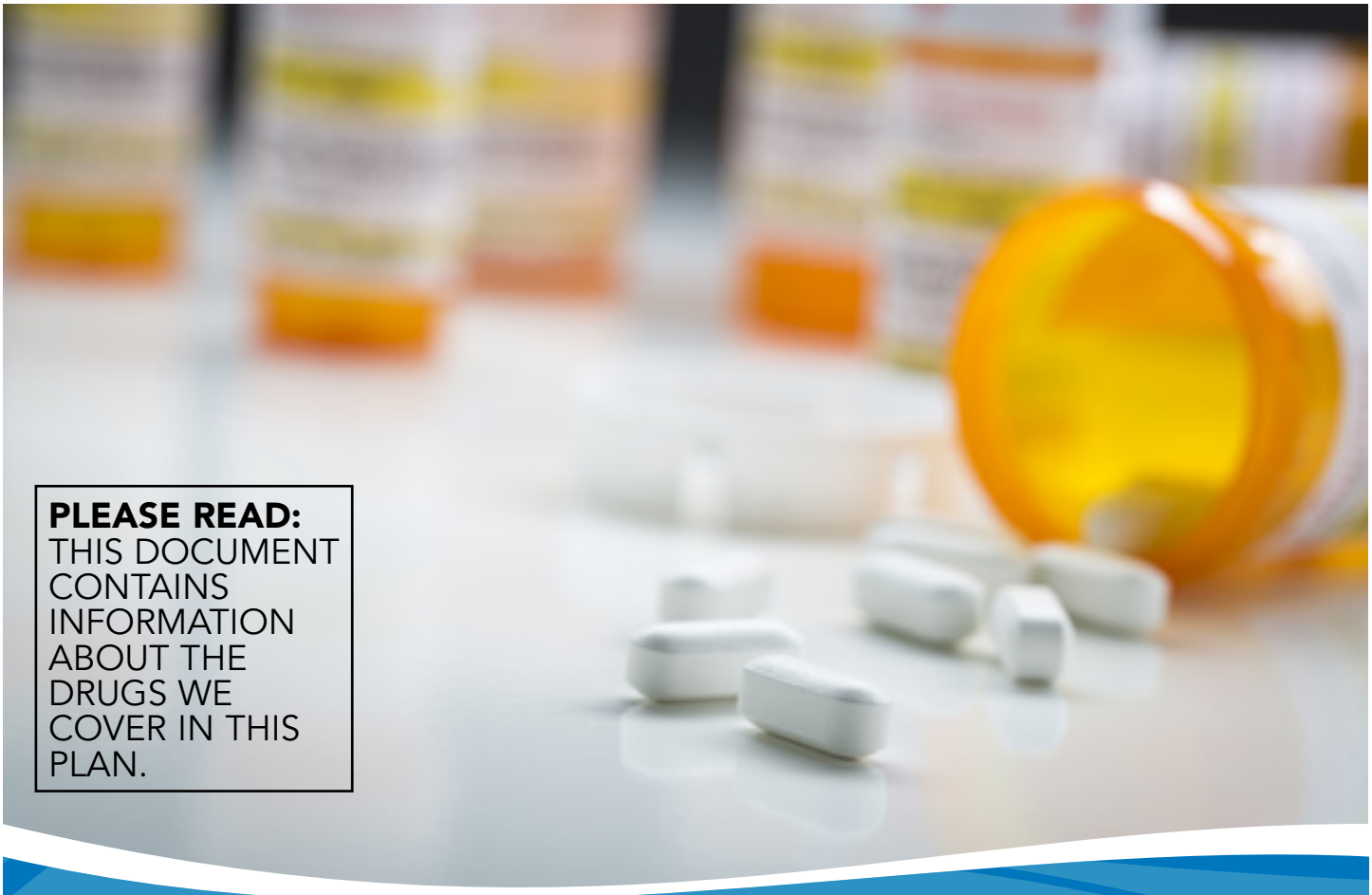

**PLEASE READ:** THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

# 2025 Formulary

## HMSA Akamai Advantage

**Dual Care (PPO D-SNP)**

## 2025 List of Covered Drugs (Drug List)

Formulary ID 00025219, version 16

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711. Telephone hours are 7:45 a.m. to 8 p.m., seven days a week or visit hmsa.com/advantage.

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

MedicareRx

Prescription Drug Coverage

H3832_8700_1055968_R6M057_25_C

## Introduction

This document is called the List of Covered Drugs (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by HMSA. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by HMSA. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

## Table of Contents

## A. Disclaimers

This is a list of drugs that members can get in HMSA.

HMSA Akamai Advantage Dual Care is a PPO D-SNP plan with a Medicare contract and a contract with the Hawaii Medicaid Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.

- You can always check HMSA's up-to-date List of Covered Drugs online at hmsa.com/advantage or by calling the numbers listed at the bottom of this page. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call the numbers listed at the bottom of this page. This call is free.
- This document is available for free in Ilocano, Vietnamese, Chinese, and Korean.
- Your request for this document in an accessible format or language may be applied on a standing basis unless you request otherwise.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: appeals@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals
  P.O. Box 1958
  Honolulu, HI 96805-1958

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

This notice is available at HMSA's website: https://hmsa.com/non-discrimination-notice/.

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ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**'Ōlelo Hawai'i**
NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

**Bisaya**
PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**繁體中文**
請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

**简体中文**
注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。
QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

**Ilokano**
BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

**日本語**
注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

**한국어**
주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

**ພາສາລາວ**
ຊືນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ບຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.ສະມາຊິກແຜນ ປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

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**Kajin Ṃajōḷ**
KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

**Lokaiahn Pohnpei**
Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

**Gagana Sāmoa**
FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

**Español**
ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**Tagalog**
PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**ไทย**
โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

**Tonga**
FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**Foosun Chuuk**
ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

**Tiếng Việt**
CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more or look for a question and answer.

### B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)

The drugs on the List of Covered Drugs that starts in section C1 are the drugs covered by HMSA. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- HMSA will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - HMSA agrees that the drug is medically necessary for you, and
  - you fill the prescription at a HMSA network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at hmsa.com/advantage or call HMSA at the numbers listed at the bottom of this page.

### B2. Does the Drug List ever change?

Yes, and HMSA must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from HMSA before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the beginning of the year, we will generally not remove or change coverage of that drug during the rest of the year unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, or
- we learn that a drug is not safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check HMSA's up-to-date Drug List online at hmsa.com/advantage. Updates to the Drug List are posted on the website monthly.
- You can also call Customer Relations at the numbers listed at the bottom of this page to check the current Drug List.

### B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen immediately. For example:

- Substitutions of certain new versions of drugs. We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.

- We can make these changes only if the drug we are adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

• A drug is taken off the market. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescriber for more information or your doctor for medical advice.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

• The FDA provides new guidance or there are new clinical guidelines about a drug.
• We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
• we remove an original biological product when adding a biosimilar, or
• we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

• tell you at least 30 days before we make the change to the Drug List or
• let you know and give you a 60-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

• if there is a similar drug on the Drug List you can take instead or
• whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

### B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

• Prior authorization: For some drugs, you or your doctor or other prescriber must get authorization from HMSA before you fill your prescription. Prior authorization is different from a referral. HMSA may not cover the drug if you don't get prior authorization.
• Quantity limits: Sometimes HMSA limits the amount of a drug you can get.
• Step therapy: Sometimes HMSA requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at hmsa.com/advantage. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

### B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Medical Condition has a column labeled Requirements/Limits.

### B6. What happens if HMSA changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

### B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- you can search alphabetically, or
- you can search by Medical Condition.

To search alphabetically, look for your drug in the Index of Covered Drugs section. You can find it in Section D of this document. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find section C1 labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in "Cardiovascular". That is where you will find drugs that treat heart conditions.

### B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Customer Relations at the numbers listed at the bottom of this page and ask about it. If you learn that HMSA will not cover the drug, you can do one of these things:

- Ask Customer Relations for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. Or
- You can ask HMSA to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

### B9. What if I am a new HMSA member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of HMSA Akamai Advantage Dual Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, or
- our plan rules do not let you get the amount ordered by your prescriber, or
- the drug requires prior authorization by HMSA, or
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new HMSA Akamai Advantage Dual Care member.

This is in addition to the temporary supply during the first 90 days you are a member of HMSA Akamai Advantage Dual Care.

### Transition policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section, "How can I ask for an exception?" to learn more about how to request an exception. Please contact Customer Relations if your drug is not on our formulary or is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan.

If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care facility or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

## B10. Can I ask for an exception to cover my drug?

Yes. You can ask HMSA to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, HMSA may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

### B11. How can I ask for an exception?

To ask for an exception, call us and we will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section 7, of the *Evidence of Coverage* to learn more about exceptions.

### B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. You, your prescriber, or your authorized representative can ask us to make a coverage determination verbally or in writing. To request a coverage determination or for more information about the process or status of a request, call HMSA's pharmacy benefit manager at 1 (855) 479-3659 toll-free. TTY users call 711.

You can also access the coverage decision process through our website, at hmsa.com/help-center/forms/medicare-drug-review/.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

### B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

HMSA covers both brand name drugs and generic drugs.

### B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

### B15. What are OTC drugs?

OTC stands for "over-the-counter". HMSA QUEST (Medicaid) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the HMSA Drug List to find out what OTC drugs are covered.

### B16. Does HMSA cover non-drug OTC products?

HMSA covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include

- Adhesive bandages
- Gauze pads
- Peak flow meters

You can read the HMSA Drug List to find out what non-drug OTC products are covered.

### B17. Does HMSA cover long-term supplies of prescriptions?

- Mail-Order Programs. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly

to your home. A 100-day supply has the same copay as a one-month supply.

- 100-Day Retail Pharmacy Programs. Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

### B18. Can I get prescriptions delivered to my home from my local pharmacy?

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually, a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

### B19. What is my copay?

HMSA members have $0 copayments for prescriptions, OTC drugs, and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

- Tier 1 Generic drugs have $0 copay.
- Tier 1 Brand name drugs have $0 copay.
- OTCs have a $0 copay.

If you have questions, call Customer Relations at the numbers listed at the bottom of this page.

## C. Overview of the List of Covered Drugs

The List of Covered Drugs gives you information about the drugs covered by HMSA. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by HMSA.

Note: Drugs identified in the drug list as non-Part D drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or the state.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Relations at the numbers listed at the bottom of this page.
- You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.

## C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, "Cardiovascular". That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Akamai Advantage Dual Care before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Akamai Advantage Dual Care will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, please call Customer Relations.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), brand name drugs are capitalized (for example, JARDIANCE), and OTC drugs and non-drug products are listed in lower case (for example, acetaminophen). The information in the "Necessary actions, restrictions, or limits on use" column tells you if HMSA has any rules for covering your drug.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***GOUT*** | | |
| *allopurinol* TABS 100mg, 300mg | 1 | |
| *colchicine* CAPS .6mg<br>QL (60 caps / 30 days) | 1 | QL |
| *colchicine* TABS .6mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| MITIGARE CAPS .6mg<br>QL (60 caps / 30 days) | 1 | QL |
| *probenecid* TABS 500mg | 1 | |
| ***MISCELLANEOUS*** | | |
| *lidocaine hcl (local anesth.)* SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
| ***NSAIDS*** | | |
| *celecoxib* CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days) | 1 | QL |
| *celecoxib* CAPS 400mg<br>QL (30 caps / 30 days) | 1 | QL |
| *diclofenac potassium* TABS 50mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *diclofenac sodium* TB24 100mg; TBEC 25mg, 50mg, 75mg | 1 | |
| *diflunisal* TABS 500mg | 1 | |
| *etodolac* CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| *flurbiprofen* TABS 100mg | 1 | |
| *ibu* TABS 400mg, 600mg, 800mg | 1 | |
| *ibuprofen* SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| *meloxicam* TABS 7.5mg, 15mg | 1 | |
| *nabumetone* TABS 500mg, 750mg | 1 | |
| *naproxen* TABS 250mg, 375mg, 500mg | 1 | |
| *naproxen* TBEC 375mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *naproxen dr* TBEC 500mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *naproxen sodium* TABS 275mg, 550mg | 1 | |
| *piroxicam* CAPS 10mg, 20mg | 1 | |
| *sulindac* TABS 150mg, 200mg | 1 | |
| ***OPIOID ANALGESICS, LONG-ACTING*** | | |
| *fentanyl* PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 1 | QL PA |
| *hydrocodone bitartrate* T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days) | 1 | QL PA |
| *methadone hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *methadone hydrochloride i* CONC 10mg/ml<br>QL (90 mL / 30 days) | 1 | QL PA |
| *morphine sulfate* TBCR 15mg, 30mg, 60mg, 100mg, 200mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml*<br>QL (2700 mL / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-15 mg*<br>QL (400 tabs / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-30 mg*<br>QL (360 tabs / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-60 mg*<br>QL (180 tabs / 30 days) | 1 | QL |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 1 | |
| *endocet tab 2.5-325mg*<br>QL (360 tabs / 30 days) | 1 | QL |
| *endocet tab 5-325mg*<br>QL (360 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *endocet tab 7.5-325mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *endocet tab 10-325mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | QL |
| QL (2700 mL / 30 days) | | |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | QL |
| QL (150 tabs / 30 days) | | |
| *hydromorphone hcl* LIQD 1mg/ml | 1 | QL |
| QL (600 mL / 30 days) | | |
| *hydromorphone hcl* TABS 2mg, 4mg, 8mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 1 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml | 1 | QL |
| QL (900 mL / 30 days) | | |
| *morphine sulfate* SOLN 100mg/5ml | 1 | QL |
| QL (180 mL / 30 days) | | |
| *morphine sulfate* TABS 15mg, 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *nalbuphine hcl* SOLN 10mg/ml, 20mg/ml | 1 | |
| *oxycodone hcl* CONC 100mg/5ml | 1 | QL |
| QL (180 mL / 30 days) | | |
| *oxycodone hcl* SOLN 5mg/5ml | 1 | QL |
| QL (900 mL / 30 days) | | |
| *oxycodone hcl* TABS 5mg, 10mg, 15mg, 20mg, 30mg | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | QL |
| QL (360 tabs / 30 days) | | |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | QL |
| QL (360 tabs / 30 days) | | |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | QL |
| QL (180 tabs / 30 days) | | |
| *tramadol hcl* TABS 50mg | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | QL |
| QL (240 tabs / 30 days) | | |
| **ANTI-INFECTIVES** | | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS 200mg | 1 | QL PA |
| QL (672 tabs / year) | | |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 1 | NM PA |
| *atovaquone* SUSP 750mg/5ml | 1 | QL PA |
| QL (300 mL / 30 days) | | |
| *aztreonam* SOLR 1gm, 2gm | 1 | |
| CAYSTON SOLR 75mg | 1 | NM PA |
| *clindamycin hcl* CAPS 75mg, 150mg, 300mg | 1 | |
| *clindamycin palmitate hydrochloride* SOLR 75mg/5ml | 1 | |
| *clindamycin phosphate* SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 1 | |
| CLINDMYC/NAC INJ 600/50ML | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| CLINDMYC/NAC INJ 900/50ML | 1 | |
| *colistimethate sodium* SOLR 150mg | 1 | |
| *dapsone* TABS 25mg, 100mg | 1 | |
| DAPTOMYCIN SOLR 350mg | 1 | |
| *daptomycin* SOLR 350mg, 500mg | 1 | |
| EMVERM CHEW 100mg QL (12 tabs / year) | 1 | QL |
| *ertapenem sodium* SOLR 1gm | 1 | |
| *gentamicin in saline inj 0.8 mg/ml* | 1 | |
| *gentamicin in saline inj 1 mg/ml* | 1 | |
| *gentamicin in saline inj 1.2 mg/ml* | 1 | |
| *gentamicin in saline inj 1.6 mg/ml* | 1 | |
| *gentamicin in saline inj 2 mg/ml* | 1 | |
| *gentamicin sulfate* SOLN 10mg/ml, 40mg/ml | 1 | |
| *imipenem-cilastatin intravenous for soln 250 mg* | 1 | |
| *imipenem-cilastatin intravenous for soln 500 mg* | 1 | |
| IMPAVIDO CAPS 50mg | 1 | PA |
| *ivermectin* TABS 3mg QL (12 tabs / 90 days) | 1 | QL PA |
| *ivermectin* TABS 6mg QL (10 tabs / 90 days) | 1 | QL PA |
| *linezolid* SOLN 600mg/300ml | 1 | |
| *linezolid* SUSR 100mg/5ml QL (1800 mL / 30 days) | 1 | QL |
| *linezolid* TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 1 | |
| *meropenem* SOLR 1gm, 2gm, 500mg | 1 | |
| *methenamine hippurate* TABS 1gm | 1 | |
| *metronidazole* SOLN 500mg/100ml; TABS 250mg, 500mg | 1 | |
| *neomycin sulfate* TABS 500mg | 1 | |
| *nitazoxanide* TABS 500mg QL (6 tabs / 30 days) | 1 | QL |
| *nitrofurantoin macrocrystal* CAPS 50mg, 100mg | 1 | |
| *nitrofurantoin monohyd macro* CAPS 100mg | 1 | |
| *pentamidine isethionate inh* SOLR 300mg | 1 | B/D |
| *pentamidine isethionate inj* SOLR 300mg | 1 | |
| *polymyxin b sulfate* SOLR 500000unit | 1 | |
| *praziquantel* TABS 600mg | 1 | |
| *pyrimethamine* TABS 25mg QL (90 tabs / 30 days) | 1 | QL PA |
| *streptomycin sulfate* SOLR 1gm | 1 | |
| *sulfadiazine* TABS 500mg | 1 | |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | |
| *tinidazole* TABS 250mg, 500mg | 1 | |
| TOBI PODHALER CAPS 28mg | 1 | NM PA |
| *tobramycin* NEBU 300mg/5ml | 1 | NM PA |
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | 1 | |
| *trimethoprim* TABS 100mg | 1 | |
| *vancomycin hcl* CAPS 125mg QL (80 caps / 180 days) | 1 | QL |
| *vancomycin hcl* CAPS 250mg QL (160 caps / 180 days) | 1 | QL |
| *vancomycin hcl* SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1 | |
| VANCOMYCIN INJ 1 GM | 1 | |
| VANCOMYCIN INJ 500MG | 1 | |
| VANCOMYCIN INJ 750MG | 1 | |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D



Last Updated: 09/01/25

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***ANTIFUNGALS*** | | |
| ABELCET SUSP 5mg/ml | 1 | B/D |
| *amphotericin b* SOLR 50mg | 1 | B/D |
| *amphotericin b liposome* SUSR 50mg | 1 | B/D |
| *caspofungin acetate* SOLR 50mg, 70mg | 1 | |
| *fluconazole* SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 1 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 1 | |
| *flucytosine* CAPS 250mg, 500mg | 1 | PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | 1 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | 1 | |
| *itraconazole* CAPS 100mg | 1 | PA |
| *ketoconazole* TABS 200mg | 1 | PA |
| *micafungin sodium* SOLR 50mg, 100mg | 1 | |
| *nystatin* TABS 500000unit | 1 | |
| *posaconazole* SUSP 40mg/ml<br>QL (630 mL / 30 days) | 1 | QL PA |
| *posaconazole* TBEC 100mg<br>QL (93 tabs / 30 days) | 1 | QL PA |
| *terbinafine hcl* TABS 250mg<br>QL (30 tabs / 30 days)<br>PA applies after a 90 day supply in a calendar year | 1 | QL PA |
| *voriconazole* SOLR 200mg | 1 | PA |
| *voriconazole* SUSR 40mg/ml<br>QL (600 mL / 28 days) | 1 | QL PA |
| *voriconazole* TABS 50mg<br>QL (480 tabs / 30 days) | 1 | QL |
| *voriconazole* TABS 200mg<br>QL (120 tabs / 30 days) | 1 | QL |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate* TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 1 | |
| *mefloquine hcl* TABS 250mg | 1 | |
| *primaquine phosphate* TABS 26.3mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 1 | |
| *quinine sulfate* CAPS 324mg | 1 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* SOLN 20mg/ml; TABS 300mg | 1 | |
| APTIVUS CAPS 250mg | 1 | |
| *atazanavir sulfate* CAPS 150mg, 200mg, 300mg | 1 | |
| *darunavir* TABS 600mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *darunavir* TABS 800mg<br>QL (30 tabs / 30 days) | 1 | QL |
| EDURANT TABS 25mg | 1 | |
| EDURANT PED TBSO 2.5mg | 1 | |
| *efavirenz* TABS 600mg | 1 | |
| *emtricitabine* CAPS 200mg | 1 | |
| EMTRIVA SOLN 10mg/ml | 1 | |
| *etravirine* TABS 100mg, 200mg | 1 | |
| *fosamprenavir calcium* TABS 700mg | 1 | |
| FUZEON SOLR 90mg | 1 | |
| INTELENCE TABS 25mg | 1 | |
| ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg | 1 | |
| ISENTRESS HD TABS 600mg | 1 | |
| *lamivudine* SOLN 10mg/ml; TABS 150mg, 300mg | 1 | |
| *maraviroc* TABS 150mg, 300mg | 1 | |
| *nevirapine* SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | |
| NORVIR PACK 100mg | 1 | |
| PIFELTRO TABS 100mg | 1 | |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days) | 1 | QL |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days) | 1 | QL |
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| REYATAZ PACK 50mg | 1 | |
| *ritonavir* TABS 100mg | 1 | |
| RUKOBIA TB12 600mg | 1 | |
| SELZENTRY SOLN 20mg/ml | 1 | |
| SUNLENCA TABS 300mg; TBPK 300mg | 1 | |
| *tenofovir disoproxil fumarate* TABS 300mg | 1 | |
| TIVICAY TABS 10mg, 25mg, 50mg | 1 | |
| TIVICAY PD TBSO 5mg | 1 | |
| TROGARZO SOLN 200mg/1.33ml | 1 | |
| TYBOST TABS 150mg | 1 | |
| VIRACEPT TABS 250mg, 625mg | 1 | |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 1 | |
| *zidovudine* CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | 1 | |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | |
| BIKTARVY TAB 30-120-15 MG | 1 | |
| BIKTARVY TAB 50-200-25 MG | 1 | |
| CIMDUO TAB 300-300 | 1 | |
| COMPLERA TAB | 1 | |
| DELSTRIGO TAB | 1 | |
| DESCOVY TAB 120-15MG | 1 | |
| DESCOVY TAB 200/25MG | 1 | |
| DOVATO TAB 50-300MG | 1 | |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 1 | |
| EVOTAZ TAB 300-150 | 1 | |
| GENVOYA TAB | 1 | |
| JULUCA TAB 50-25MG | 1 | |
| KALETRA SOL | 1 | |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | 1 | |
| *lopinavir-ritonavir tab 100-25 mg* | 1 | |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | |
| ODEFSEY TAB | 1 | |
| PREZCOBIX TAB 800-150 | 1 | |
| STRIBILD TAB | 1 | |
| SYMTUZA TAB | 1 | |
| TRIUMEQ PD TAB | 1 | |
| TRIUMEQ TAB | 1 | |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* CAPS 250mg | 1 | |
| *ethambutol hcl* TABS 100mg, 400mg | 1 | |
| *isoniazid* SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PRIFTIN TABS 150mg | 1 | |
| *pyrazinamide* TABS 500mg | 1 | |
| *rifabutin* CAPS 150mg | 1 | |
| *rifampin* CAPS 150mg, 300mg; SOLR 600mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 1 | NM PA |
| TRECATOR TABS 250mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| *acyclovir sodium* SOLN 50mg/ml | 1 | B/D |
| *adefovir dipivoxil* TABS 10mg | 1 | |
| BARACLUDE SOLN .05mg/ml | 1 | ST |
| *entecavir* TABS .5mg, 1mg | 1 | |
| EPCLUSA PAK 150-37.5 | 1 | NM PA |
| EPCLUSA PAK 200-50MG | 1 | NM PA |
| EPCLUSA TAB 200-50MG | 1 | NM PA |
| EPCLUSA TAB 400-100 | 1 | NM PA |
| *famciclovir* TABS 125mg, 250mg, 500mg | 1 | |
| *ganciclovir sodium* SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 1 | NM PA |
| HARVONI PAK 45-200MG | 1 | NM PA |
| HARVONI TAB 45-200MG | 1 | NM PA |
| HARVONI TAB 90-400MG | 1 | NM PA |
| *lamivudine (hbv)* TABS 100mg | 1 | |
| LIVTENCITY TABS 200mg<br>QL (336 tabs / 28 days) | 1 | QL NM PA |
| MAVYRET PAK 50-20MG | 1 | NM PA |
| MAVYRET TAB 100-40MG | 1 | NM PA |
| *oseltamivir phosphate* CAPS 30mg<br>QL (168 caps / year) | 1 | QL |
| *oseltamivir phosphate* CAPS 45mg, 75mg<br>QL (84 caps / year) | 1 | QL |
| *oseltamivir phosphate* SUSR 6mg/ml<br>QL (1080 mL / year) | 1 | QL |
| PAXLOVID PAK<br>QL (22 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 150-100<br>QL (40 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 300-100<br>QL (60 tabs / 90 days) | 1 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 1 | NM PA |
| PREVYMIS TABS 240mg, 480mg<br>QL (28 tabs / 28 days) | 1 | QL PA |
| RELENZA DISKHALER AEPB 5mg/blister<br>QL (6 inhalers / year) | 1 | QL |
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | 1 | NM |
| *rimantadine hydrochloride* TABS 100mg | 1 | |
| *valacyclovir hcl* TABS 1gm, 500mg | 1 | |
| *valganciclovir hcl* SOLR 50mg/ml; TABS 450mg | 1 | |
| VOSEVI TAB | 1 | NM PA |
| XOFLUZA TBPK 40mg, 80mg<br>QL (1 tab / 180 days) | 1 | QL |
| ***CEPHALOSPORINS*** | | |
| *cefaclor* CAPS 250mg, 500mg | 1 | |
| *cefadroxil* CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 1 | |
| CEFAZOLIN INJ 1GM/50ML | 1 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 1 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 1 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 1 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 1 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 1 | |
| *cefdinir* CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| *cefepime hcl* SOLR 1gm, 2gm | 1 | |
| *cefixime* CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 1 | |
| *cefotetan disodium* SOLR 1gm, 2gm | 1 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| *cefpodoxime proxetil* SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | 1 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| *cefuroxime axetil* TABS 250mg, 500mg | 1 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | 1 | |
| *cephalexin* CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| *tazicef* SOLR 1gm, 2gm, 6gm | 1 | |
| TEFLARO SOLR 400mg, 600mg | 1 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 1 | |
| *e.e.s. 400* TABS 400mg | 1 | |
| *ery-tab* TBEC 250mg, 333mg, 500mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 1 | |
| *erythromycin base* CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| *erythromycin ethylsuccinate* TABS 400mg | 1 | |
| *erythromycin lactobionate* SOLR 500mg | 1 | |
| ***FLUOROQUINOLONES*** | | |
| *ciprofloxacin 200 mg/100ml in d5w* | 1 | |
| *ciprofloxacin 400 mg/200ml in d5w* | 1 | |
| *ciprofloxacin hcl* TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin* SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 1 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 1 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 1 | |
| *moxifloxacin hcl* TABS 400mg | 1 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | 1 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *ampicillin* CAPS 500mg | 1 | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | 1 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg | 1 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 1 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | 1 | |
| *nafcillin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| *oxacillin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | 1 | |
| *penicillin g sodium* SOLR 5000000unit | 1 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | 1 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | |
| ***TETRACYCLINES*** | | |
| *doxy 100* SOLR 100mg | 1 | |
| *doxycycline (monohydrate)* CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg | 1 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |
| *minocycline hcl* CAPS 50mg, 75mg, 100mg | 1 | |
| NUZYRA SOLR 100mg | 1 | NM |
| NUZYRA TABS 150mg QL (30 tabs / 14 days) | 1 | QL NM |
| *tetracycline hcl* CAPS 250mg, 500mg | 1 | |
| *tigecycline* SOLR 50mg | 1 | |
| **ANTINEOPLASTIC AGENTS** ***ALKYLATING AGENTS*** | | |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 1 | B/D NM |
| BENDEKA SOLN 100mg/4ml | 1 | B/D NM |
| *carboplatin* SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| *cisplatin* SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | B/D |
| *cyclophosphamide* CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 1 | B/D NM |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg | 1 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 1 | B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 1 | B/D NM |
| GLEOSTINE CAPS 10mg, 40mg, 100mg | 1 | NM |
| LEUKERAN TABS 2mg | 1 | |
| *oxaliplatin* SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg | 1 | B/D |
| VIVIMUSTA SOLN 100mg/4ml | 1 | B/D NM |
| ***ANTIMETABOLITES*** | | |
| *azacitidine* SUSR 100mg | 1 | B/D NM |
| *cytarabine* SOLN 20mg/ml | 1 | B/D |
| *fluorouracil* SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| *gemcitabine hcl* SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 1 | B/D |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| INQOVI TAB 35-100MG<br>QL (5 tabs / 28 days) | 1 | QL NM PA |
| LONSURF TAB 15-6.14<br>QL (100 tabs / 28 days) | 1 | QL NM PA |
| LONSURF TAB 20-8.19<br>QL (80 tabs / 28 days) | 1 | QL NM PA |
| *mercaptopurine* SUSP 2000mg/100ml | 1 | NM |
| *mercaptopurine* TABS 50mg | 1 | |
| *methotrexate sodium* SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D |
| ONUREG TABS 200mg, 300mg<br>QL (14 tabs / 28 days) | 1 | QL NM PA |
| *pemetrexed disodium* SOLR 100mg, 500mg, 750mg, 1000mg | 1 | B/D |
| PURIXAN SUSP 2000mg/100ml | 1 | NM |
| TABLOID TABS 40mg | 1 | |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* TABS 250mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| *abiraterone acetate* TABS 500mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *abirtega* TABS 250mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| AKEEGA TAB 50/500MG<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| AKEEGA TAB 100/500<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *anastrozole* TABS 1mg | 1 | |
| *bicalutamide* TABS 50mg | 1 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 1 | NM PA |
| ERLEADA TABS 60mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| ERLEADA TABS 240mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| EULEXIN CAPS 125mg | 1 | |
| *exemestane* TABS 25mg | 1 | |
| FIRMAGON SOLR 80mg, 120mg/vial | 1 | NM PA |
| *fulvestrant* SOSY 250mg/5ml | 1 | B/D |
| *letrozole* TABS 2.5mg | 1 | |
| *leuprolide acetate* KIT 1mg/0.2ml | 1 | NM PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 1 | NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | 1 | NM PA |
| LYSODREN TABS 500mg | 1 | NM |
| *megestrol acetate* TABS 20mg, 40mg | 1 | |
| *nilutamide* TABS 150mg | 1 | |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| ORGOVYX TABS 120mg | 1 | NM PA |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| SOLTAMOX SOLN 10mg/5ml | 1 | |
| *tamoxifen citrate* TABS 10mg, 20mg | 1 | |
| *toremifene citrate* TABS 60mg | 1 | PA |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide* CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days) | 1 | QL NM PA |
| *lenalidomide* CAPS 20mg, 25mg<br>QL (21 caps / 28 days) | 1 | QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days) | 1 | QL NM PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days) | 1 | QL NM PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days) | 1 | QL NM PA |
| THALOMID CAPS 150mg, 200mg<br>QL (56 caps / 28 days) | 1 | QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days) | 1 | QL NM PA |
| *bexarotene* CAPS 75mg QL (300 caps / 30 days) | 1 | QL NM PA |
| *doxorubicin hcl* SOLN 2mg/ml | 1 | B/D |
| *doxorubicin hcl liposomal* SUSP 2mg/ml | 1 | B/D |
| *hydroxyurea* CAPS 500mg | 1 | |
| *irinotecan hcl* SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | 1 | QL NM PA |
| MATULANE CAPS 50mg | 1 | NM |
| *tretinoin (chemotherapy)* CAPS 10mg | 1 | |
| WELIREG TABS 40mg QL (90 tabs / 30 days) | 1 | QL NM PA |
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel* CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1 | B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1 | B/D NM |
| *etoposide* SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| *paclitaxel* CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| *paclitaxel inj 100mg* | 1 | B/D NM |
| *vincristine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vinorelbine tartrate* SOLN 10mg/ml, 50mg/5ml | 1 | B/D |
| ***MOLECULAR TARGET AGENTS*** | | |
| ALECENSA CAPS 150mg QL (240 caps / 30 days) | 1 | QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days) | 1 | QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days) | 1 | QL NM PA |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days) | 1 | QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days) | 1 | QL NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days) | 1 | QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days) | 1 | QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days) | 1 | QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days) | 1 | QL NM PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 1 | NM PA |
| *bortezomib* SOLR 3.5mg | 1 | NM PA |
| BOSULIF CAPS 50mg QL (360 caps / 30 days) | 1 | QL NM PA |
| BOSULIF CAPS 100mg QL (150 caps / 25 days) | 1 | QL NM PA |
| BOSULIF TABS 100mg QL (180 tabs / 30 days) | 1 | QL NM PA |
| BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | 1 | QL NM PA |
| BRUKINSA CAPS 80mg QL (120 caps / 30 days) | 1 | QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| CALQUENCE CAPS 100mg QL (60 caps / 30 days) | 1 | QL NM PA |
| CALQUENCE TABS 100mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| CAPRELSA TABS 100mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| CAPRELSA TABS 300mg QL (30 tabs / 30 days) | 1 | QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| COMETRIQ (60MG DOSE) KIT 20mg<br>QL (84 caps / 28 days) | 1 | QL NM PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days) | 1 | QL NM PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days) | 1 | QL NM PA |
| COPIKTRA CAPS 15mg, 25mg<br>QL (56 caps / 28 days) | 1 | QL NM PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days) | 1 | QL NM PA |
| DANZITEN TABS 71mg, 95mg<br>QL (112 tabs / 28 days) | 1 | QL NM PA |
| *dasatinib* TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *dasatinib* TABS 50mg, 70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| *erlotinib hcl* TABS 25mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *erlotinib hcl* TABS 100mg, 150mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *everolimus* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *everolimus* TBSO 2mg<br>QL (150 tabs / 30 days) | 1 | QL NM PA |
| *everolimus* TBSO 3mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *everolimus* TBSO 5mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg<br>QL (21 caps / 28 days) | 1 | QL NM PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days) | 1 | QL NM PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days) | 1 | QL NM PA |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| *gefitinib* TABS 250mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days) | 1 | QL NM PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days) | 1 | QL NM PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days) | 1 | QL NM PA |
| HERCEP HYLEC SOL 60-10000 | 1 | NM PA |
| HERCEPTIN SOLR 150mg | 1 | NM PA |
| HERZUMA SOLR 150mg, 420mg | 1 | NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg<br>QL (21 caps / 28 days) | 1 | QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg<br>QL (21 tabs / 28 days) | 1 | QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *imatinib mesylate* TABS 100mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *imatinib mesylate* TABS 400mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days) | 1 | QL NM PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days) | 1 | QL NM PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days) | 1 | QL NM PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| KADCYLA SOLR 100mg, 160mg | 1 | B/D NM |
| KANJINTI SOLR 150mg, 420mg | 1 | NM PA |
| KEYTRUDA SOLN 100mg/4ml | 1 | NM PA |
| KISQALI 200 DOSE TBPK 200mg<br>QL (21 tabs / 28 days) | 1 | QL NM PA |
| KISQALI 200 PAK FEMARA<br>QL (49 tabs / 28 days) | 1 | QL NM PA |
| KISQALI 400 DOSE TBPK 200mg<br>QL (42 tabs / 28 days) | 1 | QL NM PA |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days) | 1 | QL NM PA |
| KISQALI 600 DOSE TBPK 200mg<br>QL (63 tabs / 28 days) | 1 | QL NM PA |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days) | 1 | QL NM PA |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days) | 1 | QL NM PA |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| *lapatinib ditosylate* TABS 250mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg<br>QL (60 caps / 30 days) | 1 | QL NM PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg<br>QL (60 caps / 30 days) | 1 | QL NM PA |
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days) | 1 | QL NM PA |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days) | 1 | QL NM PA |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| LYNPARZA TABS 100mg, 150mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg<br>QL (84 tabs / 28 days) | 1 | QL NM PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg<br>QL (112 tabs / 28 days) | 1 | QL NM PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg<br>QL (140 tabs / 28 days) | 1 | QL NM PA |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days) | 1 | QL NM PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| MONJUVI SOLR 200mg | 1 | NM PA |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| *nilotinib hcl* CAPS 50mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| *nilotinib hcl* CAPS 150mg, 200mg<br>QL (112 caps / 28 days) | 1 | QL NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg<br>QL (3 caps / 28 days) | 1 | QL NM PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| OGIVRI SOLR 150mg, 420mg | 1 | NM PA |
| OGSIVEO TABS 50mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| OGSIVEO TABS 100mg, 150mg<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days) | 1 | QL NM PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days) | 1 | QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| ONTRUZANT SOLR 150mg, 420mg | 1 | NM PA |
| *pazopanib hcl* TABS 200mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg<br>QL (28 tabs / 28 days) | 1 | QL NM PA |
| PHESGO SOL | 1 | NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg<br>QL (28 tabs / 28 days) | 1 | QL NM PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| RETEVMO CAPS 40mg<br>QL (240 caps / 30 days) | 1 | QL NM PA |
| RETEVMO CAPS 80mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| RETEVMO TABS 80mg, 120mg, 160mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days) | 1 | QL NM PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days) | 1 | QL NM PA |
| ROMVIMZA CAPS 14mg, 20mg, 30mg<br>QL (8 caps / 28 days) | 1 | QL NM PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28 days) | 1 | QL NM PA |
| RUBRACA TABS 200mg, 250mg, 300mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days) | 1 | QL NM PA |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days) | 1 | QL NM PA |
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| *sorafenib tosylate* TABS 200mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days) | 1 | QL NM PA |
| *sunitinib malate* CAPS 12.5mg, 25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| TABRECTA TABS 150mg, 200mg<br>QL (112 tabs / 28 days) | 1 | QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TAFINLAR CAPS 50mg, 75mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| TAFINLAR TBSO 10mg<br>QL (900 tabs / 30 days) | 1 | QL NM PA |
| TAGRISSO TABS 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| TASIGNA CAPS 50mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| TASIGNA CAPS 150mg, 200mg<br>QL (112 caps / 28 days) | 1 | QL NM PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days) | 1 | QL NM PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 1 | NM PA |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days) | 1 | QL NM PA |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *torpenz* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| TRAZIMERA SOLR 150mg, 420mg | 1 | NM PA |
| TRUQAP TABS 160mg, 200mg<br>QL (64 tabs / 28 days) | 1 | QL NM PA |
| TRUQAP TBPK 160mg, 200mg<br>QL (4 packs / 28 days) | 1 | QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 1 | NM PA |
| TUKYSA TABS 50mg, 150mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| VENCLEXTA TABS 10mg, 50mg<br>QL (112 tabs / 28 days) | 1 | QL NM PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days) | 1 | QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days) | 1 | QL NM PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days) | 1 | QL NM PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| XALKORI CPSP 20mg<br>QL (240 caps / 30 days) | 1 | QL NM PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg<br>QL (4 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg<br>QL (24 tabs / 28 days) | 1 | QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg<br>QL (32 tabs / 28 days) | 1 | QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg<br>QL (8 tabs / 28 days) | 1 | QL NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days) | 1 | QL NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 1 | NM PA |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| ZYDELIG TABS 100mg, 150mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days) | 1 | QL NM PA |
| ***PROTECTIVE AGENTS*** | | |
| *leucovorin calcium* SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| *mesna* TABS 400mg | 1 | |
| MESNEX TABS 400mg | 1 | |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-10 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-20 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-40 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-20 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-40 mg*<br>QL (30 caps / 30 days) | 1 | QL |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *captopril* TABS 12.5mg, 25mg, 50mg, 100mg | 1 | |
| *enalapril maleate* TABS 2.5mg, 5mg, 10mg, 20mg | 1 | |
| *fosinopril sodium* TABS 10mg, 20mg, 40mg | 1 | |
| *lisinopril* TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| *moexipril hcl* TABS 7.5mg, 15mg | 1 | |
| *perindopril erbumine* TABS 2mg, 4mg, 8mg | 1 | |
| *quinapril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *ramipril* CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| *trandolapril* TABS 1mg, 2mg, 4mg | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone* TABS 25mg, 50mg | 1 | |
| KERENDIA TABS 10mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *spironolactone* TABS 25mg, 50mg, 100mg | 1 | |
| ***ALPHA BLOCKERS*** | | |
| *doxazosin mesylate* TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | 1 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-160 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-320 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-160 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-320 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg*<br>QL (60 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| ENTRESTO CAP 6-6MG<br>QL (240 caps / 30 days) | 1 | QL |
| ENTRESTO CAP 15-16MG<br>QL (240 caps / 30 days) | 1 | QL |
| ENTRESTO TAB 24-26MG<br>QL (60 tabs / 30 days) | 1 | QL |
| ENTRESTO TAB 49-51MG<br>QL (60 tabs / 30 days) | 1 | QL |
| ENTRESTO TAB 97-103MG<br>QL (60 tabs / 30 days) | 1 | QL |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg*<br>QL (60 tabs / 30 days) | 1 | QL |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* QL (60 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 160-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 320-25 mg* QL (30 tabs / 30 days) | 1 | QL |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil* TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil* TABS 32mg QL (30 tabs / 30 days) | 1 | QL |
| *irbesartan* TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium* TABS 25mg, 50mg, 100mg | 1 | |
| *olmesartan medoxomil* TABS 5mg QL (60 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil* TABS 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *telmisartan* TABS 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan* TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *valsartan* TABS 320mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | |
| *disopyramide phosphate* CAPS 100mg, 150mg | 1 | |
| *dofetilide* CAPS 125mcg, 250mcg, 500mcg | 1 | |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pacerone* TABS 100mg, 200mg, 400mg | 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| *quinidine sulfate* TABS 200mg, 300mg | 1 | |
| *sotalol hcl* TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| *sotalol hcl (afib/afl)* TABS 80mg, 120mg, 160mg | 1 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *fenofibrate* TABS 48mg, 54mg, 145mg, 160mg | 1 | |
| *fenofibrate micronized* CAPS 67mg, 134mg, 200mg | 1 | |
| *gemfibrozil* TABS 600mg | 1 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium* TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *lovastatin* TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *rosuvastatin calcium* TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *simvastatin* TABS 5mg, 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* PACK 4gm; POWD 4gm/dose | 1 | |
| *cholestyramine light* PACK 4gm; POWD 4gm/dose | 1 | |
| *colesevelam hcl* PACK 3.75gm; TABS 625mg | 1 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm; TABS 1gm | 1 | |
| *ezetimibe* TABS 10mg | 1 | |
| *ezetimibe-simvastatin tab 10-10 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-20 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-40 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-80 mg*<br>QL (30 tabs / 30 days) | 1 | QL |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days) | 1 | QL |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days) | 1 | QL |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | PA |
| *prevalite* PACK 4gm; POWD 4gm/dose | 1 | |
| REPATHA SOSY 140mg/ml | 1 | NM PA |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | 1 | NM PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 1 | NM PA |
| VASCEPA CAPS .5gm, 1gm | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | 1 | |
| *atenolol* TABS 25mg, 50mg, 100mg | 1 | |
| *betaxolol hcl* TABS 10mg, 20mg | 1 | |
| *bisoprolol fumarate* TABS 5mg, 10mg | 1 | |
| *carvedilol* TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| *labetalol hcl* TABS 100mg, 200mg, 300mg | 1 | |
| *metoprolol succinate* TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg | 1 | |
| *nadolol* TABS 20mg, 40mg, 80mg | 1 | |
| *nebivolol hcl* TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *nebivolol hcl* TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pindolol* TABS 5mg, 10mg | 1 | |
| *propranolol hcl* CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | 1 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* TABS 2.5mg, 5mg, 10mg | 1 | |
| *cartia xt* CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | 1 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg | 1 | |
| *diltiazem hcl coated beads* CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| *diltiazem hcl extended release beads* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | 1 | |
| *isradipine* CAPS 2.5mg, 5mg | 1 | |
| *nicardipine hcl* CAPS 20mg, 30mg | 1 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | 1 | |
| *nimodipine* CAPS 30mg | 1 | |
| *tiadylt er* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *verapamil hcl* CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl* TABS 5mg | 1 | |
| *bumetanide* SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 1 | |
| *chlorthalidone* TABS 25mg, 50mg | 1 | |
| *furosemide* SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | 1 | |
| *furosemide inj* SOLN 10mg/ml | 1 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| *indapamide* TABS 1.25mg, 2.5mg | 1 | |
| *methazolamide* TABS 25mg, 50mg | 1 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *aliskiren fumarate* TABS 150mg, 300mg | 1 | |
| *clonidine* PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | 1 | |
| *clonidine hcl* TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml<br>QL (450 mL / 30 days) | 1 | QL |
| *digoxin* SOLN .05mg/ml, .25mg/ml | 1 | |
| *digoxin* TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | 1 | QL |
| *droxidopa* CAPS 100mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| *droxidopa* CAPS 200mg, 300mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| *epinephrine (anaphylaxis)* SOLN 1mg/ml | 1 | |
| *guanfacine hcl* TABS 1mg, 2mg<br>PA applies if 70 years and older | 1 | PA |
| *hydralazine hcl* SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *ivabradine hcl* TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *metyrosine* CAPS 250mg | 1 | NM PA |
| *midodrine hcl* TABS 2.5mg, 5mg, 10mg | 1 | |
| *minoxidil* TABS 2.5mg, 10mg | 1 | |
| *ranolazine* TB12 500mg, 1000mg | 1 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 10mg, 20mg, 30mg | 1 | |
| *isosorbide mononitrate* TB24 30mg, 60mg, 120mg | 1 | |
| NITRO-BID OINT 2% | 1 | |
| *nitroglycerin* PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| *alyq* TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *ambrisentan* TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *bosentan* TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* TABS 20mg<br>QL (360 tabs / 30 days) | 1 | QL NM PA |
| *tadalafil (pulmonary hypertension)* TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *treprostinil* SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 1 | NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg<br>QL (140 caps / 28 days) | 1 | QL NM PA |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days) | 1 | QL NM PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1 | QL |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | 1 | |
| *lorazepam* CONC 2mg/ml<br>QL (150 mL / 30 days) | 1 | QL |
| *lorazepam* SOLN 4mg/ml, 20mg/10ml | 1 | |
| *lorazepam* TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1 | QL |
| *lorazepam intensol* CONC 2mg/ml<br>QL (150 mL / 30 days) | 1 | QL |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride* TABS 5mg; TBDP 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *donepezil hydrochloride* TABS 10mg; TBDP 10mg | 1 | |
| *galantamine hydrobromide* CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days) | 1 | QL |
| *galantamine hydrobromide* SOLN 4mg/ml<br>QL (200 mL / 30 days) | 1 | QL |
| *galantamine hydrobromide* TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *memantine hcl* CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1 | PA |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack*<br>PA applies if 29 years and younger | 1 | PA |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* | 1 | |
| NAMZARIC CAP 7-10MG | 1 | |
| NAMZARIC CAP 14-10MG | 1 | |
| NAMZARIC CAP 21-10MG | 1 | |
| NAMZARIC CAP 28-10MG | 1 | |
| NAMZARIC CAP PACK | 1 | |
| *rivastigmine* PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1 | QL |
| *rivastigmine tartrate* CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days) | 1 | QL |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 1 | |
| *amoxapine* TABS 25mg, 50mg, 100mg, 150mg | 1 | |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *bupropion hcl* TABS 75mg, 100mg | 1 | |
| *bupropion hcl* TB12 100mg, 150mg, 200mg; TB24 150mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *bupropion hcl* TB24 300mg<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *citalopram hydrobromide* SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg | 1 | |
| *clomipramine hcl* CAPS 25mg, 50mg, 75mg | 1 | PA |
| *desipramine hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 1 | |
| *desvenlafaxine succinate* TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL |
| *doxepin hcl* CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 1 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days) | 1 | QL PA |
| *duloxetine hcl* CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days) | 1 | QL |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days) | 1 | QL PA |
| *escitalopram oxalate* SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 1 | |
| FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days) | 1 | QL PA |
| FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days) | 1 | QL PA |
| FETZIMA CAP TITRATIO QL (2 packs / year) | 1 | QL PA |
| *fluoxetine hcl* CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| *imipramine hcl* TABS 10mg, 25mg, 50mg | 1 | |
| MARPLAN TABS 10mg QL (180 tabs / 30 days) | 1 | QL |
| *mirtazapine* TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 1 | |
| *nefazodone hcl* TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| *nortriptyline hcl* CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | 1 | |
| *paroxetine hcl* SUSP 10mg/5ml QL (900 mL / 30 days) | 1 | QL PA |
| *paroxetine hcl* TABS 10mg, 20mg, 30mg, 40mg | 1 | |
| *phenelzine sulfate* TABS 15mg | 1 | |
| *protriptyline hcl* TABS 5mg, 10mg | 1 | |
| RALDESY SOLN 10mg/ml QL (1800 mL / 30 days) | 1 | QL PA |
| *sertraline hcl* CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| *tranylcypromine sulfate* TABS 10mg | 1 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg | 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg QL (120 caps / 30 days) | 1 | QL |
| *trimipramine maleate* CAPS 100mg QL (60 caps / 30 days) | 1 | QL |
| TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL PA |
| *venlafaxine hcl* CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1 | |
| *vilazodone hcl* TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days) | 1 | QL PA |
| ZURZUVAE CAPS 30mg QL (14 caps / 14 days) | 1 | QL PA |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| *amantadine hcl* SOLN 50mg/5ml; TABS 100mg | 1 | |
| *benztropine mesylate* SOLN 1mg/ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *benztropine mesylate* TABS .5mg, 1mg, 2mg<br>PA applies if 70 years and older | 1 | PA |
| *bromocriptine mesylate* CAPS 5mg; TABS 2.5mg | 1 | |
| *carb/levo orally disintegrating tab 10-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-250mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| *entacapone* TABS 200mg | 1 | |
| INBRIJA CAPS 42mg<br>QL (300 caps / 30 days) | 1 | QL NM PA |
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 1 | |
| *rasagiline mesylate* TABS .5mg, 1mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *ropinirole hydrochloride* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 1 | |
| *selegiline hcl* CAPS 5mg; TABS 5mg | 1 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml; TABS 2mg, 5mg<br>PA applies if 70 years and older | 1 | PA |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days) | 1 | QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days) | 1 | QL |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 injection / 28 days) | 1 | QL |
| *aripiprazole* SOLN 1mg/ml<br>QL (900 mL / 30 days) | 1 | QL |
| *aripiprazole* TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *aripiprazole* TBDP 10mg, 15mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days) | 1 | QL |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days) | 1 | QL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 1 | |
| *asenapine maleate* SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days) | 1 | QL |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |
| *clozapine* TABS 25mg, 50mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *clozapine* TABS 100mg<br>QL (270 tabs / 30 days) | 1 | QL |
| *clozapine* TABS 200mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *clozapine* TBDP 12.5mg, 25mg | 1 | PA |
| *clozapine* TBDP 100mg<br>QL (270 tabs / 30 days) | 1 | QL PA |
| *clozapine* TBDP 150mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *clozapine* TBDP 200mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days) | 1 | QL PA |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days) | 1 | QL PA |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days) | 1 | QL PA |
| COBENFY STRT CAP PACK<br>QL (2 packs / year) | 1 | QL PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| FANAPT PAK PACK A<br>QL (2 packs / year) | 1 | QL PA |
| FANAPT PAK PACK C<br>QL (2 packs / year) | 1 | QL PA |
| *fluphenazine decanoate* SOLN 25mg/ml | 1 | |
| *fluphenazine hcl* CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| *haloperidol* TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| *haloperidol decanoate* SOLN 50mg/ml, 100mg/ml | 1 | |
| *haloperidol lactate* CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180 days) | 1 | QL |
| INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days) | 1 | QL |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 1 | QL |
| *loxapine succinate* CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| *lurasidone hcl* TABS 20mg, 40mg, 60mg, 120mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *lurasidone hcl* TABS 80mg<br>QL (60 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days) | 1 | QL |
| *molindone hcl* TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| *olanzapine* SOLR 10mg<br>QL (3 vials / 1 day) | 1 | QL |
| *olanzapine* TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *olanzapine* TABS 7.5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *olanzapine* TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *olanzapine* TBDP 10mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days) | 1 | QL PA |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days) | 1 | QL PA |
| *paliperidone* TB24 1.5mg, 3mg, 9mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *paliperidone* TB24 6mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *pimozide* TABS 1mg, 2mg | 1 | |
| *quetiapine fumarate* TABS 25mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* TABS 50mg, 100mg, 150mg, 200mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* TABS 300mg, 400mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *quetiapine fumarate* TB24 150mg, 200mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days) | 1 | QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *risperidone* SOLN 1mg/ml<br>QL (240 mL / 30 days) | 1 | QL |
| *risperidone* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| *risperidone* TBDP 1mg, 2mg, 3mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| *risperidone* TBDP 4mg<br>QL (120 tabs / 30 days) | 1 | QL ST |
| *risperidone* TBDP .25mg, .5mg<br>QL (90 tabs / 30 days) | 1 | QL ST |
| *risperidone microspheres* SRER 12.5mg, 25mg, 37.5mg, 50mg<br>QL (2 injections / 28 days) | 1 | QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days) | 1 | QL |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days) | 1 | QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days) | 1 | QL |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days) | 1 | QL |
| *ziprasidone hcl* CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days) | 1 | QL |
| *ziprasidone mesylate* SOLR 20mg<br>QL (6 injections / 3 days) | 1 | QL |
| ***ANTISEIZURE AGENTS*** | | |
| APTIOM TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 1 | QL |
| APTIOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 1 | QL |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days) | 1 | QL PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *carbamazepine* CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1 | |
| *clobazam* SUSP 2.5mg/ml<br>QL (480 mL / 30 days) | 1 | QL PA |
| *clobazam* TABS 10mg, 20mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *clonazepam* TABS 2mg; TBDP 2mg<br>QL (300 tabs / 30 days) | 1 | QL |
| *clonazepam* TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *clorazepate dipotassium* TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days) | 1 | QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days) | 1 | QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days) | 1 | QL NM PA |
| *diazepam* SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam* TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | 1 | |
| *diazepam inj* SOLN 5mg/ml | 1 | |
| *diazepam intensol* CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| DILANTIN CAPS 30mg | 1 | |
| *divalproex sodium* CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1 | |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days) | 1 | QL NM PA |
| *epitol* TABS 200mg | 1 | |
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days) | 1 | QL PA |
| *eslicarbazepine acetate* TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *eslicarbazepine acetate* TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *ethosuximide* CAPS 250mg; SOLN 250mg/5ml | 1 | |
| *felbamate* SUSP 600mg/5ml; TABS 400mg, 600mg | 1 | |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days) | 1 | QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (720 mL / 30 days) | 1 | QL PA |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *gabapentin* CAPS 100mg, 300mg<br>QL (360 caps / 30 days) | 1 | QL |
| *gabapentin* CAPS 400mg<br>QL (270 caps / 30 days) | 1 | QL |
| *gabapentin* SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days) | 1 | QL |
| *gabapentin* TABS 600mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *gabapentin* TABS 800mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *lacosamide* SOLN 200mg/20ml | 1 | |
| *lacosamide* TABS 50mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *lacosamide* TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *lacosamide oral* SOLN 10mg/ml<br>QL (1200 mL / 30 days) | 1 | QL |
| *lamotrigine* CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *lamotrigine* TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | ST |
| *levetiracetam* SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 1 | |
| LEVETIRACETAM TB3D 250mg<br>QL (360 tabs / 30 days) | 1 | QL |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | 1 | |
| *methsuximide* CAPS 300mg | 1 | |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units per 30 days) | 1 | QL |
| *oxcarbazepine* SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | |
| *perampanel* TABS 2mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *perampanel* TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *phenobarbital* ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 70 years and older | 1 | QL PA |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and older | 1 | QL PA |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml<br>PA applies if 70 years and older | 1 | PA |
| *phenytek* CAPS 200mg, 300mg | 1 | |
| *phenytoin* CHEW 50mg; SUSP 125mg/5ml | 1 | |
| *phenytoin sodium* SOLN 50mg/ml | 1 | |
| *phenytoin sodium extended* CAPS 100mg, 200mg, 300mg | 1 | |
| *pregabalin* CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days) | 1 | QL PA |
| *pregabalin* CAPS 200mg<br>QL (90 caps / 30 days) | 1 | QL PA |
| *pregabalin* CAPS 225mg, 300mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *pregabalin* SOLN 20mg/ml<br>QL (900 mL / 30 days) | 1 | QL PA |
| *primidone* TABS 50mg, 125mg, 250mg | 1 | |
| *roweepra* TABS 500mg | 1 | |
| *rufinamide* SUSP 40mg/ml<br>QL (2400 mL / 30 days) | 1 | QL PA |
| *rufinamide* TABS 200mg<br>QL (480 tabs / 30 days) | 1 | QL PA |
| *rufinamide* TABS 400mg<br>QL (240 tabs / 30 days) | 1 | QL PA |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days) | 1 | QL |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days) | 1 | QL |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days) | 1 | QL |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *subvenite* TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days) | 1 | QL PA |
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| *topiramate* CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| *topiramate* SOLN 25mg/ml<br>QL (480 mL / 30 days) | 1 | QL PA |
| *valproate sodium* SOLN 100mg/ml, 250mg/5ml | 1 | |
| *valproic acid* CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs per 30 days) | 1 | QL |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs per 30 days) | 1 | QL |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs per 30 days) | 1 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs per 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *vigabatrin* PACK 500mg<br>QL (180 packets / 30 days) | 1 | QL NM PA |
| *vigabatrin* TABS 500mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| *vigadrone* PACK 500mg<br>QL (180 packets / 30 days) | 1 | QL NM PA |
| *vigadrone* TABS 500mg<br>QL (180 tabs / 30 days) | 1 | QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days) | 1 | QL NM PA |
| *vigpoder* PACK 500mg<br>QL (180 packets / 30 days) | 1 | QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1 | QL |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days) | 1 | QL |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days) | 1 | QL |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days) | 1 | QL |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days) | 1 | QL |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days) | 1 | QL |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days) | 1 | QL |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days) | 1 | QL PA |
| *zonisamide* CAPS 25mg, 50mg, 100mg | 1 | |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days) | 1 | QL NM PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg*<br>QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 5 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 7.5 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 10 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 12.5 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 15 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 20 mg*<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 30 mg*<br>QL (60 tabs / 30 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days) | 1 | QL |
| *atomoxetine hcl* CAPS 40mg<br>QL (60 caps / 30 days) | 1 | QL |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days) | 1 | QL |
| *dexmethylphenidate hcl* TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* TABS 10mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *guanfacine hcl (adhd)* TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older | 1 | QL PA |
| *guanfacine hcl (adhd)* TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 70 years and older | 1 | QL PA |
| *methylphenidate hcl* CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *methylphenidate hcl* SOLN 5mg/5ml<br>QL (1800 mL / 30 days) | 1 | QL PA |
| *methylphenidate hcl* SOLN 10mg/5ml<br>QL (900 mL / 30 days) | 1 | QL PA |
| *methylphenidate hcl* TABS 20mg; TBCR 10mg, 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| ***HYPNOTICS*** | | |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *doxepin hcl (sleep)* TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *eszopiclone* TABS 1mg, 2mg, 3mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *tasimelteon* CAPS 20mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| *temazepam* CAPS 7.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *temazepam* CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *zaleplon* CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *zaleplon* CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *zolpidem tartrate* TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| ***MIGRAINE*** | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days) | 1 | QL NM PA |
| *dihydroergotamine mesylate* SOLN 1mg/ml | 1 | |
| *dihydroergotamine mesylate* SOLN 4mg/ml<br>QL (8 mL / 30 days) | 1 | QL PA |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days) | 1 | QL NM PA |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days) | 1 | QL NM PA |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days) | 1 | QL NM PA |
| *ergotamine w/ caffeine tab 1-100 mg*<br>QL (40 tabs / 28 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *naratriptan hcl* TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days) | 1 | QL |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days) | 1 | QL PA |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *rizatriptan benzoate* TABS 5mg, 10mg; TBDP 5mg, 10mg<br>QL (18 tabs / 30 days) | 1 | QL |
| *sumatriptan* SOLN 5mg/act<br>QL (24 units / 30 days) | 1 | QL |
| *sumatriptan* SOLN 20mg/act<br>QL (12 units / 30 days) | 1 | QL |
| *sumatriptan succinate* SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30 days) | 1 | QL |
| *sumatriptan succinate* SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml<br>QL (12 injections / 30 days) | 1 | QL |
| *sumatriptan succinate* TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days) | 1 | QL |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days) | 1 | QL PA |
| ***MISCELLANEOUS*** | | |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO XR TB24 18mg, 24mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days) | 1 | QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year) | 1 | QL NM PA |
| *lithium* SOLN 8meq/5ml | 1 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 1 | |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days) | 1 | QL PA |
| *pyridostigmine bromide* TABS 60mg | 1 | |
| *riluzole* TABS 50mg | 1 | |
| *tetrabenazine* TABS 12.5mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *tetrabenazine* TABS 25mg<br>QL (120 tabs / 30 days) | 1 | QL NM PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days) | 1 | QL NM PA |
| BETASERON KIT .3mg<br>QL (14 syringes / 28 days) | 1 | QL NM PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days) | 1 | QL NM PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days) | 1 | QL NM PA |
| *dalfampridine* TB12 10mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| *fingolimod hcl* CAPS .5mg<br>QL (30 caps / 30 days) | 1 | QL NM PA |
| *glatiramer acetate* SOSY 20mg/ml<br>QL (30 syringes / 30 days) | 1 | QL NM PA |
| *glatiramer acetate* SOSY 40mg/ml<br>QL (12 syringes / 28 days) | 1 | QL NM PA |
| *glatopa* SOSY 20mg/ml<br>QL (30 syringes / 30 days) | 1 | QL NM PA |
| *glatopa* SOSY 40mg/ml<br>QL (12 syringes / 28 days) | 1 | QL NM PA |
| KESIMPTA SOAJ 20mg/0.4ml<br>QL (16 pens / 365 days) | 1 | QL NM PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* TABS 5mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *baclofen* TABS 10mg, 20mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *carisoprodol* TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| *cyclobenzaprine hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| *dantrolene sodium* CAPS 25mg, 50mg, 100mg | 1 | |
| *methocarbamol* TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| *methocarbamol* TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| *tizanidine hcl* TABS 2mg, 4mg | 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* TABS 50mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *armodafinil* TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *modafinil* TABS 100mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *modafinil* TABS 200mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| SODIUM OXYBATE SOLN 500mg/ml<br>QL (540 mL / 30 days) | 1 | QL NM PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | 1 | |
| *buprenorphine hcl* SUBL 2mg, 8mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)*<br>QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*<br>QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*<br>QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*<br>QL (60 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)*<br>QL (90 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)*<br>QL (90 tabs / 30 days) | 1 | QL |
| *bupropion hcl (smoking deterrent)* TB12 150mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *disulfiram* TABS 250mg, 500mg | 1 | |
| *naloxone hcl* LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 1 | |
| *naltrexone hcl* TABS 50mg | 1 | |
| NICOTROL INHALER INHA 10mg | 1 | |
| NICOTROL NS SOLN 10mg/ml | 1 | |
| *varenicline tartrate* TABS .5mg, 1mg<br>QL (56 tabs / 28 days) | 1 | QL |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack*<br>QL (2 packs / year) | 1 | QL |
| VIVITROL SUSR 380mg | 1 | NM |
| **ENDOCRINE AND METABOLIC** | | |
| ***ANDROGENS*** | | |
| *danazol* CAPS 50mg, 100mg, 200mg | 1 | |
| *depo-testosterone* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| *methyltestosterone* CAPS 10mg<br>QL (600 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | 1 | QL PA |
| *testosterone cypionate* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| *testosterone enanthate* SOLN 200mg/ml | 1 | PA |
| *testosterone pump* GEL 1.62% QL (150 gm / 30 days) | 1 | QL PA |
| ***ANTIDIABETICS*** | | |
| *acarbose* TABS 25mg, 50mg, 100mg | 1 | |
| FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| *glimepiride* TABS 1mg, 2mg QL (90 tabs / 30 days) | 1 | QL |
| *glimepiride* TABS 4mg QL (60 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 10mg QL (120 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 2.5mg, 5mg QL (90 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 10mg QL (60 tabs / 30 days) | 1 | QL |
| *glipizide xl* TB24 2.5mg, 5mg QL (90 tabs / 30 days) | 1 | QL |
| *glipizide xl* TB24 10mg QL (60 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-250 mg* QL (240 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-500 mg* QL (120 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 5-500 mg* QL (120 tabs / 30 days) | 1 | QL |
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 1 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 1 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 1 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 1 | QL |
| JANUMET XR TAB 50-500MG QL (60 tabs / 30 days) | 1 | QL |
| JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 1 | QL |
| JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 1 | QL |
| JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL |
| JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days) | 1 | QL |
| JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 500mg QL (150 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 850mg QL (90 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 1000mg QL (75 tabs / 30 days) | 1 | QL |
| *metformin hcl* TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| *metformin hcl* TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days) | 1 | QL PA |
| *nateglinide* TABS 60mg, 120mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml | 1 | QL PA |
| QL (1 pen / 28 days) | | |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 1 | QL PA |
| QL (1 pen / 28 days) | | |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 1 | QL PA |
| QL (1 pen / 28 days) | | |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 1 | QL PA |
| QL (1 pen / 28 days) | | |
| *pioglitazone hcl* TABS 15mg, 30mg, 45mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | QL |
| QL (90 tabs / 30 days) | | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | QL |
| QL (90 tabs / 30 days) | | |
| *repaglinide* TABS 2mg | 1 | QL |
| QL (240 tabs / 30 days) | | |
| *repaglinide* TABS .5mg, 1mg | 1 | QL |
| QL (120 tabs / 30 days) | | |
| RYBELSUS TABS 3mg, 7mg, 14mg | 1 | QL PA |
| QL (30 tabs / 30 days) | | |
| SYNJARDY TAB 5-500MG | 1 | QL |
| QL (120 tabs / 30 days) | | |
| SYNJARDY TAB 5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY TAB 12.5-500 | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY TAB 12.5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY XR TAB 5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY XR TAB 10-1000 | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY XR TAB 12.5-1000 | 1 | QL |
| QL (60 tabs / 30 days) | | |
| SYNJARDY XR TAB 25-1000 | 1 | QL |
| QL (30 tabs / 30 days) | | |
| TRADJENTA TABS 5mg | 1 | QL |
| QL (30 tabs / 30 days) | | |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 1 | QL |
| QL (30 tabs / 30 days) | | |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 1 | QL |
| QL (30 tabs / 30 days) | | |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 1 | QL PA |
| QL (4 pens / 28 days) | | |
| XIGDUO XR TAB 2.5-1000 | 1 | QL |
| QL (60 tabs / 30 days) | | |
| XIGDUO XR TAB 5-500MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| XIGDUO XR TAB 5-1000MG | 1 | QL |
| QL (60 tabs / 30 days) | | |
| XIGDUO XR TAB 10-500MG | 1 | QL |
| QL (30 tabs / 30 days) | | |
| XIGDUO XR TAB 10-1000 | 1 | QL |
| QL (30 tabs / 30 days) | | |
| ***ANTIDIABETICS, INSULINS*** | | |
| ADMELOG SOLN 100unit/ml | 1 | |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 1 | |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY | 1 | PA |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 1 | |
| CEQUR SIMPL KIT PATCH 2U (3-DAY) | 1 | QL PA |
| QL (10 patches / 30 days) | | |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) | 1 | QL PA |
| QL (8 patches / 24 days) | | |
| CEQUR SIMPL MIS INSERTER | 1 | QL PA |
| QL (2 inserters / year) | | |
| FIASP SOLN 100unit/ml | 1 | |
| FIASP FLEXTOUCH SOPN 100unit/ml | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FIASP PENFILL SOCT 100unit/ml | 1 | |
| FIASP PUMPCART SOCT 100unit/ml | 1 | B/D |
| GAUZE PADS 2" X 2" | 1 | PA |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 1 | B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 1 | |
| INSULIN PEN NEEDLES: BD-EMBECTA | 1 | PA |
| INSULIN SAFETY NEEDLES: BD-EMBECTA | 1 | PA |
| INSULIN SYRINGES: BD-EMBECTA | 1 | PA |
| NOVOLIN INJ 70/30 (brand RELION not covered) | 1 | |
| NOVOLIN INJ 70/30 FP (brand RELION not covered) | 1 | |
| NOVOLIN N SUSP 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLIN R SOLN 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLOG SOLN 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered) | 1 | |
| NOVOLOG MIX INJ 70/30 (brand RELION not covered) | 1 | |
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered) | 1 | |
| NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered) | 1 | |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year) | 1 | QL PA |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD 5 G7 KIT INTRO QL (1 kit / year) | 1 | QL PA |
| OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year) | 1 | QL PA |
| OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD DASH KIT INTRO QL (1 kit / year) | 1 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days) | 1 | QL PA |
| OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| OMNIPOD MIS CLASSIC QL (15 pods / 30 days) | 1 | QL PA |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | 1 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 1 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 1 | |
| TRESIBA SOLN 100unit/ml | 1 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 1 | |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | 1 | QL |
| ***CALCIUM REGULATORS*** | | |
| *alendronate sodium* SOLN 70mg/75ml | 1 | ST |
| *alendronate sodium* TABS 10mg, 35mg, 70mg | 1 | |
| BONSITY SOPN 560mcg/2.24ml | 1 | NM PA |
| *calcitonin (salmon) spray* SOLN 200unit/act | 1 | B/D |
| *ibandronate sodium* TABS 150mg | 1 | B/D |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 1 | B/D |
| *pamidronate disodium* SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml QL (1 syringe / 180 days) | 1 | QL NM |
| *risedronate sodium* TABS 5mg, 35mg, 150mg | 1 | |
| *risedronate sodium* TBEC 35mg | 1 | ST |
| TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product) | 1 | NM PA |
| WYOST SOLN 120mg/1.7ml | 1 | NM PA |
| XGEVA SOLN 120mg/1.7ml | 1 | NM PA |
| *zoledronic acid* CONC 4mg/5ml; SOLN 5mg/100ml | 1 | B/D NM |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | 1 | |
| *deferasirox* TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg | 1 | NM PA |
| *kionex* SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 1 | |
| *penicillamine* TABS 250mg | 1 | NM |
| *sodium polystyrene sulfonate powder* | 1 | |
| *sps* SUSP 15gm/60ml | 1 | |
| *sps rectal* SUSP 15gm/60ml | 1 | |
| *trientine hcl* CAPS 250mg | 1 | NM PA |
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | 1 | |
| *altavera* | 1 | |
| *alyacen 1/35* | 1 | |
| *alyacen 7/7/7* | 1 | |
| *amethia* | 1 | |
| *amethyst* | 1 | |
| *apri* | 1 | |
| *aranelle* | 1 | |
| *ashlyna* | 1 | |
| *aubra eq* | 1 | |
| *aurovela 1/20* | 1 | |
| *aurovela 24 fe* | 1 | |
| *aurovela fe 1.5/30* | 1 | |
| *aurovela fe 1/20* | 1 | |
| *aviane* | 1 | |
| *ayuna* | 1 | |
| *azurette* | 1 | |
| *balziva* | 1 | |
| *blisovi 24 fe* | 1 | |
| *blisovi fe 1.5/30* | 1 | |
| *briellyn* | 1 | |
| *camila* TABS .35mg | 1 | |
| *camrese* | 1 | |
| *camrese lo* | 1 | |
| *chateal eq* | 1 | |
| *cryselle-28* | 1 | |
| *cyred eq* | 1 | |
| *dasetta 1/35* | 1 | |
| *dasetta 7/7/7* | 1 | |
| *daysee* | 1 | |
| *deblitane* TABS .35mg | 1 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 1 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 1 | |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *dolishale* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 1 | |
| *elinest* | 1 | |
| *eluryng* | 1 | |
| *emzahh* TABS .35mg | 1 | |
| *enilloring* | 1 | |
| *enpresse-28* | 1 | |
| *enskyce* | 1 | |
| *errin* TABS .35mg | 1 | |
| *estarylla* | 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 1 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 1 | |
| *falmina* | 1 | |
| *feirza 1.5/30* | 1 | |
| *feirza 1/20* | 1 | |
| *finzala* | 1 | |
| *galbriela* | 1 | |
| *hailey 1.5/30* | 1 | |
| *hailey 24 fe* | 1 | |
| *haloette* | 1 | |
| *heather* TABS .35mg | 1 | |
| *iclevia* | 1 | |
| *incassia* TABS .35mg | 1 | |
| *introvale* | 1 | |
| *isibloom* | 1 | |
| *jaimiess* | 1 | |
| *jasmiel* | 1 | |
| *jolessa* | 1 | |
| *juleber* | 1 | |
| *junel 1.5/30* | 1 | |
| *junel 1/20* | 1 | |
| *junel fe 1.5/30* | 1 | |
| *junel fe 1/20* | 1 | |
| *junel fe 24* | 1 | |
| *kaitlib fe* | 1 | |
| *kariva* | 1 | |
| *kelnor 1/35* | 1 | |
| *kelnor 1/50* | 1 | |
| *kurvelo* | 1 | |
| *larin 1.5/30* | 1 | |
| *larin 1/20* | 1 | |
| *larin 24 fe* | 1 | |
| *larin fe 1.5/30* | 1 | |
| *larin fe 1/20* | 1 | |
| *layolis fe* | 1 | |
| *lessina* | 1 | |
| *levonest* | 1 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 1 | |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 1 | |
| *levora 0.15/30-28* | 1 | |
| LILETTA IUD 20.1mcg/day | 1 | NM |
| *loestrin 1.5/30-21* | 1 | |
| *loestrin 1/20-21* | 1 | |
| *loestrin fe 1.5/30* | 1 | |
| *loestrin fe 1/20* | 1 | |
| *lojaimiess* | 1 | |
| *loryna* | 1 | |
| *low-ogestrel* | 1 | |
| *lutera* | 1 | |
| *lyleq* TABS .35mg | 1 | |
| *lyza* TABS .35mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *marlissa* | 1 | |
| *medroxyprogesterone acetate (contraceptive)* SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| *meleya* TABS .35mg | 1 | |
| *mibelas 24 fe* | 1 | |
| *microgestin 1.5/30* | 1 | |
| *microgestin 1/20* | 1 | |
| *microgestin fe 1.5/30* | 1 | |
| *microgestin fe 1/20* | 1 | |
| *mili* | 1 | |
| *mono-linyah* | 1 | |
| *necon 0.5/35-28* | 1 | |
| NEXPLANON IMPL 68mg | 1 | NM |
| *nikki* | 1 | |
| *nora-be* TABS .35mg | 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 1 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* | 1 | |
| *norethindrone (contraceptive)* TABS .35mg | 1 | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 1 | |
| *norlyroc* TABS .35mg | 1 | |
| *nortrel 0.5/35 (28)* | 1 | |
| *nortrel 1/35 (21)* | 1 | |
| *nortrel 1/35 (28)* | 1 | |
| *nortrel 7/7/7* | 1 | |
| *nylia 1/35* | 1 | |
| *nylia 7/7/7* | 1 | |
| *ocella* | 1 | |
| *orquidea* TABS .35mg | 1 | |
| *philith* | 1 | |
| *pimtrea* | 1 | |
| *portia-28* | 1 | |
| *reclipsen* | 1 | |
| *rivelsa* | 1 | |
| *rosyrah* | 1 | |
| *setlakin* | 1 | |
| *sharobel* TABS .35mg | 1 | |
| *simliya* | 1 | |
| *simpesse* | 1 | |
| *sprintec 28* | 1 | |
| *sronyx* | 1 | |
| *syeda* | 1 | |
| *tarina 24 fe* | 1 | |
| *tarina fe 1/20 eq* | 1 | |
| *tilia fe* | 1 | |
| *tri-estarylla* | 1 | |
| *tri-legest fe* | 1 | |
| *tri-linyah* | 1 | |
| *tri-lo-estarylla* | 1 | |
| *tri-lo-marzia* | 1 | |
| *tri-lo-mili* | 1 | |
| *tri-lo-sprintec* | 1 | |
| *tri-mili* | 1 | |
| *tri-nymyo* | 1 | |
| *tri-sprintec* | 1 | |
| *tri-vylibra* | 1 | |
| *tri-vylibra lo* | 1 | |
| *turqoz* | 1 | |
| *tydemy* | 1 | |
| *valtya 1/50* | 1 | |
| *velivet* | 1 | |
| *vestura* | 1 | |
| *vienva* | 1 | |
| *viorele* | 1 | |
| *vyfemla* | 1 | |
| *vylibra* | 1 | |
| *wera* | 1 | |
| *wymzya fe* | 1 | |
| *xarah fe* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *xelria fe* | 1 | |
| *xulane* | 1 | |
| *zafemy* | 1 | |
| *zovia 1/35* | 1 | |
| *zumandimine* | 1 | |
| ***ESTROGENS*** | | |
| *abigale* | 1 | |
| *abigale lo* | 1 | |
| *dotti* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| *estradiol* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 1 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 1 | |
| *estradiol vaginal* CREA .1mg/gm; TABS 10mcg | 1 | |
| *estradiol valerate* OIL 10mg/ml, 20mg/ml, 40mg/ml | 1 | |
| *fyavolv tab 0.5mg-2.5mcg* | 1 | |
| *fyavolv tab 1mg-5mcg* | 1 | |
| *jinteli* | 1 | |
| *lyllana* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| *mimvey* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 1 | |
| *yuvafem* TABS 10mcg | 1 | |
| ***GLUCOCORTICOIDS*** | | |
| *dexamethasone* ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 1 | |
| *dexamethasone sodium phosphate* SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1 | |
| *fludrocortisone acetate* TABS .1mg | 1 | |
| *hydrocortisone* TABS 5mg, 10mg, 20mg | 1 | |
| *hydrocortisone sod succinate* SOLR 100mg | 1 | |
| *methylprednisolone* TABS 4mg, 8mg, 16mg, 32mg | 1 | B/D |
| *methylprednisolone* TBPK 4mg | 1 | |
| *methylprednisolone acetate* SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| *methylprednisolone sod succ* SOLR 40mg, 125mg, 1000mg | 1 | B/D |
| *prednisolone* SOLN 15mg/5ml | 1 | B/D |
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | 1 | B/D |
| *prednisone* SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| *prednisone* TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 1 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 1 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *diazoxide* SUSP 50mg/ml | 1 | |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 1 | |
| ***MISCELLANEOUS*** | | |
| ALDURAZYME SOLN 2.9mg/5ml | 1 | NM PA |
| *betaine powder for oral solution* | 1 | NM |
| *cabergoline* TABS .5mg | 1 | |
| *carglumic acid* TBSO 200mg | 1 | NM PA |
| CERDELGA CAPS 84mg | 1 | NM PA |
| CEREZYME SOLR 400unit | 1 | NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cinacalcet hcl* TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM |
| *cinacalcet hcl* TABS 90mg QL (120 tabs / 30 days) | 1 | B/D QL NM |
| CYSTAGON CAPS 50mg, 150mg | 1 | NM PA |
| *desmopressin acetate* SOLN 4mcg/ml; TABS .1mg, .2mg | 1 | |
| *desmopressin acetate spray* SOLN .01% | 1 | |
| *desmopressin acetate spray refrigerated* SOLN .01% | 1 | |
| FABRAZYME SOLR 5mg, 35mg | 1 | NM PA |
| GENOTROPIN CART 5mg, 12mg | 1 | NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 1 | NM PA |
| INCRELEX SOLN 40mg/4ml | 1 | NM PA |
| *javygtor* PACK 100mg, 500mg; TABS 100mg | 1 | NM PA |
| *lanreotide acetate* SOLN 120mg/0.5ml | 1 | NM PA |
| *levocarnitine (metabolic modifiers)* SOLN 1gm/10ml; TABS 330mg | 1 | B/D |
| LUMIZYME SOLR 50mg | 1 | NM PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 1 | NM PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 1 | NM PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 1 | NM PA |
| *mifepristone (hyperglycemia)* TABS 300mg | 1 | NM PA |
| NAGLAZYME SOLN 1mg/ml | 1 | NM PA |
| *nitisinone* CAPS 2mg, 5mg, 10mg, 20mg | 1 | NM PA |
| *octreotide acetate* SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml | 1 | NM PA |
| *raloxifene hcl* TABS 60mg | 1 | |
| *sapropterin dihydrochloride* PACK 100mg, 500mg; TABS 100mg | 1 | NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 1 | NM PA |
| *sodium phenylbutyrate* POWD 3gm/tsp; TABS 500mg | 1 | NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 1 | NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 1 | NM PA |
| SYNAREL SOLN 2mg/ml | 1 | PA |
| VEOZAH TABS 45mg | 1 | PA |
| ***PROGESTINS*** | | |
| *gallifrey* TABS 5mg | 1 | |
| *medroxyprogesterone acetate* TABS 2.5mg, 5mg, 10mg | 1 | |
| *megestrol acetate* SUSP 40mg/ml | 1 | |
| *megestrol acetate (appetite)* SUSP 625mg/5ml | 1 | PA |
| *norethindrone acetate* TABS 5mg | 1 | |
| *progesterone* CAPS 100mg, 200mg | 1 | |
| ***THYROID AGENTS*** | | |
| *levo-t* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levothyroxine sodium* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levoxyl* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| *liothyronine sodium* TABS 5mcg, 25mcg, 50mcg | 1 | |
| *methimazole* TABS 5mg, 10mg | 1 | |
| *propylthiouracil* TABS 50mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *unithroid* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | 1 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | 1 | B/D |
| *paricalcitol* CAPS 1mcg, 2mcg, 4mcg | 1 | B/D |
| **GASTROINTESTINAL** ***ANTIEMETICS*** | | |
| *aprepitant* CAPS 40mg, 80mg, 125mg | 1 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | B/D |
| *compro* SUPP 25mg | 1 | |
| *dronabinol* CAPS 2.5mg, 5mg, 10mg<br>QL (60 caps / 30 days) | 1 | B/D QL |
| *granisetron hcl* SOLN 1mg/ml, 4mg/4ml | 1 | |
| *granisetron hcl* TABS 1mg | 1 | B/D |
| *meclizine hcl* TABS 12.5mg, 25mg | 1 | |
| *metoclopramide hcl* SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | 1 | |
| *ondansetron* TBDP 4mg, 8mg | 1 | B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| *ondansetron hcl* SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| *prochlorperazine* SUPP 25mg | 1 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | 1 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | 1 | |
| *promethazine hcl* SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | PA |
| *scopolamine* PT72 1mg/3days<br>QL (10 patches / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| ***ANTISPASMODICS*** | | |
| *dicyclomine hcl* CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | 1 | |
| *glycopyrrolate* TABS 1mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *glycopyrrolate* TABS 2mg<br>QL (120 tabs / 30 days) | 1 | QL |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *nizatidine* CAPS 150mg, 300mg | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium* CAPS 750mg | 1 | |
| *budesonide* CPEP 3mg<br>QL (90 caps / 30 days) | 1 | QL PA |
| *budesonide* TB24 9mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *hydrocortisone (intrarectal)* ENEM 100mg/60ml | 1 | |
| *mesalamine* CP24 .375gm<br>QL (120 caps / 30 days) | 1 | QL |
| *mesalamine* CPDR 400mg<br>QL (180 caps / 30 days) | 1 | QL |
| *mesalamine* ENEM 4gm<br>QL (1680 mL / 28 days) | 1 | QL |
| *mesalamine* SUPP 1000mg<br>QL (30 suppositories / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *mesalamine* TBEC 1.2gm<br>QL (120 tabs / 30 days) | 1 | QL |
| *mesalamine w/ cleanser* KIT 4gm<br>QL (28 bottles / 28 days) | 1 | QL |
| *sulfasalazine* TABS 500mg; TBEC 500mg | 1 | |
| ***LAXATIVES*** | | |
| *constulose* SOLN 10gm/15ml | 1 | |
| *enulose* SOLN 10gm/15ml | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* | 1 | |
| *gavilyte-n/flavor pack* | 1 | |
| *generlac* SOLN 10gm/15ml | 1 | |
| *lactulose* SOLN 10gm/15ml | 1 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| PLENVU SOL | 1 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 1 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* TABS .5mg, 1mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| CREON CAP 3000UNIT | 1 | |
| CREON CAP 6000UNIT | 1 | |
| CREON CAP 12000UNT | 1 | |
| CREON CAP 24000UNT | 1 | |
| CREON CAP 36000UNT | 1 | |
| *cromolyn sodium (mastocytosis)* CONC 100mg/5ml | 1 | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 1 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 1 | |
| GATTEX KIT 5mg | 1 | NM PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg<br>QL (30 caps / 30 days) | 1 | QL |
| *loperamide hcl* CAPS 2mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *misoprostol* TABS 100mcg, 200mcg | 1 | |
| MOVANTIK TABS 12.5mg, 25mg<br>QL (30 tabs / 30 days) | 1 | QL |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml<br>QL (28 syringes / 28 days) | 1 | QL PA |
| *sucralfate* TABS 1gm | 1 | |
| *ursodiol* CAPS 300mg; TABS 250mg, 500mg | 1 | |
| VOWST CAP<br>QL (12 caps / 30 days) | 1 | QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days) | 1 | QL NM PA |
| XIFAXAN TABS 550mg | 1 | PA |
| ZENPEP CAP 3000UNIT | 1 | |
| ZENPEP CAP 5000UNIT | 1 | |
| ZENPEP CAP 10000UNT | 1 | |
| ZENPEP CAP 15000UNT | 1 | |
| ZENPEP CAP 20000UNT | 1 | |
| ZENPEP CAP 25000UNT | 1 | |
| ZENPEP CAP 40000UNT | 1 | |
| ZENPEP CAP 60000UNT | 1 | |
| ***PROTON PUMP INHIBITORS*** | | |
| *esomeprazole magnesium* CPDR 20mg, 40mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *lansoprazole* CPDR 15mg, 30mg<br>QL (60 caps / 30 days) | 1 | QL |
| *omeprazole* CPDR 10mg, 20mg, 40mg | 1 | |
| *pantoprazole sodium* SOLR 40mg; TBEC 20mg, 40mg | 1 | |
| *rabeprazole sodium* TBEC 20mg<br>QL (30 tabs / 30 days) | 1 | QL |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* TB24 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *dutasteride* CAPS .5mg<br>QL (30 caps / 30 days) | 1 | QL |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg*<br>QL (30 caps / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *finasteride* TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *tadalafil* TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *tamsulosin hcl* CAPS .4mg<br>QL (60 caps / 30 days) | 1 | QL |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | 1 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| *potassium citrate (alkalinizer)* TBCR 15meq, 540mg, 1080mg | 1 | |
| ***URINARY ANTISPASMODICS*** | | |
| *fesoterodine fumarate* TB24 4mg, 8mg<br>QL (30 tabs / 30 days) | 1 | QL |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days) | 1 | QL |
| MYRBETRIQ SRER 8mg/ml<br>QL (300 mL / 28 days) | 1 | QL |
| MYRBETRIQ TB24 25mg, 50mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* SOLN 5mg/5ml<br>QL (600 mL / 30 days) | 1 | QL |
| *oxybutynin chloride* TABS 5mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 10mg, 15mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *solifenacin succinate* TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *tolterodine tartrate* CP24 2mg, 4mg<br>QL (30 caps / 30 days) | 1 | QL ST |
| *tolterodine tartrate* TABS 1mg, 2mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *trospium chloride* TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal* CREA 2% | 1 | |
| *metronidazole vaginal* GEL .75% | 1 | |
| *terconazole vaginal* CREA .4%, .8%; SUPP 80mg | 1 | |
| **HEMATOLOGIC** ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate* CAPS 75mg, 150mg<br>QL (60 caps / 30 days) | 1 | QL |
| *dabigatran etexilate mesylate* CAPS 110mg<br>QL (120 caps / 30 days) | 1 | QL |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days) | 1 | QL |
| ELIQUIS STARTER PACK TBPK 5mg<br>QL (74 tabs / 30 days) | 1 | QL |
| *enoxaparin sodium* SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | |
| *fondaparinux sodium* SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 1 | |
| HEP SOD/NACL INJ 25000UNT | 1 | |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| *jantoven* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| *rivaroxaban* TABS 2.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml<br>QL (620 mL / 30 days) | 1 | QL |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| XARELTO TABS 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL |
| XARELTO STAR TAB 15/20MG<br>QL (51 tabs / 30 days) | 1 | QL |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days) | 1 | QL NM PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml | 1 | NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 1 | NM PA |
| ***MISCELLANEOUS*** | | |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days) | 1 | QL NM PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *anagrelide hcl* CAPS .5mg, 1mg | 1 | |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days) | 1 | QL NM PA |
| *cilostazol* TABS 50mg, 100mg | 1 | |
| DOPTELET TABS 20mg | 1 | NM PA |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days) | 1 | QL NM PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days) | 1 | QL NM PA |
| *icatibant acetate* SOSY 30mg/3ml<br>QL (9 syringes / 30 days) | 1 | QL NM PA |
| *l-glutamine (sickle cell)* PACK 5gm | 1 | NM PA |
| *pentoxifylline* TBCR 400mg | 1 | |
| *sajazir* SOSY 30mg/3ml<br>QL (9 syringes / 30 days) | 1 | QL NM PA |
| SIKLOS TABS 100mg, 1000mg | 1 | |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days) | 1 | QL NM PA |
| *tranexamic acid* SOLN 1000mg/10ml; TABS 650mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TABS 60mg, 90mg | 1 | |
| *clopidogrel bisulfate* TABS 75mg | 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg<br>PA applies if 70 years and older | 1 | PA |
| *prasugrel hcl* TABS 5mg, 10mg | 1 | |
| *ticagrelor* TABS 60mg, 90mg | 1 | |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS*** | | |
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml<br>QL (56 pens / 365 days) | 1 | QL NM PA |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml<br>QL (56 syringes / 365 days) | 1 | QL NM PA |
| ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml<br>QL (2 packs / year) | 1 | QL NM PA |
| COSENTYX SOLN 125mg/5ml | 1 | NM PA |
| COSENTYX SOSY 75mg/0.5ml<br>QL (16 syringes / 365 days) | 1 | QL NM PA |
| COSENTYX SOSY 150mg/ml<br>QL (32 syringes / 365 days) | 1 | QL NM PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml<br>QL (32 pens / 365 days) | 1 | QL NM PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml<br>QL (16 pens / 365 days) | 1 | QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days) | 1 | QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28 days) | 1 | QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ENBREL SOLN 25mg/0.5ml | 1 | QL NM PA |
| QL (16 vials / 28 days) | | |
| ENBREL SOSY 25mg/0.5ml | 1 | QL NM PA |
| QL (16 syringes / 28 days) | | |
| ENBREL SOSY 50mg/ml | 1 | QL NM PA |
| QL (8 syringes / 28 days) | | |
| ENBREL MINI SOCT 50mg/ml | 1 | QL NM PA |
| QL (8 cartridges / 28 days) | | |
| ENBREL SURECLICK SOAJ 50mg/ml | 1 | QL NM PA |
| QL (8 pens / 28 days) | | |
| HUMIRA PSKT 10mg/0.1ml | 1 | QL NM PA |
| QL (2 syringes / 28 days) | | |
| HUMIRA PSKT 20mg/0.2ml | 1 | QL NM PA |
| QL (4 syringes / 28 days) | | |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 1 | QL NM PA |
| QL (6 syringes / 28 days) | | |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml | 1 | QL NM PA |
| QL (6 pens / 28 days) | | |
| HUMIRA PEN AJKT 80mg/0.8ml | 1 | QL NM PA |
| QL (4 pens / 28 days) | | |
| HUMIRA PEN KIT PS/UV | 1 | QL NM PA |
| QL (3 pens / 28 days) | | |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml | 1 | QL NM PA |
| QL (3 pens / 28 days) | | |
| HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml | 1 | QL NM PA |
| QL (4 pens / 28 days) | | |
| IDACIO (2 PEN) AJKT 40mg/0.8ml | 1 | QL NM PA |
| QL (56 pens / 365 days) | | |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml | 1 | QL NM PA |
| QL (56 syringes / 365 days) | | |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml | 1 | QL NM PA |
| QL (2 packs / year) | | |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml | 1 | QL NM PA |
| QL (2 packs / year) | | |
| INFLIXIMAB SOLR 100mg | 1 | NM PA |
| PYZCHIVA SOLN 130mg/26ml | 1 | NM PA |
| PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml | 1 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| REMICADE SOLR 100mg | 1 | NM PA |
| RENFLEXIS SOLR 100mg | 1 | NM PA |
| RINVOQ TB24 15mg, 30mg | 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| RINVOQ TB24 45mg | 1 | QL NM PA |
| QL (168 tabs / year) | | |
| RINVOQ LQ SOLN 1mg/ml | 1 | QL NM PA |
| QL (360 mL / 30 days) | | |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | 1 | QL NM PA |
| QL (1 cartridge / 56 days) | | |
| SKYRIZI SOLN 600mg/10ml | 1 | NM PA |
| SKYRIZI SOSY 150mg/ml | 1 | QL NM PA |
| QL (6 syringes / 365 days) | | |
| SKYRIZI PEN SOAJ 150mg/ml | 1 | QL NM PA |
| QL (6 pens / 365 days) | | |
| SOTYKTU TABS 6mg | 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| STELARA SOLN 45mg/0.5ml | 1 | QL NM PA |
| QL (1 vial / 28 days) | | |
| STELARA SOLN 130mg/26ml | 1 | NM PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | 1 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| TREMFYA SOAJ 100mg/ml | 1 | QL NM PA |
| QL (1 pen / 28 days) | | |
| TREMFYA SOAJ 200mg/2ml | 1 | QL NM PA |
| QL (2 pens / 28 days) | | |
| TREMFYA SOLN 200mg/20ml | 1 | NM PA |
| TREMFYA SOSY 100mg/ml | 1 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| TREMFYA SOSY 200mg/2ml | 1 | QL NM PA |
| QL (2 syringes / 28 days) | | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days) | 1 | QL NM PA |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 1 | QL NM PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 1 | NM PA |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 1 | QL NM PA |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | 1 | QL NM PA |
| XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | 1 | QL NM PA |
| YESINTEK SOLN 130mg/26ml | 1 | NM PA |
| YESINTEK SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 1 | QL NM PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* TABS 200mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 1 | B/D |
| *leflunomide* TABS 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| *methotrexate sodium* TABS 2.5mg | 1 | |
| XATMEP SOLN 2.5mg/ml | 1 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 1 | NM PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 1 | NM PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 1 | NM PA |
| GAMASTAN INJ | 1 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 1 | NM PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 1 | NM PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 1 | NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 1 | NM PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 1 | NM PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 1 | NM PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 1 | NM PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 1 | NM PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 1 | NM PA |
| ARCALYST SOLR 220mg | 1 | NM PA |
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg | 1 | B/D |
| *azathioprine* TABS 50mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days) | 1 | QL NM PA |
| BENLYSTA SOLR 120mg, 400mg | 1 | NM PA |
| *cyclosporine* CAPS 25mg, 100mg | 1 | B/D |
| *cyclosporine modified (for microemulsion)* CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 1 | B/D |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *everolimus (immunosuppressant)* TABS .25mg, .5mg, .75mg, 1mg | 1 | B/D |
| *gengraf* CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D |
| *mycophenolate mofetil* CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 1 | B/D |
| *mycophenolate sodium* TBEC 180mg, 360mg | 1 | B/D |
| NULOJIX SOLR 250mg | 1 | B/D |
| PROGRAF PACK .2mg, 1mg | 1 | B/D |
| REZUROCK TABS 200mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | B/D |
| *tacrolimus* CAPS .5mg, 1mg, 5mg | 1 | B/D |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | NM |
| ACTHIB INJ | 1 | NM |
| ADACEL INJ | 1 | NM |
| AREXVY SUSR 120mcg/0.5ml | 1 | NM |
| BCG VACCINE SOLR 50mg | 1 | NM |
| BEXSERO SUSY .5ml | 1 | NM |
| BOOSTRIX INJ | 1 | NM |
| DAPTACEL INJ | 1 | NM |
| DENGVAXIA SUS | 1 | NM |
| DIP/TET PED INJ 25-5LFU | 1 | B/D NM |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D NM |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | 1 | NM |
| HAVRIX SUSP 1440elu/ml | 1 | NM |
| HAVRIX SUSY 720elu/0.5ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D NM |
| HIBERIX SOLR 10mcg | 1 | NM |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D NM |
| INFANRIX INJ | 1 | NM |
| IPOL INJ INACTIVE | 1 | NM |
| IXCHIQ INJ | 1 | NM |
| IXIARO INJ | 1 | NM |
| JYNNEOS SUSP .5ml | 1 | B/D NM |
| KINRIX INJ | 1 | NM |
| M-M-R II INJ | 1 | NM |
| MENACTRA INJ | 1 | NM |
| MENQUADFI SOLN .5ml | 1 | NM |
| MENVEO INJ | 1 | NM |
| MENVEO SOL | 1 | NM |
| MRESVIA SUSY 50mcg/0.5ml | 1 | NM |
| PEDIARIX INJ 0.5ML | 1 | NM |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 1 | NM |
| PENBRAYA INJ | 1 | NM |
| PENTACEL INJ | 1 | NM |
| PRIORIX INJ | 1 | NM |
| PROQUAD INJ | 1 | NM |
| QUADRACEL INJ 0.5ML | 1 | NM |
| RABAVERT INJ | 1 | B/D NM |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D NM |
| ROTARIX SUS | 1 | NM |
| ROTATEQ SOL | 1 | NM |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime) | 1 | QL NM |
| TENIVAC INJ 5-2LF | 1 | B/D NM |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | NM |
| TRUMENBA SUSY .5ml | 1 | NM |
| TWINRIX INJ | 1 | NM |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | NM |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 1 | NM |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | NM |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | NM |
| VIVOTIF CAP EC | 1 | NM |
| YF-VAX INJ | 1 | NM |
| **NUTRITIONAL/SUPPLEMENTS** ***ELECTROLYTES/MINERALS, INJECTABLE*** | | |
| D2.5W/NACL INJ 0.45% | 1 | |
| D10W/NACL INJ 0.2% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *dextrose 2.5% w/ sodium chloride 0.45%* | 1 | |
| *dextrose 5% in lactated ringers* | 1 | |
| *dextrose 5% w/ sodium chloride 0.2%* | 1 | |
| *dextrose 5% w/ sodium chloride 0.3%* | 1 | |
| *dextrose 5% w/ sodium chloride 0.9%* | 1 | |
| *dextrose 5% w/ sodium chloride 0.45%* | 1 | |
| *dextrose 5% w/ sodium chloride 0.225%* | 1 | |
| *dextrose 10% w/ sodium chloride 0.45%* | 1 | |
| ISOLYTE-P INJ /D5W | 1 | |
| ISOLYTE-S INJ PH 7.4 | 1 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj* | 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | 1 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | 1 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | 1 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* | 1 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | 1 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* | 1 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 1 | |
| *lactated ringer's solution* | 1 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 1 | |
| *magnesium sulfate* SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 1 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 1 | |
| *multiple electrolytes ph 5.5* | 1 | |
| *multiple electrolytes ph 7.4* | 1 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 1 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 1 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 1 | |
| *potassium chloride* SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | 1 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 1 | |
| TPN ELECTROL INJ | 1 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | 1 | |
| *klor-con 8* TBCR 8meq | 1 | |
| *klor-con 10* TBCR 10meq | 1 | |
| *klor-con m10* TBCR 10meq | 1 | |
| *klor-con m15* TBCR 15meq | 1 | |
| *klor-con m20* TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 1 | |
| *potassium chloride* CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq | 1 | |
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 1 | |
| PRENATAL TAB PLUS | 1 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 1 | |
| WESTAB PLUS TAB 27-1MG | 1 | |
| ***IV NUTRITION*** | | |
| CLINIMIX INJ 4.25/D5W | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| CLINIMIX INJ 4.25/D10 | 1 | B/D |
| CLINIMIX INJ 5%/D15W | 1 | B/D |
| CLINIMIX INJ 5%/D20W | 1 | B/D |
| CLINIMIX INJ 6/5 | 1 | B/D |
| CLINIMIX INJ 8/10 | 1 | B/D |
| CLINIMIX INJ 8/14 | 1 | B/D |
| *clinisol sf 15%* | 1 | B/D |
| CLINOLIPID EMU 20% | 1 | B/D |
| *dextrose* SOLN 5%, 10% | 1 | |
| *dextrose* SOLN 50%, 70% | 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 1 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 1 | B/D |
| *plenamine* | 1 | B/D |
| PREMASOL SOL 10% | 1 | B/D |
| PROSOL INJ 20% | 1 | B/D |
| TRAVASOL INJ 10% | 1 | B/D |
| TROPHAMINE INJ 10% | 1 | B/D |
| **OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *neo-polycin hc ophth oint 1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 1 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ZYLET SUS 0.5-0.3% | 1 | |
| ***ANTI-INFECTIVES*** | | |
| *bacitracin (ophthalmic)* OINT 500unit/gm | 1 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| BESIVANCE SUSP .6% | 1 | |
| CILOXAN OINT .3% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *ciprofloxacin hcl (ophth)* SOLN .3% | 1 | |
| *erythromycin (ophth)* OINT 5mg/gm | 1 | |
| *gatifloxacin (ophth)* SOLN .5% | 1 | |
| *gentamicin sulfate (ophth)* SOLN .3% | 1 | |
| *moxifloxacin hcl (ophth)* SOLN .5% QL (12 mL / 30 days) | 1 | QL |
| NATACYN SUSP 5% | 1 | |
| *neo-polycin 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| *ofloxacin (ophth)* SOLN .3% | 1 | |
| *polycin ophth oint* | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth)* OINT 10%; SOLN 10% | 1 | |
| *tobramycin (ophth)* SOLN .3% | 1 | |
| *trifluridine* SOLN 1% | 1 | |
| XDEMVY SOLN .25% | 1 | NM PA |
| ZIRGAN GEL .15% | 1 | |
| ***ANTI-INFLAMMATORIES*** | | |
| *bromfenac sodium (ophth)* SOLN .07%, .075% | 1 | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | 1 | |
| *diclofenac sodium (ophth)* SOLN .1% | 1 | |
| *difluprednate* EMUL .05% | 1 | |
| FLAREX SUSP .1% | 1 | |
| *fluorometholone (ophth)* SUSP .1% | 1 | |
| *flurbiprofen sodium* SOLN .03% | 1 | |
| *ketorolac tromethamine (ophth)* SOLN .4%, .5% | 1 | |
| LOTEMAX OINT .5% | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *loteprednol etabonate* SUSP .2% | 1 | |
| *prednisolone acetate (ophth)* SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 1 | |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | 1 | |
| *cromolyn sodium (ophth)* SOLN 4% | 1 | |
| ZERVIATE SOLN .24% | 1 | |
| ***ANTIGLAUCOMA*** | | |
| *betaxolol hcl (ophth)* SOLN .5% | 1 | |
| BETOPTIC-S SUSP .25% | 1 | |
| *brimonidine tartrate* SOLN .15%, .2% | 1 | |
| *brinzolamide* SUSP 1% | 1 | |
| *carteolol hcl (ophth)* SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 1 | |
| *dorzolamide hcl* SOLN 2% | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 1 | |
| *latanoprost* SOLN .005% | 1 | |
| *levobunolol hcl* SOLN .5% | 1 | |
| LUMIGAN SOLN .01% | 1 | |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | 1 | |
| RHOPRESSA SOLN .02% | 1 | |
| ROCKLATAN DRO | 1 | |
| SIMBRINZA SUS 1-0.2% | 1 | |
| *timolol maleate (ophth)* SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| VYZULTA SOLN .024% | 1 | |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 1 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | 1 | |
| CYSTADROPS SOLN .37% | 1 | NM PA |
| CYSTARAN SOLN .44% | 1 | NM PA |
| EYSUVIS SUSP .25% | 1 | |
| MIEBO SOLN 1.338gm/ml | 1 | |
| *proparacaine hcl* SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 1 | |
| RESTASIS MULTIDOSE EMUL .05% | 1 | |
| XIIDRA SOLN 5% | 1 | |
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *flac* OIL .01% | 1 | |
| *fluocinolone acetonide (otic)* OIL .01% | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic)* SOLN .3% | 1 | |
| **RESPIRATORY** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days) | 1 | QL |
| BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days) | 1 | QL |
| BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days) | 1 | QL |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days) | 1 | QL |
| COMBIVENT AER 20-100 QL (2 inhalers / 30 days) | 1 | QL |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days) | 1 | QL |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ***ANTICHOLINERGICS*** | | |
| ATROVENT HFA AERS 17mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh<br>QL (30 blisters / 30 days) | 1 | QL |
| *ipratropium bromide* SOLN .02% | 1 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | 1 | |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* SOLN .1% | 1 | |
| *cetirizine hcl* SOLN 5mg/5ml<br>QL (300 mL / 30 days) | 1 | QL |
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | PA |
| *diphenhydramine hcl* SOLN 50mg/ml | 1 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml<br>PA applies if 70 years and older | 1 | PA |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | PA |
| *hydroxyzine pamoate* CAPS 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 1 | PA |
| *levocetirizine dihydrochloride* SOLN 2.5mg/5ml<br>QL (300 mL / 30 days) | 1 | QL |
| *levocetirizine dihydrochloride* TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA) | 1 | QL |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | 1 | QL |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA) | 1 | QL |
| *albuterol sulfate* NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| *albuterol sulfate* SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |
| *levalbuterol hcl* NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| *levalbuterol tartrate* AERO 45mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL ST |
| SEREVENT DISKUS AEPB 50mcg/dose<br>QL (60 inhalations / 30 days) | 1 | QL |
| *terbutaline sulfate* TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act<br>QL (6 inhalers / 30 days) | 1 | QL |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| *zafirlukast* TABS 10mg, 20mg | 1 | |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 1 | B/D |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days) | 1 | QL NM PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days) | 1 | QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg | 1 | NM PA |
| BRONCHITOL CAPS 40mg<br>QL (560 caps / 28 days) | 1 | QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *cromolyn sodium* NEBU 20mg/2ml | 1 | B/D |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen) | 1 | |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | 1 | |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days) | 1 | QL NM PA |
| FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days) | 1 | QL NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days) | 1 | QL NM PA |
| KALYDECO TABS 150mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| OFEV CAPS 100mg, 150mg QL (60 caps / 30 days) | 1 | QL NM PA |
| ORKAMBI GRA 75-94MG QL (56 packets / 28 days) | 1 | QL NM PA |
| ORKAMBI GRA 100-125 QL (56 packets / 28 days) | 1 | QL NM PA |
| ORKAMBI GRA 150-188 QL (56 packets / 28 days) | 1 | QL NM PA |
| ORKAMBI TAB 100-125 QL (112 tabs / 28 days) | 1 | QL NM PA |
| ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | 1 | QL NM PA |
| *pirfenidone* CAPS 267mg QL (270 caps / 30 days) | 1 | QL NM PA |
| *pirfenidone* TABS 267mg QL (270 tabs / 30 days) | 1 | QL NM PA |
| *pirfenidone* TABS 534mg, 801mg QL (90 tabs / 30 days) | 1 | QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml | 1 | NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 1 | NM PA |
| *roflumilast* TABS 250mcg QL (56 tabs / year) | 1 | QL |
| *roflumilast* TABS 500mcg QL (30 tabs / 30 days) | 1 | QL |
| SYMDEKO TAB 50-75MG QL (56 tabs / 28 days) | 1 | QL NM PA |
| SYMDEKO TAB 100-150 QL (56 tabs / 28 days) | 1 | QL NM PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 1 | |
| *theophylline* ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1 | |
| TRIKAFTA PAK 59.5MG QL (56 packs / 28 days) | 1 | QL NM PA |
| TRIKAFTA PAK 75MG QL (56 packs / 28 days) | 1 | QL NM PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days) | 1 | QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days) | 1 | QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days) | 1 | QL NM PA |
| XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days) | 1 | QL NM PA |
| XOLAIR SOLR 150mg QL (8 vials / 28 days) | 1 | QL NM PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | 1 | QL NM PA |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | 1 | QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 1 | NM PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% QL (3 bottles / 30 days) | 1 | QL |
| *fluticasone propionate (nasal)* SUSP 50mcg/act QL (1 bottle / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days) | 1 | QL PA |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days) | 1 | QL |
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days) | 1 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act<br>QL (30 inhalations / 30 days) | 1 | QL |
| *budesonide (inhalation)* SUSP .25mg/2ml, .5mg/2ml | 1 | B/D |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days) | 1 | QL |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days) | 1 | QL |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days) | 1 | QL |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days) | 1 | QL |
| BREO ELLIPTA INH 50-25MCG<br>QL (60 blisters / 30 days) | 1 | QL |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days) | 1 | QL |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days) | 1 | QL |
| *breyna*<br>QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act*<br>QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act*<br>QL (3 inhalers / 30 days) | 1 | QL |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days) | 1 | QL |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days) | 1 | QL |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act*<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act*<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act*<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1 | QL |
| *wixela inhub*<br>QL (60 inhalations / 30 days) | 1 | QL |
| **TOPICAL** ***DERMATOLOGY, ACNE*** | | |
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *benzoyl peroxide-erythromycin gel 5-3%*<br>QL (46.6 gm / 30 days) | 1 | QL |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *clindamycin phosphate (topical)* GEL 1%<br>QL (75 mL / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* LOTN 1%; SOLN 1%<br>QL (60 mL / 30 days) | 1 | QL |
| *ery* PADS 2%<br>QL (60 pledgets / 30 days) | 1 | QL |
| *erythromycin (acne aid)* GEL 2%<br>QL (60 gm / 30 days) | 1 | QL |
| *erythromycin (acne aid)* SOLN 2%<br>QL (60 mL / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *isotretinoin* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *sulfacetamide sodium (acne)* LOTN 10%<br>QL (118 mL / 30 days) | 1 | QL |
| *tretinoin* CREA .025%, .05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days) | 1 | QL PA |
| *twice-daily clindamycin phosphate (topical)* GEL 1%<br>QL (75 gm / 30 days) | 1 | QL |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1%<br>QL (30 gm / 30 days) | 1 | QL |
| *mupirocin* OINT 2%<br>QL (220 gm / 30 days) | 1 | QL |
| *silver sulfadiazine* CREA 1% | 1 | |
| *ssd* CREA 1% | 1 | |
| SULFAMYLON CREA 85mg/gm<br>QL (453.6 gm / 30 days) | 1 | QL |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox* SHAM 1%<br>QL (120 mL / 30 days) | 1 | QL |
| *ciclopirox olamine* CREA .77%<br>QL (90 gm / 30 days) | 1 | QL |
| *ciclopirox olamine* SUSP .77%<br>QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole (topical)* CREA 1%<br>QL (45 gm / 30 days) | 1 | QL |
| *clotrimazole (topical)* SOLN 1%<br>QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole w/ betamethasone cream 1-0.05%*<br>QL (45 gm / 30 days) | 1 | QL |
| *econazole nitrate* CREA 1%<br>QL (85 gm / 30 days) | 1 | QL |
| *ketoconazole (topical)* CREA 2%<br>QL (60 gm / 30 days) | 1 | QL |
| *ketoconazole (topical)* SHAM 2%<br>QL (120 mL / 30 days) | 1 | QL |
| *klayesta* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *nyamyc* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days) | 1 | QL |
| *nystatin (topical)* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *nystop* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *selenium sulfide* LOTN 2.5% | 1 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | 1 | PA |
| *calcipotriene* CREA .005%; OINT .005%<br>QL (120 gm / 30 days) | 1 | QL PA |
| *calcipotriene* SOLN .005%<br>QL (120 mL / 30 days) | 1 | QL PA |
| *calcitrene* OINT .005%<br>QL (120 gm / 30 days) | 1 | QL PA |
| ENSTILAR AER<br>QL (120 gm / 30 days) | 1 | QL PA |
| *tazarotene* CREA .05%, .1%<br>QL (60 gm / 30 days) | 1 | QL PA |
| TAZORAC CREA .05%<br>QL (60 gm / 30 days) | 1 | QL PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* CREA 1% | 1 | |
| *alclometasone dipropionate* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate (topical)* CREA .05%; OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate (topical)* LOTN .05%<br>QL (120 mL / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *betamethasone dipropionate augmented* CREA .05%; GEL .05%; OINT .05% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *betamethasone dipropionate augmented* LOTN .05% | 1 | QL |
| QL (120 mL / 30 days) | | |
| *betamethasone valerate* CREA .1%; OINT .1% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *betamethasone valerate* LOTN .1% | 1 | QL |
| QL (120 mL / 30 days) | | |
| *clobetasol propionate* CREA .05%; GEL .05%; OINT .05% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *clobetasol propionate* SOLN .05% | 1 | QL |
| QL (50 mL / 30 days) | | |
| *clobetasol propionate e* CREA .05% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *fluocinolone acetonide* CREA .01% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *fluocinolone acetonide* CREA .025%; OINT .025% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *fluocinolone acetonide* OIL .01% | 1 | QL |
| QL (118.28 mL / 30 days) | | |
| *fluocinolone acetonide* SOLN .01% | 1 | QL |
| QL (60 mL / 30 days) | | |
| *fluocinonide* CREA .05% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *fluocinonide* GEL .05%; OINT .05% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *fluocinonide* SOLN .05% | 1 | QL |
| QL (60 mL / 30 days) | | |
| *fluocinonide emulsified base* CREA .05% | 1 | QL |
| QL (120 gm / 30 days) | | |
| *fluticasone propionate* CREA .05%; OINT .005% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *halobetasol propionate* CREA .05%; OINT .05% | 1 | QL |
| QL (50 gm / 30 days) | | |
| *hydrocortisone (topical)* CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| *hydrocortisone (topical)* OINT 1% | 1 | QL |
| QL (30 gm / 30 days) | | |
| *hydrocortisone valerate* CREA .2% | 1 | QL |
| QL (60 gm / 30 days) | | |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | 1 | |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5% | 1 | QL |
| QL (454 gm / 30 days) | | |
| *triamcinolone acetonide (topical)* LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| *triderm* CREA .5% | 1 | QL |
| QL (454 gm / 30 days) | | |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *glydo* PRSY 2% | 1 | QL PA |
| QL (60 mL / 30 days) | | |
| *lidocaine* OINT 5% | 1 | QL PA |
| QL (50 gm / 30 days) | | |
| *lidocaine* PTCH 5% | 1 | QL PA |
| QL (3 patches / 1 day) | | |
| *lidocaine hcl* SOLN 4% | 1 | QL PA |
| QL (50 mL / 30 days) | | |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | B/D QL |
| QL (30 gm / 30 days) | | |
| *lidocan* PTCH 5% | 1 | QL PA |
| QL (3 patches / 1 day) | | |
| *tridacaine ii* PTCH 5% | 1 | QL PA |
| QL (3 patches / 1 day) | | |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *bexarotene (topical)* GEL 1% | 1 | QL NM PA |
| QL (60 gm / 30 days) | | |
| *diclofenac sodium (topical)* SOLN 1.5% | 1 | QL |
| QL (300 mL / 28 days) | | |
| *fluorouracil (topical)* CREA 5% | 1 | QL |
| QL (40 gm / 30 days) | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *fluorouracil (topical)* SOLN 2%, 5% QL (10 mL / 30 days) | 1 | QL |
| *hydrocortisone (rectal)* CREA 1%, 2.5% | 1 | |
| *imiquimod* CREA 5% QL (24 packets / 30 days) | 1 | QL |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | 1 | |
| *metronidazole (topical)* CREA .75%; GEL .75% QL (45 gm / 30 days) | 1 | QL |
| *metronidazole (topical)* LOTN .75% QL (59 mL / 30 days) | 1 | QL |
| *nitroglycerin (intra-anal)* OINT .4% QL (30 gm / 30 days) | 1 | QL |
| PANRETIN GEL .1% QL (60 gm / 30 days) | 1 | QL PA |
| *pimecrolimus* CREA 1% QL (100 gm / 30 days) | 1 | QL PA |
| *podofilox* SOLN .5% QL (7 mL / 28 days) | 1 | QL |
| *procto-med hc* CREA 2.5% | 1 | |
| *proctocort* CREA 1% | 1 | |
| *proctosol hc* CREA 2.5% | 1 | |
| *proctozone-hc* CREA 2.5% | 1 | |
| *tacrolimus (topical)* OINT .03%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | 1 | QL NM PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *malathion* LOTN .5% QL (59 mL / 30 days) | 1 | QL |
| *permethrin* CREA 5% QL (60 gm / 30 days) | 1 | QL |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| REGRANEX GEL .01% QL (30 gm / 30 days) | 1 | QL PA |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | 1 | QL |
| *sodium chloride (gu irrigant)* SOLN .9% | 1 | |
| *water for irrigation, sterile irrigation soln* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* CAPS 30mg | 1 | |
| *chlorhexidine gluconate (mouth-throat)* SOLN .12% | 1 | |
| *clotrimazole* TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |
| *kourzeq* PSTE .1% | 1 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | 1 | |
| *nystatin (mouth-throat)* SUSP 100000unit/ml | 1 | |
| *periogard* SOLN .12% | 1 | |
| *pilocarpine hcl (oral)* TABS 5mg, 7.5mg | 1 | |
| *triamcinolone acetonide (mouth)* PSTE .1% | 1 | |

## D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

## Index

# 2025 List of Covered Drugs for Dual Care Supplemental Medicaid Formulary

## Effective 09/01/2025

As an HMSA Akamai Advantage Dual Care member, you are also enrolled in a QUEST (Medicaid) plan to provide coverage of products that are typically not covered by Medicare. The supplemental section lists additional drugs that are covered under your QUEST (Medicaid) plan.

## Abbreviations used in this formulary

| TERM | DEFINITION |
|---|---|
| AGE | Age Limit |
| Lowercase | Indicates generic drug |
| OB7 | Initial prescriptions for opioids and benzodiazepines being filled concurrently will be limited to a 7-day supply. |
| OTC | Over the Counter |
| PA | Prior Authorization |
| QL | Quantity Limit |
| SP | Specialty Drug |
| ST | Step Therapy |
| UPPERCASE | Indicates brand name drug |
| + | Indicated both the generic is covered as well as the brand-name product equivalent, with dispense as written code 1 (DAW 1). This includes State-mandated drug classes (HIV and AIDS, Antidepressants, Antipsychotics, Antianxiety Agents, and Immunosuppressants). |

## Drug coverage information

The status of a drug on this list is current as of the date of this publication.

The list serves as a guide to product selection for our providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

| Drug Name | Requirements/Limits |
|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | |
| ***ANTI-OBESITY AGENTS*** | |
| WEGOVY INJ 0.25MG | PA; Not covered for obesity |
| WEGOVY INJ 0.5MG | PA; Not covered for obesity |
| WEGOVY INJ 1.7MG | PA; Not covered for obesity |
| WEGOVY INJ 1 MG | PA; Not covered for obesity |
| WEGOVY INJ 2.4MG | PA; Not covered for obesity |
| **ANALGESICS - ANTI-INFLAMMATORY** | |
| ***NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | |
| *flurbiprofen tab 50 mg* | |
| *ibuprofen cap 200 mg* | OTC |
| *ibuprofen chew tab 100 mg* | OTC |
| *ibuprofen susp 40 mg/ml* | OTC |
| *ibuprofen tab 100 mg* | OTC |
| *ibuprofen tab 200 mg* | OTC |
| *naproxen sodium cap 220 mg* | OTC |
| *naproxen sodium tab 220 mg* | OTC |
| **ANALGESICS - NONNARCOTIC** | |
| ***ANALGESICS OTHER*** | |
| *acetaminophen cap 500 mg* | OTC |
| *acetaminophen chew tab 80 mg* | OTC |
| *acetaminophen chew tab 160 mg* | OTC |
| *acetaminophen disintegrating tab 80 mg* | OTC |
| *acetaminophen disintegrating tab 160 mg* | OTC |
| *acetaminophen elixir 160 mg/5ml* | OTC |
| *acetaminophen liquid 160 mg/5ml* | OTC |
| *acetaminophen liquid 167 mg/5ml* | OTC |
| *acetaminophen soln 160 mg/5ml* | OTC |
| *acetaminophen suppos 120 mg* | OTC |
| *acetaminophen suppos 650 mg* | OTC |
| *acetaminophen susp 160 mg/5ml* | OTC |
| *acetaminophen tab 325 mg* | OTC |
| *acetaminophen tab 500 mg* | OTC |
| *acetaminophen tab er 650 mg* | OTC |
| FEVERALL INF SUP 80MG | OTC |
| FEVERALL SUP 325MG | OTC |
| ***SALICYLATES*** | |
| *aspirin chew tab 81 mg* | OTC |
| *aspirin tab 325 mg* | OTC |
| *aspirin tab 500 mg* | OTC |
| *aspirin tab delayed release 81 mg* | OTC |
| *aspirin tab delayed release 325 mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| **ANTACIDS** | |
| ***ANTACID COMBINATIONS*** | |
| *alum & mag hydroxide-simethicone chew tab 200-200-25 mg* | OTC |
| *alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml* | OTC |
| *alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml* | OTC |
| *aluminum hydroxide-magnesium carbonate chew tab 160-105 mg* | OTC |
| *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* | OTC |
| *aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml* | OTC |
| *calcium carbonate-mag hydroxide susp 400-135 mg/5ml* | OTC |
| FOAM ANTACID CHW 80-20MG | OTC |
| ***ANTACIDS - BICARBONATE*** | |
| *sodium bicarbonate tab 325 mg* | OTC |
| *sodium bicarbonate tab 650 mg* | OTC |
| ***ANTACIDS - CALCIUM SALTS*** | |
| ANTACID CHW 1177MG | OTC |
| ANTACID SOFT CHW 1177MG | OTC |
| CALCIUM CARB TAB 648MG | OTC |
| *calcium carbonate (antacid) chew tab 400 mg* | OTC |
| *calcium carbonate (antacid) chew tab 420 mg* | OTC |
| *calcium carbonate (antacid) chew tab 500 mg* | OTC |
| *calcium carbonate (antacid) chew tab 750 mg* | OTC |
| *calcium carbonate (antacid) chew tab 1000 mg* | OTC |
| *calcium carbonate (antacid) susp 1250 mg/5ml* | OTC |
| CVS ANTACID CHW 1177MG | OTC |
| MAALOX CHW 600MG | OTC |
| TUMS CHW DEL CHW 1177MG | OTC |
| ***ANTACIDS - MAGNESIUM SALTS*** | |
| *magnesium oxide tab 250 mg* | OTC |
| *magnesium oxide tab 400 mg* | OTC |
| *magnesium oxide tab 420 mg* | OTC |
| **ANTHELMINTICS** | |
| ***ANTHELMINTICS*** | |
| *pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)* | OTC |
| **ANTIANGINAL AGENTS** | |
| ***NITRATES*** | |
| *nitroglycerin cap er 2.5 mg* | |
| *nitroglycerin cap er 6.5 mg* | |
| *nitroglycerin cap er 9 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| **ANTIANXIETY AGENTS** | |
| ***ANTIANXIETY AGENTS - MISC.*** | |
| DROPERIDOL POW | |
| DROPERIDOL SOL NACL | |
| HYDROXYZINE POW PAMOATE | |
| ***BENZODIAZEPINES*** | |
| DIAZEPAM INJ 10MG/2ML | OB7 |
| **ANTIARRHYTHMICS** | |
| ***ANTIARRHYTHMICS TYPE I-A*** | |
| PROCAINAMIDE POW | |
| **ANTICONVULSANTS** | |
| ***ANTICONVULSANTS - MISC.*** | |
| CARBAMAZEPIN POW | |
| ELEPSIA XR TAB 1000MG | |
| ELEPSIA XR TAB 1500MG | |
| FANATREX SUS 25MG/ML | |
| GABAPENTIN TAB TINYTABS | |
| LEVETIR/NACL SOL 250/50ML | |
| ***HYDANTOINS*** | |
| PHENYTOIN POW SODIUM | |
| ***SEROTONIN MODULATORS*** | |
| TRAZODONE POW | |
| VIIBRYD KIT STARTER | |
| ***TRICYCLIC AGENTS*** | |
| DESIPRAMINE POW | |
| IMIPRAMINE POW HCL | |
| NORTRIPTYLIN POW HCL | |
| TRIMIPRAMINE POW MALEATE | |
| **ANTIDIABETICS** | |
| ***INSULIN*** | |
| HUMALOG MIX INJ 50/50 | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS** | |
| ***ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** | |
| *bismuth subsalicylate chew tab 262 mg* | OTC |
| *bismuth subsalicylate susp 262 mg/15ml* | OTC |
| *bismuth subsalicylate susp 525 mg/15ml* | OTC |
| *bismuth subsalicylate tab 262 mg* | OTC |
| ***ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** | |
| *loperamide-simethicone tab 2-125 mg* | OTC |
| ***ANTIPERISTALTIC AGENTS*** | |
| *loperamide hcl tab 2 mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | |
| ***OPIOID ANTAGONISTS*** | |
| *RIVIVE SPR 3/0.1ML* | QL (2 units/30 days), OTC |
| **ANTIHISTAMINES** | |
| ***ANTIHISTAMINES - ALKYLAMINES*** | |
| *chlorpheniramine maleate syrup 2 mg/5ml* | OTC |
| *chlorpheniramine maleate tab 4 mg* | OTC |
| *chlorpheniramine maleate tab er 12 mg* | OTC |
| ***ANTIHISTAMINES - ETHANOLAMINES*** | |
| *clemastine fumarate tab 1.34 mg (1 mg base equiv)* | OTC |
| *diphenhydramine hcl chew tab 12.5 mg* | OTC |
| *diphenhydramine hcl liquid 12.5 mg/5ml* | OTC |
| *diphenhydramine hcl tab 25 mg* | OTC |
| *diphenhydramine hcl tab disint 12.5 mg* | OTC |
| ***ANTIHISTAMINES - NON-SEDATING*** | |
| ALLEGRA ALRG TAB 30MG | OTC |
| *cetirizine hcl cap 10 mg* | OTC |
| *cetirizine hcl orally disintegrating tab 10 mg* | OTC |
| *fexofenadine hcl susp 30 mg/5ml (6 mg/ml)* | OTC |
| *loratadine cap 10 mg* | OTC |
| *loratadine chew tab 5 mg* | OTC |
| *loratadine oral soln 5 mg/5ml* | OTC |
| *loratadine orally disintegrating tab 5 mg* | OTC |
| *loratadine rapidly-disintegrating tab 10 mg* | OTC |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | |
| ***ALKYLATING AGENTS*** | |
| MYLERAN TAB 2MG | |
| *temozolomide cap 5 mg* | SP, PA |
| *temozolomide cap 20 mg* | SP, PA |
| *temozolomide cap 100 mg* | SP, PA |
| *temozolomide cap 140 mg* | SP, PA |
| *temozolomide cap 180 mg* | SP, PA |
| *temozolomide cap 250 mg* | SP, PA |
| ***ANTIMETABOLITES*** | |
| *capecitabine tab 150 mg* | SP, PA |
| *capecitabine tab 500* | SP, PA |
| ***MITOTIC INHIBITORS*** | |
| *etoposide cap 50 mg* | SP |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | |
| ***ANTIMANIC AGENTS*** | |
| LITHIUM CARB POW | |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTIPSYCHOTICS - MISC.*** | |
| ***BENZISOXAZOLES*** | |
| RYKINDO INJ 25MG | |
| RYKINDO INJ 37.5MG | |
| RYKINDO INJ 50MG | |
| ***DIBENZAPINES*** | |
| ADASUVE INH 10MG | |
| ***PHENOTHIAZINES*** | |
| PROCHLORPER POW MALEATE | |
| **ANTISEPTICS & DISINFECTANTS** | |
| ***ANTISEPTIC COMBINATIONS*** | |
| IV PREP WIPE PAD | OTC |
| MICROCLENS PAD WIPES | OTC |
| UNI-SOLVE PAD WIPES | OTC |
| ***IODINE ANTISEPTICS*** | |
| *povidone-iodine soln 10%* | OTC |
| **ANTIVIRALS** | |
| ***ANTIRETROVIRALS*** | |
| *nevirapine tab er 24hr 100 mg* | SP |
| NORVIR SOL 80MG/ML | SP |
| *stavudine cap 15 mg* | SP |
| *stavudine cap 20 mg* | SP |
| *stavudine cap 30 mg* | SP |
| *stavudine cap 40 mg* | SP |
| **CONTRACEPTIVES** | |
| ***COMBINATION CONTRACEPTIVES - TRANSDERMAL*** | |
| TWIRLA DIS 120-30 | |
| ***EMERGENCY CONTRACEPTIVES*** | |
| ELLA TAB 30MG | QL (3 tabs/90 days) |
| ***PROGESTIN CONTRACEPTIVES - ORAL*** | |
| OPILL TAB 0.075MG | OTC |
| **COUGH/COLD/ALLERGY** | |
| ***ANTITUSSIVES*** | |
| *benzonatate cap 100 mg* | |
| *benzonatate cap 200 mg* | |
| ***COUGH/COLD/ALLERGY COMBINATIONS*** | |
| *brompheniramine & pseudoephedrine elixir 1-15 mg/5ml* | OTC |
| *dextromethorphan-guaifenesin liquid 5-100 mg/5ml* | OTC |
| *dextromethorphan-guaifenesin liquid 10-100 mg/5ml* | OTC |
| *dextromethorphan-guaifenesin liquid 10-200 mg/5ml* | OTC |
| *dextromethorphan-guaifenesin liquid 30-200 mg/5ml* | OTC |
| *dextromethorphan-guaifenesin syrup 10-100 mg/5ml* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *dextromethorphan-guaifenesin tab er 12hr 30-600 mg* | OTC |
| *dextromethorphan-guaifenesin tab er 12hr 60-1200 mg* | OTC |
| *fexofenadine-pseudoephedrine tab er 24hr 180-240 mg* | OTC |
| *guaifenesin-codeine soln 100-10 mg/5ml* | QL (60 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over) |
| M-CLEAR WC LIQ 100-6.33 | QL (30 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over) |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | QL (30 mL/day (7 day max per month)), AGE; (Covered for ages 18 and over) |
| *promethazine-dm syrup 6.25-15 mg/5ml* | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | |
| *pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml* | OTC |
| *pseudoephedrine-guaifenesin tab er 12hr 60-600 mg* | OTC |
| *pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg* | OTC |
| ***EXPECTORANTS*** | |
| EXPECT CHILD LIQ 200M/5ML | OTC |
| GILTUSS EX LIQ MAX STR | OTC |
| *guaifenesin liquid 100 mg/5ml* | OTC |
| *guaifenesin tab 200 mg* | OTC |
| *guaifenesin tab 400 mg* | OTC |
| *guaifenesin tab er 12hr 600 mg* | OTC |
| *guaifenesin tab er 12hr 1200 mg* | OTC |
| *potassium iodide oral soln 1 gm/ml* | |
| ***MISC. RESPIRATORY INHALANTS*** | |
| *sodium chloride soln nebu 3%* | |
| *sodium chloride soln nebu 7%* | |
| *sodium chloride soln nebu 10%* | |
| **DERMATOLOGICALS** | |
| ***ACNE PRODUCTS*** | |
| *benzoyl peroxide cream 2.5%* | OTC |
| *benzoyl peroxide cream 10%* | OTC |
| *benzoyl peroxide gel 2.5%* | OTC |
| *benzoyl peroxide gel 10%* | OTC |
| *benzoyl peroxide liq 2.5%* | OTC |
| *benzoyl peroxide liq 5%* | OTC |
| *benzoyl peroxide liq 10%* | OTC |
| ***ANTIBIOTICS - TOPICAL*** | |
| *bacitracin oint 500 unit/gm* | OTC |
| *bacitracin zinc oint 500 unit/gm* | OTC |
| *bacitracin-polymyxin b oint* | OTC |
| *neomycin-bacitracin-polymyxin oint* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTIFUNGALS - TOPICAL*** | |
| *miconazole nitrate cream 2%* | OTC |
| *miconazole nitrate ointment 2%* | OTC |
| *miconazole nitrate powder 2%* | OTC |
| *tolnaftate aerosol pow 1%* | OTC |
| *tolnaftate cream 1%* | OTC |
| *tolnaftate soln 1%* | OTC |
| ***ANTISEBORRHEIC PRODUCTS*** | |
| *selenium sulfide lotion 1%* | OTC |
| ***ANTIVIRALS - TOPICAL*** | |
| *docosanol cream 10%* | OTC |
| ***CORTICOSTEROIDS - TOPICAL*** | |
| *hydrocortisone acetate cream 1%* | OTC |
| *hydrocortisone cream 0.5%* | OTC |
| *hydrocortisone gel 1%* | OTC |
| *hydrocortisone lotion 1%* | OTC |
| *hydrocortisone oint 0.5%* | OTC |
| *hydrocortisone soln 1%* | OTC |
| ***LOCAL ANESTHETICS - TOPICAL*** | |
| *capsaicin cream 0.1%* | QL (120 grams/30 days), OTC |
| *capsaicin cream 0.025%* | QL (120 mL/30 days), OTC |
| *capsaicin cream 0.075%* | QL (120 grams/30 days), OTC |
| CAPSAICIN LIQ 0.15% | QL (30 mL/30 days), OTC |
| CAPZASIN GEL RELIEF | QL (42.5 grams/30 days), OTC |
| CAPZASIN LIQ 0.15% | QL (30 mL/30 days), OTC |
| CAPZASIN-P CRE 0.035% | QL (120 grams/30 days), OTC |
| CASTIVA LOT | QL (120 grams/30 days), OTC |
| *lidocaine patch 4%* | QL (30 patches/30 days), OTC |
| *lidocaine-prilocaine cream kit 2.5-2.5%* | |
| QC CAPSAICIN LIQ 0.15% | QL (30 mL/30 days), OTC |
| ZOSTRIX NAT CRE 0.033% | QL (120 grams/30 days), OTC |
| ***MISC. TOPICAL*** | |
| CALAMINE LOT | OTC |
| CALAMINE LOT 8-8% | OTC |
| DRYSOL SOL 20% | |
| GNP CALAMINE LOT 8-8% | OTC |
| HM CALAMINE LOT 8-8% | OTC |
| PX CALAMINE LOT | OTC |
| SM CALAMINE LOT | OTC |
| ***SCABICIDES & PEDICULICIDES*** | |
| *ivermectin lotion 0.5%* | OTC |
| *permethrin aerosol 0.5%* | OTC |
| *permethrin creme rinse 1%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| **DIAGNOSTIC PRODUCTS** | |
| ***DIAGNOSTIC TESTS*** | |
| ALBUSTIX TES | OTC |
| CHEMSTRIP 2 TES GP | QL (100 strips/30 days), OTC |
| CHEMSTRIP 5 TES OB | QL (100 strips/30 days), OTC |
| CHEMSTRIP 9 TES STRIPS | QL (100 strips/30 days), OTC |
| CHEMSTRIP 10 TES MD | QL (100 strips/30 days), OTC |
| CHEMSTRIP TES -10 SG | QL (100 strips/30 days), OTC |
| CHEMSTRIP TES UGK | QL (100 strips/30 days), OTC |
| CHEMSTRIP K TES | |
| CVS KETONE TES CARE | QL (100 strips/30 days), OTC |
| KETONE TES | |
| DIASTIX TES STRIPS | |
| FREESTYLE TES | OTC |
| FREESTYLE TES INSULINX | OTC |
| FREESTYLE TES LITE | OTC |
| FREESTYLE TES PREC NEO | OTC |
| MULTISTIX 10 TES SG | QL (100 strips/30 days), OTC |
| ONETOUCH TES ULTRA | OTC |
| ONETOUCH TES VERIO | OTC |
| PRECISION TES XTRA | OTC |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | |
| ***ADRENAL STEROID INHIBITORS*** | |
| ISTURISA TAB 10MG | SP, PA |
| **GASTROINTESTINAL AGENTS - MISC.** | |
| ***ANTIFLATULENTS*** | |
| GAS-X CHILD MIS 40MG | OTC |
| *simethicone cap 125 mg* | OTC |
| *simethicone cap 180 mg* | OTC |
| *simethicone chew tab 80 mg* | OTC |
| *simethicone chew tab 125 mg* | OTC |
| *simethicone liquid 40 mg/0.6ml* | OTC |
| *simethicone susp 40 mg/0.6ml* | OTC |
| **GENITOURINARY AGENTS - MISCELLANEOUS** | |
| ***ACIDIFIERS*** | |
| K-PHOS TAB NO 2 | |
| ***ALKALINIZERS*** | |
| *potassium citrate & citric acid powder pack 3300-1002 mg* | |
| ***URINARY ANALGESICS*** | |
| *phenazopyridine hcl tab 100 mg* | |
| *phenazopyridine hcl tab 200 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| **HEMATOPOIETIC AGENTS** | |
| ***COBALAMINS*** | |
| *cyanocobalamin inj 1000 mcg/ml* | |
| *cyanocobalamin nasal spray 500 mcg/0.1ml* | |
| ***FOLIC ACID/FOLATES*** | |
| *folic acid tab 1 mg* | |
| *folic acid tab 400 mcg* | OTC |
| *folic acid tab 800 mcg* | OTC |
| ***HEMATOPOIETIC MIXTURES*** | |
| *fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap* | |
| *fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg* | |
| *fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg* | |
| *fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg* | OTC |
| *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg* | |
| *ferrous fumarate-folic acid tab 324-1 mg* | |
| *folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg* | OTC |
| *folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg* | |
| *folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg* | |
| *folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg* | |
| *iron combination cap* | |
| *iron combination cap* | OTC |
| *iron polysacch complex-vit b12-fa cap 150-0.025-1 mg* | |
| *iron polysacch complex-vit b12-fa cap 150-0.025-1 mg* | OTC |
| *iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg* | OTC |
| *iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg* | |
| *iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg* | OTC |
| *iron-vitamin c tab 100-250 mg* | OTC |
| ***IRON*** | |
| *ferrous fumarate tab 324 mg (106 mg elemental fe)* | OTC |
| *ferrous gluconate tab 240 mg (27 mg elemental fe)* | OTC |
| *ferrous gluconate tab 324 mg (37.5 mg elemental iron)* | OTC |
| *ferrous sulfate dried tab 200 mg (65 mg elemental fe)* | OTC |
| *ferrous sulfate dried tab er 45 mg (fe equivalent)* | OTC |
| *ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)* | OTC |
| *ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)* | OTC |
| *ferrous sulfate tab 27 mg (elemental fe)* | OTC |
| *ferrous sulfate tab 325 mg (65 mg elemental fe)* | OTC |
| *ferrous sulfate tab ec 324 mg (65 mg fe equivalent)* | OTC |
| *ferrous sulfate tab ec 325 mg (65 mg fe equivalent)* | OTC |
| *ferrous sulfate tab er 45 mg (elemental fe)* | OTC |
| *ferrous sulfate tab er 50 mg (elemental fe)* | OTC |
| IRON HP TAB 65MG | OTC |
| *polysaccharide iron complex cap 150 mg (iron equivalent)* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | |
| ***ANTIHISTAMINE HYPNOTICS*** | |
| *diphenhydramine hcl (sleep) cap 50 mg* | OTC |
| *diphenhydramine hcl (sleep) tab 25 mg* | OTC |
| *diphenhydramine hcl (sleep) tab 50 mg* | OTC |
| *doxylamine succinate (sleep) tab 25 mg* | OTC |
| **LAXATIVES** | |
| ***LAXATIVE COMBINATIONS*** | |
| *sennosides-docusate sodium tab 8.6-50 mg* | OTC |
| ***STIMULANT LAXATIVES*** | |
| *bisacodyl suppos 10 mg* | OTC |
| *bisacodyl tab delayed release 5 mg* | OTC |
| *sennosides chew tab 15 mg* | OTC |
| *sennosides syrup 8.8 mg/5ml* | OTC |
| *sennosides tab 8.6 mg* | OTC |
| *sennosides tab 15 mg* | OTC |
| *sennosides tab 17.2 mg* | OTC |
| *sennosides tab 25 mg* | OTC |
| ***SURFACTANT LAXATIVES*** | |
| *docusate calcium cap 240 mg* | OTC |
| DOCUSATE SOD SYP 60/15ML | OTC |
| *docusate sodium cap 50 mg* | OTC |
| *docusate sodium cap 250 mg* | OTC |
| *docusate sodium liquid 150 mg/15ml* | OTC |
| *docusate sodium syrup 60 mg/15ml* | OTC |
| *docusate sodium tab 100 mg* | OTC |
| PEDIA-LAX LIQ 50MG | OTC |
| **MEDICAL DEVICES AND SUPPLIES** | |
| ***BANDAGES-DRESSINGS-TAPE*** | |
| ADHESIVE BANDAGES | |
| ADHESIVE BANDAGES | OTC |
| GAUZE BANDAGES | OTC |
| GAUZE PADS & DRESSINGS | |
| GAUZE PADS & DRESSINGS | OTC |
| ***CONTRACEPTIVES*** | |
| CAYA DPR | QL (1 unit/year) |
| DIAPHRAGM | QL (1 unit/year) |
| FC2 FEMALE MIS CONDOM | QL (12 units/30 days), OTC |
| FEMCAP MIS 22MM | |
| FEMCAP MIS 26MM | |
| FEMCAP MIS 30MM | |
| MALE CONDOMS | QL (12 units/30 days), OTC |
| WIDE-SEAL DPR KIT 60 | QL (1 unit/year) |

| Drug Name | Requirements/Limits |
|---|---|
| WIDE-SEAL DPR KIT 65 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 70 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 75 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 80 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 85 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 90 | QL (1 unit/year) |
| WIDE-SEAL DPR KIT 95 | QL (1 unit/year) |
| ***DIABETIC SUPPLIES*** | |
| CONTOUR KIT NEXT | OTC |
| FREESTYLE LIQ CONTROL | OTC |
| LANCETS OTC | OTC |
| LANCETS RX | |
| ONETOUCH KIT ULTRA 2 | OTC |
| ONETOUCH KIT VERIO FL | OTC |
| ONETOUCH KIT VERIO RE | OTC |
| PRECISION LIQ GLUC/KET | OTC |
| ***ELASTIC BANDAGES & SUPPORTS*** | |
| ELASTIC BANDAGES & SUPPORTS | |
| ELASTIC BANDAGES & SUPPORTS | OTC |
| ***MISC. DEVICES*** | |
| ALCOHOL SWABS | QL (400/30 days), OTC |
| ***RESPIRATORY THERAPY SUPPLIES*** | |
| AERCHMBR PLS MIS FLOW-VU | QL (2/year) |
| AERCHMBR PLS MIS INTERMED | |
| AERCHMBR PLS MIS LRG MASK | QL (2/year) |
| AERCHMBR PLS MIS MED MASK | QL (2/year) |
| AERCHMBR PLS MIS SM MASK | QL (2/year) |
| AERCHMBR Z- MIS STAT PLS | QL (2/year) |
| AEROCHAMBER MIS CHAMBER | QL (2/year) |
| AEROCHAMBER MIS FLOSIGNA | QL (2/year) |
| AEROCHAMBER MIS HOLDING | |
| AEROCHAMBER MIS MTHPIECE | |
| AEROCHAMBER MIS MV | QL (2/year) |
| AEROCHAMBER MIS PLUS | QL (2/year) |
| AEROVENT MIS PLUS | |
| AIRZONE PEAK MIS FLOW MTR | QL (2/year), OTC |
| BREATHE EASE MIS LG MASK | |
| BREATHE EASE MIS MED MASK | |
| BREATHE EASE MIS SM MASK | |
| BREATHERITE MIS MDI CHMB | |
| COMPACT SPAC MIS CHAMBER | |
| COMPACT SPAC MIS LG MASK | |
| COMPACT SPAC MIS MD MASK | |

| Drug Name | Requirements/Limits |
|---|---|
| COMPACT SPAC MIS SM MASK | |
| EASIVENT MIS | QL (2/year) |
| EASIVENT MIS MASK LG | QL (2/year) |
| EASIVENT MIS MASK MED | QL (2/year) |
| EASIVENT MIS MASK SM | QL (2/year) |
| FLEXICHAMBER MIS | |
| FLEXICHAMBER MIS MASK LRG | |
| FLEXICHAMBER MIS MASK SM | |
| HOLD CHAMBER MIS ADLT LG | |
| HOLD CHAMBER MIS ADLT LG | OTC |
| HOLD CHAMBER MIS MEDIUM | |
| HOLD CHAMBER MIS MEDIUM | OTC |
| HOLD CHAMBER MIS SMALL | |
| HOLD CHAMBER MIS SMALL | OTC |
| HOLDING CHAM MIS ADULT | OTC |
| HOLDING CHAM MIS CHILD | OTC |
| INSPIREASE MIS DD SYST | QL (2/year) |
| MASK VORTEX/ MIS FROG | QL (2/year), OTC |
| MASK VORTEX/ MIS LADY BUG | QL (2/year), OTC |
| MICROCHAMBER MIS | QL (2/year) |
| MICROSPACER MIS | QL (2/year) |
| NEBULIZERS | |
| NEBULIZERS | OTC |
| OPTICHAMBER MIS DIA LG | |
| OPTICHAMBER MIS DIA MD | |
| OPTICHAMBER MIS DIA SM | |
| OPTICHAMBER MIS DIAMOND | |
| PANDA MASK MIS LARGE | OTC |
| PANDA MASK MIS MEDIUM | OTC |
| PANDA MASK MIS PEDIATRI | OTC |
| PANDA MASK MIS SMALL | OTC |
| PARI VORTEX MIS ADL MASK | OTC |
| POCKET CHAMB MIS | QL (2/year) |
| POCKET SPACE MIS | QL (2/year) |
| PROCARE MIS ADULT | OTC |
| PROCARE MIS CHILD | OTC |
| PROCHAMBER MIS VHC | QL (2/year) |
| PURE COMFORT MIS SPACER | OTC |
| RESPIRATORY THERAPY SUPPLIES | |
| RESPIRATORY THERAPY SUPPLIES | OTC |
| RITEFLO MIS | QL (2/year) |
| SPACE CHAMBR MIS ANTI-STA | |
| SPACE CHAMBR MIS LARGE | |
| SPACE CHAMBR MIS MEDIUM | |

| Drug Name | Requirements/Limits |
|---|---|
| SPACE CHAMBR MIS SMALL | |
| SPACER CHAMB MIS ADULT | OTC |
| SPACER CHAMB MIS CHILD | OTC |
| SPACER CHAMB MIS INFANT | OTC |
| VAPORIZERS | OTC |
| VORTEX VALVE MIS CHAMBER | QL (2/year) |
| VORTEX/MASK MIS CHILDS | QL (2/year) |
| VORTEX/MASK MIS TODDLER | QL (2/year) |

## MINERALS & ELECTROLYTES

### *CALCIUM*

| | |
|---|---|
| *calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)* | OTC |
| *calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)* | OTC |
| *calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)* | OTC |
| *calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)* | OTC |
| *calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)* | OTC |
| *calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)* | OTC |
| *calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)* | OTC |
| *calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)* | OTC |
| *calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)* | OTC |
| *calcium carbonate tab 600 mg* | OTC |
| *calcium carbonate tab 1250 mg (500 mg elemental ca)* | OTC |
| *calcium carbonate tab 1500 mg (600 mg elemental ca)* | OTC |
| *calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)* | OTC |
| *calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)* | OTC |
| *calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)* | OTC |
| *calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)* | OTC |
| *calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)* | OTC |
| CALCIUM CHW 500-10 | OTC |
| *calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)* | OTC |
| *calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)* | OTC |
| *calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)* | OTC |
| *calcium citrate tab 950 mg (200 mg elemental ca)* | OTC |
| CALCIUM TAB 280MG | OTC |
| *calcium tab 600 mg* | OTC |
| *calcium w/ magnesium tab 333-167 mg* | OTC |
| *calcium w/ magnesium tab 500-250 mg* | OTC |
| *calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg* | OTC |
| *calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg* | OTC |
| *calcium-magnesium-zinc tab 333-133-5 mg* | OTC |
| *calcium-magnesium-zinc tab 333-133-8.3 mg* | OTC |
| CALCIUM/D3 WAF | OTC |
| *oyster shell calcium tab 500 mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***ELECTROLYTE MIXTURES*** | |
| *oral electrolyte solution* | OTC |
| ***FLUORIDE*** | |
| *sodium fluoride tab 0.5 mg f (from 1.1 mg naf)* | |
| *sodium fluoride tab 1 mg f (from 2.2 mg naf)* | |
| ***MAGNESIUM*** | |
| MAG OXIDE TAB 420MG | OTC |
| MAGNESIUM CHW 200MG | OTC |
| *magnesium glycinate cap 100 mg (elemental mg)* | OTC |
| *magnesium oxide tab 200 mg (elemental mg)* | OTC |
| *magnesium oxide tab 250 mg (mg supplement)* | OTC |
| *magnesium oxide tab 400 mg (240 mg elemental mg)* | OTC |
| *magnesium oxide tab 500 mg (mg supplement)* | OTC |
| MAGNESIUM TAB 400MG | OTC |
| ***MINERAL COMBINATIONS*** | |
| CAL/MAG/ZINC TAB VIT D3 | OTC |
| ***PHOSPHATE*** | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* | |
| *potassium phosphate monobasic tab 500 mg* | |
| ***SODIUM*** | |
| *sodium chloride tab 1 gm* | OTC |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | |
| ***IMMUNOSUPPRESSIVE AGENTS*** | |
| AZATHIOPRINE POW | |
| ***THICKENED PRODUCTS*** | |
| THICK-IT LIQ HONEY | OTC |
| THICK-IT LIQ NECTAR | OTC |
| **MULTIVITAMINS** | |
| ***B-COMPLEX VITAMINS*** | |
| *b-complex vitamin cap* | OTC |
| *b-complex vitamin elixir* | OTC |
| *b-complex vitamin inj* | |
| *b-complex vitamin sublingual liquid* | OTC |
| *b-complex vitamin tab* | OTC |
| *b-complex vitamin tab er* | OTC |
| *brewers yeast tab* | OTC |
| ***B-COMPLEX W/ C*** | |
| *b-complex w/ c & calcium tab* | OTC |
| *b-complex w/ c & e + zn tab* | OTC |
| *b-complex w/ c cap* | OTC |
| *b-complex w/ c tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***B-COMPLEX W/ FOLIC ACID*** | |
| *b-complex w/ c & folic acid cap 1 mg* | |
| *b-complex w/ c & folic acid cap 1 mg* | OTC |
| *b-complex w/ c & folic acid tab* | |
| *b-complex w/ c & folic acid tab* | OTC |
| *b-complex w/ c & folic acid tab 0.8 mg* | OTC |
| *b-complex w/ c & folic acid tab 1 mg* | |
| *b-complex w/ c & folic acid tab 1 mg* | OTC |
| *b-complex w/ c & folic acid tab 5 mg* | |
| *b-complex w/ c-biotin-minerals & folic acid tab 5 mg* | |
| *b-complex w/ folic acid cap* | OTC |
| *b-complex w/ folic acid tab* | OTC |
| *b-complex w/biotin & folic acid tab* | OTC |
| *b-complex w/biotin & folic acid tab er* | OTC |
| ***B-COMPLEX W/ IRON*** | |
| *b-complex w/ iron tab* | OTC |
| ***B-COMPLEX W/ MINERALS*** | |
| *b-complex w/ minerals liq* | OTC |
| ***BIOFLAVONOID PRODUCTS*** | |
| *bioflavonoid products tab* | OTC |
| *bioflavonoid products tab er* | OTC |
| ***IRON W/ VITAMINS*** | |
| *iron w/ vitamin tab* | |
| *iron w/ vitamin tab* | OTC |
| ***MULTIPLE VITAMINS W/ CALCIUM*** | |
| *multiple vitamins w/ calcium tab* | AGE, OTC; (Covered for ages 20 and under) |
| ***MULTIPLE VITAMINS W/ IRON*** | |
| *multiple vitamins w/ iron tab* | AGE, OTC; (Covered for ages 20 and under) |
| ***MULTIPLE VITAMINS W/ MINERALS*** | |
| ABC COMPLETE TAB ADULT | OTC |
| ABC COMPLETE TAB MENS | OTC |
| ABC COMPLETE TAB MENS 50+ | OTC |
| ABC COMPLETE TAB SENIOR | OTC |
| ABC COMPLETE TAB WOMEN | OTC |
| ACTIVE 55 LIQ PLUS | OTC |
| ACTIVESSENT PAK | OTC |
| ACTIVESSENTI PAK ONCOPLEX | OTC |
| ACTIVESSENTI PAK WOMEN | OTC |
| ACTIVNUT W/O POW COP/IRON | OTC |
| ACTIVNUTRIEN CAP | OTC |
| ACTIVNUTRIEN CAP PERFORMA | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ACTIVNUTRIEN CAP W/O IRON | OTC |
| ADEK CHW PLUS ZN | OTC |
| ADLT ONE DLY CHW GUMMIES | OTC |
| ADULT 50+ CAP EYE HLTH | OTC |
| ADULT 50+ CAP OCUVITE | OTC |
| ADV DIABETIC TAB MULTIVIT | OTC |
| AIRBORNE CHW | OTC |
| AIRBORNE CHW KIDS | OTC |
| AIRBORNE POW | OTC |
| AIRBORNE+ CHW PROBIOTI | OTC |
| AIRBORNE+ CHW REST | OTC |
| AIRBORNE+ POW STRESS | OTC |
| AIRBORNE+NAT LIQ ENERGY | OTC |
| AIRSHIELD CHW IMMUNITY | OTC |
| ALGAE BASED TAB CALCIUM | OTC |
| ALIVE 50+ TAB ENERGY | OTC |
| ALIVE DAILY TAB WOMENS | OTC |
| ALIVE DIABET TAB MULTIVIT | OTC |
| ALIVE ENERGY TAB WOMENS | OTC |
| ALIVE HAIR CHW SKN/NAIL | OTC |
| ALIVE IMMUNE CAP HEALTH | OTC |
| ALIVE LIQ MULT-VIT | OTC |
| ALIVE MENS CHW 50+ | OTC |
| ALIVE MENS CHW GUMMY | OTC |
| ALIVE MENS TAB | OTC |
| ALIVE MENS TAB COMPLETE | OTC |
| ALIVE MULTI CHW VITAMIN | OTC |
| ALIVE WOMENS CHW 50+ | OTC |
| ALIVE WOMENS CHW GUMMY | OTC |
| ALIVE WOMENS TAB 50+ COMP | OTC |
| ANTIOXIDANT TAB FORMULA | OTC |
| APETIBEX CAP | OTC |
| APPE-CURB CAP | OTC |
| ATP IGNITE PAK | OTC |
| ATP IGNITE POW WORKOUT | OTC |
| AZO HORMONAL TAB HEALTH | OTC |
| BACMIN TAB | |
| BARIATRIC CAP MULTIVIT | OTC |
| BARIATRIC CHW FUSION | OTC |
| BASIC AM TAB | OTC |
| BASIC PM TAB | OTC |
| BIO-35 GLUTE CAP FREE | OTC |
| BIO-35 IRON CAP FREE | OTC |
| BIOCAL CAP | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| BONEUP 3 PER CAP DAY | OTC |
| BONEUP CAP | OTC |
| BONEUP VEG TAB | OTC |
| BOOSTNOW CAP IMM SUPP | OTC |
| BOOSTNOW POW IMM SUPP | OTC |
| C-BUFF POW | OTC |
| CAL-DAY 1000 TAB | OTC |
| CELEBRATE CAP 18 | OTC |
| CELEBRATE CAP 36 | OTC |
| CELEBRATE CAP 45 | OTC |
| CELEBRATE CAP 60 | OTC |
| CELEBRATE CHW 18 | OTC |
| CELEBRATE CHW 36 | OTC |
| CELEBRATE CHW 45 | OTC |
| CELEBRATE CHW 60 | OTC |
| CENT MATURE TAB ADLT 50+ | OTC |
| CENTRAL-VITE TAB | OTC |
| CENTRAVITES TAB 50 PLUS | OTC |
| CENTRAVITES TAB ADULTS | OTC |
| CENTRUM 50+ CHW ADULTS | OTC |
| CENTRUM 50+ CHW FRSH/FRU | OTC |
| CENTRUM CHW ADULTS | OTC |
| CENTRUM CHW FLAV BST | OTC |
| CENTRUM CHW SILVER | OTC |
| CENTRUM CHW VITAMINT | OTC |
| CENTRUM MINI TAB ADULT 50 | OTC |
| CENTRUM MINI TAB MEN 50+ | OTC |
| CENTRUM MINI TAB WOMEN 50 | OTC |
| CENTRUM MULT CHW OMEGA 3 | OTC |
| CENTRUM POW DRINK | OTC |
| CENTRUM SPEC TAB HEART | OTC |
| CENTRUM SPEC TAB IMMUNE | OTC |
| CENTRUM SPEC TAB VISION | OTC |
| CENTRUM TAB CARDIO | OTC |
| CENTRUM TAB MEN | OTC |
| CENTRUM TAB SILVER | OTC |
| CENTRUM TAB ULTRA | OTC |
| CERTAVITE TAB SENIOR | OTC |
| CERTAVITE/ TAB ANTIOXID | OTC |
| CHOICEFUL CAP MULTIVIT | OTC |
| CHOICEFUL CHW MULTIVIT | OTC |
| CONCEPTIONXR MIS MOTILITY | OTC |
| CULTURELLE CHW MULTIVIT | OTC |
| CVS IMMUNE CAP SUPPORT | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CVS VISION CAP HEALTH | OTC |
| DAILY HEART PAK SUPPORT | OTC |
| DAILY PAK MIS MULTIVIT | OTC |
| DAYAVITE TAB | |
| DECUBI-VITE CAP | OTC |
| DEKAS CHW BARIATRI | OTC |
| DEKAS PLUS CAP | OTC |
| DEKAS PLUS CAP OCEAN | OTC |
| DEKAS PLUS CHW | OTC |
| DERMACINRX TAB RIBOT-E | |
| DERMAVITE TAB | OTC |
| DEXATRAN CAP | |
| DIABET HLTH PAK SUPPORT | OTC |
| DIABETES PAK HEALTH | OTC |
| DIALYVITE TAB SUPREM D | |
| DIATROL TAB | |
| EMERGEN-C CHW IMMUNE/D | OTC |
| EMERGEN-C CHW VITA C | OTC |
| EMERGEN-C PAK BLUE | OTC |
| EMERGEN-C PAK FIVE | OTC |
| EMERGEN-C PAK HEART | OTC |
| EMERGEN-C PAK IMMUNE | OTC |
| EMERGEN-C PAK JOINT | OTC |
| EMERGEN-C PAK KIDZ | OTC |
| EMERGEN-C PAK MSM LITE | OTC |
| EMERGEN-C PAK PINK | OTC |
| EMERGEN-C PAK SUPER FR | OTC |
| EMERGEN-C PAK VIT D/CA | OTC |
| EMERGEN-C PAK VITA C | OTC |
| ENDUR-VM TAB | OTC |
| ENDUR-VM TAB IRON | OTC |
| ENERGY POW BOOSTER | OTC |
| EQ COMPLETE TAB ADULT | OTC |
| EQ ONE DAILY TAB MENS | OTC |
| EQ ONE DAILY TAB WOMENS | OTC |
| EQL CENTURY TAB MENS | OTC |
| EQL CENTURY TAB WOMENS | OTC |
| ESTROVEN MEN TAB SUPPLEM | OTC |
| EVOLUTION60 POW | OTC |
| EYE HEALTH CAP | OTC |
| EYE HEALTH CAP ADLT 50+ | OTC |
| EYE HEALTH TAB LUTEIN | OTC |
| EYE MULTIVIT CAP | OTC |
| EYE MULTIVIT CAP LUTEIN | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| EYE MULTIVIT TAB SODIUM | OTC |
| FITNESS TABS TAB MEN | OTC |
| FITNESS TABS TAB WOMEN | OTC |
| FOLAGENT CAP DHA | |
| FOLAMAX TAB | |
| FOLAMED DHA CAP | |
| FOLIFLEX TAB | |
| FOLIKA-MG TAB | OTC |
| FOLITIN-Z TAB | |
| FREEDAVITE TAB | OTC |
| GENADEK CAP STEP 1 | OTC |
| GENADEK CAP STEP 2 | OTC |
| GERI-FREEDA TAB SENIOR | OTC |
| GNP IMMUNE PAK | OTC |
| GNP IMMUNE PAK SUPPORT | OTC |
| HAIR SKIN & TAB NAILS AD | OTC |
| HAIR SKIN TAB NAILS | OTC |
| HAIR/SKIN/ CAP NAILS | OTC |
| HEAD CARE TAB PROACTIV | OTC |
| HEALTHY EYES CAP SUPERVIS | OTC |
| HI POT MV/ TAB BETA-CAR | OTC |
| HIGH POTENCY TAB MV/FA | OTC |
| HM COMPLETE TAB MEN | OTC |
| HM HAIR/SKIN TAB /NAILS | OTC |
| HYLAZINC TAB | |
| ICAPS AREDS TAB FORMULA | OTC |
| IMMUBLAST-C POW ORANGE | OTC |
| IMMUNE CHW SUPPORT | OTC |
| IMMUNE ESSEN CAP DAILY | OTC |
| IMMUNE SUPP POW VIT C | OTC |
| K-PAX TAB PROF ST | OTC |
| KEYFOLIC TAB | |
| KEYLOSA TAB | |
| KP MENS MIS DAILY PK | OTC |
| KP WOMENS PAK DAILY | OTC |
| LIFE PACK MIS MENS | OTC |
| LIFE PACK MIS WOMENS | OTC |
| LIVER DETOX TAB | OTC |
| LIVITA LIQ ADULTS | |
| LUTEIN PLUS TAB ZEAXANTH | OTC |
| LYSIPLEX LIQ PLUS | AGE, OTC; (Covered for ages 20 and under) |
| MAXIMIN PAK | OTC |
| MEGA MULTI TAB MEN | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| MEGA MULTI TAB WOMEN | OTC |
| MEGAVITE TAB FRT/VEG | OTC |
| MEGAVITE TAB GOLD 55+ | OTC |
| MENATROL CAP | |
| MENS 50+ CAP ADVANCED | OTC |
| MENS 50+ TAB MULTIVIT | OTC |
| MENS DAILY PAK PACK | OTC |
| MENS MULTI CHW | OTC |
| MENS MULTI TAB VIT/MIN | OTC |
| MENS MULTIPL TAB | OTC |
| MENS PAK | OTC |
| MOOD FOOD CAP | OTC |
| MOOD FOOD ES CAP | OTC |
| MULTI FOR POW HER | OTC |
| MULTI FOR POW HIM | OTC |
| MULTI VITAMN TAB MINERALS | OTC |
| MULTI-BETIC TAB DIABETES | OTC |
| MULTI-VITAMI TAB MONOCAPS | OTC |
| MULTI-VITE LIQ | OTC |
| *multiple vitamins w/ minerals cap* | AGE; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals cap* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals chew tab* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals effer tab* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals liquid* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals tab* | AGE; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals tab* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamins w/ minerals tab er* | AGE, OTC; (Covered for ages 20 and under) |
| MULTITAM TAB | |
| MULTIVITAMIN CHW ADLT GUM | OTC |
| MULTIVITAMIN TAB | OTC |
| MULTIVITAMIN TAB ADULT | OTC |
| MULTIVITAMIN TAB ADULTS | OTC |
| MULTIVITAMIN TAB MEN | OTC |
| MULTIVITAMIN TAB WOMEN | OTC |
| MULTIVITAMIN TAB ZINC STR | OTC |
| MVW COMPLETE CAP D3000 | OTC |
| MVW COMPLETE CAP D5000 | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| MVW COMPLETE CAP FORMULAT | OTC |
| MVW COMPLETE CAP MINIS | OTC |
| MVW HI-D CHW ADEK | OTC |
| MVW MODULAT CAP FORM MIN | OTC |
| MVW MODULAT CAP FORMULAT | OTC |
| NANOVM POW ADULT | OTC |
| NANOVM POW SENIOR | OTC |
| NAT-RUL THER TAB M | OTC |
| NATRUL-VITES TAB | OTC |
| NEOVITE TAB | |
| NICADAN TAB | |
| NICAZEL TAB | |
| NICAZEL TAB FORTE | |
| NUTRICAP TAB | |
| OCUHEALTH CAP VISION 2 | OTC |
| OCULAR TAB VITAMINS | OTC |
| OCUVEL CAP 0.5MG | |
| OCUVITE CAP ADULT | OTC |
| OCUVITE LUTE CAP | OTC |
| ONCOVITE TAB | OTC |
| ONE A DAY CHW IMMUNITY | OTC |
| ONE A DAY CHW WOMENS | OTC |
| ONE DAILY CHW ADLT GUM | OTC |
| ONE DAILY MN TAB W/O IRON | OTC |
| ONE DAILY MV TAB WOMENS | OTC |
| ONE DAILY TAB MENS | OTC |
| ONE DAILY TAB MENS 50+ | OTC |
| ONE DAILY TAB WMNS 50+ | OTC |
| ONE DAILY TAB WOMENS | OTC |
| ONE-A-DAY CHW IMMUNITY | OTC |
| ONE-A-DAY CHW VITACRAV | OTC |
| ONE-A-DAY TAB 50+ ADV | OTC |
| ONE-A-DAY TAB 50+ MENS | OTC |
| ONE-A-DAY TAB 50+ WMN | OTC |
| ONE-A-DAY TAB 65+ | OTC |
| ONE-A-DAY TAB ENERGY | OTC |
| ONE-A-DAY TAB MENOPAUS | OTC |
| ONE-A-DAY TAB MENS | OTC |
| ONE-A-DAY TAB PROEDGE | OTC |
| ONE-A-DAY TAB TEEN/HIM | OTC |
| ONE-A-DAY TAB WOMENS | OTC |
| ONE-DAILY CAP MULTI | OTC |
| ONEVITE TAB | |
| OPTIFAST POS CHW BARIATRI | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| OPTIMUM CHW AIRVITES | OTC |
| OPTISOURCE CHW BARIATRC | OTC |
| OPURITY CHW BYPASS | OTC |
| OPURITY TAB | OTC |
| OSTEOPRIME TAB PLUS | OTC |
| PARVLEX TAB | OTC |
| PHLEXY-VITS POW | OTC |
| PHYTOMULTI TAB | OTC |
| PORENAL+D CAP OMEGA 3 | OTC |
| PREMIUM MIS PACKETS | OTC |
| PRESCRIPTION CAP SUPPORT | OTC |
| PRESERVISION CAP AREDS | OTC |
| PRESERVISION CAP AREDS 2 | OTC |
| PRESERVISION CAP LUTEIN | OTC |
| PRESERVISION CHW AREDS 2 | OTC |
| PRESERVISION TAB AREDS | OTC |
| PRO-CAL TAB | OTC |
| PROCERV HP TAB | OTC |
| PROFOLA TAB | |
| PRORENAL +D TAB | OTC |
| PRORENAL+D CAP OMEGA-3 | OTC |
| PRORENAL+D TAB | OTC |
| PROTECT CAP CARDIO | OTC |
| PROTECT CAP PLUS SO | OTC |
| PROTEGRA CAP | OTC |
| PROVIT TAB | OTC |
| PROXEED PLUS PAK | OTC |
| QC MULTI-VIT TAB | OTC |
| QUIN B TAB STRONG | OTC |
| QUINTABS-M TAB | OTC |
| RA ESSENCE-C POW ORANGE | OTC |
| RA ESSENCE-C POW RASPBRY | OTC |
| RA ESSENCE-C POW TNGERINE | OTC |
| RAYAVIT TAB | OTC |
| REMEDIENT CAP | |
| RENAPLEX-D TAB | OTC |
| SENTRY SENIO TAB LUTEIN | OTC |
| SENTRY TAB | OTC |
| SIDEROL TAB | |
| SKIN BEAUTY/ PAK WELLNESS | OTC |
| SKIN/HAIR/ CAP NAILS | OTC |
| SM ONE DAILY TAB MENS | OTC |
| SM ONE DAILY TAB WOMENS | OTC |
| SOLO TAB | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SPECTRAVITE CHW ADLT 50+ | OTC |
| SPECTRAVITE CHW WOMEN | OTC |
| SPECTRAVITE TAB | OTC |
| SPECTRAVITE TAB ADLT 50+ | OTC |
| SPECTRAVITE TAB ADULTS | OTC |
| SPECTRAVITE TAB MEN 50+ | OTC |
| SPECTRAVITE TAB ULT MEN | OTC |
| SPECTRAVITE TAB ULT WMN | OTC |
| STROVITE FOR SYP | |
| STROVITE ONE TAB | |
| SUPER ANTIOX CAP | OTC |
| SUPER POW NU-THERA | OTC |
| SUPERIOR TAB MENS | OTC |
| SUPPORT LIQ | |
| SUPPORT-500 CAP | OTC |
| SYSTANE ICAP CHW AREDS2 | OTC |
| SYSTANE ICAP TAB AREDS2 | OTC |
| T-VITES TAB | OTC |
| THERA M PLUS TAB | OTC |
| THERA-M TAB | OTC |
| THERA-TABS M TAB | OTC |
| THERABETIC TAB MULTIVIT | OTC |
| THERAGRAN-M TAB | OTC |
| THERAGRAN-M TAB 50 PLUS | OTC |
| THERAGRAN-M TAB ADVANCED | OTC |
| THERAGRAN-M TAB PREMIER | OTC |
| THERAMILL CAP FORTE | OTC |
| THERANATAL CAP LACTATIO | OTC |
| THERANATAL MIS LACTATIO | OTC |
| THEREMS-M TAB | OTC |
| UDAMIN SP TAB | |
| ULTRA BONEUP TAB | OTC |
| ULTRA MEGA G TAB 75MG CR | OTC |
| ULTRA MEGA G TAB 100MG | OTC |
| ULTRA MEGA TAB 75MG CR | OTC |
| ULTRA MEGA TAB TWO | OTC |
| ULTRA POTENC TAB WOMEN 50 | OTC |
| VENEXA FE TAB | |
| VENEXA TAB | |
| VENTRIXYL FE TAB | |
| VENTRIXYL TAB | |
| VISION CAP OPTIMIZE | OTC |
| VISION HEALT CAP | OTC |
| VISTA ADVAN CAP AREDS2 | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| VISTA ADVAN CAP DRY EYE | OTC |
| VITABEX CAP | OTC |
| VITABEX PLUS CAP | OTC |
| VITACHEW CHW ADULT | OTC |
| VITACRAVES CHW GUMMIES | OTC |
| VITACRAVES CHW IMMUNITY | OTC |
| VITACRAVES CHW MENS | OTC |
| VITACRAVES CHW SOUR GUM | OTC |
| VITACRAVES CHW WOMENS | OTC |
| VITAJOY MULT CHW ADULT | OTC |
| VITAMIN C PAK BLEND | OTC |
| VITAMIN D3 TAB COMPLETE | OTC |
| VITASANA TAB | OTC |
| VITATRUM TAB | OTC |
| VITEYES CAP CLASSIC | OTC |
| VITEYES CLAS CAP ADV | OTC |
| VITEYES CLAS CAP ADVANCED | OTC |
| VITEYES CLAS CAP MAC SUPP | OTC |
| VITEYES CLAS CAP OMEGA-3 | OTC |
| VITEYES CLAS POW +MULTI | OTC |
| VITEYES CLAS TAB MULTIVIT | OTC |
| VITEYES OPTI TAB NERV SUP | OTC |
| VITRAMYN TAB | |
| VITRANOL FE TAB | |
| VITRANOL TAB | |
| VITREXATE FE TAB | |
| VITREXATE TAB | |
| VITREXYL TAB | |
| VITREXYL TAB IRON | |
| VITRUM 50+ TAB ADT- MUL | OTC |
| VITRUM TAB ADULT | OTC |
| VITRUM TAB SENIOR | OTC |
| WAL-BORN CHW VIT C | OTC |
| WELLFOLA TAB | |
| WMNS MULTIVI CHW +COLLAGE | OTC |
| WOMENS 50+ TAB MULTIVIT | OTC |
| WOMENS DAILY PAK PACK | OTC |
| WOMENS MULT CHW GUMMIES | OTC |
| WOMENS MULTI TAB | OTC |
| WOMENS MULTI TAB VIT/MIN | OTC |
| WOMENS PAK | OTC |
| YELETS TEEN TAB FORMULA | OTC |
| YOUR LIFE CHW GUMMIES | OTC |
| YUMVS DIABET CHW MULTIVIT | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| YUMVS MULTI CHW ZERO | OTC |
| ZINC LOZ | OTC |
| ZINTREXYL-C TAB | |
| ***MULTIVITAMINS*** | |
| *multiple vitamin cap* | AGE; (Covered for ages 20 and under) |
| *multiple vitamin cap* | AGE, OTC; (Covered for ages 20 and under) |
| *multiple vitamin tab* | AGE, OTC; (Covered for ages 20 and under) |
| ***PED MULTIPLE VITAMINS W/ MINERALS*** | |
| BABY IRON DRO IMMUNITY | OTC |
| DEKAS PLUS LIQ | OTC |
| GENADEK DRO | OTC |
| LIVITA LIQ CHILDREN | |
| MVW COMPLETE DRO PEDIATRI | OTC |
| MVW HI-D DR LIQ EX VIT D | OTC |
| MVW MOD FORM LIQ PEDS | OTC |
| NANOVM POW 1-3 YRS | OTC |
| NANOVM POW 4-8YEARS | OTC |
| NANOVM POW 9-18 YRS | OTC |
| NANOVM T/F POW | OTC |
| UPSPRINGBABY DRO MV/IRON | OTC |
| ***PED MV W/ IRON*** | |
| *pediatric multiple vitamins w/ iron chew tab 15 mg* | AGE, OTC; (Covered for ages 20 and under) |
| *pediatric multiple vitamins w/ iron chew tab 18 mg* | AGE, OTC; (Covered for ages 20 and under) |
| ***PEDIATRIC MULTIPLE VITAMINS*** | |
| MULTIV INFAN DRO /TODDLER | OTC |
| MULTIVITAMIN DRO INFANT | OTC |
| PED POLY-VIT DRO | OTC |
| *pediatric multiple vitamin chew tab* | AGE, OTC; (Covered for ages 20 and under) |
| POLY-VI-SOL SOL 50MG/ML | OTC |
| POLY-VITA DRO | OTC |
| POLY-VITE DRO | OTC |
| ***PEDIATRIC VITAMINS*** | |
| *pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml* | AGE, OTC; (Covered for ages 20 and under) |
| ***PRENATAL VITAMINS*** | |
| ALIVE PREMIU CHW PRENATAL | OTC |
| ALIVE PRENAT CHW DAILY SU | OTC |
| ATABEX CHW PRENATAL | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ATABEX EC TAB 29-1MG | |
| ATABEX OB TAB 29-1MG | |
| AZESCO TAB 13-1MG | |
| BE WELL PAK ROUNDED | OTC |
| BRAINSTRONG MIS PRENATAL | OTC |
| C-NATE DHA CAP 28-1-200 | |
| CADEAU DHA CAP | OTC |
| CENTRUM SPEC PAK PRENATAL | OTC |
| CL PRENATAL TAB 28-0.8MG | OTC |
| COMPLETE NAT PAK DHA | |
| CONCEPT DHA CAP | |
| CONCEPT OB CAP | |
| CVS PRENATAL CHW GUMMY | OTC |
| CVS PRENATAL TAB 27-0.8MG | OTC |
| DERMACINRX TAB PRETRATE | |
| DUET DHA 400 MIS 25-1-400 | |
| DUET DHA MIS BALANCED | |
| ENBRACE HR CAP | |
| ENFAMIL MIS EXPECTA | OTC |
| EQL PRENATAL TAB FORMULA | OTC |
| FOLIVANE-OB CAP | |
| GNP PRENATAL TAB 28-0.8MG | OTC |
| JENLIVA CAP | |
| KOSHR PRENAT TAB 30-1MG | |
| KP PRENATAL TAB MULTIVIT | OTC |
| KPN PRENATAL TAB | OTC |
| MASONATAL TAB | OTC |
| MULTI PRENAT TAB | OTC |
| MULTI-MAC TAB | |
| NATACHEW CHW | |
| NATAL PNV TAB | |
| NATALVIT TAB 75-1MG | |
| NEEVO DHA CAP 27-1.13 | |
| NEONATAL 19 TAB | |
| NEONATAL FE TAB | |
| NEONATAL TAB PRENATAL | OTC |
| NEONATAL VIT TAB 27-0.8MG | OTC |
| NEONATAL/DHA MIS | |
| NESTABS DHA PAK | |
| NESTABS ONE CAP | |
| NESTABS TAB | |
| OB COMPLETE CAP ONE | |
| OB COMPLETE CAP PETITE | |
| OB COMPLETE TAB | |

| Drug Name | Requirements/Limits |
|---|---|
| OB COMPLETE TAB PREMIER | |
| OB COMPLETE/ CAP DHA | |
| OBSTETRIX CAP ONE | OTC |
| OBSTETRIX EC TAB | |
| OBSTETRIX EC TAB | OTC |
| OBSTETRIX MIS DHA | OTC |
| OBSTETRX ONE CAP 38-1-225 | |
| OBTREX DHA PAK | OTC |
| OBTREX TAB | OTC |
| ONE A DAY CAP PRENATAL | OTC |
| ONE A DAY CHW PRENATAL | OTC |
| ONE A DAY MIS PRENATAL | OTC |
| ONE A DAY PAK PRENATAL | OTC |
| ONE-A-DAY PAK PRENATAL | OTC |
| PERRY PRENAT CAP | OTC |
| PNV TAB 20-1 TAB | |
| PNV-DHA CAP DOCUSATE | |
| PNV-OMEGA CAP | |
| PREGEN DHA CAP | |
| PREGENNA TAB | |
| PREMESISRX TAB | |
| PRENA1 CHW | |
| PRENA1 PEARL CAP | |
| PRENA 1 TRUE MIS | |
| PRENAISSANCE CAP | |
| PRENAISSANCE CAP PLUS | |
| PRENAT DHA CHW 0.4-25MG | OTC |
| PRENAT MULTI CAP +DHA | OTC |
| *prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg* | |
| PRENATAL ADV PAK BRAIN SU | OTC |
| PRENATAL CAP COMPLETE | OTC |
| PRENATAL CAP DHA | OTC |
| PRENATAL CAP ESSENTIA | OTC |
| PRENATAL CAP FORMULA | OTC |
| PRENATAL CHW GUMMIES | OTC |
| PRENATAL CHW NOURISH | OTC |
| PRENATAL COM CAP /DHA | OTC |
| PRENATAL DHA PAK MULTI | OTC |
| PRENATAL FRM TAB A-FREE | OTC |
| PRENATAL GUM CHW 0.4-32.5 | OTC |
| PRENATAL MUL CAP +DHA | OTC |
| PRENATAL MUL CAP DHA | OTC |
| PRENATAL MV MIS + DHA | OTC |
| PRENATAL ONE TAB DAILY | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| PRENATAL TAB | OTC |
| PRENATAL TAB 27-0.8MG | OTC |
| PRENATAL TAB 28-0.8MG | OTC |
| PRENATAL TAB COMPLETE | OTC |
| PRENATAL TAB FORTE | OTC |
| PRENATAL TAB IRON | OTC |
| PRENATAL TAB MULTIVIT | OTC |
| PRENATAL VIT TAB 28-0.8MG | OTC |
| PRENATAL VIT TAB MINERALS | OTC |
| *prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg* | |
| *prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg* | |
| *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg* | |
| *prenatal vit w/ fe fumarate-fa tab 28-1 mg* | |
| *prenatal vit w/ iron carbonyl-fa tab 29-1 mg* | OTC |
| *prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg* | |
| PRENATAL+DHA MIS | OTC |
| PRENATAL+DHA MIS WOMENS | OTC |
| PRENATAL-U CAP 106.5-1 | |
| PRENATAL/FA CAP +DHA | OTC |
| PRENATAL/FE TAB | OTC |
| PRENATE AM TAB 1MG | |
| PRENATE CAP ENHANCE | |
| PRENATE CAP ESSENT | |
| PRENATE CAP PIXIE | |
| PRENATE CAP RESTORE | |
| PRENATE CHW 0.6-0.4 | |
| PRENATE DHA CAP | |
| PRENATE MINI CAP | |
| PRENATE TAB ELITE | |
| PRENATL MULT CAP + DHA | OTC |
| PRENATVITE TAB COMPLETE | |
| PRENATVITE TAB PLUS | |
| PRENATVITE TAB RX | |
| PRENTAT MULT CAP PLUS DHA | OTC |
| PRIMACARE CAP | |
| PROVIDA OB CAP | |
| PX PRENATAL TAB MULTIVIT | OTC |
| QC PRENATAL TAB 28-0.8MG | OTC |
| RA PRENATAL TAB 28-0.8MG | OTC |
| RA PRENATAL TAB FORMULA | OTC |
| REDICHEW RX CHW | |
| RELNATE DHA CAP | |
| SELECT-OB CHW | |
| SELECT-OB+ PAK DHA | |

| Drug Name | Requirements/Limits |
|---|---|
| SIMILAC PREN PAK EARLY SH | OTC |
| SM ONE DAILY MIS PRENATAL | OTC |
| SM PRENATAL TAB VITAMINS | OTC |
| STUART ONE CAP | OTC |
| TARON-C DHA CAP | |
| THERANATAL CAP ONE | OTC |
| THERANATAL MIS COMPLETE | OTC |
| THERANATAL PAK OVAVITE | OTC |
| TRINATAL RX TAB 1 | |
| TRISTART CAP FREE | |
| TRISTART DHA CAP | |
| TRISTART ONE CAP 35-1-215 | |
| ULTRA PRENAT CAP + DHA | OTC |
| VINATE CARE CHW 40-1MG | OTC |
| VINATE DHA CAP 27-1.13 | |
| VINATE II TAB | |
| VINATE ONE TAB | |
| VIRT-C DHA CAP | |
| VIRT-NATE CAP DHA | |
| VIRT-PN DHA CAP | |
| VITA-PAC CAP | OTC |
| VITAFOL CAP ULTRA | |
| VITAFOL CHW GUMMIES | |
| VITAFOL FE+ CAP | |
| VITAFOL STRP MIS 1MG | |
| VITAFOL-NANO TAB | |
| VITAFOL-OB PAK +DHA | |
| VITAFOL-OB TAB 65-1MG | |
| VITAFOL-ONE CAP | |
| VITAFUSION CHW PRENATAL | OTC |
| VITAMED MD CAP ONE RX | |
| VITAPEARL CAP | |
| VITATRUE MIS | |
| VIVA DHA CAP | |
| WESCAP-C DHA CAP | |
| WESCAP-PN CAP DHA | |
| WESNATAL DHA PAK COMPLETE | |
| WESNATE DHA CAP | |
| WESTGEL DHA CAP | |
| ZALVIT TAB 13-1MG | |
| ZATEAN-PN CAP DHA | |
| ZIPHEX TAB 13-1MG | |
| ***VITAMIN MIXTURES*** | |
| *cod liver oil cap* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *niacin w/ inositol cap 400-100 mg* | OTC |
| *niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg* | |
| *vitamins a & d cap* | OTC |
| *vitamins a & d tab* | OTC |
| ***VITAMINS W/ LIPOTROPICS*** | |
| *vitamins w/ lipotropics cap* | OTC |
| *vitamins w/ lipotropics tab* | OTC |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL** | |
| ***NASAL AGENTS - MISC.*** | |
| AYR NASAL DRO 0.65% | OTC |
| CVS NASAL AER 0.9% | OTC |
| NOZIN NASAL KIT SANITIZE | QL (400/30 days), OTC |
| RA STERILE SOL NASAL | OTC |
| *saline nasal spray 0.65%* | OTC |
| SIMPLY SALIN AER 0.9% | OTC |
| ***NASAL ANTIALLERGY*** | |
| *cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)* | OTC |
| ***SYMPATHOMIMETIC DECONGESTANTS*** | |
| *pseudoephedrine hcl tab 30 mg* | OTC |
| *pseudoephedrine hcl tab 60 mg* | OTC |
| *pseudoephedrine hcl tab er 12hr 120 mg* | QL (60 tabs/30 days), OTC |
| SUDAFED 24HR TAB 240MG | QL (30 tabs/30 days), OTC |
| **NUTRIENTS** | |
| ***MISC. NUTRITIONAL SUBSTANCES*** | |
| *omega-3 fatty acids - oral liquid* | OTC |
| *omega-3 fatty acids cap 300 mg* | OTC |
| *omega-3 fatty acids cap 435 mg* | OTC |
| *omega-3 fatty acids cap 500 mg* | OTC |
| *omega-3 fatty acids cap 1000 mg* | OTC |
| *omega-3 fatty acids cap 1200 mg* | OTC |
| *omega-3 fatty acids chew tab 113.5 mg* | OTC |
| **OPHTHALMIC AGENTS** | |
| ***ARTIFICIAL TEARS AND LUBRICANTS*** | |
| *artificial tear ophth solution* | OTC |
| BION TEARS SOL 0.1-0.3% | OTC |
| *carboxymethylcellulose sodium (pf) ophth gel 1%* | OTC |
| *carboxymethylcellulose sodium (pf) ophth soln 0.5%* | OTC |
| *carboxymethylcellulose sodium ophth gel 1%* | OTC |
| *carboxymethylcellulose sodium ophth soln 0.5%* | OTC |
| *carboxymethylcellulose sodium ophth soln 0.25%* | OTC |
| *carboxymethylcellulose-glycerin ophth soln 0.5-0.9%* | OTC |
| *dextran 70-hypromellose (pf) ophth soln 0.1-0.3%* | OTC |
| *dextran 70-hypromellose ophth soln 0.1-0.3%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| GENTEAL GEL 0.3% | OTC |
| *glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%* | OTC |
| LUBRICNT GEL DRO 0.25-0.3 | OTC |
| *polyethylene glycol-propylene glycol ophth soln 0.4-0.3%* | OTC |
| *polyethylene glycol-propylene glycol pf op soln 0.4-0.3%* | OTC |
| *polyvinyl alcohol ophth soln 1.4%* | OTC |
| *polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)* | OTC |
| *propylene glycol ophth soln 0.6%* | OTC |
| *propylene glycol-glycerin ophth soln 1-0.3%* | OTC |
| PURE & GENTL DRO 0.3% | OTC |
| REFRESH DRO OP | OTC |
| REFRESH DRO RELIEVA | OTC |
| REFRESH DRO TEARS PF | OTC |
| REFRESH OPT SOL MEGA-3 | OTC |
| REFRESH OPTI DRO 0.5-0.9% | OTC |
| REFRESH SOL DIGITAL | OTC |
| REFRESH SOL OPTIVE | OTC |
| THERATEARS SOL 0.25% PF | OTC |
| *white petrolatum-mineral oil ophth ointment* | OTC |
| ***OPHTHALMICS - MISC.*** | |
| *ketotifen fumarate ophth soln 0.035%* | OTC |
| PATADAY SOL 0.7% | OTC |
| **PHARMACEUTICAL ADJUVANTS** | |
| ***INTERNAL VEHICLE INGREDIENTS/AGENTS*** | |
| GELMIX INFAN POW THICKENE | OTC |
| PURATHICK POW | OTC |
| RESOURCE LIQ WATER | OTC |
| RESOURCE POW THICKENU | OTC |
| SIMPLYTHICK GEL | OTC |
| SIMPLYTHICK GEL EASY MIX | OTC |
| SIMPLYTHICK GEL EASYMIX | OTC |
| SIMPLYTHICK GEL HONEY | OTC |
| SIMPLYTHICK GEL NECTAR | OTC |
| *starch-maltodextrin oral thickening powder* | OTC |
| *starch-maltodextrin oral thickening powder packet* | OTC |
| THICK-IT #2 POW | OTC |
| THICKENUP POW CLEAR | OTC |
| THIK & CLEAR PAK HONEY | OTC |
| THIK & CLEAR PAK NECTAR | OTC |
| THIK & CLEAR POW | OTC |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | |
| ***COMBINATION PSYCHOTHERAPEUTICS*** | |
| DULOXICAINE PAK 30MG-4% | |

| Drug Name | Requirements/Limits |
|---|---|
| ***SMOKING DETERRENTS*** | |
| *nicotine polacrilex gum 2 mg* | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| *nicotine polacrilex gum 4 mg* | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| *nicotine polacrilex lozenge 2 mg* | AGE, OTC; (covered for ages 18 and over) |
| *nicotine polacrilex lozenge 4 mg* | AGE, OTC; (covered for ages 18 and over) |
| NICOTINE SYS KIT TRANSDER | AGE, OTC; (covered for ages 18 and over) |
| *nicotine td patch 24hr 7 mg/24hr* | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| *nicotine td patch 24hr 14 mg/24hr* | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| *nicotine td patch 24hr 21 mg/24hr* | QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over) |
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | |
| ***H-2 ANTAGONISTS*** | |
| *famotidine tab 10 mg* | OTC |
| ***PROTON PUMP INHIBITORS*** | |
| *esomeprazole magnesium tab delayed release 20 mg* | QL (30 tabs/30 days), OTC |
| *omeprazole delayed release tab 20 mg* | QL (90 tabs/year), OTC |
| *omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)* | QL (30 caps/30 days), OTC |
| *omeprazole magnesium delayed release tab 20 mg (base equiv)* | OTC |
| **VACCINES** | |
| ***BACTERIAL VACCINES*** | |
| PNEUMOVAX 23 INJ 25/0.5 | AGE; (Covered for ages 19 and over) |
| **VAGINAL AND RELATED PRODUCTS** | |
| ***MISCELLANEOUS VAGINAL PRODUCTS*** | |
| *acetic acid vaginal solution* | OTC |
| ***SPERMICIDES*** | |
| ENCARE SUP 100MG | OTC |
| GYNOL II GEL 3% | OTC |
| TODAY SPONGE MIS | OTC |
| VCF VAGINAL GEL CONTRACE | OTC |
| VCF VAGINAL MIS CONTRACP | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clotrimazole vaginal cream 1%* | OTC |
| *clotrimazole vaginal cream 2%* | OTC |
| *miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit* | OTC |
| *miconazole nitrate vaginal cream 2%* | OTC |
| *miconazole nitrate vaginal cream 4% (200 mg/5gm)* | OTC |
| *miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit* | OTC |
| *miconazole nitrate vaginal supp 1200 mg & 2% cream kit* | OTC |
| *miconazole nitrate vaginal suppos 100 mg* | OTC |
| MONISTAT 3 KIT COMBO PK | OTC |
| MONISTAT 7 KIT COMPLETE | OTC |
| ***VAGINAL ANTI-INFLAMMATORY AGENTS*** | |
| *hydrocortisone acetate perivaginal cream 1%* | OTC |
| *hydrocortisone perivaginal cream 1%* | OTC |
| **VITAMINS** | |
| ***OIL SOLUBLE VITAMINS*** | |
| *cholecalciferol cap 1.25 mg (50000 unit)* | OTC |
| *cholecalciferol cap 10 mcg (400 unit)* | OTC |
| *cholecalciferol cap 25 mcg (1000 unit)* | OTC |
| *cholecalciferol cap 50 mcg (2000 unit)* | OTC |
| *cholecalciferol cap 125 mcg (5000 unit)* | OTC |
| *cholecalciferol cap 250 mcg (10000 unit)* | OTC |
| *cholecalciferol chew tab 10 mcg (400 unit)* | OTC |
| *cholecalciferol chew tab 25 mcg (1000 unit)* | OTC |
| *cholecalciferol chew tab 50 mcg (2000 unit)* | OTC |
| *cholecalciferol chew tab 125 mcg (5000 unit)* | OTC |
| *cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)* | OTC |
| *cholecalciferol drops 25 mcg/0.03ml (1000 unit/0.03ml)* | OTC |
| *cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)* | OTC |
| *cholecalciferol tab 1.25 mg (50000 unit)* | OTC |
| *cholecalciferol tab 10 mcg (400 unit)* | OTC |
| *cholecalciferol tab 25 mcg (1000 unit)* | OTC |
| *cholecalciferol tab 50 mcg (2000 unit)* | OTC |
| *cholecalciferol tab 125 mcg (5000 unit)* | OTC |
| *cholecalciferol tab 250 mcg (10000 unit)* | OTC |
| *ergocalciferol cap 1.25 mg (50000 unit)* | |
| *ergocalciferol soln 200 mcg/ml (8000 unit/ml)* | OTC |
| *phytonadione tab 5 mg* | |
| VITAMIN D3 TAB 2000UNIT | OTC |
| *vitamin e cap 180 mg (400 unit)* | OTC |
| *vitamin e cap 268 mg (400 unit)* | OTC |
| *vitamin e cap 400 unit* | OTC |

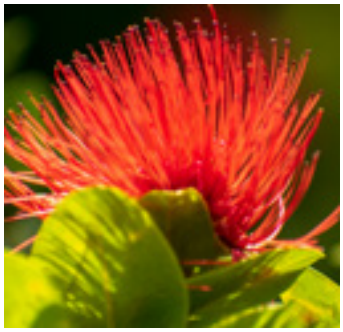
| Drug Name | Requirements/Limits |
|---|---|
| ***WATER SOLUBLE VITAMINS*** | |
| *ascorbic acid liquid 500 mg/5ml* | OTC |
| *benfotiamine cap 150 mg* | OTC |
| *calcium ascorbate tab 500 mg* | OTC |
| *calcium pantothenate tab 500 mg* | OTC |
| ENDUR-AMIDE TAB 750MG | OTC |
| *niacin cap er 250 mg* | OTC |
| *niacin cap er 500 mg* | OTC |
| *niacin tab 50 mg* | OTC |
| *niacin tab 100 mg* | OTC |
| *niacin tab 250 mg* | OTC |
| *niacin tab er 250 mg* | OTC |
| *niacin tab er 500 mg* | OTC |
| *niacin tab er 750 mg* | OTC |
| *niacinamide tab 100 mg* | OTC |
| *niacinamide tab 500 mg* | OTC |
| *niacinamide tab er 500 mg* | OTC |
| *niacinamide tab er 750 mg* | OTC |
| *pyridoxine hcl inj 100 mg/ml* | |
| *pyridoxine hcl tab 25 mg* | OTC |
| *pyridoxine hcl tab 50 mg* | OTC |
| *pyridoxine hcl tab 100 mg* | OTC |
| *pyridoxine hcl tab 250 mg* | OTC |
| *riboflavin tab 25 mg* | OTC |
| *riboflavin tab 50 mg* | OTC |
| *riboflavin tab 100 mg* | OTC |
| *thiamine hcl inj 100 mg/ml* | |
| *thiamine hcl tab 50 mg* | OTC |
| *thiamine hcl tab 100 mg* | OTC |
| *thiamine hcl tab 250 mg* | OTC |
| *thiamine mononitrate tab 100 mg* | OTC |
| *thiamine mononitrate tab 250 mg* | OTC |

## Index

# HAWAI'I MEDICAL SERVICE ASSOCIATION

**hmsa.com/advantage**

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA.



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Visit one of our HMSA Centers with most locations providing convenient evening and Saturday hours. Hours of operation may change. Please go to hmsa.com/contact before your visit.

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Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

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## PHONE

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TTY: 711

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