QL (120 EA per 30 days)
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY	P	QL (30 EA per 30 days)
DOVATO	P	QL (30 EA per 30 days)
GENVOYA	P	QL (30 EA per 30 days)
ISENTRESS HD	P	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	P	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	P	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	P	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	P	
JULUCA	P	QL (30 EA per 30 days)
STRIBILD	P	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	P	QL (60 EA per 30 days)
TIVICAY PD	P	
TRIUMEQ	P	QL (30 EA per 30 days)
<i>trumeq pd</i>	P	
VOCABRIA	P	QL (30 EA per 30 days)
Hiv Nucleoside Rev. Transcrip. Inhib.		
BIKTARVY	P	QL (30 EA per 30 days)
COMPLERA	P	QL (30 EA per 30 days)
DELSTRIGO	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
EDURANT	P	QL (30 EA per 30 days)
EDURANT PED	P	QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	P	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	P	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	P	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df</i>	P	
<i>etravirine oral tablet 100 mg</i>	P	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	P	QL (60 EA per 30 days)
IDVYNZO	P	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	P	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	P	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	P	
JULUCA	P	QL (30 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	P	QL (360 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	P	
<i>nevirapine oral suspension</i>	P	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	P	QL (60 EA per 30 days)
ODEFSEY	P	QL (30 EA per 30 days)
PIFELTRO	P	QL (30 EA per 30 days)
<i>rilpivirine hcl</i>	P	QL (30 EA per 30 days)
SYMFI	P	QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir sulfate oral solution</i>	P	QL (900 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	P	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine</i>	P	QL (30 EA per 30 days)
BIKTARVY	P	QL (30 EA per 30 days)
CIMDUO	P	QL (30 EA per 30 days)
COMPLERA	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
DELSTRIGO	P	QL (30 EA per 30 days)
DESCOVY	P	QL (30 EA per 30 days)
DOVATO	P	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	P	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	P	QL (30 EA per 30 days)
<i>emtricitabine</i>	P	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	P	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df</i>	P	
EMTRIVA ORAL CAPSULE	P	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	P	QL (720 ML per 30 days)
EPIVIR ORAL SOLUTION	P	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	P	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	P	QL (30 EA per 30 days)
GENVOYA	P	QL (30 EA per 30 days)
IDVYNZO	P	QL (30 EA per 30 days)
<i>lamivudine oral solution</i>	P	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	P	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	P	QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	P	QL (60 EA per 30 days)
ODEFSEY	P	QL (30 EA per 30 days)
RETROVIR ORAL CAPSULE	P	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP	P	QL (1800 ML per 30 days)
STRIBILD	P	QL (30 EA per 30 days)
SYMFI	P	QL (30 EA per 30 days)
SYM TUZA	P	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	P	QL (30 EA per 30 days)
TRIUMEQ	P	QL (30 EA per 30 days)
<i>triumeq pd</i>	P	
TRUVADA	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
VIREAD ORAL POWDER	P	
VIREAD ORAL TABLET	P	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION	P	QL (900 ML per 30 days)
<i>zidovudine oral capsule</i>	P	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	P	QL (1800 ML per 30 days)
<i>zidovudine oral tablet</i>	P	QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	P	QL (120 EA per 30 days)
<i>atazanavir sulfate</i>	P	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	P	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	P	QL (30 EA per 30 days)
EVOTAZ	P	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	P	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION	P	
KALETRA ORAL TABLET	P	
<i>lopinavir-ritonavir oral tablet</i>	P	
NORVIR ORAL PACKET	P	QL (360 EA per 30 days)
NORVIR ORAL TABLET	P	QL (360 EA per 30 days)
PREZCOBIX	P	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	P	
PREZISTA ORAL TABLET 150 MG	P	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	P	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	P	QL (120 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	P	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	P	QL (60 EA per 30 days)
REYATAZ ORAL PACKET	P	
<i>ritonavir</i>	P	QL (360 EA per 30 days)
SYM TUZA	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG	P	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	P	QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	NP	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
Lincomycin Antibiotics		
CLEOCIN ORAL	NP	PA
CLEOCIN-T EXTERNAL LOTION	NP	PA
CLINDACIN	NP	PA
CLINDACIN ETZ EXTERNAL SWAB	NP	PA
CLINDACIN-P	NP	PA
<i>clindamycin hcl oral</i>	P	
<i>clindamycin palmitate hcl</i>	P	
<i>clindamycin phos (once-daily)</i>	NP	PA
<i>clindamycin phos (twice-daily)</i>	NP	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	NP	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	P	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	NP	PA; QL (150 GM per 90 days)
<i>clindamycin phosphate external foam</i>	NP	PA
<i>clindamycin phosphate external lotion</i>	NP	PA
<i>clindamycin phosphate external solution</i>	P	
<i>clindamycin phosphate external swab</i>	NP	PA
<i>clindamycin-tretinoin</i>	NP	PA
NEUAC EXTERNAL GEL	NP	PA
Monobactam Antibiotics		

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Drug	Tier	Requirements/Limits
CAYSTON	NP	PA; QL (84 ML per 28 days)
Natural Penicillin Antibiotics		
<i>penicillin v potassium</i>	P	
Nitroimidazole Derivatives, Misc		
LIKMEZ	NP	PA; QL (1200 ML per 30 days)
METROCREAM	NP	PA
METROGEL EXTERNAL GEL	NP	PA
<i>metronidazole external</i>	P	
<i>metronidazole oral</i>	P	
Nucleoside And Nucleotide Antivirals		
<i>acyclovir external cream</i>	P	
<i>acyclovir external ointment</i>	NP	PA
<i>acyclovir oral capsule</i>	P	QL (150 EA per 30 days)
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	P	QL (3000 ML per 30 days)
<i>acyclovir oral tablet</i>	P	QL (150 EA per 30 days)
<i>adefovir dipivoxil</i>	NP	PA; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	P	QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	NP	PA; QL (30 EA per 30 days)
COMPLERA	P	QL (30 EA per 30 days)
DESCOVY	P	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	P	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	P	
<i>entecavir</i>	P	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>famciclovir oral tablet 250 mg, 500 mg</i>	NP	PA; QL (90 EA per 30 days)
ODEFSEY	P	QL (30 EA per 30 days)
<i>ribavirin oral capsule</i>	NP	PA
<i>ribavirin oral tablet 200 mg</i>	NP	PA

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Drug	Tier	Requirements/Limits
TRUVADA	P	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	P	QL (120 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	P	QL (90 EA per 30 days)
VALTREX ORAL TABLET 1 GM	NP	PA; QL (120 EA per 30 days)
VALTREX ORAL TABLET 500 MG	NP	PA; QL (90 EA per 30 days)
VEMLIDY	P	QL (30 EA per 30 days)
Other Macrolide Antibiotics		
<i>azithromycin oral suspension reconstituted</i>	P	
<i>azithromycin oral tablet 250 mg</i>	P	QL (120 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	P	
<i>azithromycin oral tablet 600 mg</i>	P	QL (30 EA per 30 days)
<i>clarithromycin er</i>	NP	PA; QL (60 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>	P	QL (660 ML per 30 days)
<i>clarithromycin oral tablet</i>	P	QL (60 EA per 30 days)
DIFICID ORAL SUSPENSION RECONSTITUTED	P	QL (100 ML per 10 days)
DIFICID ORAL TABLET	P	QL (20 EA per 10 days)
<i>fidaxomicin</i>	NP	PA
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA; QL (120 EA per 30 days)
ZITHROMAX ORAL TABLET 500 MG	NP	PA
ZITHROMAX TRI-PAK	NP	PA
ZITHROMAX Z-PAK	NP	PA; QL (120 EA per 30 days)
Other Macrolides (8:12.12.92)		
<i>azithromycin oral suspension reconstituted</i>	P	
<i>azithromycin oral tablet 250 mg</i>	P	QL (120 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	P	

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EA = Each

Drug	Tier	Requirements/Limits
<i>azithromycin oral tablet 600 mg</i>	P	QL (30 EA per 30 days)
<i>clarithromycin er</i>	NP	PA; QL (60 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>	P	QL (660 ML per 30 days)
<i>clarithromycin oral tablet</i>	P	QL (60 EA per 30 days)
DIFICID ORAL SUSPENSION RECONSTITUTED	P	QL (100 ML per 10 days)
DIFICID ORAL TABLET	P	QL (20 EA per 10 days)
<i>fidaxomicin</i>	NP	PA
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA; QL (120 EA per 30 days)
ZITHROMAX ORAL TABLET 500 MG	NP	PA
ZITHROMAX TRI-PAK	NP	PA
ZITHROMAX Z-PAK	NP	PA; QL (120 EA per 30 days)
Oxazolidinone Antibiotics		
<i>linezolid oral</i>	P	
SIVEXTRO ORAL	NP	PA; QL (30 EA per 30 days)
ZYVOX ORAL	NP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
Polyene Antifungals		
KLAYESTA	P	
NYAMYC	P	
<i>nystatin external</i>	P	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	P	
<i>nystatin oral tablet</i>	P	QL (180 EA per 30 days)
<i>nystatin-triamcinolone</i>	P	
NYSTOP	P	

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Drug	Tier	Requirements/Limits
Polymyxin Antibiotics		
<i>polymyxin b-trimethoprim</i>	P	
Pyrimidine Antifungals		
<i>flucytosine oral</i>	NP	PA
Quinolone Antibiotics		
BAXDELA ORAL	NP	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	NP	PA; QL (300 ML per 30 days)
CIPRO ORAL TABLET 250 MG, 500 MG	NP	PA; QL (60 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	P	QL (60 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>	P	
<i>levofloxacin ophthalmic solution 0.5 %</i>	NP	PA
<i>levofloxacin oral solution</i>	NP	PA; QL (480 ML per 30 days)
<i>levofloxacin oral tablet</i>	P	QL (16 EA per 30 days)
<i>moxifloxacin hcl (2x day)</i>	P	
<i>moxifloxacin hcl ophthalmic solution</i>	P	QL (3 ML per 30 days)
<i>moxifloxacin hcl oral</i>	NP	PA
OCUFLOX	NP	PA
<i>ofloxacin ophthalmic</i>	P	
<i>ofloxacin oral tablet 400 mg</i>	NP	PA
<i>ofloxacin otic</i>	P	
VIGAMOX	NP	PA; QL (3 ML per 30 days)
Sulfonamides		
AZULFIDINE	NP	PA; QL (240 EA per 30 days)
AZULFIDINE EN-TABS	NP	PA; QL (240 EA per 30 days)
BACTRIM	NP	PA
BACTRIM DS	NP	PA
<i>sulfamethoxazole-trimethoprim oral</i>	P	

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Drug	Tier	Requirements/Limits
<i>sulfasalazine oral</i>	P	QL (240 EA per 30 days)
SULFATRIM PEDIATRIC	NP	PA
Tetracycline Antibiotics		
<i>demeclocycline hcl oral</i>	NP	PA
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NP	PA; QL (30 EA per 30 days)
<i>doxycycline</i>	NP	PA
<i>doxycycline hyclate oral capsule</i>	P	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	P	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>doxycycline monohydrate oral</i>	NP	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
<i>minocycline hcl oral</i>	P	
ORACEA	NP	PA
<i>tetracycline hcl oral</i>	P	
Urinary Anti-Infectives		
BACTRIM	NP	PA
BACTRIM DS	NP	PA
MACROBID	NP	PA; QL (120 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	P	QL (120 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	P	QL (240 EA per 30 days)
<i>nitrofurantoin monohyd macro</i>	P	QL (120 EA per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	P	QL (2400 ML per 30 days)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NP	PA; QL (1200 ML per 30 days)

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Drug	Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral</i>	P	
SULFATRIM PEDIATRIC	NP	PA
<i>trimethoprim oral</i>	P	QL (60 EA per 30 days)
Antineoplastic Agents		
Antineoplastic Agents		
<i>cladribine (10 tabs)</i>	NP	PA
<i>cladribine (4 tabs)</i>	NP	PA
<i>cladribine (5 tabs)</i>	NP	PA
<i>cladribine (6 tabs)</i>	NP	PA
<i>cladribine (7 tabs)</i>	NP	PA
<i>cladribine (8 tabs)</i>	NP	PA
<i>cladribine (9 tabs)</i>	NP	PA
DROXIA	P	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	NP	PA
<i>hydroxyurea oral</i>	P	
JYLAMVO	NP	PA
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	P	QL (150 ML per 30 days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	NP	PA; QL (150 ML per 30 days)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	

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Drug	Tier	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted</i>	P	
<i>methotrexate sodium oral</i>	P	
OPZELURA	NP	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	NP	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
SIKLOS	P	
<i>tretinoin external cream 0.025 %</i>	P	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	P	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %</i>	P	QL (45 GM per 30 days)
<i>tretinoin external gel 0.025 %</i>	P	
<i>tretinoin external gel 0.05 %</i>	NP	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NP	PA
<i>tretinoin microsphere pump external gel 0.08 %</i>	NP	PA
TREXALL	NP	PA
XATMEP	NP	PA
XROMI	P	
ZORTRESS	NP	PA

Antitoxins, Immune Glob, Toxoids, Vaccines

Toxoids

Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	Vaccines	QL (0.5 ML per 300 days)
Adacel Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.5 ML per 300 days)
Boostrix Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.5 ML per 300 days)

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Drug	Tier	Requirements/Limits
Tenivac Intramuscular Suspension	Vaccines	
Vaccines		
Abrysvo	Vaccines	
ActHIB	Vaccines	AL
Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	Vaccines	QL (0.5 ML per 300 days)
Adacel Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.5 ML per 300 days)
Arexvy	Vaccines	
Bexsero	Vaccines	AL
Boostrix Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.5 ML per 300 days)
Capvaxive	Vaccines	QL (1 dose per 1 lifetime); AL
Comirnaty 5-11 Years	Vaccines	QL (0.3 ML per 1 day); AL
Comirnaty Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.3 ML per 1 day); AL
Engerix-B Injection Suspension 20 MCG/ML	Vaccines	AL
Engerix-B Injection Suspension Prefilled Syringe	Vaccines	AL
Fluad Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 fill); AL
Fluarix Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 fill); AL
Flublok Solution Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 Fill); AL
Flucelvax Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 fill); AL
Flulaval Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 Fill); AL
FluMist Liquid Nasal	Vaccines	QL (0.2 EA per 1 fill); AL
FluMist Nasal Liquid	Vaccines	QL (0.2 ml per 1 fill); AL

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Drug	Tier	Requirements/Limits
Fluzone High-Dose Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 fill); AL
Fluzone Suspension Intramuscular	Vaccines	QL (0.5 ML per 1 fill); AL
Fluzone Suspension Prefilled Syringe 0.5 ML Intramuscular	Vaccines	QL (0.5 ML per 1 Fill); AL
Gardasil 9	Vaccines	AL
Havrix Intramuscular Suspension Prefilled Syringe 1440 EL U/ML	Vaccines	AL
Heplisav-B Intramuscular Solution Prefilled Syringe	Vaccines	AL
Hiberix Injection	Vaccines	AL
Imovax Rabies Intramuscular Suspension Reconstituted	Vaccines	AL
Ipol Injection Suspension	Vaccines	AL
Jynneos	Vaccines	AL
MenQuadfi Intramuscular Solution	Vaccines	AL
Menveo	Vaccines	AL
M-M-R II Injection	Vaccines	AL
mNexspike	Vaccines	QL (0.2 ML per 1 day); AL
MResvia	Vaccines	
Nuvaxovid COVID-19 Vaccine	Vaccines	QL (0.5 ML per 1 day); AL
Penbraya	Vaccines	AL
Penmenvy	Vaccines	AL
Pneumovax 23 Injection Solution Prefilled Syringe	Vaccines	QL (2 doses per 1 lifetime); AL
Prevnar 20	Vaccines	QL (2 ML per 365 days); AL
Priorix	Vaccines	AL
RabAvert	Vaccines	AL
Recombivax HB Injection Suspension 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Vaccines	AL
Recombivax HB Injection Suspension Prefilled Syringe	Vaccines	AL

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Drug	Tier	Requirements/Limits
Shingrix Intramuscular Suspension Prefilled Syringe	Vaccines	QL (2 injections per 1 lifetime); AL
Shingrix Intramuscular Suspension Reconstituted 50 MCG/0.5ML	Vaccines	QL (2 injections per 1 lifetime); AL
Spikevax 6m-11y	Vaccines	QL (0.25 ML per 1 day); AL
Spikevax Intramuscular Suspension Prefilled Syringe	Vaccines	QL (0.5 ML per 1 day); AL
Trumenba	Vaccines	AL
Twinrix Intramuscular Suspension Prefilled Syringe	Vaccines	AL
Vaqta Intramuscular Suspension 50 UNIT/ML	Vaccines	AL
Vaqta Intramuscular Suspension Prefilled Syringe 50 UNIT/ML	Vaccines	AL
Varivax Injection	Vaccines	AL
Vaxneuvance	Vaccines	QL (1 dose per 1 lifetime); AL
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
Allergy Relief D Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy Relief D-12	OTC	QL (60 EA per 30 days); AL
Allergy Relief D-24	OTC	QL (30 EA per 30 days); AL
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy Relief/Nasal Decongest Oral Tablet Extended Release 24 Hour	OTC	QL (30 EA per 30 days); AL
Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Allergy-D 24HR	OTC	QL (30 EA per 30 days); AL
Aprodine Oral Tablet	OTC	AL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA

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Drug	Tier	Requirements/Limits
Cetirizine-Pseudoephedrine ER	OTC	QL (60 EA per 30 days); AL
CLARINEX-D 12 HOUR	NP	PA; AL
Duratuss DM Oral Liquid	OTC	AL
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	NP	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	
Fexofenadine-Pseudoephed ER Oral Tablet Extended Release 12 Hour	OTC	QL (60 EA per 30 days); AL
Fexofenadine-Pseudoephed ER Oral Tablet Extended Release 24 Hour	OTC	QL (30 EA per 30 days); AL
FT All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
FT Allergy & Congestion-D 12HR	OTC	QL (60 EA per 30 days); AL
FT Allergy Relief-D	OTC	QL (30 EA per 30 days); AL
GNP All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
GNP Allergy & Congestion	OTC	QL (30 EA per 30 days); AL
GNP Allergy/Congestion Relief	OTC	QL (30 EA per 30 days); AL
GNP Allergy-D Allergy & Conges	OTC	QL (60 EA per 30 days); AL
GNP Fexofenadine/PSE ER	OTC	QL (60 EA per 30 days); AL
GNP Nasal Decongestant Oral Tablet	OTC	
GoodSense All Day Allergy-D	OTC	QL (60 EA per 30 days); AL
LoHist-D	OTC	AL
Loratadine-D 12HR	OTC	QL (60 EA per 30 days); AL
Loratadine-D 24HR	OTC	QL (30 EA per 30 days); AL
M-End DMX	OTC	AL
Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG	OTC	QL (120 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
Nasal Decongestant Oral Tablet 30 MG	OTC	
Pseudoephedrine HCl Oral Tablet	OTC	
Pseudoephedrine-guaiFENesin ER Oral Tablet Extended Release 12 Hour 60-600 MG	OTC	QL (120 EA per 30 days); AL
Rynex PSE	OTC	AL
SudoGest	OTC	
SudoGest Maximum Strength	OTC	
SudoGest Sinus/Allergy	OTC	QL (120 EA per 30 days); AL
Alpha-Adrenergic Agonists (12:12)		
<i>clonidine er</i>	NP	PA
<i>clonidine hcl er oral tablet extended release 12 hour</i>	P	
<i>clonidine hcl oral</i>	P	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	P	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	P	QL (8 EA per 28 days)
Cold & Allergy Childrens Oral Liquid	OTC	AL
ED Bron GP	OTC	AL
Ed-A-Hist DM	OTC	AL
FT Tussin CF Adult	OTC	QL (1800 ML per 30 days); AL
GNP Nasal Four Spray	OTC	
IGALMI	NP	PA
JAVADIN	NP	PA
<i>methyldopa oral</i>	P	
Nasal Four	OTC	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NP	PA
NoHist-DM	OTC	QL (900 ML per 30 days); AL
ONYDA XR	NP	PA

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Drug	Tier	Requirements/Limits
Robafen CF Multi-Symptom Cold	OTC	QL (1800 ML per 30 days); AL
Rynex PE	OTC	AL
Sinus Relief Extra Strength	OTC	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	QL (60 EA per 30 days)
ATROVENT HFA	P	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE	NP	PA; QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	NP	PA
COMBIVENT RESPIMAT	P	QL (8 GM per 30 days)
DUAKLIR PRESSAIR	NP	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	QL (30 EA per 30 days)
<i>ipratropium bromide hfa</i>	NP	PA; QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	P	
<i>ipratropium bromide nasal</i>	P	QL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	
<i>scopolamine</i>	P	
SPIRIVA HANDIHALER	P	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	NP	PA; QL (4 GM per 30 days); AL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 30 days)
<i>tiotropium bromide</i>	NP	PA
TRANSDERM SCOP	NP	PA

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Drug	Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	NP	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; QL (1 EA per 30 days)
<i>umeclidinium ellipta</i>	NP	PA; QL (30 EA per 30 days)
<i>umeclidinium-vilanterol</i>	NP	PA; QL (60 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	NP	PA
Antiparkinsonian Agents		
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG	OTC	
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
<i>benztropine mesylate oral tablet 0.5 mg</i>	P	QL (360 EA per 30 days)
<i>benztropine mesylate oral tablet 1 mg</i>	P	QL (180 EA per 30 days)
<i>benztropine mesylate oral tablet 2 mg</i>	P	QL (90 EA per 30 days)
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)

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Drug	Tier	Requirements/Limits
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
GOCOVRI	NP	PA
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
<i>trihexyphenidyl hcl oral solution</i>	P	QL (1200 ML per 30 days)
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	P	QL (210 EA per 30 days)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	P	QL (90 EA per 30 days)
Autonomic Drugs, Miscellaneous		
CHANTIX	P	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	P	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	P	QL (60 EA per 30 days)
<i>ft nicotine mini</i>	P	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>ft nicotine mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>ft nicotine transdermal</i>	P	QL (30 EA per 30 days)
<i>gnp nicotine mini</i>	P	QL (600 EA per 30 days)
<i>gnp nicotine mouth/throat</i>	P	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	P	QL (600 EA per 30 days)

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EA = Each

Drug	Tier	Requirements/Limits
<i>gnp nicotine transdermal</i>	P	QL (30 EA per 30 days)
<i>goodsense nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>goodsense nicotine polacrilex</i>	P	QL (720 EA per 30 days)
<i>nicotine mini</i>	P	QL (600 EA per 30 days)
<i>nicotine polacrilex mini</i>	P	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>nicotine step 1</i>	P	QL (30 EA per 30 days)
<i>nicotine step 2</i>	P	QL (30 EA per 30 days)
<i>nicotine step 3</i>	P	QL (30 EA per 30 days)
<i>nicotine transdermal kit</i>	P	
<i>nicotine transdermal patch 24 hour</i>	P	QL (30 EA per 30 days)
NICOTROL NS	P	QL (120 ML per 30 days)
<i>sm nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>varenicline tartrate (starter)</i>	P	QL (60 EA per 30 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	P	QL (60 EA per 30 days)
<i>varenicline tartrate(continue)</i>	P	QL (60 EA per 30 days)
Centrally Acting Skeletal Muscle Relaxant		
AMRIX	NP	PA
ATMEKSI	NP	PA
<i>carisoprodol oral tablet 250 mg</i>	NP	PA
<i>carisoprodol oral tablet 350 mg</i>	NP	PA; QL (84 EA per 28 days)
<i>chlorzoxazone oral tablet 250 mg</i>	P	QL (360 EA per 30 days)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	P	
<i>chlorzoxazone oral tablet 500 mg</i>	P	QL (180 EA per 30 days)
<i>cyclobenzaprine hcl er</i>	NP	PA
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	P	QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	P	
FEXMID	NP	PA
<i>metaxalone</i>	NP	PA
<i>methocarbamol oral tablet 1000 mg</i>	P	
<i>methocarbamol oral tablet 500 mg</i>	P	QL (360 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	P	QL (240 EA per 30 days)
ONTRALFY	NP	PA
SOMA ORAL TABLET 250 MG	NP	PA
SOMA ORAL TABLET 350 MG	NP	PA; QL (84 EA per 28 days)
TANLOR	NP	PA
<i>tizanidine hcl oral capsule</i>	NP	PA
<i>tizanidine hcl oral tablet 2 mg</i>	P	QL (540 EA per 30 days)
<i>tizanidine hcl oral tablet 4 mg</i>	P	QL (270 EA per 30 days)
TONMYA	NP	PA
ZANAFLEX ORAL CAPSULE	NP	PA
ZANAFLEX ORAL TABLET	NP	PA; QL (270 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG	NP	PA; QL (480 EA per 30 days)
<i>dantrolene sodium oral capsule 100 mg</i>	P	QL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg</i>	P	QL (480 EA per 30 days)
<i>dantrolene sodium oral capsule 50 mg</i>	P	QL (240 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	NP	AL
<i>baclofen oral suspension</i>	NP	PA
<i>baclofen oral tablet 10 mg</i>	P	QL (240 EA per 30 days)
<i>baclofen oral tablet 15 mg, 5 mg</i>	P	
<i>baclofen oral tablet 20 mg</i>	P	QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
FLEQSUVY	NP	PA
OZOBAX DS	NP	PA
Indirect-Acting Skeletal Muscle Relaxant		
NORGESIC	NP	PA; QL (240 EA per 30 days)
<i>norgesic forte</i>	NP	PA; QL (120 EA per 30 days)
<i>orphenadrine citrate er</i>	P	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	PA; QL (240 EA per 30 days)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	NP	PA; QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NP	PA
BYSTOLIC	NP	PA
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
HEMANGEOL	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
ISTALOL	NP	PA
<i>labetalol hcl oral</i>	P	
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>nebivolol hcl</i>	NP	PA
<i>pindolol oral tablet 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>pindolol oral tablet 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
<i>timolol hemihydrate</i>	NP	PA
<i>timolol maleate (once-daily)</i>	NP	PA
TIMOLOL MALEATE OCUDOSE	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming solution</i>	P	QL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution</i>	P	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>timolol maleate pf</i>	P	QL (60 EA per 30 days)
TIMOPTIC OCUDOSE	NP	PA; QL (60 EA per 30 days)
Non-Sele Alpha-1-Adrenergic Blocking Agts		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA; QL (120 EA per 30 days)
CARDURA ORAL TABLET 8 MG	NP	PA; QL (60 EA per 30 days)
CARDURA XL	NP	PA
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (120 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	P	QL (60 EA per 30 days)
<i>terazosin hcl oral</i>	P	
TEZRULY	NP	PA
Parasympathomimetic (Cholinergic Agents)		
ARICEPT	NP	PA; QL (30 EA per 30 days); AL
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	P	QL (30 EA per 30 days); AL
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>donepezil hcl oral tablet dispersible</i>	P	QL (30 EA per 30 days); AL
EXELON TRANSDERMAL	P	QL (30 EA per 30 days)
<i>galantamine hydrobromide er</i>	NP	PA
<i>galantamine hydrobromide oral solution</i>	NP	PA; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet</i>	NP	PA
<i>memantine hcl-donepezil hcl er</i>	NP	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NP	PA
<i>rivastigmine</i>	NP	PA; QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	P	QL (60 EA per 30 days); AL
ZUNVEYL	NP	PA
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin hcl er</i>	P	QL (30 EA per 30 days)
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl</i>	NP	PA
<i>labetalol hcl oral</i>	P	
<i>silodosin</i>	NP	PA
<i>tamsulosin hcl</i>	P	QL (60 EA per 30 days)
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	QL (60 EA per 30 days)
ADVAIR HFA	P	QL (12 GM per 30 days)
AIRSUPRA	NP	PA
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	P	QL (2 inhaler per 30 days)
<i>albuterol sulfate inhalation</i>	P	
<i>albuterol sulfate oral syrup</i>	P	
<i>albuterol sulfate oral tablet</i>	P	QL (120 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	QL (60 EA per 30 days)
<i>arformoterol tartrate</i>	P	
BEVESPI AEROSPHERE	NP	PA; QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	NP	PA
BREYNA	NP	PA; QL (30.9 GM per 30 days)

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Drug	Tier	Requirements/Limits
BREZTRI AEROSPHERE	NP	PA
<i>budesonide-formoterol fumarate</i>	NP	PA; QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT	P	QL (8 GM per 30 days)
DUAKLIR PRESSAIR	NP	PA
DULERA	P	QL (39 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NP	PA
<i>fluticasone-salmeterol inhalation aerosol</i>	NP	PA; QL (12 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NP	PA; QL (1 EA per 30 days)
<i>formoterol fumarate inhalation</i>	NP	PA
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	NP	PA
<i>levalbuterol tartrate</i>	NP	PA
PERFOROMIST	NP	PA
PROAIR RESPICLICK	P	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (60 EA per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	NP	PA
SYMBICORT	P	QL (30.6 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	NP	PA; QL (180 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>terbutaline sulfate oral tablet 5 mg</i>	NP	PA; QL (90 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	NP	PA
<i>umeclidinium-vilanterol</i>	NP	PA; QL (60 EA per 30 days)
VENTOLIN HFA	P	QL (2 Inhalers per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; QL (60 EA per 30 days)
XOPENEX HFA	NP	PA
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>atenolol oral tablet 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>betaxolol hcl ophthalmic</i>	P	
<i>betaxolol hcl oral</i>	NP	PA
BETOPTIC-S	NP	PA
<i>bisoprolol fumarate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	P	QL (30 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
KAPSPARGO SPRINKLE	NP	PA
LOPRESSOR ORAL	NP	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	P	QL (60 EA per 30 days)
<i>metoprolol tartrate oral</i>	P	
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
TENORMIN ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
TENORMIN ORAL TABLET 25 MG, 50 MG	NP	PA; QL (120 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	NP	PA; QL (30 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
Skeletal Muscle Relaxants, Miscellaneous		
NORGESIC	NP	PA; QL (240 EA per 30 days)
<i>norgesic forte</i>	NP	PA; QL (120 EA per 30 days)
<i>orphenadrine citrate er</i>	P	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	PA; QL (240 EA per 30 days)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	NP	PA; QL (120 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det)</i>	P	QL (90 EA per 30 days)
CHANTIX	P	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	P	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	P	QL (60 EA per 30 days)
<i>ft nicotine mini</i>	P	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>ft nicotine mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>ft nicotine transdermal</i>	P	QL (30 EA per 30 days)
<i>gnp nicotine mini</i>	P	QL (600 EA per 30 days)
<i>gnp nicotine mouth/throat</i>	P	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat gum</i>	P	QL (720 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>gnp nicotine transdermal</i>	P	QL (30 EA per 30 days)
<i>goodsense nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>goodsense nicotine polacrilex</i>	P	QL (720 EA per 30 days)
<i>nicotine mini</i>	P	QL (600 EA per 30 days)
<i>nicotine polacrilex mini</i>	P	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum</i>	P	QL (720 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge</i>	P	QL (600 EA per 30 days)
<i>nicotine step 1</i>	P	QL (30 EA per 30 days)
<i>nicotine step 2</i>	P	QL (30 EA per 30 days)
<i>nicotine step 3</i>	P	QL (30 EA per 30 days)
<i>nicotine transdermal kit</i>	P	
<i>nicotine transdermal patch 24 hour</i>	P	QL (30 EA per 30 days)
NICOTROL NS	P	QL (120 ML per 30 days)
<i>sm nicotine mouth/throat gum</i>	P	QL (720 EA per 30 days)
TYRVAYA	NP	PA
<i>varenicline tartrate (starter)</i>	P	QL (60 EA per 30 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	P	QL (60 EA per 30 days)
<i>varenicline tartrate(continue)</i>	P	QL (60 EA per 30 days)
VIVITROL	P	QL (1 EA per 28 days)
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	NP	PA

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Drug	Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	NP	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P	
PROCRIT	NP	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	
Anticoagulants, Miscellaneous		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML	NP	PA; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	NP	PA; QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	NP	PA; QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML	NP	PA; QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	NP	PA; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	NP	PA; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	NP	PA; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	NP	PA; QL (18 ML per 30 days)
Coumarin Derivatives		
JANTOVEN	P	
<i>warfarin sodium oral</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK)	P	AL

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ELIQUIS (2 MG PACK)	P	AL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	P	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	P	QL (74 EA per 30 days); AL
ELIQUIS ORAL TABLET 2.5 MG	P	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	P	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	P	AL
<i>rivaroxaban oral suspension reconstituted</i>	NP	PA; QL (600 ML per 30 days)
<i>rivaroxaban oral tablet</i>	NP	PA; QL (60 EA per 30 days)
SAVAYSA	NP	PA
XARELTO ORAL SUSPENSION RECONSTITUTED	P	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	P	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	P	QL (42 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	P	QL (60 EA per 30 days)
XARELTO STARTER PACK	P	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i>	NP	PA; QL (60 EA per 30 days)
PRADAXA ORAL CAPSULE	P	QL (60 EA per 30 days)
PRADAXA ORAL PACKET	NP	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	NP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	NP	PA

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Drug	Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	NP	PA
PROCRIT	NP	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	
VAFSEO	NP	PA
Heparins		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	P	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	P	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	P	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	P	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	P	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	NP	PA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	NP	PA; QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	NP	PA; QL (30 ML per 30 days)

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Drug	Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	NP	PA; QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	NP	PA; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	NP	PA; QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	NP	PA; QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	NP	PA; QL (9 ML per 30 days)
LOVENOX INJECTION SOLUTION	NP	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 150 MG/ML	NP	PA; QL (60 ML per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 80 MG/0.8ML	NP	PA; QL (48 ML per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 30 MG/0.3ML	NP	PA; QL (18 ML per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	NP	PA; QL (24 ML per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 60 MG/0.6ML	NP	PA; QL (36 ML per 30 days)
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML	NP	PA; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	NP	PA; QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	NP	PA; QL (12 ML per 30 days)

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Drug	Tier	Requirements/Limits
ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML	NP	PA; QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	NP	PA; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	NP	PA; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	NP	PA; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	NP	PA; QL (18 ML per 30 days)
Iron Preparations		
Cerovite Jr Oral Tablet Chewable 18 MG	OTC	
Classic Prenatal	OTC	
Ferate Oral Tablet 240 (27 Fe) MG	OTC	
FeroSul Oral Tablet	OTC	
Ferrex 28 Oral	OTC	QL (30 EA per 30 days)
Ferrous Gluconate Oral Tablet 324 (38 Fe) MG	OTC	
Ferrous Sulfate Oral Solution 220 (44 Fe) MG/5ML, 300 (60 Fe) MG/5ML, 75 (15 Fe) MG/ML	OTC	
Ferrous Sulfate Oral Tablet 325 (65 Fe) MG	OTC	
Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 325 (65 Fe) MG	OTC	
GNP Iron Oral Tablet 200 (65 Fe) MG	OTC	
GNP Iron Oral Tablet Extended Release 45 MG	OTC	
GNP PreNatal	OTC	
Iron Chews Pediatric	OTC	
Poly-Vi-Flor/Iron Oral Suspension	OTC	
Prenatal Oral Tablet 27-0.8 MG, 28-0.8 MG	OTC	

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Drug	Tier	Requirements/Limits
Prenatal Vitamins Oral Tablet 28-0.8 MG	OTC	
Wee Care	OTC	
Platelet-Aggregation Inhibitors		
Aspirin Low Dose Oral Tablet Chewable	OTC	
Aspirin Low Dose Oral Tablet Delayed Release	OTC	
Aspirin Low Strength	OTC	
Aspirin Oral Tablet 325 MG	OTC	
Aspirin Oral Tablet Chewable	OTC	
Aspirin Oral Tablet Delayed Release 325 MG, 81 MG	OTC	
Aspirin Rectal Suppository 300 MG	OTC	
<i>aspirin-dipyridamole er</i>	NP	PA; QL (60 EA per 30 days)
BRILINTA	P	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	P	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	QL (30 EA per 30 days)
<i>dipyridamole oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>dipyridamole oral tablet 50 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>dipyridamole oral tablet 75 mg</i>	NP	PA; QL (150 EA per 30 days)
EFFIENT	NP	PA
GNP Adult Aspirin Low Strength Oral Tablet Chewable	OTC	
GNP Aspirin Low Dose	OTC	
GNP Aspirin Oral Tablet 325 MG	OTC	
GNP Aspirin Oral Tablet Delayed Release	OTC	
GoodSense Aspirin Low Dose	OTC	
GoodSense Aspirin Oral Tablet	OTC	
GoodSense Aspirin Oral Tablet Chewable	OTC	
PLAVIX ORAL TABLET 75 MG	NP	PA; QL (30 EA per 30 days)
<i>prasugrel hcl</i>	P	

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Drug	Tier	Requirements/Limits
SM Aspirin EC	OTC	
<i>ticagrelor</i>	NP	PA
Thrombolytic Agents		
Aspirin Low Dose Oral Tablet Chewable	OTC	
Aspirin Low Dose Oral Tablet Delayed Release	OTC	
Aspirin Low Strength	OTC	
Aspirin Oral Tablet 325 MG	OTC	
Aspirin Oral Tablet Chewable	OTC	
Aspirin Oral Tablet Delayed Release 325 MG, 81 MG	OTC	
Aspirin Rectal Suppository 300 MG	OTC	
GNP Adult Aspirin Low Strength Oral Tablet Chewable	OTC	
GNP Aspirin Low Dose	OTC	
GNP Aspirin Oral Tablet 325 MG	OTC	
GNP Aspirin Oral Tablet Delayed Release	OTC	
GoodSense Aspirin Low Dose	OTC	
GoodSense Aspirin Oral Tablet	OTC	
GoodSense Aspirin Oral Tablet Chewable	OTC	
SM Aspirin EC	OTC	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents (24:16)		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA; QL (120 EA per 30 days)
CARDURA ORAL TABLET 8 MG	NP	PA; QL (60 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (120 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>terazosin hcl oral</i>	P	
TEZRULY	NP	PA
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA; QL (120 EA per 30 days)
CARDURA ORAL TABLET 8 MG	NP	PA; QL (60 EA per 30 days)
CARDURA XL	NP	PA
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (120 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	P	QL (60 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
<i>terazosin hcl oral</i>	P	
Angiotensin II Recep Antagonist/Neprols		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG	NP	PA; QL (180 EA per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	NP	PA; QL (60 EA per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	P	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	P	QL (60 EA per 30 days)
Angiotensin II Receptor Antagon.(Hypotn)		
ATACAND	NP	PA
AVAPRO ORAL TABLET 150 MG, 300 MG	NP	PA
<i>azilsartan medoxomil</i>	NP	PA

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Drug	Tier	Requirements/Limits
BENICAR ORAL TABLET 20 MG, 40 MG	NP	PA; QL (30 EA per 30 days)
BENICAR ORAL TABLET 5 MG	NP	PA; QL (60 EA per 30 days)
<i>candesartan cilexetil</i>	NP	PA
COZAAR	NP	PA
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	NP	PA; QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	NP	PA; QL (30 EA per 30 days)
EDARBI	NP	PA
<i>irbesartan</i>	P	
<i>losartan potassium oral</i>	P	
MICARDIS ORAL TABLET 40 MG, 80 MG	NP	PA
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	P	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	P	QL (60 EA per 30 days)
<i>telmisartan</i>	P	
<i>valsartan oral solution</i>	NP	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	P	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	P	QL (30 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	P	QL (30 EA per 30 days)
<i>amlodipine-olmesartan</i>	NP	PA
<i>amlodipine-valsartan-hctz</i>	P	
ARB LI	NP	PA
ATACAND	NP	PA
ATACAND HCT	NP	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA

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Drug	Tier	Requirements/Limits
AVAPRO ORAL TABLET 150 MG, 300 MG	NP	PA
<i>azilsartan medoxomil</i>	NP	PA
AZOR	NP	PA
BENICAR HCT	NP	PA; QL (30 EA per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG	NP	PA; QL (30 EA per 30 days)
BENICAR ORAL TABLET 5 MG	NP	PA; QL (60 EA per 30 days)
<i>candesartan cilexetil</i>	NP	PA
<i>candesartan cilexetil-hctz</i>	NP	PA
COZAAR	NP	PA
DIOVAN HCT	NP	PA; QL (30 EA per 30 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	NP	PA; QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	NP	PA; QL (30 EA per 30 days)
EDARBI	NP	PA
EDARBYCLOR	NP	PA
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG	NP	PA; QL (180 EA per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	NP	PA; QL (60 EA per 30 days)
EXFORGE	NP	PA; QL (30 EA per 30 days)
EXFORGE HCT	NP	PA
HYZAAR	NP	PA
<i>irbesartan</i>	P	
<i>irbesartan-hydrochlorothiazide</i>	P	
<i>losartan potassium oral</i>	P	
<i>losartan potassium-hctz</i>	P	
MICARDIS HCT	NP	PA

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Drug	Tier	Requirements/Limits
MICARDIS ORAL TABLET 40 MG, 80 MG	NP	PA
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	P	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	P	QL (60 EA per 30 days)
<i>olmesartan medoxomil-hctz</i>	P	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz</i>	NP	PA
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	P	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	P	QL (60 EA per 30 days)
<i>telmisartan</i>	P	
<i>telmisartan-amlodipine</i>	NP	PA
<i>telmisartan-hctz</i>	P	
TRIBENZOR	NP	PA
<i>valsartan oral solution</i>	NP	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	P	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	P	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	P	QL (30 EA per 30 days)
WIDAPLIK	NP	PA
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	P	QL (120 EA per 30 days)
<i>benazepril hcl oral tablet 40 mg</i>	P	QL (60 EA per 30 days)
<i>captopril oral tablet 100 mg</i>	P	QL (120 EA per 30 days)
<i>captopril oral tablet 12.5 mg, 25 mg</i>	P	QL (180 EA per 30 days)
<i>captopril oral tablet 50 mg</i>	P	QL (270 EA per 30 days)
<i>enalapril maleate oral solution</i>	NP	PA
<i>enalapril maleate oral tablet</i>	P	QL (60 EA per 30 days)
EPANED ORAL SOLUTION	NP	PA

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Drug	Tier	Requirements/Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fosinopril sodium oral tablet 40 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>lisinopril oral</i>	P	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG	NP	PA; QL (120 EA per 30 days)
LOTENSIN ORAL TABLET 40 MG	NP	PA; QL (60 EA per 30 days)
<i>moexipril hcl</i>	NP	PA
<i>perindopril erbumine</i>	NP	PA; QL (60 EA per 30 days)
<i>quinapril hcl</i>	NP	PA; QL (60 EA per 30 days)
<i>ramipril</i>	P	QL (60 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	NP	PA; QL (60 EA per 30 days)
ZESTRIL	NP	PA; QL (60 EA per 30 days)
Angiotensin-Converting Enzyme Inhibitors		
<i>amlodipine besy-benazepril hcl</i>	P	QL (30 EA per 30 days)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	P	QL (120 EA per 30 days)
<i>benazepril hcl oral tablet 40 mg</i>	P	QL (60 EA per 30 days)
<i>benazepril-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
<i>captopril oral tablet 100 mg</i>	P	QL (120 EA per 30 days)
<i>captopril oral tablet 12.5 mg, 25 mg</i>	P	QL (180 EA per 30 days)
<i>captopril oral tablet 50 mg</i>	P	QL (270 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>enalapril maleate oral solution</i>	NP	PA
<i>enalapril maleate oral tablet</i>	P	QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
EPANED ORAL SOLUTION	NP	PA

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Drug	Tier	Requirements/Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fosinopril sodium oral tablet 40 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>lisinopril oral</i>	P	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	P	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	P	QL (120 EA per 30 days)
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG	NP	PA; QL (120 EA per 30 days)
LOTENSIN ORAL TABLET 40 MG	NP	PA; QL (60 EA per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG	NP	PA; QL (30 EA per 30 days)
<i>moexipril hcl</i>	NP	PA
<i>perindopril erbumine</i>	NP	PA; QL (60 EA per 30 days)
QBRELIS	NP	PA
<i>quinapril hcl</i>	NP	PA; QL (60 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>ramipril</i>	P	QL (60 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>trandolapril-verapamil hcl er oral tablet extended release 4-240 mg</i>	P	QL (30 EA per 30 days)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-25 MG	NP	PA; QL (60 EA per 30 days)
ZESTORETIC ORAL TABLET 20-12.5 MG	NP	PA; QL (120 EA per 30 days)
ZESTRIL	NP	PA; QL (60 EA per 30 days)
Antilipemic Agents, Miscellaneous		
<i>icosapent ethyl</i>	P	
<i>omega-3-acid ethyl esters</i>	P	
Beta-Adrenergic Blocking Agents (24:20)		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>atenolol oral tablet 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>atenolol-chlorthalidone</i>	P	QL (30 EA per 30 days)
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
<i>betaxolol hcl oral</i>	NP	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NP	PA
<i>bisoprolol fumarate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	P	QL (30 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
BYSTOLIC	NP	PA

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ST = Step Therapy

ML = Milliliter
EA = Each

Drug	Tier	Requirements/Limits
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA; QL (120 EA per 30 days)
CARDURA ORAL TABLET 8 MG	NP	PA; QL (60 EA per 30 days)
CARDURA XL	NP	PA
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (120 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	P	QL (60 EA per 30 days)
HEMANGEOL	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
ISTALOL	NP	PA
KAPSPARGO SPRINKLE	NP	PA
<i>labetalol hcl oral</i>	P	
LOPRESSOR ORAL	NP	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	P	QL (60 EA per 30 days)
<i>metoprolol tartrate oral</i>	P	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>nebivolol hcl</i>	NP	PA
<i>pindolol oral tablet 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>pindolol oral tablet 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
TENORETIC 100	NP	PA; QL (30 EA per 30 days)
TENORETIC 50	NP	PA; QL (30 EA per 30 days)
TENORMIN ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
TENORMIN ORAL TABLET 25 MG, 50 MG	NP	PA; QL (120 EA per 30 days)
<i>terazosin hcl oral</i>	P	
<i>timolol hemihydrate</i>	NP	PA
<i>timolol maleate (once-daily)</i>	NP	PA
TIMOLOL MALEATE OCUDOSE	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming solution</i>	P	QL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution</i>	P	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>timolol maleate pf</i>	P	QL (60 EA per 30 days)
TIMOPTIC OCUDOSE	NP	PA; QL (60 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	NP	PA; QL (30 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
Bile Acid Sequestrants		
<i>cholestyramine light</i>	P	
<i>cholestyramine oral</i>	P	
<i>colesevelam hcl oral packet</i>	NP	PA
<i>colesevelam hcl oral tablet</i>	NP	PA; QL (210 EA per 30 days)
COLESTID ORAL GRANULES	NP	PA
COLESTID ORAL TABLET	NP	PA
<i>colestipol hcl</i>	P	
PREVALITE	NP	PA
QUESTRAN	NP	PA
QUESTRAN LIGHT ORAL POWDER	NP	PA
WELCHOL ORAL PACKET	NP	PA
WELCHOL ORAL TABLET	NP	PA; QL (210 EA per 30 days)
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl oral</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
MATZIM LA	NP	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	P	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
Calcium-Channel Blocking Agents		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	P	QL (30 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl oral</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
MATZIM LA	NP	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	P	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	P	QL (30 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl oral</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
MATZIM LA	NP	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	P	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg</i>	P	QL (60 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 4-240 mg</i>	P	QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
Cardiac Drugs, Miscellaneous		
<i>ranolazine er</i>	P	
Central Alpha-Agonists		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>atenolol oral tablet 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>atenolol-chlorthalidone</i>	P	QL (30 EA per 30 days)
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
<i>betaxolol hcl oral</i>	NP	PA
<i>bisoprolol fumarate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
BYSTOLIC	NP	PA
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
<i>clonidine er</i>	NP	PA
<i>clonidine hcl oral</i>	P	

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Drug	Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	P	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	P	QL (8 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>	P	QL (120 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	P	QL (60 EA per 30 days)
HEMANGEOL	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
JAVADIN	NP	PA
KAPSPARGO SPRINKLE	NP	PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
LOPRESSOR ORAL TABLET	NP	PA
<i>methyldopa oral</i>	P	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	P	QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>nebivolol hcl</i>	NP	PA
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NP	PA
<i>pindolol oral tablet 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>pindolol oral tablet 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
TENORETIC 100	NP	PA; QL (30 EA per 30 days)
TENORETIC 50	NP	PA; QL (30 EA per 30 days)
TENORMIN ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
TENORMIN ORAL TABLET 25 MG, 50 MG	NP	PA; QL (120 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	NP	PA; QL (30 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
Cholesterol Absorption Inhibitors		
<i>ezetimibe oral</i>	P	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	NP	PA; QL (30 EA per 30 days)
VYTORIN	NP	PA; QL (30 EA per 30 days)
ZETIA	NP	PA; QL (30 EA per 30 days)
Class Ib Antiarrhythmics		
DILANTIN INFATABS	NP	PA
DILANTIN ORAL CAPSULE	NP	PA
DILANTIN-125	NP	PA
PHENYTEK	NP	PA
PHENYTOIN INFATABS	P	
<i>phenytoin oral</i>	P	
<i>phenytoin sodium extended</i>	P	
Class II Antiarrhythmics		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>atenolol oral tablet 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>betaxolol hcl ophthalmic</i>	P	
<i>betaxolol hcl oral</i>	NP	PA
BETIMOL OPTHALMIC SOLUTION 0.5 %	NP	PA
BETOPTIC-S	NP	PA
<i>bisoprolol fumarate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	P	QL (30 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
BYSTOLIC	NP	PA
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
HEMANGEOL	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
ISTALOL	NP	PA
KAPSPARGO SPRINKLE	NP	PA
<i>labetalol hcl oral</i>	P	
LOPRESSOR ORAL	NP	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	P	QL (60 EA per 30 days)

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EA = Each

Drug	Tier	Requirements/Limits
<i>metoprolol tartrate oral</i>	P	
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>nebivolol hcl</i>	NP	PA
<i>pindolol oral tablet 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>pindolol oral tablet 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
TENORMIN ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
TENORMIN ORAL TABLET 25 MG, 50 MG	NP	PA; QL (120 EA per 30 days)
<i>timolol hemihydrate</i>	NP	PA
<i>timolol maleate (once-daily)</i>	NP	PA
TIMOLOL MALEATE OCUDOSE	P	QL (60 EA per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	P	QL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution</i>	P	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>timolol maleate pf</i>	P	QL (60 EA per 30 days)
TIMOPTIC OCUDOSE	NP	PA; QL (60 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	NP	PA; QL (30 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
Class Iii Antiarrhythmics		
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
Class Iv Antiarrhythmics		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl oral</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
MATZIM LA	NP	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	P	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
Dihydropyridines		
<i>amlodipine besy-benazepril hcl</i>	P	QL (30 EA per 30 days)
<i>amlodipine besylate oral</i>	P	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan</i>	P	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin</i>	NP	PA
<i>amlodipine-olmesartan</i>	NP	PA
<i>amlodipine-valsartan-hctz</i>	P	
AZOR	NP	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA
EXFORGE	NP	PA; QL (30 EA per 30 days)
EXFORGE HCT	NP	PA

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Drug	Tier	Requirements/Limits
<i>felodipine er</i>	P	QL (30 EA per 30 days)
<i>isradipine</i>	P	
KATERZIA	NP	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG	NP	PA; QL (30 EA per 30 days)
<i>nicardipine hcl oral</i>	P	
<i>nifedipine er</i>	P	QL (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	P	QL (60 EA per 30 days)
<i>nifedipine oral</i>	NP	PA
<i>nimodipine oral</i>	NP	PA
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	NP	PA
NORLIQVA	NP	PA
NORVASC	NP	PA; QL (30 EA per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	NP	PA
<i>olmesartan-amlodipine-hctz</i>	NP	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	NP	PA; QL (60 EA per 30 days)
SDAMLO	NP	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA
<i>telmisartan-amlodipine</i>	NP	PA
TRIBENZOR	NP	PA
WIDAPLIK	NP	PA
Dihydropyridines (Antihypertensive)		
<i>amlodipine besylate oral</i>	P	QL (30 EA per 30 days)
<i>felodipine er</i>	P	QL (30 EA per 30 days)
<i>isradipine</i>	P	

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Drug	Tier	Requirements/Limits
KATERZIA	NP	PA
<i>nicardipine hcl oral</i>	P	
<i>nifedipine er</i>	P	QL (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	P	QL (60 EA per 30 days)
<i>nifedipine oral</i>	NP	PA
<i>nimodipine oral</i>	NP	PA
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	NP	PA
NORLIQVA	NP	PA
NORVASC	NP	PA; QL (30 EA per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	NP	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	NP	PA; QL (60 EA per 30 days)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA
Direct Vasodilators		
<i>clonidine er</i>	NP	PA
<i>clonidine hcl er oral tablet extended release 12 hour</i>	P	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	P	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	P	QL (8 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>	P	QL (120 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	P	QL (60 EA per 30 days)
<i>methyldopa oral</i>	P	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NP	PA

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Drug	Tier	Requirements/Limits
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NP	PA
<i>fenofibrate oral tablet 145 mg</i>	P	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg</i>	P	QL (60 EA per 30 days)
<i>fenofibric acid</i>	NP	PA
<i>gemfibrozil oral</i>	P	QL (60 EA per 30 days)
LIPOFEN	NP	PA
LOPID	NP	PA; QL (60 EA per 30 days)
Hmg-Coa Reductase Inhibitors		
<i>amlodipine-atorvastatin</i>	NP	PA
ATORVALIQ	NP	PA
<i>atorvastatin calcium oral</i>	P	QL (30 EA per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA
CRESTOR	NP	PA
EZALLOR SPRINKLE	NP	PA
<i>ezetimibe-simvastatin</i>	NP	PA; QL (30 EA per 30 days)
<i>fluvastatin sodium</i>	P	
<i>fluvastatin sodium er</i>	NP	PA
LESCOL XL	NP	PA
LIPITOR	NP	PA; QL (30 EA per 30 days)
LIVALO	NP	PA

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Drug	Tier	Requirements/Limits
<i>lovastatin oral</i>	P	QL (60 EA per 30 days)
<i>pitavastatin calcium</i>	NP	PA
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 40 mg</i>	P	QL (60 EA per 30 days)
<i>rosuvastatin calcium oral</i>	P	
<i>simvastatin oral tablet</i>	P	QL (30 EA per 30 days)
VYTORIN	NP	PA; QL (30 EA per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NP	PA
Nitrates And Nitrites		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>atenolol oral tablet 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE AF ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE AF ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
BETAPACE ORAL TABLET 120 MG	NP	PA; QL (150 EA per 30 days)
BETAPACE ORAL TABLET 160 MG	NP	PA; QL (120 EA per 30 days)
BETAPACE ORAL TABLET 80 MG	NP	PA; QL (240 EA per 30 days)
<i>betaxolol hcl oral</i>	NP	PA
<i>bisoprolol fumarate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
<i>carvedilol</i>	P	QL (60 EA per 30 days)
<i>carvedilol phosphate er</i>	NP	PA; QL (30 EA per 30 days)
HEMANGEOL	NP	PA

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Drug	Tier	Requirements/Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
KAPSPARGO SPRINKLE	NP	PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NP	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	P	QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
<i>nadolol oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days)
<i>nadolol oral tablet 80 mg</i>	P	QL (90 EA per 30 days)
<i>pindolol oral tablet 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>pindolol oral tablet 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	

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Drug	Tier	Requirements/Limits
<i>sotalol hcl (af) oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl (af) oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
<i>sotalol hcl oral tablet 120 mg</i>	P	QL (150 EA per 30 days)
<i>sotalol hcl oral tablet 160 mg</i>	P	QL (120 EA per 30 days)
<i>sotalol hcl oral tablet 240 mg</i>	P	QL (60 EA per 30 days)
<i>sotalol hcl oral tablet 80 mg</i>	P	QL (240 EA per 30 days)
SOTYLIZE	NP	PA
TENORMIN ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
TENORMIN ORAL TABLET 25 MG, 50 MG	NP	PA; QL (120 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	NP	PA; QL (30 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
Omega-3-Mediated Antilipemics		
<i>icosapent ethyl</i>	P	
<i>omega-3-acid ethyl esters</i>	P	
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL (2 ML per 28 days)
REPATHA	P	PA; QL (6 ML per 28 days)
REPATHA SURECLICK	P	PA; QL (6 ML per 28 days)
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA	NP	PA
ALYQ	P	PA
<i>aspirin-dipyridamole er</i>	NP	PA; QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>dipyridamole oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>dipyridamole oral tablet 50 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>dipyridamole oral tablet 75 mg</i>	NP	PA; QL (150 EA per 30 days)
REVATIO ORAL TABLET	NP	PA
<i>sildenafil citrate oral suspension reconstituted</i>	NP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA
<i>tadalafil (pah)</i>	P	PA
TADLIQ	NP	PA
Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	PA; QL (30 EA per 30 days)
TEKTURNA	P	QL (30 EA per 30 days)
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG	NP	PA; QL (180 EA per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	NP	PA; QL (60 EA per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	P	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	P	QL (60 EA per 30 days)
Sodium-Gluc (Sgt) Cotransporter Inhib		
INPEFA	NP	PA
Vasodilating Agents, Miscellaneous		
<i>ambrisentan</i>	P	QL (30 EA per 30 days)
<i>amlodipine besylate oral</i>	P	QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	P	QL (60 EA per 30 days)
<i>bosentan oral tablet soluble</i>	NP	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl oral</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	P	QL (30 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	P	QL (90 EA per 30 days)

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EA = Each

Drug	Tier	Requirements/Limits
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	P	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>dipyridamole oral tablet 50 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>dipyridamole oral tablet 75 mg</i>	NP	PA; QL (150 EA per 30 days)
KATERZIA	NP	PA
LETAIRIS	NP	PA; QL (30 EA per 30 days)
<i>macitentan</i>	NP	PA
MATZIM LA	NP	PA
<i>nicardipine hcl oral</i>	P	
<i>nifedipine er</i>	P	QL (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	P	QL (60 EA per 30 days)
<i>nifedipine oral</i>	NP	PA
<i>nimodipine oral</i>	NP	PA
NORLIQVA	NP	PA
NORVASC	NP	PA; QL (30 EA per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	NP	PA
OPSUMIT	NP	PA
ORENITRAM	NP	PA
ORENITRAM MONTH 1	NP	PA
ORENITRAM MONTH 2	NP	PA
ORENITRAM MONTH 3	NP	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	NP	PA; QL (60 EA per 30 days)
SDAMLO	NP	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	P	QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	P	QL (90 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	P	QL (60 EA per 30 days)
TRACLEER ORAL TABLET	NP	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
Cellular And Gene Therapy		
Gene Therapy		
CASGEVY	P	PA
LYFGENIA	P	PA
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl oral capsule</i>	P	QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	P	QL (1200 ML per 30 days)
<i>amantadine hcl oral tablet</i>	P	QL (60 EA per 30 days)
GOCOVRI	NP	PA
Adenosine A2a Receptor Antagonists		
NOURIANZ	NP	PA
Amphetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	P	QL (90 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
ADDERALL ORAL TABLET 30 MG	P	QL (60 EA per 30 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	NP	PA; QL (30 EA per 30 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	NP	PA; QL (60 EA per 30 days); AL
ADZENYS XR-ODT	NP	PA
<i>amphetamine er oral tablet extended release dispersible</i>	NP	PA
<i>amphetamine sulfate</i>	NP	PA
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	QL (30 EA per 30 days); AL
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	P	QL (60 EA per 30 days); AL
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	P	QL (90 EA per 30 days); AL
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	P	QL (60 EA per 30 days); AL
<i>amphet-dextroamphet 3-bead er</i>	NP	PA
ARYNTA	NP	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	NP	PA
<i>dextroamphetamine sulfate er</i>	P	
<i>dextroamphetamine sulfate oral solution</i>	NP	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	P	QL (180 EA per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	P	
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	P	QL (90 EA per 30 days); AL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	P	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NP	PA
EVEKEO	NP	PA
<i>lisdexamfetamine dimesylate oral capsule</i>	NP	PA
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	P	
<i>methamphetamine hcl</i>	NP	PA
MYDAYIS	NP	PA
PROCENTRA	NP	PA
VYVANSE ORAL CAPSULE	P	
VYVANSE ORAL TABLET CHEWABLE	NP	PA
XELSTRYM	NP	PA
ZENZEDI ORAL TABLET 10 MG	NP	PA; QL (180 EA per 30 days); AL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NP	PA
ZENZEDI ORAL TABLET 5 MG	NP	PA; QL (90 EA per 30 days); AL
Analgesics And Antipyretics, Misc.		
Acetaminophen Childrens Oral Solution	OTC	
Acetaminophen Childrens Oral Suspension 160 MG/5ML	OTC	
Acetaminophen ER	OTC	QL (180 EA per 30 days)
Acetaminophen Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
Acetaminophen Infants	OTC	
Acetaminophen Oral Liquid 160 MG/5ML	OTC	

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Drug	Tier	Requirements/Limits
Acetaminophen Oral Solution 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Suspension 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Tablet 325 MG	OTC	QL (360 EA per 30 days)
Acetaminophen Oral Tablet 500 MG	OTC	QL (240 EA per 30 days)
Acetaminophen Rectal Suppository 120 MG	OTC	
Acetaminophen Rectal Suppository 650 MG	OTC	QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	P	QL (5010 ML per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	P	QL (390 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	P	QL (360 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	P	QL (180 EA per 30 days); AL
Arthritis Pain Relief Oral	OTC	QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	P	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	QL (180 EA per 30 days)
Ed-APAP	OTC	
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	P	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	P	QL (360 EA per 30 days)
FeverAll Infants	OTC	
FeverAll Junior Strength	OTC	
<i>gabapentin (once-daily)</i>	NP	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	P	QL (270 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>gabapentin oral capsule 200 mg</i>	NP	PA; QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	P	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
GABARONE	NP	PA
GNP 8 Hour Arthritis Relief	OTC	QL (180 EA per 30 days)
GNP 8 Hour Pain Relief	OTC	QL (180 EA per 30 days)
GNP Acetaminophen Oral Tablet	OTC	QL (360 EA per 30 days)
GNP Pain & Fever Childrens Oral Suspension 160 MG/5ML	OTC	
GNP Pain & Fever Infants	OTC	
GNP Pain Relief Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
GNP Pain Relief Oral	OTC	QL (360 EA per 30 days)
GoodSense Arthritis Pain Oral	OTC	QL (180 EA per 30 days)
GoodSense Pain & Fever Child	OTC	
GoodSense Pain & Fever Infants	OTC	
GoodSense Pain Relief Extra St	OTC	QL (240 EA per 30 days)
GoodSense Pain Relief Oral Tablet	OTC	QL (360 EA per 30 days)
GRALISE ORAL TABLET	NP	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	NP	PA
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	QL (360 EA per 30 days)
JOURNAVX	P	QL (29 EA per 60 days); AL
Liquid Acetaminophen	OTC	

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Drug	Tier	Requirements/Limits
LYRICA CR	NP	PA
Mapap Oral Capsule	OTC	QL (240 EA per 30 days)
M-PAP	OTC	
<i>nalocet</i>	NP	PA
NEURONTIN ORAL CAPSULE	NP	PA; QL (270 EA per 30 days)
NEURONTIN ORAL SOLUTION	NP	PA; QL (2160 ML per 30 days)
NEURONTIN ORAL TABLET 600 MG	NP	PA; QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	NP	PA; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	P	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	P	QL (360 EA per 30 days)
Pain & Fever Childrens Oral Suspension	OTC	
Pain & Fever Infants	OTC	
PERCOCET ORAL TABLET 10-325 MG, 7.5-325 MG	NP	PA; QL (180 EA per 30 days)
PERCOCET ORAL TABLET 5-325 MG	NP	PA; QL (360 EA per 30 days)
<i>pregabalin er</i>	NP	PA
PROLATE	NP	PA
RELGAABI ORAL CAPSULE 300 MG, 400 MG	NP	PA; QL (270 EA per 30 days)
<i>tramadol-acetaminophen</i>	P	QL (240 EA per 30 days); AL
Anorexigenic Agents, Miscellaneous		
<i>liraglutide</i>	NP	PA; QL (9 ML per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; QL (9 ML per 30 days)
Anticholinergic Agents (Cns)		
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG	OTC	
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)

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Drug	Tier	Requirements/Limits
Banophen Oral Tablet	OTC	
<i>benztropine mesylate oral tablet 0.5 mg</i>	P	QL (360 EA per 30 days)
<i>benztropine mesylate oral tablet 1 mg</i>	P	QL (180 EA per 30 days)
<i>benztropine mesylate oral tablet 2 mg</i>	P	QL (90 EA per 30 days)
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
<i>orphenadrine citrate er</i>	P	QL (60 EA per 30 days)
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
<i>trihexyphenidyl hcl oral solution</i>	P	QL (1200 ML per 30 days)
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	P	QL (210 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	P	QL (90 EA per 30 days)
Anticonvulsants, Miscellaneous		
APTIOM	NP	PA
BANZEL	NP	PA; AL
<i>brivaracetam oral</i>	NP	PA
BRIVIACT ORAL	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	NP	PA
<i>carbamazepine er oral tablet extended release 12 hour</i>	P	
<i>carbamazepine oral</i>	P	
CARBATROL	P	
DEPAKOTE	NP	PA
DEPAKOTE ER	NP	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NP	PA
DIACOMIT	NP	PA
<i>divalproex sodium er oral tablet extended release 24 hour</i>	P	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	P	
<i>divalproex sodium oral tablet delayed release</i>	P	
ELEPSIA XR	NP	PA
EPIDIOLEX	NP	PA
EPRONTIA	NP	PA
EQUETRO	NP	PA; AL
<i>eslicarbazepine acetate</i>	NP	PA
<i>felbamate</i>	P	
FELBATOL ORAL TABLET	NP	PA

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Drug	Tier	Requirements/Limits
FINTEPLA	NP	PA
FYCOMPA	P	PA
<i>gabapentin (once-daily)</i>	NP	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	P	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	P	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
GRALISE ORAL TABLET	NP	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	NP	PA
KEPPRA ORAL SOLUTION	NP	PA; QL (900 ML per 30 days)
KEPPRA ORAL TABLET 1000 MG	NP	PA; QL (90 EA per 30 days)
KEPPRA ORAL TABLET 250 MG, 500 MG	NP	PA; QL (180 EA per 30 days)
KEPPRA ORAL TABLET 750 MG	NP	PA; QL (120 EA per 30 days)
KEPPRA XR	NP	PA
<i>lacosamide oral</i>	P	
LAMICTAL ODT	NP	PA
LAMICTAL ORAL TABLET	NP	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NP	PA
LAMICTAL STARTER	NP	PA
LAMICTAL XR	NP	PA
<i>lamotrigine er</i>	P	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	NP	PA
<i>lamotrigine oral tablet</i>	P	

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Drug	Tier	Requirements/Limits
<i>lamotrigine oral tablet chewable</i>	P	
<i>lamotrigine oral tablet dispersible</i>	P	
<i>lamotrigine starter kit-blue</i>	NP	PA
<i>lamotrigine starter kit-green</i>	NP	PA
<i>lamotrigine starter kit-orange</i>	NP	PA
<i>levetiracetam er</i>	P	
<i>levetiracetam oral solution</i>	P	QL (900 ML per 30 days)
<i>levetiracetam oral tablet 1000 mg</i>	P	QL (90 EA per 30 days)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	P	QL (180 EA per 30 days)
<i>levetiracetam oral tablet 750 mg</i>	P	QL (120 EA per 30 days)
<i>levetiracetam oral tablet disintegrating soluble</i>	NP	PA
LYRICA	NP	PA
MOTPOLY XR	NP	PA
NEURONTIN ORAL CAPSULE	NP	PA; QL (270 EA per 30 days)
NEURONTIN ORAL SOLUTION	NP	PA; QL (2160 ML per 30 days)
NEURONTIN ORAL TABLET 600 MG	NP	PA; QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	NP	PA; QL (120 EA per 30 days)
<i>oxcarbazepine</i>	P	
<i>oxcarbazepine er</i>	NP	PA
OXTELLAR XR	NP	PA
<i>perampanel</i>	NP	PA
<i>pregabalin oral capsule</i>	P	
<i>pregabalin oral solution</i>	NP	PA
RELGAABI ORAL CAPSULE 300 MG, 400 MG	NP	PA; QL (270 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	P	QL (180 EA per 30 days)
<i>rufinamide</i>	P	AL
SABRIL ORAL PACKET	P	PA
SABRIL ORAL TABLET	NP	PA

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Drug	Tier	Requirements/Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	NP	PA
SUBVENITE	NP	PA
SUBVENITE STARTER KIT-BLUE	NP	PA
SUBVENITE STARTER KIT-GREEN	NP	PA
SUBVENITE STARTER KIT-ORANGE	NP	PA
TEGRETOL ORAL SUSPENSION	NP	PA
TEGRETOL ORAL TABLET	NP	PA
TEGRETOL-XR	NP	PA
<i>tiagabine hcl</i>	P	PA
TOPAMAX	NP	PA; QL (90 EA per 30 days)
TOPAMAX SPRINKLE	NP	PA; QL (150 EA per 30 days)
<i>topiramate er</i>	NP	PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	QL (150 EA per 30 days)
<i>topiramate oral capsule sprinkle 50 mg</i>	P	
<i>topiramate oral solution</i>	NP	PA
<i>topiramate oral tablet</i>	P	QL (90 EA per 30 days)
TRILEPTAL	NP	PA
TROKENDI XR	NP	PA
<i>valproic acid oral capsule</i>	P	
<i>valproic acid oral solution</i>	P	
<i>vigabatrin oral packet</i>	NP	PA
<i>vigabatrin oral tablet</i>	P	PA
VIGADRONE	NP	PA
VIMPAT ORAL	NP	PA
XCOPRI	NP	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	NP	PA

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XCOPRI (350 MG DAILY DOSE)	NP	PA
ZONISADE	NP	PA
<i>zonisamide oral</i>	P	QL (180 EA per 30 days)
ZTALMY	NP	PA
Antidepressants, Miscellaneous		
AUVELITY	NP	PA
AUVELITY TITRATION PACK	NP	PA
<i>bupropion hcl er (smoking det)</i>	P	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	P	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	P	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	P	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	P	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	P	QL (30 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NP	PA
<i>bupropion hcl oral tablet 100 mg</i>	P	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	P	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	P	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	P	QL (60 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	P	QL (30 EA per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	NP	PA; QL (30 EA per 30 days)
REMERON SOLTAB	NP	PA; QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	NP	PA; QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	NP	PA; QL (90 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	NP	PA; QL (60 EA per 30 days)
ZURZUVAE	NP	PA
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	P	QL (2.4 ML per 56 days); AL
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	P	QL (3.2 ML per 56 days); AL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	P	QL (1 EA per 28 days); AL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	QL (1 EA per 28 days); AL
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	NP	PA; QL (30 EA per 30 days); AL
ABILIFY ORAL TABLET 2 MG	NP	PA; QL (60 EA per 30 days); AL
<i>aripiprazole oral solution</i>	NP	PA; QL (750 ML per 30 days); AL
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	P	QL (30 EA per 30 days); AL
<i>aripiprazole oral tablet 2 mg</i>	P	QL (60 EA per 30 days); AL
<i>aripiprazole oral tablet dispersible 10 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>aripiprazole oral tablet dispersible 15 mg</i>	NP	PA; QL (60 EA per 30 days); AL
ARISTADA INITIO	P	QL (2.4 ML per 56 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	P	QL (3.9 ML per 56 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	QL (1.6 ML per 28 days); AL

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Drug	Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	QL (2.4 ML per 28 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	QL (3.2 ML per 28 days); AL
<i>asenapine maleate</i>	P	AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	NP	PA
<i>carbamazepine er oral tablet extended release 12 hour</i>	P	
<i>carbamazepine oral</i>	P	
CARBATROL	P	
DEPAKOTE	NP	PA
DEPAKOTE ER	NP	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NP	PA
<i>divalproex sodium er oral tablet extended release 24 hour</i>	P	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	P	
<i>divalproex sodium oral tablet delayed release</i>	P	
EQUETRO	NP	PA; AL
GEODON ORAL	NP	PA; QL (60 EA per 30 days); AL
LAMICTAL ODT	NP	PA
LAMICTAL ORAL TABLET	NP	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NP	PA
LAMICTAL STARTER	NP	PA
LAMICTAL XR	NP	PA
<i>lamotrigine er</i>	P	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	P	

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Drug	Tier	Requirements/Limits
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	NP	PA
<i>lamotrigine oral tablet</i>	P	
<i>lamotrigine oral tablet chewable</i>	P	
<i>lamotrigine oral tablet dispersible</i>	P	
<i>lamotrigine starter kit-blue</i>	NP	PA
<i>lamotrigine starter kit-green</i>	NP	PA
<i>lamotrigine starter kit-orange</i>	NP	PA
LYBALVI	NP	PA; AL
<i>olanzapine oral tablet</i>	P	QL (30 EA per 30 days); AL
<i>olanzapine oral tablet dispersible</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	PA; QL (90 EA per 30 days); AL
OPIPZA	NP	PA; AL
PERSERIS	P	AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	P	QL (30 EA per 30 days); AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	P	QL (60 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	QL (90 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 150 mg</i>	P	QL (150 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	P	QL (60 EA per 30 days); AL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	QL (2 EA per 28 days); AL
RISPERDAL ORAL SOLUTION	NP	PA; QL (480 ML per 30 days); AL

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Drug	Tier	Requirements/Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	NP	PA; QL (60 EA per 30 days); AL
RISPERDAL ORAL TABLET 3 MG, 4 MG	NP	PA; QL (120 EA per 30 days); AL
<i>risperidone microspheres er</i>	NP	PA; QL (2 EA per 28 days); AL
<i>risperidone oral solution 1 mg/ml</i>	P	QL (480 ML per 30 days); AL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL (60 EA per 30 days); AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	P	QL (120 EA per 30 days); AL
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL (60 EA per 30 days); AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	P	QL (120 EA per 30 days); AL
RYKINDO	NP	PA; AL
SAPHRIS	NP	PA; AL
SECUADO	NP	PA; AL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NP	PA; QL (90 EA per 30 days); AL
SEROQUEL ORAL TABLET 300 MG, 400 MG	NP	PA; QL (60 EA per 30 days); AL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	NP	PA; QL (30 EA per 30 days); AL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	NP	PA; QL (60 EA per 30 days); AL
SUBVENITE	NP	PA
SUBVENITE STARTER KIT-BLUE	NP	PA
SUBVENITE STARTER KIT-GREEN	NP	PA
SUBVENITE STARTER KIT-ORANGE	NP	PA
TEGRETOL ORAL SUSPENSION	NP	PA
TEGRETOL ORAL TABLET	NP	PA
TEGRETOL-XR	NP	PA

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Drug	Tier	Requirements/Limits
<i>valproic acid oral capsule</i>	P	
<i>valproic acid oral solution</i>	P	
<i>ziprasidone hcl</i>	P	QL (60 EA per 30 days); AL
<i>ziprasidone mesylate</i>	NP	PA; AL
ZYPREXA INTRAMUSCULAR	NP	PA; AL
ZYPREXA ORAL	NP	PA; QL (30 EA per 30 days); AL
ZYPREXA RELPREVV	NP	PA; AL
ZYPREXA ZYDIS	NP	PA; QL (30 EA per 30 days); AL
Antimigraine Agents, Miscellaneous		
Acetaminophen Childrens Oral Solution	OTC	
Acetaminophen Childrens Oral Suspension 160 MG/5ML	OTC	
Acetaminophen ER	OTC	QL (180 EA per 30 days)
Acetaminophen Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
Acetaminophen Infants	OTC	
Acetaminophen Oral Liquid 160 MG/5ML	OTC	
Acetaminophen Oral Solution 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Suspension 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Tablet 325 MG	OTC	QL (360 EA per 30 days)
Acetaminophen Oral Tablet 500 MG	OTC	QL (240 EA per 30 days)
Acetaminophen Rectal Suppository 120 MG	OTC	
Acetaminophen Rectal Suppository 650 MG	OTC	QL (180 EA per 30 days)
All Day Pain Relief	OTC	QL (210 EA per 30 days)
All Day Relief	OTC	QL (210 EA per 30 days)

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Drug	Tier	Requirements/Limits
Arthritis Pain Relief Oral	OTC	QL (180 EA per 30 days)
Aspirin Low Dose Oral Tablet Chewable	OTC	
Aspirin Low Dose Oral Tablet Delayed Release	OTC	
Aspirin Low Strength	OTC	
Aspirin Oral Tablet 325 MG	OTC	
Aspirin Oral Tablet Chewable	OTC	
Aspirin Oral Tablet Delayed Release 325 MG, 81 MG	OTC	
Aspirin Rectal Suppository 300 MG	OTC	
<i>butorphanol tartrate nasal</i>	NP	PA; QL (5 ML per 30 days)
Childrens Ibuprofen Oral Suspension 100 MG/5ML	OTC	
DEPAKOTE	NP	PA
DEPAKOTE ER	NP	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NP	PA
<i>diclofenac potassium(migraine)</i>	NP	PA
<i>divalproex sodium er oral tablet extended release 24 hour</i>	P	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	P	
<i>divalproex sodium oral tablet delayed release</i>	P	
Ed-APAP	OTC	
ELYXYB	NP	PA
EPRONTIA	NP	PA
FeverAll Infants	OTC	
FeverAll Junior Strength	OTC	
GNP 8 Hour Arthritis Relief	OTC	QL (180 EA per 30 days)
GNP 8 Hour Pain Relief	OTC	QL (180 EA per 30 days)

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Drug	Tier	Requirements/Limits
GNP Acetaminophen Oral Tablet	OTC	QL (360 EA per 30 days)
GNP Adult Aspirin Low Strength Oral Tablet Chewable	OTC	
GNP Aspirin Low Dose	OTC	
GNP Aspirin Oral Tablet 325 MG	OTC	
GNP Aspirin Oral Tablet Delayed Release	OTC	
GNP Childrens Ibuprofen	OTC	
GNP Ibuprofen Childrens	OTC	
GNP Naproxen Sodium Oral Tablet	OTC	QL (210 EA per 30 days)
GNP Pain & Fever Childrens Oral Suspension 160 MG/5ML	OTC	
GNP Pain & Fever Infants	OTC	
GNP Pain Relief Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
GNP Pain Relief Oral	OTC	QL (360 EA per 30 days)
GoodSense Arthritis Pain Oral	OTC	QL (180 EA per 30 days)
GoodSense Aspirin Low Dose	OTC	
GoodSense Aspirin Oral Tablet	OTC	
GoodSense Aspirin Oral Tablet Chewable	OTC	
GoodSense Ibuprofen Childrens Oral Suspension	OTC	
GoodSense Ibuprofen Infants	OTC	
GoodSense Naproxen Sodium	OTC	QL (210 EA per 30 days)
GoodSense Pain & Fever Child	OTC	
GoodSense Pain & Fever Infants	OTC	
GoodSense Pain Relief Extra St	OTC	QL (240 EA per 30 days)
GoodSense Pain Relief Oral Tablet	OTC	QL (360 EA per 30 days)
HEMANGEOL	NP	PA
IBU ORAL TABLET 400 MG	P	QL (240 EA per 30 days)
IBU ORAL TABLET 600 MG	P	QL (150 EA per 30 days)

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Drug	Tier	Requirements/Limits
IBU ORAL TABLET 800 MG	P	QL (120 EA per 30 days)
Ibuprofen Childrens	OTC	
Ibuprofen Junior Strength Oral Tablet Chewable	OTC	
Ibuprofen Oral Capsule	OTC	
<i>ibuprofen oral suspension</i>	P	
<i>ibuprofen oral tablet 300 mg</i>	NP	PA
<i>ibuprofen oral tablet 400 mg</i>	P	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	P	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	NP	PA; QL (150 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	NP	PA; QL (120 EA per 30 days)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
INDERAL XL	NP	PA
Infants Ibuprofen	OTC	
INNOPRAN XL	NP	PA
<i>ketoprofen er</i>	NP	PA; QL (30 EA per 30 days)
<i>ketoprofen oral capsule 50 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>ketoprofen oral capsule 75 mg</i>	NP	PA; QL (120 EA per 30 days)
Liquid Acetaminophen	OTC	
Mapap Oral Capsule	OTC	QL (240 EA per 30 days)
M-PAP	OTC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG	NP	PA; QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NP	PA; QL (90 EA per 30 days)
<i>naproxen dr oral tablet delayed release 500 mg</i>	P	QL (60 EA per 30 days)
<i>naproxen oral suspension</i>	P	QL (1800 ML per 30 days)
<i>naproxen oral tablet 250 mg</i>	P	QL (180 EA per 30 days)
<i>naproxen oral tablet 375 mg</i>	P	QL (120 EA per 30 days)
<i>naproxen oral tablet 500 mg</i>	P	QL (90 EA per 30 days)
<i>naproxen oral tablet delayed release</i>	P	QL (60 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	NP	PA
Naproxen Sodium Oral Tablet 220 MG	OTC	QL (210 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>naproxen sodium oral tablet 550 mg</i>	NP	PA; QL (90 EA per 30 days)
Pain & Fever Childrens Oral Suspension	OTC	
Pain & Fever Infants	OTC	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	P	QL (150 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	P	QL (120 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>propranolol hcl oral</i>	P	
SM Aspirin EC	OTC	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	NP	PA; QL (90 EA per 30 days)
TOPAMAX	NP	PA; QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
TOPAMAX SPRINKLE	NP	PA; QL (150 EA per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	NP	PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	QL (150 EA per 30 days)
<i>topiramate oral capsule sprinkle 50 mg</i>	P	
<i>topiramate oral solution</i>	NP	PA
<i>topiramate oral tablet</i>	P	QL (90 EA per 30 days)
TROKENDI XR	NP	PA
<i>valproic acid oral capsule</i>	P	
<i>valproic acid oral solution</i>	P	
Antipsychotics, Miscellaneous		
COBENFY	NP	PA; AL
COBENFY STARTER PACK	NP	PA; AL
Anxiolytics, Sedatives, And Hypnotics, Misc.		
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG	OTC	
AMBIEN	NP	PA; QL (30 EA per 30 days)
AMBIEN CR	NP	PA
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
BELSOMRA	NP	PA
DAYVIGO	NP	PA
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)

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Drug	Tier	Requirements/Limits
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
EDLUAR	NP	PA
<i>eszopiclone</i>	NP	PA
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
GNP Sleep Aid Oral Tablet	OTC	
HETLIOZ	NP	PA
HETLIOZ LQ	NP	PA
IGALMI	NP	PA
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
<i>promethazine hcl oral solution</i>	P	QL (240 ML per 30 days)
<i>promethazine hcl oral tablet</i>	P	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
<i>ramelteon</i>	NP	PA
ROZEREM	NP	PA

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Drug	Tier	Requirements/Limits
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
Sleep Aid Oral Tablet	OTC	
Sleep-Aid Oral Tablet	OTC	
<i>tasimelteon</i>	NP	PA
<i>zaleplon oral capsule 10 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	NP	PA
<i>zolpidem tartrate oral capsule</i>	NP	PA
<i>zolpidem tartrate oral tablet</i>	P	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual</i>	NP	PA
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	P	QL (2.4 ML per 56 days); AL
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	P	QL (3.2 ML per 56 days); AL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	P	QL (1 EA per 28 days); AL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	QL (1 EA per 28 days); AL
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	NP	PA; QL (30 EA per 30 days); AL
ABILIFY ORAL TABLET 2 MG	NP	PA; QL (60 EA per 30 days); AL
<i>aripiprazole oral solution</i>	NP	PA; QL (750 ML per 30 days); AL
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	P	QL (30 EA per 30 days); AL
<i>aripiprazole oral tablet 2 mg</i>	P	QL (60 EA per 30 days); AL
<i>aripiprazole oral tablet dispersible 10 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>aripiprazole oral tablet dispersible 15 mg</i>	NP	PA; QL (60 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
ARISTADA INITIO	P	QL (2.4 ML per 56 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	P	QL (3.9 ML per 56 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	QL (1.6 ML per 28 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	QL (2.4 ML per 28 days); AL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	QL (3.2 ML per 28 days); AL
<i>asenapine maleate</i>	P	AL
BYSANTI	NP	PA; QL (60 EA per 30 days); AL
BYSANTI TITRATION PACK A	NP	PA; AL
BYSANTI TITRATION PACK B	NP	PA; AL
BYSANTI TITRATION PACK C	NP	PA; AL
CAPLYTA	NP	PA; AL
<i>clozapine oral tablet 100 mg</i>	P	QL (150 EA per 30 days); AL
<i>clozapine oral tablet 200 mg</i>	P	QL (120 EA per 30 days); AL
<i>clozapine oral tablet 25 mg</i>	P	QL (60 EA per 30 days); AL
<i>clozapine oral tablet 50 mg</i>	P	QL (90 EA per 30 days); AL
<i>clozapine oral tablet dispersible</i>	NP	PA; AL
CLOZARIL ORAL TABLET 100 MG	NP	PA; QL (150 EA per 30 days); AL
CLOZARIL ORAL TABLET 25 MG	NP	PA; QL (60 EA per 30 days); AL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	NP	PA; QL (0.75 ML per 28 days); AL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	NP	PA; QL (1 ML per 28 days); AL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	NP	PA; QL (1.5 ML per 28 days); AL

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EA = Each

Drug	Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	NP	PA; AL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	NP	PA; QL (0.25 ML per 28 days); AL
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	NP	PA; QL (0.5 ML per 28 days); AL
FANAPT	NP	PA; QL (60 EA per 30 days); AL
FANAPT TITRATION PACK A	NP	PA; QL (8 EA per 30 days); AL
FANAPT TITRATION PACK B ORAL TABLET	NP	PA; AL
FANAPT TITRATION PACK C ORAL TABLET	NP	PA; AL
GEODON ORAL	NP	PA; QL (60 EA per 30 days); AL
INVEGA HAFYERA	P	QL (1 each per 168 days); AL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	NP	PA; QL (30 EA per 30 days); AL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	NP	PA; QL (60 EA per 30 days); AL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	QL (1 each per 28 days); AL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	P	QL (1 each per 84 days); AL
LATUDA	NP	PA; AL
<i>lurasidone hcl</i>	P	AL
LYBALVI	NP	PA; AL
NUPLAZID ORAL CAPSULE	NP	PA; AL
NUPLAZID ORAL TABLET 10 MG	NP	PA; AL
<i>olanzapine oral tablet</i>	P	QL (30 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
<i>olanzapine oral tablet dispersible</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	PA; QL (90 EA per 30 days); AL
OPIPZA	NP	PA; AL
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	NP	PA; QL (60 EA per 30 days); AL
PERSERIS	P	AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	P	QL (30 EA per 30 days); AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	P	QL (60 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	QL (90 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 150 mg</i>	P	QL (150 EA per 30 days); AL
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	P	QL (60 EA per 30 days); AL
REXULTI	NP	PA; AL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	QL (2 EA per 28 days); AL
RISPERDAL ORAL SOLUTION	NP	PA; QL (480 ML per 30 days); AL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	NP	PA; QL (60 EA per 30 days); AL
RISPERDAL ORAL TABLET 3 MG, 4 MG	NP	PA; QL (120 EA per 30 days); AL
<i>risperidone microspheres er</i>	NP	PA; QL (2 EA per 28 days); AL
<i>risperidone oral solution 1 mg/ml</i>	P	QL (480 ML per 30 days); AL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL (60 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
<i>risperidone oral tablet 3 mg, 4 mg</i>	P	QL (120 EA per 30 days); AL
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL (60 EA per 30 days); AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	P	QL (120 EA per 30 days); AL
RYKINDO	NP	PA; AL
SAPHRIS	NP	PA; AL
SECUADO	NP	PA; AL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NP	PA; QL (90 EA per 30 days); AL
SEROQUEL ORAL TABLET 300 MG, 400 MG	NP	PA; QL (60 EA per 30 days); AL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	NP	PA; QL (30 EA per 30 days); AL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	NP	PA; QL (60 EA per 30 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	P	QL (0.28 ML per 28 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	P	QL (0.35 ML per 28 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	P	QL (0.42 ML per 56 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	P	QL (0.56 ML per 56 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	P	QL (0.7 ML per 56 days); AL

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Drug	Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	P	QL (0.14 ML per 28 days); AL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	P	QL (0.21 ML per 28 days); AL
VERSACLOZ	NP	PA; AL
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	P	QL (30 EA per 30 days); AL
<i>ziprasidone hcl</i>	P	QL (60 EA per 30 days); AL
<i>ziprasidone mesylate</i>	NP	PA; AL
ZYPREXA INTRAMUSCULAR	NP	PA; AL
ZYPREXA ORAL	NP	PA; QL (30 EA per 30 days); AL
ZYPREXA RELPREVV	NP	PA; AL
ZYPREXA ZYDIS	NP	PA; QL (30 EA per 30 days); AL
Barbiturates (Anticonvulsants)		
<i>primidone oral tablet 125 mg</i>	P	
<i>primidone oral tablet 250 mg</i>	P	QL (240 EA per 30 days)
<i>primidone oral tablet 50 mg</i>	P	QL (300 EA per 30 days)
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP-CODEINE	NP	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50- 300-40-30 mg</i>	P	
<i>butalbital-apap-caff-cod oral capsule 50- 325-40-30 mg</i>	P	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine</i>	P	QL (180 EA per 30 days)
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension 10 mg/4ml</i>	P	
<i>clobazam oral suspension 2.5 mg/ml</i>	P	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	P	QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>diazepam rectal</i>	P	QL (3 EA per 30 days)
NAYZILAM	P	
ONFI ORAL SUSPENSION	NP	PA; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG	NP	PA; QL (60 EA per 30 days)
ONFI ORAL TABLET 20 MG	NP	PA; QL (90 EA per 30 days)
SYMPAZAN	NP	PA
VALTOCO 10 MG DOSE	P	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	P	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	P	
VALTOCO 5 MG DOSE	P	
Benzodiazepines (Anxiolytic, Sedative/Hyp)		
<i>clobazam oral suspension 10 mg/4ml</i>	P	
<i>clobazam oral suspension 2.5 mg/ml</i>	P	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	P	QL (90 EA per 30 days)
<i>diazepam rectal</i>	P	QL (3 EA per 30 days)
<i>estazolam</i>	NP	PA; QL (30 EA per 30 days)
<i>flurazepam hcl</i>	NP	PA; QL (30 EA per 30 days)
HALCION	NP	PA; QL (60 EA per 30 days)
NAYZILAM	P	
ONFI ORAL SUSPENSION	NP	PA; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG	NP	PA; QL (60 EA per 30 days)
ONFI ORAL TABLET 20 MG	NP	PA; QL (90 EA per 30 days)
<i>quazepam</i>	NP	PA
RESTORIL	NP	PA; QL (30 EA per 30 days)
SYMPAZAN	NP	PA

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Drug	Tier	Requirements/Limits
<i>temazepam</i>	P	QL (30 EA per 30 days)
<i>triazolam</i>	NP	PA; QL (60 EA per 30 days)
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	NP	PA
AJOVY	P	PA
EMGALITY	P	PA
EMGALITY (300 MG DOSE)	NP	PA
NURTEC	NP	PA; QL (18 EA per 30 days)
QULIPTA	P	PA
UBRELVY	P	PA; QL (16 EA per 30 days)
ZAVZPRET	NP	PA
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	PA
<i>entacapone</i>	NP	PA
ONGENTYS	NP	PA
<i>tolcapone</i>	NP	PA; QL (90 EA per 30 days)
Central Nervous System Agents, Misc.		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	P	QL (60 EA per 30 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	P	QL (30 EA per 30 days); AL
<i>guanfacine hcl er</i>	P	QL (30 EA per 30 days); AL
<i>guanfacine hcl oral tablet 1 mg</i>	P	QL (120 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	P	QL (60 EA per 30 days)
INTUNIV	NP	PA; QL (30 EA per 30 days); AL
<i>memantine hcl er</i>	NP	PA
<i>memantine hcl oral solution</i>	P	QL (300 ML per 30 days)

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Drug	Tier	Requirements/Limits
<i>memantine hcl oral tablet 10 mg</i>	P	QL (60 EA per 30 days); AL
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	NP	PA; QL (49 EA per 28 days)
<i>memantine hcl oral tablet 5 mg</i>	P	QL (45 EA per 30 days); AL
<i>memantine hcl-donepezil hcl er</i>	NP	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NP	PA
NOURIANZ	NP	PA
QELBREE	NP	PA
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	NP	PA; QL (60 EA per 30 days)
CELEBREX ORAL CAPSULE 400 MG	NP	PA; QL (30 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	P	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	P	QL (30 EA per 30 days)
ELYXYB	NP	PA
VYSCOX	NP	PA
Dopamine Precursors		
<i>carbidopa oral</i>	NP	PA
<i>carbidopa-levodopa</i>	P	
<i>carbidopa-levodopa er oral capsule extended release</i>	NP	PA
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	P	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	PA
CREXONT	NP	PA
DHIVY ORAL TABLET 25-100 MG	NP	PA
DUOPA ENTERAL	NP	PA

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Drug	Tier	Requirements/Limits
INBRIJA	NP	PA
RYTARY	NP	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NP	PA
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine mesylate oral</i>	P	
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 40 mg, 80 mg, 90 mg</i>	NP	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	P	QL (60 EA per 30 days)
LYRICA	NP	PA
LYRICA CR	NP	PA
<i>milnacipran hcl</i>	NP	PA
<i>pregabalin er</i>	NP	PA
<i>pregabalin oral capsule</i>	P	
<i>pregabalin oral solution</i>	NP	PA
SAVELLA	NP	PA
SAVELLA TITRATION PACK	NP	PA
TONMYA	NP	PA
Gaba-Mediated Anticonvulsants		
DEPAKOTE	NP	PA
DEPAKOTE ER	NP	PA
DIACOMIT	NP	PA
<i>divalproex sodium er oral tablet extended release 24 hour</i>	P	
<i>divalproex sodium oral tablet delayed release</i>	P	
<i>gabapentin (once-daily)</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	P	QL (270 EA per 30 days)
<i>gabapentin oral capsule 200 mg</i>	NP	PA; QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	P	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
GABARONE	NP	PA
GRALISE ORAL TABLET	NP	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	NP	PA
LYRICA	NP	PA
LYRICA CR	NP	PA
NEURONTIN ORAL CAPSULE	NP	PA; QL (270 EA per 30 days)
NEURONTIN ORAL SOLUTION	NP	PA; QL (2160 ML per 30 days)
NEURONTIN ORAL TABLET 600 MG	NP	PA; QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	NP	PA; QL (120 EA per 30 days)
<i>pregabalin er</i>	NP	PA
<i>pregabalin oral capsule</i>	P	
<i>pregabalin oral solution</i>	NP	PA
RELGAABI ORAL CAPSULE 300 MG, 400 MG	NP	PA; QL (270 EA per 30 days)
SABRIL ORAL PACKET	P	PA
SABRIL ORAL TABLET	NP	PA
<i>tiagabine hcl</i>	P	PA
<i>valproic acid oral solution</i>	P	
<i>vigabatrin oral packet</i>	NP	PA
<i>vigabatrin oral tablet</i>	P	PA
VIGADRONE	NP	PA
VIGAFYDE	NP	PA
ZTALMY	NP	PA

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Drug	Tier	Requirements/Limits
Hydantoins		
DILANTIN INFATABS	NP	PA
DILANTIN ORAL CAPSULE	NP	PA
DILANTIN-125	NP	PA
PHENYTEK	NP	PA
PHENYTOIN INFATABS	P	
<i>phenytoin oral</i>	P	
<i>phenytoin sodium extended</i>	P	
Ion Channel Inhibition Agents		
APTOM	NP	PA
BANZEL	NP	PA; AL
<i>eslicarbazepine acetate</i>	NP	PA
<i>lacosamide oral</i>	P	
MOTPOLY XR	NP	PA
<i>oxcarbazepine</i>	P	
<i>oxcarbazepine er</i>	NP	PA
OXTELLAR XR	NP	PA
<i>rufinamide</i>	P	AL
TRILEPTAL	NP	PA
VIMPAT ORAL	NP	PA
XCOPRI	NP	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	NP	PA
XCOPRI (350 MG DAILY DOSE)	NP	PA
ZONISADE	NP	PA
<i>zonisamide oral</i>	P	QL (180 EA per 30 days)
Melatonin Receptor Agonists		
HETLIOZ	NP	PA

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Drug	Tier	Requirements/Limits
HETLIOZ LQ	NP	PA
<i>ramelteon</i>	NP	PA
ROZEREM	NP	PA
<i>tasimelteon</i>	NP	PA
Monoamine Oxidase B Inhibitors		
AZILECT	NP	PA; QL (30 EA per 30 days)
EMSAM	NP	PA
<i>rasagiline mesylate oral</i>	NP	PA; QL (30 EA per 30 days)
<i>selegiline hcl oral</i>	P	QL (60 EA per 30 days)
XADAGO	NP	PA
Monoamine Oxidase Inhibitors		
AZILECT	NP	PA; QL (30 EA per 30 days)
EMSAM	NP	PA
MARPLAN	NP	PA
NARDIL	NP	PA; QL (180 EA per 30 days)
<i>phenelzine sulfate oral</i>	P	QL (180 EA per 30 days)
<i>rasagiline mesylate oral</i>	NP	PA; QL (30 EA per 30 days)
<i>selegiline hcl oral</i>	P	QL (60 EA per 30 days)
<i>tranylcypromine sulfate</i>	NP	PA; QL (180 EA per 30 days)
XADAGO	NP	PA
Non-Benzodiazepine Hypnotics		
AMBIEN	NP	PA; QL (30 EA per 30 days)
AMBIEN CR	NP	PA
EDLUAR	NP	PA
<i>eszopiclone</i>	NP	PA
<i>zaleplon oral capsule 10 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	NP	PA
<i>zolpidem tartrate oral capsule</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>zolpidem tartrate oral tablet</i>	P	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual</i>	NP	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
<i>apomorphine hcl subcutaneous</i>	NP	PA
NEUPRO	NP	PA
<i>pramipexole dihydrochloride</i>	P	QL (90 EA per 30 days)
<i>pramipexole dihydrochloride er</i>	NP	PA
<i>ropinirole hcl</i>	P	QL (90 EA per 30 days)
<i>ropinirole hcl er</i>	NP	PA
Non-Opioid Analgesics		
Acetaminophen Childrens Oral Solution	OTC	
Acetaminophen Childrens Oral Suspension 160 MG/5ML	OTC	
Acetaminophen ER	OTC	QL (180 EA per 30 days)
Acetaminophen Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
Acetaminophen Infants	OTC	
Acetaminophen Oral Liquid 160 MG/5ML	OTC	
Acetaminophen Oral Solution 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Suspension 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	OTC	
Acetaminophen Oral Tablet 325 MG	OTC	QL (360 EA per 30 days)
Acetaminophen Oral Tablet 500 MG	OTC	QL (240 EA per 30 days)
Acetaminophen Rectal Suppository 120 MG	OTC	

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Acetaminophen Rectal Suppository 650 MG	OTC	QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	P	QL (5010 ML per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	P	QL (390 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	P	QL (360 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	P	QL (180 EA per 30 days); AL
Arthritis Pain Relief Oral	OTC	QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	P	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	QL (180 EA per 30 days)
Ed-APAP	OTC	
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	P	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	P	QL (360 EA per 30 days)
FeverAll Infants	OTC	
FeverAll Junior Strength	OTC	
GNP 8 Hour Arthritis Relief	OTC	QL (180 EA per 30 days)
GNP 8 Hour Pain Relief	OTC	QL (180 EA per 30 days)
GNP Acetaminophen Oral Tablet	OTC	QL (360 EA per 30 days)
GNP Pain & Fever Childrens Oral Suspension 160 MG/5ML	OTC	
GNP Pain & Fever Infants	OTC	
GNP Pain Relief Extra Strength Oral Tablet	OTC	QL (240 EA per 30 days)
GNP Pain Relief Oral	OTC	QL (360 EA per 30 days)
GoodSense Arthritis Pain Oral	OTC	QL (180 EA per 30 days)
GoodSense Pain & Fever Child	OTC	
GoodSense Pain & Fever Infants	OTC	

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Drug	Tier	Requirements/Limits
GoodSense Pain Relief Extra St	OTC	QL (240 EA per 30 days)
GoodSense Pain Relief Oral Tablet	OTC	QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	QL (360 EA per 30 days)
Liquid Acetaminophen	OTC	
Mapap Oral Capsule	OTC	QL (240 EA per 30 days)
M-PAP	OTC	
<i>nalocet</i>	NP	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	P	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	P	QL (360 EA per 30 days)
Pain & Fever Childrens Oral Suspension	OTC	
Pain & Fever Infants	OTC	
PERCOCET ORAL TABLET 10-325 MG, 7.5-325 MG	NP	PA; QL (180 EA per 30 days)
PERCOCET ORAL TABLET 5-325 MG	NP	PA; QL (360 EA per 30 days)
PROLATE	NP	PA
<i>tramadol-acetaminophen</i>	P	QL (240 EA per 30 days); AL
Nonsteroidal Anti-Inflamm. Agents, Misc		
All Day Pain Relief	OTC	QL (210 EA per 30 days)
All Day Relief	OTC	QL (210 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
Childrens Ibuprofen Oral Suspension 100 MG/5ML	OTC	

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Drug	Tier	Requirements/Limits
COXANTO	NP	PA
<i>diclofenac epolamine external</i>	NP	PA
<i>diclofenac potassium oral capsule</i>	NP	PA
<i>diclofenac potassium oral tablet 25 mg</i>	NP	PA
<i>diclofenac potassium oral tablet 50 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>diclofenac potassium(migraine)</i>	NP	PA
<i>diclofenac sodium er</i>	P	QL (60 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	P	QL (240 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	P	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	P	QL (60 EA per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release</i>	NP	PA
<i>diflunisal oral</i>	NP	PA; QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>etodolac oral capsule 200 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>etodolac oral capsule 300 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>etodolac oral tablet 400 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>etodolac oral tablet 500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NP	PA
<i>flurbiprofen oral tablet 100 mg</i>	NP	PA
GNP Childrens Ibuprofen	OTC	
GNP Ibuprofen Childrens	OTC	
GNP Naproxen Sodium Oral Tablet	OTC	QL (210 EA per 30 days)
GoodSense Ibuprofen Childrens Oral Suspension	OTC	

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Drug	Tier	Requirements/Limits
GoodSense Ibuprofen Infants	OTC	
GoodSense Naproxen Sodium	OTC	QL (210 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	P	
IBU ORAL TABLET 400 MG	P	QL (240 EA per 30 days)
IBU ORAL TABLET 600 MG	P	QL (150 EA per 30 days)
IBU ORAL TABLET 800 MG	P	QL (120 EA per 30 days)
Ibuprofen Childrens	OTC	
Ibuprofen Junior Strength Oral Tablet Chewable	OTC	
Ibuprofen Oral Capsule	OTC	
<i>ibuprofen oral suspension</i>	P	
<i>ibuprofen oral tablet 400 mg</i>	P	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	P	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
<i>ibuprofen-famotidine</i>	NP	PA
<i>indomethacin er</i>	NP	PA; QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>indomethacin oral suspension</i>	NP	PA; QL (1200 ML per 30 days)
<i>indomethacin rectal suppository 50 mg</i>	NP	PA
Infants Ibuprofen	OTC	
<i>ketoprofen er</i>	NP	PA; QL (30 EA per 30 days)
<i>ketoprofen oral capsule 50 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>ketoprofen oral capsule 75 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>ketorolac tromethamine oral</i>	P	QL (120 EA per 30 days)
LOFENA	NP	PA
LURBIRO	NP	PA
<i>meclofenamate sodium oral</i>	NP	PA
<i>mefenamic acid oral</i>	NP	PA
<i>meloxicam oral capsule</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>meloxicam oral tablet</i>	P	QL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg</i>	P	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	P	QL (60 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG	NP	PA; QL (120 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NP	PA; QL (90 EA per 30 days)
<i>naproxen dr oral tablet delayed release 500 mg</i>	P	QL (60 EA per 30 days)
<i>naproxen oral suspension</i>	P	QL (1800 ML per 30 days)
<i>naproxen oral tablet 250 mg</i>	P	QL (180 EA per 30 days)
<i>naproxen oral tablet 375 mg</i>	P	QL (120 EA per 30 days)
<i>naproxen oral tablet 500 mg</i>	P	QL (90 EA per 30 days)
<i>naproxen oral tablet delayed release</i>	P	QL (60 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	NP	PA
Naproxen Sodium Oral Tablet 220 MG	OTC	QL (210 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>naproxen sodium oral tablet 550 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen-esomeprazole mg</i>	NP	PA
<i>oxaprozin</i>	NP	PA
<i>piroxicam oral capsule 10 mg</i>	P	QL (60 EA per 30 days)
<i>piroxicam oral capsule 20 mg</i>	P	QL (30 EA per 30 days)
RELAFEN DS	NP	PA
<i>sulindac oral</i>	P	QL (60 EA per 30 days)
<i>sumatriptan-naproxen sodium</i>	NP	PA

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Drug	Tier	Requirements/Limits
TOLECTIN 600	NP	PA
TOLECTIN DS	NP	PA
<i>tolmetin sodium</i>	NP	PA
ZYBIC	NP	PA
Opioid Agonists (28:08)		
<i>acetaminophen-codeine oral solution</i>	P	QL (5010 ML per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	P	QL (390 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	P	QL (360 EA per 30 days); AL
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	P	QL (180 EA per 30 days); AL
ASCOMP-CODEINE	NP	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	P	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine</i>	P	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet</i>	P	QL (180 EA per 30 days); AL
CONZIP	NP	PA
DILAUDID ORAL	NP	PA
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	P	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	P	QL (360 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	P	QL (30 EA per 90 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	NP	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	NP	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	P	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	NP	PA
<i>hydromorphone hcl oral</i>	P	
<i>hydromorphone hcl rectal</i>	P	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	NP	PA
<i>levorphanol tartrate oral</i>	NP	PA
<i>meperidine hcl oral solution</i>	P	
<i>meperidine hcl oral tablet 50 mg</i>	P	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	NP	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 5 mg/0.25ml</i>	P	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	NP	
<i>morphine sulfate er beads</i>	NP	PA
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	NP	PA
<i>morphine sulfate er oral tablet extended release</i>	P	
<i>morphine sulfate oral</i>	P	
<i>morphine sulfate rectal</i>	P	

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Drug	Tier	Requirements/Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	NP	PA
<i>nalocet</i>	NP	PA
<i>oxycodone hcl oral capsule</i>	P	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	P	
<i>oxycodone hcl oral solution</i>	P	
<i>oxycodone hcl oral tablet</i>	P	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10- 325 mg, 2.5-325 mg, 7.5-325 mg</i>	P	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5- 325 mg</i>	P	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	P	
<i>oxymorphone hcl</i>	NP	PA
<i>oxymorphone hcl er</i>	NP	PA
PERCOCET ORAL TABLET 10-325 MG, 7.5-325 MG	NP	PA; QL (180 EA per 30 days)
PERCOCET ORAL TABLET 5-325 MG	NP	PA; QL (360 EA per 30 days)
PROLATE	NP	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	NP	PA; QL (180 EA per 30 days)
ROXYBOND	NP	PA
<i>tapentadol hcl</i>	NP	PA
<i>tapentadol hcl er</i>	NP	PA
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	NP	PA
<i>tramadol hcl er</i>	P	
<i>tramadol hcl oral solution</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>tramadol hcl oral tablet 100 mg, 75 mg</i>	NP	PA
<i>tramadol hcl oral tablet 25 mg</i>	P	
<i>tramadol hcl oral tablet 50 mg</i>	P	QL (240 EA per 30 days); AL
<i>tramadol-acetaminophen</i>	P	QL (240 EA per 30 days); AL
XYVONA	NP	PA
Opioid Antagonists (28:10)		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	P	QL (60 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	P	QL (360 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	P	QL (180 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	P	QL (90 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	P	QL (360 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	P	QL (90 EA per 30 days); AL
<i>ft naloxone hcl</i>	NP	PA
<i>gnp naloxone hcl</i>	NP	PA
KLOXXADO	NP	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution cartridge</i>	P	
<i>naloxone hcl injection solution prefilled syringe</i>	P	
<i>naloxone hcl nasal</i>	NP	PA
NARCAN	P	
OPVEE	NP	PA
<i>pentazocine-naloxone hcl</i>	NP	PA
REXTOVY	NP	PA

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Drug	Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	NP	PA; QL (60 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	NP	PA; QL (360 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 4-1 MG	NP	PA; QL (180 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 8-2 MG	NP	PA; QL (90 EA per 30 days); AL
VIVITROL	P	QL (1 EA per 28 days)
ZUBSOLV	NP	PA
ZURNAI	NP	PA
Opioid Partial Agonists		
BELBUCA	NP	PA
BRIXADI	P	
BRIXADI (WEEKLY)	P	
<i>buprenorphine hcl sublingual</i>	P	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	P	QL (60 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	P	QL (360 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	P	QL (180 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	P	QL (90 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	P	QL (360 EA per 30 days); AL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	P	QL (90 EA per 30 days); AL
<i>buprenorphine transdermal</i>	NP	PA
<i>butorphanol tartrate nasal</i>	NP	PA; QL (5 ML per 30 days)
BUTRANS	P	
<i>pentazocine-naloxone hcl</i>	NP	PA

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Drug	Tier	Requirements/Limits
SUBLOCADE	P	
SUBOXONE SUBLINGUAL FILM 12-3 MG	NP	PA; QL (60 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	NP	PA; QL (360 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 4-1 MG	NP	PA; QL (180 EA per 30 days); AL
SUBOXONE SUBLINGUAL FILM 8-2 MG	NP	PA; QL (90 EA per 30 days); AL
ZUBSOLV	NP	PA
Orexin Receptor Antagonists		
BELSOMRA	NP	PA
DAYVIGO	NP	PA
QUVIVIQ	NP	PA
Phenothiazines		
COMPRO	NP	PA; AL
<i>prochlorperazine</i>	P	AL
<i>prochlorperazine maleate oral</i>	P	AL
Respiratory And Cns Stimulants		
APTENSIO XR	NP	PA
ASCOMP-CODEINE	NP	PA; QL (180 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	P	QL (60 EA per 30 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	P	QL (30 EA per 30 days); AL
<i>atomoxetine hcl oral solution</i>	NP	PA
ATONCY	NP	PA
AZSTARYS	NP	PA
Back & Body Extra Strength	OTC	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	P	

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Drug	Tier	Requirements/Limits
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine</i>	P	QL (180 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NP	PA; QL (30 EA per 30 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NP	PA; QL (60 EA per 30 days); AL
COTEMPLA XR-ODT	NP	PA
DAYTRANA	NP	PA
<i>dexmethylphenidate hcl er</i>	P	QL (30 EA per 30 days); AL
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	P	QL (60 EA per 30 days); AL
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	P	QL (90 EA per 30 days); AL
FOCALIN ORAL TABLET 10 MG	NP	PA; QL (60 EA per 30 days); AL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	NP	PA; QL (90 EA per 30 days); AL
FOCALIN XR	NP	PA; QL (30 EA per 30 days); AL
JORNAY PM	NP	PA
METHYLIN ORAL SOLUTION	NP	PA; QL (900 ML per 30 days); AL
<i>methylphenidate</i>	NP	PA
<i>methylphenidate er</i>	NP	PA
<i>methylphenidate hcl er (cd)</i>	P	QL (30 EA per 30 days); AL
<i>methylphenidate hcl er (la)</i>	P	QL (30 EA per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	P	QL (30 EA per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	P	QL (60 EA per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	NP	PA
<i>methylphenidate hcl er (xr)</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release</i>	P	QL (90 EA per 30 days); AL
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 54 mg</i>	P	AL
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	P	QL (30 EA per 30 days); AL
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	P	QL (60 EA per 30 days); AL
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	P	QL (30 EA per 30 days); AL
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	P	QL (60 EA per 30 days); AL
<i>methylphenidate hcl oral solution</i>	P	QL (900 ML per 30 days); AL
<i>methylphenidate hcl oral tablet</i>	P	QL (90 EA per 30 days); AL
<i>methylphenidate hcl oral tablet chewable</i>	NP	PA
NORGESIC	NP	PA; QL (240 EA per 30 days)
<i>norgesic forte</i>	NP	PA; QL (120 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	PA; QL (240 EA per 30 days)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	NP	PA; QL (120 EA per 30 days)
QELBREE	NP	PA
QUILLICHEW ER	P	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	P	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NP	PA; QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	NP	PA; QL (60 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	NP	PA
RITALIN	NP	PA; QL (90 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
Reversible Cox-1/Cox-2 Inhibitors		
ACULAR	NP	PA
ACULAR LS	NP	PA
ACUVAIL	NP	PA
All Day Pain Relief	OTC	QL (210 EA per 30 days)
All Day Relief	OTC	QL (210 EA per 30 days)
Childrens Ibuprofen Oral Suspension 100 MG/5ML	OTC	
COXANTO	NP	PA
<i>diflunisal oral</i>	NP	PA; QL (90 EA per 30 days)
DOLOBID	NP	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>etodolac oral capsule 200 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>etodolac oral capsule 300 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>etodolac oral tablet 400 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>etodolac oral tablet 500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>fenopropfen calcium oral capsule</i>	NP	PA
FENOPRON	NP	PA
<i>flurbiprofen oral tablet 100 mg</i>	NP	PA
<i>flurbiprofen sodium</i>	P	
GNP Childrens Ibuprofen	OTC	
GNP Ibuprofen Childrens	OTC	
GNP Naproxen Sodium Oral Tablet	OTC	QL (210 EA per 30 days)
GoodSense Ibuprofen Childrens Oral Suspension	OTC	
GoodSense Ibuprofen Infants	OTC	
GoodSense Naproxen Sodium	OTC	QL (210 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	P	
IBU ORAL TABLET 400 MG	P	QL (240 EA per 30 days)
IBU ORAL TABLET 600 MG	P	QL (150 EA per 30 days)
IBU ORAL TABLET 800 MG	P	QL (120 EA per 30 days)
Ibuprofen Childrens	OTC	
Ibuprofen Junior Strength Oral Tablet Chewable	OTC	
Ibuprofen Oral Capsule	OTC	
<i>ibuprofen oral suspension</i>	P	
<i>ibuprofen oral tablet 300 mg</i>	NP	PA
<i>ibuprofen oral tablet 400 mg</i>	P	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	P	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	P	QL (120 EA per 30 days)
<i>ibuprofen-famotidine</i>	NP	PA
<i>indomethacin er</i>	NP	PA; QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>indomethacin oral suspension</i>	NP	PA; QL (1200 ML per 30 days)
<i>indomethacin rectal suppository 50 mg</i>	NP	PA
Infants Ibuprofen	OTC	
<i>ketorolac tromethamine ophthalmic</i>	P	
<i>ketorolac tromethamine oral</i>	P	QL (120 EA per 30 days)
LURBIRO	NP	PA
<i>meclofenamate sodium oral</i>	NP	PA
<i>mefenamic acid oral</i>	NP	PA
<i>meloxicam oral capsule</i>	NP	PA
<i>meloxicam oral tablet</i>	P	QL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg</i>	P	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG	NP	PA; QL (120 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NP	PA; QL (90 EA per 30 days)
<i>naproxen dr oral tablet delayed release 500 mg</i>	P	QL (60 EA per 30 days)
<i>naproxen oral suspension</i>	P	QL (1800 ML per 30 days)
<i>naproxen oral tablet 250 mg</i>	P	QL (180 EA per 30 days)
<i>naproxen oral tablet 375 mg</i>	P	QL (120 EA per 30 days)
<i>naproxen oral tablet 500 mg</i>	P	QL (90 EA per 30 days)
<i>naproxen oral tablet delayed release</i>	P	QL (60 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	NP	PA
Naproxen Sodium Oral Tablet 220 MG	OTC	QL (210 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>naproxen sodium oral tablet 550 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen-esomeprazole mg</i>	NP	PA
<i>oxaprozin</i>	NP	PA
<i>piroxicam oral capsule 10 mg</i>	P	QL (60 EA per 30 days)
<i>piroxicam oral capsule 20 mg</i>	P	QL (30 EA per 30 days)
RELAFEN DS	NP	PA
<i>sulindac oral</i>	P	QL (60 EA per 30 days)
<i>sumatriptan-naproxen sodium</i>	NP	PA
SYMBRAVO	NP	PA
ZYBIC	NP	PA
Salicylates		

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Drug	Tier	Requirements/Limits
ASCOMP-CODEINE	NP	PA; QL (180 EA per 30 days)
Aspirin Low Dose Oral Tablet Chewable	OTC	
Aspirin Low Dose Oral Tablet Delayed Release	OTC	
Aspirin Low Strength	OTC	
Aspirin Oral Tablet 325 MG	OTC	
Aspirin Oral Tablet Chewable	OTC	
Aspirin Oral Tablet Delayed Release 325 MG, 81 MG	OTC	
Aspirin Rectal Suppository 300 MG	OTC	
<i>aspirin-dipyridamole er</i>	NP	PA; QL (60 EA per 30 days)
Back & Body Extra Strength	OTC	
<i>butalbital-asa-caff-codeine</i>	P	QL (180 EA per 30 days)
GNP Adult Aspirin Low Strength Oral Tablet Chewable	OTC	
GNP Aspirin Low Dose	OTC	
GNP Aspirin Oral Tablet 325 MG	OTC	
GNP Aspirin Oral Tablet Delayed Release	OTC	
GoodSense Aspirin Low Dose	OTC	
GoodSense Aspirin Oral Tablet	OTC	
GoodSense Aspirin Oral Tablet Chewable	OTC	
NORGESIC	NP	PA; QL (240 EA per 30 days)
<i>norgesic forte</i>	NP	PA; QL (120 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	PA; QL (240 EA per 30 days)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	NP	PA; QL (120 EA per 30 days)
SM Aspirin EC	OTC	
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine er</i>	NP	PA
<i>desvenlafaxine succinate er</i>	P	

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Drug	Tier	Requirements/Limits
DRIZALMA SPRINKLE	NP	PA
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 40 mg, 80 mg, 90 mg</i>	NP	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	P	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	NP	PA; QL (30 EA per 30 days)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG	NP	PA; QL (90 EA per 30 days)
FETZIMA	NP	PA
FETZIMA TITRATION	NP	PA
<i>milnacipran hcl</i>	NP	PA
PRISTIQ	NP	PA
SAVELLA	NP	PA
SAVELLA TITRATION PACK	NP	PA
<i>venlafaxine besylate er</i>	NP	PA
<i>venlafaxine hcl</i>	P	QL (90 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	P	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	P	QL (90 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
Selective Serotonin Agonists		
<i>almotriptan malate</i>	NP	PA
<i>eletriptan hydrobromide</i>	NP	PA
<i>frovatriptan succinate</i>	NP	PA
IMITREX ORAL	NP	PA; QL (12 EA per 30 days)

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Drug	Tier	Requirements/Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; QL (4 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NP	PA; QL (4 ML per 30 days)
MAXALT ORAL TABLET 10 MG	NP	PA; QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NP	PA; QL (12 EA per 30 days)
<i>naratriptan hcl</i>	NP	PA
RELPAX	P	
REYVOW ORAL TABLET 100 MG	NP	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	NP	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate</i>	P	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	NP	PA; QL (6 EA per 30 days)
<i>sumatriptan succinate oral</i>	P	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	P	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	P	QL (4 ML per 30 days)
<i>sumatriptan-naproxen sodium</i>	NP	PA
SYMBRAVO	NP	PA
TOSYMRA	NP	PA
ZEMBRACE SYMTOUCH	NP	PA
<i>zolmitriptan nasal</i>	NP	PA
<i>zolmitriptan oral</i>	NP	PA
ZOMIG	NP	PA
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET 10 MG, 20 MG	NP	PA; QL (45 EA per 30 days)
CELEXA ORAL TABLET 40 MG	NP	PA; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral capsule</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>citalopram hydrobromide oral solution</i>	P	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	P	QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	P	QL (30 EA per 30 days)
<i>escitalopram oxalate oral capsule</i>	NP	PA
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	NP	PA; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	P	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	P	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	P	QL (60 EA per 30 days)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	P	QL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	P	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	P	QL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	P	
<i>fluoxetine hcl oral capsule delayed release</i>	NP	PA
<i>fluoxetine hcl oral solution</i>	P	QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	P	QL (120 EA per 30 days)
<i>fluoxetine hcl oral tablet 60 mg</i>	NP	PA
<i>fluvoxamine maleate er</i>	NP	PA
<i>fluvoxamine maleate oral tablet 100 mg</i>	P	QL (90 EA per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	P	QL (30 EA per 30 days)
LEXAPRO ORAL TABLET 10 MG	NP	PA; QL (45 EA per 30 days)
LEXAPRO ORAL TABLET 20 MG	NP	PA; QL (30 EA per 30 days)
LEXAPRO ORAL TABLET 5 MG	NP	PA; QL (60 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	PA; QL (30 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	PA; QL (90 EA per 30 days); AL
<i>paroxetine hcl er</i>	NP	PA
<i>paroxetine hcl oral suspension</i>	NP	PA; QL (90 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	P	QL (45 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	P	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	P	QL (60 EA per 30 days)
<i>paroxetine mesylate</i>	NP	PA
PAXIL CR	NP	PA
PAXIL ORAL TABLET 10 MG	NP	PA; QL (45 EA per 30 days)
PAXIL ORAL TABLET 20 MG, 40 MG	NP	PA; QL (30 EA per 30 days)
PAXIL ORAL TABLET 30 MG	NP	PA; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule</i>	NP	PA
<i>sertraline hcl oral concentrate</i>	NP	PA; QL (60 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	P	QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	P	QL (45 EA per 30 days)
ZOLOFT ORAL CONCENTRATE	NP	PA; QL (60 ML per 30 days)
ZOLOFT ORAL TABLET 100 MG	NP	PA; QL (60 EA per 30 days)
ZOLOFT ORAL TABLET 25 MG, 50 MG	NP	PA; QL (45 EA per 30 days)
Serotonin Modulators		
EXXUA	NP	PA
EXXUA TITRATION PACK	NP	PA
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	P	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	P	QL (60 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	P	QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg</i>	P	QL (60 EA per 30 days)
<i>nefazodone hcl oral tablet 150 mg</i>	P	QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>nefazodone hcl oral tablet 200 mg</i>	P	QL (90 EA per 30 days)
RALDESY	NP	PA
REMERON ORAL TABLET 15 MG, 30 MG	NP	PA; QL (30 EA per 30 days)
REMERON SOLTAB	NP	PA; QL (30 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 50 mg</i>	P	QL (180 EA per 30 days)
<i>trazodone hcl oral tablet 150 mg</i>	P	QL (120 EA per 30 days)
<i>trazodone hcl oral tablet 300 mg</i>	P	QL (60 EA per 30 days)
TRINTELLIX	NP	PA
VIIBRYD ORAL TABLET	NP	PA
<i>vilazodone hcl</i>	P	
Succinimides		
CELONTIN	P	
<i>ethosuximide oral capsule</i>	P	QL (180 EA per 30 days)
<i>ethosuximide oral solution</i>	P	QL (900 ML per 30 days)
<i>methsuximide</i>	NP	PA
ZARONTIN ORAL CAPSULE	NP	PA; QL (180 EA per 30 days)
ZARONTIN ORAL SOLUTION	NP	PA; QL (900 ML per 30 days)
Tricyclics, Other Norepi-Ru Inhibitors		
<i>doxepin hcl oral tablet</i>	NP	PA
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	P	
AUSTEDO XR	P	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	NP	PA
INGREZZA	P	
<i>tetrabenazine</i>	P	
XENAZINE	NP	PA

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Drug	Tier	Requirements/Limits
Wakefulness-Promoting Agents		
<i>armodafinil</i>	P	PA
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	P	QL (60 EA per 30 days)
<i>modafinil oral</i>	P	PA
NUVIGIL	NP	PA
PROVIGIL	NP	PA
SUNOSI	NP	PA; QL (30 EA per 30 days)
WAKIX	NP	PA
Devices		
Devices		
1st Tier Unifine Pentips	OTC	QL (200 EA per 30 days)
1st Tier Unifine Pentips Plus	OTC	QL (200 EA per 30 days)
Accu-Chek Aviva In Vitro Solution	OTC	
ACCU-CHEK GUIDE	P	QL (1 EA per 365 days)
Accu-Chek Guide Control	OTC	
ACCU-CHEK GUIDE ME	P	QL (1 EA per 365 days)
Accu-Chek SmartView Control	OTC	
Accu-Chek Softclix Lancet Dev Kit	OTC	
ACCU-CHEK SOFTCLIX LANCETS	P	QL (150 EA per 30 days)
Ace Aerosol Cloud Enhancer	OTC	
Adult Aerosol Mask	OTC	
Adult Mask Large	OTC	
Advocate Insulin Pen Needle	OTC	QL (200 EA per 30 days)
Advocate Insulin Pen Needles	OTC	QL (200 EA per 30 days)
Advocate Insulin Syringe	OTC	
AeroChamber Mini Chamber	OTC	QL (2 EA per 365 days)
AeroChamber MV	OTC	QL (2 EA per 365 days)
AeroChamber Plus Flo-Vu	OTC	QL (2 EA per 365 days)

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Drug	Tier	Requirements/Limits
AeroChamber Plus Flo-Vu Large	OTC	QL (2 EA per 365 days)
AeroChamber Plus Flo-Vu Medium	OTC	QL (2 EA per 365 days)
AeroChamber Plus Flo-Vu Small	OTC	QL (2 EA per 365 days)
AeroChamber Plus Flow VU	OTC	QL (2 EA per 365 days)
AeroChamber Z-Stat Plus	OTC	QL (2 EA per 365 days)
AeroChamber Z-Stat Plus Chambr	OTC	QL (2 EA per 365 days)
AeroChamber Z-Stat Plus/Large	OTC	QL (2 EA per 365 days)
AeroChamber Z-Stat Plus/Medium	OTC	QL (2 EA per 365 days)
AeroChamber Z-Stat Plus/Small	OTC	QL (2 EA per 365 days)
Airzone Peak Flow Meter	OTC	
AQ Insulin Syringe	OTC	
AQInject Pen Needle	OTC	QL (200 EA per 30 days)
Assure ID Duo Pro Pen Needles	OTC	QL (200 EA per 30 days)
Assure ID Pro Pen Needles	OTC	QL (200 EA per 30 days)
Assure ID Safety Pen Needles 30G X 8 MM	OTC	QL (200 EA per 30 days)
AUM Insulin Safety Pen Needle	OTC	QL (200 EA per 30 days)
AUM Mini Insulin Pen Needle	OTC	QL (200 EA per 30 days)
AUM Pen Needle	OTC	QL (200 EA per 30 days)
AUM ReadyGard Duo Pen Needle	OTC	QL (200 EA per 30 days)
AUM Safety Pen Needle	OTC	QL (200 EA per 30 days)
Aurora Pen Needles	OTC	QL (200 EA per 30 days)
BD AutoShield Duo	OTC	QL (200 EA per 30 days)
BD Ins Syr Ultrafine 1/2Unit	OTC	
BD Insulin Syr Ultrafine II 31G X 5/16" 0.3 ML	OTC	
BD Insulin Syringe 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	OTC	
BD Insulin Syringe Half-Unit	OTC	

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Drug	Tier	Requirements/Limits
BD Insulin Syringe MicroFine 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	OTC	
BD Insulin Syringe U/F 30G X 1/2" 1 ML	OTC	
BD Insulin Syringe U-500	OTC	
BD Insulin Syringe Ultrafine 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
BD Pen Needle Micro Ultrafine	OTC	QL (200 EA per 30 days)
BD Pen Needle Mini U/F	OTC	QL (200 EA per 30 days)
BD Pen Needle Mini Ultrafine	OTC	QL (200 EA per 30 days)
BD Pen Needle Nano 2nd Gen	OTC	QL (200 EA per 30 days)
BD Pen Needle Nano Ultrafine	OTC	QL (200 EA per 30 days)
BD Pen Needle Orig Ultrafine	OTC	QL (200 EA per 30 days)
BD Pen Needle Short Ultrafine	OTC	QL (200 EA per 30 days)
BD SafetyGlide Insulin Syringe	OTC	
BD Veo Insulin Syr U/F 1/2Unit	OTC	
BD Veo Insulin Syr Ultrafine	OTC	
CareFine Pen Needles	OTC	QL (200 EA per 30 days)
CareOne Insulin Syringe	OTC	
CareOne Unifine Pentips Plus	OTC	QL (200 EA per 30 days)
CareTouch Insulin Syringe	OTC	
CareTouch Pen Needles	OTC	QL (200 EA per 30 days)
Clever Choice Comfort EZ 29G X 12MM , 33G X 4 MM	OTC	QL (200 EA per 30 days)

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ML = Milliliter
EA = Each

Drug	Tier	Requirements/Limits
Comfort EZ Insulin Syringe 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
Comfort EZ Micro Pen Needles	OTC	QL (200 EA per 30 days)
Comfort EZ Pen Needles	OTC	QL (200 EA per 30 days)
Comfort EZ Pro Pen Needles	OTC	QL (200 EA per 30 days)
Comfort EZ Short Pen Needles	OTC	QL (200 EA per 30 days)
Comfort Touch Insulin Pen Need	OTC	QL (200 EA per 30 days)
Compact Space Chamber	OTC	QL (2 EA per 365 days)
Compact Space Chamber/Lg Mask	OTC	QL (2 EA per 365 days)
Compact Space Chamber/Med Mask	OTC	QL (2 EA per 365 days)
Compact Space Chamber/Sm Mask	OTC	QL (2 EA per 365 days)
DEXCOM G6 RECEIVER	P	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	P	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	P	PA; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	P	PA; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	P	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	P	PA; QL (3 EA per 30 days)
Diathrive Pen Needle	OTC	QL (200 EA per 30 days)
Droplet Insulin Syringe 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	

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Drug	Tier	Requirements/Limits
Droplet Micron	OTC	QL (200 EA per 30 days)
Droplet Pen Needles	OTC	QL (200 EA per 30 days)
DropSafe Safety Pen Needles	OTC	QL (200 EA per 30 days)
DropSafe Safety Syringe/Needle	OTC	
Drug Mart Unifine Pentips 29G X 12MM , 31G X 6 MM , 31G X 8 MM	OTC	QL (200 EA per 30 days)
Drug Mart Unifine Pentips Plus	OTC	QL (200 EA per 30 days)
EasiVent	OTC	QL (2 EA per 365 days)
EasiVent Mask Large	OTC	QL (2 EA per 365 days)
EasiVent Mask Medium	OTC	QL (2 EA per 365 days)
EasiVent Mask Small	OTC	QL (2 EA per 365 days)
Easy Comfort Insulin Syringe 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML	OTC	
Easy Comfort Insulin Syringe 32G X 5/16" 1 ML	OTC	
Easy Comfort Pen Needles 29G X 4MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	OTC	QL (200 EA per 30 days)
Easy Glide Pen Needles	OTC	QL (200 EA per 30 days)
Easy Touch FlipLock Insulin Sy	OTC	
Easy Touch Insulin Safety Syr	OTC	
Easy Touch Insulin Syringe	OTC	
Easy Touch Pen Needles	OTC	QL (200 EA per 30 days)
Easy Touch Safety Pen Needles	OTC	QL (200 EA per 30 days)
Easy Touch SheathLock Syringe 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	OTC	
Embecta AutoShield Duo	OTC	QL (200 EA per 30 days)

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Drug	Tier	Requirements/Limits
Embecta Ins Syr U/F 1/2 Unit	OTC	
Embecta Insulin Syr Ultrafine	OTC	
Embecta Insulin Syringe	OTC	
Embecta Insulin Syringe U-100 27G X 5/8" 1 ML	OTC	
Embecta Insulin Syringe U-500	OTC	
Embecta Pen Needle Nano	OTC	QL (200 EA per 30 days)
Embecta Pen Needle Nano 2 Gen	OTC	QL (200 EA per 30 days)
Embecta Pen Needle Ultrafine	OTC	QL (200 EA per 30 days)
Embrace Pen Needles	OTC	QL (200 EA per 30 days)
EQ Space Chamber Anti-Static	OTC	QL (2 EA per 365 days)
EQ Space Chamber Anti-Static L	OTC	QL (2 EA per 365 days)
EQ Space Chamber Anti-Static M	OTC	QL (2 EA per 365 days)
EQ Space Chamber Anti-Static S	OTC	QL (2 EA per 365 days)
Fifty50 Pen Needles	OTC	QL (200 EA per 30 days)
Fifty50 Superior Comfort Syr	OTC	
Flexichamber	OTC	QL (2 EA per 365 days)
Flexichamber Adult Mask/Small	OTC	QL (2 EA per 365 days)
Flexichamber Child Mask/Large	OTC	QL (2 EA per 365 days)
Flexichamber Child Mask/Small	OTC	QL (2 EA per 365 days)
FreeStyle Control Solution	OTC	
FREESTYLE LIBRE 14 DAY SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	P	PA; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	P	PA; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	P	PA; QL (2 EA per 28 days)
Global Ease Inject Pen Needles	OTC	QL (200 EA per 30 days)
Global Easy Glide Insulin Syr	OTC	

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Drug	Tier	Requirements/Limits
Global Easy Glide Pen Needles	OTC	QL (200 EA per 30 days)
Global Inject Ease Insulin Syr	OTC	
Global Insulin Syringes	OTC	
GlucoPro Insulin Syringe	OTC	
GNP Insulin Syringe 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
GNP Insulin Syringes	OTC	
GNP Insulin Syringes 28Gx1/2"	OTC	
GNP Insulin Syringes 29Gx1/2"	OTC	
GNP Insulin Syringes 30Gx5/16"	OTC	
GNP Insulin Syringes 31Gx5/16"	OTC	
GNP UltiCare Pen Needles	OTC	QL (200 EA per 30 days)
GNP UltiGuard SafePack Needle	OTC	QL (200 EA per 30 days)
GNP Ultra Com Insulin Syringe 28G X 1/2" 1 ML	OTC	
HealthWise Insulin Syr/Needle	OTC	
HealthWise Micron Pen Needles	OTC	QL (200 EA per 30 days)
HealthWise Short Pen Needles	OTC	QL (200 EA per 30 days)
H-E-B inControl Pen Needles	OTC	QL (200 EA per 30 days)
H-E-B inControl Unifine Pentip	OTC	QL (200 EA per 30 days)
HM UltiCare Insulin Syringe	OTC	
HM UltiCare Mini Pen Needles	OTC	QL (200 EA per 30 days)
HM UltiCare Short Pen Needles	OTC	QL (200 EA per 30 days)
InControl UltiCare Pen Needles	OTC	QL (200 EA per 30 days)
Insulin Syringe 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	

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Drug	Tier	Requirements/Limits
Insulin Syringe-Needle U-100 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
Insupen Pen Needles 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	OTC	QL (200 EA per 30 days)
Kinray Insulin Syringe 29G X 1/2" 0.5 ML	OTC	
Kroger Pen Needles 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	OTC	QL (200 EA per 30 days)
Leader Unifine Pentips	OTC	QL (200 EA per 30 days)
Leader Unifine Pentips Plus 32G X 4 MM	OTC	QL (200 EA per 30 days)
Litetouch Insulin Syringe	OTC	
Litetouch Pen Needles	OTC	QL (200 EA per 30 days)
Magellan Insulin Safety Syr	OTC	
Marathon Medical Pentips	OTC	QL (200 EA per 30 days)
Maxicomfort II Pen Needle	OTC	QL (200 EA per 30 days)
Maxi-Comfort Insulin Syringe	OTC	
Maxi-Comfort Safety Pen Needle	OTC	QL (200 EA per 30 days)
Maxicomfort syr 27G x 1/2"	OTC	
Medic Insulin Syringe	OTC	
Medicine Shoppe Pen Needles 29G X 12MM , 31G X 8 MM	OTC	QL (200 EA per 30 days)
Meijer Pen Needles	OTC	QL (200 EA per 30 days)
Microchamber	OTC	QL (2 EA per 365 days)
Microdot Pen Needle	OTC	QL (200 EA per 30 days)
Microlife Digital Peak Flow	OTC	
Microspacer	OTC	QL (2 EA per 365 days)

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Drug	Tier	Requirements/Limits
Mini Wright Peak Flow Meter	OTC	
MM Insulin Syringe/Needle	OTC	
MM Pen Needles	OTC	QL (200 EA per 30 days)
Monoject Insulin Syringe	OTC	
Monoject Ultra Comfort Syringe 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	OTC	
Novofine Pen Needle	OTC	QL (200 EA per 30 days)
NovoFine Plus Pen Needle	OTC	QL (200 EA per 30 days)
OMNIPOD 5 DEXG7G6 INTRO GEN 5	P	PA; QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	P	PA; QL (15 EA per 30 days)
OMNIPOD 5 LIBRE INTRO	P	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	P	PA; QL (15 EA per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	P	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	P	PA; QL (15 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	P	PA; QL (15 EA per 30 days)
OptiChamber Diamond	OTC	QL (2 EA per 365 days)
OptiChamber Diamond-Lg Mask	OTC	QL (2 EA per 365 days)
OptiChamber Diamond-Md Mask	OTC	QL (2 EA per 365 days)
OptiChamber Diamond-Sm Mask	OTC	QL (2 EA per 365 days)
Panda Mask Large	OTC	QL (2 EA per 365 days)
Panda Mask Medium	OTC	QL (2 EA per 365 days)
Panda Mask Small	OTC	QL (2 EA per 365 days)
Pari Baby Conversion Kit	OTC	
Pari Vortex Adult Mask	OTC	QL (2 EA per 365 days)
PC Unifine Pentips 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	OTC	QL (200 EA per 30 days)
Peak Air Peak Flow Meter	OTC	

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Drug	Tier	Requirements/Limits
Pediatric Panda Mask	OTC	QL (2 EA per 365 days)
Pen Needles	OTC	QL (200 EA per 30 days)
PenTips 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	OTC	QL (200 EA per 30 days)
Pentips Generic Pen Needles	OTC	QL (200 EA per 30 days)
Personal Best Full Range	OTC	
Piko 1	OTC	
Pip Pen Needles 31G x 5MM	OTC	QL (200 EA per 30 days)
Pip Pen Needles 32G x 4MM	OTC	QL (200 EA per 30 days)
Pocket Chamber	OTC	QL (2 EA per 365 days)
Pocket Peak Flow Meter	OTC	
Precision Sure-Dose Syringe 30G X 5/16" 0.3 ML	OTC	
Preferred Plus Unifine Pentips 29G X 12MM	OTC	QL (200 EA per 30 days)
Prevent DropSafe Pen Needles	OTC	QL (200 EA per 30 days)
Prevent Safety Pen Needles	OTC	QL (200 EA per 30 days)
Pro Comfort Insulin Syringe	OTC	
Pro Comfort Pen Needles 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	OTC	QL (200 EA per 30 days)
ProChamber VHC	OTC	QL (2 EA per 365 days)
Prodigy Insulin Syringe	OTC	
Pure Comfort Pen Needle	OTC	QL (200 EA per 30 days)
Pure Comfort Safety Pen Needle	OTC	QL (200 EA per 30 days)
PX Insulin Syringe 30G X 1/2" 0.5 ML	OTC	
PX Mini Pen Needles	OTC	QL (200 EA per 30 days)
QC Pen Needles	OTC	QL (200 EA per 30 days)
QC Unifine Pentips	OTC	QL (200 EA per 30 days)
Raya Sure Pen Needle	OTC	QL (200 EA per 30 days)

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Drug	Tier	Requirements/Limits
Reality Insulin Syringe	OTC	
ReliOn Insulin Syringe 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
ReliOn Pen Needles 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	OTC	QL (200 EA per 30 days)
RELION TRUE MET AIR GLUC METER	P	QL (1 EA per 365 days)
Safety Pen Needles	OTC	QL (200 EA per 30 days)
SB Insulin Syringe	OTC	
SecureSafe Insulin Syringe	OTC	
SecureSafe Safety Pen Needles 30G X 8 MM	OTC	QL (200 EA per 30 days)
Sidestream Pediatric Face Mask	OTC	
Silicone Mask/Adult	OTC	
Silicone Mask/Infant	OTC	
Silicone Mask/Pediatric	OTC	
Sure Comfort Insulin Syringe	OTC	
Sure Comfort Pen Needles	OTC	QL (200 EA per 30 days)
TechLITE Insulin Syringe 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
TechLite Pen Needles 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	OTC	QL (200 EA per 30 days)
TechLite Plus Pen Needles	OTC	QL (200 EA per 30 days)
Todays Health Pen Needles	OTC	QL (200 EA per 30 days)
Todays Health Short Pen Needle	OTC	QL (200 EA per 30 days)
True Comfort Insulin Syringe	OTC	

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Drug	Tier	Requirements/Limits
True Comfort Pen Needles	OTC	QL (200 EA per 30 days)
True Comfort Pro Insulin Syr	OTC	
True Comfort Pro Pen Needles	OTC	QL (200 EA per 30 days)
TRUE METRIX AIR GLUCOSE METER KIT	P	QL (1 EA per 365 days)
TRUE METRIX METER KIT	P	QL (1 EA per 365 days)
TRUEplus 5-Bevel Pen Needles	OTC	QL (200 EA per 30 days)
TRUEplus Insulin Syringe	OTC	
TRUEPLUS LANCETS 28G	P	QL (150 EA per 30 days)
TRUEPLUS LANCETS 30G	P	QL (150 EA per 30 days)
TRUEPLUS LANCETS 33G	P	QL (150 EA per 30 days)
TruZone Peak Flow Meter	OTC	
Tubing/Wing Tip	OTC	
UltiCare Insulin Safety Syr	OTC	
UltiCare Insulin Syr 1/2 Unit	OTC	
UltiCare Insulin Syringe	OTC	
UltiCare Micro Pen Needles	OTC	QL (200 EA per 30 days)
UltiCare Mini Pen Needles	OTC	QL (200 EA per 30 days)
UltiCare Pen Needles 29G X 12.7MM , 31G X 5 MM	OTC	QL (200 EA per 30 days)
UltiCare Short Pen Needles	OTC	QL (200 EA per 30 days)
UltiGuard SafePack Pen Needle	OTC	QL (200 EA per 30 days)
UltiGuard SafePack Syr/Needle	OTC	
Ultilet Pen Needle	OTC	QL (200 EA per 30 days)
Ultra Flo Insulin Pen Needles	OTC	QL (200 EA per 30 days)
Ultra Flo Insulin Syr 1/2 Unit	OTC	
Ultra Flo Insulin Syringe	OTC	
Ultra Thin Pen Needles	OTC	QL (200 EA per 30 days)
Ultracare Insulin Syringe	OTC	
Ultracare Pen Needles	OTC	QL (200 EA per 30 days)

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Drug	Tier	Requirements/Limits
Ultra-Thin II Ins Syr Short	OTC	
Ultra-Thin II Insulin Syringe 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	OTC	
Ultra-Thin II Mini Pen Needle	OTC	QL (200 EA per 30 days)
Ultra-Thin II Pen Needle Short	OTC	QL (200 EA per 30 days)
Ultra-Thin II Pen Needles	OTC	QL (200 EA per 30 days)
Unifine Pentips	OTC	QL (200 EA per 30 days)
Unifine Pentips Plus	OTC	QL (200 EA per 30 days)
Unifine PROtect Pen Needle	OTC	QL (200 EA per 30 days)
Unifine SafeControl Pen Needle 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	OTC	QL (200 EA per 30 days)
Unifine Ultra Pen Needle 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	OTC	QL (200 EA per 30 days)
VanishPoint Insulin Syringe	OTC	
Verifine Insulin Pen Needle	OTC	QL (200 EA per 30 days)
Verifine Insulin Syringe 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	OTC	
Verifine Plus Pen Needle	OTC	QL (200 EA per 30 days)
Vortex Valved Holding Chamber	OTC	QL (2 EA per 365 days)
Wegmans Unifine Pentips Plus	OTC	QL (200 EA per 30 days)
ZevRx Insulin Syringe	OTC	
ZevRx Pen Needles	OTC	QL (200 EA per 30 days)
Diagnostic Agents		
Cardiac Function		
<i>aspirin-dipyridamole er</i>	NP	PA; QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>dipyridamole oral tablet 50 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>dipyridamole oral tablet 75 mg</i>	NP	PA; QL (150 EA per 30 days)

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Drug	Tier	Requirements/Limits
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	P	QL (150 EA per 30 days)
ACCU-CHEK GUIDE TEST	P	QL (150 EA per 30 days)
ACCU-CHEK SMARTVIEW	P	QL (150 EA per 30 days)
Embrace Pen Needles 29G X 12MM	OTC	QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIPS	P	QL (150 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST	P	QL (150 EA per 30 days)
Electrolytic, Caloric, And Water Balance		
Ammonia Detoxicants		
CARBAGLU ORAL TABLET SOLUBLE	P	PA
<i>carglumic acid oral tablet soluble</i>	NP	PA
<i>constulose</i>	P	
<i>enulose</i>	P	
<i>generlac</i>	P	
KRISTALOSE	NP	PA
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	P	
<i>lactulose oral packet</i>	NP	PA
<i>lactulose oral solution</i>	P	
Phosphate-Removing Agents		
AURYXIA	NP	PA
<i>calcium acetate (phos binder)</i>	P	
<i>calcium acetate oral tablet 667 mg</i>	P	
CALPHRON	NP	PA
FOSRENOL ORAL PACKET	NP	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA

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Drug	Tier	Requirements/Limits
<i>lanthanum carbonate</i>	NP	PA
RENVELA	NP	PA
<i>sevelamer carbonate oral packet</i>	NP	PA
<i>sevelamer carbonate oral tablet</i>	P	
<i>sevelamer hcl</i>	NP	PA
VELPHORO	NP	PA; QL (180 EA per 30 days)
XPHOZAH	NP	PA
Potassium-Removing Agents		
KIONEX COMBINATION	P	QL (7200 ML per 30 days)
LOKELMA	P	QL (90 EA per 30 days)
SPS (SODIUM POLYSTYRENE SULF) COMBINATION	P	QL (7200 ML per 30 days)
VELTASSA ORAL PACKET 1 GM	P	
VELTASSA ORAL PACKET 16.8 GM, 8.4 GM	P	QL (30 EA per 30 days)
XPHOZAH ORAL TABLET 30 MG	NP	PA
Replacement Preparations		
Calcium + D3 Oral Tablet 250-3 MG-MCG	OTC	
Calcium 600+D3 Oral Tablet 600-20 MG-MCG	OTC	
<i>calcium acetate (phos binder)</i>	P	
<i>calcium acetate oral tablet 667 mg</i>	P	
Calcium Carb-Cholecalciferol Oral Tablet 600-10 MG-MCG	OTC	
Calcium Citrate + D3 Maximum	OTC	
CALPHRON	NP	PA
CertaVite/Antioxidants Oral Tablet	OTC	
Citrus Calcium/Vitamin D Oral Tablet 200-6.25 MG-MCG	OTC	
Eldertonic Oral Liquid	OTC	

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Drug	Tier	Requirements/Limits
GNP Cal Mag Zinc +D3	OTC	
GNP Calcium Citrate +D3	OTC	
GNP Calcium Oral Tablet 1500 (600 Ca) MG	OTC	
GNP Healthy Eyes	OTC	
GNP Mega Multi for Women	OTC	
GNP One Daily Mens/Lycopene	OTC	
GNP One Daily Womens 50+	OTC	
MAGNEBIND 400 ORAL TABLET 80-115 MG	NP	PA
Magnesium Oxide -Mg Supplement Oral Tablet 400 (240 Mg) MG	OTC	
MAGnesium-Oxide Oral Tablet 400 (240 Mg) MG	OTC	
Multiple Vitamins-Minerals	OTC	
Multivitamin Oral Liquid	OTC	
Ocuvite Adult 50+	OTC	
Ocuvite-Lutein Oral Tablet	OTC	
Oysco 500+D Oral Tablet	OTC	
Oyster Shell Calcium Oral Tablet 500 MG	OTC	
Oyster Shell Calcium w/D Oral Tablet 500-5 MG-MCG	OTC	
ProRenal + D w/ Omega-3	OTC	
Thiazide Diuretics (40:28)		
<i>amlodipine-valsartan-hctz</i>	P	
ATACAND HCT	NP	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA
<i>benazepril-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
BENICAR HCT	NP	PA; QL (30 EA per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>candesartan cilexetil-hctz</i>	NP	PA
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	NP	PA; QL (60 EA per 30 days)
DIOVAN HCT	NP	PA; QL (30 EA per 30 days)
EDARBYCLOR	NP	PA
<i>enalapril-hydrochlorothiazide</i>	P	QL (60 EA per 30 days)
EXFORGE HCT	NP	PA
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	NP	PA; QL (120 EA per 30 days)
HYZAAR	NP	PA
<i>irbesartan-hydrochlorothiazide</i>	P	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	P	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	P	QL (120 EA per 30 days)
LOPRESSOR ORAL TABLET 12.5 MG	NP	PA
<i>losartan potassium-hctz</i>	P	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; QL (60 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	NP	PA; QL (30 EA per 30 days)
MICARDIS HCT	NP	PA
<i>olmesartan medoxomil-hctz</i>	P	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz</i>	NP	PA
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	NP	PA; QL (60 EA per 30 days)

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<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>telmisartan-hctz</i>	P	
TRIBENZOR	NP	PA
<i>valsartan-hydrochlorothiazide</i>	P	QL (30 EA per 30 days)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-25 MG	NP	PA; QL (60 EA per 30 days)
ZESTORETIC ORAL TABLET 20-12.5 MG	NP	PA; QL (120 EA per 30 days)
Thiazide-Like Diuretics (40:28)		
<i>atenolol-chlorthalidone</i>	P	QL (30 EA per 30 days)
TENORETIC 100	NP	PA; QL (30 EA per 30 days)
TENORETIC 50	NP	PA; QL (30 EA per 30 days)
WIDAPLIK	NP	PA
Uricosuric Agents		
<i>colchicine-probenecid</i>	P	
<i>probenecid oral</i>	P	QL (120 EA per 30 days)
Enzymes		
Enzymes		
CREON	P	
PERTZYE	NP	PA
VIOKACE	NP	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
ALPHAGAN P	P	QL (10 ML per 30 days)

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Drug	Tier	Requirements/Limits
<i>apraclonidine hcl</i>	NP	PA
<i>brimonidine tartrate external</i>	NP	PA
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	NP	PA; QL (10 ML per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
<i>brimonidine tartrate-timolol</i>	NP	PA
COMBIGAN	P	
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA
MIRVASO	NP	PA
SIMBRINZA	NP	PA
Antiallergic Agents		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	P	QL (90 ML per 60 days)
<i>azelastine hcl ophthalmic</i>	NP	PA; QL (6 ML per 30 days)
<i>azelastine-fluticasone</i>	NP	PA
<i>bepotastine besilate</i>	NP	PA
BEPREVE	NP	PA
<i>cromolyn sodium ophthalmic</i>	P	
DYMISTA	NP	PA
<i>epinastine hcl</i>	NP	PA
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
<i>eye allergy itch relief ophthalmic solution 0.7 %</i>	P	
Eye Allergy Itch/Redness Rel	OTC	QL (10 ML per 30 days)

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Drug	Tier	Requirements/Limits
<i>eye itch relief ophthalmic solution 0.035 %</i>	P	QL (10 ML per 30 days)
<i>ft eye allergy itch relief</i>	P	QL (5 ML per 30 days)
GNP Olopatadine HCl Ophthalmic Solution 0.1 %	OTC	QL (10 ML per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	P	QL (10 ML per 30 days)
Naphcon-A	OTC	
<i>olopatadine hcl extra strength</i>	P	
<i>olopatadine hcl nasal</i>	NP	PA
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	P	QL (5 ML per 30 days)
Pataday Ophthalmic Solution 0.7 %	OTC	
<i>qc eye allergy itch relief</i>	P	QL (5 ML per 30 days)
RYALTRIS	NP	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	P	QL (10 ML per 30 days)
ZERVIAE	NP	PA
Antibacterials (52:04)		
AZASITE	NP	PA
Bacitracin External	OTC	
Bacitracin Zinc External	OTC	
Bacitracin Zinc-Aloe	OTC	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitra-neomycin-polymyxin-hc</i>	P	
<i>besifloxacin hcl</i>	NP	PA
BESIVANCE	NP	PA
BETHKIS	NP	PA; QL (240 ML per 30 days)
CILOXAN OPHTHALMIC OINTMENT	NP	PA

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CIPRO HC	NP	PA
<i>ciprofloxacin hcl ophthalmic</i>	P	
<i>ciprofloxacin hcl otic</i>	NP	PA
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-hydrocortisone</i>	NP	PA
CORTISPORIN-TC	NP	PA
<i>doxycycline</i>	NP	PA
<i>ery</i>	P	
<i>erythromycin external gel</i>	NP	PA
<i>erythromycin external solution</i>	P	
<i>erythromycin ophthalmic</i>	P	
<i>gatifloxacin ophthalmic</i>	NP	PA
<i>gentamicin sulfate ophthalmic solution</i>	P	
GNP Bacitracin Zinc	OTC	
GNP Triple Antibiotic External Ointment	OTC	
GNP Triple Antibiotic Plus	OTC	
GoodSense First Aid Antibiotic	OTC	
KITABIS PAK (W/ NEBULIZER)	NP	PA; QL (300 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	NP	PA
<i>loteprednol-tobramycin</i>	NP	PA
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NP	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
<i>minocycline hcl oral</i>	P	
<i>moxifloxacin hcl (2x day)</i>	P	
<i>moxifloxacin hcl ophthalmic solution</i>	P	QL (3 ML per 30 days)
<i>neomycin sulfate oral</i>	NP	PA
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	P	

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Drug	Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth</i>	P	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	P	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	P	
<i>neomycin-polymyxin-hc otic</i>	P	
OCUFLOX	NP	PA
<i>ofloxacin ophthalmic</i>	P	
<i>ofloxacin otic</i>	P	
ORACEA	NP	PA
<i>polymyxin b-trimethoprim</i>	P	
<i>sulfacetamide sodium ophthalmic solution</i>	P	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	P	
TOBI	NP	PA; QL (300 ML per 30 days)
TOBI PODHALER	P	PA; QL (240 EA per 30 days)
TOBRADEX OPHTHALMIC OINTMENT	NP	PA; QL (3.5 GM per 30 days)
TOBRADEX ST	NP	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	NP	PA; QL (240 ML per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	P	PA; QL (300 ML per 30 days)
<i>tobramycin ophthalmic</i>	NP	PA
<i>tobramycin-dexamethasone</i>	P	QL (10 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	NP	PA
Triple Antibiotic External Ointment , 3.5-400-5000 , 5-400-5000	OTC	
Triple Antibiotic Plus	OTC	
Triple Antibiotic+Pain Relief	OTC	
VIGAMOX	NP	PA; QL (3 ML per 30 days)

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Drug	Tier	Requirements/Limits
ZYLET	NP	PA
Anti-Infectives, Miscellaneous (52:04)		
Ear Drops	OTC	
Earwax Removal	OTC	
FT Earwax Removal	OTC	
FT Earwax Removal Kit	OTC	
GNP Earwax Removal Drops	OTC	
GNP Earwax Removal Kit	OTC	
SM Ear Drops	OTC	
Anti-Inflammatory Agents (Eent)		
CEQUA	NP	PA
<i>cyclosporine (pf)</i>	NP	PA; QL (60 EA per 30 days)
<i>cyclosporine modified</i>	P	
<i>cyclosporine oral capsule</i>	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
MIEBO	NP	PA
NEORAL	NP	PA
RESTASIS	P	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	P	QL (5.5 ML per 30 days)
SANDIMMUNE ORAL CAPSULE	P	
VERKAZIA	NP	PA
VEVYE	NP	PA
XIIDRA	P	
Astringents (52:04)		
Antiseptic Skin Cleanser External Solution 4 %	OTC	
Chlorhexidine Gluconate External Solution 4 %	OTC	

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Drug	Tier	Requirements/Limits
Ear Drops	OTC	
Earwax Removal	OTC	
FT Earwax Removal	OTC	
FT Earwax Removal Kit	OTC	
GNP Antiseptic Skin Cleanser	OTC	
GNP Earwax Removal Drops	OTC	
GNP Earwax Removal Kit	OTC	
SM Ear Drops	OTC	
Beta-Adrenergic Blocking Agents (52:40)		
<i>betaxolol hcl ophthalmic</i>	P	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NP	PA
BETOPTIC-S	NP	PA
<i>brimonidine tartrate-timolol</i>	NP	PA
<i>carteolol hcl</i>	P	
COMBIGAN	P	
COSOPT	NP	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA
<i>dorzolamide hcl-timolol mal</i>	P	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	NP	PA
ISTALOL	NP	PA
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	P	
<i>timolol hemihydrate</i>	NP	PA
<i>timolol maleate (once-daily)</i>	NP	PA
TIMOLOL MALEATE OCUDOSE	P	QL (60 EA per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	P	QL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution</i>	P	

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<i>timolol maleate pf</i>	P	QL (60 EA per 30 days)
TIMOPTIC OCUDOSE	NP	PA; QL (60 EA per 30 days)
Carbonic Anhydrase Inhibitors (52:40)		
AZOPT	P	QL (10 ML per 30 days)
<i>brinzolamide</i>	NP	PA; QL (10 ML per 30 days)
COSOPT	NP	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA
<i>dorzolamide hcl ophthalmic</i>	P	
<i>dorzolamide hcl-timolol mal</i>	P	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	NP	PA
SIMBRINZA	NP	PA
Corticosteroids (Eent)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	QL (60 EA per 30 days)
ADVAIR HFA	P	QL (12 GM per 30 days)
AIRSUPRA	NP	PA
ALKINDI SPRINKLE	NP	PA
ALREX	NP	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	P	QL (12.2 GM per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	P	QL (6.1 GM per 30 days)
Aquanil HC	OTC	QL (120 ML per 30 days)
ARNUITY ELLIPTA	P	QL (30 EA per 30 days)
<i>azelastine-fluticasone</i>	NP	PA
<i>bacitra-neomycin-polymyxin-hc</i>	P	

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Drug	Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	NP	PA
CIPRO HC	NP	PA
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-hydrocortisone</i>	NP	PA
CORTEF	NP	PA
CORTISPORIN-TC	NP	PA
DERMA-SMOOTH/FS BODY	NP	PA; QL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP	NP	PA; QL (120 ML per 30 days)
DEXAMETHASONE INTENSOL	NP	PA
<i>dexamethasone oral elixir</i>	P	
<i>dexamethasone oral solution</i>	P	
<i>dexamethasone oral tablet</i>	P	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35)</i>	P	
<i>dexamethasone sodium phosphate ophthalmic</i>	P	
DEXLYT	NP	PA
<i>difluprednate</i>	NP	PA
DUREZOL	P	
DYMISTA	NP	PA
EYSUVIS	NP	PA
FLAREX	P	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	NP	PA
<i>fluocinolone acetonide body</i>	P	QL (120 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	P	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	P	

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Drug	Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment</i>	P	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	P	QL (60 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	P	QL (120 ML per 30 days)
<i>fluorometholone ophthalmic</i>	P	
<i>fluticasone furoate ellipta</i>	NP	PA; QL (30 EA per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NP	PA
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	NP	PA; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	NP	PA; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	P	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	P	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	P	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	P	QL (16 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	NP	PA; QL (12 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NP	PA; QL (1 EA per 30 days)
FML FORTE	NP	PA
FML LIQUIFILM	NP	PA
GNP 24 Hour Nasal Allergy	OTC	

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Drug	Tier	Requirements/Limits
GoodSense Nasal Allergy Spray	OTC	
HEMADY	NP	PA
HYDRAVEX	NP	PA
<i>hydrocortisone butyrate external cream</i>	NP	PA
<i>hydrocortisone butyrate external lotion</i>	NP	PA
<i>hydrocortisone butyrate external ointment</i>	P	
<i>hydrocortisone butyrate external solution</i>	P	
Hydrocortisone External Cream 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	P	
<i>hydrocortisone external cream 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone external gel</i>	NP	PA
<i>hydrocortisone external lotion 2.5 %</i>	P	QL (120 ML per 30 days)
Hydrocortisone External Ointment 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone oral</i>	P	
<i>hydrocortisone valerate external cream</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	NP	PA
Hydrocortisone/Aloe Max Str	OTC	
HYDROXYM EXTERNAL GEL	NP	PA
INVELTYS	NP	PA
KHINDIVI	NP	PA
LOTEMAX OPHTHALMIC GEL	NP	PA
LOTEMAX OPHTHALMIC OINTMENT	NP	PA
LOTEMAX SM	NP	PA
<i>loteprednol etabonate</i>	NP	PA
<i>loteprednol-tobramycin</i>	NP	PA
MAXIDEX	P	

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Drug	Tier	Requirements/Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NP	PA
<i>mometasone furoate external cream</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution</i>	P	QL (60 ML per 30 days)
<i>mometasone furoate nasal</i>	P	
Nasal Allergy 24 Hour	OTC	
Nasal Allergy Spray	OTC	
<i>neomycin-polymyxin-dexameth</i>	P	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	P	
<i>neomycin-polymyxin-hc otic</i>	P	
OMNARIS	NP	PA
PRED FORTE	NP	PA
PRED MILD	P	
<i>prednisolone acetate ophthalmic</i>	P	
<i>prednisolone oral solution</i>	P	
<i>prednisolone oral tablet</i>	NP	PA
<i>prednisolone sodium phosphate ophthalmic</i>	NP	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	P	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	P	
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
RYALTRIS	NP	PA
<i>sulfacetamide-prednisolone ophthalmic solution</i>	P	
SYNALAR EXTERNAL CREAM	NP	PA

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Drug	Tier	Requirements/Limits
SYNALAR EXTERNAL OINTMENT	NP	PA; QL (120 GM per 30 days)
TEXACORT	NP	PA
TOBRADEX OPHTHALMIC OINTMENT	NP	PA; QL (3.5 GM per 30 days)
TOBRADEX ST	NP	PA
<i>tobramycin-dexamethasone</i>	P	QL (10 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	NP	PA
Triamcinolone Acetonide Nasal Aerosol	OTC	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; QL (60 EA per 30 days)
XHANCE	NP	PA
ZYLET	NP	PA
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	NP	PA
<i>cyclosporine (pf)</i>	NP	PA; QL (60 EA per 30 days)
RESTASIS	P	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	P	QL (5.5 ML per 30 days)
VERKAZIA	NP	PA
VEVYE	NP	PA
XIIDRA	P	
Eent Drugs, Miscellaneous		
<i>apraclonidine hcl</i>	NP	PA
Carboxymethylcellulose Sodium Ophthalmic Solution 0.5 %	OTC	
<i>cromolyn sodium ophthalmic</i>	P	
Deep Sea Nasal Spray	OTC	

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Drug	Tier	Requirements/Limits
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA
LubriFresh P.M.	OTC	
MIEBO	NP	PA
Muro 128 Ophthalmic Solution 2 %	OTC	
Nighttime Relief Lubricant Eye	OTC	
Polyvinyl Alcohol Ophthalmic	OTC	
Saline Mist Spray	OTC	
Saline Nasal Spray	OTC	
SM Nasal Spray Saline	OTC	
Sodium Chloride (Hypertonic)	OTC	
TRYPTYR	NP	PA
TYRVAYA	NP	PA
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	NP	PA
ACULAR LS	NP	PA
ACUVAIL	NP	PA
<i>bromfenac sodium (once-daily)</i>	NP	PA
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NP	PA
BROMSITE	NP	PA
<i>diclofenac sodium ophthalmic</i>	P	
<i>flurbiprofen oral tablet 100 mg</i>	NP	PA
<i>flurbiprofen sodium</i>	P	
ILEVRO	NP	PA
<i>ketorolac tromethamine ophthalmic</i>	P	
<i>ketorolac tromethamine oral</i>	P	QL (120 EA per 30 days)
LURBIRO	NP	PA
NEVANAC	P	
PROLENSA	NP	PA

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Drug	Tier	Requirements/Limits
Mydriatics		
GNP Nasal Four Spray	OTC	
Nasal Four	OTC	
Sinus Relief Extra Strength	OTC	
Prostaglandin Analogs		
<i>bimatoprost ophthalmic solution 0.01 %</i>	NP	PA; QL (5 ML per 30 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	NP	PA
IYUZEH	NP	PA
<i>latanoprost ophthalmic</i>	P	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	P	QL (5 ML per 30 days)
ROCKLATAN	P	
<i>tafluprost (pf)</i>	NP	PA
TRAVATAN Z	P	QL (5 ML per 30 days)
<i>travoprost (bak free)</i>	NP	PA; QL (5 ML per 30 days)
VYZULTA	NP	PA
XALATAN	NP	PA
XELPROS	NP	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	NP	PA
ZOLYMBUS	NP	PA
Rho Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Vasoconstrictors		
GNP Nasal Four Spray	OTC	
Naphcon-A	OTC	
Nasal Four	OTC	
<i>oxymetazoline hcl external</i>	NP	PA

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RHOFADE	NP	PA
Sinus Relief Extra Strength	OTC	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	NP	PA
<i>granisetron hcl oral</i>	NP	PA
GRANISOL	NP	PA
<i>ondansetron hcl oral solution 4 mg/5ml</i>	P	QL (50 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	P	QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	P	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	P	QL (90 EA per 30 days)
SANCUSO	NP	PA
Antacids And Adsorbents		
Almacone Double Strength	OTC	
Aluminum Hydroxide Gel Oral Suspension 320 MG/5ML	OTC	
Antacid Maximum Strength	OTC	
Calcium Carbonate Antacid Oral Suspension	OTC	
CVS Omeprazole-Sod Bicarbonate	OTC	QL (60 EA per 30 days)
GNP Antacid & Anti-Gas Oral Suspension 400-400-40 MG/5ML	OTC	
GoodSense Omepr/Sod Bicarb	OTC	QL (60 EA per 30 days)
KONVOMEPR	NP	PA
Mag-Al Plus XS Oral Liquid	OTC	
Magnesium Oxide -Mg Supplement Oral Tablet 400 (240 Mg) MG	OTC	
Magnesium Oxide Oral Tablet 400 MG, 420 MG	OTC	
Mintox Maximum Strength	OTC	

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Drug	Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NP	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	NP	PA
Sodium Bicarbonate Oral Tablet 325 MG, 650 MG	OTC	QL (720 EA per 30 days)
Stomach Relief Oral Suspension 525 MG/30ML	OTC	
Antidiarrhea Agents		
Anti-Diarrheal Oral Solution	OTC	
Anti-Diarrheal Oral Tablet	OTC	
GNP Anti-Diarrheal Oral Capsule	OTC	QL (240 EA per 30 days)
GNP Anti-Diarrheal Oral Tablet	OTC	
GNP Anti-Diarrheal/Anti-Gas	OTC	
GNP Loperamide HCl Oral Solution	OTC	
GoodSense Anti-Diarr/Ant-Gas	OTC	
GoodSense Anti-Diarrheal Oral Solution	OTC	
Loperamide HCl Oral Solution 1 MG/7.5ML	OTC	
Loperamide HCl Oral Tablet	OTC	
Loperamide-Simethicone	OTC	
Stomach Relief Oral Suspension 525 MG/30ML	OTC	
VIBERZI	NP	PA
Antiemetics, Miscellaneous		
Anti-Nausea	OTC	
<i>dronabinol</i>	NP	PA
LYBALVI	NP	PA; AL
MARINOL ORAL CAPSULE 2.5 MG	NP	PA

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Drug	Tier	Requirements/Limits
Nausea Relief	OTC	
<i>olanzapine oral tablet</i>	P	QL (30 EA per 30 days); AL
<i>olanzapine oral tablet dispersible</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	PA; QL (30 EA per 30 days); AL
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	PA; QL (90 EA per 30 days); AL
<i>promethazine hcl oral solution</i>	P	QL (240 ML per 30 days)
<i>promethazine hcl oral tablet</i>	P	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
scopolamine	P	
TRANSDERM SCOP	NP	PA
ZYPREXA INTRAMUSCULAR	NP	PA; AL
ZYPREXA ORAL	NP	PA; QL (30 EA per 30 days); AL
ZYPREXA RELPREVV	NP	PA; AL
ZYPREXA ZYDIS	NP	PA; QL (30 EA per 30 days); AL
Antiflatulents		
Almacone Double Strength	OTC	
Antacid Maximum Strength	OTC	
GNP Antacid & Anti-Gas Oral Suspension 400-400-40 MG/5ML	OTC	
GNP Anti-Diarrheal/Anti-Gas	OTC	
GoodSense Anti-Diarr/Ant-Gas	OTC	
Loperamide-Simethicone	OTC	
Mag-Al Plus XS Oral Liquid	OTC	
Mintox Maximum Strength	OTC	
Antihistamines (Gi Drugs)		
BONJESTA	NP	PA

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Drug	Tier	Requirements/Limits
COMPRO	NP	PA; AL
DICLEGIS	NP	PA
<i>doxylamine-pyridoxine</i>	NP	PA
<i>meclizine hcl oral tablet 12.5 mg</i>	NP	PA; QL (240 EA per 30 days)
<i>meclizine hcl oral tablet 25 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>meclizine hcl oral tablet 50 mg</i>	NP	PA
<i>prochlorperazine</i>	P	AL
<i>prochlorperazine maleate oral</i>	P	AL
<i>trimethobenzamide hcl oral</i>	NP	PA; QL (120 EA per 30 days)
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron hcl</i>	NP	PA
AZULFIDINE	NP	PA; QL (240 EA per 30 days)
AZULFIDINE EN-TABS	NP	PA; QL (240 EA per 30 days)
<i>balsalazide disodium</i>	P	QL (270 EA per 30 days)
CANASA	NP	PA; QL (30 EA per 30 days)
DIPENTUM	NP	PA
LIALDA	NP	PA
LOTRONEX	NP	PA
<i>mesalamine er oral capsule extended release</i>	NP	PA
<i>mesalamine er oral capsule extended release 24 hour</i>	P	QL (120 EA per 30 days)
<i>mesalamine oral</i>	NP	PA
<i>mesalamine rectal enema</i>	P	QL (1800 ML per 30 days)
<i>mesalamine rectal suppository</i>	P	QL (30 EA per 30 days)
<i>mesalamine-cleanser</i>	NP	PA
PENTASA	P	
ROWASA RECTAL	NP	PA
<i>sulfasalazine oral</i>	P	QL (240 EA per 30 days)
Antiulcer Agents And Acid Suppressants		

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Drug	Tier	Requirements/Limits
Aluminum Hydroxide Gel Oral Suspension 320 MG/5ML	OTC	
<i>amoxicillin oral capsule</i>	P	
<i>amoxicillin oral suspension reconstituted</i>	P	
<i>amoxicillin oral tablet</i>	P	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	P	
<i>amoxicillin trihydrate oral</i>	P	
Calcium Carbonate Antacid Oral Suspension	OTC	
<i>clarithromycin er</i>	NP	PA; QL (60 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>	P	QL (660 ML per 30 days)
<i>clarithromycin oral tablet</i>	P	QL (60 EA per 30 days)
LIKMEZ	NP	PA; QL (1200 ML per 30 days)
Magnesium Oxide -Mg Supplement Oral Tablet 400 (240 Mg) MG	OTC	
Magnesium Oxide Oral Tablet 400 MG, 420 MG	OTC	
<i>metronidazole oral capsule</i>	P	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	P	
Sodium Bicarbonate Oral Tablet 325 MG, 650 MG	OTC	QL (720 EA per 30 days)
Stomach Relief Oral Suspension 525 MG/30ML	OTC	
<i>tetracycline hcl oral</i>	P	
Cathartics And Laxatives		
Bisacodyl EC	OTC	
CLEARLAX ORAL POWDER	P	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	NP	PA
Colace Clear	OTC	

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Drug	Tier	Requirements/Limits
Colace Extra Strength	OTC	
Docusate Sodium Oral Capsule	OTC	
Docusate Sodium Oral Liquid 100 MG/10ML, 50 MG/5ML	OTC	
DOK Oral Tablet	OTC	
<i>ft clearlax</i>	P	
<i>ft magnesium citrate</i>	P	
<i>gavilax oral powder</i>	P	
GAVILYTE-C	P	
GAVILYTE-G	P	
GAVILYTE-N WITH FLAVOR PACK	NP	PA
Gentle Laxative Oral Tablet Delayed Release	OTC	
GNP CLEARLAX	P	
GNP Fiber Oral Powder	OTC	
GNP Gentle Laxative Oral	OTC	
<i>gnp magnesium citrate</i>	P	
GNP Senna Lax	OTC	
GNP Senna Plus	OTC	
GNP Stool Softener Oral Capsule 100 MG, 250 MG	OTC	
GNP Stool Softener/Laxative	OTC	
GNP Womens Gentle Laxative	OTC	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	NP	PA
GOODSENSE CLEARLAX	P	
HEALTHYLAX	P	
INSTALAX	P	
Laxative Max Str	OTC	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	P	

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Drug	Tier	Requirements/Limits
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	NP	PA
<i>peg 3350</i>	P	
<i>peg 3350-kcl-na bicarb-nacl</i>	NP	PA
<i>peg-3350/electrolytes</i>	P	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	NP	PA
<i>polyethylene glycol 3350 oral packet 17 gm</i>	P	
<i>polyethylene glycol 3350 oral powder</i>	P	
Senexon-S	OTC	
Senna Oral Liquid	OTC	
Senna Oral Syrup 26.4 MG/15ML, 8.8 MG/5ML	OTC	
Senna Oral Tablet 8.6 MG	OTC	
Senna Plus Oral Tablet	OTC	
Senna-Docusate Sodium	OTC	
Senna-Lax	OTC	
Senna-Time	OTC	
Senna-Time S	OTC	
Sennosides-Docusate Sodium	OTC	
Stimulant Laxative Oral Tablet	OTC	
Stool Softener Oral Capsule 100 MG	OTC	
Stool Softener Plus Laxative	OTC	
SUFLAVE	NP	PA
SUPREP BOWEL PREP KIT	NP	PA
SUTAB	NP	PA
Womens Laxative	OTC	
Chloride Channel Activators		
AMITIZA ORAL CAPSULE 8 MCG	NP	PA; QL (60 EA per 30 days)
<i>lubiprostone</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
Digestants		
CREON	P	
PERTZYE	NP	PA
VIOKACE	NP	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P	
Dopamine Receptor Antagonists		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA
ABRILADA (2 SYRINGE)	NP	PA
<i>adalimumab-aacf (2 pen)</i>	NP	PA
<i>adalimumab-aacf (2 syringe)</i>	NP	PA
<i>adalimumab-aacf(cd/uc/hs strt)</i>	NP	PA
<i>adalimumab-aacf(ps/uv starter)</i>	NP	PA
<i>adalimumab-aaty (1 pen)</i>	NP	PA
<i>adalimumab-aaty (2 pen)</i>	NP	PA
<i>adalimumab-aaty (2 syringe)</i>	NP	PA
<i>adalimumab-aaty cd/uc/hs start</i>	NP	PA
<i>adalimumab-adaz</i>	P	
<i>adalimumab-adbm (2 syringe)</i>	NP	PA
<i>adalimumab-fkjp (2 pen)</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	NP	PA; QL (4 EA per 28 days)

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Drug	Tier	Requirements/Limits
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-ryvk (2 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 syringe)</i>	NP	PA
AMITIZA ORAL CAPSULE 8 MCG	NP	PA; QL (60 EA per 30 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	NP	PA
CIMZIA (1 SYRINGE)	NP	PA
CIMZIA (2 SYRINGE)	NP	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA
CIMZIA-STARTER	NP	PA
CYLTEZO (2 SYRINGE)	NP	PA
<i>dronabinol</i>	NP	PA
ENTYVIO PEN	NP	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	P	QL (6.4 ML per 1 day)

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Drug	Tier	Requirements/Limits
HULIO (2 PEN)	NP	PA; QL (8 EA per 1 day)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	NP	PA; QL (4 EA per 28 days)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NP	PA; QL (8 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	NP	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	NP	PA; QL (3 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA
HYRIMOZ-CROHNS/UC STARTER	NP	PA
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA

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Drug	Tier	Requirements/Limits
HYRIMOZ-PED>=40KG CROHN START	NP	PA
HYRIMOZ-PLAQ PSOR/UEVIT START	NP	PA
IBSRELA	NP	PA
LINZESS	P	QL (30 EA per 30 days)
<i>lubiprostone</i>	P	QL (60 EA per 30 days)
MARINOL ORAL CAPSULE 2.5 MG	NP	PA
MOTEGRITY	NP	PA
MOVANTIK	P	QL (30 EA per 30 days)
<i>prucalopride succinate</i>	NP	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA
SIMLANDI (2 PEN)	NP	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
SYMPROIC	NP	PA
<i>ustekinumab intravenous</i>	NP	PA
VIBERZI	NP	PA
XPHOZAH ORAL TABLET 30 MG	NP	PA
YUFLYMA (1 PEN)	NP	PA
YUFLYMA (2 PEN)	NP	PA
YUFLYMA (2 SYRINGE)	NP	PA
YUFLYMA-CD/UC/HS STARTER	NP	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA

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ML = Milliliter
EA = Each

Drug	Tier	Requirements/Limits
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	P	QL (30 EA per 30 days)
Histamine H2-Antagonists		
Acid Reducer Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	NP	PA
<i>cimetidine oral</i>	NP	PA
<i>famotidine oral suspension reconstituted</i>	P	
Famotidine Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
<i>famotidine oral tablet 20 mg</i>	P	QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	P	QL (60 EA per 30 days)
Famotidine Orig St	OTC	QL (60 EA per 30 days)
GNP Acid Reducer Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
Heartburn Relief Oral Tablet 10 MG	OTC	QL (60 EA per 30 days)
<i>ibuprofen-famotidine</i>	NP	PA
<i>nizatidine oral capsule 150 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>nizatidine oral capsule 300 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	NP	PA
Immunomodulatory Agents (56:44)		
ENTYVIO PEN	NP	PA
OMVOH (300 MG DOSE)	NP	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA
VELSIPITY	NP	PA

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Drug	Tier	Requirements/Limits
Lipotropic Agents		
<i>scopolamine</i>	P	
TRANSDERM SCOP	NP	PA
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	NP	PA
<i>aprepitant oral capsule 125 mg, 80 mg</i>	P	QL (30 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	P	QL (1 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	P	QL (30 EA per 30 days)
EMEND BIPACK	NP	QL (30 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	NP	PA
EMEND TRIPACK ORAL CAPSULE THERAPY PACK	NP	PA; QL (30 EA per 30 days)
NEREUS	NP	PA
Opioid Antagonists (56:18)		
MOVANTIK	P	QL (30 EA per 30 days)
SYMPROIC	NP	PA
Prokinetic Agents		
GIMOTI	NP	PA
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	P	
<i>metoclopramide hcl oral tablet</i>	P	
REGLAN ORAL	NP	PA
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
<i>diclofenac-misoprostol oral tablet delayed release</i>	NP	PA
Proton-Pump Inhibitors		

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Drug	Tier	Requirements/Limits
Acid Reducer Oral Capsule Delayed Release	OTC	
CVS Lansoprazole Oral Tablet Delayed Release Dispersible	OTC	QL (60 EA per 30 days)
CVS Omeprazole-Sod Bicarbonate	OTC	QL (60 EA per 30 days)
DEXILANT	P	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	NP	PA; QL (30 EA per 30 days)
EQ Lansoprazole	OTC	QL (60 EA per 30 days)
EQL Lansoprazole	OTC	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	NP	PA; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	P	QL (30 EA per 30 days)
FT Acid Reducer Oral Capsule Delayed Release 15 MG	OTC	QL (60 EA per 30 days)
FT Omeprazole	OTC	
GNP Lansoprazole	OTC	QL (60 EA per 30 days)
GNP Omeprazole	OTC	
GoodSense Lansoprazole	OTC	QL (60 EA per 30 days)
GoodSense Omepr/Sod Bicarb	OTC	QL (60 EA per 30 days)
KLS Lansoprazole	OTC	QL (60 EA per 30 days)
KONVOMEPR	NP	PA
<i>lansoprazole oral capsule delayed release</i>	NP	PA; QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	NP	QL (60 EA per 30 days); AL
<i>naproxen-esomeprazole mg</i>	NP	PA
NEXIUM ORAL CAPSULE DELAYED RELEASE	NP	PA; QL (60 EA per 30 days)
NEXIUM ORAL PACKET	NP	PA; QL (30 EA per 30 days)
Omeprazole Magnesium	OTC	
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 20 mg</i>	P	QL (90 EA per 30 days)
Omeprazole Oral Tablet Delayed Release	OTC	
Omeprazole Oral Tablet Delayed Release Dispersible	OTC	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NP	PA
<i>omeprazole-sodium bicarbonate oral packet</i>	NP	PA
<i>pantoprazole sodium oral packet</i>	NP	PA; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	P	QL (60 EA per 30 days)
Prevacid 24HR	OTC	QL (60 EA per 30 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NP	PA; QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NP	PA; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	NP	PA; QL (60 EA per 30 days)
PROTONIX ORAL PACKET	P	QL (60 EA per 30 days)
PROTONIX ORAL TABLET DELAYED RELEASE	NP	PA; QL (60 EA per 30 days)
QC Lansoprazole	OTC	QL (60 EA per 30 days)
QC Omeprazole Magnesium Oral Capsule Delayed Release	OTC	
<i>rabeprazole sodium oral tablet delayed release</i>	NP	PA
Hormones And Synthetic Substitutes		
Adrenals		

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Drug	Tier	Requirements/Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	QL (60 EA per 30 days)
ADVAIR HFA	P	QL (12 GM per 30 days)
AGAMREE	NP	PA
AIRSUPRA	NP	PA
ALKINDI SPRINKLE	NP	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	P	QL (12.2 GM per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	P	QL (6.1 GM per 30 days)
Aquanil HC	OTC	QL (120 ML per 30 days)
ARNUITY ELLIPTA	P	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	P	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL (1 EA per 30 days)
ASMANEX HFA	P	QL (13 GM per 30 days)
<i>beclomethasone diprop hfa</i>	NP	PA
<i>betamethasone dipropionate aug external cream</i>	P	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	NP	PA; QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	NP	PA; QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	P	QL (45 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	P	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	NP	PA
<i>betamethasone valerate external cream</i>	P	QL (45 GM per 30 days)
<i>betamethasone valerate external foam</i>	NP	PA
<i>betamethasone valerate external lotion</i>	P	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	NP	PA; QL (45 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	NP	PA
BREYNA	NP	PA; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE	NP	PA
<i>budesonide er oral tablet extended release 24 hour</i>	NP	PA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	P	QL (120 ML per 30 days); AL
<i>budesonide inhalation suspension 1 mg/2ml</i>	P	QL (60 ML per 30 days); AL
<i>budesonide oral</i>	P	
<i>budesonide-formoterol fumarate</i>	NP	PA; QL (30.6 GM per 30 days)
CORTEF	NP	PA
<i>cortisone acetate oral</i>	P	
<i>deflazacort</i>	NP	PA
DEXAMETHASONE INTENSOL	NP	PA
<i>dexamethasone oral elixir</i>	P	
<i>dexamethasone oral solution</i>	P	

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Drug	Tier	Requirements/Limits
<i>dexamethasone oral tablet</i>	P	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35)</i>	P	
DEXLYT	NP	PA
DIPROLENE EXTERNAL OINTMENT	NP	PA; QL (50 GM per 30 days)
DULERA	P	QL (39 GM per 30 days)
EMFLAZA	NP	PA
EOHILIA	NP	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	NP	PA
<i>fluticasone furoate ellipta</i>	NP	PA; QL (30 EA per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NP	PA
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	NP	PA; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	NP	PA; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone propionate external cream</i>	P	QL (60 GM per 30 days)
<i>fluticasone propionate external lotion</i>	NP	PA
<i>fluticasone propionate external ointment</i>	P	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	P	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	P	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	P	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	P	QL (16 GM per 30 days)

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Drug	Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol</i>	NP	PA; QL (12 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NP	PA; QL (1 EA per 30 days)
HEMADY	NP	PA
HYDRAVEX	NP	PA
<i>hydrocortisone butyrate external cream</i>	NP	PA
<i>hydrocortisone butyrate external lotion</i>	NP	PA
<i>hydrocortisone butyrate external ointment</i>	P	
<i>hydrocortisone butyrate external solution</i>	P	
Hydrocortisone External Cream 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	P	
<i>hydrocortisone external cream 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone external gel</i>	NP	PA
<i>hydrocortisone external lotion 2.5 %</i>	P	QL (120 ML per 30 days)
Hydrocortisone External Ointment 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone oral</i>	P	
<i>hydrocortisone valerate external cream</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	NP	PA
Hydrocortisone/Aloe Max Str	OTC	
HYDROXYM EXTERNAL GEL	NP	PA
KHINDIVI	NP	PA
KYMBEE	NP	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NP	PA

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Drug	Tier	Requirements/Limits
MEDROL ORAL TABLET THERAPY PACK	NP	PA
<i>methylprednisolone oral</i>	P	
<i>mometasone furoate external cream</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution</i>	P	QL (60 ML per 30 days)
<i>mometasone furoate nasal</i>	P	
OMNARIS	NP	PA
PRED FORTE	NP	PA
PRED MILD	P	
<i>prednisolone acetate ophthalmic</i>	P	
<i>prednisolone oral solution</i>	P	
<i>prednisolone oral tablet</i>	NP	PA
<i>prednisolone sodium phosphate ophthalmic</i>	NP	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	P	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	P	
PREDNISONE INTENSOL	NP	PA
<i>prednisone oral solution</i>	P	
<i>prednisone oral tablet</i>	P	
<i>prednisone oral tablet delayed release</i>	NP	PA
<i>prednisone oral tablet therapy pack</i>	P	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	NP	PA; QL (2 EA per 30 days); AL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	NP	PA; QL (1 EA per 30 days)

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Drug	Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	NP	PA; QL (120 ML per 30 days); AL
PULMICORT INHALATION SUSPENSION 1 MG/2ML	NP	PA; QL (60 ML per 30 days); AL
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	P	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	P	QL (21.2 GM per 30 days)
RYALTRIS	NP	PA
SYMBICORT	P	QL (30.6 GM per 30 days)
TARPEYO	NP	PA
TEXACORT	NP	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	NP	PA
<i>triamcinolone acetonide external aerosol solution</i>	NP	PA
<i>triamcinolone acetonide external cream 0.025 %</i>	P	QL (80 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %</i>	P	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	P	QL (45 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	P	QL (60 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	P	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	P	

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Drug	Tier	Requirements/Limits
<i>triamcinolone acetonide external ointment 0.5 %</i>	P	QL (45 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; QL (60 EA per 30 days)
XHANCE	NP	PA
Alpha-Glucosidase Inhibitors		
<i>acarbose oral</i>	P	QL (90 EA per 30 days)
<i>miglitol</i>	NP	PA; QL (90 EA per 30 days)
Androgens		
NATESTO	NP	PA
TESTIM	P	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	P	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	NP	PA
<i>testosterone transdermal solution</i>	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl oral packet</i>	NP	PA
<i>colesevelam hcl oral tablet</i>	NP	PA; QL (210 EA per 30 days)
WELCHOL ORAL PACKET	NP	PA
WELCHOL ORAL TABLET	NP	PA; QL (210 EA per 30 days)
Antigonadtropins		
EContra One-Step	OTC	
Levonorgestrel Oral Tablet 1.5 MG	OTC	
My Choice	OTC	

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Drug	Tier	Requirements/Limits
My Way	OTC	
NATESTO	NP	PA
New Day	OTC	
Opcicon One-Step	OTC	
Option 2	OTC	
TESTIM	P	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	P	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	NP	PA
<i>testosterone transdermal solution</i>	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral</i>	NP	PA
PROGLYCEM	P	
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal</i>	P	QL (3.7 ML per 30 days)
Biguanides		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; QL (90 EA per 30 days)
<i>alogliptin-metformin hcl</i>	NP	PA
<i>dapaglifloz base-metformin er</i>	NP	PA
<i>glipizide-metformin hcl</i>	NP	PA; QL (120 EA per 30 days)
<i>glyburide-metformin</i>	P	QL (120 EA per 30 days)
INVOKAMET	P	
INVOKAMET XR	NP	PA
JANUMET	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG	P	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG	P	QL (60 EA per 30 days)
JENTADUETO	P	
JENTADUETO XR	NP	PA
<i>linagliptin-metformin hcl</i>	NP	PA
<i>metformin hcl er (mod)</i>	NP	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NP	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	P	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	P	QL (90 EA per 30 days)
<i>metformin hcl oral solution</i>	NP	PA
<i>metformin hcl oral tablet 1000 mg</i>	P	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	P	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 625 mg</i>	NP	PA
<i>metformin hcl oral tablet 750 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	P	QL (90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	NP	PA; QL (90 EA per 30 days)
RIOMET	NP	PA
<i>saxagliptin-metformin er</i>	NP	PA
SEGLUROMET	NP	PA
<i>sitagliip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>sitagliip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50- 500 mg</i>	NP	PA; QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin base-metformin hcl</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl</i>	NP	PA; QL (60 EA per 30 days)
SYNJARDY	NP	PA
SYNJARDY XR	NP	PA
TRIJARDY XR	NP	PA
XIGDUO XR	P	
ZITUVIMET	NP	PA; QL (60 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	NP	PA; QL (30 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	NP	PA; QL (60 EA per 30 days)
Contraceptives		
EContra One-Step	OTC	
Levonorgestrel Oral Tablet 1.5 MG	OTC	
My Choice	OTC	
My Way	OTC	
New Day	OTC	
Opcicon One-Step	OTC	
Opill	OTC	
Option 2	OTC	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	PA; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NP	PA
BRYNOVIN	NP	PA
<i>dapagliflozin-saxagliptin</i>	NP	PA
GLYXAMBI	NP	PA
JANUMET	P	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	P	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	P	QL (60 EA per 30 days)
JANUVIA	P	QL (30 EA per 30 days)
JENTADUETO	P	
JENTADUETO XR	NP	PA
<i>linagliptin-metformin hcl</i>	NP	PA
<i>saxagliptin hcl</i>	NP	PA; QL (30 EA per 30 days)
<i>saxagliptin-metformin er</i>	NP	PA
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin base-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>sitagliptin base-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin</i>	NP	PA; QL (30 EA per 30 days)
<i>sitagliptin base-metformin hcl</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl</i>	NP	PA; QL (60 EA per 30 days)
<i>sitagliptin phosphate</i>	NP	PA; QL (30 EA per 30 days)
STEGLUJAN	NP	PA

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TRADJENTA	P	QL (30 EA per 30 days)
TRIJARDY XR	NP	PA
ZITUVIMET	NP	PA; QL (60 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG	NP	PA; QL (30 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG	NP	PA; QL (60 EA per 30 days)
ZITUVIO	NP	PA; QL (30 EA per 30 days)
Estrogen Agonist-Antagonists		
EVISTA	NP	PA; QL (30 EA per 30 days)
<i>raloxifene hcl</i>	NP	PA; QL (30 EA per 30 days)
Glycogenolytic Agents		
BAQSIMI ONE PACK	P	QL (2 EA per 30 days)
BAQSIMI TWO PACK	P	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg</i>	P	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NP	PA
GVOKE HYPOPEN 1-PACK	P	
GVOKE HYPOPEN 2-PACK	P	
GVOKE KIT	NP	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA
Incretin Mimetics		
<i>exenatide subcutaneous solution pen- injector 10 mcg/0.04ml</i>	NP	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen- injector 5 mcg/0.02ml</i>	NP	PA; QL (1.2 ML per 30 days)
<i>liraglutide</i>	NP	PA; QL (9 ML per 30 days)

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Drug	Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	P	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	P	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	P	PA; QL (3 ML per 28 days)
SOLIQUA	NP	PA; QL (30 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; QL (9 ML per 30 days)
XULTOPHY	NP	PA; QL (15 ML per 30 days)
Intermediate-Acting Insulins		
HUMULIN 70/30	P	QL (30 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	QL (30 ML per 30 days)
HUMULIN N	P	QL (30 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	QL (30 ML per 30 days)
NOVOLIN 70/30	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN N	NP	PA; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	NP	PA; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN N RELION	NP	PA; QL (30 ML per 30 days)

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Drug	Tier	Requirements/Limits
Long-Acting Insulins		
AWIQLI FLEXTOUCH	NP	PA
BASAGLAR KWIKPEN	NP	PA; QL (30 ML per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	NP	PA; QL (30 ML per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	NP	PA; QL (18 ML per 30 days)
<i>insulin glargine max solostar</i>	NP	PA; QL (15 ML per 30 days)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NP	PA; QL (15 ML per 30 days)
<i>insulin glargine-yfgh</i>	NP	PA; QL (30 ML per 30 days)
LANTUS	P	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	QL (30 ML per 30 days)
REZVOGLAR KWIKPEN	NP	PA; QL (30 ML per 30 days)
SEMGLEE (YFGN)	NP	PA; QL (30 ML per 30 days)
SOLIQUA	NP	PA; QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR	NP	PA; QL (15 ML per 30 days)
TOUJEO SOLOSTAR	NP	PA; QL (15 ML per 30 days)
TRESIBA	P	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	P	QL (18 ML per 30 days)
XULTOPHY	NP	PA; QL (15 ML per 30 days)
Meglitinides		
<i>nateglinide</i>	P	QL (90 EA per 30 days)
<i>repaglinide</i>	NP	PA
Parathyroid Agents		

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Drug	Tier	Requirements/Limits
BONSITY	NP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA
<i>teriparatide subcutaneous solution pen- injector 560 mcg/2.24ml</i>	P	
TYMLOS	NP	PA
Pituitary		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P	PA
HUMATROPE INJECTION CARTRIDGE	NP	PA
NGENLA	NP	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	P	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA
SKYTROFA	NP	PA
SOGROYA	NP	PA
ZOMACTON	NP	PA
Progestins		

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Drug	Tier	Requirements/Limits
EContra One-Step	OTC	
Levonorgestrel Oral Tablet 1.5 MG	OTC	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	P	QL (150 ML per 30 days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	NP	PA; QL (150 ML per 30 days)
My Choice	OTC	
My Way	OTC	
New Day	OTC	
Opcicon One-Step	OTC	
Opill	OTC	
Option 2	OTC	
Rapid-Acting Insulins		
ADMELOG INJECTION	NP	PA; QL (30 ML per 30 days)
ADMELOG SOLOSTAR	NP	PA; QL (30 ML per 30 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NP	PA
APIDRA	NP	PA; QL (30 ML per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	QL (30 ML per 30 days)
FIASP FLEXTOUCH	NP	PA; QL (30 ML per 30 days)
FIASP INJECTION	NP	PA; QL (30 ML per 30 days)
FIASP PENFILL	NP	PA; QL (30 ML per 30 days)
HUMALOG INJECTION	P	QL (30 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	P	QL (30 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (30 ML per 30 days)

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Drug	Tier	Requirements/Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML	P	QL (18 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	P	QL (30 ML per 30 days)
HUMALOG MIX 75/25	P	QL (30 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	P	QL (30 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	P	QL (30 ML per 30 days)
HUMALOG TEMPO PEN	P	QL (30 ML per 30 days)
<i>insulin asp prot & asp flexpen</i>	P	QL (30 ML per 30 days)
<i>insulin aspart flexpen</i>	P	QL (30 ML per 30 days)
<i>insulin aspart injection</i>	P	QL (30 ML per 30 days)
<i>insulin lispro (1 unit dial)</i>	P	QL (30 ML per 30 days)
<i>insulin lispro injection</i>	P	QL (30 ML per 30 days)
<i>insulin lispro junior kwikpen</i>	P	QL (30 ML per 30 days)
<i>insulin lispro prot & lispro</i>	P	QL (30 ML per 30 days)
KIRSTY	NP	PA; QL (30 ML per 30 days)
LYUMJEV	NP	PA; QL (30 ML per 30 days)
LYUMJEV KWIKPEN	NP	PA; QL (30 ML per 30 days)
LYUMJEV TEMPO PEN	NP	PA; QL (30 ML per 30 days)
MERILOG	NP	PA; QL (30 ML per 30 days)
MERILOG SOLOSTAR	NP	PA; QL (30 ML per 30 days)
NOVOLOG 70/30 FLEXPEN RELION	P	QL (30 ML per 30 days)
NOVOLOG FLEXPEN RELION	P	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	P	QL (30 ML per 30 days)
NOVOLOG INJECTION	P	QL (30 ML per 30 days)

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Drug	Tier	Requirements/Limits
NOVOLOG MIX 70/30	P	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	P	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 RELION	P	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	P	QL (30 ML per 30 days)
NOVOLOG RELION INJECTION	P	QL (30 ML per 30 days)
Short-Acting Insulins		
HUMULIN 70/30	P	QL (30 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	P	QL (30 ML per 30 days)
HUMULIN R	P	QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	P	QL (30 ML per 30 days)
NOVOLIN 70/30	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN 70/30 RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN R	NP	PA; QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	NP	PA; QL (30 ML per 30 days)
NOVOLIN R FLEXPEN RELION	NP	PA; QL (30 ML per 30 days)
NOVOLIN R RELION	NP	PA; QL (30 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
<i>dapaglifloz base-metformin er</i>	NP	PA
<i>dapagliflozin</i>	NP	PA
<i>dapagliflozin-saxagliptin</i>	NP	PA
FARXIGA	P	

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Drug	Tier	Requirements/Limits
GLYXAMBI	NP	PA
INPEFA	NP	PA
INVOKAMET	P	
INVOKAMET XR	NP	PA
INVOKANA	P	
JARDIANCE	P	
SEGLUROMET	NP	PA
STEGLATRO	NP	PA
STEGLUJAN	NP	PA
SYNJARDY	NP	PA
SYNJARDY XR	NP	PA
TRIJARDY XR	NP	PA
XIGDUO XR	P	
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P	PA
HUMATROPE INJECTION CARTRIDGE	NP	PA
INCRELEX	NP	PA
NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	P	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA

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Drug	Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA
ZOMACTON	NP	PA
Sulfonylureas		
DUETACT	NP	PA; QL (30 EA per 30 days)
<i>glimepiride</i>	P	QL (60 EA per 30 days)
<i>glipizide er</i>	P	
<i>glipizide oral</i>	P	
<i>glipizide-metformin hcl</i>	NP	PA; QL (120 EA per 30 days)
<i>glyburide oral</i>	P	
<i>glyburide-metformin</i>	P	QL (120 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	NP	PA; QL (30 EA per 30 days)
Thiazolidinediones		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; QL (90 EA per 30 days)
ACTOS	NP	PA; QL (30 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NP	PA
DUETACT	NP	PA; QL (30 EA per 30 days)
<i>pioglitazone hcl</i>	P	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	NP	PA; QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	NP	PA; QL (90 EA per 30 days)
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA

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Drug	Tier	Requirements/Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	NP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	NP	PA
GLATOPA	NP	PA
Antimetabolites		
AUBAGIO	NP	PA
<i>cladribine (10 tabs)</i>	NP	PA
<i>cladribine (4 tabs)</i>	NP	PA
<i>cladribine (5 tabs)</i>	NP	PA
<i>cladribine (6 tabs)</i>	NP	PA
<i>cladribine (7 tabs)</i>	NP	PA
<i>cladribine (8 tabs)</i>	NP	PA
<i>cladribine (9 tabs)</i>	NP	PA
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
<i>teriflunomide</i>	P	
Antimetabolites, Immunosupp Therapy Misc		
<i>azathioprine oral</i>	P	
CELLCEPT ORAL CAPSULE	NP	PA
IMURAN	NP	PA
<i>mycophenolate mofetil oral capsule</i>	P	
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	NP	PA

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Drug	Tier	Requirements/Limits
CEQUA	NP	PA
<i>cyclosporine (pf)</i>	NP	PA; QL (60 EA per 30 days)
<i>cyclosporine modified</i>	P	
<i>cyclosporine oral capsule</i>	P	
ENVARSUS XR	NP	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
NEORAL	NP	PA
PROGRAF ORAL	NP	PA
RESTASIS	P	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	P	QL (5.5 ML per 30 days)
SANDIMMUNE ORAL CAPSULE	P	
<i>tacrolimus er</i>	NP	PA
<i>tacrolimus external ointment</i>	P	
<i>tacrolimus oral</i>	P	
VERKAZIA	NP	PA
VEVYE	NP	PA
Complement Inhibitor Agents (90:20)		
TAVNEOS	NP	PA
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO PEN	NP	PA
ORENCIA CLICKJECT	NP	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
Disease-Modifying Antirheumatic Drugs		
AZULFIDINE	NP	PA; QL (240 EA per 30 days)
AZULFIDINE EN-TABS	NP	PA; QL (240 EA per 30 days)
CIMZIA (1 SYRINGE)	NP	PA
CIMZIA (2 SYRINGE)	NP	PA

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Drug	Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA
CIMZIA-STARTER	NP	PA
JYLAMVO	NP	PA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted</i>	P	
<i>methotrexate sodium oral</i>	P	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML	P	
<i>sulfasalazine oral</i>	P	QL (240 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
TREMFYA PEN	NP	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
TREMFYA-CD/UC INDUCTION	NP	PA
TREXALL	NP	PA
XATMEP	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Fumarates		
BAFIERTAM	NP	PA
<i>dimethyl fumarate oral</i>	P	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	P	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; QL (60 EA per 30 days)
VUMERITY	NP	PA
Immunomodulatory Agents (90:00)		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	NP	PA
ZORTRESS	NP	PA
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	P	QL (14 EA per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	NP	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NP	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
Interleukin Inhibitor Agents, Misc		
OMLYCLO	NP	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA

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Drug	Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	NP	PA
ACTEMRA SUBCUTANEOUS	NP	PA
AVTOZMA SUBCUTANEOUS	NP	PA
COSENTYX (300 MG DOSE)	NP	PA
COSENTYX SENSOREADY (300 MG)	NP	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	NP	PA
COSENTYX SUBCUTANEOUS	NP	PA
COSENTYX UNOREADY	NP	PA
IMULDOSA SUBCUTANEOUS	NP	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	NP	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
OTULFI SUBCUTANEOUS	NP	PA
PYZCHIVA SUBCUTANEOUS SOLUTION	NP	PA
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
SELARSDI SUBCUTANEOUS	NP	PA
STARJEMZA SUBCUTANEOUS	P	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
STEQEYMA SUBCUTANEOUS	NP	PA
TALTZ	NP	PA

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Drug	Tier	Requirements/Limits
TYENNE SUBCUTANEOUS	NP	PA
<i>ustekinumab</i>	NP	PA
<i>ustekinumab-aaaz</i>	NP	PA
<i>ustekinumab-aekn</i>	NP	PA
<i>ustekinumab-ttwe subcutaneous</i>	NP	PA
YESINTEK SUBCUTANEOUS	NP	PA
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	NP	PA
OLUMIANT	NP	PA
RINVOQ	NP	PA
RINVOQ LQ	NP	PA
<i>tofacitinib citrate er</i>	NP	PA
<i>tofacitinib citrate oral</i>	NP	PA
XELJANZ ORAL SOLUTION	NP	PA
XELJANZ ORAL TABLET	P	
XELJANZ XR	P	
Monoclonal Antibodies (90:04)		
KESIMPTA	NP	PA
Monoclonal Antibodies (90:12)		
ENSPRYNG	NP	PA
Mtor Inhibitors, Miscellaneous		
HYFTOR	NP	PA
<i>sirolimus oral</i>	P	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	P	
OTEZLA ORAL TABLET THERAPY PACK	P	
OTEZLA XR	NP	PA
OTEZLA/OTEZLA XR INITIATION PK	NP	PA

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Drug	Tier	Requirements/Limits
Sphingosine 1-Phosphate (S1p) Agents		
<i>fingolimod hcl</i>	P	
GILENYA	NP	PA
MAYZENT	NP	PA
MAYZENT STARTER PACK	NP	PA
TASCENSO ODT	NP	PA
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA
ABRILADA (2 SYRINGE)	NP	PA
<i>adalimumab-aacf (2 pen)</i>	NP	PA
<i>adalimumab-aacf (2 syringe)</i>	NP	PA
<i>adalimumab-aacf(cd/uc/hs strt)</i>	NP	PA
<i>adalimumab-aacf(ps/uv starter)</i>	NP	PA
<i>adalimumab-aaty (1 pen)</i>	NP	PA
<i>adalimumab-aaty (2 pen)</i>	NP	PA
<i>adalimumab-aaty (2 syringe)</i>	NP	PA
<i>adalimumab-aaty cd/uc/hs start</i>	NP	PA
<i>adalimumab-adaz</i>	P	
<i>adalimumab-adbm (2 pen)</i>	NP	PA
<i>adalimumab-adbm (2 syringe)</i>	NP	PA
<i>adalimumab-fkjp (2 pen)</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	NP	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-ryvk (1 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 syringe)</i>	NP	PA

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Drug	Tier	Requirements/Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	NP	PA
CIMZIA (1 SYRINGE)	NP	PA
CIMZIA (2 SYRINGE)	NP	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA
CIMZIA-STARTER	NP	PA
CYLTEZO (2 PEN)	NP	PA
CYLTEZO (2 SYRINGE)	NP	PA
ENBREL MINI	P	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	P	QL (3.2 ML per 1 day)

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Drug	Tier	Requirements/Limits
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HULIO (2 PEN)	NP	PA; QL (8 EA per 1 day)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	NP	PA; QL (4 EA per 28 days)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NP	PA; QL (8 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	NP	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NP	PA; QL (3 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA
HYRIMOZ-CROHNS/UC STARTER	NP	PA

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Drug	Tier	Requirements/Limits
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA
HYRIMOZ-PED>=40KG CROHN START	NP	PA
HYRIMOZ-PLAQ PSOR/UEIT START	NP	PA
SIMLANDI (1 PEN)	NP	PA
SIMLANDI (2 PEN)	NP	PA
SIMLANDI (2 SYRINGE)	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
YUFLYMA (1 PEN)	NP	PA
YUFLYMA (2 PEN)	NP	PA
YUFLYMA (2 SYRINGE)	NP	PA
YUFLYMA-CD/UC/HS STARTER	NP	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral</i>	P	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl</i>	NP	PA
<i>finasteride oral tablet 5 mg</i>	P	QL (30 EA per 30 days)
PROSCAR	NP	PA; QL (30 EA per 30 days)
5-Alpha-Reductase Inhibitors (92:04)		
<i>dutasteride oral</i>	P	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	P	QL (30 EA per 30 days)
PROSCAR	NP	PA; QL (30 EA per 30 days)
VIVITROL	P	QL (1 EA per 28 days)
Antidotes (92:12)		
BAQSIMI ONE PACK	P	QL (2 EA per 30 days)
BAQSIMI TWO PACK	P	QL (2 EA per 30 days)
FOSRENOL ORAL PACKET	NP	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA
<i>glucagon emergency injection solution reconstituted 1 mg</i>	P	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NP	PA
GVOKE HYPOPEN 1-PACK	P	
GVOKE HYPOPEN 2-PACK	P	
GVOKE KIT	NP	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA
KIONEX COMBINATION	P	QL (7200 ML per 30 days)
<i>lanthanum carbonate</i>	NP	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution cartridge</i>	P	
<i>naloxone hcl injection solution prefilled syringe</i>	P	
RENVELA	NP	PA
<i>sevelamer carbonate oral packet</i>	NP	PA
<i>sevelamer carbonate oral tablet</i>	P	
<i>sevelamer hcl</i>	NP	PA

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Drug	Tier	Requirements/Limits
SPS (SODIUM POLYSTYRENE SULF) COMBINATION	P	QL (7200 ML per 30 days)
VIVITROL	P	QL (1 EA per 28 days)
Antigout Agents		
All Day Pain Relief	OTC	QL (210 EA per 30 days)
All Day Relief	OTC	QL (210 EA per 30 days)
<i>allopurinol oral tablet 100 mg</i>	P	QL (240 EA per 30 days)
<i>allopurinol oral tablet 200 mg</i>	NP	PA
<i>allopurinol oral tablet 300 mg</i>	P	QL (60 EA per 30 days)
<i>colchicine oral capsule</i>	NP	PA
<i>colchicine oral tablet</i>	P	QL (60 EA per 30 days)
<i>colchicine-probenecid</i>	P	
<i>febuxostat</i>	NP	PA
GLOPERBA	NP	PA
GNP Naproxen Sodium Oral Tablet	OTC	QL (210 EA per 30 days)
GoodSense Naproxen Sodium	OTC	QL (210 EA per 30 days)
<i>indomethacin er</i>	NP	PA; QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	QL (120 EA per 30 days)
<i>indomethacin oral suspension</i>	NP	PA; QL (1200 ML per 30 days)
<i>indomethacin rectal suppository 50 mg</i>	NP	PA
MITIGARE	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG	NP	PA; QL (120 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NP	PA; QL (90 EA per 30 days)
<i>naproxen dr oral tablet delayed release 500 mg</i>	P	QL (60 EA per 30 days)
<i>naproxen oral suspension</i>	P	QL (1800 ML per 30 days)
<i>naproxen oral tablet 250 mg</i>	P	QL (180 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>naproxen oral tablet 375 mg</i>	P	QL (120 EA per 30 days)
<i>naproxen oral tablet 500 mg</i>	P	QL (90 EA per 30 days)
<i>naproxen oral tablet delayed release</i>	P	QL (60 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	NP	PA
Naproxen Sodium Oral Tablet 220 MG	OTC	QL (210 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>naproxen sodium oral tablet 550 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>probenecid oral</i>	P	QL (120 EA per 30 days)
ULORIC	NP	PA
Bone Anabolic Agents		
BONSITY	NP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	P	
TYMLOS	NP	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	NP	PA
<i>alendronate sodium oral solution</i>	NP	PA
<i>alendronate sodium oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	P	QL (4 EA per 30 days)
ATELVIA	NP	PA
BINOSTO	NP	PA

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Drug	Tier	Requirements/Limits
<i>calcitonin (salmon) nasal</i>	P	QL (3.7 ML per 30 days)
EVISTA	NP	PA; QL (30 EA per 30 days)
FOSAMAX ORAL TABLET 70 MG	NP	PA; QL (4 EA per 30 days)
FOSAMAX PLUS D	NP	PA
<i>ibandronate sodium oral</i>	P	
<i>raloxifene hcl</i>	NP	PA; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	PA
<i>risedronate sodium oral tablet delayed release</i>	NP	PA
Cariostatic Agents		
Poly-Vi-Flor/Iron Oral Suspension	OTC	
Complement Inhibitors		
TAVNEOS	NP	PA
Complement Inhibitors (92:32)		
TAVNEOS	NP	PA
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA
ABRILADA (2 SYRINGE)	NP	PA
ACTEMRA ACTPEN	NP	PA
ACTEMRA SUBCUTANEOUS	NP	PA
<i>adalimumab-aacf (2 pen)</i>	NP	PA
<i>adalimumab-aacf (2 syringe)</i>	NP	PA
<i>adalimumab-aacf(cd/uc/hs strt)</i>	NP	PA
<i>adalimumab-aacf(ps/uv starter)</i>	NP	PA
<i>adalimumab-aaty (1 pen)</i>	NP	PA
<i>adalimumab-aaty (2 pen)</i>	NP	PA
<i>adalimumab-aaty (2 syringe)</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>adalimumab-aaty cd/uc/hs start</i>	NP	PA
<i>adalimumab-adaz</i>	P	
<i>adalimumab-adbm (2 pen)</i>	NP	PA
<i>adalimumab-adbm (2 syringe)</i>	NP	PA
<i>adalimumab-fkjp (2 pen)</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	NP	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-ryvk (2 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 syringe)</i>	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	NP	PA
<i>azathioprine oral</i>	P	
AZULFIDINE	NP	PA; QL (240 EA per 30 days)
AZULFIDINE EN-TABS	NP	PA; QL (240 EA per 30 days)
CIBINQO	NP	PA
CIMZIA (1 SYRINGE)	NP	PA
CIMZIA (2 SYRINGE)	NP	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA
CIMZIA-STARTER	NP	PA
COSENTYX (300 MG DOSE)	NP	PA
COSENTYX SENSOREADY (300 MG)	NP	PA

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Drug	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	NP	PA
COSENTYX SUBCUTANEOUS	NP	PA
COSENTYX UNOREADY	NP	PA
<i>cyclosporine modified</i>	P	
<i>cyclosporine oral capsule</i>	P	
CYLTEZO (2 PEN)	NP	PA
CYLTEZO (2 SYRINGE)	NP	PA
ENBREL MINI	P	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HULIO (2 PEN)	NP	PA; QL (8 EA per 1 day)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	NP	PA; QL (4 EA per 28 days)

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Drug	Tier	Requirements/Limits
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NP	PA; QL (8 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	NP	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	NP	PA; QL (3 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA
HYRIMOZ-CROHNS/UC STARTER	NP	PA
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA
HYRIMOZ-PED>=40KG CROHN START	NP	PA
HYRIMOZ-PLAQ PSOR/UEIT START	NP	PA
IMURAN	NP	PA
JYLAMVO	NP	PA

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Drug	Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	NP	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted</i>	P	
<i>methotrexate sodium oral</i>	P	
NEORAL	NP	PA
OLUMIANT	NP	PA
ORENCIA CLICKJECT	NP	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
OTEZLA ORAL TABLET 30 MG	P	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	P	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	P	
RINVOQ	NP	PA
SANDIMMUNE ORAL CAPSULE	P	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA
SIMLANDI (2 PEN)	NP	PA

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Drug	Tier	Requirements/Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
<i>sulfasalazine oral</i>	P	QL (240 EA per 30 days)
<i>tofacitinib citrate er</i>	NP	PA
<i>tofacitinib citrate oral</i>	NP	PA
TREXALL	NP	PA
XATMEP	NP	PA
XELJANZ ORAL SOLUTION	NP	PA
XELJANZ ORAL TABLET	P	
XELJANZ XR	P	
YUFLYMA (1 PEN)	NP	PA
YUFLYMA (2 PEN)	NP	PA
YUFLYMA (2 SYRINGE)	NP	PA
YUFLYMA-CD/UC/HS STARTER	NP	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Immunomodulatory Agents		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA
ABRILADA (2 SYRINGE)	NP	PA
ACTEMRA ACTPEN	NP	PA
ACTEMRA SUBCUTANEOUS	NP	PA
<i>adalimumab-aacf (2 pen)</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>adalimumab-aacf (2 syringe)</i>	NP	PA
<i>adalimumab-aacf(cd/uc/hs strt)</i>	NP	PA
<i>adalimumab-aacf(ps/uv starter)</i>	NP	PA
<i>adalimumab-aaty (1 pen)</i>	NP	PA
<i>adalimumab-aaty (2 pen)</i>	NP	PA
<i>adalimumab-aaty (2 syringe)</i>	NP	PA
<i>adalimumab-aaty cd/uc/hs start</i>	NP	PA
<i>adalimumab-adaz</i>	P	
<i>adalimumab-adbm (2 syringe)</i>	NP	PA
<i>adalimumab-fkjp (2 pen)</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	NP	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NP	PA; QL (8 EA per 1 day)
<i>adalimumab-ryvk (2 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 syringe)</i>	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	NP	PA
AUBAGIO	NP	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	QL (1 EA per 28 days)
<i>azathioprine oral</i>	P	

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Drug	Tier	Requirements/Limits
AZULFIDINE	NP	PA; QL (240 EA per 30 days)
AZULFIDINE EN-TABS	NP	PA; QL (240 EA per 30 days)
BAFIERTAM	NP	PA
BETASERON SUBCUTANEOUS KIT	P	QL (14 EA per 28 days)
CIMZIA (1 SYRINGE)	NP	PA
CIMZIA (2 SYRINGE)	NP	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA
CIMZIA-STARTER	NP	PA
<i>cladribine (10 tabs)</i>	NP	PA
<i>cladribine (4 tabs)</i>	NP	PA
<i>cladribine (5 tabs)</i>	NP	PA
<i>cladribine (6 tabs)</i>	NP	PA
<i>cladribine (7 tabs)</i>	NP	PA
<i>cladribine (8 tabs)</i>	NP	PA
<i>cladribine (9 tabs)</i>	NP	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA
<i>cyclosporine modified</i>	P	
<i>cyclosporine oral capsule</i>	P	
CYLTEZO (2 SYRINGE)	NP	PA
<i>dimethyl fumarate oral</i>	P	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	P	QL (60 EA per 30 days)
ENBREL MINI	P	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	

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Drug	Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	
ENSPRYNG	NP	PA
<i>fingolimod hcl</i>	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GILENYA	NP	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	NP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	NP	PA
GLATOPA	NP	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	P	QL (3.2 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	P	QL (6.4 ML per 1 day)
HULIO (2 PEN)	NP	PA; QL (8 EA per 1 day)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	NP	PA; QL (4 EA per 28 days)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NP	PA; QL (8 EA per 1 day)

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Drug	Tier	Requirements/Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	NP	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NP	PA; QL (3 EA per 28 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NP	PA; QL (3 EA per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA
HYRIMOZ-CROHNS/UC STARTER	NP	PA
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA
HYRIMOZ-PED>=40KG CROHN START	NP	PA
HYRIMOZ-PLAQ PSOR/UEIT START	NP	PA
IMURAN	NP	PA
JYLAMVO	NP	PA
KESIMPTA	NP	PA

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Drug	Tier	Requirements/Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
MAYZENT	NP	PA
MAYZENT STARTER PACK	NP	PA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted</i>	P	
<i>methotrexate sodium oral</i>	P	
NEORAL	NP	PA
ORENCIA CLICKJECT	NP	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
OTEZLA ORAL TABLET	P	
OTEZLA ORAL TABLET THERAPY PACK	P	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	NP	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
PLEGRIDY INTRAMUSCULAR	NP	PA

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Drug	Tier	Requirements/Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NP	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
PONVORY	NP	PA
PONVORY STARTER PACK	NP	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NP	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
RHAPSIDO	NP	PA
SANDIMMUNE ORAL CAPSULE	P	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA
SIMLANDI (2 PEN)	NP	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
<i>sulfasalazine oral</i>	P	QL (240 EA per 30 days)

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Drug	Tier	Requirements/Limits
TASCENSO ODT	NP	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; QL (60 EA per 30 days)
<i>teriflunomide</i>	P	
TREXALL	NP	PA
VELSIPITY	NP	PA
VUMERITY	NP	PA
XATMEP	NP	PA
YUFLYMA (1 PEN)	NP	PA
YUFLYMA (2 PEN)	NP	PA
YUFLYMA (2 SYRINGE)	NP	PA
YUFLYMA-CD/UC/HS STARTER	NP	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
ZEPOSIA	NP	PA
ZEPOSIA 7-DAY STARTER PACK	NP	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Immunosuppressive Agents		
ASTAGRAF XL	NP	PA
<i>azathioprine oral</i>	P	
CELLCEPT	NP	PA
<i>cladribine (10 tabs)</i>	NP	PA
<i>cladribine (4 tabs)</i>	NP	PA
<i>cladribine (5 tabs)</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>cladribine (6 tabs)</i>	NP	PA
<i>cladribine (7 tabs)</i>	NP	PA
<i>cladribine (8 tabs)</i>	NP	PA
<i>cladribine (9 tabs)</i>	NP	PA
<i>cyclosporine modified</i>	P	
<i>cyclosporine oral capsule</i>	P	
ENVARUS XR	NP	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	NP	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
HYFTOR	NP	PA
IMURAN	NP	PA
JYLAMVO	NP	PA
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted</i>	P	
<i>methotrexate sodium oral</i>	P	
<i>mycophenolate mofetil oral</i>	P	
<i>mycophenolate sodium</i>	P	

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Drug	Tier	Requirements/Limits
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	P	
MYFORTIC	NP	PA
MYHIBBIN	NP	PA
NEORAL	NP	PA
<i>pimecrolimus</i>	P	
PROGRAF ORAL	NP	PA
SANDIMMUNE ORAL CAPSULE	P	
<i>sirolimus oral</i>	P	
<i>tacrolimus er</i>	NP	PA
<i>tacrolimus external ointment</i>	P	
<i>tacrolimus oral</i>	P	
TREXALL	NP	PA
XATMEP	NP	PA
ZORTRESS	NP	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA	NP	PA
ARCALYST	NP	PA
<i>dalfampridine er</i>	P	
ENDARI	P	PA
EVOTAZ	P	QL (30 EA per 30 days)
Ferrex 28 Oral	OTC	QL (30 EA per 30 days)
Fish Oil Oral Capsule 1000 MG	OTC	
<i>l-glutamine oral packet</i>	P	PA
Melatonin Maximum Strength Oral Tablet 5 MG	OTC	
Melatonin Oral Tablet 3 MG, 3-10 MG, 5 MG	OTC	
PREZCOBIX	P	QL (30 EA per 30 days)
REZUROCK	NP	PA

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Drug	Tier	Requirements/Limits
STRIBILD	P	QL (30 EA per 30 days)
SYMTUZA	P	QL (30 EA per 30 days)
Protective Agents		
<i>adapalene external cream</i>	NP	PA
<i>adapalene external gel 0.3 %</i>	P	
<i>adapalene-benzoyl peroxide external gel</i>	NP	PA
AMPYRA	NP	PA
<i>dalfampridine er</i>	P	
DIFFERIN EXTERNAL CREAM	NP	PA
DIFFERIN EXTERNAL GEL	NP	PA
EPIDUO FORTE	NP	PA
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA
<i>epinephrine injection solution auto- injector 0.15 mg/0.15ml</i>	NP	PA
<i>epinephrine injection solution auto- injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	
GNP Nasal Decongestant Oral Tablet	OTC	
Nasal Decongestant Oral Tablet 30 MG	OTC	
Pseudoephedrine HCl Oral Tablet	OTC	
SudoGest	OTC	
SudoGest Maximum Strength	OTC	
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA	P	QL (25.8 GM per 30 days)

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Drug	Tier	Requirements/Limits
COMBIVENT RESPIMAT	P	QL (8 GM per 30 days)
DUAKLIR PRESSAIR	NP	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	QL (30 EA per 30 days)
<i>ipratropium bromide hfa</i>	NP	PA; QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	P	
<i>ipratropium bromide nasal</i>	P	QL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	
SPIRIVA HANDIHALER	P	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	NP	PA; QL (4 GM per 30 days); AL
<i>tiotropium bromide</i>	NP	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; QL (1 EA per 30 days)
<i>umeclidinium ellipta</i>	NP	PA; QL (30 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	NP	PA
Anti-Inflammatory Agents (Respiratory)		
NUCALA	NP	PA
Antitussives		
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG	OTC	
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
Chest Congestion Relief DM Oral Syrup	OTC	QL (1800 ML per 30 days); AL
<i>codeine sulfate oral tablet</i>	P	QL (180 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
Cough DM Childrens Oral Suspension Extended Release	OTC	AL
Cough DM Oral Suspension Extended Release	OTC	AL
Delsym Cgh/Chest Cong DM Child	OTC	AL
Delsym Cough/Chest Congest DM	OTC	QL (3600 ML per 30 days); AL
Dextromethorphan Polistirex ER Oral Suspension Extended Release	OTC	AL
Dextromethorphan-guaiFENesin Oral Liquid 10-100 MG/5ML	OTC	AL
Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML	OTC	QL (1800 ML per 30 days); AL
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
Duratuss DM Oral Liquid	OTC	AL
Ed-A-Hist DM	OTC	AL
FT Tussin CF Adult	OTC	QL (1800 ML per 30 days); AL
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)

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EA = Each

Drug	Tier	Requirements/Limits
GNP Cough DM ER Oral Suspension Extended Release	OTC	AL
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)
GNP Tussin DM Max Oral Liquid 20-400 MG/20ML	OTC	AL
GoodSense Cough DM	OTC	AL
GoodSense Cough DM Childrens	OTC	AL
GoodSense Tussin DM Max	OTC	QL (3600 ML per 30 days); AL
guaifenesin-Codeine Oral Solution	OTC	QL (120 ML per 30 days); AL
guaifenesin-DM Oral Syrup	OTC	QL (1800 ML per 30 days); AL
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
M-End DMX	OTC	AL
Mucinex Cough Childrens	OTC	QL (3600 ML per 30 days); AL
Mucinex DM	OTC	QL (120 EA per 30 days); AL
Mucinex Fast-Max DM Max	OTC	QL (3600 ML per 30 days); AL
Mucolyte-DM	OTC	AL
Mucus Relief DM Max Oral Liquid 20-400 MG/20ML	OTC	AL
Mucus Relief DM Oral Tablet Extended Release 12 Hour 30-600 MG	OTC	QL (120 EA per 30 days); AL
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
NoHist-DM	OTC	QL (900 ML per 30 days); AL
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Robafen CF Multi-Symptom Cold	OTC	QL (1800 ML per 30 days); AL
Robafen DM Cgh/Chest Congest	OTC	QL (1800 ML per 30 days); AL
Sleep Aid (Diphenhydramine)	OTC	QL (360 EA per 30 days)
Tusnel Diabetic	OTC	AL
Tussin DM Cough + Chest Oral Liquid 20-400 MG/20ML	OTC	QL (3600 ML per 30 days); AL
Tussin DM Oral Liquid 100-10 MG/5ML	OTC	AL

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Drug	Tier	Requirements/Limits
Tussin DM Oral Syrup 100-10 MG/5ML	OTC	QL (1800 ML per 30 days); AL
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	QL (60 EA per 30 days)
ADVAIR HFA	P	QL (12 GM per 30 days)
AIRSUPRA	NP	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	P	QL (12.2 GM per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	P	QL (6.1 GM per 30 days)
ARNUITY ELLIPTA	P	QL (30 EA per 30 days)
<i>azelastine-fluticasone</i>	NP	PA
<i>beclomethasone diprop hfa</i>	NP	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	NP	PA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	P	QL (120 ML per 30 days); AL
<i>budesonide inhalation suspension 1 mg/2ml</i>	P	QL (60 ML per 30 days); AL
DYMISTA	NP	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	NP	PA
<i>fluticasone furoate ellipta</i>	NP	PA; QL (30 EA per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NP	PA
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	NP	PA; QL (120 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	NP	PA; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	P	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	P	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	P	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	P	QL (16 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	NP	PA; QL (12 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NP	PA; QL (1 EA per 30 days)
GNP 24 Hour Nasal Allergy	OTC	
GoodSense Nasal Allergy Spray	OTC	
<i>mometasone furoate external cream</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution</i>	P	QL (60 ML per 30 days)
<i>mometasone furoate nasal</i>	P	
Nasal Allergy 24 Hour	OTC	
Nasal Allergy Spray	OTC	
OMNARIS	NP	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	NP	PA; QL (2 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	NP	PA; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	NP	PA; QL (120 ML per 30 days); AL
PULMICORT INHALATION SUSPENSION 1 MG/2ML	NP	PA; QL (60 ML per 30 days); AL
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	P	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	P	QL (21.2 GM per 30 days)
RYALTRIS	NP	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	NP	PA
Triamcinolone Acetonide Nasal Aerosol	OTC	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; QL (60 EA per 30 days)
XHANCE	NP	PA
Dual Phosphodiesterase Inhibitor (48:34)		
OHTUVAYRE	NP	PA
Endothelin Receptor Antagonists (48:48)		
<i>ambrisentan</i>	P	QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	P	QL (60 EA per 30 days)
<i>bosentan oral tablet soluble</i>	NP	PA
LETAIRIS	NP	PA; QL (30 EA per 30 days)

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Drug	Tier	Requirements/Limits
<i>macitentan</i>	NP	PA
OPSUMIT	NP	PA
OPSYNVI	NP	PA
TRACLEER ORAL TABLET	NP	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	NP	PA
Expectorants		
Chest Congestion Relief DM Oral Syrup	OTC	QL (1800 ML per 30 days); AL
Chest Congestion Relief Oral Liquid	OTC	QL (3600 ML per 30 days); AL
Delsym Cgh/Chest Cong DM Child	OTC	AL
Delsym Cough/Chest Congest DM	OTC	QL (3600 ML per 30 days); AL
Dextromethorphan-guaiFENesin Oral Liquid 10-100 MG/5ML	OTC	AL
Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML	OTC	QL (1800 ML per 30 days); AL
ED Bron GP	OTC	AL
FT Mucus Relief 12HR Max Str	OTC	QL (60 EA per 30 days); AL
FT Mucus Relief 12HR Oral Tablet Extended Release 12 Hour 600 MG	OTC	QL (120 EA per 30 days); AL
FT Tussin Adult	OTC	QL (3600 ML per 30 days); AL
FT Tussin CF Adult	OTC	QL (1800 ML per 30 days); AL
GNP Mucus ER Oral Tablet Extended Release 12 Hour 1200 MG	OTC	QL (60 EA per 30 days); AL
GNP Mucus ER Oral Tablet Extended Release 12 Hour 600 MG	OTC	QL (120 EA per 30 days); AL
GNP Tussin DM Max Oral Liquid 20-400 MG/20ML	OTC	AL
GoodSense Mucus ER	OTC	QL (120 EA per 30 days); AL
GoodSense Mucus ER Maximum Str	OTC	QL (60 EA per 30 days); AL
GoodSense Tussin DM Max	OTC	QL (3600 ML per 30 days); AL
guaifENesin ER Oral Tablet Extended Release 12 Hour 600 MG	OTC	QL (120 EA per 30 days); AL

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Drug	Tier	Requirements/Limits
guaifenesin Oral Liquid 100 MG/5ML	OTC	QL (3600 ML per 30 days); AL
guaifenesin-Codeine Oral Solution	OTC	QL (120 ML per 30 days); AL
guaifenesin-DM Oral Syrup	OTC	QL (1800 ML per 30 days); AL
Mucinex Cough Childrens	OTC	QL (3600 ML per 30 days); AL
Mucinex DM	OTC	QL (120 EA per 30 days); AL
Mucinex Fast-Max Chest Cong MS	OTC	QL (3600 ML per 30 days); AL
Mucinex Fast-Max DM Max	OTC	QL (3600 ML per 30 days); AL
Mucinex Maximum Strength	OTC	QL (60 EA per 30 days); AL
Mucolyte	OTC	QL (3600 ML per 30 days); AL
Mucolyte-DM	OTC	AL
Mucus & Chest Congestion Oral Liquid 200 MG/10ML	OTC	QL (3600 ML per 30 days); AL
Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG	OTC	QL (120 EA per 30 days); AL
Mucus Relief DM Max Oral Liquid 20-400 MG/20ML	OTC	AL
Mucus Relief DM Oral Tablet Extended Release 12 Hour 30-600 MG	OTC	QL (120 EA per 30 days); AL
Mucus Relief Max St	OTC	QL (60 EA per 30 days); AL
Mucus Relief Oral Tablet Extended Release 12 Hour	OTC	QL (120 EA per 30 days); AL
Pseudoephedrine-guaifenesin ER Oral Tablet Extended Release 12 Hour 60-600 MG	OTC	QL (120 EA per 30 days); AL
Robafen CF Multi-Symptom Cold	OTC	QL (1800 ML per 30 days); AL
Robafen DM Cgh/Chest Congest	OTC	QL (1800 ML per 30 days); AL
Siltussin SA Oral Liquid	OTC	QL (3600 ML per 30 days); AL
Tusnel Diabetic	OTC	AL
Tusnel-EX	OTC	QL (3600 ML per 30 days); AL
Tussin DM Cough + Chest Oral Liquid 20-400 MG/20ML	OTC	QL (3600 ML per 30 days); AL
Tussin DM Oral Liquid 100-10 MG/5ML	OTC	AL

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Drug	Tier	Requirements/Limits
Tussin DM Oral Syrup 100-10 MG/5ML	OTC	QL (1800 ML per 30 days); AL
Tussin Mucus & Chest Congest	OTC	AL
Tussin Mucus+Chest Congestion Oral Liquid	OTC	QL (3600 ML per 30 days); AL
First Generation Antihist.(Respir Tract)		
Allergy Oral Tablet 4 MG	OTC	
Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Allergy Relief Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Allergy Relief Oral Tablet 25 MG, 4 MG	OTC	
Banophen Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
Banophen Oral Tablet	OTC	
Dimetane Allergy Relief	OTC	QL (360 EA per 30 days)
Dimetane Allergy Relief Ex St	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Childrens	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Capsule 25 MG	OTC	QL (360 EA per 30 days)
diphenhydrAMINE HCl Oral Capsule 50 MG	OTC	QL (180 EA per 30 days)
diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML	OTC	QL (3600 ML per 30 days)
diphenhydrAMINE HCl Oral Tablet 25 MG	OTC	
Ed Chlorped Jr	OTC	
GNP Allergy Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Oral Tablet 25 MG	OTC	
GNP Allergy Relief Max St	OTC	QL (3600 ML per 30 days)
GNP Allergy Relief Oral Capsule	OTC	QL (360 EA per 30 days)
GNP Allergy Relief Oral Tablet 25 MG, 4 MG	OTC	
GNP Childrens Allergy	OTC	QL (3600 ML per 30 days)
GNP Sleep Aid Nighttime	OTC	QL (360 EA per 30 days)

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Drug	Tier	Requirements/Limits
GNP Sleep Aid Oral Tablet	OTC	
Liquid Allergy Relief	OTC	QL (3600 ML per 30 days)
M-Dryl	OTC	QL (3600 ML per 30 days)
Nighttime Sleep Aid Oral Tablet 25 MG	OTC	QL (360 EA per 30 days)
<i>promethazine hcl oral solution</i>	P	QL (240 ML per 30 days)
<i>promethazine hcl oral tablet</i>	P	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	P	
PROMETHEGAN	P	
QC Allergy Relief Childrens Oral Liquid	OTC	QL (3600 ML per 30 days)
Sleep Aid (DiphenhydrAMINE)	OTC	QL (360 EA per 30 days)
Sleep Aid Oral Tablet	OTC	
Sleep-Aid Oral Tablet	OTC	
Interleukin Antagonists		
ARCALYST	NP	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	P	PA
FASENRA	P	PA
FASENRA PEN	P	PA
TEZSPIRE	NP	PA
Leukotriene Modifiers		
<i>montelukast sodium oral packet</i>	P	QL (30 EA per 30 days); AL
<i>montelukast sodium oral tablet</i>	P	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	P	QL (30 EA per 30 days)
SINGULAIR ORAL PACKET	NP	PA; QL (30 EA per 30 days); AL
SINGULAIR ORAL TABLET	NP	PA; QL (30 EA per 30 days)
SINGULAIR ORAL TABLET CHEWABLE	NP	PA; QL (30 EA per 30 days)
<i>zafirlukast</i>	P	

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Drug	Tier	Requirements/Limits
<i>zileuton er</i>	NP	PA
Mast-Cell Stabilizers		
<i>cromolyn sodium ophthalmic</i>	P	
Mucolytic Agents		
Deep Sea Nasal Spray	OTC	
Saline Mist Spray	OTC	
Saline Nasal Spray	OTC	
SM Nasal Spray Saline	OTC	
Nasal Preparations (Steroids)		
<i>azelastine-fluticasone</i>	NP	PA
DYMISTA	NP	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	NP	PA
<i>fluticasone propionate nasal</i>	P	QL (16 GM per 30 days)
GNP 24 Hour Nasal Allergy	OTC	
GoodSense Nasal Allergy Spray	OTC	
<i>mometasone furoate nasal</i>	P	
Nasal Allergy 24 Hour	OTC	
Nasal Allergy Spray	OTC	
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
RYALTRIS	NP	PA
Triamcinolone Acetonide Nasal Aerosol	OTC	
XHANCE	NP	PA
Orally Inhaled Preparations (Steroids)		
AIRSUPRA	NP	PA
ARNUITY ELLIPTA	P	QL (30 EA per 30 days)
<i>beclomethasone diprop hfa</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	P	QL (120 ML per 30 days); AL
<i>budesonide inhalation suspension 1 mg/2ml</i>	P	QL (60 ML per 30 days); AL
<i>fluticasone furoate ellipta</i>	NP	PA; QL (30 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	NP	PA; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	NP	PA; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	NP	PA; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	P	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	P	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	P	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	NP	PA; QL (2 EA per 30 days); AL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	NP	PA; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	NP	PA; QL (120 ML per 30 days); AL
PULMICORT INHALATION SUSPENSION 1 MG/2ML	NP	PA; QL (60 ML per 30 days); AL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	P	QL (10.6 GM per 30 days)

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Drug	Tier	Requirements/Limits
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	P	QL (21.2 GM per 30 days)
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	NP	PA
<i>roflumilast</i>	NP	PA
ZORYVE	NP	PA
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA	NP	PA
ALYQ	P	PA
OPSYNVI	NP	PA
REVATIO ORAL TABLET	NP	PA
<i>sildenafil citrate oral suspension reconstituted</i>	NP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA
<i>tadalafil (pah)</i>	P	PA
TADLIQ	NP	PA
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	NP	PA
ORENITRAM MONTH 1	NP	PA
ORENITRAM MONTH 2	NP	PA
ORENITRAM MONTH 3	NP	PA
Respiratory Tract Agents, Miscellaneous		
TEZSPIRE	NP	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
Second Generation Antihist(Respir Tract)		
12HR Allergy Relief	OTC	QL (60 EA per 30 days)

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Drug	Tier	Requirements/Limits
24HR Allergy Relief	OTC	QL (30 EA per 30 days)
<i>all day allergy childrens oral solution 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>all day allergy oral tablet</i>	P	QL (30 EA per 30 days)
Allergy Childrens Oral Solution	OTC	QL (300 ML per 30 days)
Allergy Childrens Oral Suspension	OTC	QL (1200 ML per 30 days)
Allergy Rel Child (Loratadine)	OTC	QL (300 ML per 30 days)
<i>allergy relief (cetirizine) oral tablet</i>	P	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	P	QL (30 EA per 30 days)
<i>allergy relief cetirizine</i>	P	QL (30 EA per 30 days)
<i>allergy relief childrens oral solution 1 mg/ml</i>	P	QL (300 ML per 30 days); AL
<i>allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
Allergy Relief/Indoor/Outdoor Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	P	QL (90 ML per 60 days)
<i>azelastine hcl ophthalmic</i>	NP	PA; QL (6 ML per 30 days)
<i>azelastine-fluticasone</i>	NP	PA
<i>cetirizine hcl allergy child</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens alrgy oral solution</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens hives</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	P	QL (300 ML per 30 days); AL
<i>cetirizine hcl oral tablet</i>	P	QL (30 EA per 30 days)
Cetirizine HCl Oral Tablet Chewable	OTC	QL (30 EA per 30 days)
Childrens Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
CLARINEX ORAL TABLET	NP	PA

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Drug	Tier	Requirements/Limits
<i>desloratadine oral solution</i>	NP	PA
<i>desloratadine oral tablet</i>	NP	PA
<i>desloratadine oral tablet dispersible</i>	NP	PA; AL
DYMISTA	NP	PA
Fexofenadine HCl Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
Fexofenadine HCl Oral Tablet 60 MG	OTC	QL (60 EA per 30 days)
<i>ft all day allergy</i>	P	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	P	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	P	QL (300 ML per 30 days); AL
<i>ft all day allergy relief</i>	P	QL (30 EA per 30 days)
FT Allergy Childrens	OTC	QL (300 ML per 30 days)
FT Allergy Relief 12 Hour	OTC	QL (60 EA per 30 days)
FT Allergy Relief 24 Hour	OTC	QL (30 EA per 30 days)
<i>ft allergy relief cetirizine</i>	P	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	P	QL (300 ML per 30 days); AL
<i>ft allergy relief childrens oral tablet chewable</i>	P	
<i>ft allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
FT Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
<i>gnp all day allergy</i>	P	QL (30 EA per 30 days)
<i>gnp all day allergy childrens oral solution</i>	P	QL (300 ML per 30 days); AL
GNP All Day Allergy Relief	OTC	
GNP Allergy Relief Oral Tablet 180 MG	OTC	QL (30 EA per 30 days)
GNP Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
<i>gnp loratadine oral tablet</i>	P	QL (30 EA per 30 days)
<i>gnp loratadine oral tablet dispersible</i>	P	QL (30 EA per 30 days)
<i>goodsense all day allergy oral solution</i>	P	QL (300 ML per 30 days); AL
<i>goodsense all day allergy oral tablet</i>	P	QL (30 EA per 30 days)
GoodSense Aller-Ease	OTC	QL (30 EA per 30 days)
Goodsense Allergy Relief Child	OTC	QL (300 ML per 30 days)

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Drug	Tier	Requirements/Limits
<i>goodsense allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
Loratadine Childrens Oral Solution	OTC	QL (300 ML per 30 days)
<i>loratadine childrens oral tablet chewable</i>	P	
Loratadine Oral Solution	OTC	QL (300 ML per 30 days)
<i>loratadine oral tablet</i>	P	QL (30 EA per 30 days)
<i>loratadine oral tablet chewable 10 mg</i>	P	
<i>loratadine oral tablet dispersible 10 mg</i>	P	QL (30 EA per 30 days); AL
<i>qc allergy relief (cetirizine)</i>	P	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 10 mg</i>	P	QL (30 EA per 30 days)
ZERVIAE	NP	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA	NP	PA
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	P	QL (2 inhaler per 30 days)
<i>albuterol sulfate inhalation</i>	P	
<i>albuterol sulfate oral syrup</i>	P	
<i>albuterol sulfate oral tablet</i>	P	QL (120 EA per 30 days)
<i>arformoterol tartrate</i>	P	
<i>formoterol fumarate inhalation</i>	NP	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	NP	PA
<i>levalbuterol tartrate</i>	NP	PA
PERFOROMIST	NP	PA
PROAIR RESPICLICK	P	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	NP	PA
<i>terbutaline sulfate oral tablet 2.5 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>terbutaline sulfate oral tablet 5 mg</i>	NP	PA; QL (90 EA per 30 days)

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Drug	Tier	Requirements/Limits
VENTOLIN HFA	P	QL (2 Inhalers per 30 days)
XOPENEX HFA	NP	PA
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	NP	PA
ADEMPAS	NP	PA
ALYQ	P	PA
<i>ambrisentan</i>	P	QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	P	QL (60 EA per 30 days)
<i>bosentan oral tablet soluble</i>	NP	PA
LETAIRIS	NP	PA; QL (30 EA per 30 days)
<i>macitentan</i>	NP	PA
OPSUMIT	NP	PA
ORENITRAM	NP	PA
ORENITRAM MONTH 1	NP	PA
ORENITRAM MONTH 2	NP	PA
ORENITRAM MONTH 3	NP	PA
REVATIO ORAL TABLET	NP	PA
<i>sildenafil citrate oral suspension reconstituted</i>	NP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA
<i>tadalafil (pah)</i>	P	PA
TADLIQ	NP	PA
TRACLEER ORAL TABLET	NP	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	NP	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA
UPTRAVI TITRATION	NP	PA
Vasodilating Agents, Misc (48:48)		
ADEMPAS	NP	PA

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Drug	Tier	Requirements/Limits
UPTRAVI ORAL	NP	PA
UPTRAVI TITRATION	NP	PA
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
ALPHAGAN P	P	QL (10 ML per 30 days)
<i>brimonidine tartrate external</i>	NP	PA
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	NP	PA; QL (10 ML per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
<i>brimonidine tartrate-timolol</i>	NP	PA
COMBIGAN	P	
MIRVASO	NP	PA
<i>oxymetazoline hcl external</i>	NP	PA
RHOFADE	NP	PA
Allylamines (Skin And Mucous Membrane)		
Athletes Foot (Terbinafine)	OTC	
GNP Terbinafine Hydrochloride	OTC	
<i>naftifine hcl external cream</i>	NP	PA
<i>naftifine hcl external gel 2 %</i>	NP	PA
NAFTIN EXTERNAL GEL 2 %	NP	PA
Terbinafine HCl External	OTC	
Antibacterials (84:04)		
AVAR CLEANSER EXTERNAL LIQUID	NP	PA
AVAR LS CLEANSER	NP	PA
AVAR-E EMOLLIENT	NP	PA
<i>azelaic acid external</i>	P	
Bacitracin External	OTC	
Bacitracin Zinc External	OTC	

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Drug	Tier	Requirements/Limits
Bacitracin Zinc-Aloe	OTC	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitra-neomycin-polymyxin-hc</i>	P	
<i>benzoyl peroxide-erythromycin</i>	NP	PA; QL (46.6 GM per 30 days)
<i>bp 10-1</i>	NP	PA
CLEOCIN ORAL	NP	PA
CLEOCIN-T EXTERNAL LOTION	NP	PA
CLINDACIN	NP	PA
CLINDACIN ETZ EXTERNAL SWAB	NP	PA
CLINDACIN-P	NP	PA
<i>clindamycin hcl oral</i>	P	
<i>clindamycin palmitate hcl</i>	P	
<i>clindamycin phos (once-daily)</i>	NP	PA
<i>clindamycin phos (twice-daily)</i>	NP	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	NP	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	P	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	NP	PA; QL (150 GM per 90 days)
<i>clindamycin phosphate external foam</i>	NP	PA
<i>clindamycin phosphate external lotion</i>	NP	PA
<i>clindamycin phosphate external solution</i>	P	
<i>clindamycin phosphate external swab</i>	NP	PA
<i>clindamycin-tretinoin</i>	NP	PA
<i>dapsone external</i>	NP	PA
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NP	PA; QL (30 EA per 30 days)
<i>doxycycline</i>	NP	PA
<i>doxycycline hyclate oral capsule</i>	P	

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Drug	Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	P	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>doxycycline monohydrate oral</i>	NP	PA
<i>ery</i>	P	
<i>erythromycin external gel</i>	NP	PA
<i>erythromycin external solution</i>	P	
FINACEA EXTERNAL FOAM	NP	PA
<i>gentamicin sulfate ophthalmic solution</i>	P	
GNP Bacitracin Zinc	OTC	
GNP Triple Antibiotic External Ointment	OTC	
GNP Triple Antibiotic Plus	OTC	
GoodSense First Aid Antibiotic	OTC	
<i>levofloxacin oral solution</i>	NP	PA; QL (480 ML per 30 days)
<i>levofloxacin oral tablet</i>	P	QL (16 EA per 30 days)
LIKMEZ	NP	PA; QL (1200 ML per 30 days)
METROCREAM	NP	PA
METROGEL EXTERNAL GEL	NP	PA
<i>metronidazole external</i>	P	
<i>metronidazole oral</i>	P	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
<i>minocycline hcl oral</i>	P	
<i>moxifloxacin hcl oral</i>	NP	PA
<i>mupirocin calcium</i>	NP	PA
<i>mupirocin external</i>	P	
<i>neomycin sulfate oral</i>	NP	PA

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Drug	Tier	Requirements/Limits
NEUAC EXTERNAL GEL	NP	PA
ORACEA	NP	PA
<i>polymyxin b-trimethoprim</i>	P	
<i>sodium sulfacetamide external shampoo 10 %</i>	NP	PA
<i>sodium sulfacetamide wash</i>	NP	PA
<i>sss 10-5 external cream</i>	NP	PA
<i>sulfacetamide sodium (acne)</i>	NP	PA
<i>sulfacetamide sodium (cleans)</i>	NP	PA
<i>sulfacetamide sodium external liquid</i>	NP	PA
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	NP	PA
<i>sulfacetamide sodium-sulfur external emulsion 10-1 %</i>	NP	PA
<i>sulfacetamide sodium-sulfur external liquid</i>	NP	PA
<i>sulfacetamide sodium-sulfur external lotion</i>	NP	PA
<i>sulfacetamide sodium-sulfur external suspension</i>	NP	PA
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	NP	PA
SUMAXIN	NP	PA
SUMAXIN CP	NP	PA
<i>tetracycline hcl oral</i>	P	
Triple Antibiotic External Ointment , 3.5-400-5000 , 5-400-5000	OTC	
Triple Antibiotic Plus	OTC	
Triple Antibiotic+Pain Relief	OTC	
XEPI	NP	PA
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	NP	PA

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Drug	Tier	Requirements/Limits
VTAMA	NP	PA
WINLEVI	NP	PA
Antiproliferants		
<i>imiquimod external cream 3.75 %</i>	NP	PA
<i>imiquimod external cream 5 %</i>	P	QL (24 EA per 30 days)
<i>imiquimod pump</i>	NP	PA
Antipruritics And Local Anesthetics		
Dibucaine External	OTC	
<i>doxepin hcl oral tablet</i>	NP	PA
GNP Triple Antibiotic Plus	OTC	
Lidocaine External Cream 4 %	OTC	
Triple Antibiotic Plus	OTC	
Triple Antibiotic+Pain Relief	OTC	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir external cream</i>	P	
<i>acyclovir external ointment</i>	NP	PA
<i>acyclovir oral capsule</i>	P	QL (150 EA per 30 days)
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	P	QL (3000 ML per 30 days)
<i>acyclovir oral tablet</i>	P	QL (150 EA per 30 days)
DENAVIR	NP	PA
Docosanol External	OTC	
FT Docosanol	OTC	
GNP Docosanol	OTC	
<i>penciclovir</i>	NP	PA
Astringents (84:12)		
BEVESPI AEROSPHERE	NP	PA; QL (10.7 GM per 30 days)
GNP Zinc Oxide	OTC	
<i>miconazole-zinc oxide-petrolat</i>	NP	PA

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Drug	Tier	Requirements/Limits
VUSION	NP	PA
Zinc Oxide External Ointment 20 %	OTC	
Astringents, Anti-Infective		
Anti-Dandruff	OTC	
Antiseptic Skin Cleanser External Solution 4 %	OTC	
Chlorhexidine Gluconate External Solution 4 %	OTC	
Dandruff Shampoo External Lotion	OTC	
GNP Antiseptic Skin Cleanser	OTC	
Azoles (Skin And Mucous Membrane)		
3 Day Vaginal	OTC	
7 Day Vaginal	OTC	
Antifungal External Cream 2 %	OTC	
Antifungal External Powder	OTC	
Athletes Foot Powder Spray External Aerosol Powder 2 %	OTC	
<i>clotrimazole external cream</i>	P	
<i>clotrimazole external solution</i>	P	
Clotrimazole Vaginal Cream 1 %	OTC	
<i>clotrimazole-betamethasone</i>	P	
<i>econazole nitrate external cream</i>	P	
<i>econazole nitrate external foam</i>	NP	PA
ERTACZO	NP	PA
GNP Clotrimazole 3	OTC	
GNP Miconazole 7	OTC	
GNP Miconazorb AF	OTC	
<i>ketoconazole external cream</i>	P	
<i>ketoconazole external foam</i>	NP	PA
<i>ketoconazole external shampoo 2 %</i>	P	

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Drug	Tier	Requirements/Limits
KETODAN EXTERNAL FOAM	NP	PA
Miconazole 7 Vaginal Cream	OTC	
Miconazole Nitrate External Cream	OTC	
Miconazole Nitrate Vaginal Cream	OTC	
<i>miconazole-zinc oxide-petrolat</i>	NP	PA
Micotrin AP	OTC	
<i>oxiconazole nitrate</i>	NP	PA
OXISTAT EXTERNAL LOTION	NP	PA
VUSION	NP	PA
Basic Lotions And Liniments		
Lac-Hydrin Five	OTC	
LubriSoft	OTC	
Mineral Oil-Hydrophil Petrolat External	OTC	
Minerin	OTC	
Basic Oils And Other Solvents		
Mineral Oil-Hydrophil Petrolat External	OTC	
Basic Ointments And Protectants		
Baby Skin Protectant	OTC	
<i>calcipotriene external cream</i>	P	
<i>calcipotriene external foam</i>	NP	PA
<i>calcipotriene external ointment</i>	P	
<i>calcipotriene external solution</i>	P	
<i>calcipotriene-betameth diprop</i>	NP	PA
ENSTILAR	NP	PA
Hydrocortisone External Cream 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	P	
Hydrocortisone/Aloe Max Str	OTC	
Minerin Creme	OTC	
SORILUX	NP	PA

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Drug	Tier	Requirements/Limits
TACLONEX EXTERNAL SUSPENSION	NP	PA
VTAMA	NP	PA
Benzylamines (Skin And Mucous Membrane)		
Butenafine HCl	OTC	
Cell Stimulants And Proliferants		
<i>clindamycin-tretinoin</i>	NP	PA
<i>finasteride oral tablet 5 mg</i>	P	QL (30 EA per 30 days)
PROSCAR	NP	PA; QL (30 EA per 30 days)
<i>tretinoin external cream 0.025 %</i>	P	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	P	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %</i>	P	QL (45 GM per 30 days)
<i>tretinoin external gel 0.025 %</i>	P	
<i>tretinoin external gel 0.05 %</i>	NP	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NP	PA
<i>tretinoin microsphere pump external gel 0.08 %</i>	NP	PA
TWYNEO	NP	PA
Corticosteroids (Skin, Mucous Membrane)		
<i>alclometasone dipropionate</i>	P	
ALKINDI SPRINKLE	NP	PA
<i>amcinonide external cream</i>	NP	PA
<i>amcinonide external ointment</i>	NP	PA
Aquanil HC	OTC	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external cream</i>	P	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	NP	PA; QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	NP	PA; QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	P	QL (45 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	P	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	NP	PA
<i>betamethasone valerate external cream</i>	P	QL (45 GM per 30 days)
<i>betamethasone valerate external foam</i>	NP	PA
<i>betamethasone valerate external lotion</i>	P	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	NP	PA; QL (45 GM per 30 days)
<i>budesonide rectal foam 2 mg</i>	NP	PA
<i>calcipotriene-betameth diprop</i>	NP	PA
<i>clobetasol prop emollient base</i>	P	QL (60 GM per 30 days)
<i>clobetasol propionate e</i>	P	
<i>clobetasol propionate emulsion</i>	NP	PA
<i>clobetasol propionate external cream 0.025 %</i>	P	QL (100 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	NP	PA
<i>clobetasol propionate external gel</i>	P	QL (60 GM per 30 days)
<i>clobetasol propionate external liquid</i>	NP	PA
<i>clobetasol propionate external lotion</i>	NP	PA
<i>clobetasol propionate external ointment</i>	P	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	NP	PA
<i>clobetasol propionate external solution</i>	P	QL (50 ML per 30 days)
CLOBEX EXTERNAL SHAMPOO	NP	PA
CLOBEX SPRAY	NP	PA
<i>clocortolone pivalate</i>	NP	PA

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Drug	Tier	Requirements/Limits
CLODAN EXTERNAL SHAMPOO	NP	PA
<i>clotrimazole-betamethasone</i>	P	
CORTEF	NP	PA
DERMA-SMOOTH/FS BODY	NP	PA; QL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP	NP	PA; QL (120 ML per 30 days)
<i>desonide external cream</i>	P	QL (60 GM per 30 days)
<i>desonide external lotion</i>	P	
<i>desonide external ointment</i>	P	QL (60 GM per 30 days)
<i>desoximetasone external cream</i>	NP	PA
<i>desoximetasone external gel</i>	NP	PA; QL (60 GM per 30 days)
<i>desoximetasone external liquid</i>	NP	PA
<i>desoximetasone external ointment 0.05 %</i>	NP	PA
<i>desoximetasone external ointment 0.25 %</i>	NP	PA; QL (60 GM per 30 days)
<i>diflorasone diacetate external</i>	NP	PA
DIPROLENE EXTERNAL OINTMENT	NP	PA; QL (50 GM per 30 days)
ENSTILAR	NP	PA
<i>fluocinolone acetonide body</i>	P	QL (120 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	P	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	P	
<i>fluocinolone acetonide external ointment</i>	P	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	P	QL (60 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	P	QL (120 ML per 30 days)
<i>fluocinonide emulsified base</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external cream</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	NP	PA; QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	P	QL (60 ML per 30 days)
<i>flurandrenolide external lotion</i>	NP	PA

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Drug	Tier	Requirements/Limits
<i>fluticasone propionate external cream</i>	P	QL (60 GM per 30 days)
<i>fluticasone propionate external lotion</i>	NP	PA
<i>fluticasone propionate external ointment</i>	P	
<i>halcinonide</i>	NP	PA
<i>halobetasol propionate external cream</i>	P	
<i>halobetasol propionate external foam</i>	NP	PA
<i>halobetasol propionate external lotion</i>	NP	PA
<i>halobetasol propionate external ointment</i>	P	
HALOG EXTERNAL CREAM	NP	PA
HALOG EXTERNAL SOLUTION	NP	PA
HYDRAVEX	NP	PA
<i>hydrocortisone butyrate external cream</i>	NP	PA
<i>hydrocortisone butyrate external lotion</i>	NP	PA
<i>hydrocortisone butyrate external ointment</i>	P	
<i>hydrocortisone butyrate external solution</i>	P	
Hydrocortisone External Cream 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	P	
<i>hydrocortisone external cream 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone external gel</i>	NP	PA
<i>hydrocortisone external lotion 2.5 %</i>	P	QL (120 ML per 30 days)
Hydrocortisone External Ointment 0.5 %	OTC	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone oral</i>	P	
<i>hydrocortisone valerate external cream</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	NP	PA
Hydrocortisone/Aloe Max Str	OTC	
HYDROXYM EXTERNAL GEL	NP	PA
KHINDIVI	NP	PA
LEXETTE	NP	PA

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EA = Each

Drug	Tier	Requirements/Limits
<i>mometasone furoate external cream</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution</i>	P	QL (60 ML per 30 days)
<i>nystatin-triamcinolone</i>	P	
SYNALAR EXTERNAL CREAM	NP	PA
SYNALAR EXTERNAL OINTMENT	NP	PA; QL (120 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	NP	PA
TEXACORT	NP	PA
TOPICORT EXTERNAL OINTMENT 0.05 %	NP	PA
TOPICORT EXTERNAL OINTMENT 0.25 %	NP	PA; QL (60 GM per 30 days)
TOPICORT SPRAY	NP	PA
TOVET EXTERNAL FOAM	NP	PA
<i>triamcinolone acetonide external aerosol solution</i>	NP	PA
<i>triamcinolone acetonide external cream 0.025 %</i>	P	QL (80 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %</i>	P	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	P	QL (45 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	P	QL (60 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	P	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	P	
<i>triamcinolone acetonide external ointment 0.5 %</i>	P	QL (45 GM per 30 days)
ULTRAVATE EXTERNAL LOTION	NP	PA
Emollients, Demulcents, And Protectants		

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Drug	Tier	Requirements/Limits
<i>miconazole-zinc oxide-petrolat</i>	NP	PA
VUSION	NP	PA
Hydroxypyridones (Skin, Mucous Membrane)		
CICLODAN EXTERNAL SOLUTION	NP	PA
<i>ciclopirox external gel</i>	NP	PA
<i>ciclopirox external shampoo</i>	NP	PA
<i>ciclopirox external solution</i>	P	
<i>ciclopirox olamine external</i>	P	
<i>ciclopirox treatment</i>	NP	PA
Immunomodulatory Agents (84:06)		
ADBRY	P	PA
ASTAGRAF XL	NP	PA
BIMZELX	NP	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	P	PA
EBGLYSS	NP	PA
ENVARSUS XR	NP	PA
HYFTOR	NP	PA
ICOTYDE	NP	PA
NEMLUVIO	NP	PA
<i>pimecrolimus</i>	P	
PROGRAF ORAL	NP	PA
RHAPSIDO	NP	PA
<i>sirolimus oral</i>	P	
SKYRIZI PEN	NP	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA

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Drug	Tier	Requirements/Limits
SPEVIGO SUBCUTANEOUS	NP	PA
<i>tacrolimus er</i>	NP	PA
<i>tacrolimus external ointment</i>	P	
<i>tacrolimus oral</i>	P	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA
TREMFYA PEN	NP	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
TREMFYA-CD/UC INDUCTION	NP	PA
Janus Kinase Inhibitors (84:06)		
ANZUPGO	NP	PA
CIBINQO	NP	PA
DALIRESP	NP	PA
LEQSELVI	NP	PA
LITFULO	NP	PA
OPZELURA	NP	PA
<i>roflumilast</i>	NP	PA
SOTYKTU	NP	PA
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	NP	PA
ZORYVE EXTERNAL FOAM	NP	PA
Keratolytic Agents		
<i>adapalene external cream</i>	NP	PA
<i>adapalene external gel 0.3 %</i>	P	
<i>adapalene-benzoyl peroxide external gel</i>	NP	PA
AKLIEF	NP	PA
AVAR CLEANSER EXTERNAL LIQUID	NP	PA
AVAR LS CLEANSER	NP	PA

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Drug	Tier	Requirements/Limits
AVAR-E EMOLLIENT	NP	PA
<i>bp 10-1</i>	NP	PA
CONDYLOX EXTERNAL GEL	NP	PA
DIFFERIN EXTERNAL CREAM	NP	PA
DIFFERIN EXTERNAL GEL	NP	PA
EPIDUO FORTE	NP	PA
<i>podofilox external</i>	NP	PA
<i>sss 10-5 external cream</i>	NP	PA
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	NP	PA
<i>sulfacetamide sodium-sulfur external emulsion 10-1 %</i>	NP	PA
<i>sulfacetamide sodium-sulfur external liquid</i>	NP	PA
<i>sulfacetamide sodium-sulfur external lotion</i>	NP	PA
<i>sulfacetamide sodium-sulfur external suspension</i>	NP	PA
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	NP	PA
SUMAXIN	NP	PA
SUMAXIN CP	NP	PA
<i>tazarotene external</i>	NP	PA
VEREGEN	NP	PA
Local Anti-Infectives, Miscellaneous		
<i>adapalene-benzoyl peroxide external gel</i>	NP	PA
Anti-Dandruff	OTC	
Antiseptic Skin Cleanser External Solution 4 %	OTC	
<i>benzoyl peroxide wash external liquid</i>	P	
<i>benzoyl peroxide-erythromycin</i>	NP	PA; QL (46.6 GM per 30 days)

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Drug	Tier	Requirements/Limits
Chlorhexidine Gluconate External Solution 4 %	OTC	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	NP	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	P	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	NP	PA; QL (150 GM per 90 days)
Dandruff Shampoo External Lotion	OTC	
EPIDUO FORTE	NP	PA
EPSOLAY	NP	PA
GNP Antiseptic Skin Cleanser	OTC	
NEUAC EXTERNAL GEL	NP	PA
TWYNEO	NP	PA
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>arthritis pain reliever external</i>	P	
<i>diclofenac sodium external gel 1 %</i>	P	
<i>diclofenac sodium external solution</i>	NP	PA
<i>ft arthritis pain</i>	P	
<i>gnp diclofenac sodium</i>	P	
<i>goodsense arthritis pain external</i>	P	
Oxaboroles		
<i>tavaborole</i>	NP	PA
Phosphodiesterase-4 Inhibitors (84:06)		
DALIRESP	NP	PA
EUCRISA	NP	PA
<i>roflumilast</i>	NP	PA
ZORYVE EXTERNAL CREAM	NP	PA
Polyenes (Skin And Mucous Membrane)		
KLAYESTA	P	

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Drug	Tier	Requirements/Limits
NYAMYC	P	
<i>nystatin external</i>	P	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	P	
<i>nystatin-triamcinolone</i>	P	
NYSTOP	P	
Scabicides And Pediculicides		
CROTAN	NP	PA
<i>goodsense lice killing</i>	P	QL (120 ML per 30 days)
<i>ivermectin external cream</i>	NP	PA
Ivermectin External Lotion	OTC	
Lice Killing External Shampoo 0.33-4 %	OTC	
<i>malathion external</i>	NP	PA
NATROBA	P	
OVIDE	NP	PA
<i>permethrin external cream</i>	P	
Sklice	OTC	
SOOLANTRA	NP	PA
<i>spinosad</i>	NP	PA
Skin And Mucous Membrane Agents, Misc.		
<i>adapalene external cream</i>	NP	PA
<i>adapalene external gel 0.3 %</i>	P	
<i>adapalene-benzoyl peroxide external gel</i>	NP	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
AKLIEF	NP	PA
<i>arthritis pain reliever external</i>	P	
<i>azelaic acid external</i>	P	

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Drug	Tier	Requirements/Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NP	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NP	PA
<i>brimonidine tartrate external</i>	NP	PA
<i>calcipotriene external cream</i>	P	
<i>calcipotriene external foam</i>	NP	PA
<i>calcipotriene external ointment</i>	P	
<i>calcipotriene external solution</i>	P	
<i>calcipotriene-betameth diprop</i>	NP	PA
<i>calcitriol external</i>	NP	PA
CIBINQO	NP	PA
<i>clindamycin-tretinoin</i>	NP	PA
CONDYLOX EXTERNAL GEL	NP	PA
COSENTYX (300 MG DOSE)	NP	PA
COSENTYX SENSOREADY (300 MG)	NP	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	NP	PA
COSENTYX SUBCUTANEOUS	NP	PA
COSENTYX UNOREADY	NP	PA
<i>dapsone external</i>	NP	PA
<i>diclofenac sodium external gel 1 %</i>	P	
<i>diclofenac sodium external solution</i>	NP	PA
DIFFERIN EXTERNAL CREAM	NP	PA
DIFFERIN EXTERNAL GEL	NP	PA
<i>doxycycline</i>	NP	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA

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Drug	Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	P	PA
ENDARI	P	PA
ENSTILAR	NP	PA
EPIDUO FORTE	NP	PA
FINACEA EXTERNAL FOAM	NP	PA
<i>ft arthritis pain</i>	P	
<i>gnp diclofenac sodium</i>	P	
<i>goodsense arthritis pain external</i>	P	
HYFTOR	NP	PA
<i>imiquimod external cream 3.75 %</i>	NP	PA
<i>imiquimod external cream 5 %</i>	P	QL (24 EA per 30 days)
<i>imiquimod pump</i>	NP	PA
<i>l-glutamine oral packet</i>	P	PA
LITFULO	NP	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NP	PA; QL (30 EA per 30 days)
MIRVASO	NP	PA
OPZELURA	NP	PA
ORACEA	NP	PA
OTEZLA ORAL TABLET	P	
OTEZLA ORAL TABLET THERAPY PACK	P	
<i>oxymetazoline hcl external</i>	NP	PA
<i>pimecrolimus</i>	P	
<i>podofilox external</i>	NP	PA
RHOFADE	NP	PA
SKYRIZI PEN	NP	PA

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EA = Each

Drug	Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	NP	PA
SORILUX	NP	PA
SOTYKTU	NP	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
TACLONEX EXTERNAL SUSPENSION	NP	PA
<i>tacrolimus external ointment</i>	P	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	NP	PA
<i>tazarotene external</i>	NP	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA
<i>ustekinumab subcutaneous</i>	NP	PA
VECTICAL	NP	PA
VEREGEN	NP	PA
VTAMA	NP	PA
WINLEVI	NP	PA
ZORYVE EXTERNAL CREAM 0.3 %	NP	PA
ZORYVE EXTERNAL FOAM	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
Smooth Muscle Relaxants		

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Drug	Tier	Requirements/Limits
Antimuscarinics		
COBENFY	NP	PA; AL
COBENFY STARTER PACK	NP	PA; AL
<i>darifenacin hydrobromide er</i>	NP	PA; QL (30 EA per 30 days)
<i>fesoterodine fumarate er</i>	P	QL (30 EA per 30 days)
<i>flavoxate hcl</i>	NP	PA; QL (240 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	P	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	P	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution</i>	P	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	P	
<i>oxybutynin chloride oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
OXYTROL	NP	PA
<i>solifenacin succinate</i>	P	QL (30 EA per 30 days)
<i>tolterodine tartrate</i>	NP	PA; QL (60 EA per 30 days)
<i>tolterodine tartrate er</i>	NP	PA; QL (30 EA per 30 days)
TOVIAZ	NP	PA; QL (30 EA per 30 days)
<i>trospium chloride</i>	NP	PA
<i>trospium chloride er</i>	NP	PA
VESICARE	NP	PA; QL (30 EA per 30 days)
Respiratory Smooth Muscle Relaxants		
REVATIO ORAL TABLET	NP	PA
<i>sildenafil citrate oral suspension reconstituted</i>	NP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA
Selective Beta-3-Adrenergic Agonists		
GEMTESA	NP	PA
<i>mirabegron er</i>	NP	PA

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Drug	Tier	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	NP	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	P	
Vitamins		
Multivitamin Preparations		
Cerovite Jr Oral Tablet Chewable 18 MG	OTC	
CertaVite/Antioxidants Oral Tablet	OTC	
Classic Prenatal	OTC	
Dialyvite 800 Oral Tablet	OTC	
Eldertonic Oral Liquid	OTC	
Ester-C Oral Tablet	OTC	
GNP Essential One Daily	OTC	
GNP Healthy Eyes	OTC	
GNP Little Ones Childrens	OTC	
GNP Mega Multi for Women	OTC	
GNP One Daily Mens/Lycopene	OTC	
GNP One Daily Womens 50+	OTC	
GNP PreNatal	OTC	
Multiple Vitamins-Minerals	OTC	
Multivitamin Oral Liquid	OTC	
Ocuvite Adult 50+	OTC	
Ocuvite-Lutein Oral Tablet	OTC	
Poly-Vi-Flor/Iron Oral Suspension	OTC	
Prenatal Oral Tablet 27-0.8 MG, 28-0.8 MG	OTC	
Prenatal Vitamins Oral Tablet 28-0.8 MG	OTC	
ProRenal + D w/ Omega-3	OTC	
Tab-A-Vite/Beta Carotene	OTC	
Thera	OTC	

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Drug	Tier	Requirements/Limits
Vitamin B Complex		
Classic Prenatal	OTC	
Dialyvite 800 Oral Tablet	OTC	
Eldertonic Oral Liquid	OTC	
Ferrex 28 Oral	OTC	QL (30 EA per 30 days)
Folic Acid Oral Tablet 400 MCG	OTC	
GNP Little Ones Childrens	OTC	
GNP PreNatal	OTC	
Melatonin Oral Tablet 3-10 MG	OTC	
Niacin ER Oral Capsule Extended Release 250 MG	OTC	
Prenatal Oral Tablet 27-0.8 MG, 28-0.8 MG	OTC	
Prenatal Vitamins Oral Tablet 28-0.8 MG	OTC	
Vitamin B-6 Oral Tablet 100 MG, 25 MG, 50 MG	OTC	
Vitamin C		
Ascorbic Acid Oral Tablet 500 MG	OTC	
Dialyvite 800 Oral Tablet	OTC	
Ferrex 28 Oral	OTC	QL (30 EA per 30 days)
GNP Little Ones Childrens	OTC	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	NP	PA
Vitamin C Oral Tablet 1000 MG, 250 MG, 500 MG	OTC	
Vitamin D		
Aqueous Vitamin D Oral Liquid 10 MCG/ML	OTC	
Calcidol Oral Solution 200 MCG/ML	OTC	
Calcium + D3 Oral Tablet 250-3 MG-MCG	OTC	

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Drug	Tier	Requirements/Limits
Calcium 600+D3 Oral Tablet 600-20 MG-MCG	OTC	
Calcium Carb-Cholecalciferol Oral Tablet 600-10 MG-MCG	OTC	
Calcium Citrate + D3 Maximum	OTC	
Citrus Calcium/Vitamin D Oral Tablet 200-6.25 MG-MCG	OTC	
Decara Oral Capsule 1.25 MG (50000 UT)	OTC	
Dialyvite Vitamin D 5000	OTC	
Ergocalciferol Oral Solution 200 MCG/ML	OTC	
FOSAMAX PLUS D	NP	PA
GNP Calcium Citrate +D3	OTC	
Oysco 500+D Oral Tablet	OTC	
Oyster Shell Calcium w/D Oral Tablet 500-5 MG-MCG	OTC	
Vitamin D Oral Liquid 10 MCG/ML	OTC	
Vitamin D3 Oral Capsule 1.25 MG (50000 UT), 50 MCG (2000 UT)	OTC	
Vitamin D3 Oral Tablet 10 MCG (400 UNIT), 125 MCG (5000 UT)	OTC	
Vitamin D3 Super Strength Oral Capsule	OTC	
Vitamin D3 Ultra Strength	OTC	
Weekly-D	OTC	

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